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Symposium Abstracts: Alphabetical by Author A - E

Adolescent substance use in Africa: A literature review

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Aims: To examine past and current substance use among adolescents in Africa, and especially in Namibia. **Methods:** A comprehensive literature search was conducted using keywords Africa, Namibia, substance use, prevalence, and trends. **Results:** Results on past trends of substance use, current prevalence rates, substance-related harm, alcohol- and drug policies, early identification, and brief interventions will be presented. **Conclusions:** Patterns of substance use in Africa are linked to changes in the social context of using substances, from being primarily associated with traditional ceremonies to its more widespread use in daily socializing. Extensive use of alcohol by youth is linked to the ready availability of alcohol and lack of sanctions on its production, distribution, and consumption. In some countries there is no age or time restriction on alcohol use.

Alcohol consumption changes in Italy (1960-2000's): Contextual determinants and preventive alcohol policies

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Since 1970 alcohol consumption has decreased in Italy when no preventative alcohol policy measures were approved, while the first Italian policy measure (BAC limit set at 0.8 g/l when driving) appeared to follow, rather than to precede, the changing attitudes towards alcohol. The changes in alcohol consumption between 1970 and 2000's can be explained by a number of social, cultural, economic, and demographic determinants, while preventive alcohol policies may have a secondary role. As part of an EU co-funded AMPHORA study, 37 contextual factors and six types of policy measures were identified for the period 1960-2000's. A regression model on the per-capita alcohol consumption was specified. The model accounted for income, prices of alcoholic beverages, age structure of the population, and each of a set of selected contextual factors, and included a time trend in order to avoid spurious

relationships. Results confirm that contextual factors, especially the indicators of social transformation from a rural to an industrial and post-industrial culture, may have a significant part in the decrease of alcohol consumption in Italy, while policy measures have little impact in consumption changes.

Alcohol-related injuries in emergency departments from Latin America and the Caribbean region

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Background: Alcohol use is considered the major risk factor for the burden of disease in Latin America and the Caribbean (LAC) region. The magnitude of alcohol's association with injuries has considerable variation across studies conducted in different countries and emergency departments (ED), and may be explained by social-cultural contextual variables that have not been fully investigated. **Methods:** Data are derived from ED injured patients aged 18 years and older admitted within six hours of an injury event ($N = 3,883$) who were interviewed in eight LAC countries (Argentina, Brazil, Dominican Republic, Guatemala, Guyana, Mexico, Nicaragua, and Panama). Patients were interviewed regarding socio-demographic characteristics, context of injury, drinking prior to injury, frequency of drinking during the last year, and alcohol dependence symptoms (RAPS4). Logistic regression models were carried out for each country's sample to calculate odds ratios (OR) for alcohol consumption preceding injury according to socio-demographic variables and those related to injury and drinking contexts. **Results:** Prevalence estimates for alcohol use prior to injury ranged from 12.5% to 21.5% across countries. Violence-related injuries, involvement in a leisure activity before the injury event, drinking more than two drinks at least weekly, heavy episodic drinking (five or more drinks on one occasion), and a positive screening result for alcohol dependence symptoms were found to be the main significant predictors for alcohol use before injury ($p < 0.05$) across countries. In addition, countries with higher proportions of abstainers

among injured patients also presented greater *ORs* for heavy episodic drinking. **Conclusions:** The LAC region is marked by large social-cultural differences and a diversity of restrictions against alcohol. However, similar patterns of alcohol use and specific drinking contexts related to heavy consumption were found to be important in predicting an alcohol-related injury in the region.

Screening and brief interventions in Italy: An adaptation of the Sheffield Alcohol Policy Model

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As alcohol-related health problems continue to rise, the attention of policy-makers is increasingly turning to Screening and Brief Intervention (SBI) programmes. The effectiveness of such programmes in primary healthcare is well evidenced, but very few cost-utility analyses have been conducted and none which specifically consider the Italian context. This study is part of the European Commission funded ODHIN project (Optimising Delivery of Healthcare Interventions), which takes SBI in primary healthcare as a case study to investigate why primary health care professionals do not implement practices which clinical research shows to be effective. The project will adapt the SBI modelling of the Sheffield Alcohol Policy Model to several European countries, including Italy, with the aim of the evaluating the cost-effectiveness of SBI programmes versus a do-nothing approach. The Sheffield Alcohol Policy Model shows SBI programmes to be highly cost-effective, even cost-saving and this study will examine how the differences in the Italian context impact on these results. The paper will (1) outline the process of adapting the Sheffield SBI model to a new context, giving details of the main data sources used and the challenges encountered in gathering the data required for the analysis; (2) present cost-effectiveness results for Italy in the form of Incremental Cost-Effectiveness Ratios (ICERs) and net-benefit estimates for two alternative strategies: SBI at next family doctor contact and SBI at next family doctor registration; (3) draw comparison between the Italian and UK results; and (4) feed back to the ODHIN project.

Motivational interviewing in treatment of substance related problems: The relationship between the effect of a comprehensive approach and its underlying dimensions relation to change of behavior

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Objective: Motivational interviewing (MI) is proved to be an efficacious treatment in people with substance related problems; however, knowledge of its underlying dimensions relationship to treatment outcome is limited. The purpose of this paper is to elucidate the relationship between the effect of MI as a comprehensive methodological approach and its underlying dimensions related to change of behavior. **Method:** Literature searches

were undertaken in following electronic databases: PsycInfo, Medline, ISI Web of Science, Cochrane, and Academic Search Elite. In addition, manual searches on central websites were carried out in an attempt to reveal ongoing projects or publications related to MI. **Results:** Seven reviews were identified as relevant, of which six referred directly to MI interventions. Results emphasized MI as an effective method and further revealed a change in focus in research and development of MI. Further, fourteen single studies were identified, representing a total of 7,186 participants. Six of them represented a de-construction of MI with respect to its underlying mechanisms, while the remaining nine studies explored change mechanisms irrespective of methodological approach. **Conclusion:** Results indicate that the main focus in research on MI is related to its comprehensive effect in treatment. Although the interest for its change mechanisms is emerging, results indicate a lack of a common consensus in understanding MI's active ingredients relation to change of behavior. In consideration of these results, future research should be considered to focus on a further de-construction of MI to reveals its underlying mechanisms relation to change.

