EUROPEAN ALCOHOL POLICY CONFERENCE
BUILDING CAPACITY FOR ACTION
Barcelona, 3RD-5TH April 2008

THURSDAY, 3 APRIL

10.00/10.45 **BUILDING CAPACITY FOR ACTION**

Chair and frame of the Conference
Joan Colom, Spain
Joan.colom@gencat.cat

Setting the scene: the matter of alcohol policy
Peter Anderson, Building Capacity Project, Spain
peteranderson.mail@gmail.com

The economic arguments to reduce alcohol-related harm
Dan Chisholm, WHO, Department of Health and Systems Financing, Switzerland
chisholmd@who.int

This presentation sets out to address two main questions: **why** is an economic perspective on alcohol policy in Europe needed, and **what** can it bring to the table?

Alcohol has justifiably been labeled as 'no ordinary commodity' because of the impact that its production and consumption have, not only in the clinical and social domain, but also in the economic domain. Unlike many everyday commodities where the forces of supply and demand can be relied upon to guide the optimal level to be produced and consumed, alcohol use can and often does lead to negative spillover effects (such as crime or interpersonal violence), which together with other 'market failures' drive a wedge between the actual versus optimal consumption of alcohol in a society. It is important to be clear about the magnitude of these market failures because, along with epidemiological surveillance, they constitute a key element in the justification for (and extent of) government intervention and consequent public policy.

Estimation of the full costs that society ultimately pays for its relationship with alcohol is one line of economic enquiry and research that, if done well, can provide useful information to policy-makers about the true magnitude (as well as distribution) of the burden of alcohol across different sectors of the economy. Of course just producing big numbers will not make the problem go away, so it is vitally important for public health policy that such estimation exercises, as carried

out in Canada for example, are able to isolate the fraction of the overall burden that can be averted by intervention strategies known to be effective. Once such measures have been identified and agreed upon, a further contribution that economic analysis can make to (evidence-based) policy-making is to assess the relative merits of various possible strategies in terms of their costs and effects. Economic evaluation of this kind seeks to determine the most cost-effective way of using society's resources to reduce the existing burden of harmful alcohol use, and is illustrated with reference to the WHO's cost-effectiveness work program (CHOICE) at regional and country level. The presentation concludes with a discussion of key information gaps and analytical challenges, and how work programs such as the EU's *Building Capacity* project can help to overcome them.

11.30/12.30 **ROUND TABLE DISCUSSION ON THE ALCOHOL POLICY ENVIRONMENT (I)**

Facilitated by Deborah Davies, Channel 4, UK

Bernat Soria, Minister of Health and Consumer Affairs of Spain
Zofija Mazej Kukovič, Minister of Health, Republic of Slovenia
Maria Larsson, Minister for Elderly Care and Public Health, Sweden
Maret Maripuu, Minister of Social Affairs, Estonia
Marc Danzon, WHO Regional Director for Europe
Robert Madelin, Director General, Health and Consumer Protection, European Commission

12.30/13.30 **ROUND TABLE DISCUSSION ON THE ALCOHOL POLICY ENVIRONMENT (II)**

Facilitated by Deborah Davies, Channel 4, UK

Marina Geli, Regional Minister for Health, Catalonia
Kenny MacAskill, Minister for Justice, Scotland
Adam Fronczak, Deputy Minister of Health, Poland
Sabine Baetzing, Federal Drug Commissioner, Germany
Jillian van Turnhout, Vice President, European Economic and Social Committee

15.00/16.30 **ALCOHOL AND ITS HEALTH IMPACT**

Chair: Maria Renström, WHO

Alcohol and injuries
Witold Zatonski, Poland
zatonskiw@coi.waw.pl

Background and Aim: Over the last decades, the health indicators have diverged and there has been apparent huge health gap due to injuries between western and eastern Europe. We aimed at explaining the reasons for such dramatic changes in mortality from injuries in European countries with special regard to the situation in the Baltic States and Russia.

Methods: Age-standardized (world standard) injuries mortality rates per 100,000 person-years at ages 20 to 64 for 4 groups of countries (CEE countries[1]; EU15[2]; Baltic States[3] and Russia) were computed using the World Health Organization Mortality Database.

Results: Generally the divergence of injuries mortality level among adults in Europe at the beginning of 21st century is enormous and multidimensional; (rates in 2002: Russia 502, the Baltic States 333, CEE 114, EU15 59; per 100000 population aged 20-64). The picture is identical in population of women, although at significantly lower level (rates in 2002: Russia 104, the Baltic States 63, CEE 23, EU15 17; per 100000 population aged 20-64).

Conclusion: The unusual leaps of the sudden deaths due to injuries and violence in the time of peace in eastern Europe is without precedence in modern history. The phenomenon concerns mostly the weakest, the worst educated, with no profession and the lonely people. Proximate cause leading to a very high level of injuries mortality is alcohol.

Alcohol and mental health
Eva Jané, Spain

Alcohol and the adolescent brain
Susan Tapert, University of California, United States of America
stapert@ucsd.edu

Alcohol and liver disease
Nick Sheron, , United Kingdom
Nick.Sheron@soton.ac.uk

Deaths from liver disease are increasing markedly in some parts of Europe, notably the UK and Finland, but have decreased in others. The relationship between liver deaths and overall alcohol consumption is very tight but varies between countries presumably as a result of other genetic, social and cultural factors, so for example Finland has relatively more deaths than France at a given level of alcohol consumption whereas in Ireland mortality figures are lagging way

behind the increases in consumption. The overall relationship is sigmoid – perhaps reflecting the sigmoid risk curve for consumption. This presentation will cover the UK clinical experience of alcohol related liver disease, with conclusions that can be applied more universally.

The development of alcohol related liver cirrhosis is a completely silent process with gradual scarring fibrosis leading to end stage cirrhosis over a period of 10-20 years. During this time standard liver tests may be normal but newer test of fibrosis can pick up disease at an early stage. The usual clinical presentation of cirrhosis is as a dramatic and often fatal illness – with a massive internal haemorrhage, the development of fluid in the abdomen or jaundice from acute alcoholic hepatitis. Overall alcohol related cirrhosis is fatal in half of cases, and of these half die before they have a chance to stop drinking, for those who abstain the survival curve is flat after 2 years. Although some subjects have severe alcohol dependence many do not and can be classified as controlled heavy social drinkers most of whom have no indication that they are at risk. Although the treatment of cirrhosis in hospital has improved, the in hospital mortality has not changed much in the last 30 years, and so if liver deaths are to be reduced the key is to prevent admissions with end stage cirrhosis by reducing heavy social alcohol consumption or by detecting liver disease and intervening at an earlier stage.

Surprisingly there is quite widespread ignorance amongst clinicians of the evidence based policy measures that are capable of reducing alcohol related liver deaths. So while there is a very tight correlation ($R=0.98$, $p<0.0001$) between UK liver deaths and the affordability of alcohol, there have not yet been the letter writing campaigns from hepatologists that were so influential early in the debate on smoking when the chest doctors became involved. The key to reducing liver deaths is to persuade the UK government to gradually reduce the affordability of alcohol with a general increase in alcohol taxation, while at the same time to begin to fund alcohol treatment, intervention and prevention services with same level of funding currently given to services for misusers of illegal drugs, a fair and effective solution which will impact on alcohol related harm from all causes. The various Royal Colleges, learned societies and NGO's dealing with alcohol related harm have come together to form the Alcohol Health Alliance UK in order to try and influence government policy towards solutions based on the independent peer reviewed evidence as opposed to the suggestions of industry lobbyists.

17.00/19.00 **DEBATE AND DIALOGUE**
REDUCING ALCOHOL-RELATED HARM

Implementing the Strategy on Alcohol and Health

Facilitated by Deborah Davies, Channel 4, UK

Tom Babor, University of Connecticut, US
Pierre-Olivier Bergeron, Deputy Secretary General, The Brewers of Europe, EU

Sally Caswell, Director, Centre for Social and Health Outcomes, Research and Evaluation, New Zealand
Elizabeth Crossick, Chair, European Forum for Responsible Drinking (EFRD), EU
Colin Drummond, National Addiction Center, London, UK
José Ramón Fernández, Secretary General, Comité Européen des Entreprises Vins (CEEV), EU
Jamie Fortescue, Director-General, European Spirits Organisations (CEPS), EU
Robert Madelin, Director General, Health and Consumer Protection, European Commission
Jane Marshall, Maudsley Hospital, London, UK
Robin Room, Turning Point, Australia

FRIDAY, 4 APRIL

9.00/9.15 **SUMMARY OF PREVIOUS DAY**

Sally Caswell, Director, Centre for Social and Health Outcomes, Research and Evaluation, New Zealand

9.15/11.00 **ETHICS AND ALCOHOL POLICY**

Chair: Ian Gilmore, United Kingdom

Alcohol and communications
Alejandro Perales, Spain
aperales@auc.es

This presentation analyzes the European and Spanish legal framework in alcohol advertising, the possibilities of self regulatory and co regulatory codes and the marketing strategies in TV, radio and press, internet, SMS, advertising below the line, billboards, making events, labeling, sales promotion, and others.

The alcohol consumption, particularly among young people, is a serious social problem, and need stricter regulation by the authorities. The commercial communication for alcoholic beverages must be restricted to target audiences (it cannot be aimed at young people) and its goals, which must not promote immoderate consumption of such drinks, social and sexual success, driving and dangerous activities, aggressive marketing practices. This regulation could be established in line with contents and programs (e.g. sports activities); products (alcoholic beverages of 18° vol. or below or above); spaces (e.g. streets, schools); formats like sponsoring, product placement/ surreptitious advertising, indirect advertising, news making, raves and parties, holidays events.

Alcohol advertising and marketing have a significant effect on youth knowledge, attitudes and decisions to drink. However, advertising legal rules in Europe and voluntary codes (self /co regulation) are insufficient and less level.

Several studies concluded that greater exposure to alcohol advertising contributes to an increase in drinking among underage youth. Specifically, for middle-school students, those who viewed more television programs containing alcohol commercials were more likely to drink beer, wine/liquor, or to drink more drinks. Different researchers students ages 10 to 14 from 13 to 26 months, and found that those with higher exposure to movie and advertising alcohol use at the initial assessment were more likely to have started drinking at time of follow-up. By the way, many studies shown evidences about the relationship between the reduction in consumption alcohol and the reduction in alcohol advertising

Studies on the responses of young people to alcohol advertising found that underage youth are drawn to music, animal and people characters, story and humor in alcohol advertising. Ads that were liked by youth in the study were more likely to elicit responses from youth saying they wanted to purchase the brand and products advertised. On neuroscience and psychology fields other studies concluded that adolescents, because of how the human brain develops, may be particularly attracted to branded products such as alcohol that are associated with risky behavior and that provide, in their view, immediate gratification, thrills and/or social status.

However, the broadcaster and advertiser opinion only recognizes the influence in brand market share and top of mind terms

Finally, Elsa Project Report concluded:

Alcohol advertisements are related to positive attitudes and beliefs about alcohol amongst young people, and increase the likelihood of young people starting to drink, the amount they drink, and the amount they drink on any one occasion.

There is great variety in regulations and regulators related to the advertisement of alcoholic products in the European Member States. However, there is very little documentation on adherence to the existing regulations

In order to protect young people and other vulnerable groups, European and country based regulations on alcohol marketing should be aimed at restricting the placement of alcohol marketing, and explaining the characteristics or effects of alcohol.

Culture and ethics in the relation of alcohol research and policy
Robin Room, Australia
RobinR@TURNINGPOINT.ORG.AU

Alcohol has many positive and negative symbolic meanings, which interact with the chronic health harms, injuries and social harms from its use. The ethics of alcohol use lie at the junction of symbolic meanings of alcohol and the harms from it. Drinking often causes harm to others as well as to the drinker, which carries considerable ethical weight, while on the other hand alcohol is a valued element in most European cultures. Economic interests provide a strong third force in the debates. Guidelines on low-risk drinking are considered as a case study in the interplay of culture, ethics and science. There are no natural discontinuities in the risk curve relating amount or pattern of drinking to most harms from drinking, so setting a "sensible" or low-risk" limit does not involve just science. Ethics as well as science are thus involved in the answer to "what are acceptable risks?" In most frames of comparison, the risks from drinking are quite high; at a minimum, drinking guidelines need to move towards making the levels of risk explicit.

