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Symposium Abstracts: Alphabetical by Author L - P

Where's the difference? Event-level comparisons of pre-drinking with on-premise and off-premise drinking

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Background: Pre-drinking (i.e., drinking in private before going to licensed premises) was found to be common among young adults and associated with high levels of alcohol consumption and related harm. Using event-level data, the present study investigates characteristics of pre-drinking in terms of beverage preference and persons presents in comparison to other types of drinking sessions. **Methods:** Using the recently developed Internet-based Cell phone optimized Assessment Technique (ICAT: Kuntsche & Labhart, in press), alcohol consumption, whereabouts, and persons present were assessed at six time points (from 5pm to the next morning) on Thursdays, Fridays, and Saturdays over five consecutive weeks by means of participants' cell phones. The 7,828 assessments provided by 183 young adults from French-speaking Switzerland on 1,441 evenings were analyzed by means of cluster-adjusted means and proportion tests. Drinking sessions were classified into pre-drinking, after-pre-drinking, off-premise-only drinking, and on-premise-only drinking sessions. **Results:** Both men and women reported drinking about the same amount of alcohol during a pre-drinking session than on an off-premise-only session. Beverage preferences were found to be highly similar across the four types of drinking sessions analyzed. More people were present during pre-drinking than during off-premise-only sessions (e.g., 12.8 vs. 8.5 people for women). Men reported more "female

friends" present at after-pre-drinking than at pre-drinking sessions (37.9% of vs. 31.4%). Blackouts were reported particularly often on evenings with pre-drinking. However, no significant differences were found for most of the indicators. **Conclusion:** In this sample, characteristics of pre-drinking seems not to be much different to other drinking sessions, and in consequence, the high drinking levels and associated harm seem mainly to result from the "doubling" effect of two subsequent drinking sessions. Structural harm reduction measures, such as restricting access to already inebriated patrons and responsible beverage service might prevent harm resulting from the combination of pre-drinking and on-premise alcohol consumption.

Changes in the relationships between volume of consumption and alcohol-related problems in Sweden, 1979 to 2003

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Experiences from the past 30 years in Sweden suggest that the population level relationship between alcohol consumption and alcohol-related harm may have changed. For example, since the 1980s, alcohol-related mortality such as liver cirrhosis, AAA (including e.g., alcohol psychosis and alcohol dependence), suicides, and fatal accidents have declined per liter of per capita alcohol consumed. In this paper we aim to explore: (1) whether the strength of the relationship between volume of consumption and alcohol-related harm has changed in Sweden also on the individual level, and (2) whether this can be related to temporal changes in drinking patterns or to changes in the distribution of consumption (and related problems) in the population. The analyses are based on three general population surveys conducted in 1979, 1995, and 2003, which include essentially identical questions on drinking patterns and alcohol-related problems. The findings suggest that the relationship between yearly volume of consumption and alcohol-related problems has become weaker so that the same percentage change in

volume of consumption is associated with a smaller percentage change in the number of problems in 2003 compared with the 1979 and 1995. However, this change does not seem to be related to a general softening of drinking patterns. Rather, it seems that the relationship has weakened due to a redistribution of both consumption and problems in the population so that a larger share of all consumption and related problems now occurs among light or moderate drinkers. In conclusion, the results suggest that the observed decrease in alcohol-related mortality per litre at the population level may be explained by the fact that a larger share of the total consumption now is made up of light or moderate consumers; since these consumption groups usually do not experience as serious consequences or die of their consumption as often as the heaviest drinkers, we would expect less alcohol-related mortality per litre of alcohol in the total consumption.

Alcohol-related risks for children from others' drinking in Australia

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Whilst the majority of Australians disapprove of drinking whilst caring for young children, many Australians of parenting age drink heavily. This paper explores the way drinking behaviours and their consequences have been recorded and understood more generally in the literature and in particular in two different windows. One window is the child protection system, based on the perceptions child protection services (CPS) workers have of the risks of drinking and the many other factors in the lives of children and families they assess. Ultimately they must assess whether all of these risks have seriously affected or are likely to seriously affect the children they have been given the responsibility by the state to care for. The other window; the general population survey tallies the perceptions of respondents about children in their families and whether the drinking of others has resulted in specified incidents or unspecified negative effects in the last year. A large minority (22%) of families reported that their children have been affected by others drinking in some way, a third of child protection cases involved likely carer abuse, and recorded alcohol involvement increased in more serious and recurrent cases. Parental drinking is perceived as a risk in both windows by CPS workers and family members. Viewed through these two windows, one in five families reports that their children have been affected in any way in the last year by others' drinking, three in 100 have been affected a lot, and three in 1,000 have been affected by officially determined alcohol-related child abuse or neglect.

Depression and alcohol use: A cross-sectional study of GENACIS data for Brazil, Canada, and Nicaragua

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Objective: To evaluate the association between depression symptoms and alcohol use among men and women in adult samples from three countries. **Method:** Regional samples from Brazil and Nicaragua and a National sample from Canada (total of 19,707 men and women) were surveyed using a version of the GENACIS questionnaire on alcohol use which included the Composite International Diagnostic Interview (CIDI-Short form) to measure depression. Daily consumption of absolute alcohol use was categorized as: abstainer, up to 19g; from 20g to 39g; from 40g to 59g, and 60g or more. Also, the respondents were categorized regarding average drink per day in the previous year. The dependent variable was whether the respondent met diagnostic criteria for depression. Logistic models regressing depression on alcohol use were conducted for each country, controlling for age, education, and gender. **Results:** The association between alcohol use and depression showed some differences across countries and genders. The association between alcohol use and depression was stronger among females than among males, however due the small numbers in Brazil and Nicaragua, analyses were limited. **Conclusions:** Results highlight the magnitude of the association between alcohol use and depression and the importance of gender-specific analyses. Future studies, particularly in developing countries, are needed to determine the relationship between alcohol use and depression, which seems relevant and not determinate at random. Policies are necessary to control abusive alcohol use associated with numerous health hazards, including depression.

Testing different thresholds for risky episodic drinking: What's so special about five drinks?