An evaluation of the enforcement of the Alcoholic Drink Control Act, 2008 in the Northeast Region (Udonthani and Khon Kaen): Case study of alcohol sellers

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This article was aimed at studying: (1) implementation situations and evaluation of the enforcement of the Alcoholic Drink Control Act, 2008, and (2) perception of the sellers on the Alcoholic Drink Control Act, 2008. The quantitative research method was applied with a survey of the sample groups consisting of shop owners in some areas of Udonthani and Khon Kaen provinces. The research results on the survey of implementation situations and evaluation of the enforcement of the Alcoholic Drink Control Act, 2008 reveal that 80% of sellers and the shops in Udonthani sold alcoholic drinks during the prohibited periods. Three out of four of the distributors in both areas were not aware of their violation of selling times. For the same reason, they sold the drinks to people younger than 20 years. With respect to their perception of the sellers on the Alcoholic Drink Control Act, 2008, it was found that about 75% of the sellers in both provinces, the highest proportion in this respect, had a high level of knowledge of prohibition of the selling of alcoholic drinks in certain places. The highest proportion of the sellers had little knowledge of the banning of alcoholic selling at certain times. The following was found related to the means to increase the efficiency of the enforcement of the Alcoholic Drink Control Act, 2008 for the control, prevention, and mitigation of alcoholic problems in Thailand. It was recommended that knowledge and understanding of the Alcoholic Drink Control Act, 2008 should be promoted and the processes of enforcement of laws developed as a means of strict control of alcohol sales for optimal efficiency and effectiveness.

Defining drinking problems in the UK as a corporation-induced disorder: Public health implications

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This paper applies Jahiel's theory of corporation-induced disease to an analysis of alcohol-related problems in the United Kingdom. The theory posits an epidemiologic cascade starting with government-sanctioned corporate profit making and ending with individual-level health and social consequences. At Level 1, political factors such as industry lobbying for de-regulation of alcohol are assumed to structure the policy environment of alcohol control policies. At Level 2, the actions initiated by corporate decision makers (e.g., new alcohol products, aggressive marketing to young consumers) are passed on to corporate conduits, such as social aspects organizations and trade associations. The resulting modifications in the policy environment are likely to include increased alcohol availability, the proliferation of high-volume drinking establishments; and lower alcohol prices. This in turn translates into increased sales, greater alcohol consumption and an increase in alcohol-related problems. To the extent that Jahiel's theory of corporation-induced disease meets minimal standards for a useful social theory (e.g., falsifiability, predictability, replication), the following public health implications are proposed: (1) tailor policies to address the source of the problems upstream (e.g., focus on availability, affordability, access, and promotion); (2) focus on the mid-level activities of the alcohol industry; and (3) improve access to effective individual-level interventions for dependence as well as hazardous and harmful drinking.

Stakeholders in contemporary substitute prescribing policy in Italy

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The paper discusses the preliminary results of the Italian study on substitution prescribing policy, part of a comparative research project (WP2) funded by FP7 ALICE RAP. The work package will develop a theoretical framework for cross national understanding and analyses of stakeholder involvement in issues of substance use, problem use, and addiction. Stakeholder involvement is of crucial importance in the production and dissemination of 'evidence' and also in determining what kinds of evidence are used to inform policy makers. Shifts in stakeholder groups over time, the variable power of different groups to produce or promote particular bodies of evidence, the institutional embedding of stakeholders, and the resultant effects on policy agendas and practice implementation are some of the issues to be taken into account. The main aim of the Italian study is to provide an account of the role of different stakeholder groups in different historical periods up to the current time and to examine evidence for their influence on substitute prescribing policy. The key steps of substitution treatment in Italy can be traced back to the eighties and the early nineties. In the first period

methadone was introduced in medical treatment with the aim of drug free recovery. In the early nineties the debate around drugs regulation was intense and conflicting and substitution maintenance treatment (MMT) spread among public addiction services. Even if MMT is the most widespread treatment, both in the public and in the private services, since 2002 the government has been very critical about a harm reduction approach. To identify and map stakeholder groups and their role in substitution treatment changes through the decades, an in depth literature review was conducted. This allowed us to draw up a list of 19 key informants to interview in order to examine and discuss the role of stakeholders in the main shifts which have occurred since substitution treatment was introduced.

Co-morbidity associated with fetal alcohol spectrum disorder

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Background and Purpose: Fetal Alcohol Spectrum Disorder (FASD) is associated with many disabilities due to the long lasting effects of prenatal alcohol exposure (PAE). Despite this evidence, there is no consensus as to the number and type of co-morbidities associated with FASD. The purpose of this study was to develop a comprehensive list of disease conditions associated with FASD using available epidemiological and medical literature. **Method:** A comprehensive literature search of studies reporting on morbidity associated with FASD was conducted using multiple electronic bibliographic databases. **Results:** More than 200 disease conditions coded in the International Classification of Diseases (10th ed.) were associated with FASD. This list presents both medical conditions and diagnostic features that discriminate individuals with and without FASD. **Discussion:** The results suggest the association of FASD with multiple disorders, highlighting the importance of assessing PAE as a clinical risk.

An exploration of the dynamic longitudinal relationship between heavy drinking days and mental health

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Objective: To examine the longitudinal relationship between the frequency of heavy drinking days and mental health. **Design:** Data from waves 1 (1997) to 6 (2007) of the Birmingham Untreated Heavy Drinkers project were used. **Participants:** 500 respondents (74% male) aged 25-55 years at baseline who were drinking a minimum of 50/35 UK units of alcohol for men/women on a weekly basis and were not seeking treatment for their alcohol use (nor had sought treatment in the previous 10 years) upon recruitment into the study. **Variables:** Heavy drinking days were defined as consuming 10/7+ UK units of alcohol in a single day for men/women. Mental health was assessed using the SF-36 health survey tool. **Methods:**

Dynamic longitudinal structural equation models were used to test hypotheses of dominant underlying processes (frequency of heavy drinking days leading to changes in mental health scores and mental health scores leading to changes in the frequency of heavy drinking days) and a reciprocal relationship (both mental health scores and the frequency of heavy drinking days influencing changes in each other). **Results:** A model whereby mental health scores were predictors of change in the frequency of heavy drinking days was of best fit (no significant effects were observed for the model where the frequency of heavy drinking days was a predictor of change in mental health scores) after adjustment for age, sex, socioeconomic status, marital status, educational level, labour market status, physical functioning, BMI, smoking status, illicit drug use, weekly number of units consumed, and symptoms of alcohol dependence. **Conclusion:** Mental health is the stronger underlying process in the relationship between mental health and frequency of heavy drinking days.

