Alcohol – No Ordinary Commodity:

A Practical User's Guide to Implementing Effective Alcohol Policies to Prevent Alcohol Problems among Young People

Developed by the EU-US Dialogues to Prevent Underage Drinking

October 2014

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FOREWORD

It has been a privilege to be part of an inspiring process over the last two years in which experiences in developing evidence-based alcohol policy on two sides of the Atlantic have been shared. By bringing together some of the leading experts in the field from the United States and Europe in a structured dialogue, there has been an incredible release of new energy in the field and opportunity for creative thinking. We are grateful for EC support to make this happen.

We were aware from the outset, however, that we would not have used the opportunity to full advantage if we did not leave some concrete legacy from this sharing of experience. Throughout the dialogue there was frequent reference to the power of the evidence base, so expertly gathered together in the publication *Alcohol:, No Ordinary Commodity*, edited by Babor et al and recently updated in a second edition. We felt, however, that there was a potential 'translational gap' – how to help the many thousands of workers in the field of alcohol and related harm to turn this evidence into practical policy, and to inspire them to become powerful advocates in their own communities. This User Guide is the result of that desire for our transatlantic dialogue to make a lasting difference.

Those of us who have been in the field for a decade or more can appreciate that some progress has been made in reducing preventable disease and death from the use of alcohol, but it has been a slow struggle – often hindered by strong commercial interests. But that struggle has hardly started in developing countries, as the multinational drinks producers see huge commercial opportunities to extend their markets on the back of globalization. We hope this practical guide will help those with the interests of the health and wellbeing of their own countries to meet that challenge.

Professor Sir Ian Gilmore
University of Liverpool
Former President, Royal College of Physicians

PREFACE

This Guide arose out of two events which both occurred in 2010: the World Health Organization (WHO) adopted the first-ever Global Strategy to Reduce the Harmful Use of Alcohol, and approximately 20 leaders of non-governmental organizations, researchers, alcohol policy experts and public health professionals from the European Union and the United States began a series of structured dialogues to learn from each other about how to reduce alcohol-related problems among young people.

WHO's global strategy, passed unanimously by the UN's World Health Assembly, gives guidance to both WHO Member States and the WHO Secretariat on ways to reduce the harmful use of alcohol. In it, the 194 WHO Member States acknowledge the harmful use of alcohol as a major public health issue with global dimensions. They request that higher priority and more resources be allocated to address alcohol-related problems. In the debate over the strategy in the World Health Assembly, they made special mention of the growing culture of binge drinking among young people worldwide, and the expanding influence of alcohol marketing and advertising.

WHO's global strategy identified the need for:

- greater global awareness of the magnitude and nature of the health, social and economic problems caused by harmful use of alcohol; and
- more policy attention to alcohol commensurate with its impact on global health,
- political commitment to implement evidence-informed alcohol control strategies.

The strategy offers a major opportunity for each nation and community to re-evaluate its alcohol control policies in light of current evidence. At the same time, it requires policy makers and non-governmental organizations (NGOs) to strengthen the links between science and policy through identifying, synthesizing and effectively communicating promising research findings to policy makers and the public.

Unfortunately, these links are often weak. As *Alcohol: No Ordinary Commodity (Babor et al., 2010)* so clearly demonstrated, there is an extensive bank of knowledge about what policies are most effective, and how best to implement them.

This user guide brings together science and policy in a practical, timely, and authoritative training resource. It grew out of the EU-US dialogues about underage drinking. The aim of that two-year project was to exchange ideas and explore issues related to underage drinking in Europe and America, and to focus attention on common solutions to a very significant health issue for most adolescents growing up in Western societies.[1]

The participants in the dialogue all deeply appreciated the comprehensive research summary contained in *Alcohol: No Ordinary Commodity.* However, they also recognized that the book lacks a practical guide that could assist those seeking to influence alcohol problems to translate the research into policy and action.

This guide aims to fill that gap. It can also serve as background for workshops to train key constituency groups for the dissemination of alcohol policy research information.

If you are interested in reducing alcohol-related harm, and developing and implementing effective alcohol policies based on the research presented in *Alcohol: No Ordinary Commodity,* then this practical user's guide is for you. It describes the knowledge and skills you will need to succeed as advocates for evidence based alcohol policies, with a particular focus on underage drinking.

In the context of the WHO's new Global Strategy to Reduce the Harmful Use of Alcohol, we hope that this guide will contribute to a global response to the increasing threat to public health posed by alcohol, and that it will be useful in a wide range of social and cultural settings.

The final version of this guide was edited by David Jernigan and Tom Babor. A full list of the participants in the EU-US dialogues, all of whom contributed in some way to the creation of this guide, may be found in Appendix G.

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[1] Further details about the EU/USA Dialogue can be found at the Eurocare website - http://www.eurocare.org/eu_projects/eu_usa_dialogue

OUTLINE OF THE GUIDE

This guide has four chapters or modules. It aims to equip the reader with the fundamental knowledge needed to advocate in favour of effective, evidence-based alcohol policy. The aligned training course will help users develop their knowledge, consider its practical applications, and begin to build the skills needed for effective policy.

The introductory module addresses the question, "**Why Be an Alcohol Policy Advocate?"** It includes a brief summary of alcohol use and related harm, and describes the policymaking process that determines how a society deals with alcohol-related problems.

The next module gives the **'Scientific Basis for Alcohol Policy'.** Here we provide the information policy advocates and policy makers will need to mobilize support for evidence-based alcohol policies, including how to assess and counter-evidence provided by those with a strong economic interest in the manufacture and sale of alcohol. This module also describes how to find additional information needed to support advocacy campaigns in the interest of public health.

The third module '**Key Elements of Advocacy Campaigns**' follows logically from the review of effective alcohol policies. It deals with organizing a campaign, advocating for change, and 'message framing' – how to contextualise and describe the problem to drive public debate towards effective solutions. It answers the question: How can an individual, a group or an organization take action in our community and our country to protect young people from the harm caused by alcohol?

The fourth and final module **' Implementation, Enforcement and Evaluation**' recognizes that passing a good policy is just the beginning. This somewhat neglected area is often where the battle for effective alcohol policies is won and lost. The module provides lessons on enforcement, tips on implementation, a rationale for evaluation, and cautionary tales from policy advocates who have both succeeded and failed to achieve their goals.

Who is this guide for?

This guide is designed to be used by groups interested in implementing effective alcohol policies to protect young people from alcohol-related harm. Target audiences for the guide include :

- Policymakers
- Members of non-governmental organization
- Members of the faith community
- Alcohol scientists
- Alcohol treatment and prevention specialists
- Social service professionals
- Crime prevention professionals
- Psychiatrists
- Other medical practitioners

- Media representatives.
- Parents of young people whose lives may be or have been devastated by the harm caused by alcohol.

We have written this manual to give families, communities, national organizations and institutions the tools they need to reduce alcohol-related harm among children and adolescents. In many cases, the lessons will also apply to the wider population as well.

Module I: Why be an alcohol policy advocate?

Introduction

Tackling the devastating impact of alcohol on individuals, families and communities requires implementing effective public health solutions. We know what many of these are, but how do we get from here to there? Building the capacity to effectively educate, motivate and mobilize key constituencies in support of public health policies that confront the harsh realities of young people's exposure to alcohol requires a practical "how to" toolkit of resources and information that can be applied at the local, national and international levels.

This manual aims to help people become effective advocates for implementing evidence-informed alcohol policy. It is designed to support a range of activities – trainings and workshops, on-line and print communications vehicles, creation of model policies and technical tools – that can be used by an international network of policy advocates working toward the common goal of reducing the harm caused by alcohol.

The challenge – Why be an alcohol policy advocate?

Scale of the problem[7,17]

Alcohol kills approximately 3.3 million people worldwide every year.

It is among the top five risk factors for premature death, disability and loss of health.

It is the leading risk factor in much of the Americas.

***Alcohol use is particularly harmful to young people*.**

In every region of the world (except the Eastern Mediterranean), alcohol is the single largest cause of death and disability among young men aged 15 – 24 years.

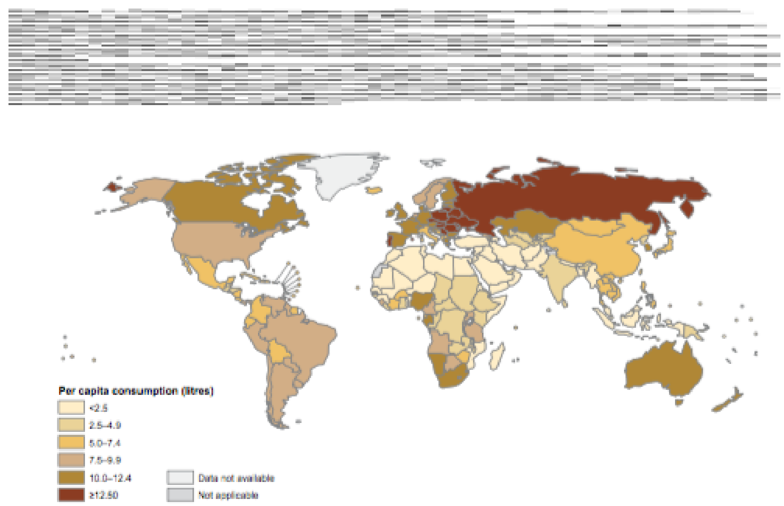
It is also the largest risk factor among 15-24 year-old women in high-income countries.

Harmful alcohol use doesn't just affect the health and well-being of the drinker, but also affects the people around the drinker. Children and young people are particularly vulnerable in terms of both their own exposure to alcohol harms and their exposure to the harmful drinking behaviours of the adults around them.

The globalisation of the production, trade and marketing of alcoholic beverages means that many children now grow up in an environment saturated with pro-alcohol messages that promote both access and excess.

Trends in alcohol consumption and patterns of drinking

How much people drink and the ways in which they consume alcohol vary enormously, not only among countries but also over time and among different population groups. Alcohol consumption *per capita* is highest in the economically developed regions of the world. It is generally lower in Africa and parts of Asia, and is particularly low in the Indian subcontinent and in Muslim countries and communities. Western Europe, Russia, and other non-Moslem parts of the former Soviet Union now have the highest *per capita* consumption levels, but levels in some Latin American countries are not far behind.[18,19]



With a few exceptions there has been a leveling off or decline in drinking in many of the high alcohol consumption countries from the early 1970s to the early 2000s, particularly in the traditional wine-producing countries in Europe and in South America.[20] In contrast, increases in *per capita* consumption of alcohol have been noted in emerging markets in many low and middle income countries.[18]

Hazardous drinking among youth

Of particular concern in many countries is hazardous drinking among youth. In most of the countries where alcohol consumption is widespread (e.g., most European and American countries, New Zealand and Australia), a large proportion of adolescents drink alcohol, at least occasionally.[4,21] Data from the 2011 European School Survey Project on Alcohol and other Drugs showed that in 34 of the 36 participating countries a clear majority of the 15- to 16-year-old students reported drinking in the previous year. On average, approximately 90% of European students have tried alcohol, 61% in the past 30 days (see chart).[4]

In the U.S., with its higher legal purchase age of 21, prevalence is lower: 49% of this age group (10th grade) have tried alcohol, and 24% used alcohol in the past month.[22] The majority of European students have been drunk, and 17% were drunk in the past 30 days.

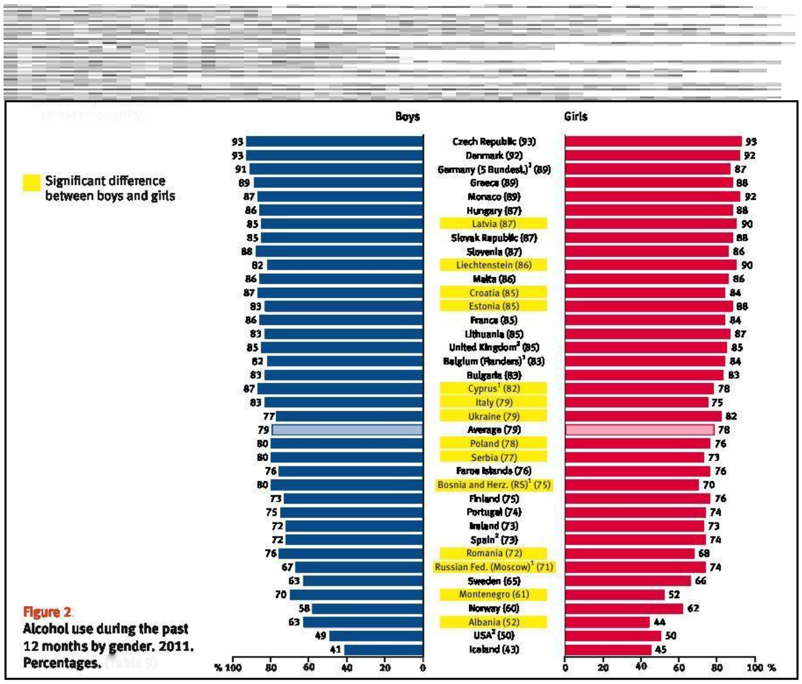


Figure 2
Alcohol use during the past 12 months by gender, 2011. Percentages.

Binge drinking, defined as having five or more drinks on one occasion, is also common: on average, 39% of European students binged in the past 30 days. In the US, 13% of students in this age group had five or more drinks within two hours in the past two weeks,[22] and researchers have estimated that more than 90% of the alcohol consumed by this age group is drunk on binge occasions.[23]

In Europe, more than half of students started drinking before age 14.[4] In the U.S., approximately 10% of 9- to 10-year-olds report having started drinking,[24] and 17% of final year high school students began drinking age 14 or younger (8th grade).[25]

Research done primarily in the U.S. has demonstrated the importance of keeping young people from drinking as long as possible: Compared to those who wait until 21 to start drinking, young people who begin drinking before age 21are:

- four times more likely develop alcohol dependence,[26]
- six times more likely to be in a physical fight after drinking
- more than six times more likely to be in a motor vehicle crash because of drinking
- and almost five times more likely to suffer from other unintentional injuries (such as drownings or falls) after drinking.[27]

The role of the global alcoholic beverage industry

The global alcoholic beverage industry spends billions of dollars on global marketing of alcohol. Their marketing emphasizes the pleasures of drinking and never the harms. Numerous studies have found that marketing influences the drinking behaviour of young people.[28] According to the global alcohol industry, a small minority of irresponsible drinkers account for the problems associated with alcohol – the product itself is blameless. In the same way that the tobacco industry for many years sought to deny the proven link between tobacco and premature death, the alcohol industry seeks to cast doubt on the

> **If everyone drank responsibly the alcohol industry would lose 40% of its sales and some estimates are higher. In formulating its alcohol strategy, the Government must be more sceptical about the industry's claims that it is in favour of responsible drinking.**
> House of Commons Health Select Committee, First Report Session January 2010

evidence showing that the best way to reduce alcohol-related health problems, including traffic crashes, unemployment, violence, child abuse and suicide, is through alcohol control policies that affect the price, accessibility and attractiveness of alcohol.

The role of the alcohol policy movement

From a public health perspective, alcohol plays a major role in causing disability, disease and death on a global scale. With the increasing globalization of alcohol production, trade, and marketing, alcohol control policy needs to be understood not at the national level but also from an international perspective. To counter the alcohol epidemic, the public health field needs advocates for evidence-informed policy all over the world who can engage with politicians, opinion leaders and the general public to raise their awareness of the importance of protecting children and young people from exposure to alcohol harms.

This kind of advocacy has played an important role in shaping public health policy to protect and improve health and save lives. For example, effective public health advocacy led to the introduction of tobacco control policies in many countries including a ban on tobacco advertising, the introduction of laws to increase the minimum purchase age for tobacco, and laws banning smoking in public places. Smoking is no longer a majority habit in many countries of the world, and thousands of lives have been saved as a result of successful public health advocacy.

There are many parallels between public health approaches to tobacco and alcohol control, and the people who support effective, evidence-based policies for both. Both movements use advocacy to counter the efforts of powerful vested interests that stand to lose financially from the implementation of effective public health policies.[29] Both seek to change individual behaviour by changing the conditions that promote and support that behaviour. And both operate at local, national and global levels to influence those conditions.

The role of alcohol policy advocacy is to raise awareness of, and build support for, the public health case for the implementation of effective alcohol policies that will protect children and young people from exposure to alcohol harms.

What do we want – the objectives of evidence-based alcohol policy advocacy

The public health approach to alcohol policy seeks to reduce the damaging effects of alcohol on individuals, communities and countries with:

- ***fewer lives cut short as a result of alcohol***
- ***fewer people suffering ill health and disability due to alcohol***
- ***fewer people negatively affected by other people's drinking.***

Most importantly, advocates for effective alcohol control policies want children and young people to grow up in a society that protects them from exposure to alcohol harms.

The globalisation of the alcohol industry and the development of free trade agreements have undermined the ability of national and local governments to regulate alcohol markets in the interests of public health. WHO's Global Strategy recognises that harmful use of alcohol is a global problem that compromises both individual and social development. The strategy emphasises the implementation of effective interventions to reduce harm, including higher alcohol taxes, minimum unit prices for alcoholic drinks, and tighter restrictions on alcohol marketing.

> Public health advocacy is issue and policy orientated. It is not about changing knowledge, attitudes or behaviour of individuals but rather the legislative, fiscal, physical and social environments in which individual knowledge, attitude and behaviour change takes place.
> Chapman and Lupton (1994) The Fight for Public Health

The main focus of alcohol control advocacy is to secure effective policy solutions and avoid ineffective policies by working with policy-makers and other key stakeholders. The overall approach a government takes to alcohol policy is of fundamental importance in efforts to improve outcomes for children and young people.

An alcohol policy formulated by public health interests will reduce risk factors and strengthen protective factors. Educational work with young people may increase their knowledge about alcohol. However, this work will have little impact on young people's drinking behaviours if nothing changes in the physical, social and economic environments around them. Policy measures that focus on changing the drinking environment through controls on alcohol pricing, availability and marketing are therefore central to improving outcomes for children and young people.

The broad goals of the public health movement provide a framework for advocacy at local, national, and international levels:

- To advocate for evidence-informed, population-wide approaches to alcohol policy and in particular, controls on the pricing and availability of alcohol to reduce overall consumption in the population.

- To support a public policy process that distinguishes between organisations representing the public interest and those representing commercial vested interests, and to ensure that the role of the latter is confined to policy implementation rather than policy development.

- To advocate for measures that protect children and young people from exposure to alcohol harms, including increased regulation of alcohol marketing, and restrictions on alcohol sponsorship of sporting and other events with youth appeal.

Alcohol control advocates should identify their own priorities within the broad strategic goals outlined above, taking into account the national and local conditions that prevail. For example, a group could decide to develop a campaign that focuses specifically on the price of alcohol or on alcohol marketing.

Advocates for a public health approach should also identify the key target audiences that their campaign seeks to influence. Decision-makers are the people who determine what kind of alcohol policies will be implemented at a local, national or international level. Opinion leaders are the people who influence the decision-makers. A successful public health strategy will seek to influence both decision-makers and opinion leaders.

Setting the policy agenda

Using global scientific evidence about effective alcohol policies

In the past 50 years considerable progress has been made in the scientific understanding of the relationship between alcohol and health. Ideally, the cumulative research evidence should provide a scientific basis for public debate and governmental policymaking. However, much this evidence appears in in academic publications and fails to reach policy makers.

To address the need for a policy-relevant analysis of the alcohol research literature, an international group of alcohol scientists published an award-winning book called *Alcohol: No Ordinary Commodity* in 2003, and brought out an expanded and updated version in 2010.[30] This section draws on their work, providing the rationale treating alcohol as "*No Ordinary Commodity*" from a public health perspective, and explaining how public health experts view the policymaking process.

Why alcohol is 'No Ordinary Commodity'

Alcoholic beverages are important economic commodities in many countries, providing employment for people in bars and restaurants and in agriculture, and the agricultural sector, bringing in foreign currency via the export of beverages, and generating tax revenues for national and local governments. But unlike most economic commodities, the benefits connected with the production, sale, and use of this commodity come at an enormous cost to society.

