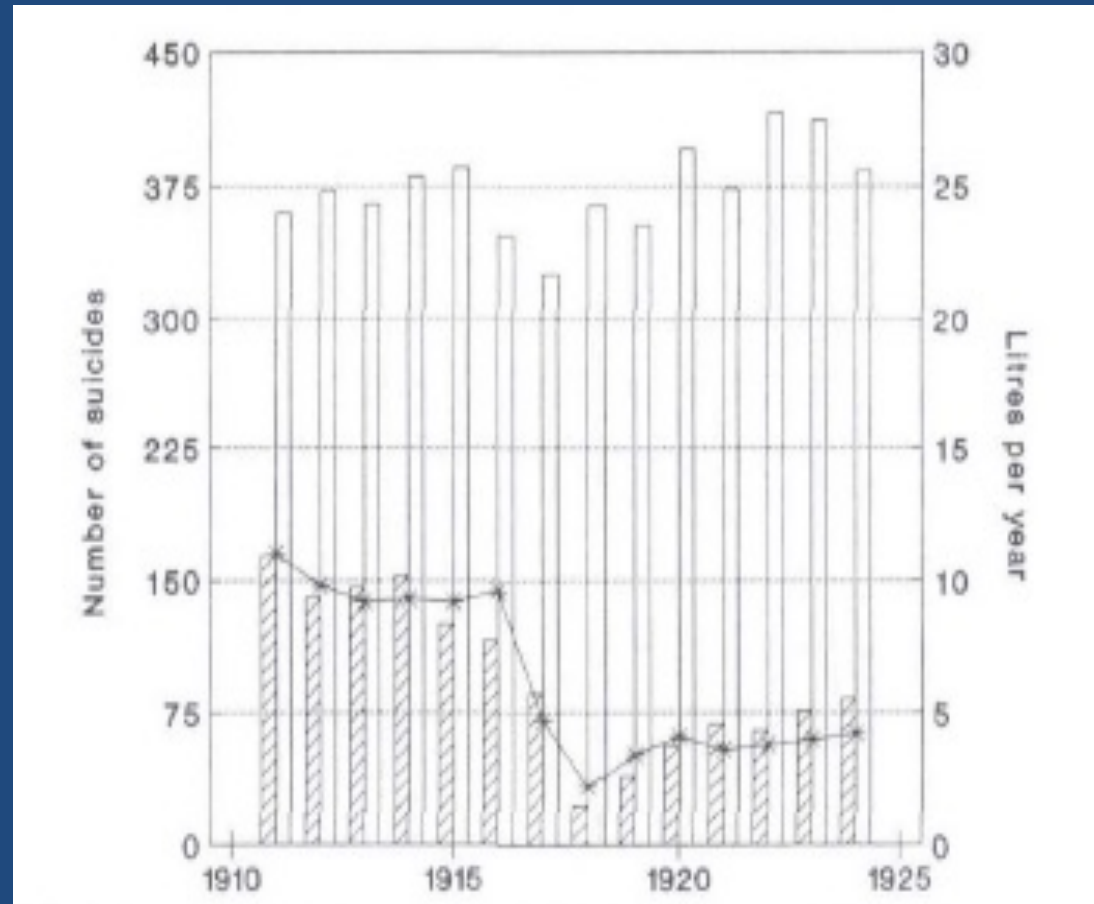


Minimizing the Harm from Alcohol: Clinical Care plus Public Health Approaches

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Trends in per capita alcohol consumption (*) and suicide rates among alcohol abusers S and non-abusers D in Denmark 1911-24