School variations in adolescents' drunkenness: A multilevel study of the association with school level factors and adults' alcohol use in community

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Background: Excessive alcohol use among young people is a public health problem that causes injuries and other health and social problems. The wide variation in the prevalence of alcohol users across schools suggests that adolescents' alcohol use may be influenced by school- and community-related factors. This issue has received little attention in alcohol research. **Objectives:** The objective of this presentation is to analyze whether drunkenness among adolescents is influenced by drinking norms in the adult population at the community level. Further, we aimed to investigate whether school variations in adolescents' drunkenness were due to differences in adult drinking norms across communities. **Methods:** We used data from three different sources. Data about adolescents' drunkenness came from the nationally representative 2010 Health Behaviour in School-aged Children survey which included 186 school classes and 3,080 students ages 13–15 years within 50 municipalities in Denmark. The Danish Health Profile 2010 which included 178,000 participants was used to measure percentages of adults with a high risk alcohol intake in each of the 50 municipalities. Finally, a school leader survey was used to measure school level variables. We performed a two-level multilevel logistic regression analysis with data from pupils nested in school classes. **Results:** Overall, 21% of the students have been drunk twice or more. We found substantial variation in rates of drunkenness across school classes. Students within a particular school class were more similar with regard to their alcohol use compared to other students within the total population (intra-class-correlation = 9.6%, median odds ratio = 1.77 $p < 0.05$). The school variation remained significant even after adjustment for individual level characteristics such as age, sex, and migration status, which

suggested that school class variation in drunkenness were not solely a result of differences in the socio-demographic composition of students. Community-level adult consumption was significantly associated with adolescents' drunkenness. In the adjusted models adolescents who lived in municipalities with a high level of adult drinking had an increased risk of drunkenness ($OR = 1.97$, 95% CI: 1.18; 4.76) compared to adolescents who lived in low-drinking municipalities. **Conclusion:** Adolescents' drunkenness seems to be associated with drinking patterns in school class and community.

Independence, allegiance, and accountability among government and non-government alcohol and other drug services

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This paper is a case study of alcohol and other drug treatment systems in Australian states and territories that examines the mix of government organisations (GOs) and not-for-profit/non-government organisations (NFP/NGO) in these systems and the implications for service independence, allegiance, and accountability. NFPs have always been the major providers of social services in Australia, existing because of community interest in providing a service and often involving churches, charities, and volunteer groups. Government support is substantial and in recent years there has been intense interest in the quality of services and their effectiveness. Two thirds of Australia's specialist AOD services are NGO. There is substantial variation by location, from a system made up entirely of NGOs (Victoria), to systems which are predominantly GO (New South Wales, South Australia). There is no simple pattern in the distribution of NGOs/GOs in relation to population size or density, although jurisdictions with smaller populations have systems that are mainly NGO. Institutional foundations of the NGO sector, including the altruistic basis of the work, the value placed on individual clients, and the independence from government, which support service advocacy, are considered in the context of policy emphasis on accountability for service delivery (outputs) and success (outcomes). Risks to NGO services and culture are explored, along with the importance of valuing (and therefore measuring) foundational elements of NGOs that impact service operations.

Who harms whom with their drinking? Results from the Danish national alcohol and drug survey

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Little is known about alcohol's harms to others in the Danish general population. Previous research has been confined to asking about general public drinking nuisances. This paper presents data on survey respondents' reports of

being negatively affected by others' drinking. The data are analyzed with regard to the sociodemographic characteristics of those affected by a range of persons in the respondents' social environment. Analyses were based on data from the recent Danish national alcohol and drug survey ($N = 2,569$). Mixed mode administration was used (internet and telephone). Response rate was 64%. The final sample consisted of 47% men and 53% women (unweighted). Respondents' ages ranged from 15 to 79 years. Respondents were asked if they had known anyone with excessive alcohol use, whether this affected them negatively and if so, who the person was (household family member, relative, friend/neighbour, ex-partner, and supervisor/co-worker). Basic frequencies and chi-square statistics were used to present prevalence data. Multiple logistic regression was employed to investigate correlates of alcohol harm. Forty-three percent ($n = 1101$) of respondents reported to know someone with excessive alcohol consumption in the last 12 months. Of these 40% ($n = 446$, 17% of final sample) reported that this person's drinking affected them negatively. More women than men reported being affected negatively by someone's excessive drinking. Also women were affected by a household member's drinking as well as by relatives. More men reported being negatively affected by a friend's or neighbor's drinking as well as by that of a co-worker or boss. In bivariate analyses, age does not appear to be related to being exposed to the negative effects of a heavy drinker. A substantial proportion of the Danish population has known someone in their social environment who drinks excessively. More research into the types and extent of third party harm of alcohol should be conducted in the future.

The parental role in preventing alcohol use among adolescents

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Adolescents are far more vulnerable to the effects of alcohol than adults, especially because their brains are going through a fundamental and comprehensive ontogenesis (development). Use of alcohol during this stage can cause irreversible alterations to the brain structure, which in turn causes short- and long-term cognitive and behavioural consequences. Preventing alcohol use will therefore be an effective way to avoid health damage in the adolescent population. A strong focus on "young to young communication" in prevention work during the last decades may have caused parents to relinquish real authority, and their receptive adolescents lose whatever protective effect the exercise of parental authority could provide. Results from a cross sectional school survey in 2010 including 1,523 pupils ages 13–16 years, underlined the importance of the parental role through five different factors: (1) a majority of the participants stated that they listened more to their parents than to their peers regarding use of alcohol; (2) 86% regarded parents as role models, also in the matter of alcohol use; (3) more than half of the teenagers who wanted their parents to provide rules said they were not allowed to drink alcohol before the legal age; (4) teenagers who had

such rules drank considerably less than those with more liberal rules; and (5) having rules about when to come home in the evening was associated with less binge drinking compared to not having rules. The results are discussed with respect to international research literature.

