Reducing Alcohol-Related Harms and Costs in New Brunswick: A Provincial Summary Report

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Reducing Alcohol-Related Harms and Costs in New Brunswick: A Provincial Summary Report

Overview

The overall objective of this project is to encourage greater uptake of evidence-informed prevention and policy initiatives that reduce alcohol-related harms in Canada. This project documents current alcohol policy initiatives across Canada and draws comparisons across the provinces. The project serves to highlight policy strengths across each of these jurisdictions, provide recommendations on how to improve weaker policy areas and disseminate this up-to-date information to major stakeholders and policymakers in each jurisdiction.

In March of 2013, the main report entitled: *Strategies to Reduce Alcohol-Related Harms and Costs in Canada: A Comparison of Provincial Policies* (Giesbrecht et al., 2013), which documents the findings of this project, was released at an event hosted by the Centre for Addiction and Mental Health. The full report is available at:

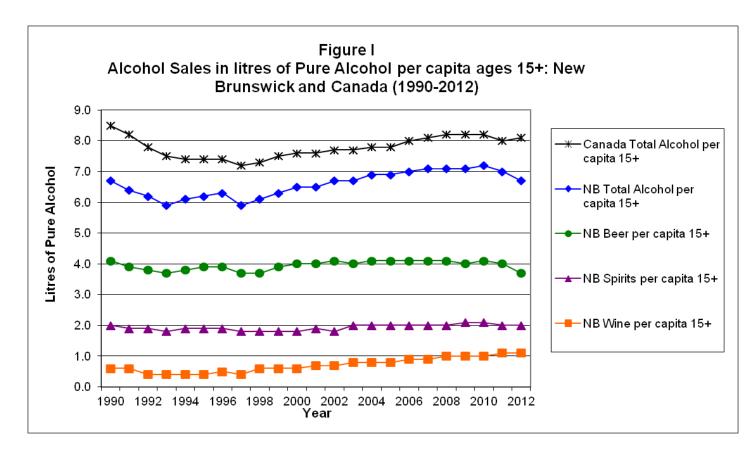
http://www.camh.ca/en/research/news_and_publications/reports_and_books/Pages/default.aspx This provincial summary report serves to provide more detailed results and tailored recommendations for the province of New Brunswick. This project seeks to disseminate this information to policy-makers, decision-makers and knowledge users in order to stimulate policy change. The project also hopes to inform provincial liquor boards and alcohol regulators on the additional roles they can play in helping to reduce alcohol related harms and costs.

Methods

This project builds on the model implemented by MADD Canada and is based on well established and rigorous systematic reviews on the effectiveness of alcohol prevention measures as well as other studies which take a comparative approach to assessing alcohol policies (Anderson et al., 2009; Babor et al., 2010; Brand et al., 2007; Karlsson & Österberg, 2011). The policy dimensions central to this project were selected based on a review of the literature and best practices and overlap with those identified by the World Health Organization (2010) and the Canadian Centre on Substance Abuse. The scoring rubric consists of 10 weighted policy dimensions which are each comprised of several scaled indicator measures and was peer reviewed by three international alcohol policy experts. Data for this project was collected systematically from official sources and verified by representatives from the relevant ministries. Finally, following a pilot test of the scoring system, the final scores were tabulated and weighted to produce the final provincial rankings.

The Current Status of Alcohol Use in New Brunswick

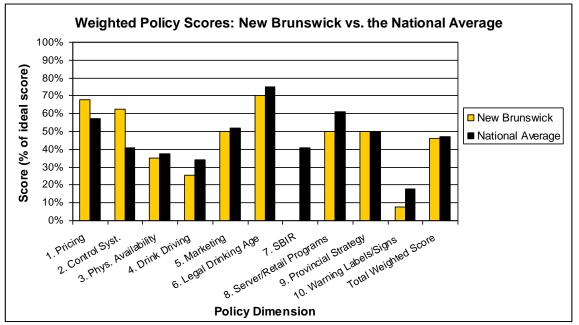
While the total alcohol consumption for Canada increased by 12.5% between 1996 and 2012 the per capita alcohol consumption for New Brunswick has been relatively stable in recent years and is consistently lower than the national average, as can be seen in Figure I (Statistics Canada, 2012). New Brunswick survey data indicate that approximately 73% of New Brunswick residents, ages 15 years and older, have consumed alcohol in the last 12 months (Ialomiteanu et al., 2012; Health Canada, 2012). Approximately 21.2% of New Brunswick drinkers regularly consume amounts above the Canadian low-risk drinking guidelines (Ialomiteanu et al., 2012).



