

## Snapshots of drinking

### **A rapid review of drinking cultures and influencing factors: Australia, Canada, France, Germany, Spain, Sweden and the United Kingdom and Scotland**

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## **Executive Summary**

Alcohol plays an important role in Scottish culture, and consumption in moderation brings with it many benefits. However, a steady increase in consumption over the past two decades has been associated with a growing number of health and social problems in Scotland. The increase in total alcohol consumption and the changing drinking patterns among women, younger drinkers and those in lower socioeconomic groups are giving increasing cause for concern. With these issues in mind, NHS Health Scotland commissioned a rapid review of drinking cultures in different countries in order to enhance understanding of the circumstances from different countries and to inform a primary research study on Scottish drinking cultures.

This report reviews different drinking patterns and cultures in Europe and elsewhere, and discusses different explanations of recent changes. The countries included in the review are: Australia, Canada, France, Germany, Spain and Sweden as well as Scotland and the United Kingdom (UK) as a whole. Key themes are summarised below.

### **1. Drinking behaviours and consumption typologies**

In most countries reviewed, overall per capita alcohol consumption has declined over the past few decades. In contrast, in both Scotland and the UK as a whole overall alcohol consumption has increased sharply, although total per capita consumption is still lower here than in France, Germany and Spain. A trend common to all countries has been the increase in binge drinking, with UK citizens being particularly likely to drink heavily in individual episodes.

Scottish drinking patterns appear to be very similar to those in England and Wales. However, while Scottish and English/Welsh men and women are equally likely to drink over twice the recommended weekly drinking limits, Scots drink on fewer occasions in the week than their English/Welsh counterparts. The rise in total consumption and the changing drinking patterns have been linked to adverse population health impacts.

In spite of country differences, a convergence in drinking patterns has been observed across all the countries reviewed. This reflects a number of different factors including: homogenisation of lifestyles; urbanisation; greater female independence; and globalisation of alcohol marketing. Wine consumption, for instance, has fallen in many European wine-producing countries with corresponding increases in beer consumption, while overall wine consumption rates are increasing in traditional beer drinking countries in Northern Europe. Women are also drinking more alcohol, and many countries have witnessed an increase in hedonistic 'drinking to get drunk' consumption patterns, in particular among the young and female drinkers, especially in the UK. Thus varying drinking patterns are being exported as well as imported. Whilst new drinking behaviours are being adopted, traditional patterns tend to continue in parallel, especially in the UK, contributing to the continued rise in consumption.

It is also noteworthy that drinkers can combine regular (e.g. after work drinks) and sporadic drinking patterns (e.g. excessive weekend consumption) and so it may be misleading to classify drinkers into 'types' of consumers. Similarly, drinking styles may vary within different regions, and therefore identifying a single national culture may be an oversimplification.

## **2. Alcohol policy, regulation and legislation and marketing issues**

National alcohol policies incorporate both fiscal and legislative and other controls although the combination of measures implemented and support mechanisms in place varies across countries. Synthesis of available evidence points to the effectiveness of the following measures in reducing alcohol consumption and alcohol-related harm: reducing the affordability (for example through minimum pricing or taxation) and availability of alcohol; drink driving measures; and active enforcement. Regional variations in terms of alcohol legislation within countries can also impact on drinking behaviours: for example in the states and territories of Australia there are differences in licensing affecting the availability of alcohol.

There has been a tendency for national policies to converge, in part, as a result of economic, public health and political pressures. Nevertheless country policies have their own characteristics. Sweden, in particular, has maintained a comparatively strict and robust alcohol policy with a state monopoly of alcohol sale and supply, although on joining the European Union some aspects such as restrictions on duty imports have been slightly weakened. France and Spain show some signs of increased strictness in areas such as advertising and legislation designed to counter public drinking. However, weakening of the relatively stringent French *Loi Évin* legislation to allow wine sellers to describe their products in more detail in advertising attests to difficulties in successfully implementing and maintaining stricter alcohol policies. UK alcohol policy has become more relaxed in recent decades, for example, in regulating access to alcohol with opening hours extended and more licences awarded.

The way alcohol issues are framed by governments and how they are presented in the media varies across countries. In Sweden, where there are stringent controls on alcohol availability and an emphasis on treatment and support, there is greater acceptance and understanding of 'alcohol policies'. In sharp contrast, a main focus of UK alcohol policy has been on 'law and order' with the longer term health effects less well attended to and more focus on binge drinking.

Increasing the price of alcohol, through taxation and other mechanisms, has been identified as effective in reducing population alcohol consumption. Preferential taxation rates for low alcohol products such as low alcohol beers have contributed to reduced consumption in Australia. Although taxation on alcohol is comparatively high in the UK, growth in personal income has out-stripped increases in the price of alcohol, and alcohol is now over 60% more affordable than it was in the 1980s. However, there is some evidence that increased taxation can also lead to increases in smuggling and illicit production.

Measures to restrict alcohol availability have included: raising the minimum legal purchase age; government monopoly on retail sales, restrictions on hours or days of

sale; and outlet density restrictions. Restrictions on time and outlets tend to be devolved to local licensing boards and other bodies, within broad national requirements. At present few countries have chosen to increase restrictions on days and hours of sale and even then usually under special circumstances; for example in the Northern Territory of Australia to control alcohol consumption in Aborigine communities.

Drink driving countermeasures are widely employed and largely successful in reducing drink driving, road traffic accidents and fatalities. Many countries have lowered the maximum legal Blood Alcohol Concentration (BAC) for drivers. Sweden has one of the lowest BAC levels with 0.02% with most of the review countries having levels of 0.05%. The UK has one of the highest limits of 0.08% BAC.

Most countries regulate marketing of alcohol by voluntary or statutory means although with varying success. Advertising bans for example, are difficult to control and are potentially subverted by utilising other routes, such as product placements in entertainment media, viral marketing, and the influence of global marketing, which creates global and highly recognisable brands. Promotion of alcohol through sports sponsorship, while common in Scotland, has become more tightly regulated in other countries.

### **3. Social and cultural aspects of alcohol consumption**

In all countries reviewed, alcohol plays an important role as a 'social lubricant' and is associated with a broad range of social occasions as well as festive and transitional rituals. However, in the context of varying drinking patterns, behavioural norms may simultaneously proscribe *and* encourage excessive alcohol consumption. The benefits of alcohol are generally well accepted in Scotland, but while alcohol misuse is recognised to be an important issue, the problem tends to be characterised as either 'alcoholism' or 'youth binge drinking'. Individuals are therefore able to distance themselves from the problem of alcohol misuse, not necessarily recognising that their own drinking might be problematic.

Socially learned expectations about what it means to be drunk are also culturally prescribed, suggesting that drunken behaviours largely reflect expectations around alcohol and its effects. In Scotland the aim of drinking may often be intoxication, but in countries such as Germany retaining a degree of control when consuming alcohol may be highly valued.

Culturally defined norms of alcohol consumption represent a powerful means of regulating drinking behaviours. These rules are predominantly informal and they govern both socially permissible drinking frequencies and amounts consumed. They also specify occasions when it is permissible to consume alcohol. In turn it may be that these norms can be mobilised to encourage more moderate behaviours although cultural influences on drinking are complex and may be deeply rooted and resistant to change.

#### **Research needs**

The rapid review enabled identification of many aspects of drinking cultures across the study countries. However, it was difficult to find information on drinking in



domestic situations (at home drinking), suggesting a need for further research in this area, especially as this is increasingly common in Scotland. Also the review did not identify an extensive literature on some aspects of issues around drinking and children. This included a lack of research into drinking settings where children may be initially exposed to consumption styles. While drinking cultures influence what, where and how people drink, it is less well documented how young people are socialised into drinking.

## 1. Introduction

Alcohol consumption is associated with a broad range of social and health problems in Scotland, at both personal and societal levels (World Health Organization, 2002; Klingemann and Gmel, 2001), notwithstanding its beneficial effects and social functions and recognising the integral part that alcohol plays in our culture (Österberg and Karlsson, 2002). It is estimated that alcohol consumption incurs costs of over £1 billion per annum in Scotland in lost productivity, criminal justice and health care costs (Scottish Executive, 2002). Overall it is estimated that alcohol problems cost Scotland at least £1.125 billion each year which equates to over 1.5% of Scotland's GDP (Scottish Executive, 2005). Moreover, this country has seen a steady increase in consumption levels over the past decade, especially for women and younger drinkers (ISD, 2007), with rates highest amongst lower socioeconomic groups (Bromley, Sprotston and Shelton, 2005), and a recent study suggests that liver cirrhosis mortality in Scottish men increased by more than 100% in the 1990s, at a time when liver cirrhosis deaths rates have been falling throughout much of Europe (Leon and McCambridge, 2006). The UK also now has one of the highest recorded rates of binge drinking and associated harm in the whole of Europe especially among young people (Hibell *et al.*, 2004).

Given the aim of the Scottish Government (formerly the Scottish Executive) to reduce alcohol related harm, and given the culturally entrenched nature of Scottish drinking behaviours, there is a need for a better understanding of the role of alcohol in different social and cultural contexts throughout Scotland to underpin work designed to influence Scottish alcohol cultures.

With this in mind, NHS Health Scotland commissioned a rapid review of existing research on drinking patterns and cultures across Scotland and other countries of interest. This review summarises the literature on different drinking patterns with a focus on recent changes in drinking cultures and any correlates of these changes. The rapid review was commissioned to inform a qualitative study of Scottish alcohol drinking cultures which aimed to examine drinking behaviours, drinking cultures and attitudes towards drinking, binge drinking and drunkenness in different socioeconomic, age and social groups in Scotland (MacAskill *et al.*, 2008).

### 1.1 References

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## 2. Aims and Objectives

The Aims of this review were:

1. to summarise literature on current understanding of different drinking patterns and cultures in Europe and elsewhere
2. to describe recent changes in drinking cultures and any correlates of these changes
3. to inform the development of the qualitative component of the research.

The initial Objectives of the review were:

1. to identify the key features of drinking cultures in different cultures
2. to explore what the factors are that influence drinking cultures (e.g. marketing, regulation and legislation)
3. to assess how and why drinking cultures change and adapt and the pace of such changes
4. to identify similarities and differences between drinking cultures in different settings and explore the reasons for them.

The following Research Questions were identified:

1. what different ways of describing drinking cultures can be found in the literature?
2. how and why do drinking cultures develop, change and adapt and what is the pace of change?
3. what is the role of the following factors in influencing drinking cultures:
  - (i) marketing
  - (ii) regulation and legislation
  - (iii) socio-cultural issues.

Research Question 1 was addressed by searching literature for taxonomies developed to describe and categorise drinking cultures in different countries. This combines Objectives 1 and 4, and adopted a broad brush approach unrestricted to particular countries.

Research Question 2 was addressed by drawing from the taxonomies identified in Question 1 and the influencing factors identified in Question 3 to explore how and why there has been change. It contributed to Objectives 3 and 4, focusing on the selected countries (see below).

Research Question 3 addressed the key factors of marketing, regulation and legislation, and socio-cultural issues in the literature in relation to the selected countries (Objective 4).

For this review, the concept of 'cultures' was interpreted to mean: what people do and say they do in terms of alcohol and drinking; their views on alcohol; why people drink; and the goal or purpose of drinking. The emphasis was on national cultures and influences on cultures rather than individuals within cultures or at more local levels.

The review does not aim to address 'treatment' or clinical issues in relation to behaviours that have become an acknowledged problem for which individuals need help. However, it does include behaviours that would objectively be termed problematic, such as binge or 'heavy' drinking.

It was agreed to explore six countries in addition to UK/Scotland. The focus was on national rather than state/provincial policies and cultures. The countries were chosen to represent as wide a range of drinking cultures, alcohol policies and socioeconomic variables as possible within the requirement of suitability to generate learning and understanding that would contribute to the primary research in Scotland.

- Australia
- Canada
- France
- Germany
- Spain
- Sweden
- UK/Scotland

Towards the end of the review process, a range of alcohol experts was approached to ensure relevant documents and issues were included (see acknowledgements).

### 3. Methodology

The literature reviewed included:

- primary research (focusing on cultures rather than at an individual level)
- systematic reviews
- reviews conducted by expert groups
- international studies and publications, such as World Health Organization (WHO) reports
- policy documents (including alcohol strategies at national rather than state/provincial level) and analytical comment on policies.

#### 3.1 Electronic databases search strategy

To identify the contemporary academic literature on drinking cultures a list of relevant search terms was created and then a search strategy devised (see Appendix 1). A series of five electronic literature databases was searched using the strategy, with the two Web of Science indices searched as one database. Table 3.1 lists the databases used and the subject of literature they contained.

**Table 3.1 Electronic databases used**

Electronic Database	Types of literature	No. of Records Returned
International Bibliography of the Social Sciences (IBSS)	Economics, Sociology, Politics and Anthropology	275
Medline	Medicine and Life Sciences	1,639
PsycINFO	Psychology and psychological aspects of related disciplines (e.g. Medicine, Sociology, Education, Linguistics, Anthropology, Business, and Law)	493
Web of Science's Arts & Humanities Citation Index (A&HCI)*	Archaeology, Architecture, Art, Asian Studies, Classics, Dance, Folklore, History, Language, Linguistics, Literary Reviews, Literature, Music, Philosophy, Poetry, Radio, Television and Film, Religion, Theatre	779*
Web of Science's Social Science Citation Index (SSCI)*	Anthropology, History, Industrial Relations, Information Science and Library Science, Law, Linguistics, Philosophy, Psychology, Psychiatry, Political Science, Social Issues, Public Health, Social Work, Sociology, Substance Abuse, Urban Studies, Women's Studies	

\* Searched both indices as one database

Searches were limited to records dated from 1980 to 2006 (searches conducted between 23 May and 15 June 2006) and language limits were set to English, French, German, Spanish and Swedish. The search strategy required some refinement

between databases as some allowed other limits to be set, such as geographic and subject descriptors (see Appendix 1). The results lists were printed out and a member of the research team read through the abstracts to select articles relevant to the research questions. One hundred and seventy-five articles, books or book chapters were identified for retrieval from these searches. All were retrieved except six which were unavailable. Of the 169 articles retrieved from the electronic database searches, 154 were English language, six French, five Spanish, three German and one Swedish.

### **3.2 Further literature searches**

In addition to the academic database searches, policy documents, other national and international reports and publications, and additional journal articles were obtained from in-house collections, through ongoing internet searches and following up of bibliographies. Relevant experts and academics were also contacted for comments and material.

### **3.3 Report structure**

The report begins with an overview of drinking cultures. This produces a backdrop for the report and summarises the key features of the countries identified for the review. In the following sections each of the countries included in the review are discussed in turn - Australia, Canada, France, Germany, Spain, Sweden and the UK/Scotland. Each section is structured as follows: consumption typologies; alcohol policy; factors affecting drinking cultures; and changes in drinking cultures over the last 20 years.

## 4. Overview

The rapid review has identified an abundance of literature on drinking cultures and influencing factors which can contribute to informing policy and practice. In recent years a number of reviews have been published that are relevant to the Scottish context. These provide comprehensive summaries of alcohol research and public policies (e.g. Babor *et al.*, 2003; Anderson and Baumberg, 2006; Crombie *et al.*, 2005; Sewel, 2002). There are also a number of comprehensive summaries of the literature concerned with social and cultural aspects of drinking (e.g. Dietler, 2006; Heath, 1995; Wilson, 2005), in addition to reviews dealing specifically with the impact marketing has on consumption rates of alcoholic beverages (e.g. Rehm, 2004). This rapid review provides an overview at a national level of consumption patterns and broader social and cultural influences, as well as alcohol policies and marketing. It covers Australia, Canada, France, Germany, Spain, Sweden and the UK/Scotland.

With the aim of providing a backdrop to the more detailed country sections, this section provides a broad overview of the issues covered. It details how consumption typologies have been conceptualised and illustrates how consumption patterns have shifted in recent times. In addition, policy measures designed to impact on alcohol consumption are reviewed, and social and cultural influences on consumption are discussed.

### 4.1 Consumption typologies

As a start point, Table 4.1 provides a summary of basic consumption measures for each of the countries examined in the review. For comparison purposes key measures have been taken from overview reports where possible, in particular WHO publications. It should be noted that the accuracy of the figures depend on the initial data collection methods and that measurement of consumption is inherently difficult (e.g. Rehm *et al.*, 2003). The individual sections of this report provide more detailed information for each country, for example providing more up-to-date figures where available and indicating variations within countries. For instance, more detailed estimates of consumption in Sweden suggest higher levels than given in the WHO Global Report (2004a: see Section 10).

A broad distinction between countries with 'wet' drinking cultures and 'dry' drinking cultures has been identified in the literature. Of the countries in this review, traditionally France and Spain are most typical of 'wet' countries and Sweden and UK are most typical of 'dry' drinking cultures. 'Wet' cultures can be characterised by high per capita consumption and young people and children are socialised into drinking at an early age (e.g. Anderson, 1979; Gamella, 1995; Medina, 2001). 'Dry' cultures, by contrast, tend to have lower levels of per capita consumption although when alcohol is consumed it is more likely to lead to intoxication (Bloomfield *et al.*, 2003). In 'dry' cultures alcohol does not feature prominently in the socialisation process (Heath, 1995). The literature suggests that countries with 'dry' drinking cultures tend to have a history of temperance movements (Levine, 1992), with 'wet' cultures traditionally being more likely to consume wine as opposed to spirits (Peele, 1997). Thus wine-producing countries with 'integrated' drinking cultures show a



greater tendency to embed alcohol consumption in everyday social occasions such as mealtimes and tend to have lower abstinence rates (Heath, 1995).

**Table 4.1 Key measures of consumption**

	<b>Per capita consumption in L<sup>1</sup> (Estimated unrecorded consumption in brackets)</b>	<b>Last year abstainers as % of adult population<sup>3</sup></b>	<b>Level of heavy episodic drinking<sup>3</sup></b>	<b>Estimated annual social cost of alcohol</b>
Australia	9.19 (0.0 <sup>3</sup> )	17.5%	13.4%	1.0% of GDP
Canada	8.26 (2L <sup>3</sup> )	22.1%	20.1%	1.1% of GDP
France	13.54 (c1L <sup>2</sup> )	6.7%	27.9% males 9.7% females	1.2% of GDP
Germany	12.89 (c1L <sup>2</sup> )	5.1%	42.1% males 12.7% females	1.1% GDP
Spain	12.25 (c1L <sup>2</sup> )	37.7%	8.5% males 1.6% females 8.6% youth	0.7% GDP
Sweden	6.86 (c2L <sup>2</sup> )	11.3%	4.0% males 3.3% females 17% youth	1% GDP <sup>4</sup>
United Kingdom	10.39 (c2L <sup>2</sup> )	12%	17.5% 24.0% males 9% females	1.5-1.7% GDP (England and Wales) 1.5% Scotland

<sup>1</sup> Source: FAO (Food and Agriculture Organization of the United Nations), World Drink Trends, 2003 cited in WHO, 2004a. Adult (15+ years) per capita consumption in litres of pure alcohol.

<sup>2</sup> Source: Leifman, 2001a.

<sup>3</sup> Source: WHO, 2004a

<sup>4</sup> Source: Johansson *et al.*, 2002

However, drinking behaviours and cultures are not static. Overall per capita consumption rates in the majority of countries reviewed tend to show a downward trend since the 1970s and 1980s, despite indications of some recent increases for example in Canada. This decline is particularly striking in Spain and France although consumption levels of the latter remain at relatively high levels. In stark contrast, UK consumption levels have not fallen over this period and whilst there have been fluctuations there has tended to be an overall increase. The rise in consumption has considerable population and economic impact. For example, Leon and McCambridge (2006) identify a marked rise in liver cirrhosis in UK/Scotland which they link to rising drinking levels and current styles of drinking.

There are also marked differences in terms of the frequency with which people consume alcohol above 'safe' limits. UK drinkers, for example, tend to consume five or more drinks on many more occasions per annum, than do, for example, Germans

in spite of lower overall per capita consumption in UK. Moreover, in a six-country comparison the UK displayed the highest annual frequency of heavy drinking (WHO, 2004a; Leifman, 2002).

Whilst problem drinkers exhibit a disproportionate share of personal health and social problems associated with alcohol consumption, it appears that 'normal' drinkers account for the bulk of social, economic and health problems associated with alcohol in society as a whole. This preventive paradox (Kreitman, 1986) highlights the importance of developing alcohol harm limitation strategies that facilitate responsible social drinking cultures and norms (Peele and Brodsky, 1996). In addition, in Scotland at least, people who drink to excess tend to distance themselves from personal identification with alcohol problems, conceptualising these behaviours as extremes of alcoholism or law and order issues (Lancaster and Duddlestone, 2002).

An overall trend towards the homogenisation of drinking cultures has been identified (Leifman, 2001b). Wine consumption levels, for example, are decreasing in many European wine-producing countries while overall wine consumption rates appear to be increasing in Northern Europe (Bloomfield *et al.*, 2003). Gender differences in consumption rates are also diminishing both in terms of volume and drinking frequency, and, although moderate drinking continues to be the norm, an increase of binge or risky drinking patterns among both young men and women has taken place over the last decade (e.g. Gill, 2002).

Broad brush consumption levels have a value for comparison but more detailed analyses of types of drinking patterns are also important. As indicated, most countries have witnessed an increase in experiences of binge and heavy drinking styles and hedonistic approaches, particularly among young people. Spain provides a vivid example of cultural change among young people, with the development of *el botellón* (see Section 9.3.3) (Chatterton and Hollands, 2003). However, in some countries there has been a parallel increase in more 'integrated' patterns of drinking, for example with food, especially in countries like UK and Sweden where such behaviours were previously not the cultural norm. These new drinking styles tend to overlap with existing consumption styles, and have not replaced long-established drinking norms (Mäkelä, 1975). This is also illustrated by middle-aged and older people in traditionally wine drinking countries continuing to drink through the week, although not to excess, as in France.

In addition, relative increases in levels of drinking among females are observed in all countries, including binge and heavy drinking experiences, in part reflecting greater social and economic emancipation. Most countries also show increases among school students and young people in drinking experiences, consumption levels and experience of drunkenness.

Similarities between countries have also emerged with regards to the types of beverages that are consumed. Thus, wine has become more popular in the UK (traditionally a beer drinking country) and beer has become more popular in Spain (traditionally a wine drinking country), and in France, which traditionally had very high levels of wine consumption, these levels are also decreasing. Developments of this nature have led some authors (e.g. Room and Mäkelä, 2000) to suggest that the

'wet-dry' classification of drinking cultures should be replaced by a typology that is based on the regularity of drinking and extent of drunkenness.

Overall, there have been a variety of ways in which drinking cultures have become 'homogenised', with decreasing differentiation across countries. This may reflect a number of factors including: homogenisation of lifestyles and moves to urban living and greater female independence; globalisation of alcohol marketing, especially for beers and spirits and new beverages; and moves towards greater homogeneity of legislation and regulation, for example in European Union (EU) alcohol policies (e.g. Gual and Colom, 1997).