Differences in item functioning of the AUDIT alcohol problem items between men and women in general population surveys in 16 GENACIS countries

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The present research extends recent prior work (Peng et al., 2012) studying the dimensional properties of the AUDIT in GENACIS countries. Although this prior work examined the number of dimensions, overall fit indices, and overall scaling properties of the AUDIT dimensions (e.g., reliability) comparing, by country, results separately for men and women, it did not examine, in detail, differences in individual item performance between men and women for subscales. To extend this prior work, the present effort examines Differential Item Functioning of individual items between men and women within country. For example, although the overall average latent average severity for males may be higher than for females, the relative severity of individual items (i.e., the threshold parameter) representing the difference between the severity of the item and the average severity for the gender group may differ between men and women. Similarly, the discrimination of individual items, measuring the extent to which individual items align with the overall latent severity trait, may also differ between men and women. To investigate these questions, a multiple-groups analysis will be carried out in Mplus by country, treating gender as the grouping variable. Results will be compared across countries and differences between findings discussed. It is expected that, for countries for which drinking patterns, roles and expectations, and norms regarding drinking are different for men and women, that there will be more differences in item functioning than for countries in which fewer such differences exist and discussion of any such findings will be included.

"Is my glass of wine a 'vase'?" Variations in actual and perceived measures of a 'usual glass' of alcoholic drinks in England

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Background: Several studies have found participants pour more than one standard drink or unit as their usual glass. This is the first study to measure actual and perceived amounts of alcohol in a self-defined usual glass of wines and spirits in the general population. **Methods:** Participants were a convenience sample of adults who drink alcohol or who pour drinks for other people ($N = 283$, 54% women) at six sites in South East England. The survey was face-to-face and comprised a self-completion questionnaire and pouring task. Estimation accuracy, categorised as correct (± 0.5 units), under-estimate (> 0.5 units), or over-

estimate (> 0.5 units) was the main outcome. **Results:** The mean number of units poured was 1.90 (*SD* 0.80, *n* = 264) for wine and 1.93 (*SD* 0.78, *n* = 201) for spirits. The amount of alcohol in a self-defined usual glass was estimated in 440 glasses (248 wine and 192 spirits). Over-estimation took place in 42% glasses of spirit poured and 29% glasses of wine poured, and under-estimation in 17% and 19% respectively. Multinomial logistic regression found volume poured to be significantly associated with under-estimating both wines and spirits, and additionally for wine only, belonging to a non-white ethnic group and being unemployed or retired. Not having a university degree was significantly associated with over-estimating both drink types. **Conclusions:** This study is the first in the general population and did not identify systematic under-estimation of the amount of alcohol in a self-defined usual glass. Under-estimation is significantly associated with volume poured for both drink types, therefore advocating pouring smaller glasses could reduce under-estimation of alcohol consumption.

Mexican immigration to the U.S. and alcohol and drug use opportunities: Does it make a difference in alcohol and/or drug use?

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Background: Current Mexican immigrants in the US do not have increased risk for alcohol use or alcohol use disorders when compared to Mexicans living in Mexico, but they are at higher risk for drug use and drug use disorders. It has been suggested that both availability and cultural norms are associated with these findings. **Methods:** Data come from nationally representative surveys in the United States (2001–2003) and Mexico (2001–2002) (combined *N* = 3,432). We used discrete time proportional hazards event history models to account for time-varying and time-invariant characteristics. The reference group was Mexicans living in Mexico without migration experience. **Results:** Current female immigrants were at lower risk of having opportunities to use alcohol if they immigrated after the age of 13, but at higher risk if they immigrated prior to this age. Among current male immigrants, no differences in being offered or using after being offered alcohol were found. Both sexes showed large effects of migration on being offered drugs but females were more affected than males. Migration was also associated with a greater risk of using drugs after being offered, but only significantly for males. **Conclusions:** The impacts of immigration on substance use opportunities are

more important for drugs than alcohol. Public health messages and educational efforts should heed this distinction.

Challenges of implementing evidence based programs: Implications and limits for dissemination

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Aims: Funders often require programs to be evidence-based and supported by research that demonstrates reductions in substance use, yet little follow up research has been conducted to examine the dissemination of evidence-based programs or their impact. This paper will examine a California coalition as it transitioned to implementation of evidence-based programs to reduce and prevent adolescent alcohol and other drug use. **Methods:** Five years of data were collected using quantitative and qualitative methods, including annual coalition member surveys, key informant interviews, policy analysis, bi-annual student surveys, and evaluations of individual programs being implemented throughout seven cities in the county. **Results:** After five years of implementation, stakeholders in the city coalitions still have reservations about using evidence-based programs and are not fully convinced of their value and impact. Some stakeholders still wish to implement non-evidence-based programs, even those that have been demonstrated to be ineffective. While some coalition members are supportive of the programs, some cities would discontinue evidence-based programs if it were not a requirement to receive funding. Coalition members also still struggle with the concept of population-based change, often preferring individually focused programs over environmental approaches. **Discussion:** To implement research in real world practice, it is essential to understand how communities make decisions to use evidence-based programs and to examine if outcomes found in research settings are realized in real world implementation. Local practitioners are often challenged to embrace these programs or understand their value. More information is needed on what challenges and obstacles local groups experience and the implications these challenges have on further dissemination of evidence-based programs.

Investigating alcohol and energy drink use, heavy drinking, and impaired driving in a Canadian sample

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Introduction: Previous investigations of alcohol mixed with energy drink (AmED) use have primarily focused on college student populations. They have found that AmED consumption is associated with heavy drinking and risky behaviours (e.g., drinking and driving). **Objective:** The goal of the current research is to investigate whether AmED use is associated with heavy drinking, alcohol use problems, and impaired driving in the general population, using a representative Canadian sample. **Methods:** AmED

use was investigated in the 2010 Canadian Alcohol and Other Drug Use Monitoring Survey conducted by Health Canada. Using random digit dialling they interviewed 13,615 Canadians about their experiences with alcohol, drugs, and other substances. Separate multiple regression analyses were used to investigate the relationships between AmED use, drinking behaviors, alcohol use problems, and risky driving behaviors. **Results:** Approximately 11% of past 30 day drinkers (ages 18-24) had consumed AmED in the past 30 days. AmED consumption was related to heavy drinking, alcohol use problems, and some risky driving behaviors. **Conclusions:** The relationship between AmED use and associated risky behaviors appears similar in this national sample as in college samples. Consequently, interventions and policy responses should be directed appropriately.

