

Global Footprints of Travelling Cultural Image – The 38th Annual Symposium of KBS, Stavanger, Norway, 4-8 June 2012

Symposium Abstracts: Alphabetical by Author R – Z

Gender differences in consequences of alcohol use: A country-level analysis

Giora Rahav

Tel Aviv University, Tel Aviv, Israel

Much has been written in the past decade about gender differences in alcohol use, and members of the KBS were responsible for a large proportion of it. While the literature on gender differences in the adverse consequences of drinking is considerably more limited, it has been growing too. But almost all this literature is about individual-level differences. The present study is an initial exploration into the gender differences in two adverse consequences: alcohol related disorders and death rates from cirrhosis of the liver. Data were obtained from the Global Status Report on Alcohol and from the World Bank's Human Development Report. Initial findings show (1) that both indicators of adverse consequences are more prevalent among men than among women, and (2) the gender gap in these consequences is correlated with the gender gap in other areas of life.

Injuries and overall morbidity of children of substance abusing mothers: The effect of out-of-home care

Kirsimarja Raitasalo and Marja Holmila

National Institute of Health and Welfare, Alcohol and Drugs, Helsinki, Finland

The alcohol use of Finnish women has increased six-fold during the past 40 years. The changes in gender roles related to alcohol use have affected the everyday lives of the families. Also the amount of young women who have at least occasionally used illegal drugs has increased during the past ten 10 years. Even though women drink alcohol and use drugs remarkably less than men, increasingly often the abuser can also be a mother and in increasingly more families both parents use alcohol or drugs in a way that is harmful to the children. In this article we study (1) how common is substance abuse among mothers of 0-7 year old children; (2) do these children of substance abusing mothers get hospitalized because of injury or somatic illness more often than children in the comparison group; and (3) how often are children of substance abusing

mothers replaced in out-of-home care. We also study (4) how the timing of out-of-home replacement is related to these consequences. Our target group is all children born in Finland in 2002 ($N = 55,547$) and their biological mothers ($N = 54,686$). The data was collected from registers upheld by the National Institute of Health and Welfare and the Statistics Finland. Of all mothers of children of this cohort 1.6 % had register marks of diagnoses or treatment related to substance abuse during the years 1998-2009. We studied the effect of out-of-home replacement of children of substance abusing mothers on their incidence of injuries, morbidity, and mortality by using Poisson-regression. The studied outcomes (injuries, morbidity) were more common among children of substance abusing mothers than among children in the comparison group. Out-of home replacement seemed to have an effect on these outcomes. The relationship between mother's substance abuse and negative health outcomes to the child means probably that the negative factors in the immediate environment have an effect on the health of a child of a substance abusing mother.

Reducing violence and binge drinking in connection with student parties: Findings from a community intervention project in Stockholm

Mats Ramstedt¹, Håkan Leifman², Daniel Müller¹, Erica Sundin¹, and Thor Norström^{1,3}

¹Stockholm Prevents Alcohol and Drug Problems (STAD), Stockholm, Sweden

²Swedish Council for Information on Alcohol and Other Drugs (CAN), Stockholm, Sweden

³Institute for Social Research, Stockholm University, Stockholm, Sweden

Background: In recent years, it has become popular for high-school students in Stockholm to arrange their student parties at restaurants in the city, often with help from specific companies so called "Eventbolag". During the spring of 2007, the police reported a striking increase in violence and binge drinking in connection with these student parties. In response to this, a community intervention project, in which several authorities conducted preventive work based on supervision, interaction, and education seeking to reduce these problems. The present

study aims at evaluating the overall impact of these interventions during 2008-2010 and test if violence and binge drinking were reduced among students. **Data and Method:** The outcome measure comprised the number of violence-related emergency room visits on weekday nights during the period 1 April – 31 May (i.e., during the time period when the majority of student parties take place). The data covered the years 2005–2010, which yields three data points before the intervention, and three after the intervention was introduced. Because the intervention was expected to have effect on weekdays only, the control series comprised the corresponding indicator pertaining to weekend nights. The intervention effect was assessed by means of difference-in-differences estimation (DiD). As a complement, BAC levels estimated at the student parties in 2008, 2009, and 2010 for in total 2128 students were also analysed. **Results:** The estimated intervention effect according to the DiD-models was a 23% reduction of violence among young people which was statistically significant. In contrast, the estimated intervention effects in the in pseudo experiment groups (controls) were non-significant. In addition BAC-levels at student parties declined significantly among both boys and girls between 2008 and 2010. **Conclusion:** The evaluation suggests that this type of interventions is a promising measure for preventing violence and binge drinking that is worthy to be continued. This would also provide additional data that are needed for a more conclusive assessment.

Who is not drinking less in Sweden? An analysis of the decline in consumption for the period 2004-2011

Jonas Raninen¹, Håkan Leifman², and Mats Ramstedt²
¹Stockholm Prevents Alcohol and Drug Problems (STAD), Stockholm, Sweden
²Swedish Council for Information on Alcohol and Other Drugs (CAN), Stockholm, Sweden

Background: The idea that drinking cultures are collective in the sense that changes in drinking affect most segments of the population including heavy drinkers has been very influential in epidemiological alcohol research. Some recent Swedish observations contradict this theory (e.g., that drinking among youth has declined whereas harm as indicated by alcohol related hospitalizations has increased). **Aims:** To analyse if changes in drinking have been similar in different population sub-groups between 2004 and 2011, a period when per capita consumption declined significantly in Sweden. **Data and Method:** The analysis starts out from monthly alcohol survey data including 1,500 telephone interviews every month. The population is divided into 20 equally large consumption groups separately for men and women and two broad age groups. Both absolute and relative changes in drinking are studied. **Results:** Most findings confirmed a pattern of change in drinking: a decline was found at all consumption levels overall and among men, women and among those under 50 years of age. The decline was smaller in groups with the highest consumption and among those over 50 years consumption rather increased among the heaviest drinkers. **Conclusions:** Support was obtained for the conception of a strong social component in the Swedish drinking culture

and lend some support for the basic understanding behind the total consumption model, namely that measures that reduce per capita consumption are likely to imply fewer heavy drinkers. However, the development among heavier drinkers above 50 years of age was an exception that deserves attention in future studies.

Adults' perceived barriers to effective prevention of adolescent drinking in a post-Soviet context

Riina Raudne

Estonia has high levels of adolescent drinking and a high rate of early drinking initiation. Little is known about how adults and parents think about alcohol-specific socialization of adolescents in a rapidly changing post-Soviet cultural context. This paper reports findings from a qualitative study on alcohol-related social norms among working adults in Estonia. Six focus groups with men and four with women were carried out in workplaces in Tallinn, Estonia in 2011. Workers' attitudes towards youth drinking were captured. Analysis revealed a pattern of norms on how alcohol use should be communicated to children and teenagers. Baumrind's (1991) parenting styles typology along the dimensions of "demandingness" and responsiveness was used to contextualize findings for this paper. Participants described authoritative parenting style with high responsiveness and high "demandingness" as an ideal parenting style for preventing early alcohol abuse. However, this style was perceived as difficult for parents due to environmental and child's peer influences. Permissive parenting style with high responsiveness but low "demandingness" was seen as a realistic option as it includes explaining the consequences of drinking but avoids direct confrontation. Participants expressed suspicions about setting clear limits, equating rules with authoritarian parenting style, high on directivity but low on responsiveness. Uninvolved parenting style with low responsiveness and low "demandingness" was described often as a negative but prevalent type in society and a consequence of the economic transition and decreasing social safety networks in Estonia.

Pregnant substance abusers in compulsory care

Therese Reitan
 National Board of Institutional Care, Stockholm, Sweden

Every year around 350 female substance abusers in Sweden are placed in compulsory care according to the Act on Care of Addicts in Certain Cases. Unlike the Norwegian legislature on compulsory care, pregnant substance abusers cannot be placed in compulsory care with specific reference to their pregnancy and the welfare of the unborn child. However, every year around 15-20 of the women in compulsory care are or become pregnant. The paper will present results from a comprehensive study of pregnant women in compulsory care between 2000 and 2009. A total of 150 cases where women who have been admitted to compulsory care are pregnant on arrival or become pregnant during their placement were identified. Using a number of different data sources the paper scrutinizes this group in terms of type and severity of substance misuse,

age, health status, and social circumstances. The study also attempts to portray the outcome of these pregnancies in terms of number of children born and available information about children at birth and directly thereafter. The paper also focuses on whether and how the pregnancy has played a role, directly or indirectly, in the decision to place a woman in compulsory care.

Towards the construction of a profile of men and women in regard to partner violence and alcohol consumption

Guillermina Natera Rey
Epidemiology and Psychosocial Research, Instituto Nacional de Psiquiatría, Mexico City, Mexico

This study includes the results of a comparison between the rural, indigenous and urban populations of Mexico in regard to alcohol consumption and violence. The importance of this study lies in the fact that data for this article were drawn from the National Addictions Survey (ENA) conducted in 2008. This survey studied 50,688 dwellings throughout the country, in rural, indigenous, and urban zones. A sub-sample of 14,447 complete interviews was selected for the present paper, data was weighted according to individual probability of selection and represents 50,448,176 men ($n = 24,036,768$, 47.6%) and women ($n = 36,411,408$, 52.4%) with partners in Mexico: 75.7% urban, 16.7% rural, and 7.6% Indigenous. The information was obtained through computer interviews in the home with an adult between the ages of 18 and 65, with an additional interview when a teenager between the ages of 12 and 17 lives in a selected home. A probabilistic, multi-stage, stratified sample design by conglomerates was used.

Recovery process: An overview

Inger Elde Robertson
National Centre of Competence on Substance, Region West, Stavanger Norway

The aim of this paper is to discuss some of the literature and studies within the field of substance use and misuse, and on recovery processes after residential treatment of drug addiction. Some of the questions we want to address are; what are we talking about when we talk about "recovery"? Furthermore; what are the theoretical orientations that the studies on the phenomena, recovery-processes, draw upon? Over the last decade there has been a large volume of studies on for example, treatment outcome, effect studies on intervention programs for substance abuse, and similar. For the most part these studies focus on treatment outcome and symptom reduction in relation to one specific treatment model or program. In contrast to this, "recovery" in this paper should be understood in a much broader context, where dimensions such as well being, social network, intersubjective relations, communities, therapeutic relations, friendship and more, are taken into account. Furthermore, the mechanism behind the recovery-process will be elaborated. It is of interest what is considered to be the known major elements that have an impact on successful recovery-processes from

the perspective of the (ex)addict, and to what extent are the recovery processes described to be embedded in a larger social and cultural context? This presentation is preliminary, and is a part of a project outline for a Ph D with the working title "A sociological study of recovery processes after long term or residential treatment of drug addiction". Based on the users' everyday experiences and life situation, his or her social relations, self perception and self understanding, this project aims to gain knowledge about pathways back to mainstream society, diverse pathways to recovery, or, on the contrary relapses and marginalization processes.