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Studies of episodic drinking typically use a measure based on the frequency of drinking five or more standard drinks (a definition which itself varies based on the standard units being used). While this threshold clearly defines drinking behaviour with a range of risks and negative consequences, there has been limited research outside of US college-based

studies to determine the appropriateness of this definition. This study presents an examination of fifteen risky-drinking thresholds (based on volume and frequency) and their relationship with three self-reported alcohol-related problems and behaviours. The study finds that the most appropriate risky drinking threshold varies based on the mode of analysis and on the type of outcome being considered. In general, risky drinking thresholds of seven or fewer drinks provided the best balance between sensitivity and specificity. These findings support the continuing use of a risky-drinking definition of five or more drinks, based on the Australian drinking guidelines.

Diverging trends in alcohol-related harms: Alcoholic liver disease morbidity and mortality, 1999-2008

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Introduction and Aims: There is growing evidence of increases in acute and chronic alcohol-related harms in the community. However, analyses of multiple measures of alcohol-related harm indicate diverging trends for some alcohol-related conditions. In the case of alcoholic liver cirrhosis, it appears that morbidity has increased, whilst mortality rates have remained relatively stable over time. What is unclear is whether these are true trends, or driven by extraneous factors. **Design and Methods:** Mortality (deaths) and morbidity (hospitalisations) data for Victoria were explored for the period 1999 to 2008 to identify patterns of service utilisation, treatment, and patient demographics and any potential changes in these factors over time. In addition, liver transplants, hepatitis notifications and alcohol consumption trends were also explored as possible contributors to change in morbidity and mortality associated with alcoholic liver cirrhosis. **Results:** Rates of admissions for alcoholic liver cirrhosis increased significantly between 1999 and 2008. Through examination of a range of admission and patient characteristics, increases in rates of admissions have been found to be a reflection of robust trends of increasing burden, and not an artefact of other factors. Analyses of patient characteristics demonstrate increasing numbers of patients, but stable demographic characteristics. Despite significant increases in alcoholic liver cirrhosis across a range of variables explored, deaths attributed to alcoholic liver cirrhosis have remained stable. **Discussion and Conclusions:** Trends of increasing morbidity and service demand due to alcohol consumption represent burdens on the community and health system, and populations that could benefit from targeted intervention strategies.

Health profiles of substance abuse clients with problems for alcohol, cocaine, and simultaneous use of cocaine and alcohol

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Although simultaneous use of cocaine and alcohol (coc/alc) is common, little is known about the health effects of combined use. Pharmacologically, combined use creates a new metabolite, cocaethylene, which has similar properties to cocaine, but lasts three to five times longer. A research question of importance is whether the combined use of alcohol and cocaine produces any measureable health related harms compared to either drug used alone. To gain insights to this question, self-administered questionnaires were completed by 582 clients in treatment for problems with mainly alcohol, cocaine, or simultaneous cocaine/alcohol use. These three groups were compared in terms of a range of variables across dimensions of physical, mental, social, and economic harms. Overall, results showed that simultaneous users had significantly worse health profiles than those with alcohol problems; however, those with problems with cocaine had similar health profiles to the simultaneous users. These results are discussed in relation to whether these observations likely reflect the effects of alcohol and cocaine or reflect other inherent differences between drug using groups.

Trends of problematic alcohol use among youths in Switzerland: A comprehensive assessment

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Aims: To get a comprehensive picture of the current trends regarding problem drinking among young Swiss residents aged 10 to 24 years. **Methods:** On one side, the development of indicators of problem drinking is drawn from repeated cross sectional general population surveys for age groups between 15 and 24 years (Swiss Health Survey 1992, 1997, 2002, & 2007) and more specifically from national school surveys for pupils aged 11 to 15 years (Health Behaviour in School-aged Children 1998, 2002, 2006, & 2010). On the other side, trends in the rate of hospitalisations with diagnoses related to alcohol intoxications are calculated for the population aged 10 to 24 years from the Medical Statistics of Swiss Hospitals (2001-2010). Development in treatment demand data for primary alcohol-related problems from clients aged 10 to 24 entering specialised treatment or counselling is estimated from the National Treatment Monitoring System Act-Info

(2005-2009). Finally, trends in the rate of victims of traffic accidents with alcohol involvement are calculated for the population aged 15 to 24 from data collected by the Federal Roads Office (1999-2011). **Results:** Indicators of heavy drinking patterns from general population surveys and of manifest consequences from treatment data show both an increase in alcohol related problems among young Swiss residents. At the same time, lowering or stabilising trends in daily alcohol consumption are observed. **Conclusions:** Specific measures should be considered for curbing the prevalence of hazardous drinking in subpopulations of young people. More in-depth studies among at-risk groups are needed for a better understanding of the current motives for engaging in risky drinking behaviour.

The alcohol and tobacco information given to pregnant mothers by the health team in Uruguay

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Introduction: In Uruguay there is still not enough work on specific women's groups related to prevention/information of alcohol or tobacco, although Uruguay has been working against tobacco use since 2006 when a law banned the use of tobacco in any form in any public places. During 2005, 2007, and 2009 our research group studied the prevalence of alcohol, tobacco, and other drugs consumption of pregnant women during pregnancy with surveys and biomarkers. In those studies prevalence for alcohol was by survey over 37.7% and for tobacco over 38.8%. Data by biomarkers was higher than those percentages. In relation to other countries with similar SES, those data are considered high and were explored among other variables. **Methods:** Survey on 250 postpartum women coincidental sample, between 05/07/09 and 06/20/09. The questionnaire was confidential, informed consented and ethical approved, opened and pre-coded. **Results:** Information on alcohol: no information 66.5%, some type of information 33.5%. Those who did receive some information from the health team said: 48.7% might harm the baby, 4.8% diminish the BB reflexes, 10.9% not remember why, 1.2% mother HT, 32.9% should not drink, and 4.9% could drink less. There was no specification on SFA information on tobacco. No information on 58%. Some information on 42%. Those who did receive some information from the health team said: should not smoke 29.1%, might smoke less 5.8%, might produce ISD 2.9%, is "bad" for the baby (not specified) 13.6%, the baby might have heart or respiratory problems, be smaller, other problems 66.9%. **Considerations:** In consideration that more than 1/3 of this population has consumed alcohol and tobacco during pregnancy there is a low and incomplete level of information. Strategies for these specific populations (mothers and health team) should be planned, (what, how and who), related to alcohol and tobacco consumption during, before, and after pregnancy.