Recent Developments in Alcohol Policy in New Brunswick (since November, 2012). There have been no developments in alcohol policy and practices that have taken place, been announced, or been brought to the team's attention in New Brunswick since the end of the data collection period of the main report in Fall 2012 other than MADD Canada's report that New Brunswick has increased the short-term **Administrative License Suspension** (ALS) from 24 hours to 7 days for drivers with BACs of .05% or more, and modestly strengthened stage one of its graduated licensing program. New Brunswick has also proclaimed in force legislation increasing to 8 months the minimum length of Stage One of its graduated licensing program for drivers who refuse a breath test or have a BAC above .08% will no longer be granted a seven-day grace period before their three-month suspension takes effect.

New Brunswick Specific Results:

In terms of total weighted scores across the 10 provinces, New Brunswick was the fifth highestranked province. However, it is important to keep in mind that the national average score was less than 50% of a perfect score; there is much unrealized potential for improvement in every province. New Brunswick demonstrated areas of strength around adjusting alcohol prices to keep pace with inflation, maintaining a strong government monopoly in comparison to other provinces, and placing limitations on the quantity of advertisements. Figure II shows a



comparison between New Brunswick's score on each of the policy dimensions compared to the national average score (across the 10 provinces) for each policy dimension.

The following is a detailed review of the results for New Brunswick and includes New Brunswick specific policy recommendations. It should be noted that the policy dimensions listed below are listed in order of their level of effectiveness and population reach i.e. the policies are listed in the order in which they are likely to have the most impact on reducing alcohol related harms and costs.

1. Pricing

Promising Practices: New Brunswick has minimum prices for beer, wine and spirits sold from off-premise retail outlets and on-premise licensed establishments. Also, the average price of alcohol sold from off-premise outlets in New Brunswick has been keeping pace with inflation over recent years. These practices help ensure that there are not deeply discounted or inexpensive products available on the market and that the price of alcohol is not getting cheaper, relative to other goods, over time.

Areas for improvement: New Brunswick has recently established four liquidation outlets dedicated to selling alcohol at deeply discounted prices. Several jurisdictions, including New Brunswick, set their prices using a "flat" rate per litre of beverage. Not adjusting prices for alcohol content means higher strength products are less expensive per standard serving than lower strength products, thus providing incentives for consumers to choose higher alcohol content beverages. Furthermore, Ferment on Premise (FOP) outlets that allow patrons to make their own wine do not have regulated minimum prices that apply to products purchased from these commercial outlets. This is a significant loophole that undermines the value of minimum pricing by providing very inexpensive sources of beer and wine in large quantities.

Recommendations: As one of the most potent policy levers to reduce alcohol-related harm, there are a number of steps that might be taken. New Brunswick is encouraged to set regulations in three areas. First, they should set indexed minimum pricing for both on-premise and off-premise sales, and at levels that are substantially higher than what currently is charged for non-alcoholic beverage of the same volume. Specifically, the project team recommends that minimum prices be set at a minimum of \$1.50 per standard drink for alcohol sold from off-premise retail outlets and \$3.00 per standard drink for alcohol sold from on-premise licensed establishments outlets. Prices from all channels, including online sales, and ferment on premise outlets should be in line with minimum price regulations. Furthermore, New Brunswick's alcohol prices have been keeping pace with inflation; all prices should be automatically indexed to inflation to ensure this trend continues. Finally, adjusting beverage prices to reflect alcohol content so that the price per standard drink remains stable across products of different strengths will prevent incentives for consumers to choose higher alcohol content beverages.

2. Alcohol Control System:

Promising Practices: New Brunswick has maintained approximately a 30% government run alcohol retail monopoly of off-premise retail outlets. A government-controlled alcohol monopoly is important for regulating access to alcohol, as it creates a climate that facilitates the enforcement of many other policies (e.g. legal drinking age, hours of operation, days of sale, density) New Brunswick disseminates social responsibility messages through a variety of mediums including online content, corporate websites and social media, print materials, TV and radio advertisements, workshops and more. Additionally in New Brunswick, alcohol control is overseen by the Ministry of Public safety and Solicitor General which allows alcohol control to be framed within a public health context when revenue generating targets are being set for alcohol sales.

