

## **Alcohol Policy Research Program, 2006**

Progress Report  
to the  
Alcohol Education and Rehabilitation Foundation  
January, 2007

### Aims of the Program

As noted in the Agreement establishing the Program, the project seeks to expand the evidence base of information and knowledge to underpin discussions and decisions about what to do in response to harmful consequences of alcohol in Australia. It aims to do this through undertaking specific studies on policy-relevant questions; through collating and reviewing the knowledge base for alcohol policy initiatives; through building capacity to assess, analyse, inform communities and provide leadership on alcohol policy issues; and by contributing to enhancing Australia's profile in international alcohol policy research.

### The formation and staffing of the AER Centre for Alcohol Policy Research

The institutional form of the alcohol policy research program is the AER Centre for Alcohol Policy Research within the Turning Point Alcohol and Drug Centre. The Centre is headed by professor Robin Room, who is appointed as a Professor of Social Alcohol Research in the School of Population Health of the University of Melbourne. Money for most of Professor Room's salary is provided by the Victorian Department of Human Services. Resources to support the Centre are also provided by Turning Point. Thus the Centre is operating as a partnership among four institutions, as envisaged in the Agreement between Turning Point and AERF.

The Centre began functioning when Robin Room took up his appointment at the University of Melbourne on 27 March, 2006. A formal opening of the Centre was held on 21 June, with leaders of each of the four institutions in attendance. Michael Livingston, a criminologist with statistical training, began work fulltime on the Centre staff on 28 August. Sharon Matthews of the Turning Point staff has also worked part-time for a period for the Centre. In its work, the Centre cooperates closely with the epidemiology program staff at Turning Point, in particular Paul Dietze and Ann-Marie Laslett, as well as Sharon Matthews.

In its first nine months of operation, as described below, the Centre has been gaining momentum as a focal point for policy-relevant alcohol research.

### The Centre's main lines of work

*Alcohol policy impact research.* The last half century has seen the establishment of a substantial international tradition of alcohol impact studies – studies of the effects of particular changes in alcohol controls and other policy measures. This tradition is a primary resource for reviews of the effects of alcohol policies such as Babor et al., *Alcohol – No Ordinary Commodity* or the relevant section in Loxley et al., *The Prevention of Substance Use, Risk and Harm in Australia*.

1. A first step in building this line of work at the Centre has been to conduct a review of alcohol policy studies which have been carried out in Australia. A draft of this review was

completed at the end of 2006 (Appendix C), and has been submitted for comment to DHS, Victoria and to some colleagues.

The review found that “there is a substantial tradition of alcohol policy studies in Australia” – at least thirty-two so far, by one count. Along with many strengths in this literature, we found also some substantial limitations. “We found much less information than we had hoped on differential effects by demographics and by pattern and amount of drinking.... We recommend that more attention be paid to this in future studies. One particular issue in the field of alcohol controls is the relative effect on more and less socially marginalized parts of the population.

The review also noted that “we found almost no information on variation in effects by pattern and amount of drinking. Collecting such information usually involves a before and after survey, and few of the studies we have considered included such a survey.... The issue of the relative strength of effects of an intervention on light drinkers and heavy drinkers is an important policy consideration in discussions about alcohol control.”

In its conclusions, the review drew attention to the need for closer coordination in the future between the policy process and evaluation research. “Even where studies have been commissioned as contributions to the policy debate, there seems to have been little consultation with researchers about the relation between the timing and the content of the changes and the design of the evaluation. This is an important issue to raise with those involved in future alcohol policy decisions. Simple decisions about timing or scope can often make a big difference in the potential strength of the evaluation.

“Even without this prior consultation, a change in policy is an important opportunity for research. Policymakers should consider funding an evaluation whenever a change is implemented. And those involved in alcohol policy research should do their best to seize the opportunity whenever a change happens. Making this a reality, of course, presupposes a substructure of support for alcohol policy research, with funding arrangements which are flexible enough for researchers to respond to opportunities as they arise.”