Mental wellbeing and the use of alcohol

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Background: Alcohol use is closely linked to mental wellbeing. People with psychological distress may seek momentary relief from drinking. On the other hand, excess alcohol consumption leads to psychological distress, depression, and even suicide. Many social factors, in their turn, may function as resources that offer protection against the disruptive effects of stressful situations and against the adverse consequences of alcohol use on mental wellbeing. **Aims:** In the current study, we set out to examine the links between different aspects of alcohol use, different aspects of mental wellbeing, and the effect of protective social factors on these links. The aspects of alcohol use include the frequency and volume of drinking, binge drinking and hazardous drinking (using the AUDIT). The aspects of mental wellbeing studied are psychological distress (using the general health questionnaire), subjective wellbeing (life satisfaction) and psychological wellbeing or coping abilities (sense of mastery). The social factors the protective effects of which we study include social capital (loneliness, having a confidant) and good socioeconomic status. **Data:** The data came from the Finnish Drinking Habits Survey, a general population survey of Finns aged 15-69 years carried out in 2008 by Statistics Finland as face-to-face interviews ($N = 2,725$, response rate 74%). **Results:** Binge drinking and, particularly, AUDIT were associated with different aspects of mental wellbeing. The risk of poor mental wellbeing rose when binge drinking was more frequent than monthly, and when the respondent scored 6 or more on the AUDIT. Also abstainers reported poor mental wellbeing. Frequency and volume of drinking did not have as consistent a connection with mental wellbeing. These associations between alcohol use and mental wellbeing did not depend on the protective social resource variables. **Conclusions:** Frequent binge drinking and alcohol problems increase poor mental wellbeing.

Differentiating between drinks: Culture and consequence in rationales for tax rates

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Alcoholic beverages have long been taxed, and usually at different rates. The differences in rates may be based on many considerations, e.g., the beverage's alcohol content, its value, who is believed to drink it, higher tax if it's young drinkers), the social problems seen to be associated with the beverage, its prestige (e.g., sumptuary taxation of champagne), its origin (e.g., imported or domestic), or its form of sale (for off-premise or on-premise consumption). The paper considers the literature on the main considerations in recent times in high-income countries, and explores the bases for taxes on different beverages and the rationales given for them in Australian official inquiries and documents in the last century, and also considers the relationship of the rationales to public health and other considerations.

Quality of life and social engagement among older adult alcohol abstainers and users in South Africa

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Lower quality of life and poor social engagement are often associated with heavy alcohol use relative to moderate consumption among older adults. The purpose of this study was to observe if quality of life and social engagement vary across lifetime abstainers, low risk drinkers and at risk drinkers among adults aged 50 and above in South Africa. This study is a secondary analysis of data from the population-based Study on Global Ageing and Adult Health Survey (SAGE) including 3,143 adults aged 50 and above in South Africa. We calculated sum scores based on the WHO Quality of Life-8 item version and queries of frequency of social activity in the past 12 months as measures of quality of life and social engagement, respectively. Alcohol measures were based on self-reports of having ever consumed alcohol, and the number of drinks consumed on each day of the previous seven days. We constructed low risk and at risk drinking categories for men and women separately based on NIAAA recommendations for adults, and used analysis of variance and multinomial regressions to observe and test associations. Overall, 1,860 (59.2%) were women, 2,653 (84.4%) were lifetime abstainers, 313 (10.0%) were low risk drinkers and 177 (5.6%) were at risk drinkers. The mean quality of life and social engagement scores were 27.2 ($SE = 0.18$) and 21.1 ($SE = 0.19$), respectively. Means of quality of life and social engagement scores did not vary significantly across the drinking patterns overall or among women in bivariate and multivariate analyses. Among men, quality of life was lowest among at risk drinkers ($p = 0.03$), although this was not statistically significant in adjusted analysis. While quality of life and social engagement are often associated with drinking behavior in Western settings, our findings suggest they currently do not play an independent role in influencing or being consequent to patterns of drinking among the general population of older South African men and women.

Alcohol consumption changes and relationship satisfaction in Norwegian couples in transition to parenthood

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Aims: To measure alcohol consumption changes and relationship satisfaction in Norwegian couples in transition to parenthood. **Design and Participants:** The data collection was conducted as part of the Norwegian Mother and Child Cohort Study (MoBa) at the Norwegian Institute of Public Health. MoBa is a cohort consisting more than

101,111 pregnancies recruited from 1999 to 2009. The present study includes 83,218 couples. **Measurements:** Alcohol consumption was assessed with questions about participants' usual drinking pattern and frequency of number of occasions with binge drinking episodes on a monthly basis, before and in pregnancy. Relationship satisfaction was measured by five items scored on a Likert agreement scale. **Findings:** The findings indicate that in a Norwegian context both women and men reduce their drinking during pregnancy. Reduction was apparent for all three measures of alcohol consumption. Fathers in transition to parenthood reduced their alcohol consumption more than experienced fathers, from initially higher levels. However, the gap between the fathers and their pregnant partner was still higher among first-time parents, as compared to parents with prior children. Furthermore, we found a weak but significant association between drinking before pregnancy and relationship satisfaction in pregnancy within each partner, whereas no association across partners was observed. The weak associations within each partner, and the lack of association between the partners might be contingent of the context in which all couples experienced a pregnancy. **Conclusions:** Both expectant mothers and fathers change their alcohol consumption patterns when getting pregnant. Mothers stop drinking, and fathers reduce. The difference in drinking between the partners does not seem to influence their experienced relationship satisfaction.

Trend analysis and modelling of gender specific age, period, and, birth cohort effects on alcohol abstinence and consumption level for drinkers in Great Britain using the General Lifestyle Survey 1984-2009

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Introduction: Disentangling age, period and birth cohort effects (APC) on the abstinence from alcohol and on the consumption level of drinkers can improve the understanding of the dynamics of alcohol use and help to formulate targeted interventions to reduce alcohol related harms. The cross-sectional General Lifestyle Survey (GLF) for Great Britain, previously known as the General Household Survey, has included questions on alcohol consumption since 1978 and 21 sequential surveys up to GLF 2009 are available. **Objectives:** The aim of the study is to use the GLF data from 1984 to 2009 to model the gender specific APC effects on alcohol abstinence and consumption level for drinkers; and to compare alcohol use patterns between different age and/or birth cohort groups and to explore long term trends due to period effect. **Methods:** Logistic models and negative binomial models are applied to model the APC effects on alcohol abstinence and level of consumption respectively, with income, education, ethnicity, and region as confounding factors. **Results:** Younger generations in Great Britain, especially men born after 1985, are more likely to be abstainers and

drink less than their parents. Alcohol consumption has become polarised as both men and women become increasingly likely to be abstainers over the past 25 years, but for those who do drink, the consumption level has gradually increased over this period, especially for women. Significant age effects are identified for the 18-24 age group who is least likely to be abstainers and drinks the most. Women drinkers drink less when they get older, however, their consumption increases again between ages 25-34 to 45-54. **Conclusions:** Significant birth cohort effects for younger generations and period effects for female drinkers in Great Britain are identified. The findings have important implications to predict future trends in alcohol use and alcohol-related harms in Great Britain and should be considered when making targeted public health interventions to reduce alcohol related harms.