Alcohol and rights

Jillian van Turnout, Ireland
Jillian@childrensrights.ie

Jillian van Turnhout acted as Rapporteur for the Opinion of the European Economic and Social Committee (EESC) on the Communication from the European Commission, *An EU strategy to support Member States in reducing alcohol related harm.* The Opinion addresses the public health issue of reducing alcohol related harm: harmful and hazardous alcohol consumption as well as under-age drinking contributes to alcohol related harm. The EESC welcomes the Commission's Communication, but also raises a number of areas of concern. The EESC expresses its regret that the Commission did not acknowledge that one of the reasons for so much alcohol related harm is that alcohol is a psychoactive drug, a toxic substance when used to excess, and for some an addictive substance. The EESC calls for a reduction in the exposure of children under 18 years to alcohol products, advertising and promotions be included as a specific objective to provide greater protection to children. The EESC urges the Commission to address the economic consequences of alcohol related harm. The negative effects go against the objectives of the Lisbon Strategy and have implications for the workplace, society and the economy. The EESC welcomes the creation of the Alcohol and Health Forum which could be a useful platform for dialogue, between all relevant stakeholders, and lead to concrete action aimed at reducing alcohol related harm. The EESC urges that education and awareness raising initiatives should be part of an overall integrated strategy to reduce alcohol related harm. The EESC is concerned that there is a disturbing inconsistency between the research evidence-base of effective measures to reduce alcohol related harm and what are being proposed as Community actions. Throughout the Communication, education and information are frequently cited as the intended measures. However, the research evidence suggests that such measures have a very low rate of effectiveness in reducing alcohol related harm.

The ethics of alcohol policy
Hugh Whittall, Director of the Nuffield Council on Bioethics, UK
hwhittall@nuffieldbioethics.org

The Nuffield Council on Bioethics recently published a report 'Public health: ethical issues', which considers the ethical and social issues arising when designing measures to improve public health. The report concluded that the state has a duty to help people lead a healthy life and to reduce inequalities. It proposes a 'stewardship model', which outlines how this can be justified and achieved, and an 'intervention ladder' as a tool for assessing the acceptability of different public health measures.

The report uses a number of case studies to illustrate the discussion, including that of alcohol. Alcohol-related public health policies raise significant ethical issues, including in relation to whether alcohol consumption is purely a matter of personal 'choice', what rationales are acceptable to encourage people to change their behaviour, the role of industry, and the role of evidence in policies in these areas.

Drawing on the stewardship model and intervention ladder, the Council suggests how ethically-justifiable policy could be developed. We make a number of recommendations in this area in relation to the role of the state and of industry.

11.30/13.00 **PARALLEL SESSIONS FRIDAY MORNING**

Strand 1: Protecting young people
Using price as a policy lever to reduce the burden of alcohol harm in the public health interest
Chair: Bruce Ritson, United Kingdom
Rapporteur: Lesley Graham, United Kingdom

Alcohol price, policy and public health: embedding the principle in licensing legislation
Evelyn Gillian Director, Scottish Health Action on Alcohol Problems (SHAAP) and Gary Cox, Head of Criminal Justice, Scottish Government, United Kingdom
shaap.projectdirector@rcpe.ac.uk; Gary.Cox@scotland.gsi.gov.uk

Over the last 30 years, UK liver cirrhosis mortality has risen over 450% across the population with a 52% increase in alcoholic liver disease in Scotland between 1998 and 2002. Despite the significant evidence base which identifies regulatory action as amongst the most effective alcohol policies open to government, alcohol policy in the UK and Scotland has, until recently, focussed predominantly on interventions with the weakest evidence base – education and voluntary action by the alcohol industry. The status of Scotland's devolved government presents both problems and opportunities for public health advocates as the Scottish Parliament has control over some policy areas (health, licensing and criminal justice) but not

others (taxation). However, the public health interest has been at the forefront of recent policy initiatives in Scotland. New licensing legislation has banned irresponsible promotions in the on-trade and the Government has pledged to extend the ban to cover the off- trade, as well as making it a requirement for shops and supermarkets to have separate display areas for alcohol. The foregrounding of the public health interest has been facilitated by the new Scottish licensing legislation which has embedded 'protecting and improving public health' as one of five licensing objectives. The Scottish Government has used price as a policy lever through the mechanism of the licensing legislation to reduce the burden of alcohol harm in the population signalling a move towards evidence-based population approaches in addition to initiatives aimed at specific groups of drinkers. The measures taken in Scotland suggest policy innovation when government has restricted powers and should be of interest to governments and public health advocates throughout Europe.

The impact of tax on alcopops in Germany
Walter Farke, Germany
farke@dhs.de

Alcopops or RTD (Ready to drink) drinks were introduced in Germany in mid-nineties. No other alcoholic product won the market as fast as alcopops. The success of these mixed drinks was attributed to their sweet taste and the smart marketing of the product. From the beginning it was clear that young people was the target group of the marketing strategy. National surveys confirmed the rising attractiveness of such alcoholic drinks and reported after the introduction of alcopops that the alcohol consumption increased among minors. Parallel to the increase consumption rates, more and more cases on intoxicated young people were observed in the emergency rooms of the hospitals. Public debates started about alcohol consumption among minors. The pressure on the political decision-makers increased during these public discussions. In July 2004 the tax on alcopops were introduced to enforce the protection of young people. The law includes that the alcopops tax revenue has to be used for prevention programmes. After the introduction of this special tax, the sales of alcopops decreased by more than 50%. Also the consumption rate of alcopops decreased among young people. 63% of the 12 to 17 year old buyers did not buy alcopops anymore because such alcoholic drinks were too expensive for them. The tax on alcopops had also an impact on the overall alcohol consumption among young people, especially among the age-group of the 11-, 13- and 15-year-old boys and girls: The frequency of alcohol consumption decreased among these age groups. Finally alcopops lost their attractiveness for young people.

Pricing policy: the Finnish Experience
Esa Österberg, Finland
esa.osterberg@stakes.fi

Nordic alcohol control has rested on strict control of the physical availability of alcohol, on high prices of alcoholic beverages, and on a comprehensive state

monopoly on alcohol production and trade with the aim to keep private profit-seeking away from the alcohol field. During the last five decades, alcohol control has become much weaker in Finland as well as in other Nordic countries.

The first pillar becoming much weaker was the physical availability of alcoholic beverages where the first major change since the Second World War took place in 1969 when, among other things, medium beer started to be sold in grocery stores, alcohol monopoly stores could be opened in rural municipalities and age limits for selling alcoholic beverages were lowered.

In 1995, when Finland joined the EU the comprehensive alcohol monopoly system was ended, as the state monopoly on the production, import, export and wholesale of alcoholic beverages was dissolved. The off-premise retail monopoly was, however, maintained.

During the second half of the twentieth century, real prices of alcoholic beverages were held in Finland practically at the level they had reached in 1951. In March 2004, however, the economic availability of alcoholic beverages increased greatly when excise duty rates for alcoholic beverages were lowered on the average by 33 %. The relative decrease was higher for strong alcoholic beverages than for beer and wine.

The motivation for the tax cut was the abolishment of travellers' import quotas from other EU countries in January 2004 and Estonia, situating some 80 kilometres south of Finland and having very low alcohol prices, becoming an EU member in May 2004. These changes together with the tax cut led to a 10 % increase in total alcohol consumption and to a clear increase in alcohol-related problems.

Strand 2: Preventing injuries and violence
Preventing interpersonal violence and injuries
Chair: Michael Klein, Germany
Rapporteur: Andrej Marusic, Slovenia

Alcohol and Violence in Families. European Research Alc-Viol
Michael Klein, Germany
mikle@kfhnw.de

European actions to prevent injuries and interpersonal violence
Dinesh Sethi, WHO
DIN@ecr.euro.who.int

Preventing interpersonal violence
Mark Bellis, United Kingdom
M.A.Bellis@ljmu.ac.uk

Preventing domestic violence among drug dependents in treatment

Heinrich Geldschläger, Oriol Ginés, Álvaro Ponce
Institut for Social Rehabilitation(IReS), Spain
Lídia Segura, Claudia Fernández, Ester Valls
Programme on Substance Abuse, Health Department of Catalonia, Spain
heinrichg@wanadoo.es

In our presentation we will give a brief overview on an ongoing project to prevent domestic violence among drug dependants in treatment. The project is run by the Programme on Substance Abuse of the Health Department of Catalonia in partnership with the Institute for Social Rehabilitation, an NGO that provides services to address domestic violence, and its main goal is to build the necessary capacities in professionals of alcohol and drug treatment services to address domestic violence.

The need for building this capacity derives from the evidence of a close relationship between problematic alcohol and drug use and domestic violence that has been accumulated both in crime statistics and representative surveys and in research on populations in specialised treatment services for both problems.

Consequently, the WHO proposes that Public Health play a "central role in the prevention of intimate partner violence including addressing its relationships with alcohol use" (WHO, Intimate partner violence and alcohol fact sheet, 2006). Moreover both Spanish and Catalonian regional laws bind Public Health Departments to guarantee the training of health professionals to detect and treat domestic violence.

The main activities carried out by the project have been the following:

- survey in the 62 alcohol and drug treatment centres in Catalonia on how domestic violence is addressed and on the specific needs for capacity building,
- development of specific training for professionals in alcohol and drug treatment centres, based on the survey results,
- development of guidelines for addressing domestic violence in alcohol and drug treatment centres,
- development of a theoretical model on the relationship between alcohol and drug consumption and domestic violence.

Strand 3: Working with stakeholders and sectors

European Commission's Alcohol and Health Forum: an overview

Alcohol and Health Forum: Putting Alcohol on the EU Agenda

Andrew McNeill, Institute of Alcohol Studies, United Kingdom
amcneill@ias.org.uk

This presentation will describe the setting up of the Alcohol and Health Forum and how it relates to other elements of the implementation of the Alcohol Strategy. It will also describe the nature of the controversy that surrounded the setting up of the Forum and which still continues, concluding with a statement of the presenter's view of why, despite its dangers and limitations, NGOs should support the Forum and participate in its activities.

Actions to Reduce Alcohol Related Harm: An overview of the Forum Commitments
Mariann Skar (Eurocare)
Mariann.Skar@europanytt.no

The Members of the Forum have subscribed to step up actions relevant to reducing alcohol-related harm in notably the areas mentioned in the EU Alcohol Strategy. These actions are called Commitments and Members have agreed to provide detailed information, monitor and report in a transparent, participative and accountable way, in order to create trust in the process. The commitments are defined by each actor, reflecting each organizations objectives and resources. The action plans are to indicate measurable objectives, who the owners are, how the action will reduce alcohol related harm, resources allocated, and a timetable and dissemination approach. 78 commitments have been delivered by March 2008.

Task Force on Youth Aspects of Alcohol
Robert Damberg President Swedish Youth Temperance Organization, Sweden
robert@unf.se

In October 2006 the European Union launched the alcohol strategy, to reduce the alcohol related harm within EU and support the member states work within the alcohol field.

To implement the strategy, the Commission established the European Alcohol and Health forum. The forum provides a common platform for all interested stakeholders at EU level that aims to reduce alcohol-related harm. In addition, the Forum presented two task forces, one on youth specific aspects on alcohol.

The task force on youth specific aspects on alcohol are composed mainly by stakeholders from the alcohol industry and NGO:s from the public health and/or the youth sector. The task force meets at least two times annually.

The task force has, in order to advance towards the formulation of recommendations to the Forum, focused on identifying actions which have a potential for

- curbing under-age drinking;
- curbing drink-driving by young people;
- educating and empowering young people on alcohol issues;

- promoting responsible selling and serving of alcohol for young people;
- protecting young people from the consequences of alcohol abuse by others.

This has been done through a workshop, which was carried out in February. In this workshop a number of “best-practice-examples” was shown from all over Europe. These examples, and the following discussion during the meeting that followed the workshop, will be put together to a first set of draft recommendations that will be presented to the Forum plenary meeting in mid-april.

The presentation will describe the setting up of the task force and how it relates to the implementation of the Alcohol Strategy. It will also describe the controversy that surrounded the setting up of the Forum and task forces which still continues, concluding with statement of the presenter's view of why, despite its dangers and limitations, NGOs should support the Forum and participate in its activities.