Evaluating the effects of intensive community-based care in the Netherlands using a measure for systematic service description

D. P. K. Roeg¹, L. A. M. van de Goor¹, M. A. L. M. van Assen², and H. F. L. Garretsen¹
¹Scientific Center for Care and Welfare (Tranzo), Tilburg University, Tilburg, The Netherlands
²Department of Methodology and Statistics, Tilburg University, Tilburg, The Netherlands

Objective: In this study the effects of a model that is regularly used in the Netherlands for intensive community-based care were evaluated. **Method:** Effects are measured longitudinally in a naturalistic, prospective follow-up design. We used the ICPC for a systematic service description which is used afterwards to help explain the effects and can be used for replication. All clients entering three intensive community-based teams during a period of three years are included. Outcomes measures were: problem severity, quality of life, engagement, and regular healthcare services use. **Results:** The Cohen's d values indicate moderate ($d = 0.5$) to strong effects ($d = 0.8$) of the intensive community-based care on problem severity and quality of life at discharge as well as at follow-up ($d = 0.7$ and $d = 0.9$), and weak effects ($d = 0.2$) on both engagement and regular healthcare services use at discharge. **Conclusions:** As the models that are proven effective in the US do not show the same effects in Europe, it is needed to study the effects of alternative models. The model evaluated in the current study consists of full service provision including mainly practical support by multidisciplinary teams during a number of months, and a referral to regular services afterwards. The findings imply that this model contributes to improvements on quality of life and reduction of problem severity. These effects remain after referral, and problem severity even further decrease. The findings also showed small improvements on engagement and regular healthcare services use.

Therapeutic alliances and change processes among women residential substance abuse treatment recipients: An ethnographic content analysis

Rachel Ester Roiblatt
University of Nebraska at Omaha, Omaha, NE, United States

Purpose: Little attention has been paid to experiences of clients within actual substance abuse treatment settings. Yet evidence suggests that it is within this “black box” of treatment that clients gather information and engage in interactions that initiate processes of change and lay foundations for new behaviors (Simpson, 2006). This mixed-methods study examined the relationship between therapeutic interactions and movement along the transtheoretical model (Prochaska & DiClemente, 1982, 1986) among women recipients of inpatient substance abuse treatment in two settings in Northern California. The overarching purpose was to better understand how both peer interactions and interactions with staff could contribute to instilling successful change behaviors during residential treatment. **Methods:** Qualitative methods through grounded theory were utilized to produce thick descriptions via ethnographic observation at both programs—an inpatient, mixed-gender medical model program ($N = 144$, average length of stay 7-10 days) and a women-only ($N = 32$) social model program (2-3 months) with minimal professional infrastructure (Borkman, 1984; Shaw & Borkman, 1990). Transcripts of contact were entered into NVivo to facilitate qualitative data analysis by organizing, searching, and coding data as well as generating theory. Coding occurred throughout the study in an iterative process. Open coding was followed by axial and theoretical coding (Charmaz, 2006) to discern linkages between client-client and client-staff interactions and clients’ stage status. Those qualitative data were triangulated via t-tests and chi squares to compare clients’ demographic characteristics and other categorical variables with stage status across settings. **Results:** A key finding was that medical model patients bifurcated into two distinct cohorts, half of whom remained in the precontemplation stage while the rest demonstrated aspects of the preparation stage. Overall, social model recipients progressed further along the stages of change than did medical model recipients. Client-staff interactions evinced greater therapeutic benefit in the medical model, whereas client-client interactions were the primary means of treatment delivery in the social model. **Implications:** These findings illumine the respective benefits of client-to-client and client-to-staff interactions within the complex environments of residential treatment. Moreover, they demonstrate the utility of the transtheoretical model as a gauge for measuring clients’ receptivity to a range of treatment interventions. Last, the findings suggest future directions for comparative research on models of treatment.

The use of epidemiology in alcohol research

Ingeborg Rossow¹ and Thor Norström²

¹Norwegian Institute for Alcohol and Drug Research, Oslo, Norway

²Swedish Institute for Social Research, Stockholm University, Stockholm, Sweden

Aims: This paper presents examples to illustrate the utility and limitations in the use of epidemiology in addiction science and discusses some promising new directions.

Methods: Review of literature, concentrating on epidemiological alcohol research with relevance to public health. **Findings and Conclusion:** Epidemiology offers

tools for assessment of causes and effects of substance use as well as the effects of efforts to prevent substance use and its consequences. Epidemiological studies have made significant contributions to addiction science with respect to public health and public policy. However, sufficient cautiousness in inference of causation, application of methodological advances, and a broader scope thematically and globally, represent current limitations and directions for future research.

Educational realities of substance abuse in secondary schools in Tanzania

Janvier Rugira

Mount Meru University, Arusha, Tanzania

Substance abuse has become a great problem which affects people of different ages, but youth at risk are the most affected. Students who abuse drugs are more likely to face educational problems than other who do not use them. Such problems include: indiscipline, dropping out of school, violent behaviours, and poor academic performance. The aim of this study was to determine the effects of substance abuse on academic performance and assessment of the existence of support systems for drug abusers in schools. With qualitative methods, interviews were conducted in focus groups. Three schools from Arusha Region participated in the study with a representation of 22 students, four teachers, and five parents or guardians. The study revealed that school absenteeism, poor academic performance, and dropping out are the predominant effects of substance abuse in secondary schools. The study further observed the absence of a well-defined support system for students who abuse substances. Prevention programs are recommended to enhance protective factors and intervention for those who are affected.

Professional impotence: Impact of alcohol consumption on secondary school teachers in Uganda

Aloysius Rukundo¹ and Justine Magambo²

¹Department of Educational Foundations and Psychology, Mbarara University of Science and Technology, Mbarara, Uganda

²University of Cologne, Albertus-Magnus-Platz 1, Cologne, Germany

A typical Ugandan secondary school teacher experiences a mosaic of challenges, ranging from underpayment, exploitation, high pupil-enrolment and therefore large classes, family pressures, and the ever increasing academic competition among schools. As a consequence of such problems and demanding routine, some teachers resort to drinking of alcohol as a defence mechanism. However, the drinking behaviour among teachers is greatly influenced and affected by the societal norms that categorize drinking of alcohol as either “normal” or “abnormal”. This paper therefore explores and discusses the effects of alcohol consumption on teachers. Through careful review of the relevant literature and using experiences from individual teachers, it is explained that (1) the drinking patterns and styles among teachers in Uganda have metamorphosed and

new trends of drinking have emerged, save for the cultural and societal norms intended to regulate alcohol drinking; (2) alcohol consumption among teachers has multi-faceted effects, ranging from health, social, and economic hazards; and (3) use of alcohol does not only affect teachers but their families and learners as well. Conclusively, (1) alcoholism is one of the major and serious health issues affecting schools, and yet there are no readily available special clinics for alcoholic teachers in Uganda; (2) alcohol consumption commits secondary school teachers to professional impotence, low economic and social productivity; and (iii) schools need to consider alcoholism as a medical, rather than social problem to remove the associated stigma on alcoholic teachers.

Habitual drunkenness and discovery of the social

Arto Ruuska

In the historiography of ideas on alcohol, few issues have attracted greater attention than the historical appearance of the concept of alcohol addiction as a disease. It is now a commonplace among historians and sociologists that the disease concept is a social construction stemming from the modern ethos which emphasizes self-control and contributes to viewing deviations from that norm as individualized pathologies. The turn-of-the-19th-century works of two medical doctors, Benjamin Rush and Thomas Trotter, were for a long time seen as having introduced the individualist way of framing alcohol problems as addiction. Subsequently, however, it has been noted that the essentials of the addiction concept figured saliently already in the early modern Christian views of habitual drunkenness. Hence it has been argued that there is a rather straight historical continuum spanning from 17th-century religious thought via early 19th-century medical thought to 21st-century ideas when it comes to the notion of the habitual drunkard as an addict. Only casual shifts in the “ownership” of the basic idea, implying an atomist view of the bottle and the man, seem to have occurred. This paper revisits the works of Rush and especially of Trotter and views them against the backdrop of Enlightenment ideas on ‘the social’. It is argued that the late 18th and early 19th-century medical ideas on drinking and habitual drunkenness do not fit in the genealogy of the individualist concept of alcohol addiction. Addiction represents but a fragment of the doctors’ ideas on what is constitutive of the phenomenon of drinking and drunkenness. In fact, they propound a view of drinking as an essentially sociocultural phenomenon. This observation challenges the idea of little change in the history of ideas on alcohol and addiction, and provides a historical perspective to the contemporary attempts to reformulate the notion of addiction in less individualistic terms than the hegemonic disease concept does.

An ecology of California university student drinking

Robert F. Saltz, M. J. Paschall, and Bettina Friese

Prevention Research Center Pacific Institute for Research & Evaluation, Berkeley, CA, United States

The Safer California Universities Study is a group-randomized experimental trial focused on reducing intoxication at private off-campus student parties. The research includes annual surveys of student drinking across 14 large, public universities in California, United States. A unique feature of the internet-based questionnaires was the presentation of an interactive map of the area surrounding each student’s campus, which the students were then asked to use to locate not only their own place of residence, but also the location of the most recent social occasion (party) in which alcohol was available. For the present analyses, these data were used to explore differences across campuses in the number, size, and local density of student-hosted parties. Data from a survey of 5,394 students across the 14 campuses suggests that higher density of parties is correlated with a higher proportion of white ethnicity, fewer Asian-Americans, lower religiosity, and greater likelihood of staying on campus over weekends. Higher density is also associated with greater number of parties, higher prevalence of episodic, heavy drinking, and likelihood of being intoxicated at the most recent party. Hierarchical linear modeling (HLM), used to control for both individual and campus-level factors, shows that the interaction of high density of parties with higher proportion of white students at the campus level results in nearly twice the likelihood of students being intoxicated at those parties, even controlling for their general drinking patterns. Furthermore, this same interaction predicts a greater number of parties and greater likelihood of drinking problems, with a greater effect on those students who are below the legal drinking age of 21.