Alcohol consumption during pregnancy: 2001-2010

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Self-reported rates of alcohol consumption during pregnancy in Australia are not consistent with two recent studies reporting 34% and 80% of pregnant women consuming alcohol respectively (Peadon et al., 2011; Powers et al., 2010). This variance can, at least in part, be explained by high rates of non-disclosure for alcohol consumption during pregnancy in self-report surveys among pregnant women (Hughes et al., 2008). This in turn can lead to difficulty in ascertaining trends of alcohol consumption during pregnancy over time. In order to elicit more accurate responses to items on drinking during pregnancy, the 2010 National Drug Strategy Household Survey (NDSHS) differentiated between drinking before and after knowledge of pregnancy. This is in contrast to previous surveys where items only addressed drinking during pregnancy in general. Using logistic regression models this paper will examine the proportion of women who reported alcohol consumption during pregnancy in the last four NDSHS surveys (AIHW, 2002, 2005, 2008, 2011) in order to shed some light on how age, year of cohort, and year of pregnancy effect alcohol consumption in pregnancy. Results suggest that rates of alcohol consumption are decreasing over time, albeit for consumption after knowledge of pregnancy. Furthermore, many of the women answering the previous survey may have been interpreting the item on drinking during pregnancy to mean after knowledge of pregnancy. The implications of this on the interpretation of statistics on drinking during pregnancy will be discussed.

The alcohol policy landscape: A review of pricing and taxation policy options to redress excessive consumption

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Increasing community and political concern about excessive alcohol consumption and related harms has prompted calls for tighter regulatory controls. From a research perspective, measures which increase alcohol prices are most effective in reducing alcohol consumption and related harms. This paper compares the utility of taxation versus minimum pricing and bans on price discounts/promotions in achieving these aims. Taxation is part of the retail price of alcoholic beverages. However, tax changes are not always passed onto consumers as retailers often sell alcohol below-cost. Minimum pricing sets a floor price per unit of pure alcohol/standard drink below which it would be illegal to sell alcohol. It overcomes taxation caveats as it cannot be circumvented by supermarket deep discounting, adaptive marketing, or below-cost sales strategies commonly used by retailers. Findings from Canada indicate that minimum pricing was associated with substantial declines in alcohol consumption. Albeit subject to initial legal challenges, minimum pricing is likely to be introduced in Scotland in 2012, and intense discussion is underway in the UK government about how the policy could be introduced in England. In Australia, government reluctance to alter extant alcohol taxation arrangements due to a wine glut and industry restructuring has renewed interest in minimum pricing amongst public health advocates. Significant associations exist between price specials and binge drinking, however insufficient policy advocacy attention has focused on alcohol promotions (e.g., happy hour), which are designed to markedly reduce the cost of drinking. Recent Scottish legislation banning discounts and promotions has been undermined by industry adaptive marketing measures; to circumvent such practices, minimum pricing is needed as a complementary policy. In unison, both policies hold promise of making inroads in curbing excessive alcohol consumption and related harms and address taxation limitations.

International alcohol control (IAC) study: Initial findings from New Zealand, 2011

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The IAC multicountry collaborative project assesses the impact of alcohol control policy on consumption and policy related behaviours. Longitudinal surveys of drinkers will allow for assessment of change over time within countries and comparison between countries. Research tools have been developed and the first round of data collection has taken place in New Zealand. Data will be collected in 2012 in England, Scotland, Thailand, Korea, and Mongolia. The survey instrument (IAC survey) measures place and time of purchase, amounts purchased, and price paid; ease of access to alcohol purchase; alcohol marketing measures; social supply; perceptions of alcohol affordability and availability; perceptions of enforcement; people's experiences with specific alcohol restrictions; support for policy and alcohol consumption (measures of typical quantity,

frequency using beverage and location specific measures (BLSM)). Initial findings from the New Zealand data have shown it is feasible, using the IAC survey, to collect robust data on purchase and prices paid as well as other policy relevant data. Most New Zealanders have access to buy alcohol within 10 minutes travel and report it to be very available and affordable. Awareness of alcohol advertising was high particularly among younger people. Despite those under the minimum purchase age reporting regular ID checks they also reported successful purchase; social supply was common with friends just above the minimum purchase age supplying relatively large amounts. About one quarter of the New Zealand alcohol market is consumed in unlicensed premises and the prices reported showed on premise prices being three times that for takeaway. Heavier consumers were more likely to purchase cheaper alcohol in both off and on premise settings. It is concluded the IAC study methodology, when used to collect longitudinal data in different alcohol markets, will contribute to the debate on appropriate policy responses.

Alcohol tax reform or a floor price for alcohol? Implications for young Australians' Saturday nights

Jenny Chalmers

Increasing the real price of alcohol is considered to be most effective way for government to reduce population level alcohol consumption and related harms. Less is known about the implications of price for the drinking patterns of sub-populations and the consequences for illicit drug consumption. A significant anomaly in Australia's alcohol taxation system is the negligible taxation of low priced wine. The alcohol industry does not incorporate taxation in the price of each and every alcohol product, thus subverting the pricing signals of the tax system. Interest in minimum pricing as a complementary policy has gained traction in recent years. This paper presents findings from a study which uses the internet to access a representative sample of 2,000 young Australians (18-30 years of age). Using an experimental behavioural economics approach, participants were asked how they would adjust their alcohol and illicit drug use on a Saturday night in response to hypothetical changes in the prices of alcohol. Participants were presented with scenarios for illicit drug prices and alcohol prices for a range of products in bottle shops and bars. The first establishes base-line patterns of drinking and drug use. The second introduces a minimum price of \$1.50 per standard drink, substantially increasing the price of cheap wine and cider in bottle shops. The third applies a consistent volumetric tax to all alcohol at the rate currently applying to spirits and alcopops, increasing the price of cheap wine and other products in bars as well as bottle shops. **Results:** Results highlight the heterogeneity in responses to these policy options. Some people don't drink the affected products, some are happy to spend more and others find cheaper ways to buy alcohol. We also identify people who would use less illicit drugs and those who would substitute alcohol with illicit drugs.