Task Force on Marketing
Nick Sheron, Royal College of Physicians, United Kingdom
Nick.Sheron@southampton.co.uk

Strand 4: Building the evidence base and advocating for alcohol policy
Alcohol Marketing
Chair: Anders Ulstein, Norway
Rapporteur: Johan Damgaard Jensen, Denmark

Importance of limiting and monitoring alcohol marketing
Avalon de Bruijn, STAP, Netherlands
adebruijn@stap.nl

An increasing body of literature based on longitudinal studies shows an impact of exposure to alcohol advertisement on drinking behaviour in adolescents. Young people who are highly exposed to alcohol marketing start earlier with drinking alcohol, are more likely to drink heavily during one occasion (binge drinking) and drink more frequently. These harmful effects emphasize a need for regulating alcohol marketing.

Alcohol marketing is regulated by law and by voluntary codes of conduct (self-regulation). Laws are mainly focused on limiting the volume of alcohol marketing, voluntary codes on regulating the content. Different institutes have developed methods to measure the adherence of voluntary codes. In the presentation by De Bruijn monitoring practices by the US-based institute Center for Alcohol Marketing and Youth (CAMY) and the European Forum for Responsible Drinking (EFRD), an alliance of Europe’s leading spirits companies, are described and critically evaluated. Monitoring the content vs the volume of alcohol marketing is addressed.

Pitfalls of self-regulation in the Netherlands: Lessons we have learned from monitoring
Esther van den Wildenberg, STAP, Netherlands
evandenwildenberg@stap.nl

In the Netherlands, alcohol marketing is only regulated by self-regulation, or rules developed by the alcohol-industry itself. It's important to monitor to what extent the industry adheres to its own set of rules. In case it seems the self-regulation Code has been violated, STAP files a complaint against the advertising practice with the Advertising Code Committee.
STAP has been monitoring alcohol marketing in the Netherlands for several years now. This has led to a better insight in the workings of self-regulation. In this presentation several pitfalls of self-regulation will be presented, based on examples of advertising practices STAP filed complaints against in the past few years.
One of the main conclusions is that due to the way the rules in the Code are formulated by the industry and interpreted by the Advertising Committee, young people are still exposed to a lot of attractive alcohol advertising. This attractive advertising is often allowed without the Code is being 'officially' violated. Thus, despite the self-regulation Code, young people are still not enough protected against the harmful effects of (exposure to) alcohol advertising. Therefore, regulation fixed by law that decreases the volume of alcohol advertising, is needed.

Experience from monitoring alcohol marketing in Denmark
InaJohansen, Denmark
ina@alinformation.dk

Monitoring of alcohol marketing by volume or content: How CAMY and the EFRD monitor alcohol marketing to influence policy
Avalon de Bruijn, Netherlands
adebruijn@stap.nl

Strand 5: Building alliances for alcohol policy

Slovenia Case Study - Implementation of EU alcohol strategy in Slovenia

The aim of the session is to present the implementation of EU strategy objectives in practice through good or promising practices, and at the same time to identify strengths, opportunities, weaknesses and treats in different areas of alcohol policy "puzzle" in Slovenia.

The session will start with a brief introduction by the chair and will continue with presentations on different areas of alcohol policy including: prevention of alcohol related harm in children and young people; reduction of injuries and death from alcohol-related road accidents; prevention of alcohol-related harm among adults and reduction of the negative impact on the workplace; information, education and raising awareness on the impact of harmful and hazardous alcohol consumption; and development and maintenance of evidence base.

During the session we will explore how could a country with a growing burden of alcohol harm in many areas build capacity at all levels from governmental to local and in different environments and fields of action; better involve important stakeholders such as health professionals and civil society; gain from international cooperation and use research as a background for planning and implementation of alcohol policy. The audience will be asked to actively participate in this process.

The speakers are representing the government, professional institutions, research and civil society.

Chair: Vesna-Kerstin Petrič, Ministry of Health of Slovenia
Co-chair: Matej Košir, Ministry of Health of Slovenia
Reporter: to be confirmed
Presenters:

Prevention of alcohol related harm in children and young people
Prof. Jože and Ksenija Ramovš, Institute Anton Trstenjak, Ljubljana, joze.ramovs@guest.arnes.si

Harmful use of alcohol is getting new dimensions in last decades, especially in the way of massive and binge drinking of young people. The results of qualitative research on drinking among youth in Slovenia show three different risk facts: (1) young people underestimate harmful biochemical consequences of alcohol drinking on the body; (2) drinking and drunkenness as a component part of behaviour on the peer parties is strong prevalent behavioural pattern; (3) good feeling on the parties is important for youth and acts as a filler of their existential emptiness. The model of drinking prevention among youth in primary schools will be presented too.

Aleksander Kravos, Foundation "You can choose - win or lose"
info@fundacija-zgnz.si

Promotion of entertainment of youth without alcohol and drugs

A project "You can choose - win or lose" is rather popular promising practice in our country and also well-recognised by the target population and media. It was established by a non-governmental foundation with the same name as project. The foundation was established in 2000 and started with organisation of events from the beginning. There was no pilot phase of the project and it is implemented countrywide. The main purpose of establishing this foundation was a promotion of entertainment for youth without alcohol and other harmful substances. Since 2006 they extended the purpose also to promotion of health and healthy lifestyle of young people.

Reduction of injuries and death from alcohol-related road accidents

Bojan Žlender, Ministry of Transport, Road Safety Council
Bojan.zlender@gov.si

Drinking and driving: act before it started

Prevention activities with the purpose to decrease a number of drunk drivers are mostly based on awareness actions on risks which are related to drinking and driving. They are focused also on a long-term monitoring of statements and behaviour of drivers. The programmes which could influence the lifestyle and develop positive statements among drivers are designed for youth, especially before they start to be active in the traffic as car and/or motorbike drivers. The workshops in high schools and in several programmes of NGOs and civil initiatives will be presented in the session.

Prevention of alcohol-related harm among adults and reduction of the negative impact on the workplace

Maja Rus Makovec, Psychiatric Clinic of Ljubljana
Maja.rus@psih-klinika.si

Drinking and the workplace: solving the problem through cooperation between systems

Harmful use of alcohol leading to addiction when recognized at the workplace is often neglected as an issue that needs attention of the employer. This has been even more the case after transition in 90s. Cooperation between different systems in the society (health and social systems, working environment, family) offers many opportunities that would be explored in this presentation.

Evgen Janet, Director, Public Health Institute of Ravne na Koroškem
Evgen.janet@zzv-ravne.si

Transforming typical drinking environment into a place offering social support

In this presentation the concept of changing typical drinking environment such as local inn into a place of social support will be presented. Public Health institute launched a mental health promotion project in which anti-stress workshops were performed in several inns in the local area. With the unobtrusive approach the project aimed to rich the target group that uses drinking in an inn as a way of relaxation and to offer an alternative.

Dušan Nolimal, Institute of Public Health of Slovenia
dusan.nolimal@ivz-rs.si

Alcohol, social inclusion and health

Harmful effects of alcohol tend to be greater in less advantaged social groups and therefore contribute to inequalities in health. The meaning of risky drinking with regard to marginalisation, social inclusion and health will be discussed. Homeless people are particularly at risk, as much of their health and social condition may be related to harmful alcohol use. While such drinking contributes to homelessness and mental health problems, homelessness also contributes considerably to these problems. The experience of the activities of the NGO "Street Kings" (Society for Help and Self-help to Homeless People) from Ljubljana, which illustrate concrete examples of interventions and skills building, taking into account elements as empowerment and the impact on the policy debate, will be presented, including the proposal for the model project concerning harm-reduction approaches for homeless people as a topic for local health promotion activities. There is a need to fill research gaps on alcohol-related health and social harm, causes of risky and harmful alcohol use in socially marginalised and vulnerable populations, and on its role in widening the health gap between socio-economic groups.

Information, education and raising awareness on the impact of harmful and hazardous alcohol consumption

Prof. Marko Kolšek, Department of Family Medicine, Medical Faculty, University of Ljubljana
Marko.kolsek@mf.uni-lj.si

Reframing the role of health professionals in the implementation of alcohol policy

Health professionals, in particular in the primary level are an important stakeholder in the implementation of alcohol policies. How to better involve health professionals and further develop their role in advocating for alcohol policy will be discussed in this presentation.

Development and maintenance of evidence base

Sandra Radoš Krnel, Public Health Institute and Matej Košir, Ministry of Health
Sandra.rados@ivz-rs.si

Research supporting evidence based alcohol policy

In this presentation we will focus on the importance of linking research to alcohol policy development and implementation. Added value of cooperation at international and in particular at EU level will be stressed.

Strand 6: Building capacity for local and regional policy

Towards an alcohol policy framework for regions and municipalities
Chair: Wim van Dalen, Netherlands
Rapporteur: Anders Romelsjo, Sweden

The theoretical basis for local and regional alcohol community prevention

Starting point of the development of this European comprehensive approach is the description of an underlying theoretical foundation. Alongside this theoretical foundation, a literature review will be presented, which describes the lessons learned from community alcohol prevention projects so far.

Community Prevention of Alcohol Problems: Science to Practice
Harold D. Holder, Ph.D. Prevention Research Center, Berkeley, California, USA
holder@prev.org

The presentation will be based upon a community perspective of the prevention of alcohol problems. Within a community systems approach, alcohol problems are best viewed as products or outcomes from these complex systems. Over the past 20 years prevention science has developed a considerable foundation to inform us what strategies which have the greatest potential to be effective at the total population level, i.e., a public health model of prevention …not only targeting "high risk" individuals". The presentation will review the latest advances in community action projects which are using evidence-based strategies including examples from Sweden, Australia, and the United States. The presentation will conclude with a review of the keys to success and barriers to success.

Community prevention projects: what research learns about the process of implementation
Denise van Poppel, STAP, Netherlands
dvanpoppel@stap.nl

The development and implementation of community (or municipal) alcohol policies is becoming a vital part of the local political agenda. In theory, municipal (or community) alcohol prevention projects can be described perfectly. However, the implementation of these often well constructed projects is a completely different story, let alone the sustainability of the projects. Anno 2008, a number of initiatives in this field have been implemented and evaluated (e.g. process and effect evaluation) on a scientific foundation. The findings of these studies can attribute to the development of new alcohol prevention projects.
This presentation will focus on the process of implementation of local alcohol prevention projects. The information underlying this presentation is twofold, namely science (e.g. recent published process evaluations) and experiences from the field. It will highlight essential elements of the process of implementation. This will allow other European regions or municipalities to get acquainted with these findings and experiences and use them within their own process of implementing local alcohol prevention policies. In the end, developing and implementing an effective long-term

alcohol policy within a community is neither simple nor obvious and all assistance can be useful.

Strand 7: Building capacity for alcohol policy

Protection of young people
Chair: José Oñorbe, Spain
Rapporteur: Amparo Sánchez Máñez, Spain

Basic research on alcohol: neurotoxicity and cognitive and behavioural alterations in animals
Consuelo Guerri Sirera, Head of Cell Pathology Laboratory, Príncipe Felipe Research Centre, Valencia, Spain
guerri@cipf.es

Alcohol consumption amongst young people and adolescents has increased sharply and alcohol is now the most widely-consumed drug amongst this population. Of special importance is the new pattern of alcohol intake based on binge drinking at weekends, which has proved to be especially neurotoxic. The developing brain is especially vulnerable to ethanol toxicity, and adolescence is a phase of brain maturation, with important changes taking place prior to adulthood. We study the hypothesis that intermittent alcohol intake during the adolescence of rodents induces neurotoxicity, alters the adolescent brain restructuring processes, and causes cognitive and behavioural alterations that may be permanent. We show that intermittent alcohol intake during adolescence induces an increase in inflammatory mediators (iNOS, COX-2, IL-1β) in the brain which are associated with neural death. In parallel to these changes, we note that intermittent administration of ethanol during adolescence alters both cognitive processes, including spatial and non-spatial memory, and learning processes. These behavioural alterations are observed in both adolescent and adult animals exposed to alcohol during adolescence, which suggests they are permanent alterations. Finally, we note that alcohol consumption during the juvenile/adolescent phase induces mechanisms that lead to preference for alcohol consumption in subsequent stages, corroborating the data on humans.

The results suggest that the consumption of large amounts of alcohol intermittently (for example, at weekends) may affect the neuroplasticity that takes place during adolescence, may cause problems of long and short-term attention, memory and learning and may induce mechanisms leading to alcohol addiction.