Counselors’ interpretations of substance abusing clients’ change talk: A semiotic analysis

Harri Sarpavaara

Academy Research Fellow, School of Social Sciences and Humanities, University of Tampere, Tampere, Finland

The aim of this study is to apply some ideas of Charles S. Peirce’s theory of signs to the analysis of counselor behaviours during motivational interviewing sessions in the probation service by focusing on the counselors’ interpretations of their substance abusing clients’ change talk. The results of the study display that making the *argument* interpretation is the most certain way to make the client talk for the change and to help the client to reach the goal in regard to his/her use of alcohol and drugs. The *argument* interpretation shows something that the client has not noticed before (*deductive argument*), captures an anomaly that appears in the client’s talk (*abductive argument*), or makes a conclusion of the client’s situation (*inductive argument*) and presents an assertive inference based on them. The results show that by applying Peirce’s theory of signs, we can find the new features of client-counselor interaction that potentially relate to the treatment outcome.

Effects on retailers and parents of a community intervention restricting retail and social alcohol availability for adolescents

K. Schelleman-Offermans¹, R. A. Knibbe¹, and D. van de Mheen^{1,2}

¹*Department of Health Promotion, Maastricht University/CAPHRI, Maastricht, The Netherlands*

²*IVO Addiction Research Institute, Rotterdam, The Netherlands*

Background: Restricting alcohol availability is a key element in effective alcohol policy. This study evaluated the attitudinal and behavioral effects on parents of adolescents and retailers of a two-year community intervention increasing formal control (restricting retail alcohol availability) and informal control (restricting social alcohol availability). **Method:** A longitudinal quasi-experimental design (baseline at 2008, post-measurements in 2009 and 2010) was used, including one intervention and one matched comparison community. Outcomes were assessed by following a cohort of adolescents ($n = 1,368$), one of their parents ($n=1,368$), and of retailers ($n = 34$). **Results:** In the intervention community, retailers showed a greater increase in their perceived likelihood of sanctions, rated alcohol-law enforcement as more effective to reduce adolescent drinking, and more often checked age identification before supplying adolescents with alcohol. More parents in the intervention community perceived local media items about adolescent drinking, as well as actions from local authorities/parents to reduce adolescent drinking, and conversations between parents about adolescent drinking. Also, parents in the intervention community became significantly more restrictive in their attitude towards underage alcohol use at home. **Conclusion:** A community intervention aimed at intensifying formal and informal control of availability of alcohol can effect a change in the attitudes and behaviors of retailers and parents of adolescents.

The use of online pornography in the Netherlands: Prevalence, addiction, and potential negative consequences

Tim M. Schoenmakers¹ and Gert-Jan Meerkker²

¹*IVO Addiction Research Institute, Rotterdam, The Netherlands*

²*Department of Public Health, Erasmus Medical Centre, Rotterdam, The Netherlands*

The Internet has made pornography more available, accessible, and affordable than it has ever been. Moreover, the internet has made new types of arousing sexual behaviour possible. For some, this increased availability may have negative consequences for relationships, sexual satisfaction and needs, and psychological wellbeing. An earlier IVO study among adults showed that of all common online applications, online pornography showed the strongest association with compulsive Internet use, of 'internet addiction' (Meerkker et al., 2006). Little research so far has focused on this topic. To start with, prevalence of use and addiction to online pornography in the general population is unclear. Consequently, there is no knowledge

on what is 'normal use' of online pornography. The current paper presents results from a representative adult population survey from The Netherlands. It shows that three quarters of Dutch men and about one third of Dutch women use OP. The percentage of people with clear signs of online pornography addiction is 0.4%. Further, heavy users are less satisfied with their sexual lives, show more depressive symptoms, and more signs of compulsive use of OP. Findings from this study form a base for more in-depth research into the problems associated with heavy use of online pornography.

Predicting early initiation of alcohol use: A prospective study of Australian children

Kirsty E. Scholes-Balog¹, Sheryl A. Hemphill¹, Sophie C. Reid², George C. Patton^{2,5}, John W. Toumbourou^{2,3}, and Richard F. Catalano⁴

¹*Senior Proven Researcher Team, School of Psychology, Australian Catholic University, Melbourne, Australia*

²*Centre for Adolescent Health, Royal Children's Hospital, Murdoch Children's Research Institute, Parkville, Australia*

³*School of Psychology and Centre for Mental Health and Wellbeing Research, Deakin University, Melbourne, Australia*

⁴*Social Development Research Group, School of Social Work, University of Washington, Seattle, WA, United States*

⁵*Department of Paediatrics, University of Melbourne, Melbourne, Australia*

This study aimed to examine the risk and protective factors for initiation of alcohol use during late childhood. Data was drawn from the International Youth Development Study, a prospective longitudinal school-based survey. A state-wide representative sample of students ($N = 927$) aged 10 to 11 years (5th grade) in Victoria, Australia were surveyed in 2002 and then followed up again in 2003 (6th grade) with a 99% retention rate, and in 2004 (7th grade) with a 98% retention rate. At each survey, risk and protective factors were measured with a modified version of the Communities That Care youth survey. Alcohol use (Three or more alcoholic drinks in the past year) was also measured to assess transition from alcohol non-use to use. Analyses showed that risk factors for grade 6 initiation of alcohol use were perceived availability of drugs in the community, poor family management, family history of antisocial behaviour, low school commitment, friends' use of drugs, and individual sensation seeking; self-esteem was the only protective factor. For grade 7 initiation of alcohol use, community norms favourable to drug use, family history of antisocial behaviour, low school commitment, and friends' use of drugs were all risk factors for alcohol initiation and peer rewards for pro-social involvement was the only protective factor. In summary, considerable risks within the community and family domain, as well as specific risks associated with the school, peers, and the individual were associated with the initiation of alcohol use in children aged 11-13. Many of these risk factors provide exposure to alcohol and drugs in the community, family, and peer group context. Implementation of evidence-based prevention and intervention programs targeted at the particular risk and protective factors identified here may be

effective in reducing the incidence of early alcohol initiation among children.

Alcohol related sickness absence in young employees: The importance of gender

Line Schou

Norwegian Institute for Alcohol and Drug Research (SIRUS), Oslo, Norway

Background: This paper is part of a Ph.D. thesis on alcohol and employment absence, part of the “Alcohol and harm to others” project at the Norwegian Institute for Alcohol and Drug Research (SIRUS). Women have traditionally consumed considerably less alcohol than men, but their consumption has increased dramatically in recent years. However, women’s alcohol consumption in Norway is still not much more than half that of men’s. Women’s drinking patterns are still different; they consume more wine and less spirits than men (Vedøy & Skretting, 2009). Women’s rates of employment absence are, however, consistently found to be higher than men’s rates of employment absence (Laaksonen et al., 2010; Mastekaasa, 1995). Some studies have found the relationship between alcohol intake and employment absence to be stronger for men than for women (Johansson et al., 2008; Upmark et al., 1999). **Methods and Materials:** This project will use data from the Young in Norway Longitudinal Study (1992–2005), which includes a broad range of questions regarding alcohol intake and drinking patterns, as well as many other aspects of life for adolescents and young adults in Norway. This data set has been connected to officially registered employment absence from Statistics Norway. Data will be analysed by regression analysis using both self-reports of alcohol-related employment absence and registered employment absence as dependent variables. Other methods will be used as deemed necessary. **Results:** The aim of this paper is to provide more reliable estimates of gender differences in the relationship between alcohol intake and employment absence. Furthermore, it aims to examine the importance of gender differences in drinking patterns and various confounding factors on the relationship between alcohol intake and employment absence. The known gender differences in both alcohol consumption and employment absence rates are particularly important in this context.

Implementation of ‘family’ in specialist substance abuse treatment

Anne Schanche Selbekk

Background: There has been a growing focus on alcohol- and drug problems as “harm to others,” with one exposed area or institution being family or household. This paper will explore temporarily family-oriented treatment practice in the Norwegian, specialist substance abuse-treatment setting, in the light of research on effects of family-oriented interventions. It will further raise questions and dilemmas in the field regarding the theoretical basis for family-oriented treatment, the structural frames for treatment and how the substance abuse-treatment institutions understand their role towards family-members. The research question

is: In what way, and to which degree is family-oriented practice implemented in specialist drug treatment, and which theoretical assumptions are family-oriented practices based upon? **Method:** The empirical base is literature about effects of family-oriented interventions, literature about existing interventions in the Norwegian setting, and interviews with leaders and clinicians from selected treatment institutions. The data will be analyzed from a constructionist perspective, asking how “family” is included in the way problems are described and defined, and how “family” is included in the way problems are solved or attended to within this context. **Results:** Highlights dilemmas in the field of substance abuse treatment in relation to family-oriented practices, in the light of public health in general, and the family/household as institution.

Mortality and potential years of life lost attributable to alcohol consumption in the United States in 2005

Kevin D. Shield^{1,2}, Gerrit Gmel¹, Tara Kehoe^{1,3}, Deborah A. Dawson^{7,8}, Bridget F. Grant⁷, and Jürgen Rehm^{1,2,4,5,6}

¹*Centre for Addiction and Mental Health (CAMH), Toronto, Canada*

²*Institute of Medical Science, University of Toronto, Toronto, Canada*

³*Department of Mathematics, University of Toronto, Toronto, Canada*

⁴*Dalla Lana School of Public Health (DLSPH), University of Toronto, Toronto, Canada*

⁵*Institute for Clinical Psychology and Psychotherapy, Dresden, Germany*

⁶*Department of Psychiatry, University of Toronto, Toronto, Canada*

⁷*Laboratory of Epidemiology and Biometry, National Institute on Alcohol Abuse and Alcoholism, National Institutes of Health, Bethesda, MD, United States*

⁸*Kelly Government Services, Bethesda, MD, United States*

Context: Alcohol is a substantial risk factor for mortality. As stated in the World Health Assembly’s global strategy to reduce the harmful use of alcohol, information on the alcohol-attributable burden of disease is necessary for all member states. **Objective:** To calculate the number of deaths and Potential Years of Life Lost (PYLL) attributable to alcohol in the United States in 2005 differentiated by race, age, and gender for people 15 to 64 years of age. **Design:** Mortality attributable to alcohol was estimated based on alcohol-attributable fractions using indicators of alcohol consumption from the National Epidemiologic Survey on Alcohol and Related Conditions and risk relations from the Comparative Risk Assessment. Consumption data were corrected for under-coverage using adult *per capita* consumption. Mortality data by cause of death were obtained from the U.S. Department of Health and Human Services. Sensitivity analyses without correction for under-coverage were conducted. **Setting:** United States. **Main Outcome Measure:** Number of deaths and PYLL attributable to alcohol consumption differentiated by race, age, and gender for people 15 to 64 years of age in the United States in 2005. **Results:** Alcohol

was responsible for 55,209 deaths (46,251 for men; 8,958 for women) and 1,226,040 PYLL (1,031,100 for men; 194,940 for women) for people 15 to 64 years of age in the United States. This represents 29 deaths (28 for White; 39 for Black; 81 for Native Americans; 6 for Asian/Pacific Islander) per 100,000 people and 637 PYLL (633 for White; 761 for Black; 1,773 for Native American; 137 for Asian/Pacific Islander) per 100,000 people. Sensitivity analyses showed a lower but still substantial burden without adjusting for under-coverage. **Conclusions:** The burden of mortality and PYLL attributable to alcohol in the United States is unequal among people of different races and between men and women. This may call for specific interventions.