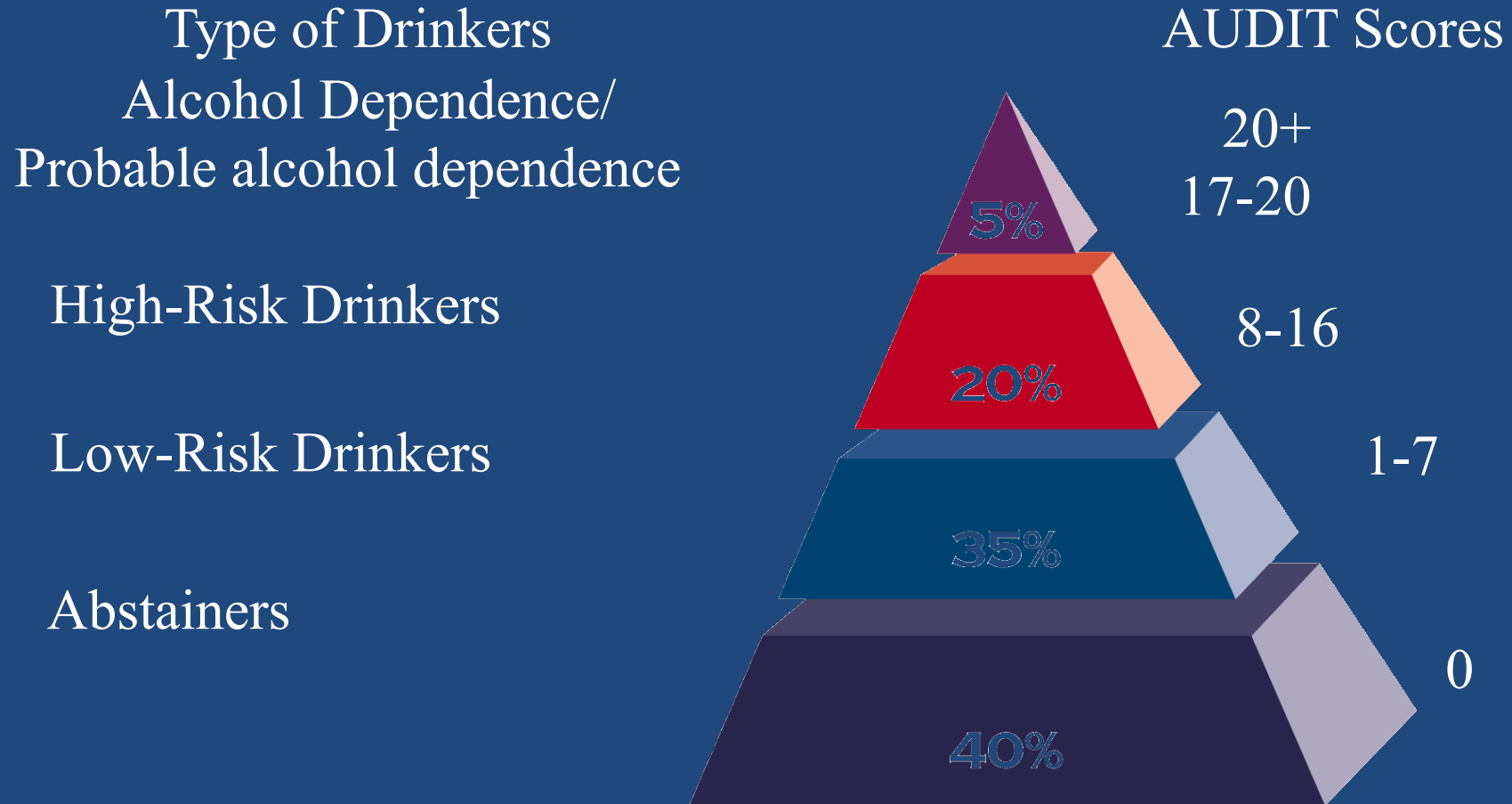
A Brief History of Screening, Brief Intervention and Referral to Treatment (SBIRT)

- 1970's: Biological and self-report screening tests for alcoholism and drug dependence
- 1980's: WHO Program: Managing Hazardous and Harmful Alcohol Use in Primary Care
- 1990's: Development of AUDIT, ASSIST, and many other second generation screening tests; explosive growth in brief intervention research
- 2000's: SBIRT concept introduced; questions about effectiveness; implementation
- 2010's SBIRT national demonstration programs in many countries; new intervention technologies; new biomarkers