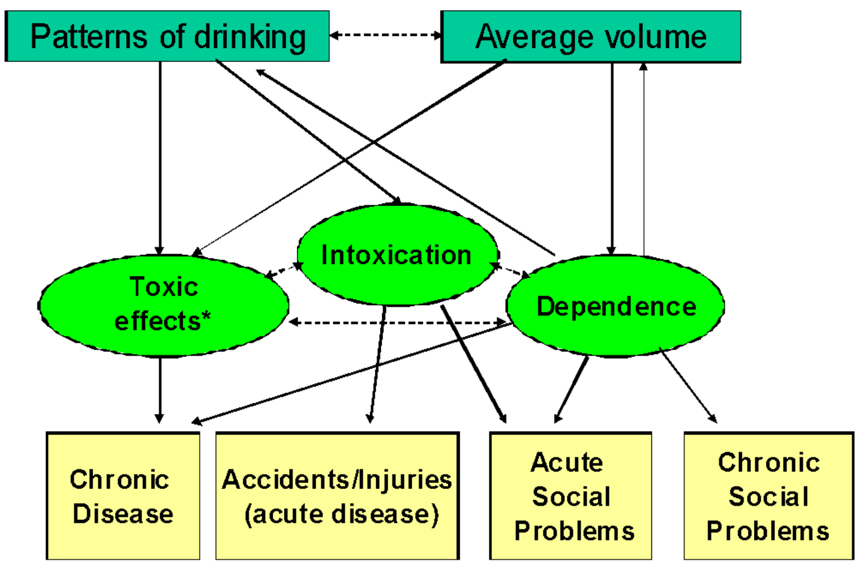
Three important mechanisms explain alcohol's ability to cause medical, psychological, and social harm: 1) physical toxicity, 2) intoxication, and 3) dependence.

Alcohol is a toxic substance in its direct and indirect effects on a wide range of body organs and systems.[18] With chronic drinking and repeated intoxication, a syndrome of interrelated behavioural, physical, and cognitive symptoms can develop called alcohol dependence or addiction.

As illustrated in Figure 1, the mechanisms of toxicity, intoxication, and dependence are related to how people drink alcohol, or their "patterns of drinking." Drinking patterns that lead to elevated blood alcohol levels result in problems associated with acute intoxication, such as injuries and violence. A pattern of frequent and heavy alcohol consumption is associated with chronic health problems such as liver cirrhosis, cardiovascular disease, and depression. Sustained drinking may also lead to alcohol dependence, which impairs a person's ability to control the frequency and amount of drinking.

For these reasons, alcohol is not an ordinary commodity.

FIGURE 3:



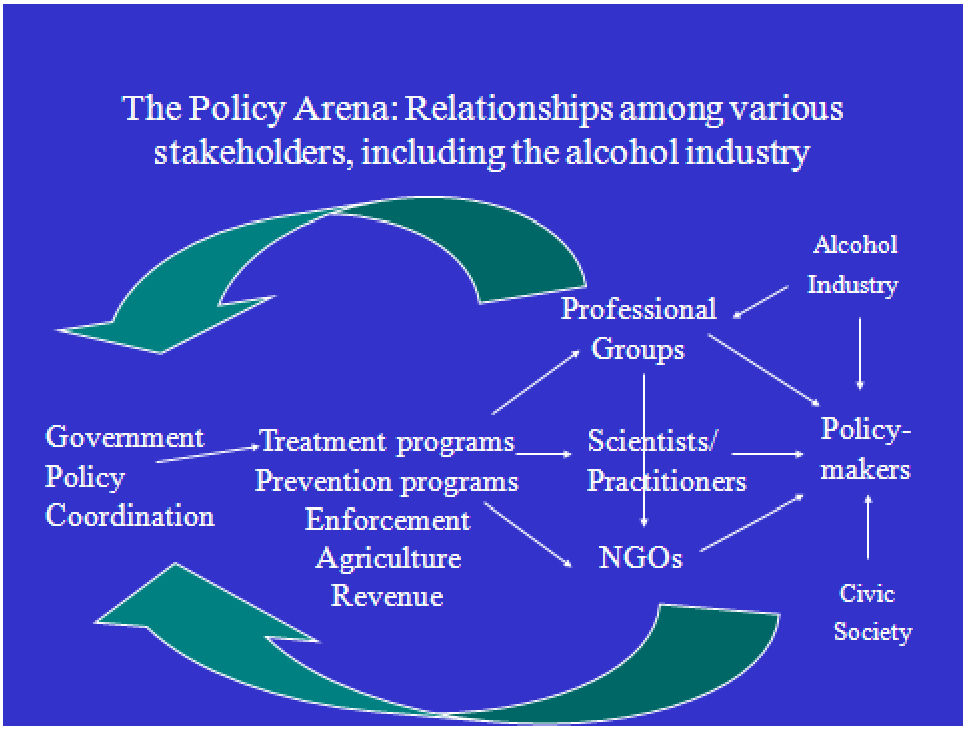
The Policy Arena

Different levels of government may develop and implement alcohol policies – laws, regulations, and other formal or informal agreements that govern people's lives – to address the alcohol problems experienced by both young people and adults.

National or sub-national laws often establish the legislative framework, which may include oversight by the State of production, export, and import of commercial alcohol products; control of wholesaling and/or retailing of alcohol; legal minimum purchase ages for alcoholic beverages; apprehension of drivers with specified blood alcohol levels; alcohol marketing restrictions; and the support of treatment and prevention services.

In practice, policy systems at the national level are rarely dominated by one decision-making authority, but tend rather to be decentralized, with different aspects of policy delegated to a variety of different and sometimes competing decision-making entities, such as the health ministry and the taxation agency. Figure 4 provides a schematic view of the policymaking process.

Figure 4: The Policy Arena



Public interest groups, often represented by non-governmental organizations, contribute to the policymaking process in many countries. More recently, alcohol issues have increasingly become the concern of health professionals, mirrored by a change in the organisation of health and welfare services as well as increasing professionalization in the 'caring' occupations. International agencies, such as the World Health Organization, can also play an important role.

In many nations there is a vacuum in advocacy for the public interest. Commercial interests have increasingly moved into this vacuum in the policy arena. Although the alcohol industry is not monolithic in terms of its motives, power, or operations, in many instances the industry's producers, retailers, and related groups share a common commercial imperative to make a profit.

To promote their policy objectives, over the past 25 years the largest alcohol companies have set up more than 30 'social aspects' organisations, mostly in Europe, the USA, and more recently in the emerging markets of Asia and Africa.[5,31] Social aspects organisations typically promote a set of key messages that support ineffective policies for reducing harm.[32] Experience suggests that working in partnership with the alcohol industry is likely to lead to ineffective or compromised policy by both governments and NGOs, and is best avoided.[33]

An appreciation of the various players in the alcohol policy arena can heighten our understanding of the following fundamental conclusion: alcohol policy is often the product of competing interests, values, and ideologies. It is critical that public health advocates and researchers play active and vocal roles in this competition. Millions of lives and our young people's futures are at stake.

Making a difference:

1. **Scottish Minimum Unit Price for Alcohol**
   In 2011 the public health community in Scotland, particularly the Scottish Medical Royal Colleges, launched an advocacy campaign to introduce minimum unit pricing (MUP) to reduce overall alcohol consumption in the population in order to reduce the high levels of alcohol-related harm was launched. The MUP legislation was initially scheduled to become law by the end of 2012, but the Scottish Distillers have used litigation at the European Court of Justice to delay its implementation. The fact that the campaign has made significant progress is linked to having a clear advocacy goal and messaging strategy from the outset and being able to respond to the misinformation put out by sections of the alcohol industry that lobbied intensively against the policy.

2. **Enforcement of Minimum Legal Drinking Age USA**
   In 1984 all States in the US were encouraged to adopt a minimum legal drinking age (MLDA) of 21. In 2000, leaders from the National Liquor Law Enforcement Association (NLLEA) met with researchers at Pacific Institute for Research and Evaluation (PIRE) to explore partnerships for building the research literature on the effectiveness of alcohol enforcement strategies in preventing alcohol-related harm. They entered into a partnership in which the two organizations would work together to increase awareness within the public health and safety community on the importance of alcohol beverage control enforcement agencies and their role in protecting public health and safety while at the same time applying for funding to conduct evaluation studies on the effectiveness of key alcohol enforcement strategies. The results of many of those initiatives are available at http://www.nllea.org/reports_publications.htm.

3. **Loi Evin in France**
   In 1991 France passed a new law (Loi Evin) to control advertisement and commercial communication on alcohol, strongly supported by ANPAA a non-profit organization. Since the adoption of the law in 1991 ANPAA has succeeded in 47 of 50 cases against the advertising practices of the alcohol industry in France.

These are just some examples of the national level successes that alcohol policy advocacy has achieved.

Module II will further explore the scientific basis for alcohol policy. It will identify those policies that are known to be effective and also as importantly those which are not.

Module II. The scientific basis for alcohol policy

> *"The difference between good and bad alcohol policy is not an abstraction, but very often a matter of life and death. We believe that it is right to ask for the science to be taken seriously. Research has the capacity to indicate which strategies are likely to succeed in their public health intentions, and which are likely to be less effective or even useless, diversionary, and a waste of resources." From Alcohol: No Ordinary Commodity, p. 239*

Introduction

The purpose of this module is to gain a better understanding of "what we know works," so we can apply that knowledge to local situations by proposing appropriate solutions.

Advocates of more effective alcohol policies face a central problem: policies have been built up and implemented over time, moulded to existing conditions but often in fragmented, piecemeal, and uncoordinated ways. This happens because alcohol policy touches on a wide range of policy areas, with different ministries, departments, and administrative agencies each having some aspect of alcohol policy as part of their work.

As a result, most countries lack a single comprehensive policy toward alcohol. Rather, fragmented regulations and practices exist that sometimes are based on very different assumptions about the role of alcohol in society and the nature of alcohol-related problems. Alcohol is a source of government revenue, a commodity in international trade, an illegal product for young people in many countries, and an agricultural product. Each of these functions entails different assumptions about alcohol and its role in society.

More effective alcohol policies will benefit from a greater public health orientation, and greater attention to the scientific evidence demonstrating which strategies have achieved their public health aims and which have not.

The final section of this module offers a cautionary note about direct or indirect collaboration with global alcohol producers, a group whose profit motive is generally incompatible with the public interest.

What works?

How do we know which strategies reduce alcohol-related harm? We will address this question by looking at seven main areas within which alcohol policies have been developed at the local, national and international levels:

- Alcohol taxes and other price controls
- Regulating physical availability through restrictions on the time, place, and density of alcohol outlets

- Altering the drinking context to reduce the risk of harm
- Drink-driving countermeasures
- Education and persuasion: providing information and skills training to young people especially through mass media and school-based alcohol education programmes
- Regulating alcohol advertising and other marketing activities
- Conducting screening and brief intervention in health care settings and increasing availability of treatment programmes

Extensive scientific research has been published in the past 30 years, and particularly in the last decade, about more than 30 strategies within these areas. The authors of *Alcohol: No Ordinary Commodity*[30] reviewed more than 1,000 scholarly sources – scientific articles, systematic literature reviews, scholarly books, government reports and public health statistics – from a large number of countries to evaluate the effectiveness of these strategies.

Table 1 provides an overall guide to which policies are effective. It lists 31 policy options to reduce alcohol-related harm that are applicable to adolescents. The table rates each option according to expert consensus of its effectiveness, breadth of research support, how applicable it is across different national contexts, and the cost of implementing and sustaining it.

In the table, “Effectiveness” refers to the strength of the scientific evidence supporting the probable impact of a policy on the amount of drinking and the extent of alcohol-related problems. The effectiveness ratings range from 0 (no evidence of effectiveness) to +++ (evidence of a high degree of effectiveness).

“Breath of research support” refers to the number of studies that have been conducted. This rating ranges from 0 (no studies of effectiveness have been undertaken) to +++ (enough studies of effectiveness have been completed to permit scientific reviews of the literature of some kind).

“Cross national testing” refers to whether the intervention or strategy has been evaluated in different countries. This is important because most alcohol policy research has been conducted in only a few countries, like the USA, and therefore may not apply to other nations with different characteristics. This scale ranges from 0 (the strategy has not been tested adequately) to +++ (the strategy has been studied in many countries).

Table 1: Ratings of policy-relevant strategies and interventions that apply to adolescents, young adults and underage drinkers*

Strategy or Intervention	Effective-ness	Breadth of Research Support	Cross-National Testing	Cost to Implement or Sustain	Comments
PRICING AND TAXATION					**Generally evaluated in terms of how price changes affect population level alcohol consumption, alcohol-related problems and beverage preferences**
Alcohol taxes	+++	+++	+++	Low	Increased taxes reduce alcohol consumption and harm. Effectiveness depends on government oversight and control of the total alcohol supply.
Minimum price	+	+	+	Low	Logic based on price theory. Good evidence of effectiveness in Canadian study. Competition regulations and trade policies may restrict the implementation of minimum pricing
Bans on price discounts and promotions	?	+	+	Low	Only weak studies in general populations of the effect of restrictions on consumption or harm; effectiveness depends on availability of alternative forms of cheap alcohol
Differential price by beverage	+	+	++	Low	Higher prices for distilled spirits shifts consumption to lower alcohol content beverages resulting in less overall consumption. Evidence for the impact of tax breaks on low alcohol products is suggestive, but not comprehensive.
Special or additional taxation on alcopops and youth-oriented beverages	+	+	++	Low	Evidence that higher prices reduce consumption of alcopops by young drinkers without complete substitution; no studies of impact on harms

<u>REGULATING PHYSICAL AVAILABILITY</u>					**Generally evaluated in terms of how changes in availability affect population level alcohol consumption and alcohol-related problems**
Bans on drinking in public places	?	+	++	Medium	Generally focused on young or marginalized drinkers; may displace harm without necessarily reducing it. Target population is high risk drinkers
Minimum legal purchase age	+++	+++	++	Low	Effective in reducing traffic fatalities and other harms with minimal enforcement but enforcement substantially increases effectiveness and cost. Young drinkers are often the target population.
<u>MODIFYING THE DRINKING ENVIRONMENT</u>					**Generally evaluated in terms of how staff training, enforcement, legal liability affect alcohol-related violence and other harms**
Staff training and house policies relating to responsible beverage service (RBS)	+/0	+++	++	moderate	Not all studies have found a significant effect of RBS training and house policies; needs to be backed by enforcement for sustained effects.
Enhanced enforcement of on-premise laws and legal requirements	++	++	++	moderate	Sustained effects depend on making enhanced enforcement part of ongoing police practices.
Server liability	++	++	+	Low	Effect stronger where efforts made to publicise liability. Research limited to U.S. and Canada.
Community action projects	++	++	++	moderate to high	Need commitment to long time frame; uncertain which components are responsible for effects.

<u>DRINK-DRIVING COUNTERMEASURES</u>					**Most research has focused on intervention effects on traffic accidents and recidivism after criminal sanctions.**
Sobriety check points	++	+++	+++	Moderate	Effects of police campaigns typically short-term. Effectiveness as a deterrent is proportional to frequency of implementation and high visibility.
Random breath testing (RBT)	+++	++	+	Moderate	Effectiveness depends on number of drivers directly affected and the extent of consistent and high profile enforcement.
Lowered BAC Limits	+++	+++	++	Low	The lower the BAC legal limit, the more effective the policy. Very low BAC levels ("zero tolerance") are effective for youth, and can be effective for adult drivers but BAC limits lower than 0.02 are difficult to enforce.
Administrative license suspension (ALS)	++	++	++	Moderate	When punishment is swift, effectiveness is increased. Effective in countries where it is applied consistently. Target population: high risk drinkers
Low BAC for young drivers (“zero tolerance”)	+++	++	+	Low	Clear evidence of effectiveness for those below the legal drinking or alcohol purchase age. Target population: young drinkers
Graduated licensing for novice drivers	++	++	++	Low	Can be used to incorporate lower BAC limits and licensing restrictions within one strategy. Some studies note that “Zero Tolerance” provisions are responsible for this effect. Target population: young drinkers
Designated drivers and ride services	0	+	+	Moderate	Effective in getting impaired drinkers not to drive but do not affect alcohol-related

					accidents, perhaps because these services account for a relatively small percent of drivers. Target population: high risk drinkers
<u>RESTRICTIONS ON MARKETING</u>					**Better quality studies evaluate impact in terms of youth drinking and attitudes. Impact also studied in terms of ability to limit youth exposure to marketing campaigns**
Legal restrictions on exposure	++ (Moderate effective ness)	+++ (2+ effectivene ss)	++	Low	Strong evidence of dose-response effect of exposure on young peoples' drinking
Legal restrictions on content	?	0	0	Low	Evidence that content affects consumption but no evidence of the impact of restrictions on content
Voluntary codes	0	+++	++	Low	Research showing impacts of advertising promulgated under voluntary codes
<u>EDUCATION AND PERSUASION</u>					**Impact generally evaluated in terms of knowledge and attitudes; effect on onset of drinking and drinking problems is equivocal or minimal. Target population is young drinkers unless otherwise noted.**
Classroom education – abstinence orientation	0/+	+++	++	High	May increase knowledge and change attitudes but most programs have no effect on drinking. Some evidence for programs that involve parents and change classroom environment

Classroom education – harm reduction orientation	+	++	++	High	May increase knowledge, change attitudes, and some evidence of impact on drinking.
College student education -- universal	0	+	+	High	May increase knowledge and change attitudes but has no effect on drinking.
College student education -- plus	+	++	+	High	May increase knowledge and change attitudes, programs that include brief interventions impact drinking behaviour
Mass media campaigns, including drinking-driving campaigns	0	+++	++	Moderate	No evidence of impact of messages to the drinker about limiting drinking; messages to strengthen policy support untested.
Warning labels and signs	0	+	+	Low	Raise public awareness, but do not change behaviour.
Social marketing	0	++	+	Medium to high	Raises public awareness but alcohol specific campaigns do not change behaviour
TREATMENT AND EARLY INTERVENTION					**Usually evaluated in terms of days or months of abstinence, reduced intensity and volume of drinking, and improvements in health and life functioning. Target population is harmful and dependent drinkers, unless otherwise noted.**
Brief intervention with at-risk drinkers	+	++	+++	Moderate	Can be effective but most primary care practitioners and pediatricians lack training and time to conduct screening and brief interventions. Target population: hazardous and harmful drinkers
Alcohol problems treatment	++	+++	+++	High	Population reach is low because most countries have limited treatment facilities for young persons.

Talk therapies	+++	+++	++	Moderate	A variety of theoretically-based therapies to treat persons with alcohol dependence in outpatient and residential settings

*Ratings based on information derived from Table 16.1 of Alcohol: No Ordinary Commodity (1). Some ratings have been updated on the basis of new evidence reported in Babor et al. (2). An analysis of the policies listed in this table (Nilssen et al, under review (3)) showed that policies considered to be effective for the general population are considered by experts to be equally effective for adolescents.

Effectiveness rating scale

0 Evidence indicates a lack of effectiveness
+ Evidence for limited effectiveness
++ Evidence for moderate effectiveness
+++ Evidence of a high degree of effectiveness
? No controlled studies have been undertaken or there is insufficient evidence upon which to make a judgment

Breath of research support

0 No studies of effectiveness have been undertaken
+ One or two well designed effectiveness studies completed
++ More than two effectiveness have been completed, but no integrative reviews were available
+++ Enough studies of effectiveness have been completed to permit integrative literature reviews or meta-analyses

Cross national testing

· The strategy has not been tested adequately.
+ The strategy has been studied in only one country
++ The strategy has been studied in several countries
+++ The strategy has been studied in many countries

Pricing and taxation

The main idea behind alcohol taxes and other forms of price controls is to decrease heavy drinking by making alcohol more costly. Economic research suggests that when the cost of alcohol increases (relative to alternative commodities), demand for alcohol will fall. Dozens of studies have demonstrated that increased alcohol prices reduce alcohol consumption and related problems, including mortality, crime, and traffic crashes. The evidence suggests that the effects of pricing apply to all groups of drinkers, including young people.[34,35]

The first part of Table 1 shows different taxation and pricing policies that have been used to control alcohol problems. Sales taxes, which are usually a percentage of the price of the product, and excise taxes, which are usually levied based on how much alcohol the product contains, consistently affect how much people drink. They can also raise additional revenue to offset the enormous costs of alcohol problems.