Estimation of alcohol annual consumption on the basis of population survey

Janusz Sieroslawski

Department of Studies on Alcoholism, Institute of Psychiatry and Neurology, Warsaw, Poland

The paper is prepared on the basis of results of EU-funded project Standardizing Measurement of Alcohol Related Troubles (SMART) which was implemented two years ago in ten EU countries. One of the project's objectives was to develop a standardized comparative survey methodology to be applied across European Union. The aim of this presentation is to discuss possibilities of estimating individual annual alcohol consumption combining results of Beverage Specific Quantity Frequency (BSQF) questions and question on Risky Single Occasion Drinking (RSOD). The SMART pilot survey was carried out in 9 EU countries using purposive samples of about 200 respondents per country, including 10% of heavy drinkers. The questionnaire applied four methods of estimating alcohol consumption including BSQF and Graduated Frequency (GF). Of four methods the BSQF provided the highest estimate of annual consumption but the results were much lower than alcohol sales statistics. It seems that one of the reasons for underestimation in population surveys is that respondents report usual or dominant volume consumed on one occasion rather than an average or a mean consumption. The extreme quantities are not considered by respondents while they report their usual intake per occasion. Therefore, we tried to adjust average annual alcohol consumption estimated on the basis of the BSQF method using data about frequency of RSOD (6+ drinks per occasion). The adjustment was done with the conservative assumption that 6+ drinks always means 6 drinks only. The adjustment increased annual alcohol consumption in the whole sample by 22%. However, there was a big variation among countries from 4% in Italy to 39% in Czech Republic. The variation on the individual level was much higher. In addition, the paper will explore the possibility of further adjustment using an extra question on the frequency of drinking 12+ drinks which was obtained from the GF questions applied in the pilot survey.

Evaluation of alcohol consumption as co-factor of the risk of HIV infection among young people

Ghirini Silvia¹, Emanuele Scafato¹, Lucia Galluzzo¹, Sonia Martire¹, Lucilla Di Pasquale¹, Rosella di Bacco², and Mauro Benvenuti²

¹National Observatory on Alcohol (ONA)-Population's Health and Health Determinant Unit-National Centre for Epidemiology, Surveillance, Prevention and Health Promotion (CNESPS)-Istituto Superiore di Sanità (ISS)-WHO CC for Research and Health Promotion on Alcohol and Alcohol Related Health Problems, Rome, Italy

²Department of Prevention, AIDS Operative Unit, Local Health Unit (ASL RMC), Rome, Italy

Alcohol use is an independent risk factor in the intention to engage in unprotected sex, and consequently the role of alcohol consumption in the transmission of HIV and other sexually transmitted infections should be of public importance. The AIDS Unit of the 11th district of the city of Rome has worked for over twenty years in prevention activity addressed to students of upper secondary education. On the basis of results which have emerged in recent years from the project "Prevention of AIDS - problems of adolescence", the AIDS Unit has carried out for the second year an anonymous survey on the perception and effects of alcohol consumption as a cofactor of behavioral risk for HIV infection among students of the upper secondary education. The statistical analysis and evaluation of epidemiological data has been carried out by the Observatory on Alcohol-CNESPS-ISS. The questionnaire was filled in by 1,094 students (males = 57.3%; females = 42.7%; mean age = 17 years for both genders) of 6 different upper secondary courses (classical, scientific, artistic, technical, and teacher training schools). Consumption of alcoholic beverages was reported by 90.4% of males and 82.2% of females. The frequency of beer or alcoholic drinks consumption was higher than that of wine or whisky; the mean number of alcoholic units usually consumed on a single drinking occasion is 7.8 for males and 4.8 for females. About 50% of students declared they have had different behaviors due to the amount of alcohol assumed, affecting especially social relationships; finally young people affirmed that they didn't think about HIV, engaging in unprotected sex first of all because they consider the risk far from them (male 69.9%; female 85.2%), and because they are not able to evaluate the risk of HIV infection due to what they have drunk (males 45.5%; female 50.1%). The results presented for the school year 2010-2011 strengthens the already highlighted same prevention activities of the school year 2009-2010.

Intoxication and femininity among women of different ages in Finland and in Sweden

Jenni Simonen

This paper discusses femininity and intoxication among Finnish and Swedish women of different ages. It compares how old and young Finnish and Swedish women define accepted and desired drinking-related femininity. It also asks how femininity related to drinking is constructed and to what traits it is associated with. According to the general

assumption increased intoxication oriented drinking among women means that drinking habits and drinking behavior between women and men have converged. In this paper we suggest that women of different ages have not only adopted intoxication oriented drinking but they connect it to their feminine identity by shaping it according to their own needs and actions. The analysis is made by using focus group interviews from Finland and Sweden from four different age groups (20 years, 25-30 years, 35-40 years and 50-60 years) and from two educational levels (higher educated and lower educated). The data has been collected by using identical interview procedures in both countries. The preliminary analysis shows that the way in which Finnish and Swedish women connect intoxication to their femininity differs between generations. According to the analysis the composition of drinking related gender identity has broadened from traditional hegemonic feminine values to versatility. This relates to the expansion of drinking related actions and the strengthening of drinking related agency among women. Based on these findings, younger generations seem to have a wider variety of drinking related repertoires and ways to interpret femininity than older generations.

Historical traditions and drug/alcohol policy

Marie Smith-Solbakken

The paper addresses the Norwegian policy on alcohol and drugs from an historical perspective and the challenges with introducing harm reduction programs. Historical traditions of religious organizations, political organizations and the temperance movement from before the introduction of the Norwegian prohibition (1916-1927) will be discussed as well as the connection to the international development. The main argument of the authors is that religious traditions and fundamentalism based on Pietistic Lutheran traditions has been adopted by both today's non-governmental organizations (NGOs) and political parties as well as in research and treatment. Thus, the inherited culture of pietism and fundamentalism makes it difficult to address and make changes in drug and alcohol policy.

Alcohol outlets, social disorganization, land use, and violence in a large college town

Aleksandra J. Snowden and William Alex Pridemore
Department of Criminal Justice, Indiana University,
Bloomington, IN, United States

This study examined the direct and moderating effects of alcohol outlet density, social disorganization, and land use on violence in a large college town whose economy is driven by the presence of a flagship state university. Empirical literature points to a consistent association between alcohol outlet density and assault density, and recent research has found social disorganization and land use to moderate the association in urban areas. However, little research has been done to determine if similar associations hold outside large urban cities. Using geocoded data on assaults and alcohol outlets in Bloomington, Indiana, we estimated ordinary least squares and spatially lagged regression models to determine if

social disorganization and land use moderate the association between alcohol outlet density and assault. We found a consistent association between outlet density and assault density. In contrast to findings from urban areas, however, the direct effects of social disorganization and of seven land use types on simple assault density were non-significant, nor was social disorganization associated with aggravated assault. Further, the relationship between alcohol outlet density and assault density was moderated by neither social disorganization nor land use. Ecological characteristics like social disorganization and land use may matter less in smaller cities and towns than they do in large urban cities, both in terms of direct effects and when accounting for the relationship between alcohol outlet density and violence.

Fetal alcohol exposure: A hidden disability

Lindalee Soderstrom

Fetal Alcohol Spectrum Disorder (FASD) when diagnosed at birth or before is easily treated through the earliest possible interventions. When NOT identified in the infant and toddler years, risks increase for lifelong blame, shame and misunderstanding. Ms. Soderstrom has a quarter century's experience parenting from infant to 25 years of age—an adopted former foster child, who has an eating disorder and low vision as well as the "usual" sequelae of FAS [fetal alcohol syndrome]. With hope, humor and insight, Lindalee shares her family's story and addresses how we may help when diagnosis is not as easily sought or achieved; i.e., when FASD is a hidden disability, bound by taboo and fraught with denial.

Politics of alcohol taxation system in Thailand during 1992 to 2009

Bundit Sornpaisarn and Chuthaporn Kaewmungkun
Centre for Alcohol Studies, Muang, Nonthaburi, Thailand

Background: It is well known that taxation is one of the most effective alcohol control measure; however, not only rationale influences on policy choices of the state, but also politics is embedded in policy decision making process. This study aims to describe political games influencing alcohol taxation system in Thailand during 1992 to 2009. **Method:** Mixed qualitative-quantitative method study design was employed in this study. Quasi-experimental study design examined alcohol tax rate increase patterns and alcohol production alterations in responses to tax rate changes. Qualitative study design covered two political events showing alcohol companies' advocacy for taxation system change. **Result:** There were nine alcohol tax rate increases during 1992 to 2009. The government tended to employ differential tax rate determination policy favoring the biggest alcohol company. There were three times, out of seven tax rate increases during 1997 to 2009, showing that the biggest alcohol company had potentially stocked their tax-affected products before their taxes actually increased. There were two significant events demonstrating that the other two disadvantaged big alcohol companies tried to convince the Prime Minister, in 2005, and the Parliament, in 2007, to change the current alcohol

excise taxation method and tax rate to be one that favors their alcohol products. **Conclusion:** There were evidences showing that alcohol companies in Thailand, both domestic and international, had significant political influences on the alcohol taxation system. They influenced differential alcohol tax rate determinations favoring their products, knew in advance when the alcohol tax rate would be increased resulting in their ability to stock product, and had significant powers to challenge the current taxation system at the national level through the government and the parliament. Academicians and civic groups should closely monitor and appropriately intervene to minimize the effect of these influences. The government should first, strictly keep secret any taxation increases; second, conserve the combine taxation method currently employed in Thailand, Two-Chosen-One (2C1) taxation; and third, adopt a non-differential high specific tax rate determination policy under 2C1 taxation.