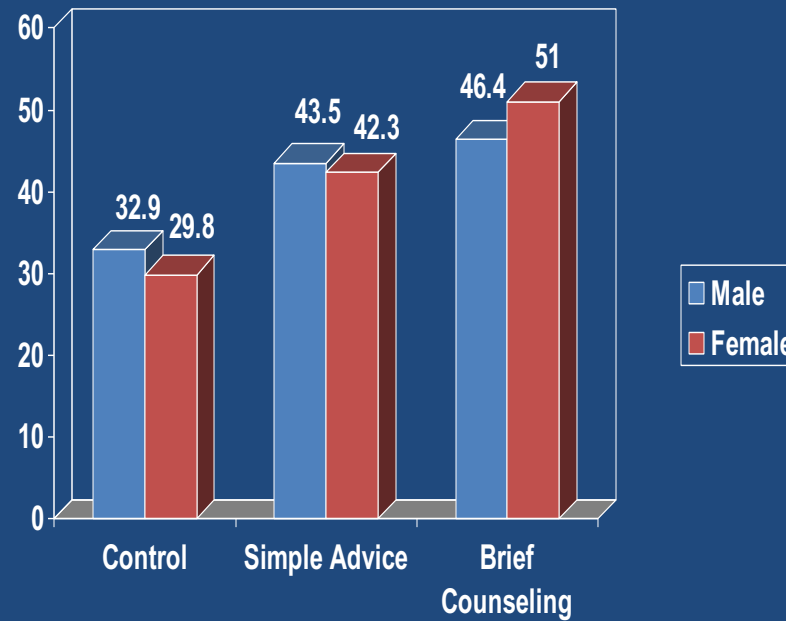
AUDIT: The Alcohol Use Disorders Identification Test

- Developed by WHO for international use
- More than 500 scientific articles on reliability, validity, training, correlates
- Distinguishes risk levels: hazardous, harmful, dependence
- More information at: http://www.who.int/substance_abuse/

AUDIT Scoring



WHO AMETHYST Project in Ten Countries Percentage of Male/Female Patients who Decreased Intensity of Drinking



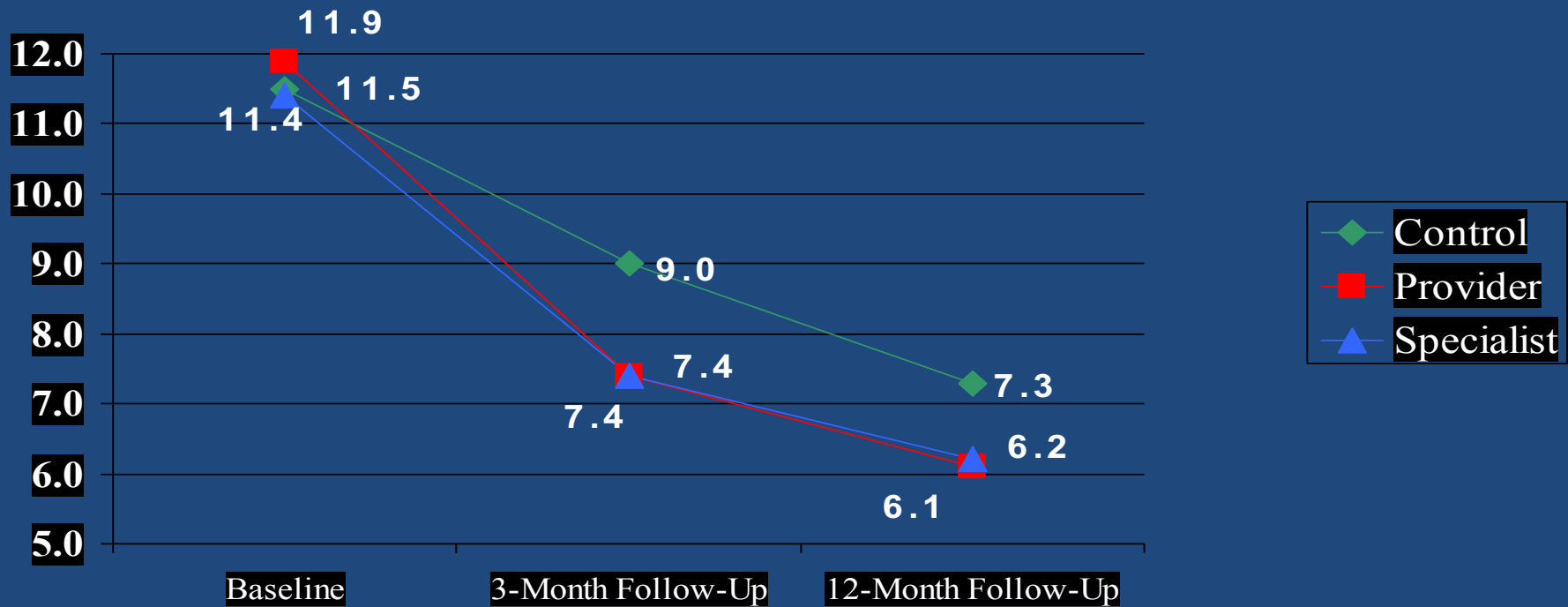
Brief Intervention

- *Definition:* Time-limited (5 minutes to 5 brief sessions) behavioral counseling; targets a specific health behavior (e.g. at-risk drinking or drug use)
- *Goals:* a) reduce alcohol/drug consumption; b) facilitate treatment engagement, if needed
- Relies on use of screening data to motivate behavior change