## 4.2 Alcohol policy, regulation and legislation, and marketing issues

National policies incorporate fiscal and legislative control elements although their range and that of related support mechanisms varies. However, there is general agreement that a range of complementary multifaceted strategies is required to tackle alcohol related problems. Babor and other experts (2003) have provided a systematic synthesis of evidence concerning the effectiveness of distinct policy options, pointing to the effectiveness of availability restrictions, taxation and enforcement. In addition, drink driving countermeasures receive high effectiveness ratings. Such programmes are seen to have an extensive reach and be relatively inexpensive to implement and sustain (see also Crombie *et al.*, 2005). Regional variations in terms of alcohol legislation within countries can also impact on drinking behaviours. For example control of alcohol outlets and drink driving measures may vary across provinces, states and autonomous regions. The review focused on national elements, but some individual country sections give examples of these issues.

As with drinking behaviours there has been a tendency for national policies to move towards a norm as a result of economic pressures, public health movements and political pressures, although broad generalisations are difficult as policies tend to comprise many elements. Sweden, in particular, has maintained a relatively strict and robust alcohol policy. However on joining the EU some aspects have been slightly weakened, with, for example, taxation levels being reduced. Whilst Canada retains a state monopoly in most provinces this too is under commercial pressure. On the other hand, France and Spain show some signs of increased strictness in areas such as advertising (e.g. the stringent *Loi Évin*) and legislation designed to counter public drinking (*el botellón*). However, the fact that the original French *Loi Évin* legislation has subsequently been weakened in some aspects attests to difficulties in successfully implementing stricter alcohol policies over prolonged periods of time. In a similar vein, UK alcohol policy was relatively strict in the past, but has become more relaxed in recent decades, for example, with regards to regulating access to alcohol.

An important consideration is 'problem definition', i.e. the way alcohol issues are framed by the government and media in any given country. For example in the UK, alcohol policy is framed very much in terms of law and order and some of the longer term health effects may have been ignored at the expense of a particular focus on binge drinking. In Sweden there is more acceptance and understanding of 'alcohol

policies' and there is an emphasis on treatment and support, in addition to stringent controls on alcohol.

Table 4.2 summarises aspects of alcohol policy and regulation. The table is based on report data (WHO, 2004b) compiled via questionnaires sent to all WHO member countries in May 2002. Again, further information is given in each of the following country sections, and there may also be regional or provincial differences across these countries.

**Table 4.2 Aspects of alcohol policy, regulation and legislation<sup>1</sup>**

	Monopoly on Sales	Age Limit for Purchase (years)	Drink Driving - BAC Limit	Restriction on Advertising (mainly)	Health Warnings on Advertisements	Restrictions on Sponsorship of Sport
Australia	No	18	0.5	Voluntary	No	No
Canada	Varied	19	0.8	No	No	No
France	No	16	0.5	Ban TV, partial others	Yes	Partial
Germany	No	16 (18 spirits)	0.5	Voluntary	No	Voluntary
Spain	No	16	0.5	Partial TV (ban spirits)	No	No
Sweden	Yes	18 (on-sales) 16 (off-sales)	0.2	Ban	No	No
United Kingdom	No	18	0.8	Voluntary	No	No

<sup>1</sup> Source: WHO (2004b)

**Alcohol taxation** is identified as effective in influencing alcohol consumption patterns. Sweden, in particular, focuses on health benefits through reduced demand as a key outcome from taxation as well as associated economic benefits to the exchequer. Some countries may impose taxes selectively reflecting concerns over specific products. For example, Germany, as a result of dramatic increases in consumption levels amongst young people, increased sales taxes on alcopops dramatically in 2004 and consumption of these drinks has declined considerably since. Taxation patterns in the study countries tend to be complex and do not reflect the alcohol content of beverages (e.g. Australia). Alcohol taxation does not always keep pace with inflation and wage increases, leading to reductions in overall real purchase costs (as in the UK), and decisions are subject to pressures from the alcohol industry. Taxation may be applied selectively to enhance particular segments of the industry, for example in Germany home produced wine is not subject to tax, and France has very low rates of taxation for wine. Whilst taxation can be a powerful tool to limit purchases, there is a risk that higher taxation can increase smuggling and illicit production as is believed to happen in Sweden.

In relation to physical **availability restrictions**, Babor *et al.* (2003) cite key 'best practice' as raising minimal legal purchase age, government monopoly of retail sales, restrictions on hours or days of sale and outlet density restrictions. The countries studied showed minimal purchase ages ranging from 16 to 19 years, although in Canada there was considerable favourable opinion towards moving to 21 years as in the USA. State monopolies were in action to a greater or lesser extent in Sweden and in parts of Canada although one Liquor Board has been privatised for the past decade and the remaining Liquor Boards have adopted more proactive marketing approaches. In other countries restrictions on time and outlets tends to be devolved to local licensing boards and other bodies, within the broad national requirements. Few of the study countries were increasing restrictions on days and hours of sale, and indeed UK regulations are tending to become more relaxed in this area. In France as in other countries, outlet location restrictions are in place relating to avoiding proximity to schools or sports centres. Some concern has been voiced, however, regarding the effectiveness and desirability of attempting to change drinking styles in more integrated drinking cultures via top-down measures, such as taxation.

**Drink driving countermeasures** have been described as a "public health success story" (Babor *et al.*, 2003), probably reflecting a relatively specific and well-defined behaviour, about which the risks can be fairly easily demonstrated and communicated. Many of the study countries had a history of lowering the levels of maximum Blood Alcohol Concentration (BAC) for drivers. Sweden has one of the lowest BAC level with 0.02% while most of the countries have levels of 0.05%. UK has a higher level of 0.08% along with some provinces in Canada. Some countries or states/provinces have more complex drink-driving laws, for example zero tolerance or lower BAC levels for younger and novice drivers (e.g. Manitoba, Canada and Spain) and graduated penalties reflecting previous misdemeanours. In some cases there can be instant suspension. Enforcement is an important element, as is evidenced through the relative success of extensive random breath tests as in Australia. The expectation of enforcement is an important deterrent and this can be enhanced by frequent and intensive publicity campaigns (e.g. Homel cited in Laurell, 2004). The Alcohol Ignition Interlock Device (AIID or Autolock) has been introduced in Spain and in parts of Canada, and has been in use in Sweden in buses, trucks, taxis and driving school cars (Laurell, 2004).

**Regulating alcohol marketing** is an area of interest, although evidence of effectiveness is mixed (Babor *et al.*, 2003). Advertising bans are difficult to control and potentially subverted by utilising other routes, e.g. product placements on the internet, television and movies as well as viral marketing. Bans on advertising have been applied in Canada and Sweden but have been partially modified in the last decade, the latter on the insistence of the European Court of Justice. The implementation and subsequent weakening of the *Loi Évin* in France is of particular interest. It is difficult to assess direct impact, especially in the context of falling alcohol consumption in France, but it is believed to have an effect through control of message content, language and image and on location of communication routes, which will reinforce changing attitudes to drinking (Riguad and Craplet, 2004). The impact of recent changes in the law has yet to be assessed, although it serves as a reminder of the difficulties of maintaining more stringent control measures in the face of industry pressures. Advertising controls as opposed to bans are more common,

but tend to be industry self-regulated with minimal enforcement or monitoring. Finally, it has been argued that the pervasiveness of alcohol promotional activity enhances the impression of high levels of drinking, and there is scope for promoting more realistic understanding of the extent of excessive drinking.

Promotion through **sports sponsorship** has been an attractive approach for alcohol industries, with drinking being linked to sporting events in many cultures, in particular in relation to men. However, this has been changing in recent years. In Australia, for example, there has been pressure to move away from alcohol sponsorship due to bad publicity and questionable suitability of alcohol brand sponsorship for sport. In France the *Loi Évin* made it impossible for the American Brewer Anheuser-Busch to sponsor the 1998 World Cup as no television advertising is allowed and a new sponsor was found (Rigaud and Craplet, 2004). The voluntary advertising code in Germany stipulates that advertising for alcohol should not feature sports personalities.

**Working with the media** is another useful route, and in Canada partnerships have been formed between broadcasters and the government to enhance health messages contained within popular television and radio programmes. This includes limiting the glamorisation of alcohol or portraying heavy or problematic drinking as normative.

### 4.3 Social and cultural aspects of alcohol consumption

Throughout much of the Western world alcohol plays an important role as a 'social lubricant' that is associated with various celebrations, business, social and sport functions and is consumed in religious and cultural ceremonies as well as festive and transitional rituals (Wilson, 2005; Heath, 1995). Drinking alcohol also serves as an expression of comradeship and solidarity, and is a drug widely used to facilitate social interaction and bonding (Heath, 1995). Giving an indication of the degree to which alcohol consumption is embedded in culture, its various functions as a regulator of mood and emotions are often denoted in figures of speech (Koch, 1987). Indeed, as Mandelbaum points out: "*in some languages, as in English, the very term 'drink' takes on the connotation of drinking alcoholic liquids*" (1965: 281).

The role alcohol plays in facilitating social interaction is reflected in places designed for drinking which provide insights into the way alcohol is regulated both formally and informally (Heath, 2000). Runge (1987), for example, has described typical drinking patterns in Germany which resonate across a range of Western cultures. Public houses (pubs) tend to their own social norms with which people identify (Runge, 1987). These norms are negotiated between customers and staff who are able to sanction undesirable behaviours of customers through, for example, slowing down the rate of service, or barring customers from entry. The landlord thus occupies a key position in determining a pub's culture. Importantly, a pub atmosphere may strip individuals of their social status and background, and 'levels the playing field' for all customers, regardless of their background. Drinking places are thus environments designed to be socially inclusive and to facilitate social interaction. In this way, customers may be judged on skills that are independent of an individual's socioeconomic background such as ability to hold one's drink, quick-wittedness, sense of humour and communication skills that may be used to allow for integration

into different social groupings within a pub setting (Runge, 1987). Whilst alcohol consumption is self-evidently important, it is not necessarily the primary aim of going to the pub. Rather, it functions as a means of obtaining other aims such bonding, conversations, rest, relaxation and stimulation (Dröge and Krämer-Badoni, 1987).

These informal rules and social norms that govern alcohol consumption are reflected in attitudes towards alcohol (Karlsson and Österberg, 2001), and are country and region specific and indeed dependent on the localities in which drinking takes place. For example, in some countries it is a highly valued skill to be able to hold one's drink (Vogt, 1995), whilst other countries appear to value and indeed celebrate relatively high levels of intoxication. There are also differences in the extent to which alcohol is integrated into (everyday and special) rituals and transitions.

Since novel influences on drinking cultures can both overlap with, or substitute, existing cultural norms (Mäkelä, 1975), changes in drinking cultures can be associated with an increase in 'ambivalent' alcohol cultures which cultivate contradictory attitudes and norms towards alcohol consumption. In this way norms that proscribe *and* encourage excessive alcohol consumption may coexist. The extent to which cultures are susceptible to cultural shifts with regards to drinking patterns also differs. Spain in recent years, for example, has witnessed an increase in beer consumption that coincided with an adoption of binge drinking patterns and associated behaviours which had hitherto been more associated with 'dry' cultures such as the UK (Gamella, 1995).

Despite the ongoing homogenisation of drinking cultures, outlined above, cross-cultural variations still exist in the extent to which excessive alcohol consumption is associated with negative expectancies and outcomes such as anti-social behaviour (Lindman and Lang, 1994). It is also noteworthy that consumers may combine regular (e.g. after work drinks) and sporadic drinking patterns (e.g. excessive weekend consumption). It may therefore be misleading to classify drinkers into 'types' of consumers since individuals may straddle different consumption styles (Room and Mäkelä, 2000; Mäkelä *et al.*, 2006). Similarly, drinking styles may vary within different regions and therefore identifying a single national culture may be an oversimplification.

Culturally defined norms of alcohol consumption therefore represent a powerful means of regulating drinking behaviours. These predominantly informal rules appear to be acquired through the socialisation process and govern both socially permissible drinking frequencies and amounts, in addition to specifying the occasions when it is permissible to consume alcohol (Mandelbaum, 1965). Additionally, socially learned expectations about what it means to be drunk in a given society also appear to be culturally prescribed (MacAndrew and Edgerton, 1969), suggesting that that drunken behaviours largely reflect alcohol expectancies (Heath, 1998). At the same time however, data also suggest that while drunken behaviour appears largely culturally construed, overall consumption rates are also linked to violent behaviours and suicide (see Room, 2001).

In conclusion, we have identified that drinking cultures are neither static nor uniform. While predominant cultural descriptions could fit a particular typology, there could be significant variations in that culture at any one time, in addition to the concomitant

trend towards an apparent homogenisation of drinking behaviours especially amongst young people. Consideration of a range of strategy options is needed to address current trends and levels of drinking. There are several areas in which learning points from other countries could be implemented to have an impact on changing drinking cultures in Scotland. However, policies and interventions should not be imposed without reference to existing cultural influences and perceptions of the issues, and of how measures might be received and responded to among the Scottish public and relevant stakeholders. In turn cultural norms of alcohol consumption represent a powerful means of regulating drinking behaviours. It is therefore important that future decisions are based on not only what is understood to be effective in general terms but also on knowledge of where the Scottish public 'is at now' on these issues and where they would like to be. The related Primary Research also gives important insights into drinking behaviour, drinking cultures and attitudes towards drinking, binge drinking and drunkenness and to regulation in different socioeconomic, age and social groups in Scotland (MacAskill *et al.*, 2008).

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## 5. Country review: Australia

### Summary

- Estimated per capita consumption was 9.83 litres in 2004. However, there are issues with the availability and accuracy of consumption data, with other sources giving different figures.
- There has been an overall decline in consumption of alcohol of 19% in the last 20 years in Australia. This has been driven by a number of socioeconomic and policy factors including increasing awareness of health issues, changes in consumer leisure and spending patterns, an ageing population, drink driving legislation and taxation relief for low alcohol beers.
- Binge drinking has increased in Australia in recent years with the percentage of risky drinkers estimated at 7% of the population. WHO data from 2004 estimates that 10.7% of youth drinkers had taken part in risky and high risk drinking in the last week. There is also evidence emerging that increasing numbers of young women are binge drinking. However, there is a paucity of good quality longitudinal research to provide further data and insight into these trends.
- It has become more socially acceptable for women to drink due to changing gender roles and a relaxation of the masculine drinking culture in Australia. This is especially true in licensed premises which now aim to attract a wider clientele base, especially female drinkers.
- Federal and state level alcohol policies have become well established in the last decade. A national alcohol policy was first formed in 1989 and is reviewed every few years and this is supplemented by strategic alcohol policy at state and territorial level. Preferential taxation rates for low alcohol products such as low alcohol beers have contributed to reducing consumption.
- Alcohol marketing, especially sports sponsorship, has attracted criticism in recent years. The amount of advertising of alcohol and sponsorship activities surrounding sports like cricket and rugby has led to concern that young people are being exposed to alcohol marketing.

### 5.1 Consumption typologies

Estimated per capita alcohol consumption in Australia stood at 9.83 litres in 2004 (Australian Bureau of Statistics, 2006). However, it is unlikely that the official figures are entirely reliable, for example, in 2001 it was estimated that annual per capita consumption was 7.3 litres (World Advertising Research Center Ltd, 2004), a considerably different figure than the 2004 estimate. The availability of reliable and up to date data on alcohol consumption in Australia is a contentious issue as in other countries; in fact although there are estimates of per capita alcohol consumption in Australia there are arguably no completely accurate records of actual consumption since the collection of wholesale alcohol sales data ceased in some jurisdictions in 1997 (Australian Government Department of Health and Ageing, 2006).

Using 2001 national survey data it was estimated that 17.5% of the population of Australia abstained in the last year, with the percentage of risky drinkers estimated at 7%. The percentage of the population involved in risky and high risk drinking at least

weekly was estimated to be 6.9%. Alcohol dependence was estimated to stand at 3.5% of the population (WHO, 2004).

In terms of youth drinking, national surveys conducted in 2001 have indicated that 26.2% abstained from alcohol in the previous year, 8% were involved in risky drinking and 10.7% had taken part in risky and high risk drinking at least weekly (WHO, 2004).

Although there has been an overall decline in alcohol consumption by approximately 19% over the last two decades (Stockley, 2004), it has been estimated that in 2001 44.2% of alcohol in Australia was consumed in a manner that risked chronic harm (Midford, 2005).

The current trends indicating an overall decline in levels of alcohol consumption in Australia are driven by a complex mix of factors, which also relate to the changing nature of Australian society in general and to changes in alcohol regulation. Such factors include an increase in health awareness, social marketing campaigns, random breath testing with frequent clampdowns on drink driving, taxation relief for low alcohol beer, changes in consumer leisure activities and spending patterns, and an ageing population (Room, 1988; Carroll, 2001; Stockwell, 2004).

The trend in some other countries of female drinking patterns more closely echoing those of males, especially in relation to binge drinking, is also present in Australia (Roche and Deehan, 2002). However, there are major gaps in the datasets in Australia with a lack of longitudinal research and a paucity of work examining women's drinking patterns in general. Nonetheless studies that have tracked women's consumption habits have illustrated these trends (Fleming, 1996; Young and Powers, 2005).

Beer is the most popular drink in Australia and the country is traditionally known as a beer drinking country; at least half of all alcohol consumed is beer. However, wine has become increasingly popular with a dramatic increase in consumption over the last three decades. Beer is still dominant amongst male drinkers with wine tending to be preferred by women (Stockwell, 1998). Recently the surge in wine consumption has been aided by a glut of products on the market caused by too many vineyards producing an oversupply of wine and leading to cheaper prices. Current data indicates that beer consumption is falling whilst wine consumption is rising (Selvanathan and Selvanathan, 2004).

The social cost of alcohol misuse in Australia was estimated to be A\$7.56 billion in 1998/99. This includes the costs of alcohol attributable crime of A\$1.24 billion, lost productivity of A\$1.95 billion, and alcohol related road traffic accidents A\$1.88 billion (WHO, 2004). Furthermore around 3,300 deaths per annum in Australia are attributed to alcohol use, more than 72,000 hospital admissions per annum are estimated to be caused by high risk drinking, between 41% and 70% of violent crimes are committed under the influence of alcohol, and alcohol has been implicated in impaired work performance and productivity and absenteeism (NSW Office of Drug Policy, 2003).

## 5.2 Alcohol policy

The formation of alcohol policy in Australia is steered by the National Expert Advisory Committee on Alcohol (NEACA) which comprises experts in public health, law enforcement, community-based service provision, education, research, government and representatives of the alcohol beverages and hospitality industry.

Elements of alcohol policy are determined at federal or state/territorial level depending on the area. Harm Reduction policy in the form of the National Alcohol Strategy 2006-2009, and taxation and customs and excise are controlled by federal government. The sale and supply of alcohol is regulated independently by each of Australia's six states (New South Wales, Queensland, South Australia, Western Australia, Tasmania and Victoria) and two territories (Northern Territory and Australian Capital Territory).

There are different forms of taxation that can be applied to alcohol products in Australia including excise duty on domestic goods, customs duty on imported goods, business franchise fees, the Wine Equalisation Tax (WET) and the Goods and Services Tax (GST). In 2001-2002 Australian governments (federal, state and territory) collected a total of A\$5.1 billion in revenue from alcohol products, excluding GST income.

Like many wine producing countries in the European Union (EU), the Australian wine industry has enjoyed preferential taxation arrangements introduced in the early 1980s, fuelling the growth in exportation and consumption of wine, especially cheap cask wine which has been linked to significant adverse health impacts (Stockwell and Crosbie, 2001). However, taxation on wine was increased during the 1990s to curb consumption levels. Conversely taxation policy on beer, whilst appearing to be fairly liberal, has actually had a positive impact on public health. Taxation relief on low strength beers was introduced in 1984, and this has resulted in a large proportion of beers consumed in Australia having an alcohol by volume (ABV) level of 3-3.5% rather than the 5% common in most other countries. The 1998 Tax Reform Package was phased in during 2000 and resulted in alcoholic sodas becoming more expensive, beer slightly more expensive and pre-mixed spirits cheaper (Stockwell and Crosbie, 2001).

GST of 10% is imposed on all alcoholic beverages following tax changes in 2000. The WET is imposed on wine and some other alcoholic beverages and is an *ad valorem* tax – it is based on price or value, and takes no account of the alcohol content of the beverage. Therefore cheaply produced cask wine is taxed at a lower rate in comparison with other alcoholic drinks (ADCA, 2003a). Recent suggestions to increase taxation on cask wine have been strongly resisted by the wine industry in Australia who hold considerable influence, *“The main alcohol suppliers exert enormous political influence on issues like taxation... general elections can be won and lost on the issue of wine taxes”* (Stockwell and Crosbie, 2001). Excise is imposed on other domestically manufactured alcoholic drinks such as beer, brandy, spirits such as rum and vodka, liqueurs and other drinks not subject to the WET. Although some anomalies exist these beverages are generally taxed according to alcoholic content. Criticisms of the alcohol taxation system in Australia have emerged from public health advocates such as the Alcohol and other Drugs Council

of Australia (ADCA), who lead calls for the implementation of a volumetric system based on alcohol content (ADCA, 2003a).

Standard drink labelling on all alcoholic beverage containers was introduced despite protestations from the Australian alcohol industry in 1995. However, research has indicated that the public does not pay much attention to the labels, or lacks awareness of them partly due to their size and proximity on containers (Hawks, 1999). There have been calls to include warning labels on alcohol packaging but this argument has been countered by the alcohol industry which has called for information on the health benefits of alcohol which some research has suggested exists (e.g. Klatsky *et al.*, 1990; see Fillmore *et al.*, 2006 for a critique of studies suggesting a positive impact of moderate drinking on health).

The legal drinking age in Australia is 18 years and has been since the 1970s when it was lowered from 21 years. Australia now has strict drink driving laws in place with a blood alcohol concentration (BAC) limit of 0.05%, introduced in all states and territories by 1990. Random breath testing was introduced across the country in 1983. Penalties for breaking the law include: fines, loss of licence and imprisonment. The alcohol industry objected to the drink driving laws with the Australian Associated Brewers campaigning against their introduction. The same group also lobbied against standard drink labelling and a new taxation system that would peg all drinks of less than 10% ABV at the same level (Stockwell and Crosbie, 2001).

A National Alcohol Strategy concerned with harm reduction and minimisation has been in operation in Australia since 1989. The latest version of the strategy was introduced by the Australian Government's Department of Health and Ageing in 2006: The National Alcohol Strategy 2006-2009, with the lead slogan 'towards safer drinking cultures' (Australian Government Department of Health and Ageing, 2006). The stated goal of the strategy is to "*prevent and minimise alcohol-related harm to individuals, families and communities in the context of developing safer and healthy drinking cultures in Australia*" (Australian Government Department of Health and Ageing, 2006). The strategy has been viewed favourably as an example of good practice in alcohol policy for other countries (Crombie *et al.*, 2005).

The strategy has four main aims which are to: reduce the incidence of intoxication amongst drinkers; enhance public safety and amenity at times and in places where alcohol is consumed; improve health outcomes among all individuals and communities affected by alcohol consumption; facilitate safer and healthier drinking cultures by developing community understanding about the special properties of alcohol and through regulation of its availability.

The Australian government has been criticised in the past by bodies such as the ADCA for a failure to properly implement some facets of national alcohol strategy and for failing to provide adequate funding. Although it is generally believed that previous National Alcohol Strategies have served Australia well, there is concern over a lack of performance measures through which evaluation or review and monitoring of the effectiveness of previous and current strategies can be carried out (ADCA, 2005).