Co-morbidity of substance use and mental disorders: Background information to describe prevalence and characteristics of psychiatric co-morbidity in Europe

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Co-morbidity is defined as the occurrence of two disorders or illnesses in the same person, either at the same time or with a short time difference (WHO, 1994). Clinical and epidemiological studies from different countries have shown that the frequency of occurrence of co-morbid mental disorders in individuals who use alcohol or other psychoactive substances is high. On one hand mental disorders are risk factors for substance use disorders; on the other hand the presence of a substance use disorder may affect the occurrence of mental disorder, showing a strong correlation. However, diagnosing co-morbidity in substance users is not easy and is complicated by symptom overlap, symptom fluctuations, and the limitation of the assessment methods. The prevalence of co-morbidity of substance use and psychiatric disorders in clinical samples has been studied in several countries. According to those studies from a third to a half of people with any mental disorder meet the criteria for another mental or substance use disorder at some point in their lives. In the European Union the prevalence of psychiatric co-morbidity is reported to be high (EMCDDA, Annual Report, 2004); however criteria to define a co-morbid disorder may vary substantially by country. The most common mental disorders among substance users are personality disorders, anxiety, and mood disorders. Studies on co-morbidity are still rare in European Union and there is a great variability in the way the issue is studied in different European countries. The EMCDDA (European Monitoring Centre for Drugs and Drug Addiction) aims to develop European epidemiological knowledge on co-morbidity in the next years. The presentation summarises the existing epidemiological information on co-morbidity at the European level and identifies the need for developing research and monitoring instruments on co-morbidity that

will make the available information more comparable and reliable at European level.

Stakeholders in the Polish methadone maintenance treatment

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The aim of the paper is to present the evolution of Polish methadone maintenance treatment from the perspective of its stakeholders, including its supporters and opponents. The study is part of a comparative research project, ALICE RAP, co-funded by EC within its research programme FP7. Work package two aims to develop a theoretical framework for cross-national understanding of addiction policies through stakeholders analysis. The methodology applied consists of a series of in-depths interviews with around a dozen major stakeholders: politicians, policy makers, treatment providers, drug users, NGO's, pharmaceutical industry as well as health insurance. Methadone maintenance treatment was initiated in Poland in the beginning of the 1990's in a period of intense economic and political transformation. During that time Poland was open to numerous innovations, including the modernization of addiction treatment. A few years later, however, this innovative potential was exhausted and the expansion of methadone maintenance treatment slowed down. Some barriers that hindered its development, like the lack of legal provisions and the monopoly of the public sector were identified and removed. Nevertheless, methadone maintenance still covers less than 10% of those in need and residential treatment based on a therapeutic community model is a major treatment option absorbing three quarters of all funds for drug treatment. The study will explore the existence of other barriers including conflict of ideological and financial interests.

Alcohol use among young people

Faith Nassozzi

Background: Alcohol is a central part of social and cultural events such as death, birth, marriage, and circumcision ceremonies in Uganda. Alcohol is widely abused by both young men and women in Uganda. Young Empowered and Healthy and Health Communication Partnership launched the True Manhood Communication Campaign aimed at encouraging young men to drink responsibly or not at all. **Aim:** The study was done at the end of the campaign to measure progress as well as knowledge, attitudes, and practices related to alcohol use and abuse among young people. **Methods:** The research comprised of a cross sectional population based study that was conducted in 31 districts in Uganda. Data was collected between November and December 2010 from 1,483 young people aged 15 to 24 years. A multistage sampling approach was used to select respondents. The survey assessed alcohol consumption (incidence and prevalence), alcohol use disorders, self-efficacy among youth to limit or stop alcohol abuse, perceived risk of alcohol, and awareness of the dangers of alcohol. Alcohol use disorders were assessed using the WHO Alcohol Use

Disorder Identification Test (AUDIT). **Results:** 13% of the young people reported having their first alcoholic drink below age 18; among those, 79% were not in school. Overall, 30% of young people had alcohol abuse disorders; these were more common among males than females. Interestingly, a high percentage (70%) of young people who drink alcohol reported that they were very confident they could limit the amount of alcohol they consume. **Conclusions:** Young people start taking alcohol at a very early age with younger males being more likely to abuse alcohol. The majority of the active drinkers have intentions to change their drinking habits. Communication campaigns need to intensify their message to reach these groups. Secondly, there is a need to provide rehabilitation and treatment programs for the young people who are currently abusing alcohol.

What is the role of roles? Exploring the link between social roles and women's alcohol use in low and middle income countries

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Aims: This paper investigates how social roles (partnership, parenthood, having paid labour) are related to alcohol use among women in low and middle income countries. Two hypotheses are examined: whether having more social roles is protective with regard to alcohol consumption (accumulation theory) or whether more roles can act as a risk factor (the multiple burden theory). Additionally the paper seeks to explain country differences in the association of social roles and alcohol use by including societal-level variables. **Methods:** Survey data of 25-49-years-old women from 11 low and middle income countries (Argentina, Brazil, Costa Rica, India, Kazakhstan, Nicaragua, Nigeria, Peru, Sri Lanka, Uganda, & Uruguay) were used from the GENACIS project. Multivariate and multilevel regression analyses were carried out to test whether holding several roles is related to drinking status and heavy drinking. **Results:** Employment status was consistently and significantly related to drinking status and heavy drinking across countries. Family situation (having partner and children) was protective for drinking. On the societal level per capita consumption was significantly related to both drinking status and heavy drinking of women, while gross national income was significantly associated only with drinking status. Gender equality did not have a significant effect. Concerning different role combinations working single women without

children were most likely to be heavy drinkers, while not working women with partner and children were the least. **Conclusions:** Neither the role accumulation theory nor the multiple burden theory could be fully supported. Rather paid employment was a substantial singular factor in women's drinking. Further, with the exceptions of Argentina and Kazakhstan, high per capita consumption was correlated with higher prevalence of heavy drinking among women, a relation which should be taken into account in development of prevention strategies in growing economies.