Key Elements of BI

- Present screening results
 - Identify risks
 - Discuss consequences
 - Provide medical advice
 - Solicit patient commitment
 - Identify goals
 - Give advice and encouragement
-
- **Additional staff/system supports needed for screening/assessment**
 - **Provider training varies (one hour to one day)**

Changes in Drinks per Week: Baseline to 3- and 12-Month Follow Up



Summary of Evidence from systematic reviews offrom clinical trials

- **Participants reduced average number of drinks/week by 13% to 34% compared to controls**
- **Proportion of participants in intervention condition drinking at moderate or safe levels was 10% to 19% greater than controls**

(from Whitlock, et al, 2004 and individual studies)

Health and Related Outcomes

- **Quality of life measures**
 - Improved quality of life related to alcohol problems for those who decreased consumption by 20% or more (Maisto et al. 1998)
- **Long-term health outcomes**
 - Less drinking and fewer hospital days at 48 months (Fleming, et al, 2002)
 - Men in Malmo, Sweden had significantly reduced alcohol-related mortality after 3 and 21 years (Berglund, et al, 2000)

Lessons Learned: The Known Knowns

- SBIRT demonstrates efficacy for alcohol and tobacco, and possibly drugs as well, but recent findings have been less positive
- Effectiveness demonstrated in clinical settings
- Feasibility demonstrated in many different settings
- Implementation has been difficult in primary care, emergency medicine and other settings

Clinical care vs public health models

- Much of the research on SBIRT to date has been organized around a narrowly focused clinical care model, rather than taking a broader, complementary public health approach
- A public health approach focuses on systems-level issues such as training of primary care practitioners, implementation of universal screening, and the integration of services
- It could also include social marketing of SBIRT concepts and interventions through social media and community-based information sources.

Known Unknowns





















































- What do we know we do not know about SBIRT as a public health approach to substance use disorders?
 - Can SBIRT be enhanced by adding population-wide and community-based supporting elements (SBIRT+)?
 - Is SBIRT effectiveness being compromised by the alcogenic environment and lifestyle facilitated by the global alcohol industry?

The Alcohol industry

- A multinational business complex that includes producers of beer, wine, and distilled spirits, as well as
 - a large network of distributors, wholesalers, and related industries, such as hotels, restaurants, bars, and advertisers
 - industry sponsored social aspects and public relation organizations (SAPROS)
 - trade associations

The “industry” is not monolithic but sometimes acts in concert in relation to regulatory policies, especially the large transnational corporations and their trade associations and SAPROs.

Global alcohol producers: who are they?

Company	Category	HQ	2014 Revenue	Major Brands
	Beer	 Leuven, Belgium	£31bn	   
	Beer, Cider	 London, UK	£15bn	   
	Beer	 Amsterdam, Netherlands	£14bn	   
	Beer, Cider	 Copenhagen, Denmark	£6bn	   
	Spirits, Beer, Wine	 London, UK	£10bn	   
	Spirits, Wine	 Paris, France	£6bn	   
	Spirits	 Hamilton, Bermuda	£3bn	   
	Wine, Beer, Spirits	 Victor, NY, USA	£4bn	   
	Wine	 Modesto, CA, USA	£3bn	   

Source: Annual Reports, company websites and press reports (Please note: AB InBev and SAB Miller are treated as separate entities as the details of 'NewCo', their merged entity, remain unclear)

Recent trends

- ▷ The global alcohol producers have become highly concentrated into a small number of transnational corporations
- ▷ They use new products and sophisticated marketing targeted at youth, women and emerging economies to increase profits
- ▷ Expanded relationships with government organizations, NGOs and academic institutions, all in the name of Corporate Social Responsibility (CSR)
- ▷ The industry has become an inducer of alcohol problems through its commercial and political activities.