Areas for Improvement: New Brunswick allows for the sale of alcohol through various channels beyond on-premise and off-premise outlets, such as ferment at home kits and ferment on the premises (FOP) outlets. There also remains extensive manufacturer sponsored product promotion initiatives that make use of Alcool NB Liquor (ANBL) logos and branding.

Recommendations: As a province with a mixed retail system, New Brunswick is encouraged to maintain the government run monopoly by placing a moratorium on private outlets including agency stores and Ferment on Premise outlets. There should be sufficient oversight to curtail sales to minors or intoxicated customers in these systems. Furthermore, with regard to the dual roles of liquor boards, marketing and retailing agendas appear to overshadow control functions. This over-emphasis should be addressed in order to more effectively reduce alcohol-related costs to government.

3. Physical Availability:

Promising Practices: Local by-laws in New Brunswick provide power to municipalities in determining the location of certain alcohol outlets. New Brunswick has set hours of operation regulated under its respective alcohol control and licensing act for both on-premise and off-premise outlets.

Areas for Improvement: New Brunswick does not provide legislation restricting the number of licensed establishments in an area based on population density nor does it provide the opportunity for citizen input on the placement of alcohol outlets. New Brunswick regulations allow for the sale of alcohol from on-premise establishments offering meal service from as early as 6 am to 2 am the following day. Moreover, New Brunswick allows for alcohol sales from off-premise agency retail outlets in the early morning (7:00 a.m.) and late at night (midnight) although the hours of operation for government run stores is considerably shorter (Monday - Saturday from 10:00 am - 9:00 pm and Sunday 12:00 pm - 5:00 pm). Furthermore, there is leeway granted for extended hours of alcohol sales for on-premise establishments during events of municipal, provincial, national or international significance (i.e. sporting events or East Coast Music Awards). In New Brunswick, alcohol is available for the greater part of the day.

Recommendations: New Brunswick is encouraged to set upper thresholds on a per capita basis for outlet density in order to reduce the number of points of access to alcohol. This may be more challenging for on-premise outlets, but not impossible if municipalities are given power to determine a ceiling on the number of licenses to grant based on the population. Citizen input is encouraged on all decisions around opening more outlets, including the expansion of government outlets. New Brunswick is also encouraged to regulate hours of operation of both on-premise and off-premise outlets and limit the availability of alcohol in the early hours of the morning or very late at night. It is recommended to, at minimum, limit the hours of agency outlets to match the hours of operation of government run stores.

4. Drinking and Driving:

Note: The following is based on information provided by MADD Canada in their most recent review of drinking and driving legislation in Canada. For a comprehensive review and comparative analysis of drinking and driving countermeasures in each province (as well as a comprehensive set of specific recommendations), please refer to the MADD Canada 2012 Provincial and Territorial Legislative Review (Solomon, Cardy, Noble et al., 2012).

Promising Practices: New Brunswick's promising practices include its restrictions on the graduated learning program, as well as its 0.00 BAC for drivers under 21. Also they have a 7 day administrative license suspension program, details of which are described in MADD's report. New Brunswick has strengthened several other policies that are reviewed in detail in the recent developments section.

Areas for Improvement: New Brunswick's Graduated Licensing Program runs over 2 years and does not include restrictions on high-speed roadways or Blood Alcohol Content limits for supervising passengers. The Administrative License Suspension program is not paralleled by

vehicle impoundment and New Brunswick has yet to implement a mandatory interlock program for impaired drivers.

Recommendations:

New Brunswick's graduated licensing program could be strengthened by implementing a .00% BAC limit for supervising drivers as well as extending the .00% BAC limit to all drivers during their first five years of driving. NB should also broaden police powers to enforce the graduated licensing program, and the proposed .00% BAC limit for new and young drivers. New Brunswick is also encouraged to implement a parallel impoundment program for drivers who receive an ALS. Interlock programs have also been shown to be an effective tool in reducing impaired driving. NB is encouraged to implement a mandatory interlock program for all impaired drivers. Finally, New Brunswick is encouraged to make participation in an alcohol or drug assessment and the successful completion of any recommended treatment, conditions of relicensing for all impaired driving offenders.

5. Marketing and Advertising

Promising Practices: New Brunswick's advertising content regulations go beyond those outlined in the Canadian Radio-television and Telecommunications Commission code. Specifically, New Brunswick places limitations on the quantity of advertisements and restricts the placement of advertisements in certain areas..