Minimum alcohol prices and outlet densities in British Columbia, Canada: Estimated impacts on alcohol attributable hospitalisations

Tim Stockwell^{1,2}, Jinhui Zhao¹, Gina Martin¹, Scott Macdonald^{1,3}, Kate Vallance¹, Andrew Treno⁴, William R. Ponicki⁴, Andrew Tu^{5,6}, and Jane Buxton^{5,6}

¹Centre for Addictions Research of British Columbia, University of Victoria, Victoria, Canada

²Department of Psychology, University of Victoria, Victoria, Canada

³School of Health Information Sciences, University of Victoria, Victoria, Canada

⁴Pacific Institute for Research and Evaluation, Berkeley, CA, United States

⁵BC Centre for Disease Control, Vancouver, Canada

⁶School of Population and Public Health, University of British Columbia, Vancouver, Canada

Aim: To quantify the relationship between changes in minimum alcohol prices and changes in rates of alcohol-attributable hospitalisations while controlling for simultaneous changes in outlet density and economic conditions. **Design:** Cross-sectional time series analysis of panels of data spanning 89 geographic areas over 32 annual quarters between 1 January 2002 and 31 December 2009. **Setting:** The 89 local health areas of British Columbia. **Findings:** A 10% increase in the average minimum price of alcoholic drinks was associated with a 7.15% decrease in acute and a 4.66% reduction in total alcohol-attributable hospitalisations. There were no immediate impacts on chronic or 100% alcohol-attributable hospitalisations but there were significant lagged effects. A 10% increase in average minimum prices was associated with an 11.01% reduction in chronic and 14.50% reduction in 100% alcohol-attributable hospitalisations two years later. We estimate if minimum prices were set at \$1.25 per standard drink acute alcohol-attributable hospitalisations would fall immediately by 17.53% or 1503 cases per annum while chronic and 100% alcohol-attributable hospitalisations would fall by 27.93% (2506 cases) and 42.16% (1320 cases) respectively per annum two years later. Small adverse impacts of private liquor store density on

hospitalisation rates were also confirmed. **Conclusions:** Increases in minimum alcohol prices are associated with immediate reductions in acute alcohol-attributable hospitalisations (e.g., injuries and poisonings) and also delayed reductions in chronic (e.g., cirrhosis and cancers) and 100% alcohol-attributable hospitalisations. Increasing the density of private liquor stores adds to the burden of disease and injury from alcohol.

Public health and solidarity: How to succeed in population-based prevention of alcohol problems

Peeka Sulkunen¹ and Trygve Uglund²

¹Helsinki Collegium for Advanced Studies Centre for Research on Addictions, Control and Governance (CEACG), University of Helsinki, Finland

²Department of Politics and International Studies, Bishops University, Lennoxville, Canada

The Total Consumption Model has served as a leading policy doctrine among experts in the area of public health and alcohol for several decades. Even moderate drinkers influence the prevalence of alcohol problems in any population, but long-term heavy drinking with typically associated health problems co-varies with moderate consumption. It is very difficult to change the consumption distribution to reduce heavy use while increasing moderate drinking. The model recommends universal preventive measures to regulate the average consumption, such as price increases and availability restrictions, instead of measures directed at persons with high risks. This model has been the guideline of the European Alcohol Action Plans since 1993, and it has been validated and elaborated in several occasions since it was introduced almost forty years ago (Bruun et al., 1975). However, its implementation in actual policy-making has been rare. Business interests, difficulty of justifying restrictive availability and tax measures, and low esteem of public health interests relative to economic and fiscal ones have been obstacles to its use. However, there are also positive preconditions for its application in actual policy. The model presupposes a policy-maker governing a delimited population, individual consumer autonomy, and a strong link between expertise and health policy. This paper will analyse four cases in France, Finland, Norway, and Sweden where attempts to frame alcohol policy as restriction of total consumption in a population have been successful at least for a while, more so in Sweden and France than in the other two cases. Two factors are likely to explain this: early medicalization of the alcohol problem, and a strong appeal to social solidarity by advocates of this policy. The more technocratic approaches in Norway and Finland have not gained strong popular support.

Developing a framework for incorporating links between health behaviours into policy evaluation

William Sullivan, Monica Hernandez, Tessa Peasgood, and Matt Stevenson

School of Health and Related Research, University of Sheffield, Sheffield, UK

Background and Aim: There is a wealth of evidence showing behavioural choices such as excessive alcohol consumption, tobacco smoking, and an unhealthy diet directly contribute to chronic and acute diseases. Policy makers have responded with strategies aimed to improve these 'health behaviours', but in the context of fixed healthcare budgets, it is necessary to justify allocative decisions. In many jurisdictions, economic evaluation, specifically cost-utility analyses inform these decisions. Since it is plausible that health behaviours are inter-linked, the impact of behavioural interactions upon multiple outcomes should be explicitly accounted for. We attempt to develop a methodological framework for doing such analyses, focusing on the relationship between excessive alcohol use and cigarette smoking. **Key Research Questions:** Have existing economic evaluations of interventions to change excessive drinking or smoking behaviours considered the relationship between the two behaviours? How can such a relationship be explicitly quantified? Future research will assess the impact of this relationship upon existing cost-effectiveness estimates of relevant strategies. **Results and Issues for Discussion:** Systematic literature reviews revealed no economic evaluations that considered the behavioural link between excessive alcohol use and cigarette smoking. In the absence of appropriate trial data, longitudinal observational data offered potential to estimate behavioural links. Analysis of household, income and labour dynamics in Australia data suggests that the alcohol-tobacco behavioural link will have consequences for health and cost outcomes. However, data scarcity and limitations are significant, and threaten the usefulness of attempting to incorporate interactions into economic evaluation models, given that modelling itself is a cost. This is likely to be exacerbated in cases where links between three or more behaviours need to be considered.

Micro-availability: Mapping the association to traveller's alcohol import, socio-demography, and alcohol consumption

Johan Svensson¹ and Tove Sohlberg²

¹Stockholm Prevents Alcohol and Drug Problems (STAD), SoRAD, Stockholm, Sweden

²Centre for Social Research on Alcohol and Drugs, SoRAD, Stockholm University, Stockholm, Sweden

Background: It is commonly known that availability of alcohol varies with consumption on an aggregated level. Availability of alcohol on household level, micro-availability, and the relation to travellers' import, socio-demographic background, and alcohol consumption is however an area that has not been in the centre of attention. **Aim:** The general aim in this study is therefore to analyse how the micro-availability of alcohol are correlated with travellers' import, socio-demographic background, and consumption habits. The more specific aim is to analyse whether micro-availability of alcohol is correlated with travellers' import on an aggregated level and furthermore, if traveller's import, socio-demographics, and consumption habits predict having storage of alcohol and, if so, the quantities being kept in the household. **Data and Method:**

Data on alcohol in households, alcohol consumption and socio-demographics were obtained from a monthly telephone survey conducted at SoRAD, Stockholm University, during October 2007-September 2008, with approximately 18,000 individuals in the ages 16-80. The analysis consists of descriptive statistics on having storage of alcohol in the household in relation to socio-demographic background and alcohol consumption habits as well as logistic regressions. **Results:** The analysis shows that travellers' import i.e., having bought alcohol abroad and brought it back to Sweden, have an impact on whether the household had a storage of alcohol or not and also on the quantity being kept in storage. Furthermore, it was showed that the socio-demographic background was of importance as were having a consumption pattern that include binge-drinking at least once a week. **Conclusions:** The results contribute to a broader perspective on the concept of "availability" and this knowledge might be an important contribution in the development of preventive measures.

Alcohol exposures and alcohol marketing and their associations with problem drinking and drunkenness among youth living in the slums of Kampala, Uganda

Monica H. Swahn¹, Jane Palmier¹, Rogers Kasirye², and Huang Yao¹

¹Institute of Public Health, Georgia State University, Atlanta, GA, United States

²Uganda Youth Development Link, Kampala, Uganda

Objective: The purpose of this study was to determine the associations between alcohol use exposures, marketing exposures, alcohol education (e.g., knowledge about dangers of alcohol, refusal of alcohol, and help to quit), and problem drinking and drunkenness among youth living in the slums of Kampala. **Methods:** This cross-sectional study of youth was conducted in May and June of 2011 to quantify and describe high-risk behaviors and exposures in a convenience sample ($N = 457$) of urban youth living on the streets or in the slums, 14-24 years of age, who were participating in a Uganda Youth Development Link drop-in center for disadvantaged street youth. Bivariate and multivariate logistic regression analyses were computed to determine associations between alcohol use exposures, marketing exposures, alcohol education, and problem drinking and drunkenness while controlling for possible confounders. **Results:** Among participants, 30.2% reported problem drinking and 32.8% reported drunkenness. In bivariate analyses, alcohol marketing strategies that provided free drinks was associated with both problem drinking ($OR: 7.85; 95\% CI = 4.82-12.79$) and drunkenness ($OR: 7.18; 95\% CI = 4.45-11.59$). In multivariate analyses, obtaining free drinks was associated with problem drinking ($AOR: 6.48; 95\% CI = 3.42-12.31$) and drunkenness ($AOR: 5.76; 95\% CI = 3.09-10.75$) after controlling for demographic characteristics, risky behaviors, and alcohol education. Alcohol education measures were not significantly associated with either problem drinking or drunkenness in multivariate analyses. **Conclusions:** There are important and significant associations between alcohol

marketing and problem drinking among youth who live in the slums of Kampala. These findings underscore the importance of additional research related to preventing the impact of marketing exposures among vulnerable youth but also for policy regulations that restrict alcohol marketing strategies that involve providing free alcohol directly to youth.