### 5.3 Factors affecting drinking cultures in Australia

#### 5.3.1 Marketing

Alcohol marketing in Australia is largely self regulated; the only forms of marketing which have any formal restrictions are advertising on television and in the print media which operates under the Alcohol Beverage Advertising Code (ABAC, 2004). Advertising is pre-vetted under the AAPS (Alcohol Advertising Pre-vetting System) and complaints about these forms of advertising can be referred to the Advertising Standards Board (ADCA, 2003b). Other forms of promotion, such as sponsorship, internet marketing, point of sale promotions and product naming and packaging, are largely unrestricted.

However, the self regulatory system has been criticised with some commentators arguing that it is weak and the rules are ambiguous (Saunders, 1993). Research has also indicated expert and non expert independent reviewers were far more willing than members of the Advertising Standards Board to judge advertisements about which complaints had been made as breaching the Code (Jones and Donovan, 2002). Studies have also suggested that alcohol advertisements in Australia regularly breach the ABAC (Jones and Donovan, 2001; Roberts, 2002). Such concerns, allied with a strong evidence base suggesting that alcohol marketing has an effect on drinking behaviour (e.g. Rehm, 2004), have led to calls for statutory regulation or even a ban on some forms of alcohol marketing.

Alcohol enjoys a symbiotic relationship with sport in Australia and has long been heavily promoted through professional sports sponsorship. Major sports such as cricket, rugby league, rugby union and horse racing have been sponsored by alcohol brands, especially beer, and transmissions of live sport often feature heavy alcohol advertising (Hall and Hunter, 1995). The sponsorship of cricket tests in Australia has been criticised for involving regular alcohol advertising during television transmission, often when children are watching (Daube, 2005). Additional examples include VB (Victoria Bitter) sponsoring one day cricket, Carlton United supporting the AFL (Australian Football League), Tooheys backing rugby league and union and also the Melbourne Cup, and Foster's headline sponsorship of the Australian F1 Grand Prix. However, as criticisms have grown of alcohol sponsorship in Australian sport, organisations such as the AFL have announced deals moving away from alcohol sponsorship.

However, in a wider context than just advertising on television, research that assessed the frequency of scenes in Australian prime-time television programmes indicated a statistically significant threefold decrease in the number of references to alcohol between 1990 and 1997. Yet the authors concluded that this reduction was not due to a more socially responsible depiction of alcohol but due to less frequent incidental depiction of alcohol with the proportion of significant references remaining almost constant. Furthermore, the findings suggested that on Australian television and in particular soap operas, alcohol appears to feature frequently and is rarely associated with any negative consequences (Parsons *et al.*, 1999; Roberts, 2002).



### 5.3.2 Regulation and legislation

There are indications that the introduction of robust anti drink driving campaigns have led to a change in drinking habits with drivers less likely to risk being caught and therefore either not drinking or arranging other forms of transport. Previously drink driving was relatively common especially in rural areas. Random breath testing is now commonplace in the country and high profile campaigns and severe penalties have helped tackle the problem. The legal blood alcohol limit is now 0.05% BAC across the whole country which has also discouraged drink driving. A recent study suggests that the introduction of later trading hours for licensed hotels in Perth, Western Australia in the 1990s led to an increase in levels of impaired driver road crashes and alcohol consumption, particularly among high-risk alcoholic beverages (Chikritzhs and Stockwell, 2006).

With the sale and supply of alcohol in Australia being regulated by separate Liquor Acts in each of the states and territories there are regional variations surrounding the availability of alcohol (Stockwell, 1998). In problem areas such as the Northern Territory, harm reduction taxation or tougher limits on the availability of alcohol have been implemented. For example, local Aboriginal or Torres Strait Islander communities can request local restrictions on the sale and service of alcohol such as: the creation of dry areas, conditions on trading hours/days and restrictions on types of takeaway alcohol such as limits on cask wine (ADCA, 2003c).

### 5.3.3 Social / cultural influences

Alcohol is consumed widely in Australian society which may be related to its historical and cultural ties with the UK. Alcohol in Australia is strongly associated with celebrations, business and social functions and is consumed in religious and cultural ceremonies (Stockley, 2004). It is viewed almost universally in a positive light and is rarely associated with negative consequences, with Australian social norms creating a situation in which alcohol consumption is widely accepted and indeed expected to be part of the cultural fabric (Pettigrew, 2001; Shanahan *et al.*, 2000; Shanahan and Hewitt, 1999). Essentially drinking forms part of the romantic Australian legend and radical restrictions on alcohol have provoked a backlash in the past, with the temperance movement in the country being associated with the negative 'wowsers' moniker. Alcohol features heavily in popular culture including books, movies, magazines and normal conversation. Drinking is widespread and accepted by most segments of society and age groups, and is seen as a 'social lubricant', making it easier to communicate (Shanahan *et al.*, 2002). Indeed, alcohol is so accepted in Australian society that even former Prime Minister Bob Hawke is in the *Guinness Book of Records* for 'sculling' (drinking in one go) 2.5 pints of beer in 11 seconds, commenting that "*This feat was to endear me to some of my fellow Australians more than anything else I ever achieved.*"

Heavy alcohol use has long been part of the cultural identity of Australians particularly amongst working men for which the concept of 'mateship' is an integral part of day to day life. Mateship is typified by an egalitarian and convivial relationship between working men, and drinking is a major ritual in such relationships. Drinking as part of mateship has been celebrated in folklore with songs by writers such as

Banjo Patterson, the writer of *Waltzing Matilda* (Hall and Hunter, 1995). This culture still exists very much today amongst working men, and drinking continues to play a major part of life. Nevertheless the temperance movement was quite strong in Australia historically, and there is a history of cultural conflict about alcohol in the country (Midford, 2005; Room, 1988).

Changing gender roles (Fleming, 1996), lack of education about appropriate drinking habits, marketing activities and social pressures have all been identified as culprits contributing to the current level of binge drinking in Australia.

As previously mentioned, mateship and work culture are strong influences on Australian drinking cultures. Drinking culture in the workplace is a complex subject in Australia but often the job that someone holds will strongly affect his or her drinking behaviour. Miners, for example, often display a tendency to drink large amounts of alcohol quickly, farmers drink at a steadily high level causing long-term harm, and professionals are more likely to drink at levels of short-term risk of harm (Pyne, 2006). In much of Australian society it is normal to go for a few drinks after work particularly on a Friday and this is common amongst all social classes and across genders.

One important aspect of Australian drinking cultures is widespread alcoholism and alcohol associated harms amongst the indigenous population of the country: the aborigines. There is a recurring and enduring stereotype in Australia of aborigines as feckless and hopeless alcoholics and this is reinforced by the high visibility of aboriginal drinking in some inner cities and remote areas (Hall and Hunter, 1995). Social and economic disadvantages are a principal cause of alcohol problems amongst the aboriginal population; 39% of the indigenous population is under 15 years, aboriginal youth have lower levels of educational attainment, aborigines have three to four times the levels of unemployment and a 15 times higher rate of imprisonment than non-aboriginals, an average life expectancy up to 20 years less than the rest of the population and a greater likelihood of reliance on social security (Australian Bureau of Statistics, 2001). The extremely disadvantaged lifestyle that many aborigines lead, coupled with the destruction of their ancient culture under the tide of Europeanization of the continent, often drives indigenous peoples to drink alcohol. Consequently alcohol related deaths account for 10% of all aboriginal deaths, which is three to four times the rate for non-aboriginal Australians and the levels of other alcohol associated harms are far higher amongst the indigenous populace. Nevertheless it is important to note that abstention rates amongst the aboriginal population are higher than amongst the general population.

#### **5.4 Changes in drinking cultures in Australia over the last 20 years**

The major changes in Australia drinking cultures over the last 20 years have been a reduction in levels of overall consumption associated with a rise in risky and binge drinking. Beer remains popular although levels of consumption have fallen with wine consumption increasing steadily over the period. The population of Australia is becoming increasingly elderly and this partly accounts for the drop in consumption levels (Selvanathan and Selvanathan, 2004). Changes in gender roles, and a relaxation of the masculine drinking culture in the country, have seen more women drinking in licensed premises and there has been a rise in female binge drinking. As

outlined, there have been several changes in alcohol taxation over the last two decades with low alcohol beers enjoying a low rate of taxation leading to increased consumption of beers at 3-3.5% ABV, and the WET has also aided the consumption of cheap cask wine. The emergence of a National Alcohol Strategy since 1989 has improved knowledge, understanding and service delivery in relation to alcohol problems although there are several areas for improvement. There has been increasing concern over alcohol marketing with criticisms of the self regulatory system governing advertising and calls to ban some forms of marketing. Sports sponsorship by the alcohol industry is one area that has drawn heavy criticism and, although many Australians strongly associate alcohol with sporting activities and events, some sports have moved away from links with the drinks industry. While Australia may not be leading league tables of alcohol consumption levels and alcohol associated harms, there are concerns over binge drinking, problem drinking amongst the indigenous population as well as the social and health costs of alcohol that are leading to increased awareness and debate about alcohol in Australian society. However, alcohol remains a fundamental part of the Australian way of life and seems set to continue to do so for the foreseeable future.

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## 6. Country review: Canada

### Summary

- Annual consumption is 8.26 litres of alcohol per capita. Levels declined from over 10 litres in the 1970s, but there are indications of increases since 1995. Beer is the preferred drink (51% of sales) although a wine culture is developing (especially good quality wines) and overtaking spirits sales.
- The majority of Canadians drink alcohol (around 80%) but at moderate levels overall, with less than one fifth drinking at hazardous levels. Death rates directly attributed to alcohol such as cirrhosis of the liver have been declining since the late 1970s.
- There is a long history of direct government involvement in alcohol management. The federal government controls aspects of trade, taxation and advertising, but provincial governments are largely responsible for controlling availability and enforcing liquor laws.
- Individual provincial alcohol monopoly systems predominate, although elements are being eroded. Access is relatively focused, for example through monopoly outlets, but there is a trend towards increased availability, for example Sunday sales.
- Impaired driving remains a concern, although it has declined over the past 20 years. Provinces can enforce stricter drink driving measures than the federal criminal code (most enforce a blood alcohol concentration of 0.5 rather than the federal limit of 0.8).
- Advertising is regulated at federal and provincial levels with differential controls and bans on broadcasting by product type. Some regulation has been relaxed and there is a trend towards industry self-regulation. It is difficult to monitor and control internationally sourced advertisements, especially as the majority of Canadians live in proximity to the United States border.
- Alcohol has been closely linked to spectator sports but some provinces now limit or ban sponsorship and regulate the extent of promotional signage.
- Whilst drinking behaviours are fairly similar across cultural groups, there has been an increase in drinking among more affluent and better educated Canadians, with greater frequency and amounts drunk. There has also been an increase in youth and binge drinking.

### 6.1 Consumption typologies

Overall annual consumption levels in Canada are cited as 8.26 litres of alcohol per capita (WHO, 2004). Consumption levels have fallen from highs of over 10 litres in the mid-1970s and early 1980s although there has been a recent 8% increase from 7.3 litres to 7.9 litres per capita between 1995 and 2004 (APN, 2006). Unrecorded alcohol consumption in Canada is estimated as 2 litres (WHO, 2004). In their study of consumption in the province of Ontario in 1994-1995, MacDonald and colleagues (1999) produced an estimate of alcohol sourced from U-brews, V-brews, home brewing and alcohol smuggled into Canada, as well as alcohol purchased by cross-border shopping in other Canadian provinces. These authors estimated that 19.5% of the total consumption level originated from such sources (MacDonald *et al.*, 1999).

The majority of Canadians (79.3%) drink alcohol as reported in the 2004 Canadian Addiction Survey (Adlaf *et al.*, 2005). Non-drinkers in Canada under the classifications of 'life time abstainers' and 'former drinkers - not in past year' are recorded as 7.2% and 13.5% respectively (Adlaf *et al.*, 2005). The percentage of people consuming alcohol declined from 77.7% in 1989 to a low of 72.3% in 1996 before recently rising again (APN, 2006).

The majority of Canadians are moderate drinkers. Around two thirds (63.7%) reported consumption in a typical drinking day to be one to two drinks. However, APN (2006) reports the percentage of drinkers in Canada exceeding Low-Risk Drinking Guidelines (LRDG)<sup>1</sup> as 22.6%. When applying the Alcohol Use Disorders Test (AUDIT)<sup>2</sup> developed by the World Health Organization to indicate hazardous consumption or consumption likely to lead to alcohol dependence, 17% of Canadian drinkers were found to be drinking hazardously in 2004 (Adlaf *et al.*, 2005). In 2004 the Canadian Addiction Survey also found that the number of drinkers reporting that they consumed five or more drinks at one sitting at least once per month was 25.5%. Of these 16% reported this level of consumption on a typical drinking day (Adlaf *et al.*, 2005). Drinking amongst males tended to be heavier and more risky than among females on a variety of measures; for example, they were more likely to drink alcohol at least once in the past week (52.2% males versus 32.8% females) and to have exceeded the relevant low-risk guidelines (30.2% males versus 15.1% females) (Adlaf *et al.*, 2005).

The 2001-2002 Health Behaviour in School-aged Children (HBSC) survey found that 27.5% of 15 year olds reported drinking beer, wine, or spirits at least weekly (Currie *et al.*, 2004). This represents an increase from 1997-1998 figures (from 22% to 33.6% of males and from 17% to 22.7% of females). Focusing on the extent of heavier drinking, results from the HBSC survey demonstrate that approximately 30.4% of 15-year old boys and 22.7% of girls in the same age group reported having been drunk at least two or more times (Currie *et al.*, 2004). Furthermore, young adults were most likely to have drunk in the last year (90% of 18 to 25 year olds) and showed the highest likelihood of exceeding low-risk drinking guidelines with 38% of 20 to 24 year olds reporting this behaviour (Adlaf *et al.*, 2005). Similarly, the 2000-2001 Canadian Community Health Survey indicates that 28.8% of youth aged 15 to 19 years engaged in heavy episodic drinking<sup>3</sup> (35.2% male and 22.1% female, Statistics Canada, 2002).

Beer continues to be the most popular alcoholic beverage accounting for 50.8% of sales in 2005, followed by wine and spirits (25.2% and 24.3%, Statistics Canada, 2006). This was the first time wine sales exceeded spirit sales, reflecting a growth in wine culture also witnessed elsewhere.

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<sup>1</sup> Ontario's Low-Risk Drinking Guidelines advise no more than two standard drinks on any given day and up to nine drinks a week for women and 14 drinks a week for men. A standard drink contains 13.6 grams of alcohol and is equal to a 5 oz glass of wine, a 12 oz bottle of beer, or 1.5 oz of spirits (APN, 2006).

<sup>2</sup> Scored responses to a ten item questionnaire are used to indicate hazardous consumption and possible alcohol dependence (APN, 2006).

<sup>3</sup> Heavy episodic drinking defined as more than five standard drinks.



Recent research has shown statistically significant associations between alcohol consumption and overall fatal accident rates in all Canadian provinces for males, and in all provinces except Ontario for females (WHO, 2004). Several studies cite a significant relationship between fatal accident rates among men, women, youth or children for falling accidents, motor vehicle accidents and other accidents (Skog, 2003; Rowe *et al.*, 1994), as well as suicides and drownings (Mitic and Greschner, 2002). This trend has been observed over time, and a strong temporal relationship between alcohol consumption among Canadians and alcohol trauma (such as fatal traffic and fatal falling accidents) has been recorded in all provinces over almost 50 years (Skog, 2003; Holder, 2003).

Drinking and driving is by far the largest single criminal cause of death and injury in Canada, although the risk of impaired driving has been decreasing over the past 20 years (APN, 2006). Nevertheless, recent data from the Traffic Injury Research Foundation (TIRF) estimate that in 2003 1,055 people died from alcohol-related crashes in Canada. Another TIRF survey suggests that when asked about the previous month, 14.7% of Canadian drivers drove within two hours of consuming alcohol and that 6.7% (roughly 1.5 million people) had driven when they considered themselves to be above the legal limit (Beirness *et al.*, 2004, 2005 as cited in APN, 2006).

Several groups have been identified as being most vulnerable to the negative effects of alcohol-consumption (Health Canada, 1998), in particular, young people and females. Alcohol is considered a major factor in domestic abuse in Canada. For instance, a national Canadian survey of violence against women found that women with alcoholic partners are six times more at risk of abuse by partners (Rodgers, 1994). Over the long-term, research also indicates that women abused in the past or living with an abusive partner are at an increased likelihood to use alcohol or drugs (Health Canada, 1998). Issues related to the First Nations are outlined below.

It is reported that the social cost of alcohol in 2002 amounted to Can\$14.6 billion, half of which is attributable to reduced productivity levels (Rehm *et al.*, 2006). It was further estimated that in 2002 alcohol was a factor in 30.4% of all criminal offences (761,638 crimes): the majority (79.5%) of these offences were in relation to provincial alcohol statutes, 3.8% impaired driving and 16.7% categorised as violence due to alcohol (Rehm *et al.*, 2006). More specifically, alcohol consumption, assessed by alcohol sales, has been linked to homicide rates (Rossow, 2004). Additionally, a 2002 study by the Canadian Centre on Substance Abuse found that 24% of offenders entering prison reported being under the influence of alcohol at the time of committing the offence and 14% reported being under the influence of both alcohol and drugs (Pernanen *et al.*, 2002 as cited in APN, 2006).

In relation to direct consequences of alcohol, death rates for cirrhosis of the liver and ischaemic heart disease have been falling since the late 1970s (WHO, 2004). Research suggests that moderate consumption of alcohol can result in important health benefits, especially in relation to cardio-vascular disease, which also appeals to the public. However, research on alcohol's protective effect has been criticised for methodological reasons (Fillmore *et al.*, 2006), and a recent review in Canada demonstrates that the number of hospitalisations due to alcohol misuse outweighs

those spared by moderate use and there is a substantial difference between years of life lost due to alcohol-related deaths than years saved (Rehm *et al.*, 2006).

## 6.2 Alcohol policy

The federal government controls alcohol trade, taxation, advertising and related Criminal Code offences. However, provincial governments are largely responsible for controlling alcohol availability, enforcing liquor laws and providing education, health care and social services leading to variations across provinces (APN, 2006). There are four types of taxes that affect alcohol prices; federal excise taxes (on production and packaging of wines and spirits), provincial mark-ups, environmental taxes and federal/provincial sales taxes (APN, 2006).

Canada's approaches to controlling the availability of alcohol vary in terms of extent and impact across the provinces, and partially reflect a brief period of prohibition in the early twentieth century. Whilst reducing health damage, prohibition was not sustained, in part because of the excessive illegal trade. However, there is still relatively close government control of all aspects of the manufacture, distribution and sale of alcohol (Smart, 1985; Her *et al.*, 1999). In Canada, government-run alcohol retail monopolies are generally strongly supported and the country largely operates under provincially based alcohol monopoly systems (Giesbrecht and Greenfield, 1999). For example the Liquor Board of Ontario is the largest single purchaser of alcoholic beverages in the world (APN, 2006). Alberta is the only province to allow privatised retail alcohol monopolies (since 1993), although there has been a gradual shift towards privatisation of liquor retail elsewhere, for example with independent wine and beer stores becoming more widespread, particularly in the provinces of Ontario, British Columbia, Nova Scotia and Saskatchewan (Giesbrecht, 2003). Privatisation of retail alcohol sales monopolies is increasingly debated in Canada although concerns include: higher outlet density, longer store hours, and a lower interest among staff to curtail sales to minors or intoxicated patrons (Giesbrecht, 2003).

An additional limitation on access is that provinces in Canada cannot sell alcohol in corner stores, with the exception of Quebec and Newfoundland for certain alcoholic beverages (Giesbrecht and Greenfield, 1999). Public opinion research indicates that in comparison to their US American counterparts, Canadians are more likely to oppose the notion of selling alcohol in corner stores (Giesbrecht and Greenfield, 1999). However, greater availability is provided by alcoholic beverages being ordered by phone for home delivery in Canada. Recently, the delivery of alcohol via Canada Post has also become feasible (Giesbrecht, 2003).

The legal drinking age in Canada is 18 or 19 years of age, depending on the province or territory (Giesbrecht and Greenfield, 1999). Research on alcohol policy and public opinions among Americans and Canadians suggest that in comparison to the United States (where the legal drinking age is commonly 21 years), a greater number of Canadians support an increase in the legal drinking age (Giesbrecht and Greenfield, 1999).

Impaired driving is a criminal offence in Canada and is defined by: impaired motor vehicle operation, driving with a blood alcohol concentration (BAC) level of over

80mg in 100ml of blood (0.08%), failing or refusing to provide a blood or breath sample, impaired operation of a motor vehicle causing bodily harm, and impaired operation of a motor vehicle causing death. Education and enforcement campaigns such as RIDE (Reduce Impaired Driving Everywhere), Counter Attack, and Check Stop are implemented regularly in communities around Canada (Health Canada, 1998). However, as discussed below, variations exist with individual provinces pursuing more restrictive policies through administrative laws.

Alcohol-related warning labels have been also been debated in Canada (Giesbrecht and Greenfield, 1999). Although several attempts have been made to place warning labels on alcoholic products, these attempts have been blocked (Giesbrecht, 2003). This reflects resistance from the alcohol industry as well as difficulties in agreeing wording in the context of alleged health benefits from moderate consumption and doubts expressed about impact on alcohol-related problems (APN, 2006). In addition, public opinion research indicates that Canadians are less likely to support alcohol-related warning labels than Americans (Giesbrecht and Greenfield, 1999). Nevertheless, since 1991 Yukon and the Northwest Territories require alcohol warning labels on bottles, and Ontario establishments that serve or sell alcohol have been required to display warning signs addressing drinking during pregnancy since 2005 (APN, 2006).

Canada's Drug Strategy is the federal government's response to the harmful use of substances. Initiated in 1987, it has been renewed several times, most recently in May 2003 (Health Canada, 2003). Its ultimate goal is to see Canadians living in a society increasingly free of the harms associated with substance use, with alcohol now identified as a major part of problematic substance use. The strategy maintains the four key pillars of prevention of problematic use through education, enforcement, treatment and harm reduction. The Canadian Government has broadened its commitment to the goal of the Drug Strategy by investing in four new areas of activity; leadership, research and monitoring, partnerships and intervention, and modernized legislation and policy, although much is undertaken at provincial level as outlined above. The Government also plans to invest Can\$245 million over five years with Can\$11 million targeted for the FAS/FAE Initiatives to reduce foetal alcohol syndrome and foetal alcohol effects (APN, 2006).

### **6.3 Factors affecting drinking cultures in Canada**

#### *6.3.1 Marketing*

Even within the government-run liquor management systems, noted above, the marketing of alcohol has changed remarkably in recent years (Giesbrecht, 2003). Alcohol marketing efforts in Canada have become more consumer-oriented and the use of on-site innovations and multimedia advertisements is readily present. For example the website for the Liquor Control Board of Ontario, responsible for the retail sale of beverage alcohol at Ontario government stores, incorporates ideas for food and drink and social events and information about beverage alcohol, in general, as well as specific products and social responsibility advice (LCBO, 2007).