Areas for Improvement: There is a lack of emphasis on the risk associated with the use of alcohol on the corporate website's landing page. New Brunswick does not have restrictions on alcohol advertising sponsorship or on the advertisement of price.

Recommendations: New Brunswick is encouraged to look closely at alcohol advertising, marketing and sponsorship, and explore ways of strengthening controls, particularly those forms of promotion that appeal to youth or to persons drinking in a high-risk manner. They are strongly encouraged to discontinue advertising of discount prices. Mechanisms for dealing with breeches of codes or guidelines should be streamlined so that violations are dealt with in a timely way and the public is aware of how to launch a complaint against an advertisement that does not meet the required standards. Many jurisdictions have strong penalties for violations but they are seldom implemented. New Brunswick is encouraged to implement these penalties following repeat or severe violations. Furthermore, the website of the New Brunswick government liquor board should be reviewed to ensure that strong and detailed responsibility messages have a central place. Often these messages only focus on impaired driving or contain messages such as "please drink responsibly' that are vague and are not likely to impact behaviour (Babor et al., 2010). Finally, New Brunswick is encouraged to review their sponsorship policies – for example, sponsorship practices that target youth, such as the sponsorship of academic scholarships should be prohibited as should the sponsorship of events that feature high risk activities when combined with alcohol.

6. Legal Drinking Age

Promising Practices: The minimum legal drinking age in New Brunswick, which is 19 years of age, is supported by legislation prohibiting the sale of alcohol to a minor and the purchase of alcohol by a minor. Overall enforcement of the legal drinking age is strong. A mystery shopper program is in place that monitors the enforcement of the legal drinking age in off-premise outlets and New Brunswick has a liquor inspection program and collaborates with law enforcement officials in order to enforce the legal drinking age in on-premise establishments.

Areas for Improvement: Social hosting regulations which allow parents and spouses to provide alcohol to their underage child or spouse extend beyond a private residence to community halls.

Recommendations: The legal drinking age is 19 in New Brunswick. There is some evidence from Canada (Whitehead et al., 1975; 1977) with regard to a higher minimum legal drinking age, however the more robust evidence comes from the United States (Wagenaar and Toomey, 2002). Research findings from the United States support implementing a higher drinking age, such as 21 years of age, to help reduce drinking and driving incidents and delay the onset of drinking (Babor et al., 2010).

7. Screening, Brief Intervention and Referral (SBIR)

Areas for improvement: New Brunswick does not include screening, brief intervention and referral (SBIR) as part of a provincial strategy or action plan. The SBIR resource released by Canadian Centre on Substance Abuse and College of Family Physicians of Canada may stimulate change in this area.

Recommendations: SBIR activities have been shown to be effective in reducing consumption among high-risk drinkers (insert citation- Babor et al., 2010???). As a first step, New Brunswick is encouraged to include SBIR protocols in their provincial policy or action plan. New Brunswick is encouraged to support implementation of SBIR by providing organizations with financial support. Instituting a fee for service code for physicians to use for SBIR is one possibility. Having a position paper by a medical or other credible provincial association or developing provincial guidelines could also support the implementation of SBIR. Provinces are encouraged to make use of the SBIR web-based resource released in November 2012 by the Canadian Centre on Substance Abuse (CCSA), the College of Family Physicians of Canada (CFPC).

8. Server Training and Challenge and Refusal

Promising Practices: New Brunswick has a policy against serving intoxicated patrons for onpremise and off-premise outlets, and has both a server training program as well as an off-premise challenge and refusal program to support this legislation. The challenge and refusal program is evaluated through a secret shopper program.

Areas for improvement: While there is a server training program, and it is a condition of licensing, it is not mandatory for all staff. Furthermore, the server training program in New

Brunswick is not based on evaluated training interventions shown to reduce over-service or service to individuals below the legal drinking age. Moreover, challenge and refusals are not consistently tracked amongst private alcohol retailers.

Recommendations: For on-premise sales, New Brunswick is encouraged to implement province wide mandatory server training for staff at all licensed events and venues. It is recommended that the province implement programs that have been shown through evaluation to reduce overservice or service to minors and implement tracking of challenges and refusals in all outlet types. For off-premise sales, New Brunswick is encouraged to strengthen its program by having ongoing training of staff and comprehensive challenge criteria that include people suspected of attempting to purchase alcohol for either minors or intoxicated individuals.