Risk from consumption of alcohol and narcotics among offenders in prisons in northern Thailand

Kanittha Thaikla

Background: According to statistics from the Department of Correction in 2010, 57% of the inmates were convicted of violating the Narcotics Act. The existing data are inadequate for filling the gap in services for those with alcohol abuse problems and addictive substances users among first offenders and therefore is a significant issue that must be urgently addressed. The objective of this study was to develop a health database and assess the risk of drug use among offenders in Chiang Mai and Lamphun Provinces. **Method:** This system development study was conducted by discussing ideas, needs in usage, and designing and developing a database to store health information and assess the risk from drug use among first offenders in Chiang Mai and Lamphun Provinces during June to October 2011 by using the WHO ASSIST. The level of risk was classified into 3 categories: low risk, medium risk, and high risk. **Results:** The number of first offenders was 1796 individuals (665 at Chiang Mai Central Prison, 281 at Chiang Mai Women's Correctional Facility, 493 at Fang Prison, 357 at Lamphun Prison). Lifetime history of alcohol use among first offenders was at 68.2% (males 84.1%, female 15.9%). History of drinking within 12 months prior to the arrest was 50.3% (male 86.1%, female 13.9%). History of binge drinking was at 32.6% (male 84.6%, female 15.4%). High level of risk was found in 3.8% of the respondents, while medium level was found in 62.4% of the respondents. Lifetime history of amphetamine stimulants was 66.3%, with high risk prevalence at 16.2%. History of marijuana use was 16.9%, with the prevalence of high risk at 1.9%. History of opiates use was 7.4%, with the prevalence of high risk at 0.4%. **Conclusion:** Approximately 65 percent of first offenders with alcoholic beverages consumption behavior should receive a brief intervention, while intensive intervention should be simultaneously included for offenders with high risk for use of amphetamine stimulants.

Engaging 'hard to reach' groups in alcohol research: Challenges and opportunities

Anthony Thicket
Drug and Alcohol Research Centre, Middlesex University,
London, United Kingdom

Issues of alcohol and drug use can be difficult, sensitive topics for research. In addition, people with problem substance use are often part of marginalised or minority status groups considered to be 'hard to reach' (HTR). However, successfully engaging HTR groups in qualitative alcohol research offers a number of important benefits.

Potentially the most significant of these concerns the development of more nuanced understandings of the specific needs/requirements of particular social groups which, in turn, can provide an evidence base from which to deliver more tailored, inclusive and culturally-sensitive support/treatment services. However, despite recent advances in the techniques and methodologies employed when seeking to engage HTR groups, there remain a number of basic flaws inherent in the practical application of many research approaches that purport to be 'culturally competent'. Based on in-depth qualitative research with a group of English-based Irish Travellers, ongoing outreach-based engagement with Polish street drinkers in London, and two other research projects, this paper highlights three key considerations. The first argues for more critically reflective engagement and pro-active management of gatekeepers. The second concerns the need to reduce reliance on textual research materials (e.g., information sheets, consent forms and interview checklists) in favour of approaches consistent with the life world information-sharing practices of the community in question. And finally, it concludes by proposing a move away from the default deployment of traditional data collection techniques in favour of more innovative, negotiated and contextually-responsive mechanisms of data capture provided by alternatives such as the 'life histories' approach to interviewing or by application of one or more participant-driven creative methods.

Masculinities of drinking among the old, middle-aged, and young in Finland and Sweden

Jukka Törrönen and Filip Roumeliotis
Centre for Social Research on Alcohol and Drugs,
Stockholm University, Stockholm, Sweden

Alcohol connotes in the context of masculinity, among others, freedom, male bonding, sexual adventure, power, and violence. In this paper we approach alcohol and masculinity by analysing focus group interviews from Finland ($N = 16$) and Sweden ($N = 19$) from four different age groups, representing experiences on masculinity from the 1960s onwards. The data was collected in October–December 2007 in the Helsinki region and 2008–2010 in the Stockholm region by using identical data collection procedures and by interviewing both educated and less educated men and women. Our analysis is based on an assumption that there are multiple masculinities that exist as socio-cultural constructions which people hold about each other and themselves in certain situations and contexts. Focus-group interviews provide revealing material to analyze the processes of how masculinities are constructed and negotiated collectively in social interaction. In the focus-groups we used pictures of drinking men and women as externalized referent points that both induced our interviewees to articulate and negotiate their situational understanding of masculinities in typical drinking contexts and made the comparison of these constructions of masculinity easier. Our analysis identifies multiple drinking masculinities that are associated with creativity, loneliness, depression, traditional gender order, flaneurism, sexual conquests, male bonding, sports, music, feminization, violence, power, and subordination. It also

shows how these masculinities of drinking are related to gender, age, geography, class, and nationality.

Alcohol use and related problems among crack users in Brazil

Adriana Marcassa Tucci

Department of Health, Education and Society, Federal University of São Paulo, São Paulo, Brazil

Background: Crack has been a very serious public health and social problem in Brazil. Crack has a high power of addiction and produces an intensive compulsion that makes its users vulnerable to issues related to sexual transmitted illness, HIV, and violence. On the other hand, crack users have used alcohol as a protection strategy to copy and control psychological and physical symptoms associated to craving, aggressive behaviour, and crack consumption. **Objective:** To investigate alcohol use and associated problems among crack users, comparing those who had alcohol related problems associated to crack use to those who didn't. **Method:** In order to collect socio-demographic data and history of psychoactive drug use, an adapted form of the Addiction Severity Index (ASI) was used. ASI subscales used were socio-demographic data and level of problems of crack use, considering: medical condition, occupational status, alcohol and other drugs use, legal status, psychiatric problems, family, and social conditions. The instrument was conducted using face-to-face interviews in subjects aged 18 or older, from both sexes, living in Santos, Brazil. For nominal or categorical measurements, the non-parametric chi-square test was used and for continuous measurements, the Mann-Whitney test was used. **Results:** There was a predominance of males (88.6%) among the total of subjects ($N = 141$). Crack users who had alcohol-related problems were significantly different from those that didn't have in relation to: race ($p < 0.001$; more mulatto); age ($p = 0.002$; older); medical and clinical conditions ($p < 0.004$); higher number of lifetime "delirium tremens"; and overdose of other drugs. Other ASI subscales were not different between the two groups. **Conclusions:** The use of alcohol as a strategy to copy with craving, aggressive behavior and to reduce crack consumption seems to add other harms to crack users. Besides that, race (not white) could be a social condition involved in crack use in Brazil.

Alcohol consumption and risky sexual behaviour among the fisherfolk: Evidence from Lake Victoria's two fish landing sites in Uganda

Nazarius M. Tumwesigye¹, Lynn Atuyambe¹, Rhoda K Wanyenze¹, Simon P. S. Kibira¹, Qing Li³, Fred Wabwire-Mangen¹ and Glenn Wagner²

¹*School of Public Health, Makerere University College of Health Sciences, Makerere, Uganda*

²*Rand Corporation, United States*

³*Prevention Research, Carman and Ann Adams, Department of Pediatrics, School of Medicine, Wayne State University, Detroit, MI, United States*

Introduction: The fisherfolk are among groups that are most at risk of HIV infection, with the HIV prevalence

ranging from 5 to 10 times higher than in the general population in some studies. Alcohol consumption has been identified as one of the major drivers of the sexual risk behavior among the fisherfolk. This paper investigates the relationship between alcohol consumption patterns and risky behavior among the fisherfolk at two landing sites on Lake Victoria. **Methods:** A study was conducted among 303 men and 172 women at the fish landing sites; categorized into fishermen, traders of fish or fish products and other merchandise, and service providers like casual labourers and waitresses in bars and hotels, including 12 female sexual workers. Stratified random sampling methodology was used to select study units. Multivariable analysis was conducted to assess independent relationship between alcohol consumption and sexual risk behavior. **Results:** Frequent alcohol consumption, higher AUDIT score, having gotten intoxicated, longer drinking hours, and drinking any day of the week were strongly correlated with having more than one sexual partner, engaging in transactional sex, and having sex with a non-regular partner. The higher the frequency of alcohol consumption or AUDIT score the higher the likelihood of having had more than one sexual partner, engaging in transactional sex, and having sex with a non-regular partner in the previous 12 months. Those who drank two or more times a week were 5.5 times more likely to have had transactional sex (95% CI: 2.87-10.46) compared to those who never drank alcohol. Inconsistent condom use or no use of condoms was not significantly correlated with any of the alcohol consumption indicator variables in multivariate analysis except for time of drinking. **Conclusion:** Levels of alcohol consumption and sexual risk behavior at the fish landing sites are high, and the two are strongly related. HIV risk reduction programs should address alcohol consumption, particularly alcohol consumption before sexual contact.

Public stigma and intentions to impose restrictions to substance abusers: A Dutch cross-sectional survey

Leonieke C. van Boekel¹, Evelien P. M. Brouwers¹, Jaap van Weeghel^{1,2,3}, and Henk F. L. Garretsen¹

¹*Department Tranzo Scientific Center for Care and Welfare, Tilburg University, Tilburg, The Netherlands*

²*Phrenos Centre of Expertise, Utrecht, The Netherlands*

³*Parnassia Bavo Group, Dijk en Duin Mental Health Center, Castricum, The Netherlands*

Aim: The aim of this study was to apply an attribution model based on Corrigan et al. to examine public or structural discrimination towards substance abusers. Intentions of the public to impose restrictions to people with substance use disorders were examined. **Methods:** A cross-sectional survey was carried out among a representative internet panel of the Dutch population, comprising of 2,793 respondents. Path-analysis was used to predict and explain intentions to impose restrictions to substance abusers and to test the application of an attribution model. **Results:** Intentions to impose restrictions to substance abusers were generally high. Higher perceived aggressiveness, perceived personal responsibility of substance abuse, and feelings of anger and

fear predicted intentions to impose restrictions to substance abusers. People who were more familiar with substance use problems were less in favour of imposing restrictions to substance abusers. **Conclusions:** The proposed attribution model is partially suitable to explain intentions of people to impose restrictions to substance abusers. Attribution beliefs influence intentions of people to restrict substance abusers.

“Scheduled drugs”: Report of the Dutch expert committee on scheduling illicit drugs

Dike van de Mheen

In 2009 the Netherlands issued a report on the future of drug policy. In this report, questions were asked about the system of scheduling in the so-called Opium Act. The Dutch government proposed a national committee for this purpose. The author was a member of this committee. The Dutch Opium Act contains two schedules (lists), one for drugs with unacceptable risks (hard drugs) and one for drugs with acceptable risks (soft drugs). The method of criminalization and severity of the sentence varies by list. The purpose of these two schedules is a separation between the soft drugs and hard drugs markets. The committee was asked to work out different scenarios: (1) retaining the current system with two lists; (2) introduction of a system involving one list; and (3) introducing a different system. The committee consisted of experts in the field of addiction, toxicology, legal environment, international law, and drug policy. In order to assess the different scenarios, the committee used a number of criteria: expressive function, transparency, flexibility, harmfulness, monitoring, and enforcement and feasibility. The committee makes the following recommendations: the scheduling system of two lists requires no change; complementary measures are desirable in order to optimize the operation of the Opium Act; establishment of a disclosure office (hotline) for the monitoring of new drugs; and a reassessment of some Opium Act drugs. The last measure mainly concerns the existing distinction between hemp and hashish on the two lists. The committee recommends tightening this distinction based on THC content. Now, all hemp and hashish are scheduled on List II (soft drugs). The committee recommends hemp and hashish with a THC content of more than 15% to schedule on List I (hard drugs). Hemp and hashish with a THC content of max. 15% should be maintained in List II (soft drugs). In the presentation, the recommendations and the reasoning behind will be discussed.