Some governments have restricted discounting, such as happy hours or bulk sales in supermarkets, or established minimum sale prices for alcoholic beverages. While somewhat limited, the evidence suggests that raising the minimum price of the cheapest beverages is effective in influencing heavy drinkers and reducing rates of harm.[36] Other research (6) has found that increasing the price of drinks such as alcopops that are designed and marketed in ways that appeal to young people can reduce alcohol consumption.[37]

Policy-makers appear to under-use taxes as a method of reducing harm from drinking. As a consequence, the real price of alcoholic beverages has been decreasing in many countries. When governments do not increase excise taxes, which are based on how much alcohol is in the beverage, prices do not keep up with inflation. As a way to reduce adolescent drinking and alcohol-related problems throughout the population, the research points to tax policies as one of the best options.[30,34-36,38,39]

Regulating physical availability

Since ancient times, communities and societies have regulated alcohol's physical availability by restricting when and where alcohol may be bought or consumed. Almost all societies recognize the need to limit the availability of alcohol because of its potential for misuse and the risks it poses to society.

Regulation of availability can have large effects on alcohol misuse by increasing the effort required to become intoxicated. Research strongly indicates that as alcohol becomes more available through commercial or social sources, consumption and alcohol-related problems rise. Conversely, when availability is restricted, alcohol use and associated problems decrease.

The best evidence comes from studies of changes in retail availability, including reductions in the hours and days of sale, limits on the number of alcohol outlets, and restrictions on retail access to alcohol.[30,38,40,41] Consistent enforcement of such restrictions is essential to their effectiveness. However, the cost of restricting physical availability of alcohol is cheap relative to the costs of the health and safety consequences related to drinking.

Two restrictions on alcohol availability are most likely to influence young persons: distribution of alcoholic beverages through state monopoly systems, and enforcement of age limits on alcohol purchases.

Government ownership of alcohol outlets can reduce or prevent commercial promotion of alcohol through aggressive marketing. It can also cut down on convenient times and places to purchase alcohol. Strong evidence from a variety of countries (including Canada, Sweden, Finland, Norway and the USA) finds that government monopolies on places selling alcohol for consumption elsewhere (known as off-premises outlets) effectively limit alcohol-related problems, while elimination of those monopolies can increase alcohol consumption and problems.[42,43]

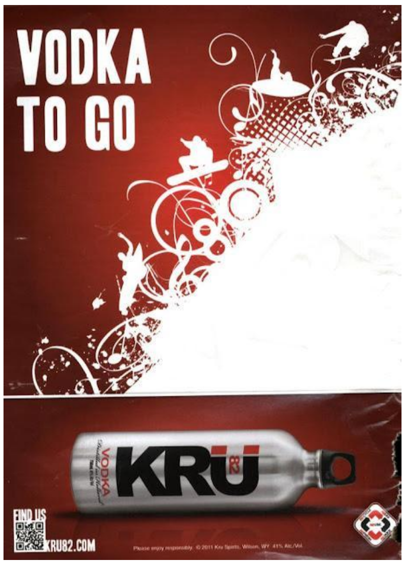
For underage drinkers, laws raising the minimum purchase age reduce alcohol sales and problems. This strategy has strong research support, with substantial effects on traffic and other casualties coming from changes in the purchase age.[35,44] Again, rigorous enforcement of these restrictions is critical to success.[45]

<u>Restrictions on marketing</u>

In recent decades, alcohol marketing has become a global industry, with many countries subject to unprecedented amounts of sophisticated advertising and other alcohol marketing. This marketing happens in traditional media (e.g., television, radio, and print), new media (e.g., Internet and cell phones), sponsorships, and direct promotions, including branded merchandise and point of sale displays.

Numerous studies have found that exposure of young people to alcohol marketing speeds up the onset of drinking and increases the amount consumed by those already drinking.[28,46] Marketing contributes to the on-going recruitment of young people to replace older drinkers. It also expands the drinking population in emerging markets, convincing populations that have traditionally abstained, such as women, to begin or increase their drinking.

Legislation restricting alcohol advertising is a well-established intervention used throughout the world, despite opposition from the alcohol industry. However, many advertising bans have been partial, applying only to spirits, to certain hours of television broadcasting, or to state-owned media.[19] They have usually applied only to the “measured media” (television, radio, print, and outdoor ads), missing at least half of the marketing currently in force.[47]



These bans often operate alongside voluntary codes of alcohol industry self-regulation that specify where advertising may be placed and what it may contain. A number of studies, using a variety of research methods, have evaluated the effectiveness of these voluntary codes. All have found significant non-compliance with the codes.[48-50]

Marketing is sometimes likened to a squishy balloon: efforts to control it in one arena result in the balloon pushing out into other areas of activity. For this reason, imposing total or partial bans on advertising produce, at best, small effects in the short run on overall consumption in a population. France has some of the strongest restrictions on alcohol in the well-resourced countries; however, these and other more comprehensive restrictions have not been systematically evaluated.

However, the fact that exposure to marketing influences alcohol consumption puts controls on advertising high on the policy agenda. Based on the available evidence, extensive restrictions on marketing are likely to reduce consumption and related harm in younger age groups. The evidence demonstrating the impact of current levels of marketing on the recruitment of heavier drinking young people suggests the need for a total ban, effective across national boundaries, to restrict exposure to alcohol marketing,

Modifying the drinking context

Where drinking takes place can influence how much drinkers consume and how they behave. Underage drinkers often drink in unlicensed settings such as home parties, using alcohol purchased alcohol from retail outlets despite age restrictions or by having others of legal age purchase and provide it to them. Others consume alcohol at licensed premises such as bars and restaurants. Preventing underage drinking by modifying the drinking context is based on the assumption that environmental and social constraints can limit alcohol consumption and reduce alcohol-related problems.

Interventions in licensed premises include training sellers and servers of off- and on-premise alcohol outlets in responsible beverage service, also known as server training (19).[51] Responsible beverage service is most effective if accompanied by enforcement of laws and regulations by police, liquor licensing, and municipal authorities. The threat of suspending or revoking licenses to sell or serve alcohol if an establishment sells to minors or to obviously intoxicated patrons can function as a deterrent and encourage licensees to utilize and improve server training.

Community partnerships with police are another effective strategy for reducing problem behaviours associated with licensed premises that serve young people.[14,52] These programmes require extensive resources and long-term commitment, including enhanced and sustained enforcement.

Drink-driving prevention and countermeasures

Alcohol use is a major risk factor in traffic fatalities and injuries, which in turn are an issue of great concern in well-resourced countries as well as in countries with emerging alcohol markets and rapidly expanding ownership of motor vehicles. Traditionally, law enforcement directed at drink-driving has been designed to catch and punish offenders.

There is limited evidence to support the positive impact of these laws. The laws need to facilitate certain and swift punishment of offenders; severity of the penalty is somewhat less important. One punishment seems to have a consistent impact on drink-driving offences: administrative license suspension or revocation for drink-driving.[53] Under such laws, enforcement officials may take away a driver's license as an administrative action at the scene when drivers show clear signs of intoxication.

Laws setting a reasonably low blood alcohol concentration (0.05% is the most common level worldwide[19]) at which one may drive legally, combined with well-publicised enforcement, significantly reduce drink-driving and alcohol-related driving fatalities.[54,55] Frequent, highly visible, non-selective testing (and selective testing if carried out with sufficient intensity) at sobriety checkpoints can have a sustained effect in reducing drink-driving and associated crashes, injuries, and deaths.[56,57]

Sobriety checkpoints also strengthen deterrence of drink-driving by increasing people's perception that they will be apprehended. Although "designated driver" and "safe ride" programmes may have some effect for people who presumably would otherwise drive while intoxicated, no overall impact on alcohol-involved crashes has been demonstrated.[58]

For young drivers, who are at higher risk for traffic crashes, effective interventions include a zero tolerance policy (i.e., setting the permissible blood alcohol concentration level as close to 0% as possible) and graduated licensing for novice drivers (i.e., limits on the time and other conditions of driving during the first few years of licensing).[59,60] Traditional countermeasures such as driver training and school-based education programmes are either ineffective or yield mixed results.

<u>Education and persuasion strategies</u>

Education and persuasion strategies most commonly try to discourage underage drinking by providing information about the negative effects of drinking alcohol, and by teaching young people how to deal with peer influences. School-based education programs and mass media educational and awareness-raising campaigns are examples. Studies have found that some school-based alcohol education programs can increase knowledge and change young people's attitudes toward alcohol, but this often does not translate into a change in youth drinking behaviour.

Adolescents routinely overestimate how many of their peers are actually drinking, and some programmes have tried to influence drinking behaviour by correcting this. These programmes have produced mixed results, with generally modest effects that are short-lived, unless accompanied by booster sessions.[61] Like assessment and brief intervention (see below), the strongest effects have been found in programmes directed at high-risk groups of young people.[61]

Alcohol companies are the most prolific producers of media messages about alcohol. On U.S. television in 2009, young people were 22 times more likely to see an industry ad for alcohol than an industry-produced responsibility message.[10] In this context of overwhelming pro-drinking commercial messages, school-based education and mass media campaigns have been insufficient to reduce consumption by underage drinkers significantly.

In sum, the impact of education and persuasion programmes tends to be small at best. When positive effects are found, they do not persist without changing the broader environment. These programmes should therefore be viewed as one component of a comprehensive prevention approach to underage drinking, as probably necessary but certainly not sufficient if that approach does not also include limits on physical availability, increases in price, restrictions on advertising and promotion, and other measures that address the environment in which young people make their drinking decisions.

<u>Treatment and early intervention services</u>

Treatment for alcohol problems may include a variety of health and social services ranging from diagnostic assessment to therapeutic interventions and continuing care. Researchers have identified more than 40 therapeutic approaches evaluated using the "gold standard" evaluation technique of randomized clinical trials.[62] Many of them, such as cognitive-behavioural therapy, have been applied successfully to young persons with alcohol problems.

Specialized or formal treatment for adolescents consists of outpatient counselling and residential care. In most comparative studies of treatment for adults, outpatient and residential programmes produce comparable outcomes.[63] The approaches with the greatest amount of supporting evidence are behavioural therapy, group therapy, family treatment, and motivational enhancement.

Some adolescents, particularly those who are drinking in a hazardous way but who have not developed severe alcohol dependence, may benefit from brief interventions provided by a doctor, nurse or counsellor. Research with adults[64] shows that brief interventions, consisting of one or more sessions of advice and feedback provided by a health professional, can produce clinically significant reductions in drinking and alcohol-related problems.

As with school-based alcohol education, treatment programs are unlikely to have a major impact on the population rates of alcohol-related problems, unless they are part of a more comprehensive approach to prevention.

Alcohol policies: A consumer's guide

As indicated in Table 1, many of the most effective interventions are universal measures that **restrict the affordability, availability, and accessibility of alcohol**. Alcohol taxes and restrictions limiting the opening hours, locations, and density of alcohol outlets have a considerable amount of research support. The enforcement of a minimum purchase age for alcohol is another very effective strategy.

Given their broad reach, the expected public health impact of these measures is relatively high. Many **drink-driving countermeasures** received high ratings as well, especially those that increase the likelihood of apprehension. Such measures should be part of a core alcohol policy mix.

There is good evidence of effectiveness for **alcohol treatment service**s but they can be expensive to implement and maintain. Outpatient treatment can effectively discourage young persons from alcohol and drug use, and help them to negotiate the difficult transition into adulthood.

Evidence on the effectiveness of advertising and marketing restrictions is limited by the relative lack of research, and the difficulty and expense of controlling for the wide range of factors that can influence the decisions of individual young people to drink. However, it is likely that **a total ban on the full range of marketing practices** could affect drinking by young people, particularly if diversion of the promotional spending to other channels were blocked.

There is no evidence that the alcohol industry's favoured alternative to marketing restrictions -- voluntary self-regulation -- protects vulnerable populations such as young people from the effects of alcohol advertising and other marketing practices.

On the contrary, the evidence from a variety of countries demonstrates how these voluntary guidelines have been systematically circumvented.

Despite a growing amount of research, there is only weak evidence for the effectiveness of alcohol education programs, although programs that coordinate family and classroom techniques have shown some success in delaying the onset of drinking. Similarly, mass media "responsible drinking" campaigns will likely have little effect, given the large amount of positive messages about alcohol use in the media.

The alcohol industry and alcohol science

The growing scientific literature on the effectiveness of many different alcohol control policies is encouraging. It provides policymakers, parents, school officials and community leaders with a clear roadmap to prevent problems associated with underage drinking.

Unfortunately, many of the policies to which the science points are unacceptable to the alcohol industry. A significant amount of its profits come from alcohol that is consumed by underage drinkers,[65] and young adults just above the legal drinking age. This may account in part for the alcohol producers' reluctance to support policies designed to protect young persons. To deal with the alcohol industry's opposition to effective alcohol control policy, it is important to understand how this industry operates.

Increasingly, the alcohol industry has become a major player in the interpretation and dissemination of scientific information, and in the process has begun to misuse science to influence the policymaking process. In this final section we describe how to distinguish between good and bad research, regardless of its source, as well as how industry-funded organizations can create doubt, confuse the debate, and delay action, all without leading to tangible benefits for policymakers or society.

<u>Global structure and strategies of the alcohol industry</u>

The alcohol industry comprises beer, wine and spirits producers and importers, wholesalers and regional distributers, as well as bars, restaurants, bottle stores, and often food stores that sell alcohol to the public. Many policy makers view alcohol as an important contributor to business opportunities and jobs in the hospitality and retail sectors.

As in other areas of business and commerce, a few large corporations dominate the alcohol industry, particularly in the beer and spirits sectors. In 2008, 72% of the world's commercially brewed beer was produced by the ten largest companies, with 53% made by the largest four: Anheuser-Busch/Inbev, SABMiller, Heineken, and Carlsberg.[66] Similarly, in spirits a similar trend has occurred, with Diageo and Pernod Richard now managing hundreds of the world's leading brands.

With this concentration of ownership in the alcohol industry, there has been a proliferation of new products (e.g., caffeinated alcohol ‘energy drinks’ and “alcopops”). The size and profitability of these companies help them to finance aggressive global marketing campaigns for new and existing products, which in turn discourage other companies from competing with them. The size of these companies also allows them to devote considerable resources to promoting the policy interests of the industry.[67]

In addition to the alcohol producers, industry trade associations have traditionally promoted the industry’s interests on commercial issues such as taxes, marketing and regulation. The industry has established hundreds of trade associations with a primary focus on alcohol throughout the world, representing the interests of brewers, distillers, wine growers, bartenders, importers, wholesalers and the hospitality industry. For beer alone, there are more than 36 national trade associations, in addition to three international confederations.[68]

Besides the industry’s trade associations, since 1980 there has been a steady increase in industry-funded “social aspects” and public relations organizations (SAPROs) established to manage issues in areas that overlap with public health, such as alcohol control policies, medical research findings and underage drinking. The alcohol industry has founded more than 30 such organizations in more than 27 countries, as well as several operating on the international level.[5,68]

Box 2.1: Key Messages Promoted by the Alcohol Industry’s Social Aspects/Public Relations Organizations ADDIN EN.CITE <EndNote><Cite><Author>Anderson</Author><Year>2004</Year><RecNum>2016</RecNum><DisplayText><style face="superscript">5</style></DisplayText><record><rec-number>2016</rec-number><foreign-keys><key app="EN" db-id="x0ft0v5ss09e99eaw0epzszrfr0sfzp0eraw">2016</key></foreign-keys><ref-type name="Journal Article">17</ref-type><contributors><authors><author>Anderson, P.</author></authors></contributors><titles><title>The beverage alcohol industry's social aspects organizations: A public health warning</title><secondary-title>Addiction</secondary-title></titles><periodical><full-title>Addiction</full-title></periodical><pages>1376-1377</pages><volume>99</volume><dates><year>2004</year></dates><urls></urls></record></Cite></EndNote>[5]

- Alcohol confers net benefits on society.
- Alcohol problems are caused by the excessive drinking of a small number of drinkers, rather than be a consequence of the total consumption levels in a community or a nation.
- The cornerstone of alcohol policy should be to

These organizations engage in “Corporate Social Responsibility” (CSR) activities,[5] ranging from charitable contributions that promote moderate drinking to image enhancing efforts such as the sponsorship of the Olympics. As described in Box 2.1, the CSR activities of SAPROs typically promote a set of key messages that align with industry interests.

Industry involvement in science

Scientific research has an important role to play in the development of alcohol policy. It brings to the attention of decision-makers and the public the harms associated with alcohol, and it has the potential to influence the development of effective approaches to reduce alcohol-related harm.

Because the alcohol industry's has an overriding responsibility is to maximize profit for its shareholders, it has a vested interest in downplaying or ignoring the harm done by alcohol. Restrictive alcohol policies can threaten the industry's profitability, while scientific research on the benefits of moderate drinking can improve its public image. This may explain why the alcohol industry takes an active interest in alcohol science, including sponsorship of scientific research, shaping how the public perceives research findings, and disseminating scientific information.

At the same time, the industry's methods for undermining research and for preventing research results from coming to the attention of the public and decision-makers include: 1) questioning scientific findings by attacking the scientific integrity of researchers who produce the research; 2) paying consultants and other scientists to attack the research; and 3) attempting to control the research agenda by favoring some kinds of research (e.g., genetics) over others (e.g., epidemiology and policy studies).[69]

Most research highlights the effectiveness of population-based strategies.[30] Yet the industry prefers to divert attention and policy-making efforts away from the chief environmental determinants of alcohol misuse and its adverse health and social outcomes in the general population, most of whom are not 'alcoholics.'[30] By emphasizing voluntary (rather than legislative) solutions, the alcohol industry is able to minimize regulatory controls, avoid its responsibility to minimize harm, and maintain and enlarge its consumer base.

"Junk science" is a term that has become popular in political disputes about scientific evidence ranging from climate change to alcohol policy. It is generally used to give a pejorative label to an adversary's claims about scientific research, suggesting that the information is not only inaccurate, but also driven by ideological, or financial motives.

The alcohol industry has used the term to undermine the scientific basis of alcohol problem statistics and certain alcohol control policies, while alcohol policy advocates have applied it to scientific reports funded by the alcohol industry and pro-industry organizations.

How does one differentiate between good science and junk science, between reliable sources and biased sources, and between useful information and data that merely confuses the issue? In this section we describe examples of alcohol research funded by the alcohol industry with the goal of influencing policy decisions. We also discuss how to distinguish between good and bad research, regardless of its source, and how to deal with industry claims that research that contradicts its positions is "junk science."

Examples of industry-sponsored "junk science"

The alcohol industry and its partners have advanced shoddy scientific evidence to support particular policy themes. For example, the International Center for Alcohol Policies (ICAP), whose funding comes from the major alcohol producers, sponsored several international surveys of alcohol education, and concluded from them that school-based education on alcohol is a priority area for "partnerships" with the alcohol industry, especially in the developing world. But when independent alcohol scientists obtained a copy of the survey data, they found that ICAP had misinterpreted its own data, which actually indicated that most respondents did not favor partnerships with the alcohol industry (see Box 2.2). ICAP recently merged with the Global Alcohol Producers Group and is now known as the International Alliance for Responsible Drinking.

Box 2.2: A Tale of Two Surveys

A 2004 article published in an international scientific journal ADDIN EN.CITE <EndNote><Cite><Author>Babor</Author><Year>2004</Year><RecNum>1585</RecNum><DisplayText><style face="superscript">9</style></DisplayText><record><rec-number>1585</rec-number><foreign-keys><key app="EN" db-id="x0ft0v5ss09e99eaw0epzszrfr0sfzp0eraw">1585</key></foreign-keys><ref-type name="Journal Article">17</ref-type><contributors><authors><author>Babor, T.F.</author><author>Xuan, Z.</author></authors></contributors><titles><title>Alcohol policy research and the grey literature: A tale of two surveys</title><secondary-title>Nordisk Alkohol & Narkotikatidskrift (English Supplement)</secondary-title></titles><pages>125-137</pages><volume>21</volume><dates><year>2004</year></dates><urls><related-urls><url>http://nat.stakes.fi/NR/rdonlyres/57E445B0-E09D-44CD-BBB7-6375F50F40EC/0/supplement2004.pdf</url></related-urls></urls></record></Cite></EndNote>[9] evaluated the quality and conclusions of two international surveys on alcohol policy, one conducted by an international public health agency (the World Health Organization), the other by an alcohol-industry "social aspect organization," (the International Center for Alcohol Policies). Both surveyed health policy professionals throughout the world to find out which alcohol policies they considered most relevant to the health of their countries. The WHO report was appropriately cautious in the conclusions drawn, with

The industry has also funded academic organizations supported by free-market advocates to contest the results of research showing that tax policies and limitations on alcohol availability are among the most effective alcohol policies, despite the fact that the scientific evidence is overwhelming in support of such policies (see Box 2.3).