Focusing on advertising, the Canadian Radio-television and Telecommunications Commission (CRTC) holds a broad regulating authority in the field of broadcasting.

Since 1995 there has been a move towards industry self-regulation of alcohol advertising and Advertising Standards Canada currently performs a script clearance function for the broadcasting industry (Hlaing and Rempel, 2004). However, it is difficult to monitor and control access to internationally sourced advertisements through the use of cable and satellite services which are not required to align with CRTC or provincially set codes (APN, 2006). As detailed, alcohol advertising is regulated at both federal and provincial levels, with federal regulations set out by the CRTC. Overall guidelines dictate that alcohol advertisements must not: promote drinking in general; appeal to minors; associate drinking with dangerous activities; imply that alcohol contributes to personal, social or athletic success; or show irresponsible use or service (Hlaing and Rempel, 2004).

Canada has recently decreased the number of advertising bans in effect (e.g. Saffer and Dave, 2002), both federally and provincially. For example, in 1995 the ban on advertising of spirits on television and radio was lifted, and by the late 1990s a wide variety of advertisements for alcohol spirits existed in the Canadian media (Giesbrecht, 2003). In 2003 the province of Ontario saw 446,410 alcohol advertisements being broadcast across radio, television and speciality services, with almost 700,000 alcohol advertisements being broadcast in Canada as a whole. This figure excludes the use of internet, billboard and magazine advertisements as well as advertising at concerts and sporting events (Hlaing and Rempel, 2004).

Alcohol sponsorship and advertising are readily linked to sporting and cultural events in Canada and the majority of spectator sports, as well as national and local cultural events in Canada, advertise alcohol in some form (Smart, 1985; Giesbrecht, 2003). Car races, rock concerts and skiing events are prime examples of sporting and cultural events where alcohol sponsorship is readily present (Giesbrecht, 2003). Provinces address this individually. For example, in British Columbia the Liquor Control and Licensing Act states that there should be no alcohol sponsorship for an event, activity or organisation where the participants or audience are primarily minors. Also when promotional signs are displayed by a liquor manufacturer 'a reasonable number of signs' promoting responsible consumption must also be displayed (British Columbia Government, 2002).

In relation to public health communication via the media, partnerships between broadcasters and the Canadian government have been formed to enhance the health messaging of popular television and radio programs, particularly those aimed at youth and parents. Activities and events are also organized throughout communities in Canada to raise awareness and understanding of substance use problems (Health Canada, 1998). Researchers have pointed out that although there are occasional alcohol-related counter advertisement campaigns in Canada, they remain largely underfunded and are often overshadowed by many sophisticated and attractive messages to promote alcohol beverages (Giesbrecht, 2003). Alcohol health messaging in Canada outlines both possible benefits of moderate drinking as well as risks associated with drinking.

### *6.3.2 Regulation and legislation*

As outlined above, impaired driving is a criminal offence under federal law. However, variation exists within Canada with the ability of individual provinces to pursue more

restrictive policies through administrative law, such as withdrawal of licences (e.g. Canada Safety Council, 2004, cited in APN, 2006). Thus whilst the criminal code stands at 0.08% blood alcohol concentration (BAC) level, nearly all provinces have an administrative level of 0.05% although Quebec is higher and Saskatchewan is 0.04% (Fell and Voas, 2003). However, there is increasing pressure for overall lowering of the BAC level to match the criminal code (Fell and Voas, 2003) and for zero tolerance for new or young drivers as promoted by pressure groups such as Mothers against Drunk Driving (MADD) who cite considerable support for such changes (e.g. MADD, 2005).

The Province of Manitoba provides an example of varied policies; anyone holding a Graduated License is not allowed to drive with any alcohol in their blood, and recently the province announced that the classification of 'novice' driver will be increased from three to five years and that a BAC value of zero will apply to these drivers. For all other drivers the province's BAC limit is 0.05% (50mg in 100ml) although fuller criminal charges initiate at a BAC of 0.08% (Manitoba Justice Department, 2006).

### 6.3.3 *Social / cultural influences*

Canada is often described as a cultural 'mosaic' - different cultural groups are socially intact and thus maintain their own cultural identities - in comparison with the historical 'melting pot' of the United States. That said, in terms of drinking, Canada does not tend to have marked variations in consumption patterns observed in USA, such as the substantial proportion of abstainers in the Southern States (Room, 2006, personal communication). However, cultural backgrounds do have an effect. For instance, Canadian Jewish students have been cited as more likely to maintain norms of less abusive drinking due to such cohesiveness (Engs *et al.*, 1990). In addition, the strong French population in Quebec reflects aspects of French culture, with a tendency towards greater wine drinking and more integrated drinking patterns.

Other socio-cultural differences have been identified, with an increase in past-year drinking among those with a university degree (84.1% report drinking) and those in the highest income bracket (88.7% report drinking). These groups drink more frequently and have more drinks than their counterparts, but are not more likely to be heavy drinkers (APN, 2006).

A wine culture has been developing over the past 20 years with a steady increase in consumption although, as outlined above, beer remains the majority drink. The growth is largely attributed to interest among young professionals and a general increase in disposable income and the trend indicates a focus on quality rather than price (Australian Wine and Brandy, 2006).

The peoples of the First Nations are of interest, although they represent less than 3% of the population as a whole (2.8% in 1996; Statistics Canada, 1998). Early British and French immigrants to Canada exposed these communities to rum and brandy and they became among the heaviest drinkers. Resulting alcohol problems remain largely unresolved (Smart, 1985). In comparison to the other segments of the Canadian population, not only are First Nations groups currently considered to be at particular risk from harm associated with alcohol and other drugs, but young people

are at two to six times greater risk for alcohol-related problems (Pan American Health Organization, 1998). The First Nations Regional Longitudinal Health Survey in 2002-2003 highlights distinct differences in consumption patterns in comparison with the general population. Interestingly, they have a higher abstinence rate than that of the general population, with 65.5% last year drinkers, compared to 79.3%. Additionally, fewer (17.8%) adults reported that they drank on a weekly or daily basis compared to 44% in the general population. However, those First Nation people who do drink are more at risk, with 16% reporting heavy drinking (five drinks or more at one occasion) on a weekly basis reported compared to 6.2% (First Nations Centre at the National Aboriginal Health Organization, 2005 as cited in APN, 2006). Recorded alcohol-related deaths were six times higher than for the general population (APN, 2006).

Canadian adults are generally supportive of alcohol consumption, as long as such consumption is moderate – drinking less than one drink per day. Results from a Canadian National Population Health Survey (Ogborne and Smart, 2001) found that a majority of Canadian adults believe that moderate alcohol consumption is associated with health benefits.

#### **6.4 Changes in drinking cultures in Canada over the last 20 years**

Beer has remained the most popular sales, with a steady increase in consumption of wine, especially good quality wines, recently overtaking sales of spirits. Canada has also experienced an increase in youth and binge drinking, and the risks that this brings, in the context of the recent overall increase in drinking levels. Increasing globalisation of alcohol products and marketing has had a continuing effect, especially in relation to the larger United States industry and media routes which are especially influential among those living near to the border (the majority of Canadians).

Canada has a long history of direct government involvement in alcohol management. However, there has been a trend towards increased access to alcohol: for example, the privatisation of retail alcohol sales in Alberta since 1993, extension of bar hours until 4.00am in British Columbia since 2002, and Sunday sales are authorised in many provinces (APN, 2006). In addition, promotion of alcohol is increasingly extensive, and bans on elements of alcohol advertising have been progressively rescinded. There has also been resistance to alcohol warning labels with only Yukon and the North West Territories Liquor Boards requiring such labelling (APN, 2006).

However, public opinion still seems to favour retaining the current level of control in some areas and in a number of cases there are indications of a desire for greater strictness. For example, around 75% of respondents supported increased efforts regarding control of alcohol sales to minors and drunks, and two thirds believed outlet hours should not change and opposed sale of alcohol in convenience stores (CCSA, 1999 as cited in APN, 2006). In addition, there is continuing demand for reduction of impaired driving levels to 0.05% BAC together with further limitations for example for young drivers (MADD Canada, 2005).

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## 7. Country review: France

### Summary

- There has been a steady fall in alcohol consumption levels over 30 years to 13 litres per capita in 2004, although levels are still higher than our other study countries.
- The decline in alcohol consumption largely reflects lower rates of wine drinking, indicating greater urbanisation and employment changes, in turn linked to reductions in drinking with meals and daily drinking.
- There has been a relative increase in spirit and beer drinking but wine still predominates at two-thirds of total consumption.
- While youth drunkenness remains lower than the European average there has been a relative increase in binge drinking especially among young people.
- There has been a trend for legislation to become increasingly public health oriented from the 1950s, especially in relation to access and drink driving. There has been a gradual decrease in licensed outlets, although numbers are still extensive.
- The minimum purchase age is staged; 16 years for beer and wine and 18 years for spirits.
- Alcohol production and marketing contributes to 10% of the GDP, resulting in industry pressures on alcohol policies.
- The *Loi Évin* (1991) enables advertising controls that don't depend on industry voluntary codes, such as bans on TV and cinema advertising, targeting young people and sponsorship. Although weakened in some aspects in 2005, the clarity of the law has enabled it to resist many legal challenges from French and international alcoholic drinks producers.
- France continues to retain a strong self-image of a wine-drinking culture, with increasing interest in aspects of quality and production.

### 7.1 Consumption typologies

The average annual consumption of alcohol in France has been reduced by a third over a period of 34 years, from 20.4 litres in 1970 to 13 litres in 2004 (INSEE, 2006). Since 1995 the unrecorded alcohol consumption is estimated to be 1.0 litres pure alcohol per capita for over 15 year olds (WHO, 2004).

Drinking is common, with a relatively low percentage of abstainers in France (6.7%: 4.3% male and 8.9% female). In addition the proportion of abstinence decreases with age, for example to 1.7% among 45 to 54 year olds, most of whom are female (Legleye, 2002). In contrast, 22.7% of males and 11.1% of females claim to drink regularly, at least weekly. Among both heavy hazardous and episodic adult drinkers figures indicate that these behaviours are more common with males (16.6% and 27.9% respectively) than females (7.8% and 9.7% respectively) (WHO, 2004).

Among teenagers a tendency for more frequent and heavier drinking among males in comparison to females is also apparent. For example, the proportion of binge drinkers amongst teenagers has been recorded as 16% for boys and 7% for girls (15 to 16 year olds consuming five or more drinks in a row three times or more a month).

Furthermore at the age of 17 years, 63.3% of boys and 49.5 % of girls reported having been intoxicated by alcohol in their lives, rising to 74.8% among 19 year olds (WHO, 2004). However, among 17 to 19 year olds 83.1% of females admitted to having consumed alcohol over the last month compared to 73.2% of males (WHO, 2004). Whilst overall population consumption levels are high compared to other countries, consumption patterns among young people are not markedly higher than those in other countries. For example, in the ESPAD<sup>4</sup> study the proportion of 15 to 16 year olds who had consumed any alcohol during the previous 12 months is about the same as the average for all participating European countries (80% versus 83%), and the proportion reporting having been drunk during the same period is substantially smaller than the average and in comparison to UK (29% versus 53% versus 68%; Hibell *et al.*, 2004).

Even though wine consumption has decreased dramatically, wine still makes up two-thirds of the total consumption of alcohol. Wine drinking habits are gradually shifting from cheap table wines to high quality and expensive wines endowed by the label *Appellation d'Origine Contrôlée (AOC)*, whilst cider suffers from the recent enthusiasm for premium beers (Naboum-Grappe, 1995). It is important to note considerable variations in consumption patterns across the different regions in France (Craplet, 2005; Legleye, 2002; Naboum-Grappe, 1995; Sulkenen, 1989).

The medical and social costs of alcohol in France are estimated to amount to €1.2 billion (Kopp and Fenoglio, 2006). Alcohol thus represents more than half of the social costs of substance misuse to society, and the death of 43,963 people in 1997 was attributed to alcohol. Additionally the loss of productivity due to the social cost of alcohol was estimated at FF57,555.66 million (equivalent to nearly €8,774 million) in 1997 (Fenoglio *et al.*, 2003). Whilst medical and social costs remain high, there has been a decline in deaths from disorders where alcohol is one of the underlying risk factors since the 1970s, such as ischaemic heart disease and cirrhosis of the liver (WHO, 2004; Leon and McCambridge, 2006).

## 7.2 Alcohol policy

Alcohol prevention and control policies have been difficult to initiate and implement, reflecting both the importance of alcohol to France's cultural heritage and to the economy (production and marketing of alcohol accounts for 10% of the GDP; Craplet, 2005). Few alcohol control measures were introduced before the 1950s (Ugland, 2003). However, in comparison to its European neighbours, the gap in terms of alcohol policy has started to narrow, as is evidenced by increased restrictions on access and drink driving controls.

The High Committee for Public Health was created in 1991 with the task of advising the French government on policy and regulatory action concerning alcohol from a public health perspective (Ugland, 2003). However, several aspects of control have tended to be organised at regional levels, although there are some signs of a more centralised approach (Demossier, 2006, personal communication).

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<sup>4</sup> The European School Survey Project on Alcohol and Other Drugs, [www.espad.org](http://www.espad.org)

In France taxation has never been used as a method of exercising control over alcohol (Craplet, 2005). Since the 1970s the real value of excise duties on alcoholic beverages decreased, although 1990 saw the duty on beers increasing while levels for spirits remained constant (Österberg and Karlsson, 2002). In parallel, the real price index for all alcoholic beverages has decreased since the mid-1970s but only by a few percentage points (Leppanen, 1999 as cited in Österberg and Karlsson, 2002). Therefore, despite a stated desire to reduce consumption of alcohol in France, governments have tended to focus on tax revenue generated by alcohol rather than alcohol-related harm (Sournia, 1987). In 2004 the French NGO National Association for the Prevention of Alcoholism and Addiction (ANPAA) thus protested about the French White Paper on viticulture (or wine growing), which aimed to promote the consumption of wine in France and equated wine with food or and nutritional ingredients (European Health Alliance, 2004).

In France the minimum alcohol purchasing age is defined by the *Code de la Santé Publique*. All minors under the age of 16 years are forbidden to enter a bar unless accompanied by an adult (Craplet, 2005). The law forbids purchasing wine and beer under the age of 16 years, while spirits are prohibited for those aged below 18 years. On-premise sales appear to comply with these legal limits on alcohol purchasing by minors, whereas the legislation appears to be largely ignored by other outlets (Craplet, 2005).

Since the 1950s drink driving has been a serious problem for road safety and contributed to road accident mortality rates. As a result, successive governments gradually reduced the authorised blood alcohol concentration (BAC) level from 0.12% to 0.08% (in 1970). In 1995 the limit was set at 0.05%. Legalised in 1978, and commonly used by police officers since 1990, random breath testing is permitted to control the level of alcohol in the blood with a view to penalising drivers if necessary. In 2003 laws were passed which increased tests and introduced harsher penalties (i.e. imprisonment, licence suspension of one to three years). However, in France, regional variations still persist in terms of prevention and detection of drink driving (Got, 2004). Compulsory in cases of injury accidents or when an offence has been committed, the number of random breath tests reached its peak in 2000 with 9.7 million drivers targeted. The use of random breath testing over the past few decades considerably reduced the number of alcohol-related accidents from 216,139 in 1983 to 105,470 in 2002 (Sweedler *et al.*, 2004). The enforcement of drink driving policies clearly has an effect, but the perceptions of its causes are not fully recognised (such as a male chauvinist and competitive culture of driving).

In 1991, the controversial *Loi Évin*<sup>5</sup> law was passed with the objective of controlling the advertising of alcohol and tobacco. Alcoholic drinks were strictly defined (i.e. over 1.2% alcohol by volume), and places and advertising media restricted (i.e. advertising on television and in cinemas, targeting young people, sponsorship were all prohibited) and highly controlled (i.e. messages refer only to the intrinsic qualities of the product and must include warnings - 'alcohol abuse is dangerous for health') (Rigaud and Craplet, 2004). This means that unusually in Europe, advertising control does not depend on self-regulation or voluntary codes of practice and illegal

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<sup>5</sup> Loi no. 91-32 du 10 janvier 1991. Loi relative à la lutte contre le tabagisme et l'alcoolisme. NOR: SPSX9000097L.

advertisers can be brought before the courts with significant penalties. As discussed below, areas of the law have been relaxed reflecting alcohol and advertising business interests (Ugland, 2003), but it remains a key policy element.

National public awareness and information campaigns aimed at reducing alcohol-related harm have become more frequent since the 1980s (Ugland, 2003). In 1984, the French government Committee for Health Education (*Comité Français d'Éducation pour la Santé*) launched a national information campaign on alcoholism for the first time as a part of a prevention and health promotion policy. Television and radio were the main routes of delivery with a humorous motto, “*A glass is OK... three glasses, and your trouble begins*”. The positive reception of the campaign helped reinforce the idea of alcohol moderation (Vilain, 1985).

A more recent information campaign launched in 2004 by the National Institute for Prevention and Health Education (INPES) aimed to reduce alcohol consumption among heavy drinkers and to increase public awareness of problem drinking and cancer risks. The initiative was followed up in 2005 by a campaign that targeted women who drank alcohol during pregnancy (INPES, 2006). In France 3.9% of pregnant women report drinking at least a glass of alcohol a day, which may represent a threat to both the foetus and the child (Blondel *et al.*, 2000).

### **7.3 Factors affecting drinking cultures in France**

#### *7.3.1 Marketing*

The *Loi Évin* has always been criticised by wine growers and advertisers for its severity, but the clarity of the law has enabled it to resist many legal challenges. For example, in 1998 the giant brewer Anheuser-Busch (Budweiser) tried to advertise in French stadiums as sponsor for the Football World Cup but was not successful and another sponsor was found (Craplet, 2005). Another example was the recent campaign in 2004 by Val-de-Loire wine professionals that used the slogan *Cabernet d'Anjou - “Who dares to say that youthfulness doesn't rhyme with delicateness?”* which was banned and the wine growers were fined by the Paris Court of Justice for enticing young people to drink (ANPAA, 2006a). Cases have also been successfully mounted in relation to Kronenbourg (1664) and the Scotch whisky J&B (ANPAA, 2006b, 2006c). The ANPAA has recently taken on a new role to institute proceedings against illegal alcohol advertisers (ANPAA, 2006d).

Notwithstanding the above law, marketing tools such as mailshots targeting middle-aged drinkers, or the internet targeting young people, can still be used in addition to advertising (Riguad and Craplet, 2004). For example, ANPAA attacked alcohol producers Ricard and Kronenbourg because both firms sponsored student parties in summer 2001, offering alcohol to young people who were inexperienced drivers. Even when official sponsorship is forbidden, alcoholic drinks are often central to social events such as harvesting, fairs, and the launch of the year's Beaujolais Nouveau wine (Riguad and Craplet, 2004).

It is difficult to assess the effects from the *Loi Évin*. It was established during a prolonged and consistent downward trend of alcohol consumption (see 7.1). Furthermore opinions on the effect of advertising on overall consumption vary, and

hence the impact of advertising controls are difficult to measure. However, the law has been effective in modifying the form and content of advertising messages, potentially contributing to the normalisation of less excessive drinking behaviours and limiting associations with personal, sexual and social success (Rigaud and Craplet, 2004). Moreover, the European Court of Justice ruled in 2004 that the law is compatible with the European treaties and proportional to its objective, thus giving further support (Craplet, 2005). Arguably however, the crackdown on drinking and driving (7.2 above) has had a greater impact on consumption patterns than the *Loi Évin*, with restaurateurs complaining that the most recent measure reduced alcohol sales by 15% (Room, 2006, personal communication).

In February 2005, a modified *Loi Évin* was published in the *Journal Officiel* (French Government Publication), regarded as the consequence of wine producers' contesting and lobbying against the legislation. It is now legal to include reference to the *terroir*, any awards received, the *Appellation d'Origine Contrôlée* and geographic indications in advertising. References to the colours, olfactory and gustative characteristics have been approved in advertising to allow wine growers to describe the intrinsic qualities of their product more precisely (Craplet, 2005).

### 7.3.2 Regulation and legislation

Several laws have restricted the availability of alcohol, although often at a local or regional level. For example, local authorities determine restrictions on permitted hours (Craplet, 2005). Legislation prevents the opening of premises in inappropriate locations or 'protected' areas. Prefects decide a minimal distance, advised by the Home Office, around which these premises cannot be established, such as schools, stadiums, swimming-pools and recreation grounds (Lardenois, 1980). Legislation also stipulates a maximum level of density for outlets. These restrictions reduced the number of licensed premises authorised to sell alcohol from 250,000 in 1960 to 170,000 establishments in 2005 (Craplet, 2005). However, there continues to be a wide range of alcohol outlets in France (Ugland, 2003), including petrol stations from 06:00 hours to 22:00 hours (Craplet, 2005).

### 7.3.3 Social / cultural influences

Alcohol is an embedded and central aspect of French culture (Ugland, 2003). The country remains a leading producer of alcohol, as well as leading in annual per capita consumption (Naboum-Grappe, 1995). Wine production has always been an economic sector protected by the French government. However, increasing competition from Spain, Portugal and Italy and New World wine producers has forced wine growers in France to review their approach to the market.

Improvements in the quality of wines and the phenomenon of rationalisation with the concentration of major companies are important changes resulting from this new strategy (Douglas, 1987). Moreover, consumption of good quality wines has tripled between 1960 and 1990, pointing to broader societal changes (Badouin, 1990). Another aspect of the emergence of the new wine culture in France since the 1970s are special events such as *Caves Particulières* (private cellars) (Demossier, 2005). Similarly, wine tourism has developed considerably over the last decade in France, reflecting an emerging leisure culture, boosted by lowering the retirement age and

the 35-hour working week (Demossier and Milner, 2000). Nowadays almost every wine region has its own wine route and publishes guides with history and anecdotes on the local gastronomy and the best vineyards (Plichon, 1996).

French people still retain an image of themselves as part of a strong wine-drinking culture (Demossier, 2005; Naboum-Grappe, 1995). Drinking wine in France remains an act of differentiation (Demossier, 2005) with a hierarchy of wines which can be seen to identify with social hierarchies and local and national identities. High quality wines were historically the monopoly of the *bourgeoisie* (middle classes), especially in restaurants where they were seen to transform the act of eating and drinking into a sophisticated cultural and social occasion. However, an increasing variety of new wines are on offer responding to the social fragmentation of drinkers in French society. Consequently, two types of consumers can be described; 'connoisseurs', educated drinkers for whom wine culture is more than just drinking wine, and 'wandering drinkers', the average drinker who knows little about wine and is confused by the proliferation of norms and rules (Demossier, 2005). Finally for French wine consumers there are additional, closely associated elements: the *terroir* which represents the natural characteristics and the qualities of the vineyard soil, and the label AOC, both 'tools' of a social distinction and economic position with the variation of wine prices depending on their ranking.

The diminishing consumption of alcohol, largely attributed to a reduction in wine consumption although in the context of relative increases in beer and spirit consumption, reflects a range of occupational and lifestyle changes (Sulkenen, 1989).