Alcohol consumption: effects on the brain of the adolescent
Susan Tapert, University of California, United States of America
stapert@ucsd.edu

This presentation will cover alcohol and other drug problems in adolescents, highlighting how alcohol and other substance use affects thinking and memory abilities as well as brain functioning. Rates of alcohol use and, notably, binge drinking escalate substantially during adolescence, while the brain continues to undergo critical developmental processes. Our prospective research with adolescents has demonstrated that heavy drinking involving withdrawal and hangover experiences is associated with subsequent poorer performance on some cognitive tasks, even into young adulthood. New research using structural, functional, and diffusion magnetic resonance imaging in adolescents at risk for and with substance use disorders will be presented. Heavy drinking adolescents show reduced volumes of the hippocampus and frontal lobes and compromised white matter integrity, in addition to abnormalities in brain response to cognitive tasks as compared to demographically similar non-drinking adolescents. Effects are somewhat greater for female than male youth. The response of adolescents' brains to alcohol advertisements will also be shown, and public health and clinical implications will be discussed.

Alcohol consumption in Spanish adolescents aged 14-18: the involvement of mothers and fathers in prevention

Gregorio Barrio, Spain
gbarrio@msc.es

Introduction

Alcohol use in Spain is quite spread and generates many social and health problems. There are some evidences that show an stabilization of alcohol use in teenagers between 14 and 18 years old, although intensive use seems to be higher (assessed as 5 o more drinks at the same time) and also the number of drunkenness. The purpose of this study is to know the effect of parents' permissiveness on the frequency of drunkenness and other related variables.

Methodology

Data come from the Spanish Survey on Drugs in Secondary Education 2006 (ETUDES) carried out with students between 14 - 18 years old in the whole country. 26454 individuals were selected by a sampling of two-stage conglomeration (schools and classrooms). The effect of the paternal permissiveness with alcohol use and the effect of the nightlife episodes (an image also of the parental permissiveness towards a risk situation) on the drunkenness´ frecuency during the last 30 days were evaluated through logistic regression, adjusting other drugs use and risk perception by social demography variables.

Results

Those who had gone out more than one night/month during the last year had a monthly prevalence of drunkenness of 31.6% opposite to 6.1% of those who hadn't gone (OR:7.1;95% IC: 6,4-7,9) . Both maternal permissiveness (OR: 2.6; 95% IC: 2.5-2.8) and the paternal one in alcohol use (OR: 2.7; 95% IC: 2.6- 2.9) were associated to the drunkenness presence. The effect of parents' permissiveness

and the episodes of nightlife on the occurrence of drunkenness were kept after adjusting the other variables of the model.

Conclusions
These results show the importance of parents' permissiveness on the intensive use of alcohol by teenagers. Prevention policies of alcohol use on teenagers must deal with the parents' tolerance in this respect.

Mothers and fathers of schoolchildren as agents of health: instruments that facilitate their intervention at school

Amparo Sánchez Máñez, Director of the Information System Unit. Government Delegation for the National Drugs Plan, Spain
asanchezm@msc.es

Parents as health agents: tools to facilitate parents' involvement in schools

Introduction
Relationships between parents and their children are conclusive for the prevention of drug consumption among young people and adolescents. Parents' associations at schools have been seen to serve as a useful tool for promoting parents' involvement in schools, achieving consistency and links between the message, values and attitudes that are passed on to minors. 73.3% of students aged 14-18 state they have received information about drugs from their parents and 63.8% from their teachers (Survey on drug use in secondary schools, 2006).
Scientific evidence points to the existence of organic damage related to the new consumption patterns. A relative new finding which is not yet well-known amongst the general public concerns the neurotoxicity produced by alcohol consumption on developing adolescent brains.

Methodology
The Government Delegation for the National Drugs Plan has drawn up a method for working with parents through parents' associations at schools enabling them to become proactive health agents for their children. They are provided with up-to-date, true, consistent information based on scientific evidence on brain damage related to alcohol consumption in adolescents.
Using a teacher training methodology, seminars are given to parents holding positions in parents' associations so that they can then pass on their knowledge to other parents.

Results
A CD and a Guide have been drawn up as training materials. The CD contains presentations explaining alcohol-related damage in young people. The Guide covers situations of special risk, the consequences and the myths and reality of alcohol consumption. It also stresses the warning signals and suggests action to be taken by parents in cases of evident consumption. Finally it gives information

about the steps to be taken and where to request assistance, depending on the place of residence.

Strand 8: Preventing harm among adults

Alcohol in Primary care. Implementing brief interventions
Chair: Antoni Gual (ES) tgual@clinic.ub.es
Rapporteur: Rolande Anderson, Ireland

The implementation of early detection and brief intervention in Italy
Emanuele Scafato on behalf of the IPIB Working Group Osservatorio Nazionale Alcol,CNESPS Istituto Superiore di Sanità, Roma, Italy
emanuele.scafato@iss.it

In the last few years an increased interest arose in Italy in relationship with the need to develop, validate and implement instruments and methodologies devoted to the early identification and brief intervention (EIBI) of hazardous use of alcohol in the Primary Health Care settings. The availability of the results of the long-term experience of the WHO Phase IV EIBI international study, the activities of the PHEPA project and the studies, researches and demonstration projects performed in Italy by mean the PRISMA project and the "Integrated project for prevention and management of alcoholism - IPRA" gave the opportunity to the Istituto Superiore di Sanità (ISS) to play a pivotal role in carrying out a formal activity in preparing a Country strategy , already published in 2006 in Italy and on the web-site of the PHEPA project (http://www.gencat.net/salut/phepa/units/phepa/pdf/155_03strategia.pdf), aimed at the implementation and dissemination of a common standard of training and at the coherent application of the EIBI mainly based on the use of the AUDIT and the short-AUDIT questionnaire as recommended by the WHO, the EU and, last but not least, by the recent National Plan on Alcohol and Health - PNAS adopted by the State-Regions Conference in 2007 . The main specific actions and activities are currently referred in Italy to the need to decrease the impact of hazardous use of alcohol whose number is estimated by the Osservatorio Nazionale Alcol at the ISS and by the Italian Society of Alcohology (SIA) in 5 millions of individuals in 2006, with the 8,4% of the population 15+ bing-drinking at least one time during the year. The consequences of the increase trend in at-risk population in Italy it is moreover witnessed by the increase in the number of alcoholics (56000 in 2005; 21000 in 1996) actually in charge by the National Health Service bodies. According to the previous PHEPA experience and the Country strategy implementation already outlined for Italy and in line with the new PHEPA aims, the national working teams of the Osservatorio Nazionale Alcol and the WHO Collaborating Centre for Research and Health Promotion on Alcohol at ISS started in april 2006 to deliver a communication strategy and to organise conferences to announce, promote and disseminate the IPIB training programme. IPIB (Identificazione Precoce e Intervento Breve) is actually the formal institutional standard of training in Italy

partially funded by the Ministry of Health allowing to participants for each of the planned courses to be trained themselves and to train other professionals.

Are GPs´ ready to deliver brief intervention in a "wet" country? The Czech experience

Hana Sovinova sovinova@szu.cz and Ladislav Csemy csemy@pcp.lf3.cuni.cz

With the annual consumption of 160 liters of beer and 10 liters of pure alcohol per person, the Czech Republic belongs among the top ten countries with the highest alcohol consumption in the world. The high alcohol consumption implies serious losses for the society. The treatment of chronic consequences of such excessive consumption can hardly eliminate these losses. It is therefore desirable to search for efficient and cost-effective approaches. Brief intervention [BI] provided by the general practitioners [GPs] seems to be a promising approach in the public health sphere. In the past years, we have carried out a pilot study focused on the applicability of the BI at the GPs in the Czech Republic. A total of sixteen practitioners participated in the project. In sum 2,589 patients aged 18 to 64 were examined with the AUDIT questionnaire, 363 of them complied with the criteria for BI (8 to 19 points in the AUDIT). These patients were offered BI and were re-examined after 6 months. Improvement was identified in 38 per cent of patients. Within the scope of the pilot project, we were interested in the experience of the GPs made in association with the project implementation. Such experience was positive in the absolute majority of cases and indicates good chances for the general implementation of the BI in practice. The statements by the general practitioners have shown that three factors are important for the implementation to be successful: 1) adequate training, 2) providing of useful materials both for self-education and for information of patients, 3) personal experience made by GPs that BI is not time consuming and makes sense. The pilot project has also shown that a broader implementation of BI into practice depends on the interest of the professional organization of GPs, on the support by the Ministry of Health and on the health insurance companies that should find a way to compensate the general practitioners for BI.

Alcohol related problems in Portugal. New strategies to implement brief interventions

Cristina Ribeiro, Portugal
cristina.mpr@sapo.pt

Applying the international evidence on brief interventions within a national health System

Crispin Acton, United Kingdom
Crispin.Acton@dh.gsi.gov.uk

Trailblazer Research Programme

Research funded by the Department of Health in England to assess the best ways to implement screening and brief interventions for alcohol misuse within the NHS in

England. First patients seen in March 2008, completion of project currently planned for August 2009.

Designed to assess:

- Best tools
- How to target screening
- How to measure outcomes
- Lessons for national roll-out

Research design, cost, researchers, settings, and locations. Phasing. How will effectiveness be assessed?

Expected outputs of the project – a toolkit on screening and optimal tools for each setting. Intervention tools. A training package. Guidance for commissioners. A resource website.

14.30/16.00 **ALCOHOL POLICY AT EU LEVEL**

Chair: Ann Hope, Ireland

Wilfried Kamphausen, DG Health and Consumer Protection

Anne Marie Le Claire, DG Education and culture

The Reform of the Common Organisation of the Market in Wine
Ersilia Moliterno, DG Agriculture
Consiglia.Moliterno@ec.europa.eu

Wine holds a very important position in European agriculture. The EU is the major producer, consumer, importer and exporter of wine in the world. There are around 2.4 million wine producers in the EU, and 2.2 million people work (in full-time equivalent) in the wine sector. EU wine production represents 5% of the total value of agricultural production, although in some regions this percentage may reach 25-30%.

What is the problem then? In the last decade wine consumption has been decreasing in the EU, mainly in the wine producing countries. On the other hand, in northern EU countries - where people are drinking more wine than before - the consumers choose New World wines. European winemakers are therefore losing market share while imports from Third Countries are increasing rapidly.

The consequence has been the increase of wine stocks during the last years, which has created a serious imbalance on the wine market. For this reason, around 500 million € out of the 1.3 billion € annual budget are spent simply to get rid of wine that has no market.

Therefore, the main objectives of the wine CMO reform are to:

- use the budget more intelligently in order to help our 2.4 million winegrowers to become more competitive
- create a wine legal framework with clear and simple rules
- preserve the best traditions of EU wine production
- inform consumers on moderate and responsible consumption patterns in the context of a healthy lifestyle
- reinforce the social fabric of rural areas
- increase the respect of the environment.

There will be national financial envelopes to allow individual countries to tailor measures to their local situations. This will include support measures for promotion campaigns in third countries while information campaigns within the EU on responsible consumption will be encouraged through the horizontal promotion programmes, for which the annual budget will be increased. These information actions have also been included among the objectives of the inter-branch organisations.

The recent wine CMO reform takes due account of health and consumer protection, mainly by envisaging the gradual removal of market measures that have led to the production of low quality wine. Europeans must be encouraged to "drink less but drink better" and the production of cheap and low quality wines will no longer be supported. The challenge today is to make a clear distinction between the advantages of a responsible drinking behaviour and risks associated with harmful alcohol consumption.

The new regulation will also reduce the possibility to increase wine alcohol content through enrichment. The principle that high alcohol content is synonymous with the quality of wine cannot be supported anymore. Moreover, consumers are starting to ask for and enjoy low alcohol wines. This new attitude must be supported and does not justify an excessive enrichment of wines.

The proposal has been adopted by the Commission on 4 July and a political agreement within the Council has been reached on 19 December 2007. The reform will come into force on 1st August 2008 (first phase).

Joël Valmain, DG Energy and Transport
joel.valmain@ec.europa.eu

Road safety is a central issue of transport policy. Europe has the ambitious target of reducing by 50% the number of road fatalities by the year 2010. Improvements still are needed and progress must be made especially in the field of drivers' behaviour, where speeding and drink-driving still constitute the main causes of road accidents. Moreover, the number of accidents attributed to the consumption of

alcohol and other psychoactive substances is increasing and the reduction of this number is therefore imperative.