Organizational "common factors" in treatment of substance use disorders

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Specific treatment methods have been found to explain only about 20% of the variation in treatment outcome. In meta-therapeutic research one has tried to identify what has been known as "common factors" in treatment, explaining more of the outcome variance. Of the most important factors are the therapeutic alliance, the experience of hope, and significant events in the life of the patient. In this paper is presented a literature review on research about three characteristics of treatment systems for substance use disorders; the availability and accessibility to services, continuity of care and individualization of treatment. These characteristics are seen as yet another set of common factors, important to the quality of the treatment system and treatment outcomes. It is discussed how these kind of common factors may influence the organizational principles of treatment systems.

Poor health and non-drinking at different stages of the life course: The sick quitter and sick non-starter hypotheses

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Aims: This study explored the hypotheses that poor health precedes non-drinking at age 23 and whether remaining in poor health influences whether someone stays a non-drinker (sick non-starter). Secondly, that a decline in health is associated with a change to never or special occasional drinking (sick-quitters). **Design:** Logistic regression analysis of the National Child Development study 1958, a prospective, population-based study conducted in the UK. **Participants:** 10,298 participants at age 23 and 9,737 participants at age 33. **Measurements:** Part A: Never drinking and special occasion drinking status at age 23 as an outcome, medical conditions as assessed by a medical officer at age 16 as an exposure. Part B: Remaining a never drinker/special occasion drinker, declining to a never drinker/special occasion drinker from age 23 to 33 as an outcome, changes in self-rated health at age 23 and 33. Models adjusted for sex, highest qualification, marital status, parental status, and depression as defined by the malaise inventory. **Findings:** Having a

mental, or heart and haematological condition at age 16 was associated with being a never drinker at age 23 whilst adjusting for social and demographic factors ($p < 0.05$). At age 33 those remaining in a poor health rated state at age 23 and 33 had double the odds of someone staying in a good health state of being a never drinker at age 23 and 33 ($OR = 2.34$, $p = 0.01$). Those who declined to a poor health state over the same time points had 1.70 times the odds of someone who remained in a good health state of declining to never drinking from age 23 to 33 ($p < 0.01$). Declining to special occasion drinking was also associated with a decline to poor health; however was no longer statistical significance in the fully adjusted models. **Conclusions:** Poor health is associated with non-drinking early on in the life course. We find support both for the sick non-starter and sick quitter hypotheses up until age 33. This may create bias in studies which compare the health of moderate drinkers with non-drinkers in later life and attribute the better health outcomes of moderate drinkers to protective effects of alcohol.

A baseline survey on incidence and prevalence of alcohol and drug abuse among university students

Jane Ngure

There is an increase in the number of cases of alcohol and drug abuse over time in Sub-Saharan Africa, more so among youths. This study examines incidence and prevalence of alcohol and drug abuse among students in a private university in Kenya. The study is a cross sectional survey where questionnaires were distributed to 500 participants who were selected using stratified random sampling technique cutting across all programs from Pre-university to PhD program. The questionnaires were derived from a modified Global Assessment Program on Drug Abuse toolkit. To obtain more information, focus group discussions and in-depth interviews were conducted to specific groups and individuals including Dean of Students, university counselors, resident tutors, and student leaders. An analysis of the findings indicated that there were incidences of alcohol and drug abuse among students. Regarding life use of drugs, the majority of respondents (44.8%) used alcohol, 16.8% used tobacco, while 9.3% of the respondents used cannabis. However the current substance usage reduced with reference to life time users the current tobacco users had reduced from 16.8% to less than 10%, current alcohol users reduced from 44.8% to 24.5%, and among 9.3% respondents who used cannabis, 4.3% used it once or twice in three months. The perception of drug use as a source of pleasure was the main reason for the student's substance use. Curiosity, stress relief and peer pressures were also found to be the main reasons for substance use. Majority of respondents 58.4% reported that there were no alcohol outlets inside the university while 12.6% indicated the presence of alcohol outlets in the university. Most important sources of information on alcohol and drugs according to the respondents were media reported by 69%, friends reported by 44.8%, health personnel 23.2%, university curriculum 18.7%, and family members 29.3%.

Setting the agenda: Alcohol in the news

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This paper will present findings from a study of the relationship between newspaper reporting and policy debates on alcohol in Britain over a ten-year period (2000-10). The study consisted of a longitudinal content analysis of newspapers, an analysis of policy literature and interviews with journalists, lobbyists, and policymakers. This paper will discuss how alcohol stories have been framed in terms of language, imagery, and use of sources, and consider how this knowledge can be used to track changing public attitudes to alcohol. In particular, it will consider the role of public health concerns in news reporting over the period, and the extent to which health advocates have been successful in influencing the way alcohol stories are framed. Finally, it will speculate on what the relationship between media coverage and policy development might be, and what can be learnt for media advocacy campaigns in the future.

Population drinking and drunk driving in Norway and Sweden

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Background and Aim: Research suggests an association between population drinking and a large number of outcomes. However, driving while under the influence of alcohol (DWI) is conspicuously absent from this list of outcomes. The aim of this study was to estimate the relation between DWI and total consumption of alcohol on annual time-series data for Norway and Sweden. **Data and Method:** For Norway we used data on convictions for DWI per 100,000 inhabitants (15-69 years). The DWI proxy for Sweden comprised the proportion (%) of all police-reported traffic accidents with personal injuries where the driver was under the influence of alcohol. Data on total alcohol sales in litres of pure alcohol per inhabitant (15 years and older) were used as proxy for total alcohol consumption. We focused on the period 1957 to 1989 during which the legislation concerning DWI remained unchanged in Norway as well as Sweden. The statistical analyses were based on co-integrated models. **Results:** The estimates of the association between DWI and per capita alcohol consumption were strongly significant in Norway as well as Sweden. **Discussion:** The present study has expanded the list of harm indicators that has proven to be associated with population drinking. Future research should test whether the association between DWI and population drinking varies across drinking culture.