France has also witnessed a trend towards episodes of heavier drinking, in particular among young people. In a survey of 18 to 29 year old students, 46% fitted the typology of 'weekend drinkers'; seldom drinking during the week but drinking 'liberally' during weekends, and attributed the 'success' of an evening to the amount of alcohol consumed to a degree. A smaller minority (14%) also drank at weekends but with a stronger aim of intoxication while 36% were categorised as non-drinkers or only having one drink on special occasions (Desplanques, 2003). The study suggests that young drinkers in France are beginning to consume alcohol for its psychoactive effects rather than more traditional reasons. The young people tended to condemn daily drinking behaviours including moderate drinking with meals, envisaging greater risks than for their own binge drinking patterns, such as alcoholism.

Drinking features prominently in the socialisation of children from an early age (e.g. Anderson, 1979). However, attitudes to drunkenness have been ambivalent. On the one hand excessive drinking is condemned, whilst on the other hand *l'ivresse* (intoxification) can be glorified and linked with laughter and humour (e.g. the portrayal of *l'ivresse* in children's comic books *Les Pieds Nickelés* and Hergé's *Tintin*). This is reflected in making toasts, buying rounds and drinking contests - 'compulsory' drinking - meaning it is virtually impossible for a person to refuse a glass of alcohol (Naboum-Grappe, 1995). More recently, drinking has become increasingly focused on the psychoactive effects, rather than traditional social interactions or perceived health benefits, especially among young people. In

addition, drinking of stronger alcohols is relatively more common in comparison to wine.

With regards to gender differences, women tend to drink less in terms of quantity and strength, preferring lighter and sweeter alcohols such as champagne or aromatic liqueurs. Thus, heavier hazardous and episodic drinking tends to be a male-dominated phenomenon (WHO, 2004). Getting drunk is negatively perceived for women and it is easier for them to refuse drinks without losing face (Naboum-Grappe, 1995; Demossier, 2006, personal communication). During a meal women would not hesitate to drink water, and liqueurs and spirits are traditionally proscribed for women and children. However, it is common at the end of a meal, that both women and children eat a sugar cube dipped into a *digestif*, an act perceived as very feminine and childlike (Naboum-Grappe, 1995). However, these gender differences are less marked among younger or employed women (Naboum-Grappe, 1995).

#### **7.4 Changes in drinking cultures in France over the last 20 years**

The steady downward trend in alcohol consumption over the last 50 years has been linked to a fall in wine drinking in particular, although France still remains among the top three countries in Europe in terms of wine consumption (WHO, 2004). In particular wine is no longer drunk with every meal or daily, and is becoming more reserved for special occasions. Thus traditional beverages (such as table wines) have been substituted by good quality wines and international brands of beers and spirits (Craplet, 2005). These trends are variously attributed to a greater urbanisation and fragmentation of society as well as changing employment patterns. Despite this consistent reduction in consumption, France is characterised by a deep-rooted alcohol culture (Demossier, 2005). Driven by wine - its 'national treasure' (Ulin, 1995) - France has thus remained a leading world player with regards to alcohol consumption, production and exportation (Ugland, 2003).

The increasing trend towards drinking spirits and beers (especially premium brands) is particularly apparent among younger people, although wine remains the principal drink consumed overall. This, and the 'independence' of wine from domestic meal settings and other sociological developments, has led to new and often more hedonistic drinking patterns, for instance, nightclubs and parties characterised by young people trying to get drunk (Naboum-Grappe, 1995; Desplanques, 2003). This phenomenon increases the likelihood of drunkenness during the weekend and related problems (Ministry of Labour and Solidarity, 2001). Overall, French drinking patterns have shifted away from an emphasis on the consumption of wine to consumers drinking many types of alcohol with a multiplication of opportunities to drink and a broader range of products available to be consumed (Demossier and Milner, 2000).

In parallel, there have been changes in the extent of alcohol control policies and education initiatives over 50 years, with, for example, tighter restrictions on drink driving, limitations on the numbers of outlets and on access for minors, in addition to legal restrictions on alcohol advertising.

Finally, while showing signs of homogenisation with drinking patterns in other European countries through a relatively greater consumption of non-traditional



drinks, the changes in France are not accompanied by the recent increases in per capita drinking consumption observed in other countries, although concerns around more hedonistic and heavy drinking behaviours remain.

## 7.5 References

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## 8. Country review: Germany

### Summary

- Alcohol consumption has declined over the past two decades to 10.2 litres of pure alcohol in 2003.
- Beer remains the most popular alcoholic drink in Germany, despite a steady decline in consumption, although wine, the second most popular drink, has now become the most commonly consumed alcoholic drink among German women. Alcohol consumption appears relatively constant throughout the lifespan.
- The legal minimum drinking age is 16 years for beer and wine and 18 years for spirits. The country's alcohol laws and attitudes towards alcohol are relatively liberal as is evidenced by relatively low alcohol taxation and tax exemption for wine as well as 24 hour availability.
- Alcohol marketing is regulated through a voluntary code followed by organisations representing importers and producers of alcoholic beverages. This code aims to minimise abuse of alcohol and lays out a series of rules aimed at reducing exposure of advertising to minors, in addition to restricting producers in selling their product on the grounds of psychological, social and health benefits.
- Episodes of public drinking to excess tend to be confined to special occasions, and it is considered a virtue to be able to 'hold one's drink', especially among men. Previously marked gender differences in alcohol consumption are diminishing although there are still distinct informal gender roles, norms and expectations governing alcohol consumption.

### 8.1 Consumption typologies

Having declined relatively steadily from a maximum of 12.9 litres in 1980, per capita pure alcohol consumption was 10.2 litres in 2003 (DHS, 2005)<sup>6</sup>. Episodes of heavier drinking tend to be relatively low. Data suggest that on average, German adults consume more than five or six drinks nine times per year, whilst British adults may do so on 32 occasions (WHO, 2004).

The majority of the population drink, with estimates of percentage of abstainers ranging from between 8% and 12% for males and between 12% and 18% for females. Estimates further indicate that between 3.6% and 11.8% of the population consume alcohol in a hazardous manner (WHO, 2004; Ahlström *et al.*, 2001; Bühringer *et al.*, 2002; Burger *et al.*, 2003).

Among young Germans aged 15 years, 39% drink alcohol on a weekly basis (Hurrelman *et al.*, 2003). However, with lifetime prevalence for alcohol consumption among 12 to 15 year olds of 72% in 2003, there are signs that consumption amongst adolescents is increasing (Bühringer, 2006), in contrast to the 20% drop of alcohol consumption in the general population outlined above. Thus weekly consumption

<sup>6</sup> Unrecorded alcohol consumption has been estimated to be 1 litre of alcohol per annum and person (Appendix 2. Alcohol per capita Consumption, Patterns of Drinking and Abstinence Worldwide after 1995; *European Addiction Research*, 2001;7:155-157).

levels among this age group increased by 48% from 2001 to 21 grams of absolute alcohol per week in 2004. Among 16 to 19 year olds, a similar increase was found in this time period with consumption levels rising by 49% to 98 grams of absolute alcohol per week (BZgA, 2004).

With regards to prevalence of problem drinkers, DSM IV<sup>7</sup> classification of problem drinkers suggests that between 2.6% (Kraus and Augustin, 2001) and 8% (Bühringer *et al.*, 2000) of the general population drink alcohol in an abusive manner. It has been estimated that in the age range of 35 to 64 years, up to 25% of the total mortality in males, and 13% in females are attributable to alcohol (John and Hanke, 2002).

Estimates of alcohol-related direct and indirect costs were reported to be almost 21 billion Euros, of which the largest part of seven billion Euros is attributable to alcohol related mortality (Bühringer *et al.*, 2000). In terms of criminal offences, about one third of violent offences are committed under the influence of alcohol (Bundesministerium des Innern, 2005).

Germany is home to more than 1,200 breweries owing to an unconsolidated beer market as a result of progressive taxation that enables small breweries to survive (Chatterton and Hollands, 2003). Beer is the most commonly consumed alcoholic drink for regular drinkers, even when regional variations between wine-producing regions (e.g. Rhine Valley), spirit-producing regions (east of the river Elbe) and beer-producing regions (Bavaria, industrialized West) are taken into account (Vogt, 1995; Chatterton and Hollands, 2003). However, consumption of beer has seen a steady decline over the past few decades (Leifman, 2002). Wine is the second most popular drink and the most popular drink among women (Vogt, 1995; Ahlström *et al.*, 2001). It is becoming more popular amongst affluent families, whilst spirit consumption is declining due to lifestyle changes and taxation. Alcohol consumption both among German men and women remains constant throughout the lifespan, and does not appear to decrease with age as in other European countries (Ahlström *et al.*, 2001).

The biggest social and political upheaval in the past few decades, the integration of East Germany into the Federal Republic which brought with it unprecedented levels of prolonged unemployment, is likely to have had an impact on the number of heavy drinkers (Larsson and Hanson, 2000). A study of nine European countries found the highest proportion of heavy drinkers to be found among unemployed Germans, along with the Finns (Ahlström *et al.*, 2001). The same study also found that lifestyles in which alcohol plays a prominent role are to be found among people with a relatively lower employment status.

## 8.2 Alcohol policy

With a legal drinking age of 16 years for beer and wine (18 years for spirits), German alcohol policies have been characterised by a relatively liberal approach to alcohol consumption. It was only in 2003 that the national government set the reduction of per capita consumption of alcohol as a political target (Bühringer, 2006), although

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<sup>7</sup> The Diagnostic and Statistical Manual of Mental Disorders (DSM IV) is published by the American Psychiatric Association (APA) and is a commonly used handbook to diagnose and define a wide range of "mental disorders".

health ministers began to consider alcohol-related policy changes in 1997 (Bartling, 2005). However, there are signs that alcohol policies are becoming more stringent. For example, as a result of dramatic increases in consumption levels amongst young people outlined above, and with the aim of targeting youth drinking, the German government increased sales taxes on alcopops dramatically in 2004 (Bretschneider *et al.*, 2006; BZgA, 2004) and consumption of these drinks has declined considerably since (BZgA, 2005; Bundesministerium für Finanzen, 2005), although a downward trend has been observed internationally for these products (Euromonitor, 2005).

In spite of these recent developments, alcohol remains relatively inexpensive in Germany. Taxation on beer was amongst the lowest in the European Union (EU) prior to its enlargement (Österberg and Karlsson, 2002), and wine, similarly to other wine-producing countries in the EU, is not taxed at all.

### **8.3 Factors affecting drinking cultures in Germany**

#### *8.3.1 Marketing*

There are no laws restricting advertising of alcoholic drinks although there is a voluntary code on advertising of alcoholic beverages that is followed by organisations representing importers and producers of alcoholic beverages (Deutscher Werberat für Alkoholwerbung, 2004; Rehm, 2004). In order to minimise alcohol abuse, the code stipulates that (i) advertising should not encourage, or downplay the dangers of, excessive drinking; (ii) advertising should not show individuals who have consumed an excessive amount of alcohol, or give the impression that excessive drinking is acceptable; (iii) should not link alcohol consumption to aggressive or dangerous behaviours; iv) should encourage sensible drinking and not devalue abstaining from alcohol consumption. Rules relating to safety specify that advertising should not encourage alcohol consumption in conjunction with driving. With regards to underage drinking, the code stipulates that advertising should in no way encourage either directly or indirectly consumption of alcohol among minors. It also forbids references to age limitations for consuming alcohol so as not to provoke alcohol consumption by minors. The code also demands that no references should be made to possible health benefits of drinking, and the alcohol content of drinks should not be advertised as a feature of any products. Finally, the code specifies that alcohol consumption should not in any way be associated with social or psychological benefits of drinking (e.g. to reduce conflicts or anxiety), or that alcohol consumption may increase an individual's physical or sexual stamina or achievements.

Using sports personalities to advertise alcohol is prohibited although there are special regulations concerning advertising in sports arenas (Karlsson and Österberg, 2001) which frequently feature advertising for beer, as does football coverage on television.

#### *8.3.2 Regulation and legislation*

Access to alcohol is less restricted compared to other European countries. For example, it is readily available 24 hours a day in selected outlets (e.g. petrol stations), although opening times of pubs tend to be restricted. As outlined, it is legal

to purchase alcohol from the age of 16 years; however, these laws are enforced only leniently as is evidenced by test purchases by minors (Bühringer, 2006; Bretschneider *et al.*, 2006). Pub opening times are regulated at state (and sometimes city) level, and the *Sperrstunde* (the time at which a pub has to be closed) can vary from 1.00 am to 6.00 am in some states and cities to a 'cleaning hour' between 5.00 am and 6.00 am in others. In recent years, however, closing time laws have become progressively more relaxed and the states of Schleswig-Holstein and Lower Saxony completely abandoned the *Sperrstunde* in 2005 and 2006 respectively (TAZ, 2006).

In 1998 the drink-driving limit was lowered from a blood alcohol concentration (BAC) level of 0.05%-0.08% as a result of different legal limits in the former East (0%) and West Germany (0.08%) (Kroj and Friedel, 2004; Sweedler *et al.*, 2004). It is estimated that 12% of road accident fatalities and 11% of severe injuries resulting from accidents are alcohol related (Statistisches Bundesamt, 2004).

### 8.3.3 Social / cultural influences

The country's liberal alcohol policies are reflected in the finding that Germans also have liberal attitudes towards alcohol. Population surveys indicate that the general public disagrees with the notion that it is the government's responsibility to curtail the amount of alcohol people drink (Hemström, 2002a; Karlsson and Österberg, 2001). As such, alcohol is firmly embedded in many rituals, in particular among men, and alcohol tends to have positive connotations for the majority of Germans (Koch, 1987; Stein, 1985). Public drinking to excess, however, tends to be limited to certain occasions such as the internationally renowned *Oktoberfest*, and about two thirds of Germans never binge drink (Hemström, 2002b).

Throughout Germany, alcohol consumption functions as an important way to regulate emotions (Koch, 1987). This is reflected in language use that denotes reasons for drinking. *Ärger herunterspülen* (to drown sorrows); *sich Mut antrinken* (to drink to get courage); *sich sinnlos betrinken* (to get totally wasted); *trinken um zu vergessen* (to drink to forget) are all figures of speech that reflect motivations for consuming alcohol in Germany.

Whilst more recently the differences between men's and women's drinking habits are becoming less marked, differences in alcohol consumption patterns as a function of gender are reflected in differences in drinking values. In this way, boys are encouraged to drink from their teenage years and consumption of alcohol represents a rite of passage into adulthood (Vogt, 1995). During military service men are often accustomed to drinking regularly (and heavily) due to boredom. Alcohol consumption is governed by informal rules and, in particular among men, "To hold one's drink' is a highly valued virtue of manhood within the military, as in many other all-male institutions" (Vogt, 1995: 92). In all-male fraternities, excessive alcohol consumptions marks an important step of becoming fully-fledged members (Koch, 1987).

In contrast, teenage girls are not encouraged to drink much, although it is becoming increasingly popular to do so for a short time. Girls are expected to learn to drink moderately and to avoid getting drunk. This socialisation continues into adulthood where social norms suggest that it is the woman's role to take men home (Vogt,

1995). Parenthood in Germany does not appear to be associated with variations in consumption patterns among young men, while middle-aged childless men consume more alcohol than their counterparts with children (Ahlström *et al.*, 2001).

With regards to alcohol consumption in public houses, there are regional variations in the types of pubs in which people drink, for example, with some areas having pubs that specialise in wine (*Weinstube*). Throughout Germany traditional pubs (*Kneipen*) exist that predominantly serve beer. In addition to these regional differences, there are also differences as a function of social background in who frequents which pubs. In this way working classes traditionally gather in the local *Eckkneipe* ('the pub around the corner') which is modest, without much furniture and, in comparison to UK pubs, not elaborately decorated and tends to be very male-dominated (Runge, 1987).

Pubs have their own social norms with which people identify, to the extent that customers may talk of 'their' pub (Runge, 1987). These norms are negotiated between customers and staff that are able to apply sanctions to undesirable behaviours among customers, for example through not allowing individuals to sit at the bar, slowing down the rate of service, or being barred. The landlord occupies a key position in determining a pub's culture. Rituals such as buying drinks for fellow customers ('buying a round') may signal willingness for communication. Importantly, a pub atmosphere may strip individuals of their social status and background, and levels the playing field for all customers, regardless of their background. Educational background, employment status and social class become less important, and tend to reflect that of the area surrounding the locality with a diminishing overrepresentation of men. In this way, as Runge (1987) points out, customers may be judged on skills that are independent of an individual's socioeconomic background such as ability to hold one's drink, quick-wittedness, sense of humour and communication skills that may enable integration into different social groupings within a pub setting. Whilst alcohol consumption is self-evidently important, Runge (1987) does not regard its consumption as the primary reason for going to the pub in Germany. Rather, it functions as a means of obtaining other aims such as conversation, rest and relaxation, and stimulation.

Since the 1970s there has been a marked change in drinking establishments with the arrival and success of "Irish Pubs" that can be found in most German towns and cities (Stummann, 1987). The success of these establishments, some of which are run and or frequented by Irish expatriates, has not led to a demise of the traditional *Eckkneipe* (Stummann, 1987). On the contrary, the success of Irish pubs may reflect the very fact that they are not *Eckkneipen* which conjure up negative connotations such as being verbally harassed by customers that tend to offset positive ones such as giving a sense of community in a city setting and being a meeting place for friends (O'Carroll, 2005). Irish pubs are marketed as places which have the positive aspects of traditional pubs without the negative ones. Irish pubs thus represent a safe and more open alternative to the traditional *Kneipe* (O'Carroll, 2005).

Pubs tend to have their regulars who stand around the bar, and may talk to customers or drink in silence as in the UK. Pubs may not facilitate social interaction to the same degree that they do in the UK. This is perhaps reflected in the *Stammtisch* tradition practised throughout Germany. A *Stammtisch* refers to a table



that at certain times is reserved for regulars who meet there on a regular basis (often once a week). *Stammtische* will often be marked as such with a sign or a special ashtray and their clientele reflects those of pubs in general and tends to be male-dominated although it is not unusual for them to be mixed gender. Women-only *Stammtische* are relatively rare. Unlike the pub in general, there are informal rules that stop strangers from sitting down and partaking in the conversation without being asked to do so (Radicke and Kopp, 1998). This insular approach to drinking in the pub is reflected in popular stereotypes about the *Stammtisch* that tend to be more negative than positive in nature (Radicke and Kopp, 1998).

German pubs tend to have relatively low rates of physical aggression which has been attributed to pubs setting up informal rules with the result of aggressive people tending to gravitate to specific pubs (Vogt, 1987). Drunken violence, according to Vogt, is thus rare, with the exception of occasions such as the *Oktoberfest*. She surmises that uncontrolled drunkenness only represents 'a small part of a multitude of behaviours that go with drinking in Germany' (Vogt, 1987).

#### **8.4 Changes in drinking cultures in Germany over the last 20 years**

In the main, Germany was traditionally a beer drinking culture, but beer consumption has steadily decreased. Wine consumption has increased in importance, and it is now the second most popular drink and the most popular among women, with increasing attraction for more affluent families. There is also an increase in the variety of drinking premises in addition to the more traditional *Eckkneipe* and *Weinstube*, with perhaps less informal restrictions on drinking behaviour by bar staff and other regulars. Irish pubs, for example, have become very popular throughout Germany.

As in other countries, drinking among young people is increasing. Whilst young men have always been encouraged to drink as a rite of passage into adulthood, it is notable that young women are also becoming increasingly more likely to drink.

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## 9. Country review: Spain

### Summary

- Alcohol consumption levels have decreased since the mid 1970s to 11.7 litres of pure alcohol consumption in 2003.
- Traditionally a wine drinking nation, the Spanish population increasingly consumes other alcoholic beverages, most notably beer. Overall frequency of alcohol consumption is relatively high, although alcohol consumption as an accompaniment with meals has decreased somewhat.
- Binge drinking is increasing from low levels and the *el botellón* phenomenon whereby young people, in particular, congregate in public places and consume alcohol is spreading across different regions. Traditional drinking cultures are eroding and being replaced by more Anglo-Saxon consumption styles, in particular among young people.
- Alcohol policy and views on alcohol are becoming progressively stricter with alcohol taxation increasing moderately in recent years, in particular for wine. Most regions now have a legal drinking age of 18 years as opposed to the previous one of 16 years.
- Alcohol marketing regulation encompasses both statutory as well as voluntary elements, and there is also a degree of variation between different areas of the country. Marketing of alcohol should not be aimed at minors, and broadcast advertising of beverages stronger than 20% ABV is prohibited. Advertising alcoholic drinks is also prohibited in the domain of sports, while marketing of beer is unregulated in certain outlets such as kiosks.

### 9.1 Consumption typologies

Spain has witnessed a downward trend in alcohol consumption over the past few decades, and recorded adult per capita consumption of alcohol was reported to be 11.7 litres in 2003 (WHO, 2004). Per capita consumption peaked in 1975 at 14 litres and had decreased to 10 litres by 2000 (Österberg and Karlsson, 2002). The percentage of the Spanish population who are abstainers stands at just under 40%. Levels of binge, or heavy episodic, drinking are estimated to be 4.6% of the population as a whole, with figures of 8.5% for males, 1.6% for females and 8.6% for youth drinkers (WHO, 2004). Like many other Western countries Spain has seen a general rise in the levels of binge drinking, with recent research indicating that the number of 15 to 19 year old boys in Spain regularly drinking to get drunk doubled from 22% to 44% between 2002 and 2004, and a rise from 10% to 24% among girls (Ministry of Health and Consumer Affairs, 2005, cited in Keeley and Bagenal, 2006). Although a large proportion of the Spanish population drink or have drunk alcohol at some time throughout their lifespan, the nation is characterised by moderate levels of alcohol consumption. Research indicates that men drink less in better educated groups whilst women drink more as their educational level increases (de Miguel, 1992). Unrecorded alcohol consumption in Spain is estimated to be relatively low, at around 1.0 litre per capita for individuals older than 15 years (WHO, 2004), but it has been suggested that unrecorded consumption may be even lower than this figure (Österberg and Karlsson, 2002).

Youth drinking is relatively widespread in Spain, with a school survey carried out in 2004 indicating that the average age to commence consuming alcohol is 13 years, and an estimated 82% of Spanish teenagers between the ages of 14 and 18 years drink alcohol, especially at weekends and at night. Furthermore, the main cause of death among young people is traffic accidents involving alcohol (del Rio and Alvarez, 2002).

Changing consumption levels and patterns are associated with wider societal and cultural changes that have occurred in Spain since the end of the Francoist regime following Franco's death in 1974. The emergence of secular customs and beliefs, and an erosion of traditional customs and attitudes towards alcohol, have resulted in the culture of alcohol in Spain being altered and becoming decreasingly distinct from that in other Western nations (Gamella, 1995).

Although traditionally regarded as a wine drinking country, recent research indicates that Spain now drinks beer in at least equal quantities to wine (Anderson and Baumberg, 2006). Furthermore, spirits are popular in Spain with consumption of such products exceeding consumption levels found in Sweden and Norway. Spain can therefore be characterised as having a wide range of preference in terms of alcoholic drinks.