Some industry-funded organizations have been directly involved in questioning the findings of independent research that suggests a particular course of action that the industry does not support. The Portman Group, established in 1989 by the UK's major alcohol producers, obtained pre-publication copies of a book manuscript on alcohol policy sponsored by the World Health Organization, and circulated it to several academics, offering them fees to write anonymous critiques of the book.[69]

Box 2.3: Junk Science and Privatization

Around the same time that the U.S. states of Virginia and Pennsylvania introduced legislation to privatize their alcohol wholesale and retail operations, free-market oriented think tanks began issuing studies backing privatization. ADDIN EN.CITE ADDIN EN.CITE.DATA [1-3] One study, released one week before a general election that included a referendum on the privatization of the state's alcohol monopoly, purported to show that privatization would have no impact on the rate of alcohol-related problems.

While research normally must follow certain rules to be considered valid and reliable, including being systematic, the use of a replicable methodology, and undergoing a blinded peer-review, these studies do not. Two economists did a reanalysis of a study by the Commonwealth Foundation ADDIN EN.CITE <EndNote><Cite><Author>Pulito</Author><Year>2011</Year><RecNum>2051</RecNum><DisplayText><style face="superscript">11</style></DisplayText><record><rec-number>2051</rec-number><foreign-keys><key app="EN" db-id="x0ft0v5ss09e99eaw0epzszrfr0sfzp0eraw">2051</key></foreign-keys><ref-type name="Web Page">12</ref-type><contributors><authors><author>Pulito, J.</author><author>Davies, A.</author></authors></contributors><titles><title>Does state monopolization of alcohol markets save lives?</title></titles><volume>2013</volume><number>February 22</number><dates><year>2011</year></dates><urls><related-urls><url>http://keystoneresearch.org/sites/default/files/Pulito%26Davies_2012.pdf</url></related-urls></urls></record></Cite></EndNote>[11] and found that it had wrongly excluded two key variables known to influence alcohol related fatality rates. When these missing variables were accounted for, the results reversed. ADDIN EN.CITE <EndNote><Cite><Author>Herzenberg</Author><Year>2011</Year><RecNum>2052</RecNum><DisplayText><style face="superscript">15</style></DisplayText><record><rec-number>2052</rec-number><foreign-keys><key app="EN"

The alcohol industry has also been involved in shaping both professional and public interpretations of research findings:[69,70]

- Anheuser-Busch sponsored a program to convince medical journalists of the health benefits of beer and of Budweiser's new "low carb" product lines.[71]

- A Bonn University Professor, paid by a Swiss alcohol trade organization, wrote a critique of research published in two scientific journals showing that decreases in Switzerland's liquor taxes resulted in marked increase in spirits consumption by young people.[72]

- The Distilled Spirits Council of the United States (DISCUS), an alcohol industry trade organization, provided financial support to two researchers who wrote letters criticizing an article published in the *Archives of Pediatrics and Adolescent Medicine*. The study found that exposure to alcohol advertising is associated with increased alcohol use by young adults.[69]

- The Brewers of Europe hired the Weinberg Group, an international consulting firm that advises companies on scientific and regulatory issues, to produce a report that questioned the findings of two alcohol scientists commissioned by the European Union to evaluate the evidence for effective alcohol policies.[73]

Some industry-supported organizations produce scholarly publications, some of which look like junk science, others that seem to be "fair and balanced." ICAP has published 10 books in its "Alcohol and Society" series, most dealing with scientific and public policy issues. The books tend to be co-authored or co-edited by a combination of ICAP staff, academic researchers and industry representatives. The stated purpose of these publications is to "promote a fresh and balanced perspective" on key alcohol policy issues.[74]

One of these books, *Drinking in Context: Patterns, Interventions, and Partnerships*[75] was widely disseminated as a policy brief for policymakers in developing countries. The book has been criticized for misrepresenting the public health view on alcohol policies, advocating for ineffective or inadequate policies, and creating a situation of "moral jeopardy" for scientists who contribute to edited volumes promoted by the alcohol industry.[76,77] The book was promoted at conferences and government consultations in a number of African countries where industry-invited representatives helped government officials draft national policy plans for their countries.[32]

In one analysis of this initiative, the national plans designed to fit the specific needs of four different African countries were found to be virtually identical, with all documents originating from the MS Word document of a senior executive of SABMiller, one of the ICAP'S funders.[32] Subsequent to the publication of this analysis, the government of New South Wales, employer of one of ICAP's chief consultants, sanctioned the consultant for misrepresenting his government affiliation in the drafting of these reports.[78]

As these examples suggest, publications produced by the alcohol industry and its SAPROs, while ostensibly designed to promote the dissemination of scientific information, have also been used to support industry-favorable policy initiatives. Even when the evidence is overwhelming in support of certain "universal" alcohol policies (e.g., higher taxes on alcohol, restrictions on access and availability), the public debate about what to do can be confused by reports and critiques commissioned by the alcohol industry and its surrogates.

Many of these initiatives are included in what the alcohol industry refers to "corporate social responsibility" (CSR) activities, which are ostensibly designed to show how the industry can serve as "a good corporate citizen." There is reason to believe, however, that these activities are more oriented toward public relations than public health. For example, Miller Brewing Company, a subsidiary of the tobacco company Philip Morris, helped to set up ICAP, and saw its philanthropic activities as part of a public relations strategy of "managing worldwide issues, and assisting our sales and marketing group in an increasingly competitive marketplace."[66]

Lessons Learned

The alcohol industry tends to oppose, minimize or ignore alcohol control policies that research suggests are the most effective (e.g., alcohol taxes and limits on availability), and supports strategies that tend to be much less effective, like school-based education. Industry attempts to influence public perceptions of alcohol science have been criticized because of their potential to confuse public opinion about the health effects of alcohol, discredit independent scientists, damage the integrity of science, and discourage or delay effective alcohol policies.[69]

Box 2.4 provides a checklist for assessing the extent to which a particular report, article or expert testimony meets the definition of "junk science." The checklist includes an assessment of whether the information deals with data or opinion, and whether the findings have been published in a peer-reviewed scientific journal, because if the findings contradict what has already been published in reputable scientific journals, but have not undergone such scrutiny themselves, they are more likely to be suspect.

Box 2.4: Checklist for Evaluating "Junk Science"

- Does the article or presentation deal with data or opinion?
- Have the findings been published in a peer-reviewed scientific journal?
- Has the article or presentation been prepared by a source that has a financial or ideological conflict of interest?
- Are the critics qualified to criticize?
- Is the article or presentation consistent with the larger corpus of scientific research, or does it represent a minority opinion?
- Does the article or presentation acknowledge that there may be conflicting evidence or differences of opinion?

Conflict of interest is a major consideration in the evaluation of junk science. A growing number of studies have found troubling correlations between financial relationships with industry and conclusions drawn from industry-sponsored research.[79] The impact of financial contributions and gifts is often unconscious, shaping behavior without a person's awareness.[80] Even when individuals try to be objective, their judgments are subject to an unconscious, self-serving bias.[80] Therefore, the impact of conflict of interest is often detrimental to effective alcohol policy, and should be avoided to protect the public interest. If a scientist or advocate for a particular policy has a financial stake in the outcome of the policy decision (because of a paid job, consulting fee, travel expenses, stock options, etc.), they are not likely to be as credible and unbiased as those who have nothing to gain financially.

A related issue is competence. Are the critics qualified to criticize? Many of the arguments against effective alcohol policies and legitimate alcohol research are promoted by industry representatives who have no training in public health or alcohol science. Although they are entitled to their opinions, they are not necessarily qualified to judge the validity of the evidence.

Finally, it is important not only to recognize when science is being manipulated for economic or ideological purposes, but also what to do about it. Box 2.4 provides a list of suggestions to guide advocates for evidence-based policies.

When advocates suspect junk science is being used as a tactic to confuse the policy debate, find allies who are credible, objective and capable of evaluating the soundness of the evidence. These allies can often be found in NGOs and academic settings. They are not only likely to be free of financial conflicts, but also willing to provide free advice and support, including such things as writing letters to the editor or giving expert testimony. Another approach is to ask all stakeholders who advocate for a particular policy to declare their financial conflicts of interest. This provides a basis for establishing the credibility of the sources of information about a particular policy option.

In the absence of general consensus about a particular policy option, use the "Precautionary Principle." This general public health concept shifts the burden of proof to the proponents of a potentially harmful product, such as tobacco or alcohol (see Box 2.5).

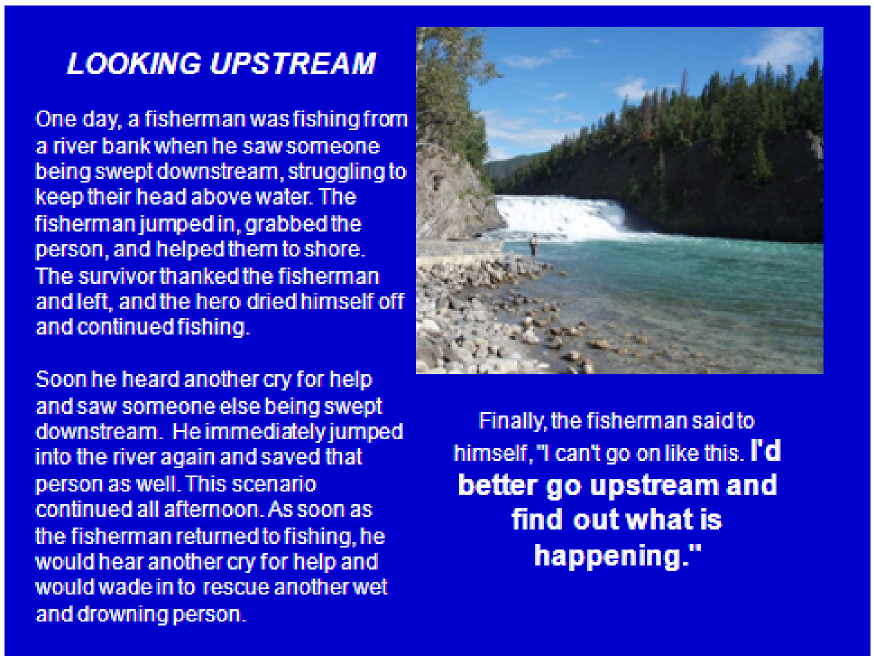
Another way to advocate for policies in the absence of clear evidence is to use theory and examples from related areas of science. For instance, although there is no definitive evidence that alcohol marketing is the main cause of binge drinking by youth, there is massive evidence and good theory from psychological research that behavior modeling and social learning are the main ways children learn to imitate adult behaviors. And the evidence for these effects is much stronger in the tobacco field, which suggests what is likely to happen with alcohol: when respected role models are seen performing a pleasurable behavior, children and young adults are more likely to imitate it.

Box 2.5: The Precautionary Principle.

When applied to alcohol policy, the precautionary principle implies that decision-making, in areas like the introduction of new alcohol products (high alcohol content malt beverages, for instance), removal of restrictions on hours of sale, and the promotion of alcohol through advertising, should be guided by the likelihood of risk, rather than the potential for profit. The application of the precautionary principle to alcohol policy will help to increase both public participation in the policymaking process and the transparency of decision-making, currently guided too often by the economic considerations of the few rather than the public health concerns of the many.

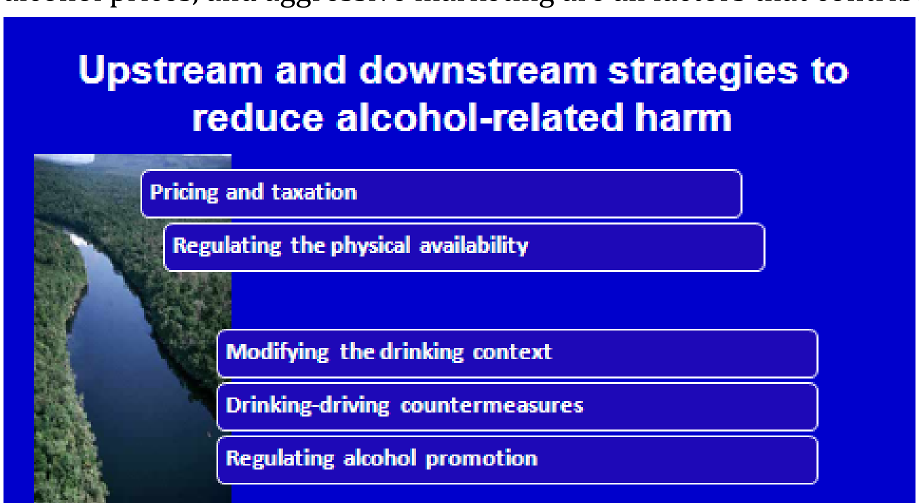
An important consideration in any evaluation of the alcohol industry's scientific and CSR activities is the public health benefit to society. Research funding, sponsorship of independent scientists, dissemination of scientific information and the support of health interventions are the major areas where the alcohol industry is involved in issues related to public health and alcohol science. Although the total funding provided by the industry on a global level is relatively small, the alcohol industry derives significant benefits in terms of favorable press reports, alternative interpretations of negative research findings, and the courting of sympathetic scientists willing to support industry-favorable positions. In addition, the industry's junk science activities may serve to confuse public discussion of health issues and policy options. For these reasons it should be vigorously contested.

Conclusion



There is a metaphor in public health that uses the idea of a fast running river to illustrate the relative value of different policy options. Figure 1 tells the story of a fisherman who becomes involved in saving the lives of people who have mysteriously been falling into a river "upstream" from where he is fishing. He finally decides that instead of just dealing with the immediate cases, he should look upstream to find out what is causing the problem in the first place.

As it applies to alcohol policy, this metaphor suggests that there are powerful forces that push people into the stream of alcohol-related problems. Easy availability, low alcohol prices, and aggressive marketing are all factors that contribute to alcohol problems, along with drinking contexts that enable heavy drinking and the



non-enforcement of drink driving laws. All of these conditions combine with individual vulnerability factors to increase the number of people who fall into the stream of alcohol problems. To deal with these problems where they originate, it is important to direct our attention and our efforts upstream, as suggested in Figure 2.

In conclusion, opportunities for evidence-based alcohol policies that better serve the public good are more available than ever before. But policies addressing alcohol-related problems are too seldom informed by science, and there are still too many alcohol policy vacuums filled by unevaluated or ineffective strategies and interventions.

Because alcohol is no ordinary commodity, the public has a right to expect a more enlightened approach to alcohol policy, one that is not only free of the self-serving influence of the alcohol industry, but also is directed at the root causes of alcohol problems as they occur upstream.

The next module focuses on the tools and strategies needed when alcohol policy advocates move upstream. The evidence base is in place – now we address *how* we act in various national settings to change and improve policies to match what the evidence says will work.

Module III: Key Elements of Advocacy Campaign

"In democratic countries, knowledge of how to combine is the mother of all other forms of knowledge; on its progress depends that of all the others."

Alexis de Tocqueville, *Democracy in America*,
Book II, Chapter 2, 1840

In this module we describe how policy advocates and policy makers can organize support for alcohol policy changes. Alcohol policy improves because people care enough to make changes to it. Organizing for alcohol policy change builds on this caring, on the values that people share about creating a better and safer society, for their children, their neighbours and themselves. These values will combine with the research evidence and data about alcohol problems to undergird the campaign for change; they will also be a critical element in winning broad acceptance for the policy and its implementation.

As de Tocqueville pointed out almost two centuries ago, knowing how to bring people together – to combine – is critical to moving forward in democratic societies. The first decision advocates need to make is who to bring together. Initially, there will be a core group engaged. This core group may include government leaders or it may be entirely from civil society.

From this core group, advocates will often need to build a coalition of some kind. Building a broad-based coalition is important to the success of a policy campaign. Coalitions with diverse constituencies tend to garner more support from elected or appointed decision makers. The coalition should include groups that care about alcohol-related problems or whose mission or interests align with the anticipated public health benefits of the policy.

Law enforcement can be a strong and critical ally in these policy campaigns. Because many alcohol-related problems require law enforcement officers to respond to them, these officials understand how serious the problems are. They can be quick to offer their support and become willing participants in the policy campaign.

In settings where religious institutions play an important role in influencing politics, the faith community can also be a key ally. Religious leaders can be influential with particular legislators (since they may be that legislator's faith leader) as well as with the public at large.

Trade and labor unions are another important constituency. They tend to understand organizing, and can turn out visible support at key moments in a policy campaign. Box 3.1 provides a list of people and organizations that could combine in a coalition on underage drinking.

It is important to understand that coalition members will have different roles to play in the campaign. Keep in mind that those organizations supported by public or charitable funding obtained through grants and contracts, particularly awards obtained from government sources, may have to play a different, and in some ways more limited role, than those with other funding sources. The coalition should be broad enough that all key tasks can be carried out. Some of these tasks are likely to be:

- Analyzing and reporting public health data on excessive alcohol consumption and related harms;
- Providing geographic information system(GIS) maps that highlight alcohol-related problems associated with excessive drinking;
- Developing media advocacy campaigns to support the policy;
- Determining how to best gain access to decision makers and briefing them prior to a hearings on the policy;
- Responding to requests for written information on the proposed policy;
- Responding to questions from decision makers during testimony in parliamentary enquiries or public hearings on general impacts of proposed policy;
- When possible, providing testimony on the health impacts of the proposed policy during enquiries or hearings; and
- Evaluating the impact of the policy, including identifying and tracking outcome measures.

Box 3.1: Potential Coalition Members

National, state and local public health departments, staff from health ministries, and practitioners

Community substance abuse prevention coalitions

Faith-based community

Educational community

Parent groups

Small businessoOrganizations

Labor

Law enforcement

Civil society organizations

Medical community

Children's advocacy groups

Other supporters of the policy have important roles to play as well. Local community or grassroots coalitions that have signed on to the campaign are in an excellent position to carry some of the load of educating decision makers and influencing how they view the policy. Local representatives from the business community can work to prevent opposition from other business organizations (such as those with close ties to the alcohol industry) that may oppose the policy.

Fundamentally and at the outset, advocates need to decide whom they will bring together and in what forum. Will it be a coalition, and if so, is that coalition formal or informal? Will it be a national or local group of professionals; a grassroots movement of citizens, women's organizations, or other groups. Or will it be a combination of some or all of these groups? How will the group govern itself and make decisions?

Each situation, and often each campaign, will offer different possibilities for "combination," each of which may have strategic significance for an advocacy campaign. For instance, in places where religion plays an important role, having religious leaders involved may be important both practically and symbolically; elsewhere, religious institutions may be far less significant in their political influence. In a campaign about youth drinking, parents' organizations are often powerful allies and spokespeople. At the same time, some political contexts place more value on combinations of experts or officially recognized non-governmental organizations than combinations of grassroots volunteers.

The elements of a successful campaign usually include a core group of committed advocates, research, and advocacy. Traditional research, such as what was described in Module II, is essential for documenting the problem and telling the campaign what is most likely to be effective. Other forms of research – public opinion and polling, research into the opposition and its positions and allies – are also important Building relationships and learning to listen well to find out people's passions, priorities and understanding of who in a community has the real power to make change or graining people together is another kind of research that can yield invaluable data.

One study of successful campaigns on tobacco and gun control in the U.S. concluded that those campaigns required three key elements: articulation of a socially (as well as scientifically) credible threat, the ability to mobilize a diverse organizational constituency, and the convergence of political opportunities with larger vulnerabilities.[81] The latter can sound almost like luck; as the Roman philosopher Seneca is crediting with saying, "Luck is where opportunity and preparation meet." The following nine steps will help your campaign to create opportunities for change, and be prepared to take advantage of them when they com.