In spite of the efforts made for at least fifty years to fight against drink-driving, one accident out of four can still be attributed to an excessive alcohol consumption. Beside speeding and non wearing seat belt, alcohol remains one of the "three killers" on the roads: around 10.000 persons killed on the EU-roads each year. The issue has to be tackled in various ways:
- Education and campaigns: the European Commission (EC) supports some of them (campaign of "designated driver", "European Night Without Accident", "Clean Parties");
- Recommendation on the maximum blood alcohol concentration level (≤ 0.5 mg/ml);
- Enforcement: road side checks with random breath tests to be increased;
- Research shall be promoted in order to make scientific evidence-based legislative proposals.

Thus EC decided to fund a research project (FP 6 programme) which is called DRUID (driving under the influence of drugs, alcohol, and medicines). The project started on 15 October 2006, its duration is 4 years, and the EC contribution is about 19 millions Euros. The main objective of DRUID is to analyze the influence of consumption of psychoactive substances on fitness to drive. The expected outcomes of the project are as follows:
- Have available reference studies on the impact of alcohol & drugs on fitness to drive
- Fix thresholds for driving a power-driven vehicle
- Evaluate the best tracking devices
- Define a labeling system corresponding to European classification
- Define rehabilitation schemes for drivers
- Define strategies of driving bans
- Define the doctors' legal responsibility
- Inform the general public.

Frank Van Driessche, DG Taxation and the Customs Union

Health in all policies

Ritva Varamaki, Development Manager for Finnish Centre for Health Promotion, Finland.
Vice Secretary for Eurocare

Health in All Policies

Health is something that is highly valued and respected all around Europe. Health influences the quality of our lives in an essential way. Health is also a competitive factor of success because public health is an important cornerstone of economic, social and human development. Peoples' wellbeing goes hand in hand with their productivity.

Health can be defined in many ways. Health is not just the lack of an illness or the state of wellbeing. It is often seen as a resource for every-day life, not the objective of living. Health is a positive concept emphasizing social and personal resources as well as physical capacities. Health concerns everybody. Therefore health is everybody's business, not only the health experts'.

During its EU presidency 2006, Finland launched the Health in All Policies approach. According to this approach all policies should take the health impact of decisions into consideration. Health in All Policies means that services other than actual health services can also produce and nourish people's health. The issue is that contributory factors in fields such as the environment, education, housing, traffic and employment can all affect human health to an even greater extent than actual health services.

Public policy can also influence or guide individual's behavior and choices related to their lifestyle and health. Determinants of health can often be directly and easily affected by policies in different arenas of political decisions as well as in settings where people live and work.

A good alcohol policy together with other policies will decrease the social cost caused by alcohol and will support the objectives of the international agreements to increase productivity. It will also support the goals of sustainable development by investing in health and by decreasing inequalities in health. A good alcohol policy will demand an improved regulation of the sales and marketing of alcoholic beverages and tax policy that takes health aspects into consideration. A good alcohol policy will support the family and consumer rights policies by diminishing violence in homes. It goes hand in hand with the traffic policy that creates a safe environment by decreasing the number of traffic accidents.

Occupational health is a good example of how health and safety at work, prevention of alcohol related harm and health promotion in the workplace, can play an important part in health improvement and economic growth. People in good health are more productive and more effective at work or studies. They are able to stay longer at work, postpone retirement and relieve the welfare state. Both economic growth and investment in health provide parallel benefits and advantages, which are not to be dealt with as separate issues.

Many decisions dealing with determinants of health are made in other societal sectors than in the health sector. Therefore, the preliminary assessment of health impacts must be done with those actions that influence the determinants of health. The decision-makers must be aware of the health impacts of the decisions so that the consequences are not directed at those who are already in poor health.

A significant part of different problems and illnesses can be prevented by the methods of health promotion and preventive work. Also these cost money, but they are cheaper than the treatment and rehabilitation in the long run. It is essential that decision-makers and opinion leaders recognize those determinants that can

influence health and inequalities in health with international, national and local political decisions.

Conclusions:
Alcohol is a health determinant.

It is important to invest in health for health is not only a cost but also an investment, which will pay its dividends in the future.

Health is a political choice.

16.30/18.00 **PARALLEL SESSIONS FRIDAY AFTERNOON**

Strand 1: Protecting young people

Controlling legal age limits
Chair: Esa Osterberg, Finland
Rapporteur: Salme Ahlstrom, Finland

Training to prevent teenagers from buying alcohol and measuring age control by mystery shopping
Susanne Ohrn, Systembolaget, Sweden
susanne.ohm@systemb

Systembolaget, the Swedish Alcohol Retail Monopoly, exists for one reason only: To minimize alcohol-related problems by selling alcohol in a responsible way, without profit motive. Systembolagets premier role is to carry out the Swedish alcohol policy. One of our most important tasks is to prevent people younger than 20 years of age from buying alcohol. Therefore we keep constant focus on education, information and awareness on this matter.

In order to be sure of not selling to anyone under 20 years of age we require ID from everyone who seems to be under 25 years of age. We measure how well we accomplish to request ID from young customers by mystery shopping. The mystery shoppers are of age 20-24. The mystery shopping is performed by an independent company. They accomplish 6300 purchases per year, 5700 in our 411 stores and 600 among our agents around the country. The result is a key figure in our balanced scorecard.
Since we changed method in the beginning of 2007 we have improved the result by 12,5 percent. In the new method the purchases are differentiated between the stores according to the number of customer visits per year, which means that the smallest store gets 6 mystery shopping purchases per year and the biggest up to 35. The mystery shoppers also work individually and blend in perfectly among the regular customers and they can appear any time, any day. These factors force our employees to constantly be alert which has lead to result improvements.

Our ambition is also to inform the public and change attitudes towards drinking. We do that by ads in daily papers, TV-commercials, posters and printed information in every store and cinema commercials. We use our website to inform not only about our products but also about the negative effects of alcohol.

Mystery shopping in local alcohol policy project

Thomas Karlsson, Finland
thomas.karlsson@stakes.fi

Mystery shopping trials in the PAKKA-project were carried out in November 2004 and October/November 2006 in Hämeenlinna and a matched control region. At both time points eight volunteers that were minor-looking, but in reality over 18 years of age, acted as buyers.
The buyers visited the shops according to a pre-made plan and attempted to purchase beer, cider or long drinks. If they were asked for ID, they told the cashier they did not have it with them. If the cashier denied the purchase because of it, they left the shop. Immediately after each purchase attempt, the buyers filled in a form where questions about each purchase occasion were asked.
Altogether 66 shops were selected from the two regions and almost 300 purchase attempts were made at each measuring point. The majority of the purchase attempts were conducted in supermarkets and grocery stores (80%), the remaining attempts were conducted in kiosks and gas stations (13%) and monopoly outlets (7%).
The success rate for the purchase trials in Hämeenlinna in 2004 was 48 percent, whereas the corresponding figure in the control region was as low as 37 percent. In the 2006 follow-up the success rate in Hämeenlinna had decreased to 45 percent. The success rate in the control region was, however, even lower, reaching a figure of 42 percent. For both regions, the monopoly outlets had the strictest age-limit control.
It seems that apart from type of outlet also age and gender of the salesperson had a bearing on the outcome of the purchase attempts. Younger clerks tended to check ID's more seldom and also sell more frequently to young persons than older clerks. In addition, men denied sales to young persons more often than women.

Experiences from working with underage mystery shoppers

Robert Damberg, Sweden
robert@unf.se

The Swedish youth temperance organisation has worked with the question about availability of alcohol to young people since the organisation started in 1970. One of the big focuses has been the sale of beer in grocery stores (all other alcohol is sold at the retail monopoly "Systembolaget"). This is because the age limit-control is severely poorer than in the retail monopoly.

In 2003 UNF started a project, financed by the national board of health and welfare in Sweden, to evaluate the work with underage mystery shoppers. The goal was also to test two different kinds of methods to improve the control of age limits in the

grocery stores. The project went on during 3 years (spring 2003-spring 2006), and resulted in 1 475 tests of the age limit by underage (below the age of 18) members of the organisation in 25 different cities all over Sweden. The project was followed and evaluated by a team of researchers at the University of Örebro.

Results:

- Young boys (below the age of 15) can buy in lesser extent than older girls (16-17).
- Young cashiers sell alcohol to underage in a bigger extent than older.
- In 2003 underage persons got to buy alcohol in 48,3% of the controls, in 2005 the result had improved to 35,9%.
- There was an improvement in the age control in the cities where the controls came back continuously.

Conclusions end experiences:

- Work with under-age mystery shoppers has a positive effect in availability to alcohol for minors from grocery stores.
- All efforts to limit sale to minors are quickly forgotten if the work is not continuously.
- Education and awareness-raising among staff can make a difference, but requires a lot of resources and effort under a continuous time.

Age controls in reducing binge drinking in Germany

Gabriele Bartsch, Germany
bartsch@dhs.de

In Germany, several laws and bye-laws at federal and regional level regulate alcohol consumption of young people. This applies particularly to the “Protection of Minors Act” and to the “Licensing Act”. Other regulations like the reduction of the permissible BAC to zero for novice drivers and drivers up to 21 years, has, as well, effects on juvenile alcohol consumption and strengthens the enforcement of age limits.

The regulations, in Germany, regarding age limits are very sophisticated and for many people inscrutable, because of its many exemptions. Nevertheless, the existent “protection of minors act” and the “licensing act” build a base for counteracting flat rate parties and binge drinking in on-premise environments.

Problems arise from enforcement. As enforcement is very personnel-intensive, it is as well very cost-intensive. Consequently new approaches have to be creative in order to be viable and effective.

Strand 2: Preventing injuries and violence

Alcohol in Traffic

Chair: Kari Paaso, Finland
Rapporteur: Walter Farke, Germany

PEER-Drive Clean! An European Peer Project in Driving Schools
Wolfgang Heckmann, Germany
mistel@sgw.hs-magdeburg.de

Alcolocks in Sweden – international challenges
Åke Lindgren, International Institute on Alcohol Policies, Sweden
ake.lindgren@mhf.se

Sweden has a long tradition in combating drink-driving. Law regulations have been used for decades as a fundament with the first blood alcohol concentration (BAC) law already in 1941. Since 1990 the law stipulates a 0.2 g/L BAC as the lower limit and since 1994 1.0 g/L BAC as the upper limit. The two levels influence the degree of punishments with fines as normal but also with imprisonment at higher BAC, suspension of the driving licence and - as worst - confiscation of the vehicle. Different preventive approaches are used besides law regulations, e.g. random breath testing, community programmes, regulations concerning motor vehicle insurance, and traffic safety campaigns. Opinion work from non governmental organisations, especially Abstaining motor drivers organisatiuon, MHF, has been influential. The results of different countermeasures have been valuated. The lowering of BAC in 1990/1994 has shown to be very effective with fewer drunk driving accidents. Since Sweden has become a member of EU in 1995 the alcohol consumption has increased by almost 30 per cent and drunk driving crimes have increased. The opinion work for combating drink-driving, within a public zero vision philosophy of traffic accidents, has stressed the developing and using of alcolock systems in the prevention and rehabilitation strategies. Sweden is front-runner in this opinion work in EU. The presentation gives some facts.

Drink drive enforcement in Finland – Best Practices
Pasi Kemppainen, Chief Superintendent National Traffic Police Headquarters, Helsinki, Finland
pasi.kemppainen@poliisi.fi

According to a survey, drunken driving is the biggest fear among road user in Finnish traffic. People are demanding more effective sanctions and powerful measures against drink drivers. One of these measures is a stricter drink drive enforcement. People consider it to be the quickest way to improve road safety.

It can be said, that Finnish police uses the best European enforcement practises against drink driving. Finnish legislation allows police to conduct random breath testing for every driver anywhere, anytime. This, together with high quality and quick alcohol screening devices, allows police to do a large number of tests on the road side. Campaigns against drink driving are in use and information led enforcement is strengthening from day to day. Drink drivers are condemned by the court for fines and/or imprisonment and their driving licenses is suspended temporary for many months or even years. Evidential breath testers are to come to

road side in 2008 which spares time for enforcement actions. Aim of these actions is to prevent drivers to drive their vehicles under the influence of alcohol.

Even if many European countries can learn from Finnish drink driving enforcement practises, Finland has quite a large number of drink drivers every year. The fact is that not even the best enforcement activities can make the difference alone. Police need to work hard together with other stakeholders to reduce the number of drink drivers for decreasing fatalities and injuries they are causing. Alcohol is related even more than 30 % of fatalities in road traffic every year. Alcohol is second biggest killer in European road network.