Patient education to enhance 12-step involvement among patients undergoing detoxification

John-Kåre Vederhus¹, Christine Timko^{2,3}, Øistein Kristensen¹, and Thomas Clausen^{1,4}

¹Addiction Unit, Sørlandet Hospital HF, Kristiansand, Norway

²Center for Health Care Evaluation, Department of Veterans Affairs Health Care System, Menlo Park, CA, United States

³Stanford University Medical Center, Palo Alto, CA, United States

⁴Norwegian Center for Addiction Research, University of Oslo, Oslo, Norway

One-hundred and forty substance use disorder (SUD) patients undergoing inpatient detoxification were assigned to either a group based educational intervention (EI) that focused on engaging patients in 12-step groups (TSGs, e.g., Narcotics Anonymous) or a control condition with brief advice (BA) to attend TSGs. Attendance and involvement in TSGs at follow-up 6 months after treatment differed significantly between groups in favor of the EI condition. On substance use outcomes, the EI group had fewer days of alcohol use (2.3 (SD 5.4) versus 5.5 (SD 10.2) days, $p = 0.04$), but no significant differences emerged on alcohol or drug severity scores (EuropASI) at follow up. Overall, the EI condition was successful in engaging patients to a greater degree in TSGs, and reducing alcohol use, than the control condition.

Prevalence and drinking patterns during pregnancy among Thai pregnant women

Orratai Waleewong¹, Sopit Nasueb¹, Surasak Chaiyasong², and Thaksaphon Thamarangsi¹

¹Center for Alcohol Studies, International Health Policy Program (IHPP), Ministry of Public Health, Thailand

²Faculty of Pharmacy, Mahasarakham University, Mahasarakham, Thailand

Background: Alcohol drinking during pregnancy can cause a range of physical and neurodevelopment problems in the child including Fetal Alcohol Spectrum Disorder (FASD). The prevalence of Thai women of childbearing age who drink alcohol has increased continually in the decade and this may be related to increased risk of FASD in Thailand. This research aimed to explore the alcohol consumption and drinking pattern among Thai pregnant women and examine the risk factor of alcohol consumption during pregnancy. **Method:** The national cross-sectional survey was conducted. 773 pregnant women at twenty five antenatal care (ANC) units of hospitals in nine provinces from different geographical regions were face-to-face interviewed by trained staff. The respondents were screened about alcohol consumption during pregnancy by asking alcohol consumption during three time periods which were (a) drinking before pregnancy recognition, (b) drinking before the first ANC visit at hospital, and (c) drinking at the present (during the first ANC visit to the present gestational age). Drinking during pregnancy in this study was defined as any drinking in any of the three time periods. **Result:** Among pregnant women, 32.9% of them were drinkers (drinking 12 months prior pregnancy). Prevalence of drinking during pregnancy among Thai pregnant women is 17.7% which means drinking in any period of time during pregnancy, of which 1.3% reported binge drinking (40 gram of ethanol on one occasion). 2.6% of Thai pregnant women reported drinking during all trimesters of pregnancy. Logistic regression presented the associations between occupation, pregnancy intention, province of resident, smoking during pregnancy, and drinking before pregnancy. **Conclusion:** This epidemiological data on drinking among pregnant women, including prevalence, drinking patterns, and

determinants/risk factors, is essential for designing prevention programs in Thailand. The findings of this survey can reflect the magnitude of the FASD problem in Thailand. As there are around 700,000 newborn babies per year, it can be calculated that there are about 123,900 newborn babies at risk of FASD. Addressing alcohol drinking during pregnancy should be highlighted among Thai society.

Historical use of cocaine as an anaesthesia among dentists: A case study from Norway

Hans-Jørgen Wallin-Weihe

The Norwegian dentist pioneer and founder of the Maihaugen museum in Lillehammer in Norway, Anders Sandvig (1862-1950) practiced as a dentist from 1882-1940. In his memoirs he describes his use of cocaine as an anaesthesia. The paper discusses his use of cocaine in the small Norwegian rural town of Lillehammer and the possible misuse and addiction resulting from such use. The main sources of the paper are from the archives of the Maihaugen museum, publications by Anders Sandvig, and historical works describing the use of cocaine.

Compliance with minimum legal age for alcohol and tobacco purchase and gambling: Results of purchase trial in Finland

Katariina Warpenius, Marja Holmila, and Kirsimarja Raitasalo

Aim: To assess whether off-premise outlets comply with minimum purchase age legislation for gambling on slot machines compared to purchases of alcohol and tobacco. In Finland the minimum legal age is 18 for buying alcohol and cigarettes and for gambling on slot machines. Thus the Finnish case-study offers a possibility for a comparative view on age-limit control in off-premise outlets. **Methods:** Young-looking 18-year-old research assistants attempted to purchase alcohol ($n = 173$), tobacco ($n = 177$), and gamble on slot machines ($n = 179$) in off-premise outlets and government monopoly outlets (alcohol, $n = 37$) in two Finnish towns. Outcomes were measured as whether the buyers were asked to present an identity (ID) card and whether or not they were denied purchasing or gambling. **Results (preliminary analysis):** The buyers were asked to present an ID card and denied purchase of alcohol in approximately half of the alcohol and tobacco buying attempts. They succeeded in purchasing alcohol in 51% and tobacco in 57% of the cases. For gambling on slot machines the success rate was strikingly high, 96%. The buyers were more likely to be requested to present an ID card and denied purchasing of alcohol in monopoly outlets (92%) compared to other types of outlets (49%). **Conclusion:** Young peoples' access to commercial gambling in off-premise outlets is considerably higher in comparison to alcohol and tobacco. These results on gambling support the need for greater attention to availability as a factor in teenage gambling behavior. Local variation between the towns was high in tobacco purchases. Monopoly outlets comply better with minimum legal age than private outlets thus supporting the arguments for

having a government monopoly system for retail alcohol sales.

Alcohol use and treatment among former Soviet Union immigrants in Israel: Review of publications July 2009–December 2011

*Shoshana Weiss
Reshon Leziyon, Israel*

This paper examines the current state of alcohol use among immigrants from the Former Soviet Union (FSU) in Israel, as an update to the two previous publications, which reviewed studies published in the professional literature (mainly in Hebrew) and referred to earlier periods (from the early 1990s until 2006, and from 2007 through June 2009). This paper reviews studies published primarily in Hebrew from mid-2009 throughout December 2011, and describes alcohol use patterns and treatment among FSU immigrants. As the third in the sequence of reviews aimed at English readers, it confirms the findings of the previous two reviews. Alcohol use among FSU immigrants continues to be more prevalent than among Israeli-born residents, and FSU immigrants continue to be over-represented in treatment programs. Moreover, the review describes a severe worsening in alcohol use among FSU detached youth, and no differences in alcohol use among early and recent immigrants between the ages of 18 and 40.

The implications of selling cheap alcohol: The erosion of socially responsible pricing in Ontario

Ashley Wettlaufer¹, Norman Giesbrecht^{1,2}, and Tim Stockwell³

¹*Social and Epidemiological Research Department, Centre for Addiction and Mental Health, Toronto, Canada*

²*Dalla Lana School of Public Health, University of Toronto, Toronto, Canada*

³*The Centre for Addictions Research of British Columbia, University of Victoria, Victoria, Canada*

Objective: Alcohol pricing has been shown to be one of the most effective population level strategies to control harm from alcohol (Babor et al., 2010). This paper describes the minimum pricing regulations in Ontario, Canada and examines the sources of cheap alcohol that continue to exist in the province. It addresses three questions: What are the current minimum price policies in Ontario? What are the 'loopholes' i.e., sources of cheap alcohol despite minimum pricing regulations? What are the implications of these sources? **Methods:** This paper draws on existing research on alcohol pricing, archival data on ferment on premise outlets and alcohol promotions, as well as legislative documents and key informant interviews. **Results:** Despite having minimum pricing for alcohol sold from both on-premise and off-premise outlets across all beverage categories, policy exceptions and contradictions facilitate the distribution of cheap alcohol. Alcohol pricing regulations in Ontario allow delisted products to be discounted below minimum prices, licensees are permitted to provide free drinks to customers, manufacturers are permitted to distribute free product samples, free alcohol may be served at public events and provided as prizes at

religious or charitable functions, and the recent liquor license reform allows for all-inclusive liquor packages in Ontario. **Conclusions:** While the rationale behind the implementation of minimum pricing is to promote responsible drinking, this appears to be undermined by other alcohol policies largely driven by business motives. Allowing some sources of alcohol to be sold below minimum pricing encourages overconsumption, with negative health implications, and makes tracking consumption more challenging and sends a confusing public health message.

Perceived drunkenness: Pharmacological and motivational aspects

Matthias Wicki¹, Margit Oswald², Emmanuel Kuntsche¹, and Gerhard Gmel^{1,3}

¹Addiction Switzerland, Research Department, Lausanne, Switzerland

²University of Bern, Department of Social Psychology, Bern, Switzerland

³Alcohol Treatment Centre, Lausanne University Hospital, Lausanne, Switzerland

Background: It is well documented that alcohol effects cannot simply be explained with dose-effect principle. The perceived drunkenness is influenced from a combination of physiological, psychological, and contextual aspects. The present paper examines (1) how in a specific drinking episode the subjective drunkenness can be explained by alcohol consumption (i.e., pharmacological aspects), respectively through the drinking motives (i.e., motivational aspects); and (2) whether drinking motives that are related to the chemical effect of alcohol consumption, explain more variance of subjective drunkenness than drinking motives that are related to the instrumental effect of alcohol consumption. **Method:** The present study is based on a representative sample of 14 to 16 year olds in Switzerland (European School survey Project on Alcohol and Other Drugs [ESPAD], 2007). The answers of 3731 currently alcohol consuming adolescents were used (58.2% of the sample). In a SEM (1) drinking motives were estimated as latent variables, (2) alcohol consumption on the last drinking occasion was estimated by drinking motives and control variables (age, gender, usual drinking frequency, usual drinking quantity, usual frequency of risky single occasion drinking), and (3) perceived drunkenness was estimated by alcohol consumption, drinking motives and control variables. **Results:** The variance of perceived drunkenness may be approximately equal parts by the alcohol consumption and by the drinking motives respectively. Only those drinking motives that are related to the chemical effects depend directly related to the subjective drunkenness. **Conclusion:** To understand alcohol-related effects (such as perceived drunkenness), it is not sufficient to consider the pharmacological aspects only. For the subjective drunkenness motivational and pharmacological aspects about the same magnitude are crucial.

