

Alcohol and Harm Reduction

**2. Harm Reduction – 2nd European Conference
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Harm Reduction and Alcohol

- Harm reduction is a **complementary strategy** that sits beside supply control and demand reduction;
- Its key focus is on **outcomes** rather than actual behaviours per se;
- It is **realistic** and recognises that alcohol will continue to be used extensively in many communities, and will continue to create problems for some individuals and some communities;
- Harm reduction is **non-judgemental** about the use of alcohol, but is focussed on reducing the problems that arise;
- It is **pragmatic** – it does not seek to pursue policies or strategies that are unachievable or likely to create more harm than good; (Stornach 2003)

HR in the area of alcohol consumption - behaviour

- („Beer“)Education: develop and improve competencies and knowledge
- Binge drinking - „More pleasure, less pain“
- Stop talking about dependence with juveniles!
- target-group specific messages , reflecting aspects of migration, age and societal inequality
- non-judgemental and peer-oriented
- „Doing Gender with Drugs“
- HR integration into detoxification, therapy



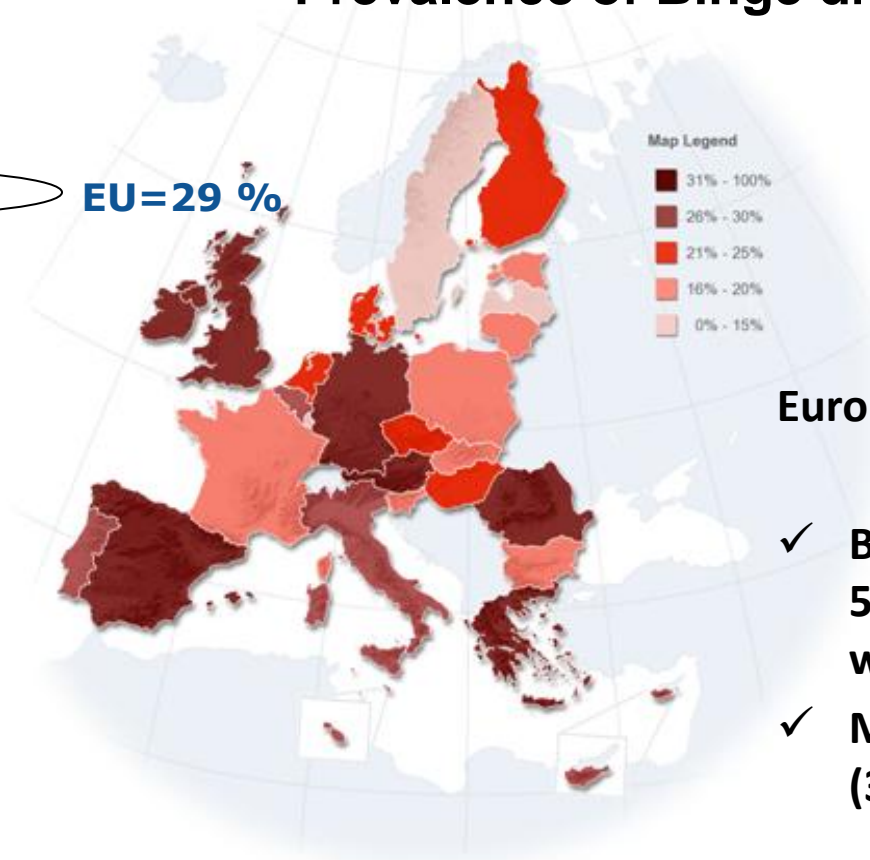
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	LU	14%
	SE	13%
	LV	11%

Question: QC1b. How often in the past 12 months have you had 5 or more drinks on one occasion?