An economic recession during the 1980s, and a relative increase in the price of wine compared to beer, have been linked to changing beverage choices in Spain (Gual and Colom, 1997). Furthermore, beer is very popular amongst younger people as it is viewed as a symbol of casual and modern life (Österberg and Karlsson, 2002). While alcohol consumption with meals remains a popular, prominent feature of Spanish society, figures suggest that people in other countries such as Sweden are more likely to only drink alcohol to accompany meals. This finding may reflect the overall greater frequency of drinking in Spain (Anderson and Baumberg, 2006). The social cost of alcohol in Spain was estimated to be approximately 3,834,457 Euros in 1998 or 0.7% of GDP, 64% of which are attributed to indirect costs associated with alcohol consumption (European Commission, 2004).

## **9.2 Alcohol policy**

Alcohol control policies have been tightened in Spain and there is now a concrete and strategic national alcohol policy in place as part of the National Strategy on Drugs 2000-2008, which was first introduced in 1985 as the National Plan on Drugs. The National Strategy on Drugs also includes aims and targets to reduce the health and social cost of alcohol and to curb binge drinking and problem drinking (Ministry of the Interior, 2000). Spain has enjoyed a measure of success in alcohol control and harm reduction by achieving the WHO *Health for All* target of a 25% reduction in overall consumption of alcohol (Crombie *et al.*, 2005).

While there is no single minimum legal drinking age in Spain and the age policy is decided on a regional basis, the tightening of alcohol policies is reflected in the fact that most regions have moved to an age limit of 18 years following government legislation in 2002, with only four regions maintaining an age limit of 16 years (Chatterton and Hollands, 2003).

The drink driving limit in Spain is a blood alcohol concentration (BAC) value of 0.05% (WHO, 2004), although there are different limits for different groups; there is a 0.03% BAC level for novice and professional drivers (Anderson and Baumberg, 2006). Taxation on wine has increased in Spain, raising the price of wine products relative to beer. For example the real price of wine increased by 23% between 1985 and 1992 whilst the price of beer only increased by approximately 14% (Gual and Colom, 1997).

### **9.3 Factors affecting drinking cultures in Spain**

#### *9.3.1 Marketing*

Concern about problem drinking, especially amongst the young, has led to a growing number of health professionals, public officials and the general public moving away from the traditional tolerant attitudes towards alcohol in Spain to a more hard-line stance on an issue regarded as a major social and public health problem. These developments have also led to calls for sterner measures against the advertisement of alcohol (Gamella, 1995).

At a national level, alcohol marketing in Spain is primarily regulated by statutory control. Alcohol advertising in sports arenas has been banned and sponsorship of alcoholic beverages in relation to sport is prohibited (Österberg and Karlsson, 2002). However, advertising of beer is unregulated in kiosks and other sales establishments. There are also some self-regulatory codes in operation in Spain, and regional regulatory-legislation on alcohol promotion. For example in Catalonia, alcohol advertising on products above 20% ABV (alcohol by volume) are banned in streets and motorways, on public transport and in cinemas, and no broadcast advertising alcohol is permitted before 9.30pm (IAS, 2005).

In 1994 Spain implemented the EU Television Without Frontiers Directive (TWF) which has been incorporated into national laws and was designed to harmonise regulations so that cross-border transmissions would not contravene national regulations. The TWF stipulates that alcohol advertising must not be aimed specifically at minors, link alcohol consumption to driving, or create the impression that alcohol enhances physical prowess or contributes to social or sexual success. Furthermore, advertising should not encourage excessive consumption or disparage abstinence or moderation, nor should it suggest that high alcohol content is a positive quality of a product (IAS, 2005).

In Spain broadcast advertising of higher alcohol products is banned; the General Advertising Act (GAA) in operation since 1990 prohibits any television advertising of spirits over 20% ABV (IAS, 2005). It is also illegal to advertise alcohol in places where the selling or consumption of such drinks is prohibited. The authorities' response to any flouting of the rules is usually fairly robust; an example is the case of a major whisky brand (Ballantine's) who illegally advertised their brand by promoting a sport usually played by minors. The Madrid Court of First Instance decided that adverts at bus stops constituted a double violation of the law as such advertising is prohibited at transport check points and also at places where sale and consumption of alcohol is prohibited (Volz *et al.*, 2005).

Overall alcohol marketing has been identified as one of the factors contributing to the convergence of drinking patterns in various countries, including Spain (Gual and Colom, 1997). The use of coherent marketing strategies by global alcohol brands is therefore likely to have contributed to the erosion of traditional Spanish drinking cultures towards more Anglo-Saxon influenced attitudes and patterns of drinking.

### 9.3.2 Regulation and legislation

Restrictions on licensing in much of Spain is limited; for instance there is little restriction on the places in which alcohol is sold (Anderson and Baumberg, 2006). However, some regions of Spain strictly control off-licence sales.

As discussed, in most regions the legal drinking age has been raised from 16 to 18 years of age. Furthermore, many regions have enforced bans on drinking in public places to curb the phenomenon of *el botellón*, discussed below, which has been associated with considerable anti-social behaviour, crime, noise disturbances and pollution.

Alcolock (Alcohol Ignition Interlock Device, AIID or Autolock) initiatives have been launched in Spain as a result of exploratory research that suggests their effectiveness in reducing impaired driving offences (Mathijssen, 2005). Alcolocks involve placing an interlock in vehicle ignition systems to prevent impaired drivers from operating the vehicle. Drivers are required to breathe into an apparatus before they are able to start the engine.

### 9.3.3 Social / cultural influences

As a major producer of alcoholic drinks, alcohol production is important to the Spanish economy. A wide variety of wines are produced in Spain with the country being the world's third leading wine producing nation (Österberg and Karlsson, 2002). At the same time, beer is also produced in large quantities and the country is one of the top 10 beer producers in the world. Alcohol provides jobs in many sectors in Spain including agriculture, manufacturing, transportation, commerce and the hospitality and tourism industries.

Alcoholic drinks are woven into the cultural fabric of Spanish life and alcohol use has been sanctioned for centuries. Alcohol is commonly used as a 'social lubricant' and is consumed in a variety of settings; festive times, celebrations, public and private rites such as births, marriages, deaths and religious festivities and also local fiestas. Drinking is also an expression of comradeship and solidarity, and has even been used as a form of regional identification with alcohol being seen as a trait of the militant Basque identity (Gamella, 1995; Kasmir, 2005). Alcohol also remains associated with mealtimes, although as previously highlighted, this is diminishing. Nonetheless mealtimes are one of the major settings for alcohol consumption in the country, so much so that there is a popular saying in Spain "*Comer sin vino, comer mezquino*" - a meal without wine is mean. Consumption of wine with meals is, however, increasingly becoming associated with old fashioned habits that are replaced with more contemporary drinking behaviours, including abstinence, consumption of fruit juices, mineral water or cola with meals, or drinking in bars and clubs (Anderson and Baumberg, 2006).



Generally, there is a relaxed attitude towards alcohol in Spain, and alcoholic beverages are regarded as a fact of life. Although there is a general acceptance of alcohol as part of the country's culture, until recently drunkenness was despised in all but exceptional circumstances (Gamella, 1995).

There have been widespread social and cultural changes in Spanish society over the last 20 years and these have impacted upon drinking cultures in the country. New patterns of drinking have emerged that have broken with past traditions. As outlined earlier, many young Spaniards now drink beer or spirits rather than the previous favourite wine, and prefer to consume alcohol at the weekends - often drinking to get drunk (Ministry of the Interior, 2000), a concept alien in the past. Young women, who enjoy greater individual freedom in terms of lifestyle choices achieved through increased education and work opportunities, drink more than women in previous generations. The influence of other cultures on Spanish society, especially Anglo-Saxon culture, has eroded the traditional culture surrounding alcohol. Problems associated with these changes in drinking cultures have led to a re-assessment of alcohol, and, as a result, alcohol problems are now often classified akin to drug problems. Social problems surrounding alcohol consumption are the focus of increasing attention following a period in which there was little research into and understanding of such issues (Alvarez *et al.*, 2006).

Patterns of drinking by time of day in Spain differ from many other countries due to the tradition of taking a siesta during the day and then working until later at night. This often means that Spaniards have a meal or socialise much later into the evening than in other countries. Wine is often consumed with lunch and perhaps some alcohol may be consumed at aperitif time during the day. However, in the evening, drinking becomes less associated with food apart from during evening meals which might often be less formal if a large lunch has been taken (Rooney, 1991).

Drinking in bars, pubs and clubs is very common with results from the GENACIS study suggesting that the greatest frequency of this behaviour occurs in Spain, 89 times per year for men and 38 for women (Anderson and Bamberg, 2006). Research also indicates that 65% of the alcohol consumed in Spain is drunk in public drinking places (Babor *et al.*, 2003). There is a huge array of different drinking establishments and outlets in the country, and in the early 1990s it was estimated Spain had as many alcohol outlets as all the other European Economic Community countries combined. Outlets include establishments such as *bodegas* (warehouses) where alcohol is sold wholesale, cafeterias, casinos, male-only taverns, bars, pubs and clubs. Many outlets sell a wide range of other products such as groceries, meals, coffee, snacks or tobacco (Gamella, 1995).

Today younger Spaniards tend to drink in very different environments than did their parents and grandparents, a behaviour of which older Spaniards tend to disapprove. For example, *el botellón* is a custom that, in some regions, takes place during the evening and night whereby young people may congregate at a plaza, park, street or any other suitable public space to drink alcohol, often prior to entering a pub or club. Drinking on the street has always been permitted in Spain although the phenomenon of *el botellón* appeared during the 1990s and has spread to various regions

throughout Spain. This is very much a social meeting and often is attended by non-drinkers as well as drinkers. Drinking takes place usually over the course of two to four hours, normally on a Saturday night. People often share drinks such as sangria, spirits with mixers or wine amongst a group. *El botellón* is most widespread in the south of Spain in regions such as Andalucía where the warm climate permits gatherings even in winter.

There is a number of controversial issues surrounding *el botellón* which have attracted criticisms and calls for restrictions or the banning of the practice. The gatherings, which can create a lot of noise and litter, may be associated with aggression, and can lead to economic losses for nearby businesses. They have stimulated concern over the focus on alcohol as a form of enjoyment and have been implicated in a proportion of traffic accidents. There is concern that *el botellón* offers a microcosm of the increasing trend for binge drinking in Spain which is relatively new given the traditional image of a sophisticated, wine drinking country in which alcohol merely forms a backdrop to social gatherings. These concerns have led some local authorities such as Madrid to ban *el botellón* and the government has also expressed concern over the issue (Bosch, 2002). Yet this approach focusing on surveillance and coercive legislation has been criticised, with calls for a larger emphasis on providing new youth spaces rather than banning such gatherings outright (Chatterton and Hollands, 2003).

In Spanish society avoiding inebriation and behaving correctly whilst drinking were the normal expectations in the past but there has been a change in attitudes. Although getting blatantly drunk in public is still frowned upon, there has been a change in standards surrounding drinking alcohol recently, especially amongst the young (Rooney, 1991; Gamella, 1995) who, as outlined above, are now more likely to engage in risky drinking behaviours.

Socioeconomic status also influences drinking cultures in Spain, and research indicates that tobacco consumption and the level of young people's disposable personal income are positively associated with alcohol abuse (Duarte and Molina, 2004). Finally, the climate also influences Spanish drinking cultures with a preference for cold beers or wine punches during the hot summer months and in the south of the country, whilst spirits are often consumed during the winter months (Gamella, 1995).

#### **9.4 Changes in drinking cultures in Spain over the last 20 years**

Spain has witnessed some marked changes in its drinking cultures over the last 20 years or so. There has been an overall reduction in levels of alcohol consumption from a high point in the mid 1970s to present levels. Nonetheless binge drinking is on the increase, and consumption levels amongst women are also increasing. Wine is no longer the dominant preferred beverage, and wine with meals is no longer the main source of alcohol consumption as lifestyle patterns have changed. Beer has increased in popularity dramatically, and spirits have also benefited from an increasing share of total consumption. Amongst young Spaniards drinking cultures have become more cosmopolitan, influenced less by traditions passed down through the generations but more by external cultural influences and marketing. Drinking in public places has also become hugely popular and the phenomenon of *el botellón*

has stimulated much debate in Spanish society. Attitudes towards alcohol have also changed in the last two decades - Spain has long had a relaxed attitude towards alcohol, with inebriation and obvious drunkenness being frowned upon. However, in recent years young people have begun to drink with the aim of getting drunk, and have begun to feel less inhibited about becoming intoxicated. Patterns of drinking have changed with more drinking taking place in drinking establishments such as bars, pubs and nightclubs or in public spaces.

Concern about many of these changes in Spanish drinking cultures have resulted in measures being implemented such as increased restrictions on alcohol marketing, increases in the legal drinking age in some regions, and legislation designed to curb public drinking. Therefore, overall changes in Spanish drinking cultures over the last 20 years have resulted in a convergence with other countries in terms of the issues surrounding alcohol.

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## 10. Country review: Sweden

### Summary

- While officially recorded alcohol consumption is very low at 5.62 litres, some research indicates that actual consumption of pure alcohol is approximately 10 litres. This difference may be accounted for by home-brewed and illegally imported alcohol and also the effects of EU membership allowing increased quotas of legally imported alcohol.
- Sweden retains very stringent alcohol control policies despite these being somewhat eroded following accession to the EU. The sale and supply of alcohol is governed by a state controlled monopoly with restrictions on availability and high taxation and price.
- Young people's consumption of alcohol has increased moderately. There is data to suggest that binge drinking has increased amongst young people and young women in particular. Although consumption has increased amongst young people marginally, there has been an overall reduction in consumption amongst Swedish adolescents from a highpoint in the 1970s.
- The Swedish experience suggests it is possible to influence consumption patterns by state interventions. The state monopoly over the sale and supply of alcohol is commonly cited as being the driving factor behind the country's low level of alcohol consumption in comparison with other European countries.
- The country has a long-standing binge drinking culture with heavy consumption at weekends and on special occasions. However, this should be seen in the context of a prevailing norm of 'sober conscientiousness'.

### 10.1 Consumption typologies

Swedish average per capita consumption of alcohol, according to official figures, stands at 5.62 litres of pure alcohol (WHO, 2004a). This level of consumption is up slightly from a low point of 5.0 in 1995; however, consumption levels have remained relatively consistent at between 5.0 and 5.7 for the last 20 years (Simpura and Tigerstedt, 1999). In 2003, according to a national survey, the average number of drinks consumed per drinking day was 2.77 (WHO, 2004a). Nonetheless, the total per capita consumption of alcohol amongst all citizens aged 15 years and above has increased in Sweden since the 1990s, with more alcohol being consumed in present day Sweden than at any time in the past 100 years (Abrahamson, 2004). The increase in consumption is mainly the result of increasing numbers of drinking occasions (e.g. per week, month or year), especially of wine and strong beer (Leifman and Gustafson, 2003).

This trend is also reflected in consumption estimates that take unrecorded consumption into account. Leifman and Gustafson (2003) suggest actual consumption increased by 24% between 1996 and 2002 when it was estimated that 9.9 litres of pure alcohol were consumed per capita. Estimates suggest that private import accounted for 19% of total consumption in 2002 followed by home-made and smuggled alcohol (5% and 6% respectively; Leifman and Gustafson, 2003). Consumption levels appeared to peak at 10.6 litres of pure alcohol in mid 2004 since when it has begun to decrease somewhat (SoRAD, 2006).

Yet in comparative terms, Sweden's officially recorded level of alcohol consumption is low. For example, the country has the lowest level of consumption of alcohol in the Baltic Sea Region and one of the lowest levels in the whole of Europe (Simpura and Tigerstedt, 1999). However, as indicated, unrecorded consumption of alcohol is a major issue in all countries and despite attempts that have been made in Sweden to estimate these levels, the degree of inaccuracy remains high (Kuhlhorn *et al.*, 1999). There is also some evidence suggesting that unrecorded alcohol consumption has increased in recent years with European Union (EU) membership increasing permissible quotas for the import of alcohol (Simpura and Tigerstedt, 1999).

With 11.3% of the Swedish population abstaining from drinking alcohol, the abstention rate is only slightly lower than that of the UK. 19.4% of males, 4.1% of females and 17% of young people are classified as heavy episodic (or binge) drinkers (WHO, 2004a). However, a steady increase in the levels of binge drinking amongst young women has been recorded, with levels of harmful drinking amongst females increasing from 11% to 15% between 1997 and 2001, and the prevalence of female abstainers decreasing from 18% to 13% (Bergman and Kallmen, 2003).

In terms of youth drinking, the 1999 ESPAD<sup>8</sup> survey suggests that 19% of Swedish youths aged 15 to 16 years could be classified as alcohol consumers (i.e. had consumed alcohol 40 times or more). The same survey indicated that 17% of Swedish youths binge drink (Hibell *et al.*, 2000). A national HBSC<sup>9</sup> survey in 2001-2002 estimated that 20% of Swedish young people drink alcohol on a weekly basis (Currie *et al.*, 2004). Although a slight increase in binge drinking was recorded in the late 1990s and beyond, there has been an overall reduction in consumption levels amongst Swedish adolescents from a highpoint in the 1970s.

Beers and wines tend to be the dominant preferred alcoholic beverage type in Sweden (Nordic Alcohol Statistics, 1998), transforming the Swedish drinking culture over the past few decades. Up until the late 1970s, spirits were the preferred beverage in Sweden. This was first replaced by beer, but by 2002 wine consumption exceeded that of beer (Leifman and Gustafson, 2003). During the period 1998-2003 spirit sales have, however, recovered somewhat although not to their previous levels. Following Sweden's accession to the European Union, alcopops and sweet ciders were introduced into the country, and sales of these products initially accounted for half of the increase in alcohol consumption by 15-16 year old boys from 1996 to 1999. However, since then sales of alcopops have fallen, as is the case in other countries although sales in ciders have steadily increased (Romanus, 2000). Although decreasing, homemade production of alcohol remains significant, and it is estimated that 9% of total alcohol consumed in 2000 was manufactured privately. (Kuhlhorn *et al.*, 2000). The estimated social cost of alcohol in Sweden was estimated to amount to 20.3 billion SEK in 2002 or around 1% of GDP (Johansson *et al.*, 2002).

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<sup>8</sup> The European School Survey Project on Alcohol and Other Drugs, [www.espad.org](http://www.espad.org)

<sup>9</sup> World Health Organization's Health Behaviour in School-aged Children Survey.

## 10.2 Alcohol policy

In Sweden alcohol has been an important policy issue for more than a century (Simpura and Tigerstedt, 1999). Sweden is thus one of few countries that has tried to control alcohol-related harms with a deliberate alcohol control policy (Nordlund and Österberg, 2000). Although the policy, aimed at restricting the availability of alcohol, has been subject to criticisms, it has enjoyed broad political and public support within the country (Hemstrom, 2002; Crombie *et al.*, 2005). Indeed in one comprehensive review, Sweden appeared to be the only country which, in terms of policy, considers health to be a higher priority than economic gain from alcohol (Crombie *et al.*, 2005).

The Swedish experience provides support for the notion that it is possible to influence consumption patterns by state interventions. This was illustrated when changes to alcohol taxation were legislated in 1992 and the Swedish alcohol retail monopoly reset taxes for alcohol sold in state stores according to absolute alcohol content. Consumers responded to the tax changes by shifting away from alcoholic beverages that, as a result, had become relatively more expensive (Ponicki *et al.*, 1997). Taxes on beer were also lowered by almost 40% in 1997 as a result of harmonisation of cross-border trade agreements (Nordlund and Österberg, 2000) which can be linked to beer becoming more popular. However, alcohol taxes remain relatively high, with tax on beer equating to 26% of the retail price and tax on spirits equating to 67% of the retail price. The legal age in the country for purchasing alcohol is 18 years on-premise and 20 years off-premise, with the exception of beer below 3.5 vol% sold in grocery stores for which the off-premise age limit is 18 years (WHO, 2004b).

Sweden has had to dilute its strict alcohol control policies as a result of its accession to the EU in 1995 and the requirement of trade harmonisation across the Union (Nordlund and Österberg, 2000), and the price of alcohol in Sweden has decreased as a result. An attempt to forge stronger links with the alcohol industry with regards to alcohol policy development was abandoned in 2002 when it became apparent that the industry was not committing sufficient funds to the cause (Room, 2006, personal communication). The Swedish state has, on the whole, resisted any large-scale weakening of its sovereignty over alcohol control policies, and has actively tried to influence alcohol policies at international levels (Karlsson and Tigerstedt, 2004; Crombie *et al.*, 2005; Ugland, 2003).

The restriction of access is achieved through the state alcohol monopoly. The state controls all alcohol stores, with taxation and prices maintained at high levels and access restricted in terms of both opening times and quantity allowed for purchase. The system was originally organised around two organisations; Vin & Spit which was set up to be responsible for the production of spirits and the importation and wholesaling of spirits and wine, and the Swedish Alcohol Retailing Monopoly (*Systembolaget*) which is responsible for the off-premise retail monopoly for spirits, wine and beer and the wholesale of spirits and wine to restaurants (Holder *et al.*, 1998). Vin & Spit was, however, de-monopolised in 1995 following accession into the EU and, while it continues to be state-owned, is no longer the sole actor in spirit production, and no longer involved in importing and wholesaling. In recent years Vin & Spit has thus begun to act more like a commercial operator, retaining its stake in

the product Absolut vodka. In contrast, *Systembolaget* has maintained its monopoly responsibilities and continues to advocate strict control of alcohol retailing.

The main goal of the Swedish Alcohol Action Plan 'Preventing Alcohol Related Harm', which was introduced in 2001, is to "reduce the harmful medical and social effects of alcohol" (Swedish Ministry of Health and Social Affairs, 2000). The plan has a strong focus on local level prevention workers (Karlsson and Tigerstedt, 2004) with the government offering financial support for the action plan with 75 million Euros being invested over four years in 2001 (Karlsson and Tigerstedt, 2004). A new Plan launched in 2005 continues to focus on working with young people and supporting local action (Eurocare, 2005).

Swedish alcohol policy utilises a combination of measures with the aim of minimising alcohol-related harm, in addition to restricting access to alcoholic beverages via licensing laws. These include care and treatment programmes, building public opinion and provision of information, restricted marketing of alcoholic beverages, a commitment to improving skills of professional groups involved in reducing harm associated with alcohol, and monitoring patterns of consumption and damage to health. There is also a commitment to funding alcohol research (Swedish Ministry of Health and Social Affairs, 2000). Current Swedish alcohol policy focuses on four alcohol free zones: alcohol should not be present in adolescence, in driving, at workplaces and during pregnancy (Karlsson and Tigerstedt, 2004).

The current drink driving limit in Sweden is relatively strict compared to other countries at 0.02% blood alcohol concentration (BAC); only Norway has the same limit in Europe. Levels of drink driving have risen in Sweden with the number of cases increasing from 15,000 in 1996 to 19,500 in 2002 (Nordic Alcohol Statistics, 2004).

### **10.3 Factors affecting drinking cultures in Sweden**

#### *10.3.1 Marketing*

One of the cornerstones of Nordic (Norway, Sweden, Denmark, Iceland, and Finland) alcohol policy has been to place legislative restrictions on alcohol advertising (Riley Thomsen and Rekve, 2004). Alcohol advertising was banned on television, radio, billboards and in non-trade publications until a European Court of Justice (ECJ) ruling in 2001. Following the ECJ ruling, the ban was lifted in February 2003 but a ban on advertising beverages above 13% ABV was reinstated shortly afterwards in light of a similar ban in Spain. At the same time new regulations were introduced that stipulated that newspaper and other adverts for weaker beverages should carry warning labels. Advertising regulations strictly forbid the marketing of alcohol to adolescents and there are also restrictions on sports sponsorship by the alcohol industry. The regulatory system in Sweden consists of a Consumer Agency, a National Board of Complaint and a Consumer Ombudsman.