2. In planning and initiating work on policy impact research at the Centre, it rapidly became apparent to us that a substantial current issue in urban Australia is the proliferation of sales-places for alcohol in recent years. The increasing number of licensed premises has a number of causes. One of them, certainly, is the work of the National Competition Commission in pressing for the elimination of state and territorial provisions which had the effect of limiting the number of licenses. In this context, and in the context of recurrent community concerns about alcohol-related trouble, the extent to which the density of outlets makes a difference in rates of alcohol-related harm has become a question frequently posed to alcohol policy researchers. One recent example of this was a contested hearing concerning a license application in which the Centre’s director was called as an expert witness.

In 2006, the Centre staff initiated a two-pronged response on this issue. A review of the literature on the density of liquor licensing and the occurrence of alcohol-related trouble will be completed in the first months of 2007, and submitted for comment to DHS Victoria and colleagues, before being given wider circulation. Concurrently, we have done some initial work towards an empirical study of this question, using data from the last 15 years from Victorian localities. With the cooperation of the Liquor Licensing staff in Consumer Affairs Victoria, annual files of liquor licenses for the whole state for the years 1991-2005 have been assembled. A proposal has been made from the Centre to Consumer Affairs for funding to the Centre for a three-part study of the relation of number of licenses in a locality to indicators of alcohol-related

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social and health harm. For data on alcohol-related harm, we will be able to draw on the anonymized files assembled by the Epidemiology program at Turning Point. The study will include a descriptive report on the development of licensing and of indicators of alcohol-related harm in different localities, a cross-sectional multivariate analysis of the relationships of license density and indicators of harm, and a time-series analysis (pooling localities) of the relationships of changes in density with changes in rates of harm. The immediate policy context for this in Victoria is that a Liquor Control Advisory Council has been formed and charged with assessing the “appropriateness of the regulatory regime for the sale of packaged liquor in Victoria in ... contributing to minimizing harm for the misuse and abuse of alcohol...” There is thus likely to be immediate attention in the policy context to the results of this research.

In future, we will seek other opportunities to carry out alcohol policy impact studies. Particularly interesting, because they carry more weight with respect to causation, are studies of change, in the form either of a discrete policy change or, as in the case of the density study outlined above, of series of small changes over time.

*Studies of heavy drinking and drinking problems in general populations.* Australia, and in particular Victoria, has well-established traditions of surveys of general populations, both youth and adult, on alcohol consumption and some other aspects of drinking. However, some aspects highly relevant to prevention and policy are not so well covered. These include contexts of drinking and social interactions around drinking, problems from one’s own drinking, problems from others’ drinking, and attitudes to drinking and drunkenness and to alcohol policies.

1. One solution to the problem of covering the wide range of issues relevant to alcohol policy formation which has been adopted elsewhere is the establishment of a regular periodic survey series. Typically, such a series will include a continuing core of questions asked in each survey wave. Each wave will also contain some questions asked only that once, or asked less frequently. In the Australian context, where sales data on alcoholic beverage is available only on a national basis (except for Western Australia and Queensland), such a regular periodic would also offer a way of tracking consumption trends in states and other geographic areas and in subgroups of the population. A review paper “Options and issues in establishing a regular alcohol monitoring survey”, was prepared and revised at the Centre in 2006, and submitted to the Victoria DHS and circulated among colleagues.

The paper suggested that “a monthly monitoring survey of 500 cases (i.e., 6,000 cases in a year) specifically on alcohol-related topics would allow a wide variety of analyses to be carried out.... The monitoring survey would serve to track trends in amounts, patterns and contexts of drinking, in problems related to drinking (problems both for the drinker and for others), and in informal and formal responses to drinking.”

In its conclusion, the paper notes that “such a monitoring survey would also provide relevant evidence for alcohol policymaking. This would include questions tracking movements in public opinion on existing policies and potential policy initiatives. The monitoring survey would also serve as a source of data and an adaptable base for evaluations of the effects of changes in policies or their enforcement.”