Step 1: Frame your issue and develop a policy action statement

Once a core group has come together, the critical first step in a particular campaign will be to move from agreement on what the *problem* is, to agreement on what the *issue* is. A *problem* is what is wrong; an *issue* provides a solution or partial solution. For example, the problem may be youth drinking; the issue could be shutting down or curbing the hours of outlets providing alcohol to youth.

Movement from a problem to an issue requires assessing the situation strategically, noting the values and principles on which the group has come together and which it believes the larger population will share, and building a "frame" that the majority of the population will support.

Gilliam has defined frames as "labels the mind uses to find what it knows."[82] The child psychologist Piaget defined them as mental models, generalized understandings that help us to interpret and respond to the world. How an issue is framed will affect how people respond to it. For instance, framing underage drinking as a moral failing is very different from viewing it as an issue of high-risk environments – as one advocate put it, "Holding young people solely responsible for underage drinking is like holding fish responsible for dying in a polluted stream."[83] Frames can be thought about as having three elements, or levels: 1) symbols and values that underpin or support the issue you have chosen; 2) the issue itself (that is, the solution you propose to your chosen problem); 3) specific details about the problem and the issue (Dorfman et al. 2005).

What is important about these levels is how they work to support each other. Many advocates focus primarily on levels 2 and 3; however, frames can be more important than facts: symbols and values are extraordinarily powerful in making people care about facts. For instance, is underage drinking primarily about millions of youth who drink each year, or is it about young people's right to grow up alcohol-free, or protected from predatory marketers?

<u>Why is understanding framing important in alcohol policy?</u>

Framing your issue and making the case for why the policy is important is essential to being able to build support. Advocates need to proactively set the frame for the debate, and advance specific solutions or policies within that frame. Framing entails an important set of strategic decisions that often constitute the first significant task a group of advocates must undertake. This process itself can build important commitment to the policy solution chosen, and can energize the group to organize support for it.

Framing is particularly important in alcohol policy. One way of looking at debates over alcohol policy is as a competition between two frames: the industry frame and the public health frame.

The industry frame promotes the business interests of the alcohol beverage industry. The key messages associated with this frame are that alcohol consumption is normal, fun and healthy and that the majority of people drink responsibly with the damage caused by alcohol affecting only a small group of people who drink irresponsibly.

The issue for the industry is the irresponsible behaviour of a small minority of drinkers, and the educational, treatment or punitive approaches that should be taken to address this minority. Under this frame, the industry advocates for education, treatment, self-regulation and public-private partnerships – all approaches that the evidence indicates are the least effective in reducing alcohol-related harm.

Box 3.2: Industry and Public Health Frames	
Industry frame	**Public health frame**
● Alcohol consumption is normal, fun and healthy.	● Alcohol consumption is linked to more than 60 diseases and health conditions.
● The majority of people drink responsibly.	● Most of the alcohol is consumed "irresponsibly" (i.e. by binge and underage drinkers).
● The small minority of irresponsible drinkers causes all the problems.	● So many people drink irresponsibly occasionally that population-level solutions are needed.
● Effective solutions are education, industry self-regulation, and public-private partnerships.	● Evidence suggests that effective solutions are those that affect availability, price and marketing of alcohol.

By contrast, the public health frame is concerned with promoting the public health interest and protecting the vulnerable people in society from the risks associated with the consumption of a harmful and addictive product. The issue for public health is an environment that makes alcohol too cheap, too attractive, and too available.

The key messages associated with the public health frame point to the breadth of alcohol problems. As the problems associated with alcohol are widespread, broad societal solutions are needed to address them. Alcohol is linked to over 60 diseases and health conditions, and second only to tobacco in the developed world as the key risk factor for death and disability. In addition to the health harms to individuals, alcohol is linked to significant social harms including crime, violence, child neglect, road traffic crashes, fire fatalities and lost productivity.

The broad-based policy solutions proposed by public health advocates are based on evidence of effectiveness, as discussed in module II. Most require legislation to implement. These include controls on the price and availability of alcohol; drink driving measures; age restrictions on alcohol purchasing; brief interventions in health care settings; and reduced exposure to alcohol marketing.

It is useful for advocates to assess how their problem and issue are currently framed in their setting, and whether it is similar to the industry or public health frame.

Countering the industry frame is critical to convincing policy makers and the public that population-level interventions are the most effective way forward.

Develop a Policy Action Statement

A policy action statement clarifies the overall scope of the policy advocacy effort. It enables all partners in the effort to agree on a common framing of the problem, and a common policy solution. It can be used to educate both current and potential coalition members as well as the general public.

A policy action statement should state the problem, state a policy solution, say clearly what the policy will do, make it clear who will benefit from the policy, and point to clear decision makers – those who can make the policy happen.

Box 3.3: Policy Action Statement

The [national][state][local] government will pass an increase in alcohol taxes to reduce underage drinking, the number one drug problem among youth, and to raise funds to support alcohol and other drug prevention and treatment, mental health services, and increased access to health care.

Step 2: Engage enforcement

Enforcement is central to successful policy implementation. Many of the alcohol control measures that have the most evidence behind them are public policies that require enforcement. For instance, in many parts of the world young persons below the legal purchasing age can buy alcohol because of poor enforcement. Without such enforcement the policies have no power and will not reduce the problems they are intended to address.

Engaging the appropriate enforcement body early in the policy campaign is essential. Making clear to enforcement bodies the benefits that can come to them if the campaign succeeds can help to convince them to join or support the effort. These benefits may include better use of scarce enforcement resources, as in a policy that deters or reduces underage drinking parties in private homes. A policy may affect financial resources available for enforcement, such as a fee on alcohol businesses dedicated to funding enforcement of standards for those businesses.

Reaching out to enforcement early in a campaign can increase the likelihood that the policies, once adopted, will actually be enforced. Officials may be more willing to take action to enforce a policy if they have had input into it. Beyond this, including enforcement can have additional benefits:

- *Collection of local data*: Policies need to be backed by data. Formal policies require a link between the identified problem and the proposed policy solution. This link can create a legal foundation for the policy, and help fill the ongoing need as the policy campaign unfolds to educate the population about the problem the policy is intended to address. The enforcement body may be in the best position to assist with collection of any additional data the campaign might need. Police departments are sometimes good examples of organizations that can contribute significant amounts of data to support the policy.

- *Selection of policy responses*: The organization charged with enforcing a policy is probably in the best position to inform the coalition about what is enforceable and what is not. It is important to develop a policy that makes it easier for the enforcement body to do its job.

- *Drafting policy language*: While your coalition may begin with its own policy language, the enforcement body will likely have much to add in terms of helping the policy fit in with existing enforcement structures.

It is often important to establish which individual or individuals will serve as a liaison to enforcement organizations throughout the campaign. It also can be very useful to incorporate an enforcement representative into the core group running the campaign, if this is possible.

If your policy-makers have accepted that there is a problem (Stage 2) and want to take action then your goal as an advocate is to ensure that policy-makers implement policies that are evidence-based and effective in reducing alcohol-related harm. Messaging will seek to raise awareness of the evidence base behind effective policies, as well as the need for alcohol policies that target the whole population, including regulatory measures on price and availability. Advocacy messaging should also counter the misinformation and myths that will be disseminated by the alcoholic beverage industry to persuade policy-makers to adopt ineffective policies.

Messages to achieve this goal might include:

- Good alcohol policy saves lives – bad alcohol policy allows preventable deaths and other harms to continue to occur.
- Increasing the price and reducing the availability of alcohol will save lives.
- Alcohol companies have a clear conflict of interest with public health goals.
- The alcohol industry opposes any measures that will reduce their profits.

These messages aim at generating broad public support and consensus for the government's role in regulating a harmful and addictive product, as well as increased understanding of the conflict of interest between commercial economic objectives and public health goals in the development of alcohol policy. After all, alcohol control policies have been a standard part of government health regulations for more than 100 years in most countries.

Step 3: Collect data

Some campaigns have to start with convincing policy makers and the public that a problem exists. If your campaign is at this stage, then your key advocacy goal might be to gain recognition of the health and social harm that alcohol is causing to individuals, communities and countries and to people other than the drinker (problem recognition). You will need to link your messaging to this advocacy goal, and design your communications to create a climate where change becomes possible and policy solutions begin to be discussed. Messages that could work with this advocacy goal might include:

- Alcohol is linked to over 60 diseases and related health conditions.
- Every day in this community/state/country alcohol kills xxx people.
- Every problematic drinker negatively affects the lives of two other family members.
- I in 2 prisoners were drunk at the time of the offence.
- Despite the ability of moderate alcohol use to protect some people against heart disease, there are more negative than positive consequences associated with alcohol consumption.[30]

The outcome that you would be seeking to achieve with these messages is increased awareness among key target audiences of individual and population risk factors relating to alcohol health and social harm. They should recognise that this is not an issue that affects a minority of drinkers but one that impacts on the whole community. If you are successful in achieving this outcome then it will be possible to begin to discuss what action to take next.

For information on how advocates can use research to help build problem recognition, see Appendix A.

If policy makers have agreed that alcohol or underage drinking constitutes a serious problem, and recognize what effective solutions are, then the next step is to collect data and frame messages that support the legislation being proposed. For instance, if the legislation proposes restrictions on alcohol marketing, messaging could raise awareness of the vulnerability of young people to the health and social risks associated with the consumption of alcohol, and the activities of the alcohol beverage industry in targeting young people through excessive marketing activity. Messages that could work with this advocacy goal might include:

- Alcohol is the largest cause of death and disability amongst young men aged 15-24 years in every region of the world except the Eastern Mediterranean.[84]

- The younger a person starts drinking, the greater the chance they will develop alcohol problems later in life.[85]
- Every day young people see XX (at least one on television in the U.S.) ads for alcohol.[10]
- The alcohol industry creates products that deliberately mask the taste of alcohol to attract “entry-level” (first-time) drinkers.[86]
- The goal of alcohol marketing is to make people lifelong users of alcohol. Young people who start drinking before age 15 are four times more likely to become addicted than those who wait until 21.[26]

These messages can help build support for the conclusion that alcohol consumption is dangerous for young people, that alcohol companies influence young people’s drinking behaviour, and that government has a key role protecting young people, leading to action to curb alcohol marketing.

It is also important to collect data that are appropriate to the level at which the policy will be considered. Policy makers are usually interested in data that reflect the jurisdiction for which they are responsible. “Big picture” data, such as national statistics on the prevalence of underage drinking, can set the stage; however, more local data is often critical. These data can identify the settings where the highest risk drinking is occurring, or the consequences associated with high-risk consumption in those settings. As noted above, law enforcement may have access to these data; so too may hospitals, universities and other institutions serving young people, and young people themselves.

It is also important to collect data about the policy itself. What is the evidence of its effectiveness (its scientific credibility)? This comes largely from the research literature discussed in Module II. What is the evidence of public support for it (its social credibility)? This can be in the form of poling data, sympathetic editorials or letters to the editor, news coverage, and endorsement by high profile coalition members or celebrities. Finally, what evidence is there that it is feasible? This often comes through gathering examples from other jurisdictions that have implemented similar policies.

Step 4: Make your case

Once you have re-framed the problem into an issue, drafted a policy statement, engaged enforcement, and collected data, you are ready to begin to make your case to the public at large. Preparation means getting your message ready. It is useful to think about three components of the message: What’s wrong? (the problem) Why does it matter? (Level 1 value statements as described above) What should be done about it? (the policy action statement)

It can be a useful exercise to develop a five-sentence pitch for your issue. The pitch should contain one sentence on the need, two on values, and two on your solution. This will discipline you to think about and include values, as well as facts.

Remember that for almost anything worth doing, there will be two sides, and it is important to be ready for, and to the extent you can pre-empt, the arguments of the opposition. It can be useful to list the opposition's arguments, and think about how you will respond to them. There are general three options (the three "A's"): Attack – take on the other side's argument directly and refute it and/or challenge the credibility of those who are making it; Avoid and restate – shift the conversation by pivoting away from the opposition's point by using phrases like "That's an interesting point but the real issue is…" or "What I think we really need to be paying attention to here is…"; Absorb – grant that the opposition argument has some validity but then move on to your point, as in "Yes, parents need to be responsible for the drinking behaviour of their children, but parents need a lot of help, and they are not getting it from this industry."

It is also important to think about who – which individuals or constituencies – symbolize your frames and your opponent's frames. These are important spokespeople. These are sometimes called "authentic voices" – people whose life experiences or stories epitomize the problem and can point to its solution. Engaging and training authentic voices to take advantage of their unique positions and stay on message can be an important coalition task.

<u>Develop an Issue Brief</u>

Once you have collected data relevant to the problem and your chosen solution, a powerful vehicle for educating both decision makers and the broader community is the *issue brief*. An issue brief allows the coalition or group leading the campaign to make its case about the nature of the problem being addressed and the policy solution. A good issue brief should:

a. Communicate your issues clearly. It should:
    - Be written in language you would use to explain the topic to a neighbor or friend
    - Tell a story about why the policy is needed
    - Be suitable for use in a variety of situations

b. Address your audience and what they care about. It should:
    - Keep your local decision-makers and key supporters or potential supporters in mind as you shape the brief

c. Identify and define the problem to be addressed
    - From an environmental or societal-level perspective
    - Using data from needs and resource assessments
    - Including data on populations, settings and availability

- Linking health and safety consequences

d. Include a section on the public health/environmental approach to lay the groundwork for reframing the issue at a population level

e. Describe your coalition or coordinating group and position it as the vehicle to address the defined issue

f. Lay out a clear policy solution by:
   - Defining the policy broadly and linking it to an environmental or population-level approach
   - Discussing how policy solutions are different and distinct from individually-focused solutions

Box 3.4: Action Point Checklist for Issue Briefs

- Understand that there are two competing frames of the alcohol 'problem.'
- Critically assess how alcohol issues are being framed in your jurisdiction.
- Identify your key advocacy goal and the outcome that you are seeking.
- Identify your key target audiences and potential 'messengers' and choose the messages likely to resonate most with each audience.
- Ensure that your messaging links with your key advocacy goals.

g. Describe the risks or harms if the policy is not adopted

h. Discuss the evidence behind the solution
   - If no formal evaluations exist, describe other communities' success with the policy

These elements will help your coalition to frame the issue in ways that offer the greatest likelihood for support. Your audience may change over the life of your campaign. If you are trying to put your message out to the general population, you may frame some of the supporting arguments differently than if your targets are non-profit or professional groups.

Also, it is important to understand that the issue brief is not the intervention; this educational tool is one part of the larger strategy to change policy. The issue brief begins the process of telling the story – about both the problem and the policy solution – from the perspective of your coalition. Box 3.3 describes the action points that need to be covered when planning an issue brief.

Step 5: Draft your policy

Once you have defined and documented the problem, transformed it into an actionable issue summed up in a policy action statement, and summarized the case for it in an issue brief, the next step is to draft the actual policy. Legislative drafting can be highly technical, and legal assistance is often helpful and needed. However, campaigns can start with model legislation developed for other jurisdictions, and adapt it to their campaign.

If the core group behind the campaign can be involved in drafting the policy, they will have a greater sense of ownership of it. Legal assistance may be needed to ascertain that such a policy is actually permissible in your jurisdiction, and not pre-empted by some other policy or level of government. The core group also needs to work closely with the coalition in negotiating the policy with legislative leaders and with whoever will review the policy in government (law department, city attorney, etc.). The core group and the coalition need to be aware of the point at which they are willing to walk away from negotiations, rather than settle for a written policy that is too weakened to achieve the goals of the campaign.

Step 6: Use media advocacy

The strategic use of the mass media to support organizing to improve public health policy is known as *media advocacy*.[87] The news media are a powerful influence on policy debates. Media advocacy uses framing to influence both *what* the news media cover and *how* they cover it.

Capturing the attention of the news media (what they cover) involves understanding what makes news in your setting. What can your coalition do that is newsworthy? Examples include holding an event that is in some way out of the ordinary or surprising; releasing a report that contains new information or existing information brought together in a new way; featuring or offering an expert, celebrity or major leader who favors your campaign's goal; or

Box 3.5: Media bites on young people and alcohol

- Expecting our youth to resist the messages of alcohol marketing is like expecting a fish to flourish in a polluted stream.
- A good social host law works like a speed limit – people can still take the car out for a drive, but they can't behave in ways that could hurt someone else.
- Every year the average TV-watching teen sees 366 alcohol ads on television alone. One a day is good for kids and vitamins, but not so great for kids and alcohol ads. ADDIN EN.CITE <EndNote><Cite><Author>Center on Alcohol Marketing and Youth</Author><Year>2010</Year><RecNum>1649</RecNum><DisplayText><style face="superscript">10</style></DisplayText><record><rec-number>1649</rec-number><foreign-keys><key app="EN" db-id="x0ft0v5ss09e99eaw0epzszrfr0sfzp0eraw">1649</key></foreign-keys><ref-type name="Report">27</ref-type><contributors><authors><author>Center on Alcohol Marketing and Youth,</author></authors></contributors><titles><title>Youth Exposure to Alcohol Advertising on Television,

organizing a rally, petition drive or other symbol of public support.

Once you have the media's attention, framing tools include the "media bite" or "strapline", a short quote or catchphrase that encapsulates your story the way you want it told in a way that is somehow memorable; visuals in support of your position, such as posters or footage of objectionable advertising or promotional practices; spokespersons who have expert credentials that bring credibility to your framing; and "authentic voices," people whose life experiences tell the story you are trying to tell, and who are ready to link that individual or personal story to the larger societal and policy solutions that you advocate.

Box 3.5: Alcohol policy stages of change and implications for messaging

1. Legislators currently have no interest in alcohol control measures	Messaging to increase recognition of alcohol as a problem
2. Legislators are beginning to be interested	Messaging to encourage population-level policy interventions
3. Legislation is being proposed	Messaging to support the specific legislation
4. Legislation is being implemented	Messaging to inform the public that there are new rules, options for intervention, or a "new sheriff" in town
5. Legislation is being enforced	Messaging to emphasize positive outcomes from the policy change

Specific messaging will depend on what where your campaign stands in terms of public and policy maker support. Box 3.6 provides a map of stages of aware ness that can dictate messaging. If there is little awareness that alcohol is a problem, then messaging should focus on problem recognition. If legislators are starting to be interested, messaging should focusing on shifting policy maker and public attention to population-level policy interventions. If legislation is being proposed, you have established that there is a problem, and pointed towards a solution. You are now trying to build support for that specific solution. Transforming your data into news stories and media messages about that solution will support efforts to "build power" – broaden the popular support for the policy – that are described in the next section.

For instance, if the legislation proposes restrictions on alcohol marketing, messaging could raise awareness of the vulnerability of young people to the health and social risks associated with the consumption of alcohol, and the activities of the alcohol beverage industry in targeting young people through excessive marketing activity. Messages that could work with this advocacy goal might include:

- Alcohol is the largest cause of death and disability amongst young men aged 15-24 years in every region of the world except the Eastern Mediterranean.[84]
- The younger a person starts drinking, the greater the chance they will develop alcohol problems later in life.[85]
- The alcohol industry creates products that deliberately mask the taste of alcohol to attract “entry-level” (first-time) drinkers.[86]
- The goal of alcohol marketing is to make people lifelong users of alcohol. Young people who start drinking before age 15 are four times more likely to become addicted than those who wait until 21.[26]

These messages can help build support for the conclusion that alcohol consumption is dangerous for young people, that alcohol companies influence young people’s drinking behaviour, and that government has a key role protecting young people, leading to action to curb alcohol marketing.

It can be a useful exercise to brainstorm the hard questions you anticipate, from the news media or the opposition. What are the questions you most fear being asked, and how do you plan to respond to them? Remember – preparation is critical!

Step 7: Mobilize support and provide community education

This step is at the heart of the entire campaign and provides a foundation for all the other steps. It involves two key activities:

1) Building a grass-roots base for the policy campaign – to establish “bottom up” support; and
2) Influencing key decision makers to support the policy – to establish “top down” support.