9. Provincial Alcohol Strategy

Promising Practices: There is no focused provincial alcohol strategy in New Brunswick, although its Mental Health strategy mentions alcohol as being co-morbid with mental health issues.

Areas for Improvement: New Brunswick's mental health strategy does not identify alcohol as a priority area for action and does not include specific alcohol-oriented interventions or policies.

Recommendations: As New Brunswick does not have a specific provincial alcohol policy, the project team recommends that they develop a strategy that includes alcohol focused policy and interventions recommended by the World Health Organization (2010). Nova Scotia has a provincial alcohol strategy, New Brunswick might also consider using this as a resource in developing an alcohol strategy specific to New Brunswick.

10. Warning Labels and Signs

Areas for Improvement: There is much unrealised potential in terms of informing consumers of the risks associated with alcohol use by implementing packaging labels and point of sale messaging. New Brunswick has not implemented regulated warning labels on alcohol containers and/or packages, nor, other than the risks associated with alcohol use during pregnancy, made reference to the risks related to drinking and driving, chronic diseases associated with alcohol use in their warning messages.

Recommendations: There have been several attempts to introduce warning labels in Canada. The public should be made aware of the risks of alcohol use in the most direct ways possible; a label on the beverage container which conveys a clear health message is one way this may be accomplished. New Brunswick is encouraged to have mandatory warning signs on alcohol packaging as well as in both on-premise and off-premise venues. These messages should focus on a range of health related themes, highlighting different alcohol problems. Messaging should be clear, visible and concise. For example, vague 'please drink responsibly' messages should be replaced with expanded text offering concrete advice on daily and weekly drinking limits, as well as specific advice on how the drinker can achieve more responsible levels of alcohol consumption.

Recommendations for New Brunswick

The following is a summary of the recommendations that have been outlined in detail in the above sections. It should be noted that the policy recommendations are listed in the order in which they are most likely to have an impact on reducing alcohol related harms and costs. The potential impact of these policies was assessed based on their scope (population reach) as well as the evidence of effectiveness. These policies are central to a comprehensive approach and jurisdictions are encouraged to implement policies from all three categories.

- Adjust all prices to keep pace with inflation
- Do not permit exceptions to minimum prices such as delisted products sold from liquidation outlets or free samples provided by alcohol manufacturers.
- Maintain a government run monopoly by prohibiting the expension of the private retail network (i.e. agency and FOP outlets).
- Strengthen liquor board's social responsibility and control mandates. Reduce overemphasis on marketing and retailing agendas at the expense of control functions.
- Involve citizens in decisions regarding the placement of all retail outlets and licensed establishments.
- Limit the availability of alcohol by reducing the hours of operation, starting with agency stores.
- Implement the drinking and driving countermeasures recommended by MADD Canada.
- Prohibit the advertisement of price or other sales incentives by all alcohol retailers.
- Tighten restrictions on sponsorship, specifically begin by banning alcohol sponsored events that target youth and young adults.
- Increase the minimum legal drinking age to 21 years of age.
- Implement a fee for service code for physicians that can be used specifically for screening brief intervention and referral activities.
- Conduct an evaluation of the server training program with reference to programs with established and demonstrated effectiveness.
- Increase collaboration amongst administrators of the server training programs across provinces.
- Track challenge and refusals in on-premise establishments across all outlet types and make this data available readily for monitoring and surveillance activities.
- Develop a provincial alcohol strategy that emphasises alcohol specific prevention and intervention initiatives that have been recommended by the WHO
- Implement mandatory warning labels on beverage containers with clear and direct health messages.
- Expand the current repertoire of warning signs in on-premise and off-premise outlets to include clear and direct messages on other health topics such as moderate consumption, underage drinking, drinking and driving and alcohol as modifiable risk factor for chronic disease. These signs should be made mandatory across all points of sale.

Alcohol is no ordinary commodity (Babor et al., 2010; CPHA, 2011). It is imperative that New Brunswick continue to implement precautionary alcohol policies in order to reduce the harm and

costs associated with alcohol use and to enhance the health and safety of its residents. Refining and implementing the recommendations listed above will require an evidence-based perspective, leadership, commitment to reducing alcohol-related harm and a spirit of collaboration among key stakeholders including various ministries and sectors of government, NGOs working on health issues, public health advocates and representatives from the private sector. As an immediate next step, New Brunswick is strongly urged to place a moratorium on the further expansion of liquidation outlets. Alcohol pricing policies are one of the most potent policy levers to reduce alcohol-related harm and costs. It is important that the integrity of these policies is not compromised by the availability of deeply discounted products.