New approaches are needed in Finland. One of those is to enlarge the use of alcohol ignition interlocks for drink drivers. Stricter and quicker intervention after drink drive offence is going to be tested in the near future and more attention will be paid for alcohol consuming habits before driver has his/her driving licence. Impoundment of the drink driver's car is going to be generalized in whole Finland and temporary impoundment (immobilisation) of the car should be used to tackle drink driving problems. All of these planned measures are related to alcohol policy in a way or another. They also indicates "can-do" attitude of Finnish authorities.

Combining efforts to prevent relapse to driving under the influence
Josep M. Suelves, Spain
JOSEPMARIA.SUELVES@gencat.cat

Strand 3: Working with stakeholders and sectors
Health in all policies: the example of alcohol
Chair: Anders Ulstein, Norway
Rapporteur: Ruth Ruiz , Spain

Introduction: Health in other EU policies
Marjatta Montonen, Finland
m.montonen@pp.inet.fi

Alcoholic beverages in the EU Common Agricultural Policy
Sven Andreasson, Sweden
Sven.Andreasson@fhi.se

The EU External relations and foreign affairs: Trade v. Development
Øystein Bakke, Forut and GAPA, Norway
oystein.bakke@forut.no

In international development it is well established that health is an important factor in the development process (ref. Millennium Development Goals).

When “soft” policy areas like public health are meeting the hard realities of trade, it is often the former which has to yield. This can be illustrated with one case, taken from the traditional trade arena (trade in goods).

The issue: SWA+EU vs. India on import duties on wine and spirits
India levied an import tax on imported wine and spirits. The Scotch Whisky Association (SWA) believed the duty was a "blatant violation" of WTO rules and unfairly discriminated against Scotch whisky and other spirits. EU took up the issue and brought it to WTO. India finally declared that it had plans to abolish the additional duty levied on imported spirits (July 2007).

Possible public health effects of the duty were never part of the equation. This case shows that the trade interest will not consider alcohol to be anything else than an ordinary commodity. It also illustrates the element of the diffuse public health interests (in this case possibly of the Indian upper class) versus the benefit of the few (the Scotch Whiskey and other wine and spirits producers)

Health as a foreign policy concern has been brought up to quite a high level in international politics and there is growing recognition that it is a legitimate issue to consider. Public health advocates should make use of this possibility and advocate for alcohol policies to be recognized as a legitimate public health issue to be balanced against international trade policies.

The EU internal market: Audiovisual Media Services Directive, minimum excise duties, traveler allowances

Sven Olov Carlsson, IOGT-NTO, Sweden
svenolov.carlsson@iogt.se

“*It is clear to all that the widely divergent levels of alcohol taxation in Member States distort the market and facilitate fraud and smuggling, but without the agreement of all Member States nothing can change*", former Taxation Commissioner Frits Bolkestein.

Health experts regularly advise national authorities that pricing and taxation is an effective mechanism to influence consumption patterns of alcohol. For this policy to be effective it must be comprehensive, meaning that taxes need to apply to all the alcoholic beverages that are available to consumers. National governments can enforce laws on their own territory to ensure that taxes are applied and paid. But in the context of the EU which has the explicit goal of free movement of goods, the ability to set taxation policies is affected by the decisions made by other countries. Within the EU, there are agreed minimum levels of excise duty for the different categories of alcohol – spirits, beer and wine. But these have been unchanged since 1992 because of the inability to reach political agreement.

The concept of travelers allowances gives individuals the right to buy excise goods in other EU countries and bring them home without incurring additional taxes. But this option only applies if the goods are for personal use rather than for commercial

purposes. A criteria used to determine this are the “indicative” limits (800 cigarettes, 10 litres of spirits, 90 litres of wine, 110 litres of beer). The European Commission has taken legislative action against governments that have interpreted these limits narrowly and has proposed to abolish them. The challenge for alcohol advocates is to find a way to build consensus among governments on increasing the outdated minimum excise duties and to ensure that the EU does not undermine national excise policies.

Consumer Protection: Labelling
Ingrid Vanhaevre , CRIOC, Belgium
Ingrid.Vanhaevre@oivo-crioc.org

Alcohol and the work place: the EU Strategy on safety at the workplace
Maria D. Sole, European Network for Workplace Health Promotion, Spain
DoloresS@mtas.es

Alcohol and Road safety
Ellen Townsend, European Transport Safety Council
ellen.townsend@etsc.be

Reducing deaths and injuries from Drink Driving in the EU

“In my presentation I will aim to present an overview of the drink driving problem in the EU. Presenting the percentage of drink driving related deaths as a percentage of total deaths and compare progress in different countries. I will also present what the European Commission proposed to do to tackle this problem within it's 3rd Road Safety Action Programme and it's Alcohol and Health Strategy. I will focus on the need to increase traffic law enforcement of drink driving limits within the scope of EU policy. I will also present the need to promote technical solutions such as alcohol interlocks for rehabilitation programmes and use by commercial drivers.”

Strand 4: Building the evidence base and advocating for alcohol policy
Towards a European Alcohol Policy Research Alliance
Chair: Antoni Gual, Spain
Rapporteur: Emanuele Scafato, Italy

Towards a European Alcohol Policy Research Alliance
Peter Anderson, Spain

Alcohol marketing
Avalon de Bruijn, Netherlands
adebruijn@stap.nl

An increasing body of literature based on longitudinal studies in the United States shows an impact of exposure to alcohol advertisement on drinking behaviour in adolescents. Although Europe is the heaviest drinking continent in the world, there are currently no longitudinal studies performed in Europe which measure the effect

of alcohol marketing exposure on drinking behaviour. This lack of European evidence is used by the alcohol industry as an argument to deny an effect of alcohol marketing on drinking behaviour in adolescents.

The proposed study by De Bruijn will examine the impact of alcohol marketing on 12-15 year olds' initiation of alcohol consumption, volume of alcohol consumption and frequency of episodic heavy drinking (binge drinking) in six selected European countries over a three year period. The interaction between volume of alcohol marketing, the effect of alcohol expectancies and liking of alcohol marketing on the relation between alcohol marketing exposure and drinking behaviour among 12-15 year olds will also be studied. The impact of marketing will be understood in its overall context by quantifying the amount of likely TV exposure to alcohol advertisements using commercially purchased data. Cross national data sampling of 12-15 year olds in six selected European countries give the opportunity to make national comparisons, which will provide evidence on the degree to which cultural differences can explain a possible effect of alcohol marketing in different countries.

Economic and physical availability of alcohol
Jacek Moskalewicz, Poland

Early diagnosis and treatment
Colin Drummond, United Kingdom

Infrastructures for alcohol policy
Claudia Kønig, Norway

Strand 5: Building alliances for alcohol policy

EPHA's workshop: 'How Alliances can make change happen'
Chair: *Tamsin Rose, expert in health advocacy and communication*
Speaker: *Florence Bertelleti Kemp, Advocacy Officer, Smoke Free Partnership*
Rapporteur: Caroline Bollars, policy officer, EPHA

Achieving change is never easy. Alcohol control advocates start from the position that the status quo is unacceptable and that change is urgently needed. However, there are powerful economic interests that oppose any attempts to restrict availability, acceptability and accessibility of alcohol. Few politicians want to be associated with the idea of restrictions or prohibitions. In order to generate the momentum and public pressure for changes to alcohol policy, there needs to be a broad movement of organisations calling for change. Alliances, both formal and informal, can be a key tool in building public support for alcohol policy actions. But finding allies and building sustainable relationships with other organisations can be challenging and time consuming. This workshop will help participants gain skills in developing alliances on European, national, regional or local level on alcohol policy.

The programme will be practical, using interactive exercises focussing around the core skills needed to build and maintain an alliance. The workshop will explore how to find potential allies among academics, policy-makers and advocacy organisations.

Questions to be addressed at the workshop:
- What is the difference between a network and an alliance ?
- How to re-frame an unpopular issue ?
- Mapping potential members of an alliance
- How to identify and support 'champions' in key structures?
- How to get organisations on board an alliance ?
- How to come to a consensus within an alliance ?
- Communicating your goals through the alliance
- How to balance active and passive members of an alliance ?
- How an alliance can make change happen ?

Methodology of the workshop:
- Introduction by the Chair
- Understanding different motivations (Exercise 'I work on alcohol because...')
- Individual mapping of personal networks (exercise: mapping)
- Building a joint vision for change
- Stories from the front line – example of a successful policy alliance (Florence, RIP alliance)
- Awkward moments – how to bring up alcohol policy in conversations (exercise: random ideas generator)
- If you had just 60 seconds to make your case what would you say (elevator exercise)
- Conclusions

Workshop outcomes
A better understanding of the benefits and challenges of working in an alliance
Confidence in communicating about alcohol policy in different ways
Ideas about which organisations could join an alcohol alliance and what they might contribute

Strand 6: Building capacity for local and regional policy
Towards an alcohol policy framework for regions and municipalities
Chair: Johan Damgaard, Denmark
Rapporteur: Ourania Georgoutsakou, Greece

This workshop will discuss four Good and Best Practices of municipal alcohol prevention projects. In this manner, suggestions of projects can be given to participating partners and the experiences and knowledge can be exchanged.

Developing and Implementing Local Authority Alcohol Strategies: Sharing Experiences from Scotland

Joanne Winterbottom, Scotland
joanne@createconsultancy.com

Local Authorities in Scotland have adopted a range of different approaches in their attempts to tackle alcohol related harm. The presentation begins by sharing experiences of the development process of an evidence based model of good practice for alcohol and drug prevention and education This includes the challenges of partnership working, initial research, engaging with stakeholders and building political will as well as the importance of monitoring and evaluation and creating infrastructure to support delivery.

Case studies are presented on four different initiatives. The "Focus on Alcohol Angus" project is a partnership between local agencies and the community working together to tackle alcohol misuse in the area through joined up working across Community Planning themes. There are lessons learned from other Local Authorities, who have used the UK Government Alcohol Strategy Local Implementation Toolkit "Safe. Sensible. Social." The South West Glasgow Community Health and Care Partnership Alcohol Steering Group is presented as an example of strategy development work undertaken at a more local level. Finally, there is a case study of the use of Health Impact Assessment (HIA) to support the decision to refuse planning permission for a 'super pub' development in the city centre of Stirling. Had this development gone ahead, it would potentially have had a major impact on levels of binge drinking, antisocial behaviour, noise, litter and drink driving.

Evaluation of comprehensive local alcohol and drug prevention initiatives in Sweden to protect young people, with a focus on the districts in Stockholm: Is the decline in alcohol and drug use due to the prevention initiative?
Anders Romelsjö, Sweden
Anders.Romelsjo@sorad.su.se

The Irish community mobilization project :the North West Alcohol Forum
Moira Mills, Ireland
Moira.Mills@hse.ie

Alcohol Prevention in the Netherlands: the first steps to evidence based community work
Wim van Dalen, Netherlands
wvandalen@stap.nl

Strand 7: Building capacity for alcohol policy

The prevention of problems derived from alcohol

Chair: Montserrat Limárquez Cano, Sub-director General of Health Promotion
Rapporteur: Vicenta Lizarbe
Speakers:

- *Magnitude of the Problem - Iñaki Galán*
- *Strategies and Methods in prevention and promotion of health. Alcohol policies: Alicia Rodriguez – Martos*
- *Screening for risky consumption -Antoni Gual*
- *Effectiveness of Brief Interventions - Carmen Cabezas*
- *Key points and agreed recommendations in each of the chapters -Vicenta Lizarbe.*

In June 2007 the first Conference on health prevention and promotion in clinical practice in Spain was held in Madrid with the aim of creating a space for communication and debate for more than thirty scientific associations, Autonomous Communities and other professional groups. A panel of experts produced a report on Preventing alcohol-related problems which was widely approved by professionals at the Conference.

The report was produced in line with the following criteria:

1. Rationale and scale of the issue: negative consequences arising from alcohol, burden of alcohol-related disease in Europe and costs resulting from its consumption. Introduction to alcohol consumption in Spain.

2. Definitions and terminology: review of terminology used to devise different consumption levels and forms based on concepts laid down by the WHO.

3. Background and current situation: international, national, regional, and other regulatory development.

4. Strategies and methods in health prevention and promotion. Alcohol policies: description of prevention strategies according to their effectiveness, range of scientific support, cross-cultural perspective and implementation cost. Situation in Spain.