The alcohol industry as an inducer of hazardous and harmful drinking



Industry Commercial Strategies

- Product innovation and design (AMEDs, sugar-sweetened mixed drinks, products for 'sharing')
- Promotion of alcohol to selected target groups (e.g., women, young adults, ethnic minorities)
 - traditional media
 - social and digital marketing
 - sponsorships and lifestyle marketing
 - health and lifestyle niche marketing

Key messages of alcohol marketing are in direct conflict with SBIRT

- Alcohol consumption is normal, fun, exciting, romantic, status enhancing, athletic, even patriotic.
- Abstinence is neither the norm nor normal.
- Alcohol in moderation is good for your health
- The damage done by alcohol is caused by a small group of deviant drinkers.
- The alcohol industry is a “good corporate citizen” (working in partnership with government and civil society to promote responsible drinking).
- Alcohol is not harmful to most people.
- Education about “responsible drinking” is the best solution.

Thematic content of 50 Budweiser and Bud Light advertisements published on Facebook

Theme	Prevalence
Adventure/Sensation Seeking	52%
Alcohol Consumption	44%
Animals	22%
Emotions – Positive	40%
Famous People	16%
Friendship	30%
Games/Contests/Promotions	20%
Party	44%
Responsibility Message	20%
Sexuality	12%
Sports	50%

ICAP Guiding Principles:

*Alcohol beverage
marketing communications
should not*

*a. suggest that alcohol
beverages can enhance
physical, sporting, or
mental ability*

...should not present alcohol beverages as a means of removing social or sexual inhibitions, achieving sexual success, or making an individual more sexually attractive
...should avoid showing minors (or people likely to be perceived as minors)

Example: 2014 FIFA World Cup Project

- ▷ Largest media event in history
- ▷ Overall, 86.2% of unique ads were found to contain at least one violation of the alcohol industry's own self-regulation codes.

Healthcare Communication can influence evidence-based policy by educating the public and policymakers.

Corporate Political Activities*

Access/ information

Constituency building

Policy substitution

Financial incentives or disincentives

Legal action

Tactics

Campaign contributions, lobbying, partnerships, shaping the evidence base

Partnerships, establishing SAPROs, corporate image advertising

Develop/ promote self-regulation, alternative policies and or voluntary activities

Economic leverage

Preemption, litigation, shaping trade policy

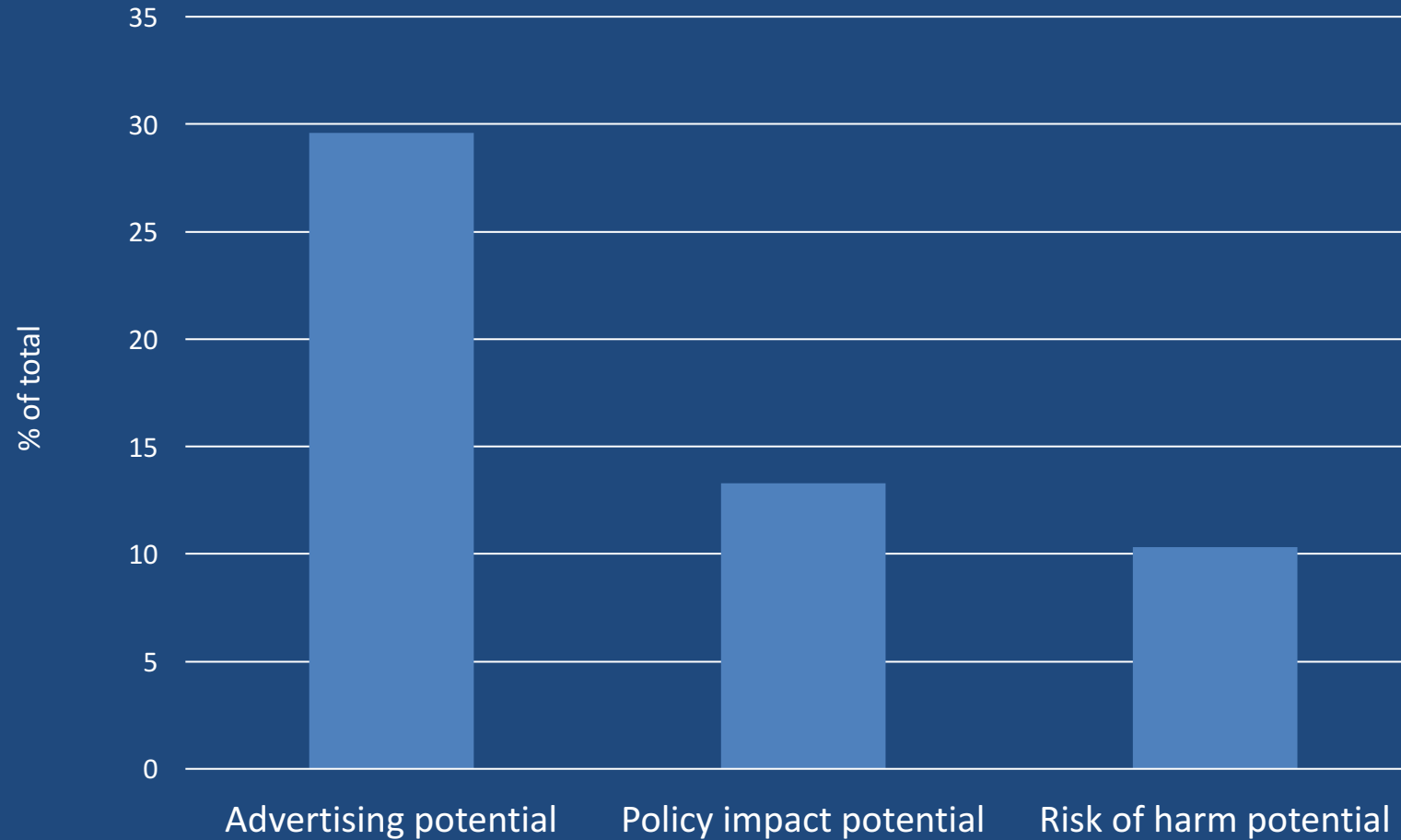
Example: Global Producers Industry Actions Surveillance Project