There is always a single decision maker or small group of decision makers, and those “targets” respond to a variety of constituencies, as shown in Figure 3.1:

Figure 3.1: Points of influence on decision makers

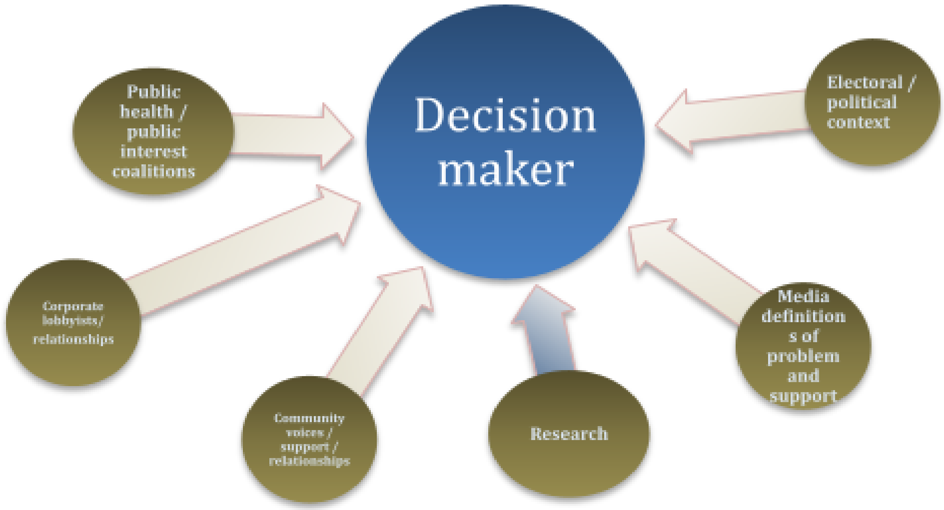
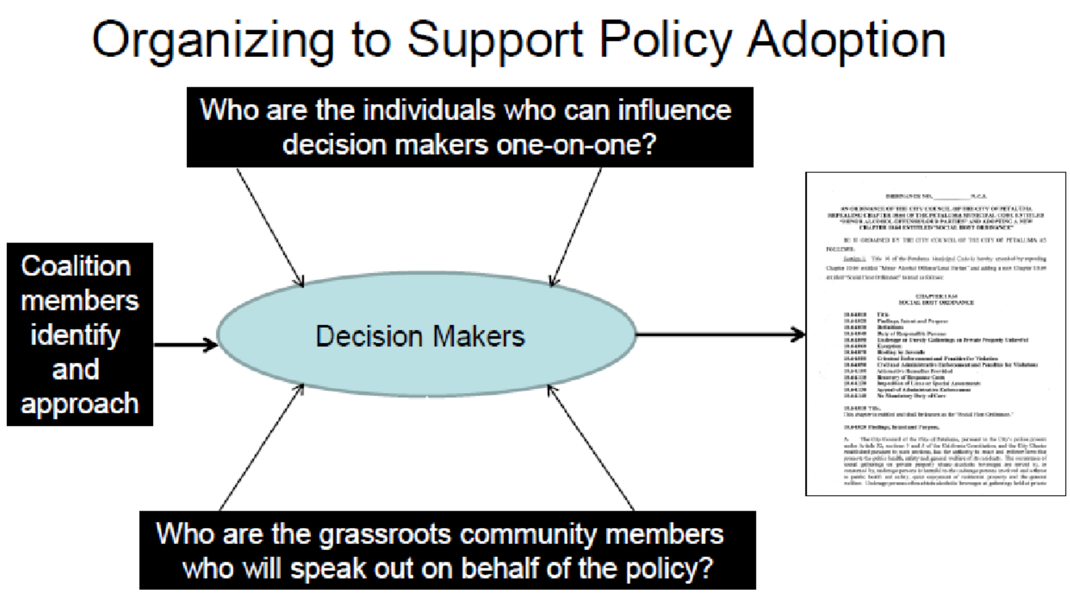


Figure 3.2 reflects the community organizing process to build support for enacting alcohol policy.

FIGURE 3.2: Community Organizing Diagram (Sparks Initiatives)



To be successful, the citizen voice of the community and professional groups must be organized. Unless the citizen voice is heard, more traditional constituencies with economic clout and with the ear of decision makers are more likely to sway policy decisions, even when their proposals are detrimental to large sectors of the community.

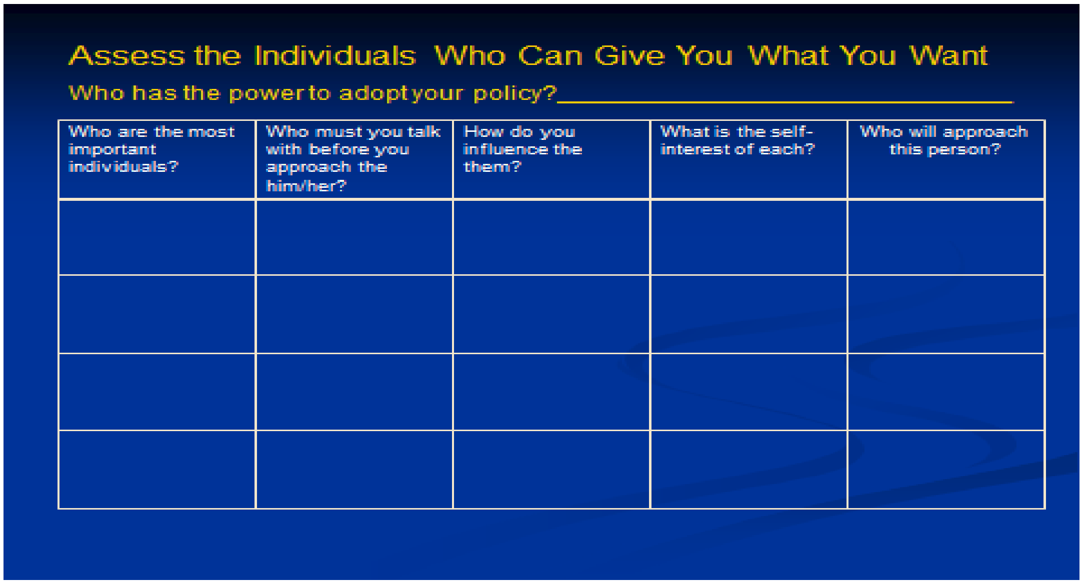
Community organizing and mobilization go hand in hand with media advocacy and involve both art and skill. It is here that local groups may play a key role in partnership with larger national or regional organizations. Larger organizations may have greater access to expertise or data; local organizations have the "authentic voices," the recognizable public faces that can help local citizens to care about the outcome of the policy debate.

Sometimes coalitions build on the basis of encouraging individuals and organizations to sign a resolution or a pledge laying out briefly the rationale for the policy, and then concluding with the opportunity for organizations and individuals to formally sign on to the campaign expressing the coalition's common goals. Each of the coalition members can be tasked with obtaining resolutions or pledges of support from their membership or constituencies.

These resolutions and pledges do not cost anything to obtain and can demonstrate the breadth and depth of voter support when it is time for decision makers to support the policy. Also, the process organizations go through to approve a simple supporting resolution or pledge will provide useful opportunities for educating that organization's leadership and members about alcohol use and associated problems. See Appendix A for a sample resolution.

In strategizing how to build support, it is critical to assess how power and influence flow, who has the ability to tap into those flows, and how those persons can be reached and motivated to join the campaign and support the policy. In every campaign, there is a person or set of persons who have the ability to make the decision that will bring about change. Figure 3.2 offers a simple tool for assessing who these people are, and establishing who is in the best position to reach them, or to reach those who can reach them.

Figure 3.2: Analytic Tool – Who Has the Power?



Identifying what information would help each decision-maker or influencer to support your advocacy goal will help you decide on the messages that they need to enable them to become your 'messengers'. This step brings us back to the framing activities of Step 1. A key task is to identify which messages will resonate most with those individuals who have the power to move your policy. The "messaging audit" in Box 3.5 provides an example of a broad policy goal with specific messaging targets.

Given the wide range of activities associated with organizing and influencing decision makers, this is a natural place for forming partnerships. It is important to keep in mind the basic distinction between those who are able to advocate from the "outside" to create very public pressure on policy makers to support the campaign, and that others will work on the "inside," their actions never visible to the public but crucial to building support for the policy. The coalition will need to be sensitive to this important distinction.

Step 8: Present the policy to decision makers

Many advocates make the mistake of beginning their campaign here. However, if you have not done the work of thinking through and clarifying your policy goal and framing, recruiting key stakeholders in support of your policy, engaging enforcement organizations early in the process, and building visible power through the creation of a large and diverse network of supporters, you are not ready to influence policy makers.

When you are ready to take the policy forward, it is important to prepare your presentation strategically. Consider who the voices should be in presenting it. A diverse array of spokespersons demonstrates the breadth of support for a policy, and can show alignment with constituencies that have influence over the decision-makers. The frame and arguments presented in the issue brief can guide the content of the presentation, which should also take into account and pre-emptively counter the arguments that the opposition can be expected to make.

Careful analysis of the decision-making body should give advocates a sense of which members of that body support the policy. If there are not yet sufficient numbers of supporters on the decision-making body, it is often an option to delay a decision or vote until more support can be won. Having supporters in the room when the policy is being debated can be very important symbolically. It is important to know how many supporters will be needed on-site, and to organize to have at least that many who are visible to the decision-makers. Sometimes groups accomplish this visibility by wearing buttons, t-shirts or other recognizable symbols that they are part of the campaign.

Careful choreography of who is authorized to speak for the coalition and in what order can make for a powerful presentation, and keep the coalition from appearing fragmented in a crucial moment. If there is to be an "open comment" period from the audience, it is important to plan who will speak during this time and what topics they will cover, including who is prepared to counter arguments from the other side, so that policy supporters are ensured of having the "last word."

Step 9: Evaluate the campaign and its outcomes

This crucial step is too often neglected and can ultimately undermine the entire campaign. A law or policy is of little value if it is not enforced, a situation that is all too common at all levels of government. The coalition needs to monitor the implementation, evaluation and enforcement of the new policy. Further details about these can be found in Module IV.

Specifically:

- To the extent possible, integrate implementation and enforcement steps into the policy itself. For example, if internal training of law enforcement personnel is needed, establish a timetable for this activity in the ordinance.
- Identify necessary data from health departments, law enforcement, and other organizations (e.g., hospitals) needed to monitor changing conditions that will influence implementation.
- Set up a mechanism for ongoing communication between the relevant governmental organizations and the coalition to promote cooperation and to establish a monitoring procedure.
- Use coalition media contacts to publicize regularly enforcement and administrative efforts.

Evaluation of the campaign itself can make the coalition smarter in the future about its next set of policy goals and objectives. Evaluation of the policy, and particularly careful scientific evaluation, can assist the coalition to defend and protect the policy over time, and can demonstrate the value of such policies to other coalitions and jurisdictions.

Module IV: Post-policy Adoption: Implementation, Enforcement and Evaluation

The role of an advocate for evidence-based alcohol policies extends beyond the adoption of policies through to the implementation, enforcement and evaluation stages. An evidence-based, effective alcohol policy can be an established part of a country or other jurisdiction's (e.g. city, state) legal and regulatory framework but unless it is implemented and enforced well, it may not have the desired impact on public health.

Typically, an alcohol policy seeks to change the behaviour of specific individuals, groups, or organizations. How a particular law is implemented may be critical to its ultimate effect on public health. A policy may begin as a good idea with broad popular support, but become too complex or turn out to have unintended effects when it comes time to implement it.

Even if the policy is well-designed, it may not be complied with, and the intended change in behaviour may not occur, depending in part on the extent to which the policy is enforced. For example, most European countries have a maximum blood alcohol concentration limit of .05%. However, several surveys show that many Europeans drink and drive without fear of being controlled by a police officer or having any other consequences of breaking the law.[14,88]
Thus, beyond securing the passage of a policy, there are four arenas in which alcohol policies may fail upon implementation: 1) they may be poorly designed for implementation to begin with; 2) they may be poorly implemented; 3) they may not receive needed resources (including training) for enforcement; and 4) they may lack evaluation, which can be critical for fine-tuning as well as keeping the policy in place.

This module addresses the implementation, enforcement and evaluation of alcohol policies and the role advocates for evidence-based policy can play in ensuring that best practice is followed. It also discusses the role of the drinks industry in the post-policy adoption stage and how advocates can act as watchdogs of public health objectives in a commercial environment.

Public Support Necessary but not Sufficient

One of the great lessons of alcohol policy is the importance of public support. Policies such as a complete ban on alcohol use (sometimes referred to as "prohibition") can be effective in reducing public health harms caused by alcohol, as it was in the United States during its famous experiment in the early 20th century.[89]
The "noble experiment" in the U.S. began with broad popular support. However, two key contextual factors intervened in the ensuing years: wealthy industrialists as well

as the rising middle class found their tax bills increased dramatically as a result of the loss of government revenues from the sale of alcohol (an unintended consequence), turning them against prohibition,[90] and the onset of the Great Depression exacerbated this shift.

The first step and the last step in implementation thus support each other. Awareness of a policy and its benefits are necessary for its passage in the first place, and advocates for effective alcohol policy are well-advised to remember that careful evaluation of the law's positive impact and public awareness of that evaluation are crucial to maintaining public support for alcohol control policies.

Implementation, Step 1: Get the Policy Right

As described in Module 3 of this manual, it is critical to engage at the beginning of a new policy initiative the persons or organizations that will be charged with its implementation. They are often the ones who know best what will make the policy most effective when it is actually implemented.

Also, the context in which a policy operates is crucial to how effective it can be. Formulating a policy requires a good understanding of local needs, opportunities and constraints. What is appropriate and effective in one setting may not be in another setting, particularly across cultures.

Advocates for evidence-informed alcohol policies can also help the process by establishing implementation plans, identifying individual and organizational responsibilities, and advocating for sufficient resources to be allocated for the implementation to take place. Far too often, good policies fail because of insufficient resources or inadequate support for their enforcement. Policy advocates in numerous California cities have addressed these inadequacies by dedicating the revenue from licensing fees to enforcement of new standards of operation to which the licensees must adhere.[91]

Finally, it is important to understand that no alcohol policy stands on its own. Alcohol policy is likely to be most effective when it uses complementary strategies such as the combination of lower BAC limit, random breath testing of drivers and minimum legal purchasing age restrictions in order to prevent alcohol-related road casualties.[30] In addition, the policies need to be "right" in other arenas – for instance, police have little leverage against illegal alcohol if they lack the power or jurisdiction to enforce the law in this specific area.

Implementation, Step 2: Combine "Hard" and "Soft" Approaches

How a particular policy is implemented is critical to its ultimate effect on public health outcomes.[92] As the U.S. Institute of Medicine noted in its landmark 2003 report on underage drinking, the effectiveness of alcohol control policies depends heavily on the “intensity of implementation and enforcement and on the degree to which the intended targets are aware of both the policy and its enforcement”[93, p. 164] This need to combine awareness of the policy, awareness of enforcement, and enforcement of the policy is an example of “hard” and “soft” approaches to enforcement.

“Hard” approaches involve concrete laws and punishments; soft approaches typically entail persuasive communications campaigns and other methods of influencing the normative climate around a set of behaviours. The STAD project, described in Box 4.1, is a good example of how both approaches were used in a single project.

Box 4.1: The STAD Project

One of the most well-known enforcement projects that has been evaluated and documented is the *STAD project (Stockholm Prevents Alcohol and Drug Problems)*. This research started in 1996 as a 10-year multicomponent program based on community mobilization and training in responsible beverage service for servers ("soft approaches") combined with stricter enforcement of existing alcohol laws (a "hard" approach). An action group consisting of representatives of the hospitality industry and the local authorities led the project. During the intervention period, violent crimes decreased significantly by 29% in the intervention area. This effect was most likely due to a combination of various policy changes initiated by the project. The findings support the notion that community action projects working on a local basis can be effective in decreasing alcohol-related problems at licensed premises. ADDIN EN.CITE
<EndNote><Cite><Author>Wallin</Author><Year>2003</Year><RecNum>2557</RecNum><DisplayText><style face="superscript">13,14</style></DisplayText><record><rec-number>2557</rec-number><foreign-keys><key app="EN" db-id="x0ft0v5ss09e99eaw0epzszrfr0sfzp0eraw">2557</key></foreign-keys><ref-type name="Journal Article">17</ref-type><contributors><authors><author>Wallin, E.</author><author>Norström, T.</author><author>Andréasson, S.</author></authors></contributors><titles><title>Alcohol preveniotn targeting licensed premises: A stud of effects on violence</title><secondary-title>Journal of Studies on Alcohol</secondary-title></titles><periodical><full-title>Journal of Studies on Alcohol</full-title></periodical><pages>270-277</pages><volume>64</volume><number>2</number><dates><year>2003</year></dates><urls></urls></record>

Alcohol law enforcement can be used to increase compliance with laws by influencing the level of perceived apprehension or enforcement among those subject to legal restrictions. Deterrence through “perceived enforcement” often entails the use of soft approaches such as media campaigns that publicize the enforcement activities. As Box 4.2 describes, these approaches build on the “certainty” principle of deterrence theory.

Drink driving laws in the United States in the 1980s provide a useful case study of the application of the deterrence approach to an alcohol-related problems. Much of what was written into U.S. law in the 1980s to reduce drink driving consisted of “hard” approaches. Evans et al[94] summarized them as follows:

Administrative per se laws. These are laws that permit the state licensing agency to

Box 4.2: Deterrence Theory

Deterrence involves three key components: the perceived likelihood or certainty that a violation will lead to apprehension, the perceived swiftness with which a penalty will be imposed, and the extent or severity of the penalty. ADDIN EN.CITE
<EndNote><Cite><Author>Ross</Author><Year>1982</Year><RecNum>501</RecNum><DisplayText><style face="superscript">6</style></DisplayText><record><rec-number>501</rec-number><foreign-keys><key app="EN" db-id="[illegible]">501</key></foreign-keys><ref-type name="Book">6</ref-type><contributors><authors><author>Ross, H.L.</author></authors></contributors><titles><title>Deterring the drinking driver: legal policy and social control</title></titles><dates><year>1982</year></dates><pub-location>L

suspend a driver's license via administrative action (independent of any court action related to a DUI charge), if a driver's blood alcohol concentration (BAC) level is in excess of a specified level.

Anti-plea bargaining laws: State statutes were passed that prohibit a prosecutor and defense attorney from agreeing to reduce a "driving under the influence (DUI)" charge to a lesser offense in exchange for the defendant pleading guilty to a lesser charge.

Mandatory penalties for first offense: These laws established a mandatory jail sentence or community service for the first conviction of drunk-driver.

Illegal per se laws: Laws that make it a criminal offense to operate a motor vehicle with a specified amount of alcohol in the blood exist in almost every country. In the U.S., maximum permissible BAC levels currently range from 0.08% to mere traces of alcohol (zero tolerance), depending on the age and occupation of the driver.

Open container laws: These laws prohibit open containers of alcohol in the passenger cab of a motor vehicle.

Preliminary breath tests: These consist of roadside tests using a portable breath alcohol tester to measure a driver's intoxication level. Results of the test may be used to establish probable cause for arrest.

Sobriety checkpoints: In this approach, police check drivers for signs of driving under the influence of alcohol. Many states incorporate such assessments as part of routine traffic safety programs.

Ross[6,95] has argued that policies aiming at increased certainty of punishment lead to a temporary reduction only, and policies aiming at increased severity are ineffective. Evans et al.[94] found that Ross was correct: there was no evidence that any specific type of punitive legislation – with the possible exception of sobriety checkpoints – was a major contributor to the success of the national campaign against drink driving. They further hypothesized that success of the national campaign might be related to changing social norms and attitudes toward drinking and driving, and that punitive legislation was a reflection or by-product of the changing social norms.

Their conclusion that punitive laws were not the best way to prevent drink driving fatalities suggests the importance of soft approaches as well as hard ones. It also points to the complementarity of different policies, some of which may at first seem to have little to do with alcohol. In fact, one of their conclusions was that, "Seat belt use laws and beer taxes appear to be far more effective than drink driving laws." [94, p. 288]

Over-reliance on "hard" approaches can have an additional unintended effect. Meaningful penalties that can be applied swiftly once someone is caught violating a policy are critical; however, if these penalties are perceived as too severe by those who have to enforce the policy, it is possible that the policy will go unenforced. If this happens, people's perceived certainty of getting caught and facing penalties will diminish, and thus the policy will become less effective. So a balance must be found in order to have penalties that are meaningful enough to encourage people to comply with a policy but reasonable enough that enforcers will think it is a fair consequence for noncompliance.