Students' experiences with web-based alcohol prevention: A qualitative evaluation of AlcoholEdu

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Aim: To provide more in-depth information about students' experiences with AlcoholEdu and in particular to assess if students perceive that the course gives them tools to better control their drinking-related behavior. **Methods:** Focus group interviews with freshmen at three California universities. **Findings:** (1) The course provides so much information that everyone can find some of it relevant; (2) participants prefer information presented in ways they can identify with; (3) participants report problems with surveys in the program pointing to redundancy and length; and (4) participants did not expect the course to impact their behavior relating to alcohol. **Conclusion:** AlcoholEdu provides valuable information for freshmen in college about how to avoid problems with alcohol. However, the course could have much more impact if it was closer to college reality.

The interplay between Icelandic society and its state alcohol monopoly

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This paper aims at analysing the interplay between Icelandic society and the state alcohol monopoly with a particular emphasis on the ideas behind the monopoly, the rules by which it operates, and the interests of consumers, importers, and the public. For ninety years, alcohol in Iceland has been sold by a state monopoly called ÁTVR (The State Alcohol and Tobacco Company of Iceland) with the goal of creating revenue for the state. ÁTVR was established in 1922, during Iceland's prohibition era, to handle the sale of alcohol for industrial and medicinal purposes. It also sold wine to retail customers after this was made legal again later in 1922 and hard liquor when the law prohibiting the sale of hard liquor was repealed in 1935. In 1989, ÁTVR's monopoly position was strengthened considerably after Iceland's longstanding ban on beer was lifted. When Iceland joined the EEA in 1994, ÁTVR had to close its wholesale business but continued its retail operations. ÁTVR met threats of further privatisation by reorganisation and improved customer service. For most of its existence the premises behind the company's operation have been contested, first by temperance advocates and later by advocates of privatisation. Competition with illegal alcohol sales has been a recurring issue; ÁTVR's selection of goods and its trade terms with suppliers have also been frequently criticized by various interest groups. Despite these controversies a recent revision of Iceland's Act On Selling Alcohol and Tobacco (No. 86/2011) entrusted the company with specific social responsibilities, which are supposed to strengthen its role as

an instrument for public health while preserving its effectiveness as a collector of state revenues.

Alcohol consumption and high risky behaviours of students in universities in southern Nigeria

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A growing number of studies have examined alcohol and high risk behaviours among young people. This paper examines the influence of alcohol on the high risk behaviour of students in tertiary institutions in Delta State, Southern Nigeria. A total of five hundred students were randomly selected from two Universities. Quantitative data was collected using the WHO Alcohol Use Disorders Identification Test (AUDIT) and High Risk Behaviour Scale (HRBS). The AUDIT results indicated that 426 (84.0%) students fall into no/low alcohol risk category, while 76 (15.2%) students fall into high alcohol risk category, and 4 (0.8%) did not respond. HRBS has two subscales: 134 (26.8%) of the university students are at no/low risk of sexual activity, 338 (67.6%) are at high risk of sexual activity; and 28 (5.6%) of the students did not respond the sexual activity scale. 125 (25%) of the university students are at high risk of drug abuse, while 348 (69.6%) of the students are at no/low risk of drug abuse; about 27 (5.4%) students did not respond to the drug abuse subscale. The analysis also showed that alcohol abuse, yielded a beta value ($\hat{\alpha}$) of 0.047, standard error (SE) of 0.019, and a Wald chi-square value (Wald \div 2) of 6.130 which is significant since $p < 0.05$ i.e., $p = 0.013$. This implies that the alcohol abuse will have significant influence on sexual activity but about 98.1% variation is unaccounted for by alcohol abuse. The implications of these findings are discussed.

Substance use disorders and comorbidity among non-psychotic patients involuntarily admitted to addiction treatment centers

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Objective: To describe and compare the socio-demographic characteristics, substance use, and psychiatric comorbidities of involuntarily and voluntarily admitted substance-using patients. **Methods:** This cross-sectional study compared two groups admitted to combined substance use disorder and psychiatry wards. Sixty-five patients were involuntarily admitted and 137 were

voluntarily admitted pursuant to the Social Services Act. The International Classification of Diseases and Related Health Problems was used for diagnostic purposes regarding substance use disorders, type and severity of psychiatric problems, and level of functioning. Socio-demographic variables were measured using the European Addiction Severity Index, and the Symptom Checklist-90-R instruments were used to evaluate the range of psychological problems and psychopathological symptoms. **Results:** Patients who had been involuntarily admitted were more often females and treated by a physician for somatic diseases, often combined with the need for public welfare benefits. Involuntarily admitted patients were characterized by severe, long-term drug addiction. Considerable burdens of comorbid substance use disorders and mental disorders were observed in both groups. **Conclusions:** To meet the needs of these patients, treatment centers must offer diagnosis and therapy regarding substance use disorders, psychiatric disorders, and somatic disorders.

Social inequalities in time trends of episodic heavy drinking in the general population

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Aims: To examine social inequalities in independent and non-founded age, period, and birth cohort effects on self-reported episodic heavy drinking. **Design:** The study utilizes data from six waves of the German Epidemiological Survey of Substance Abuse (ESA), conducted between 1995 and 2009. **Setting:** General population of Germany. **Participants:** The analytical sample included $N = 34,133$ individuals aged 18-64 years reporting alcohol use within the last 30 days. **Measurements:** Episodic heavy drinking (EHD) within the last 30 days was specified as the number of days with five or more alcoholic drinks on a single occasion. Cross-classified random effects models were used to estimate fixed effects for age and random effects for periods and birth cohorts. The analyses were stratified by socioeconomic status (SES) and gender. **Findings:** EHD frequency varied significantly by age and birth cohort. Negative and curvilinear age effects were observed in the middle and high SES groups. In men, birth cohorts 1955 to 1975 with low SES were most at risk for EHD. Differences in the effects over SES were less pronounced in women. Period effects were not significant in any subpopulation. **Conclusions:** The results suggest the need to target alcohol control measures particularly at men with low SES that were born between 1955 and 1975.

Is it possible to promote low-risk drinking guidelines in Canada?