In spite of these restrictions, alcohol has been marketed in Sweden in other ways. For example, the first alcopop products were launched in bars which were frequented by young people, such as after-ski bars and beach bars, and in



connection with snowboarding events, where participants were often below 18 years of age (Romanus, 2000).

### 10.3.2 Regulation and legislation

The state monopoly on alcohol sale and supply has played a significant role in the nature of Swedish drinking cultures. Given the restricted availability and high cost of alcohol, Swedes tend to drink occasionally but in fairly high quantities rather than drinking a little quite often, although the binge nature of Swedish drinking long predated the monopoly. Opening hours are restricted in Sweden under the state monopoly with *Systembolaget* stores limiting the availability of and access to alcohol products. High levels of taxation on alcohol have been maintained by the Swedish government making affordability of excessive consumption an issue for economically disadvantaged groups in particular. Although the country's relatively restrictive alcohol policies have come under pressure from industry and through EU accession (Österberg and Karlsson, 2002), the cornerstones of Swedish alcohol policy remain largely intact.

### 10.3.3 Social / cultural influences

Changes in the Swedish way of life have affected drinking cultures in the country in much the same way as in other European states. Urbanisation, de-agrarianisation and the emergence of the service sector have all influenced drinking cultures in Sweden. There has been a move towards a more continental drinking pattern in the country with alcohol often consumed in social settings, for example with a meal in a restaurant. However, although Sweden now has a flourishing restaurant culture, the proportion of alcohol drunk in pubs or restaurants remains low by international standards (15-20%, compared to 70% or so in the UK: Room, 2006, personal communication).

Alcohol continues to be used as a 'social lubricant' and there has been a shift away from individuals consuming alcohol alone and in private (Nyberg and Allebeck, 1995). Today Swedes appear to have a more relaxed and permissive attitude towards alcohol than in the past; however, this has impacted upon young people who now view social alcohol consumption more favourably and have increased their consumption (Nyberg and Allebeck, 1995).

Although research indicates that around 40% of the Swedish population has consumed more alcohol than they originally intended, there is little research into the reasons for this. Exploratory research suggests that personal problems, easily available alcohol, and for young people being in surroundings in which everyone drinks may contribute to this (Abrahamson, 2004). Binge drinking is not an unusual experience in Sweden. There are covert norms of acceptance of heavy drinking during 'time-out' holidays such as the eves of May Day and Midsummer, and heavy drinking tends to be confined to weekends and special occasions (Nyberg and Allebeck, 1995). On the whole, however, a norm of 'sober conscientiousness' that the Swedish worker's movement adopted for themselves remains, and heavy drinking should therefore be conceptualised in the context of general sobriety of Swedish daily life (Room, 2006, personal communication)

Getting drunk is strongly associated with masculinity in Swedish culture and it is less socially acceptable for women to get intoxicated. Although there is a general acceptance of social drinking in Sweden, there is a tendency for problem drinkers to be condemned and ostracised as their problems become apparent to others. In Sweden, problem drinking is viewed very much as a professional problem to be dealt with by doctors rather than being conceived of as a family problem to be worked through with others (Nyberg and Allebeck, 1995).

Family influences also play a part in Swedish drinking cultures with parents often setting examples for their children. Teetotalers are expected to educate their children by informing them about alcohol, in addition to serving as abstinent role models, whilst amongst more liberal parents there is a tendency to allow children to sample alcohol in small quantities under supervised conditions such as during family meals. Having gradually lost its political importance over the last few decades, the Swedish temperance lobby is now relatively weak (Holder *et al.*, 1998). Sports are also believed to have an impact on Swedish drinking cultures, with football fans often drinking heavily before and after matches, leading to widespread debate within the media about drinking in relation to sport (Nyberg and Allebeck, 1995).

#### **10.4 Changes in drinking cultures in Sweden over the last 20 years**

Although overall consumption levels of alcohol in Sweden have remained fairly static over the last 20 years the overall level of consumption, according to unofficial figures at least, no longer differs substantially from other European countries, as the increase in wine and beer consumption suggest. While the relatively strict alcohol policies have affected the affordability of alcohol this has tended to affect economically disadvantaged groups to a larger degree than more affluent demographic groups. In contrast to the UK where alcohol has become significantly more affordable over the past two decades, alcohol continues to be less affordable in Sweden. Unlike in the UK which witnessed a decline in the relative cost of alcohol, at least in part due to an erosion of alcohol controls, Sweden has not witnessed a sharp rise in cirrhosis and other alcohol-related problems, particularly among poor heavy drinkers.

There has been a slight increase in alcohol consumption in recent years, particularly since some of the strict control policies were relaxed but many factors may have contributed to this trend. Binge drinking has increased as in many other countries, especially among young women. It is now more socially acceptable for women to drink in Swedish society, which is indicative of a more general relaxation in attitudes towards alcohol which has become more socially acceptable.

The drink driving limit in Sweden is stricter than in many other countries, and there has been a marked increase in the reported cases of drink driving over the last decade. However, this may be due to better measures and more efficient random testing catching more offenders.

Swedish alcohol harm reduction policy has developed in recent years to bring about a localised focus to services with the aim of providing a network of professional support workers in each locality. Overall, although concerns exist about binge drinking, unrecorded consumption and a partial erosion of the strict alcohol control

policies, Sweden has provided a benchmark for other countries in limiting alcohol problems.

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## 11. Country review: UK and Scotland

### Summary

- The UK has an ambivalent attitude towards alcohol. Drinking is popular but considerable concern exists about problem drinking. Alcohol is often considered an important part of the cultural fabric of the UK. However, widespread public, media and political attention has been drawn to the range of problems associated with alcohol, and there is an emerging consensus that the UK has a major alcohol problem.
- Alcohol consumption has increased by 20% in the last 20 years in the UK. Levels of consumption have been rising steadily since the middle of the last century despite most other countries in the EU witnessing a reduction in overall per capita consumption.
- Per capita consumption was 11.59 litres in 2004 based on sales data. Unrecorded consumption of alcohol in the UK is estimated to amount to around 2 litres per annum.
- Binge drinking has increased dramatically, especially among females. Data shows that heavy episodic drinking is increasing and stands at 17% of total consumption. Levels of binge drinking have increased amongst young people including under age drinkers, and increases in binge drinking amongst young females are outpacing increases seen in young males.
- Although consumption levels are similar in Scotland to England, there is a tendency for more concentrated drinking.
- The health, crime and disorder and other social costs of alcohol have drawn considerable attention from the media, politicians, the general public and other stakeholders. Alcohol related harms were estimated to cost the UK in excess of £20 billion in 2004. The estimated social cost in Scotland amounted to £1.125 billion in 2005.
- Strategic alcohol policies have been introduced in England and Scotland. The Harm Reduction Strategy for England was introduced in 2004 and the Scottish Plan for Action on Alcohol Problems was introduced in 2002, and they have been subject to review.
- Licensing laws have been altered with the aim of encouraging a more Europeanised drinking pattern, including an extension of opening hours to discourage excessive drinking prior to closing time, more local control over licensing decisions, and increased police and licensing authority powers.
- It should be noted that there are several areas relating to alcohol issues and policy for which powers are reserved to the central Westminster government, such as taxation.

In addition to covering the United Kingdom (UK), this section also contains a sub-section focusing specifically on the context in Scotland<sup>10</sup>. It should be noted that there are several areas relating to alcohol issues and policy for which powers are

<sup>10</sup> Within the UK, the Scottish Executive (officially referred to as the Scottish Government since August 2007) and Scottish Parliament were officially convened in 1999, marking the transfer of powers in devolved matters to the Scottish Ministers, including health, education, justice, rural affairs, and transport.

reserved to the central Westminster government, such as taxation, or for which only UK information is available.

### 11.1 Consumption typologies

Alcohol consumption in the UK has increased by over 20% over the last 20 years, and levels of consumption have been rising since the middle of the last century (Prime Minister's Strategy Unit, 2004). Estimated per capita alcohol consumption using sales data in the UK stood at 11.59 litres in 2004. Unrecorded per capita alcohol consumption is estimated to equate to approximately 2 litres per annum for the years after 1995 (IAS, 2006a).

Binge drinking is also on the increase in the UK, and the last decade has witnessed an increasing convergence between males and females in terms of heavy episodic alcohol consumption. Heavy episodic drinking is estimated at 17% of total consumption (WHO, 2004). Almost one in three men and nearly one in five women now exceed the recommended weekly limit guidelines of 21 and 14 units per week respectively, with the number of women drinking above recommended weekly limit guidelines rising by over half in the last 15 years (Prime Minister's Strategy Unit, 2003). It is thought that 5.9 million people drink more than twice recommended daily limits on some occasions (Alcohol Concern, 2003a) and around a quarter of the UK population drink above recommended weekly limits (Prime Minister's Strategy Unit, 2004).

Youth drinking is also increasing in the UK; the average amount drunk by 11 to 15 year olds in 1990 was 0.8 units per week rising to 1.6 units in 1998. Amongst 11 to 15 year olds who drink, the figure rose from 5.3 units per week in 1990 to 10.5 units per week in 2001. In 2002, 18% of 11 to 15 year olds drank at least once a week (Alcohol Concern, 2004a). In terms of weekly drinking by youths the 2001-2002 HBSC<sup>11</sup> survey in England indicated that a total of 52% of youths drank at least weekly, (55.9% of boys and 48.6% of girls) (WHO, 2004). Data from the 1999 ESPAD<sup>12</sup> survey estimated binge drinking amongst youths to stand at 30% (33% of males and 27% of females). Binge drinking was defined as consuming five or more drinks in a row three times or more in the last 30 days (Hibell *et al.*, 2000).

In the UK as in other countries there is an issue surrounding how binge drinking is measured. There is no accepted standardised measure of binge drinking and this adversely affects comparability of data sets and the generalisability of research findings (Alcohol Concern, 2003a).

According to the WHO GENACIS<sup>13</sup> Study in 2000, the rate of last year abstainers from alcohol was 12.2% (8.4% males and 15.8% females) (WHO, 2004). A national survey conducted in 2000 estimated that the level of alcohol dependence in the UK was 4.7% (cited in WHO, 2004).

The cost of alcohol problems to the UK is extensive. Alcohol is implicated in up to 40,000 deaths per year in England and Wales, and is directly responsible for 5,000.

<sup>11</sup> World Health Organization's Health Behaviour in School-aged Children Survey

<sup>12</sup> The European School survey Project on Alcohol and other Drugs, [www.espad.org](http://www.espad.org)

<sup>13</sup> World Health Organization's Gender, Alcohol and Culture International Study

Alcohol has been estimated to cost the UK National Health Service (NHS) as much as £3 billion per year on hospital services (Alcohol Concern, 2002). Official government figures estimate the cost of alcohol misuse to the health service to be £1.7 billion per annum, with an annual expenditure of £95 million on specialist alcohol treatment. Over 30,000 hospital admissions annually are attributed to alcohol dependence, as are up to 22,000 premature deaths per annum, and up to 70% of all assault admissions to accident and emergency departments. Cirrhosis of the liver has risen tenfold since the 1970s and is an increasingly common cause of mortality. Furthermore, cirrhosis is now much more common amongst younger patients in their 20s and 30s than in the past which may be a consequence of binge and excessive drinking amongst people of this age (Department of Health, 2001; Leon and McCambridge, 2006<sup>14</sup>).

Alcohol related crime is estimated to cost the UK £7.3 billion per annum in terms of policing, prevention services, processing offenders through the criminal justice system and human costs incurred by the victims of crime (Alcohol Concern, 2004b). The cost of the human and emotional impact suffered by victims of alcohol-related crime is thought to be £4.7 billion per annum. Between 780,000 and 1.3 million children are affected by parental alcohol problems. Marriages with alcohol problems are twice as likely to end in divorce. Overall, the cost of alcohol-associated harms is estimated to be £20 billion a year (Prime Minister's Strategy Unit, 2004). In terms of loss of productivity and profitability, the overall annual cost of productivity lost as a result of alcohol misuse is estimated at £6.4 billion per annum with up to 17 million working days lost each year through alcohol-related absence (Prime Minister's Strategy Unit, 2004).

The UK has been long regarded as a beer drinking country, and beer remains the most popular alcoholic beverage with marginal growth in the market in the last two years. Wine has become increasingly popular, making it the second most popular alcoholic beverage in the UK, growing by 3% market share in the last year (Euromonitor, 2006). White spirits have also benefited from growth in recent years, whilst traditional ales, dark spirits including whisky, and alcopops have all witnessed a reduction in sales over the past few years.

## 11.2 Alcohol policy

Alcohol policy in the UK is a complex issue with a range of government departments, divisions, local authorities and other stakeholders involved with aspects of alcohol policy. Previously alcohol policy in the UK has lacked co-ordination and it is only in recent years that a more holistic approach to alcohol policy has emerged as part of a wider commitment to holistic governance (6 *et al.*, 2002). For example a study of alcohol policy carried out by the Central Policy Review Staff in 1979 revealed that there were 16 government departments with an interest in some aspects of alcohol policy, with numerous sub-divisions in each department in turn responsible for particular areas of policy (Harrison and Tether, 1987). For example, the Home Office is responsible for aspects of alcohol and crime, the Department of Trade and

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<sup>14</sup> It should be noted that the link put forward by Leon and McCambridge has been the subject of considerable debate, e.g. Smith (2006) and Morrison et al (2006).



Industry responsible for distribution and sale of alcohol, while the Treasury is responsible for taxation and so on.

Alcohol control policies in the UK are relatively liberal compared to countries such as Sweden (Section 10.2); however, taxation on alcohol is higher than the European Union (EU) average. Alcohol is taxed in two ways, with standard VAT (Value Added Tax) of 17.5% applying alongside excise duty, which varies depending on the type of alcoholic drink. The government has been heavily lobbied by the alcohol industry to keep taxation at lower levels, and this strategy has been somewhat effective. As an example, between 1985 and 1990 the rates of excise duty on spirits were not raised at all and those on other alcohol products only once (McGuinness, 1990). In fact, throughout the 1980s the real value of excise duty on alcohol fell. Taxation on alcohol in real terms has continued to fall during the 1990s and beyond, especially since the completion of the European single market which has driven down taxation and prices on alcohol further. Coupled with growth in personal income the result is that alcohol has become over 60% more affordable in real terms over the past two decades in the UK (IC, 2007). Although espoused as an effective control policy by many within the public health sector (Babor *et al.*, 2003), the Alcohol Harm Reduction Strategy rejected the use of taxation on alcohol as a lever to control alcohol related harms (Prime Minister's Strategy Unit, 2004). This was despite a wide body of evidence suggesting the effectiveness of increasing taxation on alcohol as a way of reducing harms associated with alcohol (Edwards *et al.*, 1994; Babor *et al.*, 2003), resulting in heavy criticism of the government by the British Medical Association and other public health organisations. Nonetheless it should be acknowledged that taxation is not the only mechanism that influences the price of alcohol. Indeed the relationship between price, taxation and consumption is complex and other levers such as minimum pricing and limiting discounting can also be considered.

In England and Wales licensing is governed by the Licensing Act 2003, whilst in Scotland the primary legislation is the Licensing (Scotland) Act 1976 with the new Licensing (Scotland) Act 2005 coming into effect in 2009 (see 11.5). In England and Wales the new laws have generated widespread public debate. The media have commonly conceptualised these laws as the introduction of 24 hour drinking despite only around 3,000 of a total of over 200,000 outlets having been granted leave to open for 24 hours (Department for Culture, Media and Sport, 2006). The rationale behind the changes in opening hours was to stagger closing times to prevent drinkers leaving various drinking establishments at the same time. Licensing decisions have also been devolved to local authorities rather than magistrates allowing for greater local control and tailoring of licensing laws, and it is envisaged that the police will be given powers to deal with rogue licensees. The public response to the new act was mixed with polls indicating almost two-thirds (62%) opposing the changes (Populus, 2005). At the time of writing, it is still too early to properly measure the impact that the new licensing laws will have and, although the envisaged widespread "round the clock drinking" has not materialised to date, there are concerns about the long-term effects of increased availability within the public health lobby.

Although there have been several high profile drink driving campaigns, the drink driving laws in the UK are not as strict as in other countries such as Sweden or

Australia. The legal maximum blood alcohol concentration (BAC) limit is 0.08%. This is relatively high compared to other countries and there have been repeated calls to lower the limit to an EU standard BAC limit of 0.05%. Random breath testing is used but in the UK only 16% of motorists have reported being stopped, markedly less than in Australia where 82% of motorists have reported being stopped. In 2003, 534,000 screening breath tests were carried out in the UK leading to 83,782 convictions for drink driving, 74,243 of which were males (IAS, 2006b). The UK has been relatively successful in reducing the level of fatal drink-drive accidents, with overall road fatality rates being the lowest in the EU along with Sweden (Anderson, 2003). However, since 2000 the number of casualties has been rising again and around one in five road deaths may be alcohol related. More than nine out of ten convicted drink drivers are male, and the peak age for becoming a high risk drunk driving offender is 27 years (IAS, 2006b).

Alcohol policy in the UK has only recently been conceptualised into a raft of strategic policy documents reflecting worrying consumption trends and intense media focus on alcohol related harms especially crime and disorder. These include: Tackling Substance Misuse (2000) in Wales, The Plan for Action on Alcohol Problems (2002) in Scotland and The Alcohol Harm Reduction Strategy for England (2004, updated DoH *et al.*, 2007). Prior to this, alcohol consumption and related harm did not feature on the health agenda and there was no alcohol treatment policy (Thom, 2005).

The Alcohol Harm Reduction Strategy for England (2004) resulted from a long period of development and consultation, including evidence in the Interim Analytical Report of 2003. The stated aims of the Alcohol Harm Reduction Strategy are: improved, and better-targeted education and communication; better identification and treatment of alcohol problems; better co-ordination and enforcement of existing powers against crime and disorder; and encouraging the industry to continue promoting responsible drinking (Prime Minister's Strategy Unit, 2004). The strategy includes initiatives for minimising and reducing alcohol related harms and the overall emphasis is on creating effective partnerships with the health service, police, the drinks industry and communities to tackle the issues.

However, it has been argued that there are a number of shortcomings. The strategy does not include any specific targets although indicators from routine data sources will be used to monitor progress. Details of how action points are to be implemented at local level are not offered, and there is a lack of information on funding and resources needed to implement the strategy. The strategy document also highlights the need for rigorous evaluation but offers little detail as to how this will be achieved (Crombie *et al.*, 2005). Although it is rather early to assess the overall impact that the strategy has made, there have been criticisms from bodies such as Alcohol Concern and academics that there is too much emphasis on crime and disorder and on binge and youth drinking (Foster and Thom, 2004; Room, 2004). Furthermore, critics have argued that the strategy is not evidence-based and highlight the fact that none of the 'high impact' alcohol control policies such as increased taxation have been incorporated (Drummond, 2004; Babor, 2004).

## 11.3 Factors affecting drinking cultures in the UK

### 11.3.1 Marketing

With £202.5 million being spent on alcohol advertising in 2004, and an estimated total spend on promotional activity in all marketing channels in excess of £800 million per annum (IAS, 2005), alcohol marketing is pervasive. It is found across a wide range of channels including the print media, television, radio, sponsorship (especially of music, sports and events), and new media channels such as brand websites or viral marketing activities for example through mobile phone text messaging or emails.

Alcohol promotional activity is heavily associated with sport in the UK, with football, both rugby codes, tennis and cricket all benefiting from sponsorship from alcohol companies. Football is particularly heavily sponsored with several top teams having alcohol brands as their headline shirt sponsor and several other clubs having sponsorship deals involving brands having status as exclusive beer at club grounds, or being advertised in stadia. Rugby also receives alcohol sponsorship, for example the Guinness Premiership and the Heineken Cup, and Brains beer sponsoring the Welsh National Rugby Team.

There is increasing evidence emerging that suggests a link between alcohol marketing and drinking behaviour which has led to calls for increased regulation (Jackson *et al.*, 2000; Alcohol Concern, 2003b). Studies indicate that non-economic variables such as advertising are linked to demand for and expenditure on alcohol (Blake and Nied, 1997). Furthermore, longitudinal US research suggests that alcohol marketing and youth drinking behaviour may be linked causally (Ellickson *et al.*, 2004; Stacy *et al.*, 2004; Snyder *et al.*, 2006). However, there is a lack of research of this kind in the UK, and the government has resisted calls for a ban on alcohol advertising on the grounds that there was insufficient evidence pointing to a direct link between advertising and behaviour (Prime Minister's Strategy Unit, 2004).

The UK employs a system of co-regulatory control over alcohol marketing but in effect the system is predominantly self-regulated. The system consists of the regulation of television advertisements by Ofcom, under the auspices of the ASA (Advertising Standards Agency) who also regulate advertising in print media. The Portman Group, an alcohol industry sponsored body also employs a voluntary code of conduct for alcohol marketing. Adverts in printed media are not routinely pre-vetted, and often television adverts are only withdrawn if complaints are forthcoming from the public, with withdrawals often occurring months after initial airing. There is no statutory regulation governing other forms of alcohol marketing such as in new media, product development or viral marketing (Caswell and Maxwell, 2005). The current system of predominantly self-regulation has been criticised by some authors (Jackson *et al.*, 2000; Caswell and Maxwell, 2005).

Weaknesses in the current controls remain despite the recent tightening of the codes, and communications are moving faster than the regulators and regulations can keep pace with. Furthermore, marketing goes far beyond communication; other powerful instruments are used to influence consumer behaviour such as new product development and aggressive pricing. There has been considerable criticism of

alcohol marketing activity and the tendency towards stretching the scope of the codes and regulations (Alcohol Concern, 2003b).

### 11.3.2 Regulation and legislation

Taxation on alcohol in the UK is higher than in other EU states; however, the relative cost of alcohol has fallen considerably in recent years. Members of the public health lobby have pressed for an increase in the taxation on alcohol; however, as outlined, the UK government has rejected taxation as a form of control (Prime Minister's Strategy Unit, 2004).

Licensing laws, and their impact on drinking patterns in the UK, have been widely debated in view of the recent changes in licensing laws announced by the government (Department for Culture, Media and Sport, 2003). As discussed above, the intention is that longer and staggered opening hours will lead to more civilised drinking patterns and less crime and disorder caused by drinking. However, the media, some politicians and members of the health lobby have expressed concerns that people will just simply drink more and for longer periods (Moriarty and Gilmore, 2006).

There are concerns surrounding the lack of a universally accepted standard measure of alcohol and a lack of awareness and understanding of alcohol units and sensible drinking limits from the public. Research on alcohol awareness and unit labelling has led to calls for voluntary unit labelling by 50% of the UK alcohol industry which will be made compulsory with the introduction of statutory legislation. There have also been calls for more effective health education on the sensible drinking message (Webster-Harrison *et al.*, 2002).