- What proportion of the Global Producers' 3,550 'Industry Actions':
 - conform to the ten areas described in the WHO Global Strategy?
 - can be considered as “evidence-based” activities likely to have a positive impact on drinking behavior or alcohol-related problems?
 - have the potential to promote a brand or product (i.e., marketing potential)?
 - have the potential to impact policy, or create harm?

Top 10 types of activities being conducted, according to public health raters

Rank	Activity type	%
1	Other non-evidenced based intervention	40.5%
2	Public information (conferences, newsletters)	8.6%
3	Self-regulation	7.2%
4	Primary marketing messages and promotional events	6.6%
5	Research	5.8%
6	Unrelated activities	5.7%
7	Designated driver campaigns and safe rides	4.8%
8	Classroom education	3.7%
9	Responsible beverage service training (RBS)	3.7%
10	Information for parents	3.2%

Industry benefits, public health costs



Alcohol & Cancer: A role for SBIRT?

- The WHO has recognized alcohol as a Group 1 carcinogen since 2012.
- Alcohol is responsible for an estimated 5.8% of all cancer deaths worldwide (Connor, 2016).
- One international study (Danaei et al., 2005) estimates that 9% of preventable breast cancer deaths in HICs are attributable to alcohol.

Industry responses

- Conduct cause-related marketing
- Support Corporate Social Responsibility activities to create favorable public image of brands and the industry, while compromising potential critics
- Control research agenda by funding research
- Frame the scientific evidence in industry-favorable terms by recruiting sympathetic scientists and distorting the interpretation of findings
- Oppose regulatory measures (e.g., warning labels)
- Promote voluntary action
- Use trade and groups and SAPROs to question or discredit scientific research
- Use legal action (or threat of legal action) to delay legislation

Developing a favorable image through
cause-related marketing: Pinkwashing

Drink Pink

- Mike's Hard Lemonade sponsors the Breast Cancer Research Fund's annual Hot Pink Party in New York City, providing Mike's Limited Edition Hard Pink Lemonade for attendees to drink, displaying signs of the Mike's logo and being listed in press coverage as a major sponsor.