Influence of adverse childhood experience on alcohol abuse of students in a college of education in southern Nigeria

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Background: Adverse childhood experiences refer to multiple categories of childhood trauma (recurrent physical, emotional, or sexual abuse, an alcohol and/or drug abuser in the household, an incarcerated, chronically depressed, mentally ill, institutionalized, or suicidal household member, mother treated violently, one or no parents, and emotional or physical neglect) in the household prior to age 18. It may lead to different social, emotional and cognitive problems. Some studies have indicated relationships between adverse childhood experiences and later alcohol abuse in young adulthood. The purpose of this study was to investigate associations between adverse childhood experiences and alcohol abuse among young adults in Nigeria. **Methods:** Quantitative data was collected using the WHO Alcohol Use Disorders Identification Test (AUDIT) and Adverse Childhood Experiences Questionnaire (ACE) from 200 students in a college of education in Southern Nigeria. Participants were selected from different drinking spots on the campus. **Results:** The results indicated that out of the 10 ACEs assessed, the three most-prevalent categories among respondents were: physical abuse (35.9%), emotional abuse (34.3%), and emotional neglect (26.0%). There was an ordered association between two ACEs and alcohol use. (sexual abuse (2.1 [95% CI: 1.0-4.2]), and substance abuse in home (2.2 [95% CI: 1.09- 4.51]). Moreover, two other ACEs were marginally associated with alcohol use (Incarcerated household member (2.2 [95% CI: 0.85 - 5.59]) and Physical discord/divorce (1.8 [95% CI: 0.77 - 4.07])). **Conclusion:** There is the need for schools and related agencies in Nigeria to keep real and authentic records of children's experiences as it is done in advanced countries, these records can be useful for longitudinal studies, planning of interventions and necessary follow up programs.

Attribution of alcohol to violence-related injury: Self and others drinking in the event

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Objective: Alcohol can result in harm (including injury) not only to the drinker, but also to others; however, little research exists on the additional proportion of violence-related injuries which can be attributed to the perpetrator. **Method:** Data reported from emergency department (ED) studies in 14 countries on the prevalence of patients' self-report of drinking within six hours prior to the violence-related injury event, patients' belief that the event would

not have happened if they had not been drinking at the time, and patients' perception that the perpetrator had been drinking. Alcohol attributable fraction (AAF) was calculated based on the patients' perception that their own drinking was causally related to the event, and on their perception that the perpetrator had been drinking. **Results:** Across all countries, 62.9% of the violence-related injuries involved alcohol on the part of the victim, the perpetrator, or both. Rates of others definitely drinking, as perceived by the victim, ranged from 14% to 73% across countries, and was positively associated with patients' own drinking in the event and with attributing a causal association of their drinking with the event. Estimates of AAF were 38.8% when the victim and perpetrator were considered together, compared to 23.9% when only the patient was considered, and varied by country-level drinking pattern. **Conclusions:** These findings suggest adjustments which could be made to global burden of disease estimates due to violence-related injury morbidity, to better reflect AAF when drinking by others and country-level drinking patterns are taken into account.

Changes in alcohol expenditure ion households: A ten year comparison using National Sample Survey

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Background: India has high levels of poverty as well as rates of alcohol consumption which constitute a significant part of family expenditures. For India the National Sample Survey Organisation (NSSO) through quinquennial rounds collects large-scale data on household expenditure which includes alcohol consumption as well as medical expenses both institutional and non-institutional of a household. Present communication reports on ten year comparison on change in economic burden due to alcohol consumption and medical expenses at HH level. **Methods:** A secondary analysis of the National Sample Survey Organisation (NSSO) data for 52nd round (1995–96) conducted by our centre was compared with 62nd round (2005–06) available in web domain. The NSSO sampling design uses a stratified multi-stage, area probability sampling method, ensuring socio-economic and geographical considerations to reflect the population survey respondents. Information on household expenditure on alcohol (defined as alcohol expenditure share out of total monthly HH consumption) and medical expenses both institutional and non-institutional was compared for the two data sets. **Results:** For India, between the two rounds, the alcohol monthly per capita expenditure (MPCE) increased by 116.7% in rural and 88.4% in urban areas. The percentage share/composition of alcohol in total household expenditure for rural areas increased by 19.4% while for urban areas it decreased by 3.5%. The institutional and non-institutional medical expenses also increased in the ten year gap. **Conclusion:** Information on economic burden due to alcohol at a HH level can provide basics for contribution in development of an alcohol policy. Given the high levels of

poverty and high rates of alcohol consumption and medical expenses these findings have important policy implications.

The price elasticity on alcoholic beverages in Korea

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Aims: The aim of this study is to investigate the impact of price changes on alcohol consumption by examining the alcohol related data in Korea during 1997–2010. **Methods:** Exposure data were taken from the National Tax Service and the Korea Alcohol & Liquor Industry Association (KALIA). In order to investigate the changes in alcohol price and consumption, the 'unit price' of each type of liquor and the alcohol consumption per capita for aged 15 and over were looked at. To describe the sensitivity of consumption to changes in price, 'the price elasticity of demand' was calculated. **Findings:** In Korea the total alcohol consumption follows the Soju consumption trend; as Soju accounts for at least 60% of total Korean alcohol consumption. The price elasticity for each type of alcoholic beverage between 1997 and 2010 was Soju – 0.112 and beer –0.153. Therefore, the consumption of Soju and beer responded to the price changes. **Conclusions:** The price of alcohol increased considerably in this period but it was far too low to have any significant effect on drinking patterns and consumption.

Risky drinking, risky sex: A national study of New Zealand university students

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Aim: To estimate the associations of risky sexual behaviour with usual drinking pattern, with beliefs that alcohol will positively affect sexual experiences, and with drinking at the time of the sexual event. **Method:** We conducted a cross sectional web-based survey of randomly selected university students on eight New Zealand campuses in April 2009. Event-level data (drinking, partner type, and condom use at last sexual intercourse) were collected along with contextual data (usual alcohol consumption (AUDIT-C score), history of binge drinking, alcohol-related sexual enhancement expectancies). Associations of alcohol variables with risky sexual activity were modeled. **Results:** The response rate was 50.6% ($N = 2,921$). Of those respondents who had ever had sex, 32% reported they had been drinking and 56% reported using a condom at last sex. Ten percent reported that their last

sexual intercourse was with a non-regular partner and without a condom (“risky sex”) (12.3% of men; 9.8% of women; $p = 0.159$). For both men and women, alcohol-sex expectancy scores and current drinking (AUDIT-C) scores were independently associated with amount of alcohol at last sex. For both men and women, the association of current drinking or expectancy with risky sex was mediated by alcohol at last sex. **Conclusion:** Of the complex factors that contribute to risky sexual behaviour and negative sexual health outcomes, heavy drinking appears to be important, and is potentially modifiable. Addressing environmental determinants of hazardous drinking is likely to reduce negative sexual health outcomes among university students and other young people. Continuing promotion of condom use is also necessary and further integration of alcohol and sexual health promotion at individual and population level is warranted.