### 11.3.3 Social / cultural influences

Alcohol is a major part of the cultural fabric in the UK; it is part of the social mores of British society and the majority of adults consume alcohol on occasion (Kloep *et al.*, 2001). Alcohol is popular in the UK but this often sits uneasily with a perception of alcohol misuse as a chronic national problem. Therefore popular attitudes towards alcohol in the UK are often ambivalent. British attitudes to drinking are generally favourable whilst disapproving of problem drinking (Plant, 1995). For young people a major part of the socialisation process involves drinking in order to obtain acceptance into adulthood (Foxcroft, 1996; Sharp and Lowe, 1989). Young Britons learn about alcohol at a young age as it is legal, widely available, heavily advertised and since most adults drink, children are often exposed to consumption at home (Plant, 1995). Socio-demographic factors including social class, employment status and geographic location have also been identified as influencing drinking cultures and attitudes to alcohol in the UK, and there appear to be disproportionate health harms afflicting the poorer members of society (Marmot, 1997; Makela *et al.*, 2003). However, alcohol problems pervade all parts of British society.

Drinking alcohol at home, in pubs or bars, in restaurants or in clubs is regarded as normal behaviour by the majority of people in the UK. Alcohol is regarded as not just simply a beverage but as a token of celebration, conviviality and friendship (Plant, 1995). Drinking venues have long influenced the drinking cultures of the UK. Pubs in

the UK therefore remain a key focus for leisure and recreation and often play a significant role within the community as a meeting place and social venue. Pubs are now more welcoming to a wider ranging clientele, and many licensees and chains have invested considerably in making their venues more congenial and attractive to drinkers of both genders, and to families (Plant, 1995). Recent years have witnessed the emergence of a new breed of highly profitable 'pubcos' (branded/themed pub chains) which play a dominating role in the high street nightlife market, a rapidly growing sector worth an estimated £2.5 billion in 2001 (The Publican, 2001).

Home and family environment are also factors that impact on British drinking cultures. Often family life is central to the socialisation of alcohol consumption, whether this entails sensible drinking, heavy drinking behaviours, or abstinence (Foxcroft, 1996). Peer influence also represents a strong influence on British drinking cultures; going out with friends very commonly involves alcohol consumption and the culture of buying 'a round' of drinks is culturally engrained (Foxcroft, 1996). The UK has traditionally encouraged individuality in society and there is arguably less pressure to conform than in other societies such as Japan; therefore, there is more acceptance of a wider range of drinking behaviours and cultures (Foxcroft, 1996). However, recent years have witnessed a rise in the concern and attention paid to alcohol issues. For instance, the image of 'lager-fuelled' youth has become common in the British media and has been partly responsible for legislation aimed at closing down 'thug pubs' and stopping drink-induced violence in city and town centres (Chatterton and Hollands, 2003). Some of this media attention has been criticised as sensationalist and as reporting youth drinking in a distorted manner (Plant, 1995).

In the UK, there are strong links between employment, drinking habits and alcohol problems, and this seems to be especially true with regard to women. Women who are in gainful employment are significantly more likely to exceed recommended drinking limits (Office of Population, Census and Surveys, 1995a). Some occupations and industries have higher than average levels of alcohol consumption and alcohol related problems, including the hospitality industries, the shipping industry, the military, doctors, lawyers and journalists. There are several factors which influence the higher levels of drinking in these occupations such as ease of availability of alcohol, social pressure to drink and lack of supervision (Office of Population, Census and Surveys, 1995b). Other factors which have been identified as contributing to alcohol problems in the workplace include work-related stress, boredom, exclusion from decision making, interpersonal conflict, adverse working conditions or inadequate pay and insufficient prospects of promotion (Lucas, 2005). Alcohol problems affect nearly all workplaces and surveys have found that up to 60% of employers experience problems as a result of staff drinking alcohol. Drinking cultures are often present in workplaces and the organisational culture may encourage or tolerate heavy drinking (Lucas, 2005). The workforce may use drinking as a means of socialising or bonding, and organisations may use alcohol in the process of doing business such as business lunches or functions (Alcohol Concern, 2006). Many workplaces now have in place some form of alcohol policy to tackle staff alcohol problems and, in some occupations in which high safety standards are paramount, random testing has been introduced.

Other cultural influences include the portrayal of alcohol consumption in the media and on television, for example in soap operas or in magazines which frequently portray strong drinking cultures (Pendleton, 1991; Lyons *et al.*, 2006).

#### **11.4 Changes in drinking cultures in the UK over the last 20 years**

The well-documented rise in consumption of alcohol and the increase in levels of binge drinking in the UK remain principal concerns with regards to alcohol issues in the UK (Pincock, 2003). The associated health and social harms have been significant – for example there has been a tenfold increase in liver cirrhosis and the social cost of alcohol runs into several billion pounds every year (Leon and McCambridge, 2006; Prime Minister's Strategy Unit, 2004). There has been considerable political and media attention surrounding levels of binge drinking; however, the impact of long-term heavy drinking also warrants attention.

In terms of types of alcoholic beverages consumed, there have been substantial changes over the last two decades. The collapse of many of the small beer brewers, and the subsequent introduction of premium lagers and international brands, has widened the choice of beers available in the UK. Beer remains the most popular alcoholic beverage in the UK but wine is becoming increasingly popular. White spirits, especially vodka, have grown in popularity whilst sales of dark spirits such as whisky have fallen. The last 20 years have also witnessed the explosion and subsequent decline of the alcopops market; pre-mixed alcoholic drinks which attracted considerable media attention in the late 1990s due to their apparent appeal to youth.

Licensing laws have changed very recently in the UK, with partial relaxation of the laws surrounding opening hours in an attempt to build a more civilised drinking culture. However, other aspects of the new laws have attempted to give more powers to local councils and the police to deal with rogue licensees and problem areas. With the introduction of the Plan for Action on Alcohol Problems in Scotland and the Alcohol Harm Reduction Strategy in England, recent years have also witnessed the first concerted attempt within the British Isles to formulate coherent and strategic alcohol policies.

Pubs are no longer dominated by working men but have become more open to a wider clientele including women, and in general there is more social acceptance of female drinking. Drinking venues have remained the cornerstones of many communities but have evolved to attract females and families, with other developments such as 'superpubs'. It is no longer common for people to have a drink during the working day and drinking appears to be more concentrated around weekends. Changing conditions within the workplace, a more transient and competitive jobs market, and an increase in work-related stress, have also impacted upon consumption trends and drinking cultures in the UK. This has been accompanied by major demographic changes with a decreasing influence of the traditional family unit and a greater focus on individuality leading to altering lifestyle choices and subsequent drinking patterns. There has been a significant increase in drinking in the home over recent years as evidenced by sales figures. In 2005, 53% of sales were on-trade versus 47% in off-trade, with off-trade increasing by 1% and projected to overtake sales in the on-trade in the next few years (Euromonitor, 2006).

Historically the UK has typically had a 70/30% split between on- and off-trade. This change may be driven by the lower cost of alcohol in the off-trade. The portrayal of alcohol in the media, especially of a strong drinking culture in youth magazines and on television programmes, also influences perceptions of alcohol. The UK's ambivalent relationship with alcohol appears set to continue; alcohol is clearly popular, yet concerns about the impacts of alcohol misuse continue to grow also.

## 11.5 Scotland

### 11.5.1 Consumption typologies: Scotland

The Scottish Health Survey 2003 showed that 72% of men and 58% of women over 16 years of age reported that they had drunk alcohol in the past week. Among those who had drunk alcohol in the past week, 63% of men and 57% of women drank more than the recommended daily limits on their heaviest drinking day. On the heaviest drinking day in the past week, 37% of men and 28% of women reported binge drinking (drinking more than 8 units or more for men and 6 units or more for women). Around a third of people usually drank once or twice a week (35% of men and 30% of women) with 35% of men and 22% of women drinking on three or more days (Bromley, Sprotston and Shelton, 2005).

In terms of overall levels, consumption in Scotland does not differ significantly from those in the rest of the UK. However, there is a tendency to more concentrated drinking in Scotland than in England (Ritson, 2001) with more drunk at individual sessions and fewer sessions. Thus, the General Household Survey recorded similar average weekly consumption (e.g. males drinking 15.8 units in England and 15.9 units in Scotland, Goddard, 2006) including higher levels consumed in Northern regions of England than in Scotland. However, Scots were more likely to drink heavily (over eight units) in their heaviest last week drinking episodes (22% Scottish males and 18% English males) and were less likely to spread their drinking over the week (21% English and 16% Scottish males drank on five or more days in the last week). Similar female comparisons are apparent at lower overall levels (e.g. 9% of Scottish women compared with 13% of English women drinking on five or more days).

Men drink more heavily than women in Scotland, as in England, but there is some evidence that male drinking is beginning to fall slightly whilst female drinking continues to rise (ISD, 2007). In relation to the recommended weekly limits, a sixth (17%) of women in Scotland reported drinking more than 14 units of alcohol per week in 2003 compared with 13% in 1995 whilst the proportion of men drinking 21 units per week decreased from 33% in 1995 to 29% in 2003 (ISD, 2007).

In terms of youth drinking, evidence suggests that a greater number of girls are drinking alcohol at each age group. Data from the 2006 SALSUS<sup>15</sup> survey indicates that 57% of 13 year olds and 84% of 15 year olds reported having ever drunk alcohol. A third (36%) of 15 year olds reported having a drink in the last week compared with 14% of 13 year olds. There was a decrease in the proportion of pupils having had a drink in the last week for both age groups (13 and 15) between 2004

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<sup>15</sup> The Scottish Schools Adolescent Lifestyle and Substance Use Survey

and 2006. Just over half of 13 year olds who ever had a drink reported being drunk at least once (52% of boys and 54% of girls). The proportion of 15 year olds who had drunk alcohol and who had ever been drunk was higher in comparison: 71% of boys and 75% of girls. Fifteen year old girls were more likely than boys to have ever been drunk (Maxwell *et al.*, 2007).

Deprivation indicators suggest that deprived groups are more likely to exceed recommended daily limits in comparison with those in the most well off sectors, although variations in weekly consumption levels are not apparent (ISD, 2007). Nearly half (47%) of men in the most deprived quintile drank over eight units (twice the daily recommended limits) compared with less than one third (30%) in the least deprived quintile. Similar figures for women were 38% compared with 24% drinking over six units (twice the daily recommended limits).

The 2003 Scottish Health Survey found that for approximately three quarters of Scots the most common drinking location is in the home and this increased with age (Bromley, Sprotston and Shelton 2005). This is in parallel with data showing that the UK's off-trade sales are growing at the expense of on-trade sales (Euromonitor, 2006).

The estimated annual cost to NHS Scotland of alcohol problems is around £110.5 million; and the annual cost to the criminal justice system and emergency services is around £276.7 million. The wider economic costs including lost productivity are estimated to amount to £417.8 million. Overall, it is estimated that alcohol problems cost Scotland at least £1125 million each year which equates to over 1.5% of Scotland's GDP (Scottish Executive, 2005a). The health impact of problem drinking in Scotland is brought into sharp focus when considering that cirrhosis mortality in men more than doubled (an increase of 104%) between the periods 1987-1991 and 1997-2001, whilst mortality in women increased by almost half (46%) in the same period (Leon and McCambridge, 2006). Cirrhosis mortality rates in Scotland are now amongst the highest in Europe although, as above, there has been some debate about the extent of the causal link with alcohol consumption.

#### *11.5.2 Alcohol policy in Scotland*

Much of the alcohol policies that affect Scotland are reserved matters for the UK Westminster parliament, for example: alcohol taxation, marketing regulation and drink driving limits. However, Scotland has powers over several areas of policy pertaining to alcohol availability (e.g. licensing), policing, health and harm minimisation. Traditionally Scotland had relatively strict laws governing the availability of alcohol but, over the past three decades, these have been relaxed considerably with the aim of encouraging a less pressurised drinking environment (Ritson, 2001).

The Licensing Scotland Act (2005) was passed with the aim of modernising the licensing regime and put in place a set of core principles which Licensing Boards must follow and promote (Scottish Executive, 2005b). It will come into force in October 2009. The five key licensing objectives are: preventing crime and disorder; securing public safety; preventing public nuisance; protecting and improving public health; and protecting children from harm.



The new Licensing Act will make 'happy hours', during which alcohol is discounted in on trade premises, illegal in all localities. (Currently these are banned in some areas such as Glasgow). Restrictions on discounting on volume have recently been extended to cover the off-sales sector. Local licensing boards will also be given the power to refuse a licence if the local area is deemed to be saturated with pubs and clubs. Furthermore, the regime of statutory opening hours, meaning off-trade outlets must not sell alcohol after 22:00 hours and not before midday on a Sunday, with pubs closing at 23:00 hours on weekdays and midnight at the weekends, will be abolished. In theory, this will allow the sale of alcohol 24 hours a day; However, the presumption will be against 24 hour drinking, and licences will be granted on a premises by premises basis. The current system of seven types of licence will also be phased out with two new types of licence replacing these: personal and premises. Tougher enforcement and a wider range of sanctions will be overseen by new Licensing Standards Officers, and there will also be mandatory training for pub staff. There is also a statutory obligation to set up Local Licensing Forums which will comment on the impact of licensing decisions on localities to the licensing board. Finally, under-age drinking will be tackled by ensuring all licensees operate a "no proof [of age], no sale" system (Scottish Executive, 2005b).

Recent years have also witnessed the first concerted attempt to formulate a coherent strategic alcohol policy in Scotland with the introduction of the Plan for Action on Alcohol Problems by the Scottish Executive in 2002. The two key priorities of the Plan are to reduce binge drinking and to reduce harmful drinking by children and young people. The actions listed by the Plan include: changing attitudes to binge drinking through a new national campaign; a framework for support and treatment services to assist those who plan and commission services to assess local needs and improve services; a new Health Promoting Schools Unit to support the implementation of the health promoting school concept throughout Scotland; a new parents' guide to help parents talk with their children about alcohol; continuing efforts to reduce drink driving; promotion of training and responsible practice for those serving and selling alcohol; more support for local alcohol problems co-ordinating groups; and improved training for staff in services addressing alcohol problems (Scottish Executive, 2002).

### *11.5.3 Factors affecting drinking cultures in Scotland*

#### *Marketing*

Much of the alcohol marketing activity that affects Scotland is carried out at UK levels, and alcohol marketing regulations are reserved powers. The Scottish Plan for Action on Alcohol (Scottish Executive, 2002) includes a provision to raise concerns expressed in Scotland regarding alcohol advertising with the UK government. As already mentioned, there is no definitive evidence for a causal link between alcohol marketing in the UK and drinking behaviour. However, a longitudinal study addressing these issues at the Institute for Social Marketing at the University of Stirling will report in 2009 (Gordon, 2006).

Distillery and alcohol production and alcohol-related industries (such as retail, wholesale and hotel trade) are particularly important elements in the Scottish economy, accounting for 6% of all jobs (ISD, 2007), and there are a number of

brands with international reputations. Promotional activity of alcohol is heavily associated with sport in Scotland, with football and rugby benefiting from sponsorship from alcohol companies. Football is particularly heavily sponsored with several top teams in Scotland having alcohol brands as their shirt sponsor, including Rangers and Celtic by Carling and Hibernian by Whyte & McKay. Several other clubs have sponsorship deals involving brands having status as the exclusive beer at a club or having stadium advertising. Tennent's lager currently sponsors the Scottish national football team and the Scottish Cup competition, and Famous Grouse whisky sponsors the Scottish national rugby union team.

#### *Regulation and legislation*

Licensing laws, and their impact on drinking cultures in Scotland, have been widely debated in relation to the changes announced by the Scottish Executive, now the Scottish Government (2005b). The licensing laws will change in Scotland in 2009, with the partial relaxation of the laws surrounding opening hours in an attempt to build a more 'civilised' drinking culture. Traditionally, licensing laws in Scotland were relatively strict with the number of outlets and opening hours curtailed. However, the Clayton Committee Report (1972) led to a relaxation of licensing regulations with permitted opening hours and availability becoming increasingly extended (Ritson, 2001). It is suggested that a relaxation in licensing regulations have caused alcohol to be more available and for longer during the day, and there is some evidence that suggests a direct link between changes in licensing regulations and patterns of consumption (Plant and Plant, 2005).

#### *Social / cultural influences*

Drinking alcohol is regarded as a major strand in the fabric of Scottish society and culture. Analysis of the 2004 Scottish Attitudes Survey found that two-thirds of respondents agreed that "drinking is a major part of the Scottish way of life", and half of the male participants viewed alcohol as a "social lubricant" making it "easier to enjoy a social event" although women were less likely to endorse this (27%). In addition, a perceived social stigma attached to *not* drinking was identified with around a third of drinkers feeling it would be viewed as odd if they stopped drinking. Younger people were found to be much more likely to view binge drinking and drunkenness as acceptable (57% of 18 to 24 year olds, 8% of 40 to 64 year olds), and men were more likely to hold more permissive attitudes towards drunkenness and binge drinking than women (Bromley and Ormiston, 2005). A large scale qualitative study also recognised the pivotal role of alcohol and its importance as a focus of social life. It concluded that prevailing cultural attitudes towards alcohol and its powerful role in Scottish society present the main barrier towards tackling alcohol related problems (Lancaster and Duddleston, 2002).

The central role of alcohol is further illustrated in terms of household expenditure. The average Scottish family in 2006 spent £6.70 on 'brought home' alcoholic drinks and £7.20 on 'away from home' drinks every week compared with for example £39.60 on food and £6.90 on cigarettes (ONS, 2007). Overall expenditure in Scotland was lower than the UK as a whole, but 'brought home' drinks expenditure was higher than the UK average of £6.30. However, this is in the context of expenditure on alcohol as a proportion of total household expenditure decreasing steadily, standing at 5.2% in 2006 compared to 7.5% in 1980 in England (IC, 2007).

Much like the UK as a whole, Scotland displays an ambivalent attitude towards alcohol. Despite recognising alcohol's central role in Scottish culture, alcohol misuse is widely perceived as a problem. For example, nearly half of all respondents in the above survey agreed that alcohol caused more harm than other drugs with little variation across gender, age or degree of urbanisation (Bromley and Ormiston 2005). Lancaster and Duddlestone (2002) noted that individuals tended to feel media representations of Scots as "big drinkers" were unfair whilst also embracing elements of the stereotypical image. They identified positive features associated with drinking such as enjoyment, socialisation, relaxing and gaining confidence, but also reported that respondents recognised that it was easy for negative aspects to develop out of these perceived beneficial effects. In addition, it was apparent that at a personal level, few related alcohol misuse to their own behaviour, locating alcohol problems and excessive drinking among 'others' and with extremes of alcoholism.

Another issue which impacts upon drinking cultures in Scotland is football and its association with alcohol. In contrast to England and Wales where alcohol can be purchased inside sport stadiums, alcohol consumption is currently banned inside all Scottish football grounds except in areas used to provide corporate hospitality. However, there are calls for this ban to be lifted. One reason given is that fans simply binge drink prior to the game rather than being able to drink at a slower pace inside the grounds (Scotland on Sunday, 2003). Corporate visitors can consume alcohol within executive boxes at grounds; however, this has been criticised (Scottish Parliament, 2003). Football matches between Glasgow teams Celtic and Rangers usually start at 12:30 hours on a Sunday to minimise access to alcohol prior to the match. However, often fans buy alcohol the night before and drink heavily on the morning of the match.

#### *11.5.4 Changes in Scottish drinking cultures*

Although Scotland has long had a reputation as a country which enjoys drinking alcohol, there have been changes in Scottish drinking cultures over the last 20 years. Alcohol consumption has risen over the past 20 years as in the rest of the UK, and consumption amongst girls and female adults is rising faster than amongst boys and males. Binge drinking has also increased over the last two decades. Alcohol is now more readily available from a number of outlets including licensed premises (increasing by 23% between 1980 and 2004), with off-trade outlets such as supermarkets, off-licences and local convenience stores increasing by 25% over the same period (Scottish Executive, 2005c). This reflects the trend towards increasing levels of home drinking. Changes in licensing regulations have extended opening hours and the new Licensing (Scotland) Act contains provision for further extensions. In terms of types of drinks consumed, beer and whiskies remain popular drinks, however wine and white spirits - especially vodka - have grown in popularity. It has become more socially acceptable for females to drink alcohol especially in licensed premises whereas in the past many pubs were male dominated. There has been a change in attitudes towards drunkenness with it being viewed as more socially acceptable than in the past, especially amongst younger age groups.

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## Appendix

## Appendix 1. Example search strategy

**Database:** International Bibliography of the Social Sciences (IBSS); **Host:** WebSPIRS, Ovid Technologies; **Years Covered:** 1951 to date; **Years Searched:** 1980-2006; **On:** 25<sup>th</sup> May 2006; **Results Downloaded:** 275

#	Search string	Results
	Limits: ((LA:IBSS = ENGLISH) or (LA:IBSS = FRENCH) or (LA:IBSS = GERMAN) or (LA:IBSS = SPANISH) or (LA:IBSS = SWEDISH)) and (PY:IBSS = 1980-2006)	
1	((alcohol or (alcohol* adj drink*) or drink* or booz* or alkohol or alcool) in TI,AB)	3109
2	((societ* or culture* or heritage or custom* or habit* or tradition* or religio* or belief* or influence* or goal* or purpose*) in TI,AB)	122065
3	((teetotal* or sober or restrain* or limit* or sensibl* or moderate* or control* or drunk* or intoxicate* or inebriate* or (bing* adj drink*) or excess*) in TI,AB)	38539
4	(home or homes or pub or pubs or (public adj bar*) or (public adj house*) or bar or bars or club* or nightclub* or disco or discos or discotheque or (licensed adj premis*) or (drinking adj hour*) or ((happy adj hour*) in TI,AB))	10626
5	((market* or advert* or promot*) in TI,AB) not ((promoter or (health* near2 promot*)) in TI,AB))	54142
6	((leisure or fashion or music) in TI,AB)	4914
7	((legislat* or regulat* or policy or policies or industry or government*) in TI,AB)	124597
8	((ALCOHOL in DES) or (ALCOHOLIC in DES) or (ALCOHOLIC-BEVERAGES in DES) or (DRINKERS in DES) or (DRINKING in DES) or (DRINKS in DES))	2427
9	((AUSTRALIA in DEG) or (CANADA in DEG) or (ENGLAND in DEG) or (FRANCE in DEG) or (GERMANY in DEG) or (NORTHERN-IRELAND in DEG) or (SCOTLAND in DEG) or (SPAIN in DEG) or (SWEDEN in DEG) or (UNITED-KINGDOM in DEG) or (WALES in DEG))	215722
10	#8 and #9	413
11	#1 and #10	281
12	#11 and (#2 or #3 or #4 or #5 or #6 or #7)	127
13	((scotland or scottish or england or english or ireland or irish or wales or welsh or (united adj kingdom) or UK or (great adj britain) or britain or british or german* or deutsch* or france or french or francais or français or spain or spanish or espana or españa or espanol or español or sweden or swedish or australia* or australasia* or canada* or canadian*) in TI,AB)	143873
14	#1 and #13	419
15	#14 and (#2 or #3 or #4 or #5 or #6 or #7)	243
16	#12 or #15	<b>275</b>

Note: #8 and #9 make up a descriptors filter (subject and geographic descriptors), #13 uses an alternative geographic filter.