



Juggling with drinking patterns, culture and policy responses

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Can alcohol addiction can be tackled with consumer friendly policies?

Do you like a glass of wine with your dinner? Perhaps a trip with friends to a bar? Or do you recall parties getting out of hand? Have you ever seen a paramedic rush to someone's aid as an alcoholic's liver begins to fail? Whatever your drinking experiences, across Europe alcohol is the focus of political attention. Global action to reduce harmful use is already underway. Strategies have been outlined in the 2010 [WHO Global Strategy to Reduce the Harmful Use of Alcohol](#) and its [Global Action Plan for the Prevention and Control of Non Communicable Diseases 2013-2020](#).

But governments still struggle to implement effective policies against drink abuse. One reason is that alcohol is unique: a two-faced product being both good and bad. On the one hand, it ranks [fifth among risk factors](#) for disease and disability. The social harm and damage to health that alcohol abuse can cause—from depression to domestic violence—is well documented. On the other hand, moderate drinking confers both [physical and mental health benefits](#).

At the same time, global efforts to address alcohol-related problems may be hindered by conflicts with local needs and priorities. It is therefore imperative that policy-makers appreciate the complex individual, societal and cultural factors that affect their work.

Read this post online: <http://www.euroscientist.com/can-alcohol-addiction-can-be-tackled-with-consumer-friendly-policies>

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Drinking patterns?

First, it is important to profile types of individual and groups. How do their characteristics affect the way they drink and how drinking affects them?

Take women, for example. As a group, they have a faster physiological response to alcohol. They are also affected at lower levels of consumption. Drinking is also a [risk factor for breast cancer](#) and a [danger to foetal development](#). As a result, women are [advised to drink less than men](#). And they generally do.

If we look at various demographics, young people are [more at risk](#) from drinking than adults; their physiology and development is different. And they also tend to take more risks. Similarly, individuals with particular health conditions or a genetic predisposition for alcohol dependence require tailored measures; in some cases they should not drink at all.

Second, policy-makers must understand cultural attitudes to drinking and drunkenness, which vary widely across Europe. At one extreme, drinking in Mediterranean countries is well integrated into daily life. But there is little tolerance for drunken behaviour. At the other end of the spectrum, the Nordic pattern sees people “bingeing” and a general acceptance of intoxication.

Finally, policies should consider the links between drinking behaviours and consequences. The danger of drinking and driving, for example, is now widely acknowledged. So are the harmful consequences of [“extreme” drinking](#) purely for getting drunk. In all cases, drinking can have a profound impact beyond the individual: on families and communities, productivity, public order and more.

Cultural shift

But here is the catch: a big one. Almost as soon as you have teased out all these complicated issues, you find the ground shifts; this is because culture is not static. Globalisation, urbanisation, migration and social integration are dramatically changing drinking patterns. In Italy, for example, consumption of wine has declined significantly. In Russia, more people, especially younger drinkers, are choosing beer instead of spirits.

The amount people drink is changing too, with a noticeable convergence in consumption between once disparate EU countries.

Another huge global shift is an increase in alcohol consumption among women in both developed and developing countries. This trend is thought to be a consequence of their changing role in society. Indeed, a [longitudinal survey among students](#) by the European School Survey Project on Alcohol and Other Drugs suggests that girls are increasingly keeping up with boys. In some cases, such as in the UK, they actually drink more.

The developing world is experiencing a move to more “Western” patterns of consumption. Unsurprisingly, reports of alcohol-related chronic diseases and alcohol dependence are on the rise, particularly in cities. Developing countries also have high consumption of unrecorded alcohol consumption, including home-brews, illicit and counterfeit products, even cleaning fluids and perfumes.

It is therefore clear that public health policy cannot ignore idiosyncratic drinking cultures and the diversity in drinking patterns that exist around the world. Simple regulations to reduce levels of consumption, for example by increasing prices or limiting trading hours, are not enough. Population-level regulations are blunt instruments.

For instance, marketing restrictions are often hailed as a panacea to curb drinking among young people. But in reality, parents and peers are [significantly more influential](#) in shaping drinking patterns.

A “one-size-fits-all” can sometimes badly backfire. Raising prices end up with heavy drinkers switching to cheaper, [poor quality and unrecorded alcohol](#). Restrictions on trade, for example through alcohol retail monopolies in Nordic countries, has in part been responsible for [high rates of smuggling](#) and cross-border traffic.

Preventative engagement

So what is the solution? A strong regulatory framework around the production, sale and consumption of alcohol is clearly important. But people will continue to drink, to take risks and to ignore common sense. The imperative, therefore, is to ensure that drinking, when it occurs, is as safe as it possibly can be.

Previously considered policy options include: measures to reach young people through education, changes to social norms so under-age drinking and intoxication are unaccepted as well as screening, brief interventions and treatment for problem drinkers. Other possible approaches include altering drinking environments to reduce potential harm, improving the quality and integrity of beverages and raising consumer awareness to highlight potentially harmful drinking patterns and encouraging informed and responsible choices.

Finally it is also important to consider the degree to which particular interventions are likely both to be appropriate and to enjoy public support. Educators, health professionals, and prevention specialists have a role in crafting interventions that can raise awareness and encourage safe, responsible behaviours. Community leaders and civil society have an important role in responding to immediate needs and in setting priorities. Those who make, sell and serve alcohol beverages must also promote, perhaps enforce, responsible drinking.

And what about the consumer? Almost universally ignored—perhaps even vilified as an irresponsible drunk—drinkers also have a key role to play, not least in voicing dissent when measures unreasonably infringe upon individual rights.

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