Shaping the evidence base

- Pettigew et al (2017) found that the Alcohol Industry is engaged in an extensive misrepresentation of evidence about the alcohol-related risk of cancer
- Three main strategies were identified:
 - (i) denial/omission: denying, omitting or disputing the evidence that alcohol increases cancer risk;
 - (ii) distortion: mentioning cancer, but misrepresenting the risk; and
 - (iii) distraction: focusing discussion away from the independent effects of alcohol on common cancers. Breast cancer and colorectal cancer appeared to be a particular focus for this misrepresentation

Threat of legal action

- Industry representatives threatened to sue the Yukon territory, alleging trademark infringement and even defamation over warning labels
 - *“The (cancer) label they chose to use is inaccurate and misleading.”*
 - *“To claim that alcohol causes cancer, or can cause cancer, is not accurate ... The cancer issue for any food product is way too complex an issue to be discussed on the label.”*
 - Luke Harford, President of Beer Canada

Lessons from the Yukon Territory

- Alcohol-cancer link contains a simple, powerful message
- Graphic portrayals convey the message best
- Low risk SBIRT guidelines complement the message
- Consumers want this information
- Industry is prepared to demonize the science
- Demonization of the alcohol industry is a form of social marketing, and could be a useful part of the public education process

Partnerships with the Alcoholic Beverage Industry: Holy Grail or Poisoned Chalice?

Holy Grail

something that you
want very much but
that is very hard to get
or achieve

Poisoned Chalice

something that seems
very good when it is
received, but that in
fact may be harmful to
the person who
receives it

Partnership risks include...

- Conflicts of interest
- Reputational damage
- Financial dependence
- Unintentional support of industry agenda
- Facilitation of industry's brand marketing
- Facilitation of industry's stakeholder marketing

Summary of the International Network on Brief Interventions for Alcohol and Other Drugs (INEBRIA) Position Statement on the Alcohol Industry

INEBRIA believes that the commercial activities of the alcohol industry pose a conflict of interest of such magnitude that any form of engagement with the alcohol industry may influence its independence, objectivity, integrity, and credibility internationally.

Tools for ethical decision making

▷ PERIL analysis

- Purpose
 - How purposes match?
- Extent
 - Percent of funding?
- Relevant harm
 - How harmful is the product?
- Identifiers
 - How visible is the relationship?
- Link
 - Directness of relationship?

▷ Checklist for analysis of critical incidents

Incident/situation _____

1. Whose interests are involved; who can be harmed, how serious is the potential harm? Which interests, if any, are in conflict?

	significant	moderate	minimal/none
Your own interests			
Co-workers			
Research participants			
Your institution			
Professional field or science			
Society			

2. Application of universal values. Check all that apply to your case.

- Autonomy (freedom over one's own destiny)
- Beneficence (do good, help others)
- Nonmaleficence (do not hurt anyone)
- Justice (be fair, distribute by merit)
- Obedience (obey legal and ethically permissible directives)
- Conscientious refusal (disobey illegal or unethical directives)
- Gratitude (pass good along to others)
- Competence (be knowledgeable and skilled)
- Stewardship (use resources wisely)
- Honesty and candor (tell the truth)
- Fidelity (keep your promises)
- Loyalty (do not abandon)
- Diligence (work hard)
- Discretion (respect confidence and privacy)
- Self-improvement (be the best that you can be)
- Restitution (make amends to persons injured)
- Self-interest (protect yourself)
- Other culture-specific values

3. What laws, standards, policies, practice guidelines, and historical practices should guide us in this situation?

What can be done?

- ▷ Public health countermeasures to address the alcohol industry's Commercial strategies
- ▷ and
- ▷ Corporate political activities

Can SBIRT programs compete with industry messages, and help to create an alcohol-free lifestyle norm?

- With the growth of SBIRT programs and related implementation research, a key question is whether the individual-level benefits can produce a population-level effect on alcohol-related mortality statistics or drink-driving injuries.
- According to Heather (2012), the public health potential of SBI is unlikely to be realized without universal screening and widespread implementation of brief interventions.
- To these should be added social marketing of SBIRT techniques and messages to change the alcogenic environment, i.e., SBIRT+

Key public health messages of SBIRT +

- There is no safe level of alcohol consumption
- As the daily and the episodic dose of alcohol increases, so do the problems
- Alcohol is normal, fun, exciting, romantic, status enhancing, athletic, even patriotic, only because of social learning, and this misconception can easily reversed
- Abstinence is the norm and is quite normal in most societies.
- Alcohol, even when taken in moderation, can be bad for your health
- The damage done by alcohol is caused not only by a small group of deviant drinkers, but also be a large group of moderate drinkers who occasionally drink to excess.
- Alcohol is harmful to most people in most societies because of its harm to the drinker and to others.