Acute alcohol-related dysfunction and education: An application of structural equation modelling

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Aims: The acute consequences of alcohol consumption such as hangover and drunkenness can be used as measures of heavy alcohol consumption but are also negative outcomes in themselves. The aim of this paper was to investigate the relationship between education and acute alcohol-related dysfunctional behaviours such as hangover and excessive drunkenness, and how this relationship is mediated through different aspects of alcohol consumption among drinkers. **Methods:** Between 2003 and 2006 1,705 male drinkers aged 25-54 resident in Izhevsk, Russia completed an interviewer-administered questionnaire including questions on alcohol consumption and its immediate consequences. Participants were followed up and 1,227 drinkers were re-interviewed (2008-2009). Latent factors of beverage alcohol intake and acute alcohol-related dysfunction were identified using confirmatory factor analysis. Structural equation modelling was used to investigate the relationship between education, acute alcohol-related dysfunction, and different aspects of alcohol consumption (alcohol intake and drinking patterns). **Results:** There was no evidence that results differed between surveys. A strong association was found between education and acute alcohol-related dysfunction (0.49 standard deviation decrease in acute dysfunction at baseline in men with higher education relative to men with secondary education (95% CI 0.35, 0.64)). This was reduced by adjusting for non-beverage alcohol use, drinking spirits without food, and drinking before noon (adjusted coefficient: 0.34 *SD* (95% CI 0.18, 0.49)) but not beverage alcohol intake (adjusted coefficient: 0.70 (95% CI 0.49, 0.91)). **Conclusions:** The relationship between education and acute alcohol-related dysfunction is not fully explained by self-reported alcohol consumption.

Ultra-brief intervention for problem drinkers: Results from a randomized controlled trial

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Background: There are a number of evidence-based interventions for problem drinkers. The difficulty is that most problem drinkers will never seek treatment and there is a need to develop low-cost alternatives to reach the large number of people with these concerns. This project employed an intervention that has been validated in clinical settings and then modified into an ultra-brief format suitable for use as a public health intervention. The current study comprised of a randomized controlled trial to establish the effectiveness of an ultra-brief, personalized feedback intervention for problem drinkers. **Methods:** Problem drinkers ($N = 1,767$) recruited using a baseline population telephone survey were randomized to one of three conditions: a personalized feedback pamphlet condition, a control pamphlet condition, or a no intervention control condition. In the week after the baseline survey, households in the two pamphlet conditions were sent their respective pamphlets by unaddressed mail. Changes in drinking were assessed post intervention at three-month and six-month follow-up. **Results:** The follow-up rate was 86% at three-months and 76% at six-months. There was a small effect ($p < .04$) in one of three outcome variables (reduction in AUDIT-C) observed for the personalized feedback pamphlet compared to the no intervention control. **Discussion:** Based on the results of this study, we tentatively conclude that a brief intervention, modified to an ultra-brief, public health format can have an impact.

Changes in the symbolic use of alcohol experience in Denmark: Focus group interviews with teenagers

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Danish teenagers drink more, more often, and with a clearer focus on drunkenness than young people in most other European countries (Hibell et al., 2009). Even though Danish youth are still among the highest drinking youth, there have been declining figures from the end of the 1990s to 2010. This paper investigates these changes in a qualitative research design. The aim of this paper is to investigate how the struggle for social recognition—with alcohol as the central marker—transpires in groups of teenagers in Denmark. Twelve focus groups with adolescents aged 15 (9th grade) were interviewed in 2011 about drinking practices and perceptions of alcohol ($N = 95$). This study employs a similar method to a qualitative study

made in 2005 (Demant & Järvinen, 2006). The new study confirms that alcohol experiences and positive attitudes towards drinking are still related to popularity and influence in the peer group. However, the function of alcohol in teenagers' struggle for recognition is now less strong. In the former study the participants who drank very little or not at all were put under considerable pressure and non-drinking teenagers came out as the potential losers in the negotiation of status in the groups. The new study showed remarkable changes in the symbolic use of alcohol. In 2011 "non-drinking" was more accepted and not directly used as a marker of being immature. Some of the most intensive drinking boys and girls were—in opposition to before—now in a position where they (and not the non-drinkers) had to negotiate drinking to intoxication as a possible identity position. This paper represents a close reading of three of the interviews where the most intense drinking adolescent's lifestyles become contested. Theoretically, the analysis is inspired by symbolic interactionism and Erwin Goffman's dramaturgical approach to social interaction.

Alcohol in the life narratives of women: Differences by sexual orientation

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Aim: The aim of this study was to explore experiences and perceptions of alcohol in relation to stress and coping among women, with a special focus on differences between sexual minority and heterosexual women. **Methods:** This qualitative study was designed as a component of a larger study examining mediators of heavier drinking among sexual minority women (lesbian identified, bisexual identified, and heterosexual identified with same sex partners) compared to heterosexual women based on the National Alcohol Survey. Qualitative in-depth life history interviews were conducted over the telephone with 48 women who had participated in the National Alcohol Survey in 2009-2010 National Alcohol Survey representing each of the sexual orientation groups described above. Questions explored the lives and experiences of women, and how alcohol may connect to those experiences, in a number of different areas: social life, family life, identity, sexuality and relationships, and in relation to dealing with stress in life. **Findings:** Representations about normative and risky use included social use, addictive use, self-medication, and community connection. Other representations common across groups included articulation of boundaries that were defined by negative exemplars, marked by indicators of loss of control, and maintained through selective engagement of social networks. Although representations across groups were similar, some representations, such as alcohol use in fostering community connection, appeared to be more salient for sexual minority women. The findings of the study underscore the importance of considering different risk and resiliency factors among women by sexual orientation, which may inform prevention and intervention efforts.