5. Efficacy, effectiveness and feasibility of possible interventions in clinical practice.

    I. Screening for risk consumption: rationale, target population and instruments for pinpointing ‘at risk’ drinkers.
    II. Effectiveness of short-term interventions: analysis of systematic reviews on the effectiveness of these interventions in a variety of healthcare settings.
    III. Attachment: Interaction of alcohol with medicines: main interactions and underlying principles of action for preventing them.

6. Special consideration on the issue: strategies for increasing the involvement of primary care professionals in detection and short-term intervention.

Strand 8: Preventing harm among adults
Workplace as an Arena of Prevention
Chair: Antti Hyti, Finland
Rapporteur: Tiina Karne, Finland

Prevention at workplace in France
Claude Riviére, France

Project Introductions on Practices of Brief Intervention 1: Belgium
Bart Garmyn, Belgium
bart.garmyn@skynet.b

Early Intervention on hazardous alcohol intake in the Belgian Occupational health setting
The VIRALCO project as a pilot study for a nationwide dissemination strategy
Bart Garmyn (MD), Andre Kruse (MD), Phillippe Kiss (MD)
All three are occupational health specialist who work for Securex External prevention services

Introduction :
In 2006 the Health Conference on alcohol recommended to develop a strategy for the implementation of early identification and brief intervention (EIBI) in the Belgian system of occupational health. Securex is one of the market leaders and provides occupational health care to 270000 people. Securex developed an implementation strategy that could be considered as a pilot-study for nation wide implementation.

Methodology:
In this implementation study we used the training program developed in the European PHEPA project to introduce EIBI to 150 nurses and medical doctors . The software program used during medical examinations was adapted to facilitate registration of screening results. It was decided that screening of all patients during preventive health examinations became a quality objective for 2007 . This motivates staff since their response towards quality objectives decides about salary raise at the end of each year. The results of the screening will be used to develop a benchmark and to give feedback to companies about risk behaviour of their employees. We offer the introduction of an alcohol policy plan to enterprises who score above the average.

Results :
We have preliminary results on screening activity in 2007. In a pilot study we used the 3rd question of the AUDIT questionnaire as a pre-screening tool as suggested by the NIAAA clinician's guide. There was a huge range in the percentage of patients that scored negative on the pre-screening question (from 13% to 99%) These results suggest that these score was strongly influenced by the nurses motivation for the program. The protocol was changed and staff was instructed to screen all patients with the AUDIT questionnaire with exception of total abstainers. In 6 months time 56621 people receive a clinical examination. 41 percent of those

were screened with the AUDIT questionnaire. An average of 11% of people screened were identified as risky drinkers. Both the participation rate as the percentage of people at risk varied significantly among nurses and medical doctors. A survey is planned to identify the factors that influence staff performance.

Conclusion :
The implementation of EIBI in is feasible in the Belgian Occupational health setting. The introduction of a screening program will identify 10% of employees as risky drinkers. Staff performance shows huge variance that can be influenced by knowledge, training in specific skills, role acceptance and structural incentives.

Project Introductions on Practices of Brief Intervention 2: Finland
Tiina Kaarne, Finland

Motivating Social Partners for Prevention: an Employer's Perspective – An Example of Confederation of Finnish Industries
delivered by Antti Hytti, Finland

9.00/10.30 **PARALLEL SESSIONS SATURDAY**

Strand 1: Protecting young people
Between family and community
Chair: Martin Beutel , Germany
Rapporteur: Grigoriou Epaminondas, Greece

Prevention programmes regarding alcohol consumption by young people living in Thessaloniki region –
Kalambokidou Alejandra, Pappa Kostantina, Greece

The presentation is an effort to show the knowledge and attitudes of young people in the region of Thessaloniki concerning alcohol use, but also to present the situation on alcohol prevention in local and national level. More precisely, there will be reports on research that's been carried out on a national level on the alcohol consumption from adolescences (14-18) and young adults (18-24).
Details on the demographic and social characteristics of the Thessaloniki region will be presented. Concerning our service, it's a Unit belonging to the Psychiatric Hospital of Thessaloniki and we see people that have addiction problems with alcohol, medicinal drugs and gambling. Also we take part in prevention programs concerning secondary education, in which we address students (14-18 years old) and their teachers.
In addition, from our therapeutic work through systemic family therapy, we have a specific view on the role that families play concerning alcohol use in young adults (19-24).
Prevention programs concerning secondary education, take shape from members of our therapeutic team from our service. The aim of the projects is to give young

people the necessary knowledge and skills in order to receive responsible decisions about alcohol use, and protection from alcohol related accidents. They also encourage young people to start developing useful, in terms of prevention, behaviours and appropriate attitudes. There will also be a brief report on Greek policies and legislation on alcohol issues. Finally our proposals on future projects are presented.

A family-oriented programme of secondary prevention
Kostas Konstantinou, Cyprus
cconstantinou@mhs.moh.gov.cy

A programme for early intervention for high risk youths
Rüdiger Dunst, Germany
ruediger.dunst@stadtmission-hd.de

Role Reversal - a programme for prevention at school

As it is widely known there is very little evidence for the efficacy of prevention at school. All the same school is where young people can be reached and there is a high demand for prevention programmes by school authorities, parents and communities. Instead of traditional prevention programmes which teach children about the dangers of drugs etc we tried a role reversal – making school students experts for prevention.
We worked with school classes of different types of school. In small groups the children developed prevention programmes which they presented to students of other schools and to parents. As they identified with their tasks the children identified with the goals of the prevention programme. At the same time they learned to say “no” to their peers. Prevention messages got more readily accepted by other students coming from young people.

Developing a culture of youth protection - A programme to reduce teenage alcohol abuse, binge drinking and drug consumption in southern Germany
Martin Beutel, Germany
martin.beutel@kraichtal-kliniken.de

A successful example of a program to reduce teenage alcohol abuse, binge drinking and drug consumption in southern Germany (Landkreis Karlsruhe, administrative district of 220.000 Inhabitants in Baden-Württemberg).

Targets of the program are:
- developing a culture of youth protection
- reducing teenage alcohol abuse and binge drinking
- reducing teenage drug consumption
- reducing availability of alcohol for teenagers
- reducing teenage vandalism
- enforcing youth protection laws

In a systematic, multilevel approach all groups and persons responsible for the education and protection of children were included: parents, teachers, community services, shop owners and staff, police and emergency services, sports clubs and other societies with teenage members.

Initially the crucial problems in the administrative district were identified by a survey (Kraus: Befragung von Schlüsselpersonen zur Verbesserung der kommunalen Suchtprophylaxe, IFT, 2004). An individual agenda for each community (prevention and control) was developed and implemented, consisting of:
- educational programmes for parents
- prevention programmes for schools
- certification for sports clubs and other societies following rules for alcohol control as a precondition for public benefits
- consented rules concerning alcohol consumption at public events in which teenagers are involved
- task force for youth protection visible at public events and enforcing youth protection laws
- establishing an ombudsman in all communities responsible for the local communication between all involved groups.

Results:
The Programme was started in 2000. Today Prevention programmes have been established at all communities and schools in the district. Certification of sports clubs as a precondition for public benefits is implemented in 20 of 30 communities in the district. Consented rules for public events have been implemented in 11 of 30 communities. Youth protection teams visit all major events at which young peple are participating. In a recent survey the district had the lowest rate of teenagers being admitted to hospitals for alcohol intoxication in Baden-Wuerttemberg.

Strand 2: Preventing injuries and violence

Labelling- No evidence = no impact? What can be achieved through labelling: existing research and political context
Chair: Josep Guardia, Spain
Rapporteur: Walter Farke, Germany and Ruth Ruiz, Spain

Introduction
Mariann Skar, Eurocare, Norway
Mariann.Skar@europanytt.no

The European Commission adopted its Proposal on the provision of food information to consumers in January 2008. It will now be forwarded to the European Council and Parliament and is expected to be adopted within 2 years. The proposal has taken into account consumers' needs for information regarding mixed alcoholic beverages (alcopops). However, all alcoholic beverages are not

included. This can be seen as a missed opportunity to adopt a comprehensive approach to labelling. The proposal could have been an excellent opportunity to introduce a variety of standardised labels, such as; ingredient listing, nutritional labelling and health warning labels, both pictorial and written. Labels and health warnings on alcohol product packaging should be part of an integrated strategy to provide information to consumers about alcohol and should be part of integrated policies and programmes to reduce the harm done by alcohol.

The impact of consumer information and warning labels
Marjatta Montonen, Finland

Learning from other countries' experiences: the processes leading up to the introduction of health warning labels

France: Claude Rivière , ANPAA clriviere@anpa.asso.fr

Finland: Marjatta Montonen m.montonen@pp.inet.fi

UK: Andrew McNeil , IAS amcneill@ias.org.uk

Ireland: Prof. Joe Barry, Trinity College Dublin - Public Health Department joebarry@tcd.ie

Process of implementation of alcohol health warning labels in Ireland.

It was only in September 2004 that a recommendation for the introduction of health warning labels appeared in a Government sponsored policy document. As part of the recommendations of a Strategic Task Force report based on public health principles the following recommendation was made: "Require a health-warning label on all alcohol products and alcohol promotional materials". This recommendation on health-warning labelling was one of a hundred recommendations made by the Strategic Task Force, covering the full gamut of public policy interventions on alcohol. In February 2006 another group which had strong representation from the alcohol industry made the following statement "The Group (this is a group of industry , health sector, trade union , police and government representatives) discussed the issue of labelling. While there was no consensus on the effectiveness of such measures, it was agreed that a Group, representative of all relevant stakeholders, would be established to consider what useful information could be included on non draft alcohol products, taking account of international evidence." This is a much less direct recommendation. Twelve months after the publication of this statement, research on pregnant women in Ireland found high rates of alcohol intake in pregnancy and the Minister for Health subsequently agreed that health-warning labels in relation to alcohol in pregnancy would be brought in. This had the agreement of the alcohol industry. A further plan to have health-warning labels in relation to drinking and driving was vetoed by the alcohol industry. The final result of the recommendations on labelling is still to

be determined. The issue of health-warning labels on alcohol is very much a work in progress in Ireland and no concrete action has taken place yet.

The results of the Delphi study: the views of the different stakeholders
Ingrid Vanhaevre, CRIOC, Belgium
Ingrid.Vanhaevre@oivo-crioc.org

Strand 3: Working with stakeholders and sectors
Policy development in Spain
Chair: Ruth Ruiz, Spain
Rapporteur: Joan R Villalbi, Spain

The current situation of alcohol policies in a quasi-federal country
Alicia Rodriguez-Martos, Public Health Agency of Barcelona, Spain
amartos@aspb.cat

Health burden in the population: mortality patterns
Javier Alvarez, Institute for Alcohol and Drug Studies, Faculty of Medicine, University of Valladolid, Spain
alvarez@med.uva.es

Alcohol consumption is associated with a great morbidity-mortality rate.

The aim of the study was tree-fold.

- First, was to analyse the mortality that can be attributed to alcohol consumption in Spain between 1999 and 2004.
- Second, due to the structure of Spain, alcohol-related mortality was also analyzed in its different Autonomous Communities during 2004 (17 Regions, plus the cities of Ceuta and Melilla).
- Third, immigration into Spain is very recent phenomenon: In 2000, foreigners accounted for 2.3% of the population while in 2007 the figure is 9.9%. In that way the objective was to assess alcohol-related mortality during 2004 in foreigners living in Spain and the native Spanish population, and to determine whether or not differences exist.

The records of deaths according to cause of death were used, grouped by age, sex and 60 diagnostic categories. The number of deaths attributable to alcohol consumption according to sex and age group, was calculated by means of the alcohol attributable fractions proposed by the Centers for Disease Control and Prevention for calculating the mortality rates in the U.S.A. in 2001 (MMWR Morb. Mortal. Wkly. Rep. 53: 866-870, 2004). The mortality percentages, rates per 100,000 inhabitants adjusted to the European population standard, and Years of Potential Life Lost (YPLL) per alcohol-related death up to the age of 70 were calculated.

Alcohol-related mortality adjusted to the European population standard was 2,1%, decreasing from 1999 to 2004. Chronic causes, in general, accounted for 60% of alcohol-related mortality. Digestive system disorders, and namely “liver cirrhosis, unspecified”, among chronic disorders, where those conditions with the highest contributing rate. The 9,3% of all PYLL in Spain were attributable to alcohol consumption. Acute disorders (about 70% of the PYLL), were the causes that mainly contributed to premature death related to alcohol consumption, being unintentional accidents the main cause.