Implementation, Step 3: Educate and Build Awareness

As described in Module II, most education and awareness activities about alcohol use are ineffective. But this does not extend to education and awareness about alcohol policies. All actors involved in policy implementation, including those responsible for enforcement and compliance, must be aware that the policy exists. They also need to know why it will be effective, based on the supporting evidence.

Most alcohol control policies require regular and sustained enforcement. People are more likely to comply with a policy if they believe they are certain to be held accountable for noncompliance. Awareness campaigns can be used to complement enforcement campaigns to increase the perceived certainty of getting caught. In this situation, the awareness campaign specifically focuses on making people aware of the increased levels of enforcement of a specific policy. Research has shown that the enforcement campaigns are more effective when accompanied by a media campaign that increases awareness of the enforcement effort.[96] Effects of both the enforcement and awareness campaigns are likely to diminish over time, suggesting the need for repeating the campaign on a regular basis.

Implementation, Step 4: Monitor and Enforce

Effective implementation requires clear rules and regulations for compliance to the policy, and clarity about who is responsible or accountable for enforcement. The more straightforward implementation is, the more likely it is that the policy will achieve its desired effects.

Alcohol taxation offers a good example of the need for clarifying the process and the personnel involved. As the case study on alcohol taxation in Estonia (Appendix A) makes clear, the existence in that country of an established system for warehousing and tracking alcoholic beverages, along with a relatively small number of players within that system, makes it feasible to raise taxes and enforce the higher rates using tax stamps. Framing of the policy to maximize public support, as described in Module 3, also helps promote enforcement. In Estonia, the tax policy was framed as a way to help both the national economy and public health.

Using the example of drink driving, all of the policies mentioned above are implemented by the police. However, when it comes to monitoring a new law, it is not always so clear who is responsible. Potentially, different institutions could be responsible for monitoring the effectiveness and enforcement of alcohol policies, including civil society organizations, business-oriented groups, national governmental agencies, local officials and regular citizens.

Ideally, responsibility for the monitoring systems and resources for conducting the monitoring would lie with an appropriate national or local health agency working in collaboration with law enforcement, liquor licensing and other organizations involved with alcohol issues. In most countries, this generally involves a wide variety of government ministries or departments, including health and human services, law enforcement, finance, commercial relations, labour and/or regional development agencies. The case study of France's regulation of alcohol advertising in Appendix B illustrates the benefits of including civil society in the process of monitoring and enforcement.

As this section makes clear, effective policy implementation and enforcement requires support and collaboration of a number of different groups. It also requires sufficient resources and capacity, which can include time, money, expertise and information. These two factors go hand in hand – resource availability very much depends on the support of stakeholders and political will, which can only be gained if there is support from the target community.

Capacity includes training in best practices in enforcement. For example, enforcement activities that can be used to prevent and control underage drinking include:

Compliance Checks/Decoy Operations:	Trained underage operatives ("decoys"), working with law enforcement officials, enter retail alcohol outlets and attempt to purchase alcohol
Shoulder Tap Operations	Trained young people with law enforcement support approach individuals outside of retail alcohol outlets and ask people to make an alcohol purchase
Party Patrol/Party Dispersal:	Operations that identify underage drinking parties, and/or safely make arrests and issue citations at underage drinking parties
Underage Alcohol-Related Fatality Investigations:	Investigations to determine the source of alcohol ingested by fatally injured minors

The enforcement mechanisms above require support and cooperation from a number of actors. Appendix C provides an example of this kind of collaboration. It tells how multiple agencies and organizations came together in the U.S. to build support for enforcement of that country's minimum purchase age law for alcohol.

Implementation, Step 5: Evaluation

Measurement of a policy's impact can improve its chances of success. Evidence of effectiveness can be used to build support for the policy implementation and to counter opposition. Advocates for effective and evidence-based alcohol policies have an important role to play in ensuring that such policies are rigorously evaluated, both to measure their success and to identify areas that need improvement. Measurement and analysis of compliance with alcohol policies is critical not only to research on the effectiveness of policies, but also to the mobilization of support for better enforcement.

Measurement and evaluation of enforcement techniques vary with the specific policy area and target population under consideration. For example, retail 'mystery shopper' checks directly measure merchant compliance with underage sales laws; roadside breath-tests measure citizen compliance with BAC laws; and school surveys can measure youth compliance with underage drinking laws.

Evaluation of outcomes as a result of enforcement is critical. Common outcome measures include motor vehicle crashes, incidents of interpersonal violence, and emergency room visits. Just as important is the process of enforcement – is enforcement happening, and how can we tell? Figure IV.1 provides some examples of enforcement measures that can be used to evaluate this aspect of enforcement.

SAMPLE ENFORCEMENT MEASURES SUGGESTED BY THE LITERATURE*		
POLICY AREA	**VARIABLES**	**SAMPLE MEASURES**
General	1. Resources devoted to enforcement	a. Enforcement budget b. Staffing level c. Hours
	2. Informal social controls	a. Enforcement hours devoted to public education b. Level of DUI court case monitoring by citizen groups.
Underage Drinking	**Directed at Entities (e.g., retail outlets)**	
	1. Enforcement actions	a. Number of compliance checks in retail alcohol outlets b. Number of enforcement actions (warnings, arrests, citations) c. Number and severity of sanctions imposed (administrative/criminal)
	Directed at Individuals (e.g., youth, social hosts, servers/sellers)	
	2. Enforcement actions	a. Number of enforcement actions (warnings, arrests, citations) b. Number and severity of sanctions imposed
Transportation Crime and Public Safety	**Directed at Individuals**	
	1. Enforcement actions – all violations	a. Number of enforcement actions (warnings, arrests, citations) b. Number and severity of sanctions imposed
	2. Enforcement actions for DUI (Driving Under the Influence)	a. Amount/availability of equipment and technology (passive breath sensors, mobile breath tests, etc.) devoted to enforcement b. Number of roadblocks/roadside checks c. Number of special DUI patrols
Health Care Services	1. Enforcement actions – all violations	a. Number of enforcement actions taken against providers/plans b. Number and severity of sanctions imposed on providers/plans
*For further discussion of these measures, see the literature reviews and analyses at http://alcoholpolicy.niaaa.nih.gov/enforcement#lit		

Figure IVa: Example of enforcement measures by policy area. Source: http://www.alcoholpolicy.niaaa.nih.gov/Enforcement_and_Compliance.html

Industry involvement and self-regulation

Members of the alcohol industry are sometimes essential to effective implementation and enforcement, and sometimes impediments to it. Local sellers of alcohol can be important partners, and they may have an interest in everyone having a "level playing field" on which to compete. Effective enforcement can provide such a playing field.

At the same time, there are many examples of alcohol companies seeking to block or blunt implementation of public health measures. When the U.S. Congress mandated a health and safety warning label on alcoholic beverages, alcohol industry lobbyists successfully added the five words, "…and may cause health problems." The vagueness of this phrase renders it less effective as a warning, but also likely provides alcohol companies protection from lawsuits claiming they failed to warn consumers about health effects of alcohol.

Frequently an industry will promote self-regulation in an attempt to stave off government regulation. Alternatively, self-regulation may be undertaken to implement or supplement legislation [97]

Alcohol producers increasingly point to self-regulation as the most effective policy, and their preferred replacement for more formal policies. As Module 2 points out, research has found alcohol industry self-regulation to be largely ineffective. However, monitoring their self-regulatory efforts and documenting their inadequacies can be an important task for researchers and advocates, and can build a case for more effective policies to be pursued.[98,99]

The role of advocates

Alcohol policy advocates and civil society organizations have critical roles to play in the policy implementation and enforcement process. Their continued involvement, expressed through the use of media advocacy to publicize enforcement and its effects, provides evidence of public support and thus political "cover" for those responsible for enforcement and implementation. When enforcement and implementation are not going well, advocates can make this known and press for more resources or for the use of best practices.

With a good understanding of the importance of effective implementation, enforcement and evaluation of alcohol policies, advocates will be better equipped to push for effective alcohol policies in their communities, countries and regions.

This module has made clear that advocating for the introduction of new policies is not the only way to achieve better public health outcomes. In most countries there will already be an established series of policies designed to regulate the sale of alcohol and to minimize alcohol-related problems, but many of these may not be effectively implemented, enforced or evaluated.

Working with existing policies is often easier than advocating for new ones, as it highlights the deficiencies in the current systems in place to implement them. Identifying existing policies that are ineffective and advocating for better implementation can be a powerful way to achieve change.

APPENDIX A: Using Research to Increase Problem Recognition

1. Good evidence makes good advocacy

Good evidence plays a key role in developing effective advocacy campaigns. Having research data to support an argument can not only demonstrate a need for policy change, but can also be a useful tool in gaining support from key groups e.g. the media, public and politicians.

There is a wealth of research data relating to young people and alcohol that demonstrates an urgent need for governments to respond with effective policies. However, the challenge for advocates is to pick out key data that will have the most impact and are the most relevant to their campaign. This will ensure that their campaign message is evidence-based, whilst not bombarding an audience with too many facts and figures.

Selecting the most appropriate data can also enable advocates to tailor their messages to different audiences. For example, when targeting an official from a Ministry of Finance, data on the economic burden of alcohol harm would be of interest, whereas an official from a Transport Ministry might be keen to hear about road traffic crash data.

2. Data on young people and alcohol

Here is a list of data that are often available at a country level that can be used to advocate for effective policies on alcohol and young people:

Rates of harm:

- Mortality rates associated with alcohol (and how they compare with other causes of death amongst this age group)
- Accident and injury rates
- Rates of crime (e.g.violence, assault, vandalism, child abuse – that are associated with alcohol)
- Number of drink driving offences / road traffic crashes related to alcohol
- Morbidity rates (Disease prevalence eg liver disease, heart disease, cancer, FASD)
- Suicide rates
- Poor performance at school
- Sexual health problems & unwanted pregnancies

Consumption levels and attitudes towards drinking:

- Average consumption level of alcohol
- Average age of onset of regular drinking
- Rates of 'heavy episodic' or 'binge' drinking

Where possible it is important to use the most recent statistics available. However, do not be surprised if you find that survey data are up to five years old. Surveys, especially national surveys, can take years to process before they are published. They can also be quite expensive, so are not always commissioned on an annual basis.

Alongside the most recent statistics, it can be useful to report trends over periods of time to help put the data into perspective. For example, it may be more powerful to report that the number of alcohol-related crimes in an area has increased by 25% over 10 years, rather than just state the present rate of crime. If a problem is seemingly growing, this makes the case for a policy response more urgent. It can also be useful to report comparisons with other jurisdictions – other states in a federal system, other countries that are comparable culturally within a region, and so on – to add perspective to the data.

Where possible, the best data to use should relate to the geographical area most relevant to your target audience. For example, when speaking to a local/town newspaper, data relating to that town will have the most impact, whereas when speaking to a national politician, nation-wide statistics will be relevant. However, data that are 'local' to you is not always easy to find, and some information is only collected at a national level.

3. Where to get the data: useful databases and sources of information

Data on alcohol and young people can be found from a variety of sources. For data on morbidity and mortality related to alcohol, the WHO produces statistics and country profiles. Many high-income countries also produce data on the health (and social) impact of alcohol through ministries or departments of health, justice/security, transport, and so on.

There are also some excellent data sources that provide information about young people's behaviors and attitudes towards alcohol. These are mainly school-based surveys and often look at other health behaviors such as smoking and drug use amongst students.

Below is a list of surveys and data sets that provide evidence about the effects of alcohol on young people:

<u>Global data</u>

The World Health Organization Global School-based Student Health Survey (WHO GSHS). This is a collaborative surveillance project designed to help countries measure and assess the behavioral risk factors including alcohol use and protective factors in 10 key areas among young people (aged 13–15 years). The GSHS is a relatively low-cost school-based survey which uses a self-administered

questionnaire to obtain data on young people's health behavior and protective factors related to the leading causes of morbidity and mortality among children and adults worldwide. The GSHS currently provides data from 44 countries, and is in the process of being implemented in 85 countries, nearly all of which are low and middle-income countries.
Link to website: http://www.who.int/chp/gshs/en/

WHO Global Status Report on Alcohol Policy. The WHO provides data on alcohol harm in individual countries as 'country profiles'. This information is gathered through a combination of global data collection and imputation, and surveys sent out periodically to national ministries of health. There are currently profiles available 196 countries, giving information on rates of consumption, health harms and government alcohol policies.
Link to website:
http://www.who.int/substance_abuse/publications/global_alcohol_report/profiles/en/index.html

European data

The European Schools Survey Project on Alcohol and Other Drugs report (ESPAD). This school-based survey began in 1995 and provides a reliable overview of trends in licit and illicit drug use among European students (aged 15–16 years) as well as a comprehensive picture of young people's use of tobacco, alcohol, cannabis and other substances in Europe. The ESPAD project is the largest cross-national research project on adolescent substance misuse in the world and provides data for over 40 countries. Survey data are collected every four years. Several of the questions are designed to be comparable to the leading U.S. school-based survey (see below).
Link to website: http://www.espad.org/

The Health Behaviour in School Children study (HBSC). This study is a WHO collaborative cross-national project. It focuses mainly on young people's health, well-being, health behaviour and social context in Europe. Surveys conducted involve young people (aged 11–15 years), the most recent of which was carried out in 2005– 2006. There are currently more than 40 participating countries.
Link to website: http://www.hbsc.org/index.html

European Monitoring Centre for Drugs & Addiction (EMCDDA) This is a non-executive agency of the EU set up to provide the EU and its Member States with a factual overview of European drug problems and a solid evidence base to support the drugs debate. Its goal is to offer policymakers the data they need for drawing up informed drug laws and strategies. It also helps professionals and practitioners working in the field pinpoint best practice and new areas of research. Whilst much of the information found on EMCDDA is relating to drugs, there is some useful information about alcohol and young people.

Link to website:
http://www.emcdda.europa.eu/html.cfm/index52035EN.html?project_id=1978&tab=overview

US data

Monitoring the Future (MTF). This school-based survey is conducted annually by the National Institute on Drug Abuse in classrooms of 8th, 10th and 12th graders. Approximately 50,000 students are surveyed each year about alcohol and other drugs, including use, attitudes and assessment of accessibility. The questions are consistent and in some cases comparable with European data from the ESPAD report. A sample of students from each cohort are posted follow-up questionnaires in subsequent years (up to age 50), providing data on college years and afterwards.
Link to website: http://monitoringthefuture.org

Youth Risk Behavioral Surveillance System (YRBSS) This school-based national survey is run by the Centre for Disease Control and is conducted every two years during the spring semester. The system monitors priority health-risk behaviour and the prevalence of obesity and asthma among youth and young adults in 9th to 12th grades. Whilst this is a national survey, not every state participates and some questions can vary from state-to-state, although there are a core set of uniform questions asked each year.
Link to website: http://www.cdc.gov/HealthyYouth/yrbs/index.htm

National Survey on Drug Use and Health (NSDUH) This annual survey is conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA) in households, on all persons aged 12 years and over. Data is collected on the use of alcohol, tobacco and other illicit drugs. This survey provides an opportunity to collect national and state-level data on young people who do not attend schools, but responses may be biased since the survey is administered in the home (where parents are likely present). The NSDUH survey questions and methods have changed over the years, making trending challenging.
Link to website: https://nsduhweb.rti.org/

Behavioral Risk Factor Surveillance System (BRFSS) This is a state-based system of health surveys that collects information on health risk behaviours, preventive health practices, and health care access primarily related to chronic disease and injury. For many states, the BRFSS is the only available source of timely, accurate data on health-related behaviours amongst adults over 18. BRFSS was established in 1984 by the Centers for Disease Control and Prevention (CDC); currently data are collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam. More than 350,000 adults are interviewed each year, making the BRFSS the largest telephone health survey in the world. BRFSS collects data on alcohol consumption, and can be a useful means of obtaining detailed information on 18-20 year olds.
Link to website: http://www.cdc.gov/brfss/index.htm

4. Filling the research gaps: Tips for conducting surveys/opinion polls

In addition to statistics about levels of alcohol harm in society, using data on public opinion can be an effective way to influence policymakers and gain political support for an advocacy campaign. Showing that voters share similar concerns about youth drinking and/or support certain alcohol policies can be a good way to grab the attention of the media and politicians.

Some countries conduct national and regional opinion polls on a variety of issues, especially before elections. Topical issues such as health and crime are often included in these surveys, so there may be relevant data available to use. There have been examples in the US where advocacy groups have used pre-election polling to secure commitment from politicians to bring about public health policy change.[100] It is worth checking the websites for or contacting local/regional/national government officials to see if any of their campaign literature refers to public opinion data. It is also helpful to search news stories in the media that cite popular opinion on alcohol issues.

It can be possible to add questions to existing polls, often for a fee. Ipsos-Mori Omnibus surveys are conducted across the EU, Americas and African regions and it is possible to add questions to a region of choice ($$)
http://www.ipsos-mori.com/omnibusservices/onlineomnibus.aspx

An important point to note is that when using data, the source must always be credited.

Where data are not available, advocates may wish to conduct their own surveys and opinion polls. When done well, this can be a powerful way to gain support, especially through the media.

Data can be collected from the general public, or key informants/stakeholders. Asking other organizations/groups and important individuals what their opinion is on an issue can be a good way to show solidarity and/or form a coalition.

There are several online tools that can be used to conduct small-scale surveys and opinion polls, for relatively low-cost. Many such services will provide template designs for questionnaires and will process the results for you. These online surveys can be distributed virally via organizational and social networks. There are some online surveys that will recruit respondents for you, for a fee.

Here is a list of example services:

www.surveymonkey.com
www.dotsurvey.com
www.freeonlinesurveys.com

5. Tips for designing survey questionnaires

All surveys and questionnaires should begin with an explanation of who the organization leading the research is, why the data are being collected and what is going to happen to the data after it has been submitted. This introduction can be a key means of motivating respondents to take part and gain support for an advocacy campaign, so it should be clear what the overall goals are (i.e. to protect/help young people). This is also an opportunity to gain consent from respondents that the data they submit can be used for advocacy purposes. Ethical principles must be adhered to when dealing with public information, therefore anonymity and confidentiality of data collected through surveys must be guaranteed. Consent is more likely to be gained from respondents if they are confident their answers will be treated as anonymous, and their personal data will not shared with any third parties. If you have any plans to publish the data, or if you are working in connection with an academic institution, your survey protocol will likely need to be approved by some kind of ethical review board.

When conducting a survey, the number of respondents is important, as is the demographic mix. A good tip is to consult a survey expert to find out how large your survey sample needs to be in order to achieve your objectives.

It is important to take into consideration when designing a questionnaire that how easy/simple it is to complete will affect response rates. A good tip is to time how long a survey takes to complete, and make this clear at the start so that respondents can be sure to make time to complete it. Try to keep the questionnaire as short as possible, asking only questions that you think will produce relevant data. Incentives can be used to encourage respondents to complete questionnaires. These can be financial or otherwise – e.g. entry into a prize draw/competition, or vouchers for popular shops.

Focus groups can also be a useful means of testing public opinion, although they can be quite resource intensive and only deal in small numbers. They are better used for testing or shaping campaign messages than for attempting to measure public opinion. Telephone surveys are cheaper and quicker than face-to-face interviews and focus groups; however they can also be subject to high refusal rates, and unless cell phones are included, can also fail to represent younger people who are less likely to have landlines.

Survey questions need to be carefully worded in order to collect the best data and also to avoid bias. The language needs to be as neutral as possible to avoid ‘leading’ questions. It also needs to be simple and easy to understand. Where possible, questions should be short and direct, with only one question asked per ‘choice’. For example, rather that asking “how often and with whom do you drink alcohol?”, it is better to ask “how often do you drink alcohol?” and “whom do you drink alcohol with?”

When dealing with large numbers of respondents, multiple-choice or ‘closed’ questions can be the easiest/quickest data to analyse. ‘Open’ questions, where respondents answer freely, can be useful for gaining insight into opinions and beliefs, however they can be hard to categorize and are quite time-consuming, so should be used sparingly if resources are scarce. A clear scoring system or data collection method should be set in place before the survey is conducted. Tip: survey design is as important, and requires as much attention, as data collection.

When a design is in place, it is a good idea to test or pilot the survey on a small number of respondents, to see if any problems arise in data collection or results analysis.