Answers: Several times a week+Once a week

DE=36 % Prevalence of Binge drinking

EU=29 %

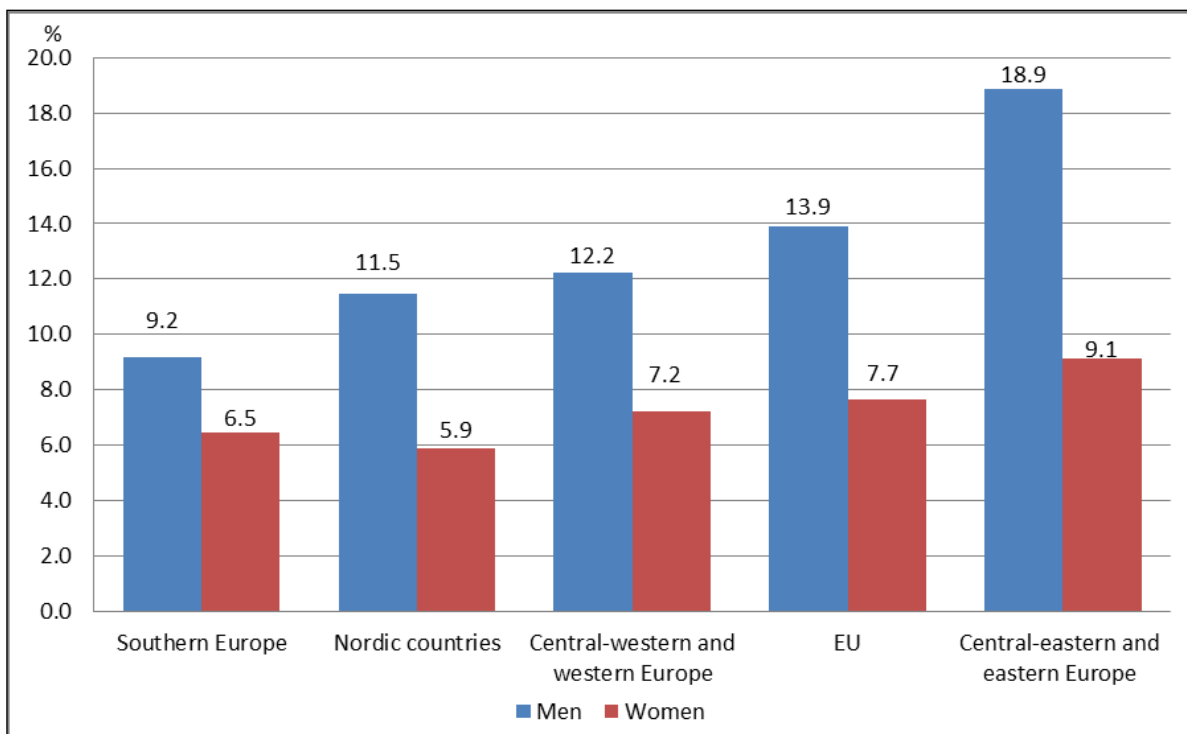


Eurobarometer 331/2010:

- ✓ **Binge Drinking :**
5 units or more at least once a week
- ✓ **Mostly in the age group 15-24 y**
(33%)

Early deaths due to alcohol in EU

Proportion of alcohol-attributable deaths to all deaths in age group 15-64 years in EU by regions, 2004.





Interventions for alcohol dependence in Europe: a missed opportunity to improve public health – Jurgen Rehm, Kevin D Shield, 2012

HR in the area of alcohol consumption - conditions

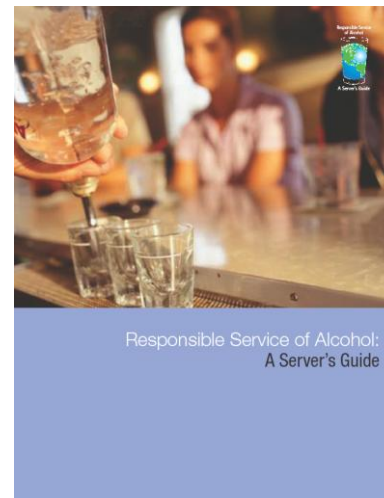
- Demands towards alcohol industry:
 - improving health protection
e.g. standard units, warning, etiquettes
- Nightlife and urban development (events)
- Alcohol consumption rooms
- Integral part of public health strategy
- Availability of alcohol =>





Intervention for risk contexts

- Security in pubs and bars
- Responsible selling/ serving of alcohol
- Training of personnel (bar, police, emergency)
- Local alcohol policy (public transport, police)
- Examination of quality of alcohol



Self-responsibility of alcohol industry

- **Pernod Ricard:** pregnancy and alcohol on all products since 2007
- **Heineken:** infos to responsible use of 80% of etiquette since 2008
- **SABMiller:** one of three warnings in 9 EU-countries since 2010
- **CEEV:** Wine in Moderation – on etiquette since 2011
- **Eurocare**
 - Development of warning infos 2010



Please visit:
EnjoyHeinekenResponsibly.com



WINEin**MODERATION**.eu

Art de Vivre



DON'T DRINK
WHEN TAKING MEDICINE

Etiquettes in EU-Member-States

- **France:** Warning against alcohol consumption during pregnancy - obligatory since 2007
- **UK:** Consensus between government and industrie in 2007
 - Alcohol parts in „units“
 - Drinking guidelines
 - Risiks during pregnancy



Know your limits



UK Chief Medical Officers recommend

Adults do not regularly exceed:

Men	3-4 units daily
Women	2-3 units daily

Avoid alcohol if pregnant or trying to conceive

www.drinkaware.co.uk

HR and minors/juveniles

- Delay of first consumption to the age when alcohol drinking is allowed
- Temperence and responsibility in usage and behaviour
- Minimizing prevalance and severity of harms: accidents, excessive use
- Usage of digital and social media

Stigma as a public health tool?

- Advertisements about 'binge' drinking show young people covered in vomit, or being made to recall the embarrassment of their actions the night before.
- Smokers underwent a dramatic shift downwards'. The result is that people '... who are already socially vulnerable are stigmatized and stigmatization adds to their burden
- Stigma risks eroding social capital, particularly within groups who are already socially marginalised
- Stigma can lock 'people in deviant roles' (Stuber, Galea, Link, 2009)
- The use of stigma to control substance use urgently requires critical public debate (Laura Williamson, Betsy Thom, Gerry V. Stimson, Alfred Uhl 2014)

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