Catherine Paradis

In 2009, a group of alcohol researchers was established by the Canadian Centre on Substance Abuse to review the available scientific evidence as a basis for developing one set of national guidelines to help Canadians make informed

choices about alcohol consumption. In November 2011, the first pan-Canadian low-risk alcohol drinking guidelines were officially released. Two months later, Educ'Alcool, an independent, not-for-profit organization committed to promote the culture of moderation in the province of Quebec, launched a multi-media campaign intended to publicize as widely as possible the Canadian low-risk drinking guidelines. The ultimate purpose was to quantify moderation instead of just promoting it and hence make Quebecers aware of how important it is not to exceed the recommended limits, and to reverse a trend showing an increase in excessive drinking in Quebec. A central message was that women (men) who wish to avoid long-term problems should limit themselves to two (three) drinks a day and 10 (15) a week. Three weeks later, because of the unexpected reaction of some Quebecers who perceived the campaign as an invitation to drink, Educ'Alcool decided to speed up the evaluation of its campaign. This paper aims to explore possible reasons for some people's unexpected reaction to a campaign intended to reduce excessive drinking and establish a new social norm with that regard.

The impact of retail practices on violence: Follow-up to initial research and its impact

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Introduction and Aims: This paper examines the role that sales of single serve alcoholic beverages plays in violent crime in surrounding areas. Increasingly a target of regulatory measures, this is the first study to systematically assess the impact of single serve containers on neighbourhood violence. **Design and Methods:** The relative proportion of shelf space in each liquor establishment in San Bernardino, California devoted to single serve alcohol containers was surveyed. Assuming that this is a rough indicator of the amount of sales derived from single serve containers, we use this indicator as a measure of the impact of specific retail practice on violence around the outlet. **Results:** Results show that the average proportion of shelf space devoted to single serve containers in the unit of analysis, the US Census Bureau block group, was positively related to violent crime, net of overall retail availability of alcohol and relevant social and economic indicators often used to predict violent crime rates in such units. **Discussions and Conclusions:** These findings suggest that if the city were to make the voluntary ban on single serve container sales mandatory, violence in the surrounding areas would decline, all other things being equal. This study provides a much more grounded and specific justification for enacting such policy changes and once again shows the utility of alcohol policy for the reduction of crime and violence.

Effects of an online alcohol education course among college freshmen: An investigation of potential mediators

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This study investigated possible mediating effects of psychosocial variables (perceived drinking norms, positive and negative alcohol expectancies, personal approval of alcohol use, protective behavioral strategies) targeted by an online alcohol education course (AlcoholEdu for College) as part of a 30-campus randomized trial with 2,400 first-year students. Previous multi-level analyses found significant effects of the AlcoholEdu course on the frequency of past-30-day alcohol use and binge drinking during the fall semester, and the most common types of alcohol related problems. Exposure to the online AlcoholEdu course was inversely related to perceived drinking norms, but was not related to any of the other psychosocial variables. Multi-level analyses indicated at least partial mediating effects of perceived drinking norms on the behavioral outcomes. Findings of this study suggest that AlcoholEdu for College affects alcohol use and related consequences indirectly through its effect on student perceptions of drinking norms. Further research is needed to better understand why this online course did not appear to affect other targeted psychosocial variables.

Towards alcohol harm reduction: Preliminary results from a pilot evaluation of a managed alcohol program

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Objective: To investigate changes in health status, social functioning and patterns of alcohol consumption among eight participants in a residential “managed alcohol program” (MAP). This paper describes the pilot project and presents preliminary data available from three to five months after initiation of the program. **Method:** Five males and three females assessed as being alcohol dependent with some using non-beverage alcohol (NBA) were recruited into the study and provided with one standard drink per hour per day up to a maximum of 12. This paper presents a preliminary snapshot of baseline and follow-up data from interviews, liver function tests, breathalyser readings, and alcohol administration data. **Results:** The participants reported fewer alcohol-related problems at the three-month assessment compared with baseline and all but one reported reduced alcohol consumption. The participants were unanimously positive about the program. Consumption of non-beverage alcohol continued for some participants but at a lower rate than before. Four of the participants had abnormal liver

function readings at three month follow-up on at least one liver function test. **Conclusions:** Some early benefits were realised for most participants. The preliminary findings indicate the potential value of such programs and the importance of monitoring personal well-being, health status, and consumption patterns as tools to improve program protocols and overall effectiveness.

Alcohol use disorder, perceived need for help, and barriers toward seeking help

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Epidemiological studies estimating the prevalence rates of alcohol use disorders (AUD) within the population report rates ranging from 4.3% to 9.3% (past year prevalence). Denmark is one of the most alcohol consuming nations in Europe and Danish epidemiological studies has estimated the past year harmful use of alcohol to 9-13.5% and past year dependence to 1.9-3.2%. Most individuals with alcohol or drug use disorders do not seek help or receive treatment for these problems. Research indicated that no more than 12% of individuals with past-year alcohol dependence received treatment in that year. Barriers to seeking help can be categorized into two groups; attitudinal barriers and structural barriers. Barriers are considered to be attitudinal if they are based on a person’s perception of the problem. In contrast, structural barriers to treatment are outside of a person’s control and may act to influence help seeking, for example, cost of treatment and long wait to programs. In Denmark some of the more common structural barriers for help-seeking such as cost of treatment, wait to programs, or distance to treatment setting is not relevant. In that light it could be expected that a higher proportion of persons with AUD seeks help for their problematic use of alcohol in Denmark than in countries with structural barriers such as cost, waiting list, distance, etc. The first objective of this study was to determine prevalence rates of AUD in a representative sample of 13,157 persons from four very different Danish municipalities. The second objective was to determine perceived need for care and the prevalence rates of help seeking, and the third objective was to identify attitudinal and structural barriers to help-seeking between different municipalities. Results related to the three objectives will be presented and discussed.

Images of alcohol among Italian adolescents: Understanding their point of view

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Researches about use and misuse of alcoholic beverages among young people are usually interested only to gather quantitative data such as the average consumption in the last year/month, the types of drink, or the negative consequences experienced. This study aims to plug the gap about how the young understand their direct and indirect alcohol experiences, investigating the imaginative world

regarding alcohol among fifteen-year-olds adolescents living in Torino (Italy). This study wants also to comprehend the position of young Italians towards the traditional drinking culture of their country. Data was collected between 2010 and 2011. Ten focus groups with a total of 59 interviewees have been organized using the Research Analytical Group Interview (RAGI), wherein respondents were invited to discuss after having seen clips from films used as a stimulus. This material has been analyzed through an approach that takes into consideration both the participants' interpretative processes and their socio-cultural environment. Results show how the interviewees' alcohol images have both elements of concurrence (as the importance given to conviviality of drinking and the refuse of alcoholic intoxication) and of difference (as the fall of the nutritional value and the rise of so-called pharmaceutical drinking) with the traditional Italian drinking culture. So according to previous studies it seems that drinking among Italian adolescents is a complex phenomenon, neither in line with the traditional Italian view nor with the one of European youth as described by the international literature.