Liquor licensing and alcohol-related harm: What is the role for local government?

Claire Wilkinson

Victorian Government Department of Planning and Community Development, Melbourne, Victoria, Australia

In Victoria, Australia, the number of licensed venues has increased dramatically over the last twenty years, and recordings of alcohol-related harms have also increased over the same period. Local government is involved in multiple ways in implementing policies which impact on the management of alcohol-related harms. Whilst Local Government is required to be involved in the liquor licensing process, they have limited power and resources to successfully reject applications for new licensed premises. This paper draws upon a quarterly forum of Victorian Local Government officers whose work involves consideration of the impact of alcohol and drug issues in the local community, and particularly explores their current approach to liquor licensing applications.

How do semiotic themes persuade youth to drink alcohol focusing on the perception of signs on TV

Bhunnisa Wisassinthu

Information and Communication Management Program, Faculty of Humanities and Social Sciences, Khon Kaen University, Khon Kaen, Thailand

This paper investigates how alcohol advertising is perceived and interpreted by Thai adolescents in the urban area of Khon Kaen Province in terms of semiotic analysis. The result showed that the seven themes emerged consisting of the accomplishment, Thai value, courage and smarts, friendship, freedom and challenge, and virtue, as well as prestige. The findings support the notion that the positive meanings appearing in advertising are likely to persuade young viewers to drink because it is compatible to their lifestyle, values and drinking motives. The sign perception in advertising uncovered the myth from alcohol beverage advertising as follows: (1) conveying sign value was relevant to lifestyle and value, attitude, and social motives toward drinking including belief and value of mainstream culture related to drinking, i.e., the theme of friendship was prone to interrelate with drinking in terms of building up and keeping sustainable relationships, being fun and toasting, sharing, suffering, and counseling. These meanings, associating social motives toward drinking such as at social gatherings, celebrations, or parties include tension release. In addition, the results also showed that the friendship theme was the most persuasive among both genders, although there were some distinctions in emphasis related to drinking motives. (2) Establishing the acceptance of alcohol drinking due to negotiating viewpoints has generated new meanings in that alcohol beverages possibly have two sides, both the pros and cons. Positive themes in advertising have a significant role in connecting interpretations to drinking acceptance regardless of health concerns and religious views. In terms of health issues, female adolescents were more aware of health effects than males, but they have kept on drinking because of their friends. Thus, the meaning of harmful drinking is

becoming impaired and substituted, which is influential to widespread drinking owing to the ideology in advertising related to norm misperceptions.

Exploring structural relationships between the ICD-10 Y91 and Y90 components

*Jane Witbrodt, Jason Bond, Cheryl Cherpitel, and Yu Ye
Alcohol Research Group, Public Health Institute,
Emeryville, CA, United States*

Involvement of alcohol in injuries has been confirmed in numerous international studies, a result due largely to improvements in uniform reporting and documentation efforts. Discussions leading to proposed revisions in the ICD-10 have given rise to concerns regarding the usefulness of the current Supplemental Y90 and Y91 codes as interchangeable measures of alcohol intoxication as currently used in alcohol-related injury research in emergency room (ER) settings. Together the Y90 and Y91 criteria provide relatively quick assessments of dosage via a blood alcohol concentration (BAC) breathalyzer test (recoded into nine levels of intoxication), and related mental/behavioral dysfunction via a short clinical assessment of apparent level of intoxication (with four levels of severity differentiated), respectively. Using a sample of drinkers presenting at ERs in 10 countries in the Americas, MPlus statistical modeling techniques were used to test the relationships between ratings of severity on 10 separate clinical signs of intoxication intended to inform the Y91 assessment, the actual Y91 clinical assessment, and the Y90 BAC output. The overall analytic aim tested whether the 10 signs of intoxication were indicative of a latent level of drunkenness. This latent drunkenness factor, modeled first to predict the Y91 level actually assigned, and then the Y91 code, was used to predict BAC (Y90). A related interest was whether there was any direct effect of the specific signs on Y91, other than through the overall drunkenness level, which would indicate over- or under-usage information in the signs in the choosing of the Y91 category.

Results of a randomized trial of web-based RBS training: WayToServe.org

*W. Gill Woodall¹, Robert F. Saltz², David B. Buller³,
Randall Starling⁴, and Paula Stanghetta⁴*

¹CASAA, University of New Mexico, Albuquerque, NM, United States

²Prevention Research Center, Pacific Institute for Research and Evaluation, Berkeley, CA, United States

³Klein-Buendel, Inc., United States

⁴CASAA-University of New Mexico, Albuquerque, NM, United States

⁴Stanghetta Associates, United States

Current research in Responsible Beverage Service Training (RBS) indicates that such training can be an effective means of preventing over-service of alcohol, and ultimately can reduce the incidence of drunk driving. However, recent reviews of the RBS literature suggest that training methods and implementation are an important factor in

determining whether RBS training can achieve desired alcohol-related outcomes. Reported here are the preliminary results of a randomized trial of a web-based RBS training program (WayToServe.org). On-site alcohol serving establishments ($n = 155$) in four New Mexico communities were randomized to either receive RBS training via WayToServe ($n = 77$) or the usual and customary live in-person RBS training available from commercial vendors in the state ($n = 78$). Premises were assessed at baseline, immediate post-training, 6 month post-training, and one-year post-training intervals. Standardized pseudo-intoxicated patron protocols were used to assess alcohol service in all premises. Refusal rates for pseudo-patrons at baseline for intervention and usual and customary training premises were equivalent (35.71% for WayToServe premises vs. 34.84% for usual and customary premises). Results indicate significantly higher refusal rates for premises receiving WayToServe at immediate post assessment, and at one year follow-up. Differences in refusal rates based on gender of the pseudo patron and on apparent age of the pseudo patron were also found and are discussed.

Lost in the romance of the tote: Quiet regulation loudly contested

Grazyna Zajdow¹, Sarah MacLean^{2,3}, and Claire Wilkinson^{2,3}

¹School of Humanities and Social Sciences, Deakin University, Melbourne, Victoria, Australia

²Centre for Alcohol Policy Research, Turning Point Alcohol & Drug Centre, Fitzroy, Victoria, Australia

³Centre for Health and Society, School of Population Health, University of Melbourne, Melbourne, Victoria, Australia

In January 2010 a small article appeared that claimed a particular pub in inner-city Melbourne was about to close because the State government had introduced risk-based fees for alcohol licenses. Over the next few weeks, the licensees pursued a highly successful media campaign to undermine the introduction of the fees. Subsequently, the Director of Liquor Licensing lost her job. This relentless campaign resulted in an accord signed between the government and the body representing live music venues which effectively excluded these venues from rigorous application of the licensing laws. This paper draws on media reporting of events described above and interviews with stakeholders in the liquor licensing arena to argue the failure of 'quite regulation' on the part of the state. In an effort at risk management, the state had tried to introduce risk-based categories of alcohol license fees and boost the numbers of licensing inspectors. As a result of the campaign, the licensing inspectors became entrenched as the managers of infringements of bureaucratic requirements, administering a form of 'actuarial justice' as O'Malley notes, rather than directly dealing with the harm produced by alcohol consumption in the Night Time Economy.

The relationship between changes to minimum alcohol prices, outlet densities, and alcohol attributable deaths in British Columbia in 2002-2009

Jinhui Zhao¹, Tim Stockwell^{1,2}, Gina Martin¹, Scott Macdonald^{1,3}, Kate Vallance¹, Andrew Treno⁴, William R. Ponicki⁴, Andrew Tu^{5,6}, and Jane Buxton^{5,6}

¹Centre for Addictions Research of British Columbia, University of Victoria, Victoria, Canada

²Department of Psychology, University of Victoria, Victoria, Canada

³School of Health Information Sciences, University of Victoria, Victoria, Canada

⁴Pacific Institute for Research and Evaluation, Berkeley, CA, United States

⁵BC Centre for Disease Control, Vancouver, Canada

⁶School of Population and Public Health, University of British Columbia, Vancouver, Canada

Objective: In the past decades, the government of British Columbia (BC) has set minimum prices for alcohol products as part of its social responsibility mandate to discourage excessive alcohol consumption. Since 2002, partial privatization of alcohol retail sales has created a substantial increase in privately owned liquor stores since 2002. The present study investigated the impacts of these two alcohol policy changes on rates of alcohol-attributable deaths. **Method:** A cross section versus time series panel study was designed to investigate the impacts of alcohol outlet densities and periodic increases to minimum prices for different alcoholic products on acute, chronic, and 100% alcohol-attributable deaths. Data were obtained from the BC Centre for Disease Control, the BC Liquor Distribution Branch and BC STATS. Mixed models were used to estimate the effects of minimum price increase and alcohol outlet densities on deaths adjusted for the confounding effects of trend, socioeconomic and demographic characteristics, and spatial and temporal autocorrelations. **Results:** Minimum alcohol prices yielded immediate effects on alcohol-attributable deaths. It was estimated that a 10% increase in average minimum price for all alcoholic beverages resulted in a 10.39% reduction in acute alcohol-attributable deaths per 100,000 population aged 15+, an 7.89% reduction in chronic alcohol-attributable mortality rate, a 38.60% reduction in 100% alcohol-attributable mortality rate and a 7.53% reduction in total alcohol-attributable mortality rate immediately following the minimum price increases. A 10% increase in private liquor stores per 100,000 population aged 15+ resulted in a 1.61%, 1.70%, and 1.85% increase in acute, chronic, and total alcohol-attributable mortality rates. The impact of average minimum price on total alcohol-attributable mortality rates would decrease by 28% after controlling for the confounding effect of alcohol outlet densities. **Conclusion:** Minimum price increases were associated with large and immediate public health benefits. Consistent with other research, privatisation of the BC liquor market was associated with negative public health outcomes.