More Key Messages of SBIRT+ Programs

- Alcohol is harmful to health in many ways, contributing to over 200 health conditions
- Alcohol interacts with hundreds of medications
- Consumption of more than one drink a day or more than 7 standard drinks in one week increases the risk of harm to health.
- For some people (e.g., recovering alcoholics, pregnant women, adolescents), any drinking is risky.
- Abstinence is the healthiest choice.
- If you do drink, stay within the lower-risk guidelines
 - One drink or less per day if you're a woman and two drinks or less per day if you're a man.
- Cut back if you can, get treatment if you can't
- An alcohol-free lifestyle is the healthiest choice
- The alcohol industry is partly responsible for the problem, and should pay for the damage done through tax contributions, compliance with public health regulations, and abstention from political activities that interfere with effective policy

SBIRT+ Strategies

- Creative strategies will be needed to implement universal or near-universal screening programs, which should work synergistically with both primary care and the specialized addiction treatment system.
- Efforts are needed to increase the number of individuals who access SBIRT services. This could be effected by utilizing opinion leaders along with social marketing efforts (“bringing people to SBIRT”).
- New programs are needed to bring SBIRT messages and services outside the clinic and into the community (“bringing SBIRT to the people”)

Bringing People to SBIRT

- The use of social network structures has the potential to reach large numbers of individuals from populations who are often difficult to reach.
- Relatives, friends and community leaders should encourage risky drinkers to cut down and/or seek help.
- Opinion leaders have been shown to effectively promote evidence-based health behaviors. Community opinion leaders can be elected officials, medical professionals, temperance organizations and social workers.

Social Marketing of the SBIRT message

- Social marketing campaigns to increase SBIRT's population reach could be modeled on methods used by the alcohol and pharmaceutical industries to increase demand for their products and services.
- The key advice communicated in most brief interventions should be not to drink at all, or to drink within a particular country's or population group's sensible drinking limits.
- If social marketing messages could substitute those limits for the alcohol industry's ambiguous "drink responsibly" messages, it could help to generate norms that complement SBIRT messages communicated in health care settings.

Key Strategies of SBIRT+ Programs

- Co-opt and redefine “Responsible Drinking” tagline
- Social marketing of SBIRT messages through media campaigns
- e-health initiatives to deliver screening and brief intervention
- Use warning labels on alcohol products to support health messages
- Mobilize healthcare workforce to engage in chemical-free/alcohol-free health promotion Continue to promote top-down structural changes (e.g., SBIRT clinical guidelines, etc.)
- Develop bottom-up demand for SBIRT services by co-opting direct-to-consumer advertising (“Does someone you love drink too much? Ask your doctor.”)
- Mobilize health sector to advocate for “upstream” measures to limit availability, price competition, and marketing of alcoholic beverages

Summary: A new approach to advocacy for evidence-based alcohol policy

- ▷ Public health advocacy through global health networks
- ▷ Public health surveillance activities
- ▷ Corporate health impact statements (CHIAs)
- ▷ Research on the alcohol industry as an inducer of alcohol-related problems
- ▷ SBIRT+ to mobilize patients and health care providers

Facilitating change in drinking in primary care: Have we reached the Tipping Point?

- SBIRT ideas, products, messages, and behaviors have been spreading through professional networks
- Research projects have inspired implementation programs and treatment policy initiatives
- Fundamental change in health and social services is possible with the addition of SBIRT, but the clinical care model is insufficient to reduce harm at the population level.
- SBIRT needs to be elevated to the population level to realize its clinical potential

WHO launches **SAFER** alcohol control initiative to prevent and reduce alcohol-related disability

- Strengthen restrictions on alcohol availability
- Advance and enforce drink driving counter measures
- Facilitate access to screening, brief interventions and treatment
- Enforce bans or comprehensive restrictions on alcohol advertising, sponsorship, and promotion
- Raise prices on alcohol through excise taxes and pricing policies
- SAFER is a World Health Organization (WHO)-led initiative to reduce death, disease and injuries caused by the harmful use of alcohol using high-impact, evidence-based, cost-effective interventions.

Can SBIRT+ programs serve as a Trojan Horse for SAFER evidence-based alcohol policy ?



Trojan Alcohol Industry



Greek alcohol policy advocates hidden in Trojan Horse