1. DeMarco V, Schneider GE. Elections and public health. *American Journal of Public Health.* 2000;90(10):1513-1514.

APPENDIX B: Sample Resolution

Health Care For All

Maryland Citizens' Health Initiative

LORRAINE SHEEHAN HEALTH CARE AND COMMUNITY SERVICES RESOLUTION

Because, reducing the number of uninsured Marylanders will improve public health AND make health care more affordable for all of us; and

Because, low-income adults without children do not currently have access to quality, affordable health care that covers needed hospital and specialty care; and

Because, people with substance abuse problems, mental health problems, and people with developmental disabilities cannot get the care and treatment they need; and

Because, Maryland's alcohol tax is the second lowest in the nation and has not been raised since 1972 for beer and wine and 1955 for spirits; and

Because, raising the state's alcohol tax by a dime a drink will reduce state health care costs by $249 million a year, prevent 15,000 cases of alcohol abuse, stop nearly 400 acts of violence against women and children AND has broad public support (71% of Marylanders support it); and

THEREFORE, BE IT RESOLVED, that the undersigned organization supports increasing Maryland's alcohol tax by a dime a drink to save lives and health care costs caused by alcohol abuse and supports using the funds raised by the alcohol tax increase to:

- give tens of thousands of uninsured Marylanders access to health care by expanding Medicaid to childless adults who earn below $12,563/year;
- reduce drug and alcohol abuse by funding community-based prevention and treatment programs;
- provide community services to people with developmental disabilities and their families so they can live quality and safe lives;
- fund quality mental health services for Maryland's most vulnerable populations; and
- prevent tobacco addiction and increase quality training opportunities for health care personnel.

Organization ______________________________________ Date________________________

Contact Person's Name and Signature ____

Address____

City_______________________________________State___________Zip _________

Phone_______________________Fax______________________Email ___________________

Best way to contact you: m Email m Phone m Fax

NOTE: Signing this Resolution does not imply endorsement of the Maryland Citizens' Health Initiative's Health Care for All! Plan or any specific proposal not mentioned in this Resolution.

Return to: Maryland Citizens' Health Initiative Inc, 2600 St Paul St, Baltimore, MD 21218;
Fax 410-235-8963 Questions? **Call 410-235-9000** or email info@healthcareforall.com

APPENDIX C: Alcohol taxes in Estonia

Up until 2008, Estonia's relatively low taxes on alcohol led to an increase in the affordability of alcohol,[101] as well as an increase in alcohol consumption to approximately 12 litres of pure alcohol per capita in 2008, and a simultaneous rise in alcohol-related mortality rates.[19] In 2008 and in 2010, the Estonian government successfully raised alcohol taxes, such that by 2012, excise duties on alcoholic beverages (except wine) were 50% higher than they had been in 2004.

The success of Estonian taxation policy can be attributed to three factors: the size of the market, political will and public support, and the existing regulatory process and use of excise warehouses and tax stamps.

Estonia's relatively small national acohol market, consisting of four spirits producers and five beer producers, not only makes it easier for the government to monitor and enforce alcohol regulations, but also places increased pressure on alcohol producers to maintain a positive public image by adhering to government regulations.

The Estonian government had the political will to raise excise duty on alcohol as part of the solution to the country's debt crisis in the wake of the global recession. Framing the policy in terms of public finance built public support for the measure, with the slogan "only legal alcohol is fair." This complemented the public's desire to reduce alcohol related harms in society.

In addition, in Estonia conditions for anyone who handles alcohol are strict and under regular control. All alcohol must pass through a licensed excise warehouse before entering the market. It must also meet the requirements specified in the state alcohol definition, description and the terms of offering alcohol for sale; it must be filed with the State Register of Alcohol; it must comply with the parameters indicated in the test product protocol or certificate submitted to the State Register of Alcohol upon filing; and conform to the product samples of the consumer packaging and markings submitted to the aforementioned register upon filing.

A key part of the monitoring and enforcement of Estonian excise duty is revenue stamps. All alcohol with an ethanol content exceeding 22 per cent by volume that is sold in bottles of 0.05 litres or more, must be revenue stamped. Revenue stamps are only issued if the requirements set in the Estonian Alcohol, Tobacco, Fuel and Electricity Excise Duty Act are met.

Excise duty is imposed on alcohol produced in Estonia, delivered from other Member States into Estonia or imported for release for free circulation in Estonia. Excise duty on alcohol produced in Estonia is paid by the warehouse keepers, and excise duty on alcohol transported from other Member State is, as a general rule, paid by the excise warehouse keepers or registered traders.

The main institutions responsible for the enforcement of Estonian excise duty policies are the Tax Board, the Central Criminal Police and the Consumer Protection Board. Thanks to the revenue stamps every consumer is invited to make sure that they are buying alcohol from which taxes are paid. Everybody can check the validity of these stamps and report any offences in that regard.

APPENDIX D: NGO Enforcement: The Loi Evin

The French "Loi Evin" (Evin law) prohibits the advertisement of alcoholic beverages (defined as drinks with more than 1.2% alcohol by volume) on television, and in cinemas, as well as alcohol company sponsorship of sporting or cultural events. When advertising is permitted (in the written press, on billboards and on radio under special conditions), its content is restricted to messages and images that refer only to the qualities of the products such as degree, origin, composition, and means of production. Finally, the law requires a health message be included in each advertisement.

Following the enactment of the Loi Evin, a national non-governmental organization known as ANPAA (**A**ssociation **N**ationale de **P**révention en **A**lcoologie et **A**ddictologie) took responsibility for monitoring alcohol advertisements in newspapers and magazines and on billboards. ANPAA is an NGO with authorisation to instigate civil proceedings on behalf of the public interest, and it has taken court action against alcohol producers for breaches of the Loi Evin. By 2012, ANPAA had instigated more than 50 court cases against the alcohol industry for breaches of the law, and succeeded in 47 of these cases.

The Loi Evin explicitly states that the content of alcohol advertisements must be informative and not associated with personal, sexual or social success, or linked to sport. Some alcohol producers plainly responded to the law by amending their advertising, as shown in Box 3 below.

Box IV.3: Example of Compliance with the Loi Evin

Before the law *After the law*

Box IV.4: Kronenbourg Ad Successfully Challenged by French NGO ANPAA

However, ANPAA identified numerous examples of alcohol advertisers breaching the regulations of the Loi Evin. For instance, in July 2008, ANPAA went to court against Kronenbourg for the advertisement in Box 4 showing a can of beer with the title “un instant unique” (a unique or single moment mentioned at the bottom of the ad, see Box IV.XX). Kronenbourg claimed that this mention of a “unique moment” referred to technological innovation wherein a special gas included in the packaging of the beer would provide a consumption sensation similar to what one has when consuming a genuine draft beer. The advertisement also contained several terms referring to gustative characteristics such as “mousse onctueuse” (unctuous foam), and “saveur” (flavour). According to the Loi Evin, such descriptions are permitted only if they are objective.

ANPAA claimed to the French court that the ad showed an “ivresse de plaisir” (a kind of “drunkenness of pleasure”), which was not informative about qualities of the product itself, as required by the law. ANPAA also argued that the advertisement included a setting that was unnecessary to the factual presentation of the product’s qualities. The French court agreed that there was no objective element or information in the ad. It also found that by advertising the concept of putting more beer into a plain glass, Kronenbourg was inciting consumers to repeat this “unique moment” and thus to drink more. The court ordered the company to pay ANPAA 32,000 euros as penalty.

Box IV.5: Companie Ricard Advertisement Successfully Challenged by ANPAA in September 2011

Similarly, in the summer of 2011, ANPAA instigated an emergency court proceeding against Companie Ricard for an advertising campaign that used the theme, "One Ricard, many meetings/encounters". ANPAA contested both the campaign slogan, andvarious applications built around this slogan that could be downloaded from the Ricard website. Companie Ricard argued that the word “meeting” referred to a chemical meeting of molecules and colours in the beverage itself. The French court ruled that the advertising referred to meetings between people and was not simply informative as prescribed by the law. ANPAA also contended that the creation of downloadable programs allowing access to advertisements on mobile applications violated the law, which permits advertising online but states that this advertising may not be intrusive. The court found the downloads intrusive, and ordered the company to cease its campaign.

APPENDIX E: Building Support for Enforcing the U.S. Minimum Legal Purchase Age Law

All 50 U.S. states have had a minimum legal purchase age of 21 since 1988. However, despite the initial successes of new law, research during the early 1990s found that it was still relatively easy for young people to gain access to alcohol and that enforcement of the law was weak. One study found that there were, on average, just two arrests for every thousand occasions of youth drinking.[92] State alcohol law enforcement agencies and local law enforcement agencies (police departments and sheriffs' offices) collaborate to enforce the minimum age law. Both sets of agencies have many laws to enforce and limited resources, which makes it challenging to increase the level of effort surrounding enforcing underage drinking laws.

By the late 1990s, researchers, public health and safety advocates, community organizers, and law enforcement leaders were openly acknowledging that they needed to work more cohesively with each other to build support and increase resources to enforce these laws. With their support, in 1998 the U.S. Congress established the Underage Drinking Laws (EUDL) with an annual budget of $25 million. This program provided funds to each state to enforce underage drinking laws, as well as support for training and technical assistance.

In 2000, leaders from the National Liquor Law Enforcement Association (NLLEA) met with researchers at Pacific Institute for Research and Evaluation (PIRE) to explore partnerships for building the research literature on the effectiveness of alcohol enforcement strategies in preventing alcohol-related harm. They agreed to work together to increase awareness within the public health and safety community of the importance of alcohol beverage control enforcement agencies and their role in protecting public health and safety while at the same time applying for funding to conduct evaluation studies on the effectiveness of key alcohol enforcement strategies. The results of many of those initiatives are available at http://www.nllea.org/reports_publications.htm.

Congress also funded the National Research Council and the Institute of Medicine to produce a comprehensive report, titled *Reducing Underage Drinking: A Collective Responsibility* (NRC, IOM, 2004).[93] This report became a guiding document for coordinated underage drinking prevention efforts at the federal, state and local levels, and included a significant section on the role of law enforcement in reducing youth access to alcohol.

In 2006, the Task Force on Community Preventive Services recommended enhanced enforcement of laws prohibiting sales of alcohol to minors based on strong evidence of their effectiveness in limiting underage alcohol purchases.[45] A year later, the U.S. Surgeon Generla released a *Call to Action to Prevent and Reduce Underage Drinking* that included six goals and associated strategies, including the recommendation that law enforcement enforce consistently and uniformly all existing laws against underage alcohol use, including laws that reduce alcohol availability to minors and underage access to alcohol.[85]

These reports and studies constitute the backbone of support at the federal level for increasing enforcement of alcohol beverage control laws designed to prevent underage drinking. While the effectiveness of using these strategies is now largely accepted, the field continues to request research and data on the scope, frequency and intensity with which these enforcement strategies are utilized by state and local law enforcement agencies, and evaluations of which enforcement strategies, and at what level of intensity, may be most effective and efficient in preventing underage drinking.

In 2006, the US Congress passed the Sober Truth on Preventing Underage Drinking (STOP) Act. This Act requires the Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD), a committee comprised of government officials from many arenas of the federal government, to guide policy and program development across the federal government with respect to underage drinking. As part of that mandate, the Department of Health and Human Services prepares an annual report on each state's performance in preventing or reducing underage drinking, including a section on the enforcement of underage drinking laws.

APPENDIX F: Further Information and Resources

RESEARCH and REPORTS

Substance Abuse Treatment, Prevention, and Policy - **Alcohol policy enforcement and changes in student drinking rates in a statewide public college system: a follow-up study**
Study findings suggest that stronger enforcement of a stricter alcohol policy may be associated with reductions in student heavy drinking rates over time. An aggressive enforcement stance by deans may be an important element of an effective college alcohol policy.
http://www.substanceabusepolicy.com/content/5/1/18

Children's Hospital Boston - **Heavy drinking and alcohol policy enforcement in a statewide public college system**
Within this single state system, stricter enforcement by campus security officers of policies that limit underage drinking tends to be associated with lower rates of heavy drinking by students.
http://www.ncbi.nlm.nih.gov/pubmed/14572192

University of Minnesota - **Enforcing alcohol policies on college campuses: reports from college enforcement officials**
This study assessed alcohol enforcement practices at 343 U.S. colleges via surveys of directors of campus law enforcement. Types and frequency of enforcement and barriers to enforcement were measured. Sixty-one percent (61%) of colleges indicated nearly always proactively enforcing alcohol policies, with most frequent enforcement at intercollegiate sporting events and least frequent enforcement at fraternity/sorority events.
http://www.ncbi.nlm.nih.gov/pubmed/22125925

Journal of Safety Research - **Enforcing alcohol-impaired driving and seat belt use laws**
An evaluation of an integrated enforcement program designed to reduce alcohol-impaired driving and increase seat belt use in Binghamton, NY, was conducted. The program's emphasis is on the publicized use of sobriety and seat belt use checkpoints, passive alcohol sensors, and seat belt law enforcement.
http://www.sciencedirect.com/science/article/pii/0022437592900222

Department of Health and Human Services - **YOUTH AND ALCOHOL: LAWS AND ENFORCEMENT**
IS THE 21-YEAR-OLD DRINKING AGE A MYTH?
This inspection examined (1) current State laws in the U.S. and regulations governing youth access to alcohol and (2) how these laws are enforced.
http://oig.hhs.gov/oei/reports/oei-09-91-00650.pdf

Status Report on Impaired Driving
During the 1980s and 1990s, important progress was made toward reducing serious crashes and deaths involving drivers under the influence of alcohol. According to a recent publication by the Insurance Institute for Highway Safety (IIHS), worldwide progress has stalled and hasn't revived. Making further progress will require new ways of thinking about existing countermeasures and incorporating new technology.
http://www.iihs.org/externaldata/srdata/docs/sr4004.pdf

Department of Health, Ireland - **Report of the Implementation Group on Alcohol Misuse**
The Implementation Group was formed to monitor and report on progress on the implementation of the recommendations contained in the report "Working Together to Reduce the Harms Caused by Alcohol Misuse'. This report was produced by a Working Group established under the Sustaining Progress Special Initiative on Alcohol and Drugs Misuse.
http://www.dohc.ie/publications/pdf/alcohol_misuse_report.pdf?direct=1

Traffic Injury Research Foundation - **The Implementation of Alcohol Interlocks for First Offenders: A Case Study**
Many jurisdictions are currently considering alcohol interlock programs for first offenders. There is a wealth of information that is relevant to this decision-making process and much can be learned from jurisdictions that have already implemented a program.
http://tirf.ca/publications/PDF_publications/CC_2010_Report_web.pdf

Australian and New Zealand Journal of Public Health - **Implementation of effective alcohol control strategies is needed at large sports and entertainment events**
If strategies and actions are not properly implemented to manage the sale and supply of alcohol at large events, there is significant risk of alcohol-related problems and harm resulting from them.
http://onlinelibrary.wiley.com/doi/10.1111/j.1753-6405.2011.00813.x/abstract

Cambridge University - **Obstacles to the Implementation of an Integrated National Alcohol Policy in Ireland: Nannies, Neo-Liberals and Joined-Up Government**
This article explores how proponents of a public health model of alcohol policy have, for more than a quarter of a century, argued consistently but unsuccessfully for an integrated national alcohol policy in the Republic of Ireland.
http://www.tara.tcd.ie/jspui/bitstream/2262/56347/1/Obstacles%20to%20the%20Implementation%20of%20an%20Integrated%20National%20Alcohol%20Policy%20in%20Ireland-%20Nannies,%20Neo-Liberals%20and%20Joined-Up%20Government.pdf

University of Minnesota - **Deterring sales and provision of alcohol to minors: a study of enforcement in 295 counties in four states**

The authors analyzed patterns of criminal and administrative enforcement of the legal minimum age for drinking across 295 counties in four U.S. States.
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1382151/

University of Minnesota School of Public Health - **Law officers' views on enforcement of the minimum drinking age: a four-state study**
Qualitative data on enforcement of the minimum drinking age in the United States were obtained through in depth interviews with law enforcement officers in May and June 1992.
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1382152/

University of Florida - **Complying with the minimum drinking age: effects of enforcement and training interventions**
This article summarizes the proceedings of a symposium presented at the 2004 Research Society on Alcoholism meeting in Vancouver, British Columbia, organized by Alexander C. Wagenaar and chaired by Mark S. Goldman.
http://www.ncbi.nlm.nih.gov/pubmed/15714048

Evaluation of the K-Model (The Kronoberg Model)
The K-model is a working model used by the police that aims to prevent young people from drinking alcohol in public places and, as an extension to this, to contribute towards reducing juvenile violence in these environments.
www.eucpn.org/download/?file=bra_k-model.pdf

University of Massachusetts - **Underage Drinking: Enforcement Strategies**
This document outlines enforcement strategies employed to reduce underage drinking and driving
including an overview of the problem, resources for implementation and strategies recommended by
several key agencies involved in the effort to reduce underage drinking and driving.
http://www.ecs.umass.edu/masssafe/PDFS%20for%20Site/Impaired%20Driving/UD%20Enforcement%20Strategies.pdf

WHO - **INTERNATIONAL GUIDE FOR MONITORING ALCOHOL CONSUMPTION AND RELATED HARM**
The purpose of this document is (1) to provide guidance to WHO Member States on epidemiological monitoring in order to inform and facilitate effective policy formation and (2) to improve the global and regional comparability of data on alcohol use and health consequences in order to improve monitoring and to facilitate research and risk assessment.
http://whqlibdoc.who.int/hq/2000/who_msd_msb_00.4.pdf

SPECIAL WEBSITES and RESOURCES

U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention: http://ojjdp.ncjrs.org/programs/ProgSummary.asp?pi=17&ti=&si=&kw=&PreviousPage=ProgResults

Pacific Institute for Research and Evaluation, Alcohol Control and Enforcement Focus Area: http://www.pire.org/topiclist2.asp?cms=67

Underage Drinking Enforcement Training Center -- http://www.udetc.org UDETC state contacts --http://www.udetc.org/StateContacts.htm

Alcohol Concern UK - Safe.Sensible.Social. Alcohol strategy local implementation toolkit. A resource to help local teams develop strategies to address alcohol-related crime, ill-health and other harms in line with Safe.Sensible.Social. The next steps in the National Alcohol Strategy.
http://www.alcoholconcern.org.uk/publications/other-publications/local-implementation-toolkit

First European Network conference on reducing youth drinking by law enforcement - http://www.stap.nl/nl/nieuws/conference-2011.html

APPENDIX G: Participants in the EU-US Dialogues

Sari Aalto-Matturi, Executive Director, Finnish Association for Substance Abuse Prevention (EHYT)

Cynthia Abrams, Program Director of Alcohol, Other Addictions and Health Care, General Board of Church and Society of the United Methodist Church

*Thomas Babor, Professor and Health Net, Inc. Endowed Chair in Community Medicine and Public Health, University of Connecticut

*Lauri Beekman, Chairman, Estonian Temperance Union

*Katherine Brown, Director, Institute of Alcohol Studies

*Chris Brookes, Director, Global Business Development, UK Health Forum

Sven-Olav Carlsson, International President, IOGT International

Tiziana Codenotti, Eurocare

Judy Cushing, President/CEO, Oregon Partnership

*Evelyn Gillan, Chief Executive, Alcohol Focus Scotland

Ian Gilmore, Special Advisor on Alcohol, Royal College of Physicians

*David Jernigan, Associate Professor and Director, Center on Alcohol Marketing and Youth, Johns Hopkins Bloomberg School of Public Health

Paul Lincoln, Director, National Heart Forum

Robert Lindsey, President, National Council on Alcoholism and Drug Dependence, Inc.

James Mosher, President, Alcohol Policy Consultations

Rebecca Ramirez, Executive Director, National Liquor Law Enforcement Association

Diane Riibe, Executive Director, Project Extra Mile

Claude Riviere, Association Nationale de Prevention en Alcoologie et Addictologie

Nick Sheron, Alcohol Lead, Royal College of Physicians

Mariann Skar, Secretary General, Eurocare

*Michael Sparks, President, SparksInitiatives

Traci Toomey, Professor, University of Minnesota

Wim van Dalen, Director, STAP, Nederlands Institut vor Alcoholbeleid

* Editorial group member for the *User Guide*

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