2. A specific study associated with the Centre which goes into the field in early 2007 is the Australian general-population GENACIS survey, to be conducted in Victoria. The GENACIS project (GENder, Alcohol and Culture: an International Study) is a complex multinational study involving general population surveys in over 30 countries, with comparable questionnaires.

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Room has served from the start on the international coordinating committee of the project, which has had support from the European Union, the U.S. National Institute on Alcohol Abuse and Alcoholism (NIAAA), and the World Health Organization, as well as national funds. He has also coauthored publications from the project, including co-editing a WHO book on *Alcohol, Gender and Drinking Problems* reporting results of surveys in 8 developing countries which appeared in 2006.

The Australian arm of GENACIS is funded by NHMRC. It is being carried out as a collaboration between the Centre and the Epidemiology program at Turning Point, with Paul Dietze as the chief investigator, and Robin Room and Sharon Matthews as the other staff of the study. There is a particular focus on gender issues and drinking in GENACIS, but the core questionnaire covers topics also of more general epidemiological interest: included are questions on amount and pattern of drinking, contexts of drinking, problems from drinking, pressures on and from others concerning drinking, and the association of drinking with sexuality and aggression in intimate relations.

The analysis plans for the study are two-pronged. A first basic report of the Australian survey results will be produced in 2007, with further analyses for scholarly publication specifically on the Australian data continuing in 2008 and 2009. Meanwhile, the Australian data will be collated with the international data-sets centralized in Lausanne, and included in a revised CD-ROM of “work decks” available for analysis by participants in the international project. Room participated in preparing a proposal to NIAAA for further analysis of the international data-sets, and is included as an investigator in this proposal. The project has received a fundable priority score, and there is a good chance it will eventually be funded. Even without such funding, there are plans for a continuation of cross-national data analysis on more limited basis.

In the coming year, the GENACIS survey data-set will also provide a general-population anchor-point for a study by John Fitzgerald of drinking patterns of AFL players. Data for this study has already been collected in collaboration with AFL players and officials.

3. A major focus of current public concern about alcohol in Australia is binge drinking among youth and young adults. In another collaboration between the Centre and the Epidemiology program at Turning Point, Michael Livingston and Anne-Marie Laslett are currently working on an analysis of the demographic and other correlates of very heavy drinking (11+ drinks) among Victorians aged 16-24. This is a reanalysis of a data-set combining a series of surveys carried out by the Victorian Premier’s Drug Prevention Council (PDPC). A formal agreement on publications using this data is currently in process, and further analyses relevant to alcohol policy are planned of the data from the survey series.

For instance, the PDPC is holding a workshop in early 2007 in connection with the NHMRC guidelines on alcohol consumption, and in his presentation there on research findings relevant to the guidelines Room will use data in risk functions from these surveys of 16-24 year olds to illustrate the necessarily arbitrary nature of cut-offs in guidelines. For the ADF conference on “Thinking Drinking” in late February 2007, Livingston and Room are planning a presentation including data from this survey series on the social location and consequences of intentional intoxication among youth and young adults.

It is envisaged that advantage will be taken of other opportunities as they arise for analyses of existing data-sets relevant to alcohol policy issues.

*Alcohol policy in a global perspective.* In a globalizing world, alcohol policy increasingly involves an international dimension. For more than a century, alcohol policymaking has often

involved learning from other national experiences, as well as from different jurisdictions within a nation. In recent years, a new international dimension has been added to alcohol policy concerns: the influence of regional common markets and trade agreements. For this and other reasons, there have been a number of calls for a new international agreement on alcohol control, perhaps modelled on the Framework Convention on Tobacco Control. Reflecting work originally commissioned by WHO, a paper by Room published late in 2006 explored the details of alternative paths forward for international agreements on alcohol controls (3<sup>rd</sup> item listed in Appendix A). For the moment, however, these paths remain in the realm of possibilities.