The province is further urged to consider the public health implications associated with the loosening of these controls and is urged to gather input from key stakeholders committed to reducing the harm from alcohol and conduct pilot evaluations of initiatives prior to implementing them on a province wide basis. Finally, a provincial alcohol strategy would identify alcohol as a priority issue in the province of New Brunswick and would serve to guide future alcohol policy developments.

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References

- Anderson, P., Chisholm, D., & Fuhr, D. (2009). Alcohol and Global Health 2: Effectiveness and cost-effectiveness of policies and programmes to reduce the harm caused by alcohol. *Lancet*, 373, 2234–46.
- Babor, T., Caetano, R., Casswell, S., Edwards, G., Giesbrecht, N., Grube, J., Hill, L., Holder, H., Homel, R., Livingston, M., Österberg, E., Rehm, J., Room, R. & Rossow, I. (2010).
 Alcohol: No ordinary commodity – research and public policy – Revised edition. Oxford: Oxford University Press.
- Brand, D. A., Saisana, M., Rynn, L. A., Pennoni, F., & Lowenfels, A. B. (2007). Comparative analysis of alcohol control policies in 30 Countries. *PLoS Medicine*, 4(4), e151.

- Canadian Alcohol and Drug Use Monitoring Survey Tables 2011 Health Canada. (2011). Retrieved May 3, 2013, from <u>http://www.hc-sc.gc.ca/hc-ps/drugs-</u> <u>drogues/stat/_2011/tables-tableaux-eng.php#t8</u>
- Canadian Centre on Substance Abuse [CCSA]. (April, 2007). *Reducing Alcohol-Related Harm in Canada: Toward a Culture of Moderation.* Recommendations for a National Alcohol Strategy. Alberta Alcohol and Drug Abuse Commission, Canadian Centre on Substance Abuse & Health Canada, 2007.
- Canadian Public Health Association [CPHA] (December, 2011). *Too High a Cost A public health approach to alcohol policy in Canada*. Ottawa, ON: Canadian Public Health Association.
- Giesbrecht, N., & Ialomiteanu, A., R. (2013). Public opinion on alcohol policy, Ontario, Canada, 1996-2011: Findings, correlates and emerging issues. Presented at Alcohol Policy 16, Washington, DC, April, 2013.
- Giesbrecht, N., Wettlaufer, A., April, N., Asbridge, M., Cukier, S., Mann, R., McAllister, J., Murie, A., Pauley, C., Plamondon, L., Stockwell, T., Thomas, G., Thompson, K., & Vallance, K. (2013). Strategies to Reduce Alcohol-Related Harms and Costs in Canada: A Comparison of Provincial Policies. Toronto: Centre for Addiction and Mental Health.
- Karlsson, T., & Österberg, E. (2001). A scale of formal alcohol control policy in 15 European countries. *Nordisk Alkohol & Narkotikatidskrift*, 18 (English Supplement): 117-131.
- Solomon, R., Cardy, J., Noble, I., & Wulkan, R. (2012). Mapping our progress to safer roads: The 2012 provincial and territorial legislative review. The University of Western Ontario. Available at: <u>http://www.madd.ca/media/docs/MADD_Canada_2012_Provincial_and_Territorial_Legislative_Review_FINAL.pdf</u>
- Statistics Canada (2012). Table 183-0019 Volume of sales of alcoholic beverages in litres of absolute alcohol and per capita 15 years and over, fiscal years ended March 31, annual (litres). Accessed May, 2013.
- Wagenaar, A. C., & Toomey, T. L. (2002). Effects of minimum drinking age laws. Review and analysis of the literature from 1960-2000. *Journal of Studies on Alcohol*, 63, S206-25.
- Whitehead, P. C. (1977). Alcohol and Young Drivers: Impact and Implications of Lowering the Drinking Age. Ottawa: Department of National Health and Welfare, Health Protection Branch, Non-medical use of Drugs Directorate, Research Bureau.
- Whitehead, P. C., Craig, J., Langford, N., MacArthur, C., Stanton, B., Ferrence, R. G. (1975). Collision behavior of young drivers: Impact of the change in the age of majority. J Stud Alcohol; 36: 1208-1223.

World Health Organization [WHO] (2010). *Global Strategy to Reduce the Harmful Use of Alcohol*. Geneva: World Health Organization.