Social support: A risk or protective factor in adolescents' substance use?

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Aim: The study aim was to analyse the relationship between adolescent substance use (i.e., alcohol, nicotine, medicines, and illegal drugs) and (1) health status, and (2) perceived support of parents and friends. **Method:** The data were collected from a random sample of 13–19-year-old students attending Warsaw middle and high schools ($N = 1,387$). The self-administered, anonymous questionnaire had been completed during school lessons. **Results:** Approximately 33% of the students smoked cigarettes, 64% drank alcohol, 25% were getting drunk, and 7% used marihuana at least 1-2 times during the last month. In the same time a substantial proportion of the students (64%) used pain relievers, and 14% of them used medicines for nervousness and difficulties in getting to sleep. The results of logistic regression showed that the girls who perceived their friends' support as high were more likely to smoke cigarettes, drink alcohol, get drunk, and use medicines for pain, nervousness, and difficulties in getting to sleep. The girls who perceived their mothers' support as high were more likely to use medicines too, but less likely to smoke cigarettes. In the case of boys, positive associations were found between perceived friends' support and cigarettes smoking, drinking alcohol, and getting drunk and marihuana use. The boys who perceived their mothers' support as high were less likely to drink alcohol and get drunk at least 1-2 times during the last month. **Conclusion:** Peer support seems to be a "risk" factor in adolescents legal and illegal substance use while parental support could be considered a protective factor in substance use, with the exception of medicine use among girls.

Social contexts and the occurrence of episodic heavy drinking

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Aims: This study aims at investigating the influence of social context variables on the drinking behaviour of young adults, especially with regard to episodic heavy drinking (EHD). It will be assessed (1) whether EHD is predicted by characteristics of the specific drinking situation and drinking motives, and (2) whether the influence of drinking motives is moderated by public vs. private drinking. **Methods:** Data were collected by means of an online survey conducted at the University of Münster (Germany) in December 2008. Initial response rate was 25.5%. The analytical sample consisted of $n = 1,638$ students. Information was collected on socio-demographics (age, gender), habitual drinking behaviour (beverage-specific quantity and frequency within the past 30 days, EHD, drunkenness), and drinking motives (Drinking Motive Questionnaire Revised, DMQ-R). In addition, students were asked to describe a specific drinking situation they had experienced recently (beverage-specific quantity, drunkenness) as well as the social context related to this situation (time, place, people present, other substances used). Multivariate regression analyses were used to test the unique influence of context variables and their interaction with drinking motives. **Results:** Several characteristics of the drinking situation had an influence on whether the occasion resulted in EHD or not: long duration of the drinking situation, drinking at a birthday or special party, during the weekend, in a group where many people are drunk and playing drinking games. Social/enhancement motives were associated with a higher risk for EHD, whereas conformity motives had a protective effect on heavy drinking. However, both effects could only be found in public drinking situations. **Conclusion:** Drinking in young people is a social phenomenon related to external influences in addition to individual characteristics. In addition, there seems to be situational variation in the impact of drinking motives.

Using spatial optimization modeling to estimate future dispersion of alcohol outlets

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This paper explores the benefits of applying spatial optimization techniques to the location of alcohol outlets in an urban environment. Empirical research demonstrates that higher outlet density is associated with a number of negative social and health outcomes. Thus, developing strategies for managing the spatial distribution of outlets is important for quality of life, public safety, and public health. One strategy for managing alcohol outlet

distribution is spatial optimization, a powerful modeling tool that allows for maximizing benefits or minimizing harms given multiple input parameters like alcohol policy, land use restrictions, and spatial relationships. Rather than evaluating the impact of a policy after it is in place, we can employ this approach prospectively, providing planners and policymakers with a tool to estimate outcomes prior to implementation. We apply spatial optimization to the distribution of alcohol outlets in Philadelphia. We chose Philadelphia because the state of Pennsylvania is considering a move from an Alcohol Beverage Control state to a privatized alcohol distribution system. Our goal is to present a framework for strategically managing outlet licenses with the intent of ensuring equity and access without compromising community standards related to outlet density and neighborhood quality of life. Initial benchmarking results reveal Philadelphia completely ignores quotas for retail alcohol licenses and that about 50% of all outlets are in violation of regulations restricting distances from sensitive community facilities like schools, churches, and public parks. Spatial optimization modeling shows that if privatization occurs and if current distance restrictions remain, the number of outlets in Philadelphia could grow 50%, from about 2,000 to about 3,000. We discuss the methodological advantages of spatial optimization and the implications for the dispersion of alcohol outlets were privatization to occur.

that they knew the law. Enforcement needs to be strengthened to effectively reduce new drinkers

Law compliance of off-premise alcohol retailers on minimum purchase age restriction

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Background: In Thailand, the Alcoholic Beverages Control Act, which has been effective since 2008, restricts the minimum purchase age (MPA) at 20 years old in order to prevent new drinkers as part of the overall alcohol control efforts. This study aims to assess law compliance of off-premise alcohol retailers on MPA restriction and to find out factors affecting sales to the underage adolescents. **Methods:** A decoy protocol was designed for the quantitative methodology. Four hundred and seventeen (417) alcohol retailers in three types, grocery, modern minimart, and department store in four provinces in Thailand were visited twice each by 17-19 year-old male and female adolescents who tried to buy alcohol. Information collected from focus groups of vendors and in-depth interviews with management officers were analyzed for the qualitative methodology. **Results:** Of all 834 buying attempts undertaken by the underage adolescent, 98.7% were successful in buying alcohol and 94% had no obstacle for buying. Only 0.9% were asked for age and 0.1% were requested to show ID card. Age and ID verifications were statistically significant to buying success as well as province, while number of vendors, gender and age of vendors and buyers, type of outlet, and law caution and advertisement signs in the outlet demonstrated no significant association. **Conclusions:** The results showed that vendors fail to comply with the law despite the fact