Substitute prescribing in the era of 'recovery': A preliminary analysis of stakeholder roles and policy windows

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This paper is based on research undertaken as part of the ALICE-RAP project on stakeholder analysis which includes partners in the UK, Denmark, Italy, Austria, and Poland. Drawing on policy science frameworks, the paper discusses the dynamics of stakeholder influence on policy regarding substitute prescribing in the UK. This is particularly timely given the current policy shift towards a 'recovery' approach in the wake of increasing critiques of harm reduction. Based on documentary analyses and key informant interviews, this paper presents the preliminary findings from the UK case study. It explores the policy shift towards 'recovery' from the perspective of the key stakeholders. The processes involved in re-opening the debate surrounding the role of substitute prescribing and how the issue was placed on to the policy agenda are examined. Drawing on John Kingdon's work on agenda setting, the ways in which methadone maintenance was challenged and defended by key stakeholders in the initial phase of policy development and how they negotiated a 'recovery' focus as the organising concept for British drugs policy will be explored. Power, influence, professionalization, legitimation, marginalisation, exclusion, and the historical and social contexts within which stakeholder groups have emerged, evolved and changed over time will be considered.

Translating addiction in space and inclusiveness: Finnish and French social workers and their understanding of alcoholism, pathological gambling and eating disorders

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Nowadays, excessive behaviours tend to be understood as addictions and often handled accordingly in treatment and policy. This paper questions what similarities beyond the common understanding as an addiction exist between these problematic behaviours and analysis of how the concept is translated in space and in inclusiveness. We recognise addictions as cultural bound syndromes. In this article alcoholism, pathological gambling and eating disorders are studied and compared with Finnish and French social workers understanding of these three excessive appetites. Finland and France with their different drinking, gambling, and eating culture are chosen as examples. Social workers have daily contact with addicted clients and therefore hold a position as gatekeepers. A stimulated focus group method Reception Analytical Group Interview (RAGI), was applied to eight groups of Finnish and five groups of French social workers not specialised in addiction. The

interviews were transcribed verbatim and analysed by a semiotic analysis on modalities and speaker images. The study confirms the notion of addiction as a cultural bound syndrome as the participants' translation of the problematic behaviours depend strongly on the culture. Finnish participants ascribe to all three a social seating of the problem, whereas the French social workers consider the cause of alcohol and eating problems seated in the individual. Gambling problems, however, are also for the French a social problem. The results imply that the use of addiction as an umbrella concept for all kinds of excessive behaviours has to be handled cautiously; even more than for substance based addictions the cultural embeddedness of the behaviour in question has to be taken into account and conclusions on treatment and policy have to be made having this in mind.

“We all know the way back” or do we?: Self-changers in a Danish context

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To recover from problems with drugs or alcohol (ab)use without receiving treatment is in general designated as 'self-change' or 'self-recovery'. Studies on this subject show that this group of people can experience as much strain as people entering treatment for their problems with alcohol. But at the same time this group often possess an intact social network, active relations to the labour market as well as a consistent economically position. A Danish pilot-study based on 30 qualitative interviews with media-recruited self-changers—carried out in 2008-2010—also found these characteristics. In a Danish national representative survey on life-style and alcohol and drug consumption (carried out autumn 2011, $N = 5,133$ respondents) a population of self-changers were identified. In the survey-population about 10% had once in their lifetime experienced serious alcohol problems, and of these respondents about 10% had chosen to go into treatment, 2.5% received help from friends/family or attended AA meetings, 12% did not do anything, while the rest stopped or reduced the consumption on their own. This paper will with focus on the concept of recovery capital present, discuss and compare some of the characteristics found in the two groups of self-changers: the media-recruited and the survey based.

Changes in cultural norms in drinking?: Beverages, drinking spaces, intoxication and pleasure

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Per capita alcohol consumption in Denmark has been stable, but fairly high since the late 1970s beginning of the 1980s (about 11 liters per capita age 15+ yrs.). But behind the statistical figures a lot of changes have been going on. Beverage choice shifts have included a gradual increase in wine consumption, and speciality drinks such as breezers,

alco-pops, and shots have appeared on the alcohol scene and their sales have grown rapidly, as they have become very popular especially among adolescents. Also public opinions on “acceptable drinking places” have undergone changes (e.g., in the late 1970s it was estimated that 1/3 of the total alcohol consumption was consumed at work-places, where today alcohol is totally out-of-place at work). This also raises the question: what are the new acceptable drinking spaces? This paper will present and discuss some preliminary results from a Danish national survey on alcohol- and drug-consumption (carried out autumn 2011, $N = 5,133$ respondents). The paper will—with a focus on the total alcohol consumption was consumed at work-places, where today alcohol is totally out-of-place at work). This also raises the question: what are the new acceptable drinking spaces? This paper will present and discuss some preliminary results from a Danish national survey on alcohol- and drug-consumption (carried out autumn 2011, $N = 5,133$ respondents). The paper will—with a focus on an analysis of the question about “last time you were drinking” and compare the results with survey data from 2002 and 1989—try to identify changes in the Danish cultural norms in drinking: what and how much are we drinking, with whom, where, and why? The paper also includes qualitative data from interviews with Danish alcohol consumers (1982-84, 1990, 1999, 2008) as a part of the analysis. The results and implications for future research will be discussed.

Alcohol and drug research western Norway: From research to practice with the will to change

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Alcohol and Drug Research Western Norway (KORFOR) was established in 2007. Our acronym is KORFOR which means WHY in English and surely a nice acronym for a research center. The WHY mandate states that its aim is to promote research and knowledge dissemination, and to contribute to the development of professional expertise and services within the field of substance abuse. Some may be of the opinion that it is too early to write an article about a research centre that has only existed for little more than five years. But we have chosen to use work forms and organisational methods which mean that we are continually changing and journeying in order to investigate addiction-related problems. We are taking this opportunity to describe where we are now, how we arrived here and where our journey will take us next. And it is an opportunity to bring on board fellow (research) journeymen from across international borders who are engaged in the same issues as WHY, or in issues in which we should be engaged. Alcohol and drug research in Norway has been criticised. The distance between the researchers and research centres and the reality that is being studied is too great. Furthermore, the often considerable gap between research-based knowledge and political decisions may indicate that the knowledge is not adequately disseminated to the fields of practice or to the arenas that drive policy-making. Here we describe how we have built up the cohesion between practice and research, and the implications this has had for the relationship between research and policy-making. Because, inherent in our research on alcohol and drug-related problems, is a will to create change.