The Community of Murcia, with a mortality rate of 2.8%, together with those of The Canaries (2.6%), Andalusia (2.4%), The Basque Country (2.0%) and Asturias (1.8), had the highest adjusted rates of mortality attributable to alcohol in 2004.

The mortality rates attributable to alcohol per 100,000 inhabitants in 2004 were lower among foreigners (6.8), than for Spaniards (16.7).

Alcohol consumption is an important cause of death and premature among the Spanish population.

Financial support for this study was provided by the Ministry of Health (Dirección General de Salud Pública) and from the Instituto de Salud Carlos III (Red de Trastornos Adictivos, RD06/0001/0020).

Obstacles for improving regulatory policies

Joan R Villalbi, Public Health Agency of Barcelona, Spain
jrvillal@aspb.es

The use of addictive substances is strongly mediated by public policies in each country. In the case of tobacco, in most developed countries the smoking prevention movement has been able to change its framing in the media, stimulating regulatory policies. This contrasts with alcohol, for which health and social risks are often underestimated, and interest groups favor actively its use. This presentation makes a preliminary analysis of the case of alcohol control policies in Spain, reviewing the literature on effective policies, analysing recent regulation efforts. Currently, actors with vested interests in alcohol use and opposing any regulation have a privileged political position towards the administration. Although regulatory proposals deal only marginally with wine, grape growers and wine makers have been the most important forces against regulation, with higher social and political profile. On the other side, manipulated messages on the health benefits of moderate alcohol use have been used against regulation. Under different administrations, both in 2002 and 2007 similar government regulatory proposals were drafted and both were under attack by the opposition. Planning is crucial to generate preventive public policies. Currently, there is no consensus in the media nor the policial sphere on alcohol regulation, in contrast with the tobacco control experience, where the smoking prevention movement was successful in framing the issue in regulation favorable terms, increasing preventive messages in the

media. The failure of recent regulation attempts suggests that a strategy for alcohol control calls for a coalition of the prevention movement. This would need an organisation which could develop effective exchanges with the media, legislators, and the administration. Key elements include the formulation of a broad strategy covering the full range of public policies, defining priorities, and developing communication actions to favor its adoption. Although the problems retated to alcohol use are generic, segmented approaches for different products (beer, wine and high alcohol contens products) may be appropriate in our context: they are subject to different patterns of use, and their related interest groups have different social support and marketing strategies.

Strand 4: Building the evidence base and advocating for alcohol policy
Chair: Jacek Moskalewicz, Poland
Rapporteur: Ann Hope, Ireland

Introduction
Antoni Gual, Spain

General Presentation of SMART
Jacek Moskalewicz, Poland

Standardisation of Survey Instrument: Overview of existing experiences
Salme Ahlström & Esa Österberg, Finland
Salme.Ahlstrom@stakes.fi , esa.osterberg@stakes.fi

Conducting surveys on alcohol consumption and drinking habits is a quite common practice in almost all European countries. However, Europe is still lacking a common or standardized alcohol survey instrument to be regularly used for comparing drinking habits in different European countries.

There are several attempts to draft questionnaires to be used for measuring alcohol consumption by gender and age and for comparing drinking habits in different populations. There are also several attempts to use data collected in national surveys for comparative purposes on the European level. In some studies a common questionnaire has been used like in the European Comparative Alcohol Study (ECAS) but only for a relative few countries.

The most striking example of a study with common survey instrument and study design used simultaneously in many European countries is the European School Survey Project on Alcohol and Other Drugs (ESPAD) started in 1995, and continued in 1999, 2003 and 2007. In addition to the common data collection instrument, the project's study design also includes common sampling and field procedures. ESPAD project has given especially attention to methodological discussions on representativeness, reliability and validity of the data.

There are at least two reasons why standardization of survey instrument concerning alcohol use among adult Europeans has failed. For the first, drinking habits vary greatly between different European countries meaning that politicians and researches are interested in different aspects of adult alcohol drinking. Secondly, alcohol surveys studies are many times intended to describe changes in longer time period meaning that any standardized survey instrument would disturb the measurement of national trends in drinking habits.

Standardisation of policy assessment measures
Peter Anderson, Spain

Wrap-up
Jacek Moskalewicz, Poland

Strand 5: Building alliances for alcohol policy

Crossing Borders – Challenging traditions through working together

Chair: Denis Bradley
Rapporteur: Mary Ann Kane, Ireland
Speakers: Moira Mills, Ireland
Moira.Mills@hse.ie

Eamon O'Kane, United Kingdom
eamon@derryhc.com

In all discussions about drugs it's possible to lose sight of the fact that the drug imposing the most burden of harm on a European basis is legally available – alcohol. If European citizens are to avoid this harm it's necessary for Governments to draw upon a reservoir of concern across communities that will harness a mobilisation of stakeholders committed to the active organisation of local people in ensuring effective and sustained change.

Fundamentally it will auger well for governments to be integral stakeholders and funders in this process. Such recognition has the potential for broader community initiatives with a public health objective and for sustainable investment in organisational structures that ensure continuity.

By pursuing a participatory role for Central and local governments, that includes a funding role, we can support the emergence of voices, choices and actions by local people organising collectively for real change in reducing alcohol related harms.

This is a central theme of the work of the North West Regional Alcohol Partnership in Ireland, a third sector construct established in Ireland and Northern Ireland with a common purpose to build capacity in reducing alcohol harms in a defined area that crosses geographical borders.

This workshop seeks to promote an approach that recognises the role of mobilised communities in driving effective action; building strengths and resources; developing collaborative European partnerships; sharing knowledge, co-learning and empowerment to address European health inequalities. It will outline priorities for mobilisation, define funding priorities for Europe and show how to influence mainstreaming of community mobilisation across Europe

Alliances across public, private, voluntary and community groups, professional and lay and geographical boundaries, do work. Theorists state that the greater the local community involvement, the larger the impact of community action programme.

Strand 6: Building capacity for local and regional policy
Towards an alcohol policy framework for regions and municipalities
Chair: Ourania Georgoutsakou, Assembly of European Regions (AER)
Rapporteur: Denise G. H. van Poppel, Netherlands

Where do we go from here? Putting 3-days' of new knowledge into action
Anders Romelsjö,Sweden
Anders.Romelsjo@sorad.su.se

The Barcelona conference is an opportunity to learn about the latest developments in alcohol policy: what seems to be working, what needs to be done? Before you travel home, join our session and see how you can put your knowledge into action. Targeting politicians, officers and other stakeholders working at regional & local level, this session is an interactive workshop that will give participants time to reflect and react on what we have learned from this conference. It's an opportunity to network and plan our future work together! How do we ensure that our prevention strategies are effective at the local and regional level? How can the local and regional level support each other?

Strand 7: Building capacity for alcohol policy
From prevention to treatment: Building capacity in Catalonia
Chair: Joan Colom, Spain
Rapporteur: Maria Estrada, Spain

Alcohol in the Catalan Drug Prevention Strategy
Joan Colom, Spain
Joan.colom@gencat.cat

During the last 25 years, an important effort has been made by Catalan governmental institutions, municipalities and social organisations, to both invest and implement different effective and diverse methods of drug prevention programmes. Universal prevention projects have been developed in the main public health settings (School, community and family), as well as selective interventions involving young people at risk in peer-to-peer programmes (most of

these in recreational settings), and programmes aiming to reduce health-related harm associated with drug dependence.
This context has lead to a situation in which, among the evidence based programmes and approaches that are being developed by health promotion and drug prevention professionals, some are still implemented without proven effectiveness.

The need to increase the quality of drug prevention policies and strategies for the coming years, has lead the Catalan Health Department to start a participative process to define The Catalan Drug Prevention Strategy. The process of drawing up the Strategy was conceived as going through two different stages. The first one aimed to establish the theoretical framework and evidence based practices known nowadays in the drug prevention field. The second stage consisted of the organisation of a participative process in order to gather all professionals' good practices and experiences. It started in January 2006, when seven working groups of professionals of the seven key areas in developing the preventive actions: school, family, community, health services, labour, mass media and leisure, were organized. They were asked to analyse positive and negative aspects of prevention in each field, to define the main general objectives and proposals for action. To gain political and technical agreement of the draft proposals of the working groups, the General Council of the Strategy was created, which was composed of government departments, social associations and groups of experts.

The whole process has ended with the edition of the "White Paper of Drug prevention in Catalonia" that contains the knowledge base and good practice, taking into account the state of the art of scientific knowledge, and the National Strategy of Drug Prevention. The two key elements that will determine the future Drug Prevention Action Plan of Catalonia.

Health at school programme

Ramon Prats and Margarita Coll, Spain
ramon.prats@gencat.cat , margarita.coll@gencat.cat

Health Programme in Secondary School - Catalonia

Prats R; Coll M; De Peray JL; Plasencia A; General Direction of Public Health.

Generalitat de Catalunya

Introduction
Adolescence is stage between infancy and adulthood where attitudes, values and life styles consolidated.
The way that the youngh people use the health services is characterized by low use of health services, irregular follow-up of health problems and unstructured use.

Objective
To improve the adolescents health by actively of health promotion and prevention of risk situations through the free access consulting service attended by primary care professionals and incorporating activities of health promotion in the curriculum at secondary school.

Method
Three years ago the Regional Government of Catalonia (Spain) started a new program in order to approach the health services near to the young people.

Results
Coverage :Students 89%,secondary school 90% , Total consultations N=14867
The main subjects consulted are: sexual health (19,9,%); drugs, tobacco and alcohol (17,7%); eating problems (19,9%); physical activity (3,3%).
The main subjects consulted by gender are: female: eating problems, sexual health and mental health; male: illegal drugs, tobacco and alcohol.

Conclusions
Improving Contact between health services and the secondary school.
Closer contact between young people and the professionals of health services.
Incorporating detection of individual risk and prevention by intervention.
Involvement of the city councils in the project especially in the health education tasks.
Positive evaluation from the health and education teams.
We need to make access easier for young males.

Implementation of prevention programs in hospitals
Beatriz Rosón, *Spain*
broson@csub.scs.es

Working with homeless alcoholics
Maria Luisa Marín, Spain
asrauxa@rauxa.org

Strand 8: Preventing harm among adults

Building Capacity/Overcoming Barriers – Alcohol: It's Everyone's Business

Health Scotland's Training for Trainers Strategy for Alcohol Brief Interventions
Dr. Niamh Fitzgerald, Director of Create Consultancy, Scotland
niamh@createconsultancy.com

Create Consultancy has recently been commissioned by NHS Health Scotland to develop learning materials and a dissemination strategy for training on Alcohol Related Harm and Brief Interventions. The course, developed in line with materials from the Primary Health Care European Project on Alcohol (PHEPA), has been marketed to appeal to workers in health, social work, housing and other settings and can be delivered through face to face sessions, distance learning options and a Virtual Learning Environment. This presentation considers the barriers and solutions to the implementation of effective training and learning strategies designed to build capacity of practitioners in a range of settings to tackle alcohol related harm, at a national and local level. The presenter will share experiences of adopting a strategic approach to roll out and attempts to generate demand for the courses by convincing workers from different fields that tackling alcohol related harm is everyone's business. This includes the importance of addressing practitioners' attitudes and personal relationships with alcohol as well as how to prevent potential breakdown points in the cascade approach to training. The presentation will be followed by group discussion on barriers and solutions to practitioner capacity building.

Using a Virtual Learning Environment to Build a Practitioner Community

Joanne Winterbottom
Associate Consultant of Create Consultancy, Scotland
joanne@createconsultancy.com

As part of the course on Alcohol Related Harm and Brief Interventions developed for Health Scotland, Create Consultancy has set up a Virtual Learning Environment to be used as part of a blended approach to course delivery. This also serves as an online learning community, providing a common place on the Internet that addresses the learning needs of its members through proactive and collaborative partnerships. In addition to online resources, quizzes, assignments and feedback activities, students and teachers can use forums and messaging for social networking. The course has been created at a national level and can be adapted to meet local needs. There will be a short demonstration of some of the interactive learning materials developed for the Virtual Learning Environment followed by group discussion on the anticipated training and learning needs of workers from a range of settings, if they are to be equipped to tackle alcohol related harm. Participants will be invited to share experiences of other learning opportunities, make suggestions for the content of future developments and make recommendations for the methods of delivery that might be most suitable.

11.00/12.00 **CONFERENCE CONCLUSIONS AND RECOMMENDATIONS**