In the meantime, there has been substantial movement in a number of countries and internationally towards new alcohol policy initiatives. In 2005, the World Health Assembly (WHO's governing body) adopted its first resolution specifically on alcohol in more than 20 years, commissioning work by the WHO secretariat on documenting the extent of harms from alcohol and the effectiveness of countermeasures, for further action by the Assembly in 2007 and the following years. This has resulted in a flurry of preparatory work and reviews, including preparation of a review on *Alcohol, Health Disparities and Development* (Appendix E), prepared by Room and three co-authors. On another front, the WHO Commission on the Social Determinants of Health commissioned a series of studies of different features in the experience of the Nordic welfare states which might be seen as having reduced health inequalities, from the perspective of lessons which might be applied elsewhere. In this context, Room and a colleague prepared and presented a report on *Nordic alcohol policies and the welfare state* (Appendix D).

Though the two reports drew on very different databases and historical experiences, there was some commonality in their conclusions. The role of alcohol in the relation between poverty and ill-health is equivocal. Very poor people are generally less likely than others to drink at all. In many societies, those who do drink among the poor are more likely to drink to intoxication. And for a given level of drinking, the poor are generally less protected than the affluent from trouble and ill-health. In Australia, the clearest exemplification of these three statements is in the indigenous population.

On the other hand, frequent drinking is often associated with relative affluence. And an increase in affluence is associated in most societies with an increase in the volume of drinking. Perhaps particularly in the early stages of economic take-off, economic development and increased alcohol consumption tend to go hand-in-hand. In the absence of countervailing public health action, then, alcohol problem rates tend to rise in a society with increased economic development.

The research literature on the impact of alcohol policies has taught us much about the relative effectiveness or ineffectiveness of different alcohol policies. Among the most effective are the policies of controlling consumption which were adopted by the Nordic countries a century ago, as alternatives to prohibition. Such policies undoubtedly affect poor drinkers more than affluent drinkers. Even in their present attenuated form in the Nordic countries, we concluded, these policies are thus likely to be contributing to the relative health equality there, by holding down rates of alcohol-related problems, particularly in more marginalized parts of the population. It is often politically problematic that alcohol controls are unequal in their effects on the poor and the affluent. But it is this very characteristic which makes them effective tools for each of two important aims: to hold down rates of alcohol-related harm in a situation of rapid economic development; and to hold down the extent of health inequalities in a society.

It is not clear that such conclusions are particularly politically palatable, and in much of the world these reports are likely to contribute more to building understanding than to

precipitating action. Some parts of the world may be different, however – just as in Australia, remote indigenous communities, responding to serious and obvious community problems, have tended to lead the way on new alcohol control initiatives. Room was invited to give two plenary lectures at the Second National Alcohol Conference in Bangkok, Thailand in December, 2006. In a societal context where there has been a rapid increase in alcohol consumption, but where, on the other hand, Buddhist traditions generally disapprove of drinking at all, many in the political class are pushing for substantial control of alcohol marketing and promotion, and more effective controls on alcohol's availability. Room also participated in and presented at the 2<sup>nd</sup> Pacific Drug Research Network Workshop in Lautoka, Fiji in July, 2006. Representatives from the Pacific islands were unanimous that alcohol posed bigger problems in their societies than illicit drugs, and the Network was accordingly renamed. Again, it is clear that in some of these small societies measures to control alcohol problems have been implemented or are being considered which would be outside the present Australian spectrum of possibilities.

During 2006, Room also served as a special consultant to WHO in Geneva and to WHO's Western Pacific Regional Office (WHO-WPRO) in Manila in consultations with the alcohol industry which were mandated by the 2005 World Health Assembly resolution. The preparations for further WHO action on alcohol have also included the convening in 2006 of the first Expert Committee on Alcohol-Related Problems since 1979. Room served as rapporteur for this meeting, the report of which has not yet been published.

WHO's commitment in the alcohol area remains on somewhat shaky ground, since such a commitment is viewed very skeptically by some powerful members. (A discussion of the recent history of WHO in the alcohol area can be found at pp. 146-162 of: <https://nat.stakes.fi/NR/rdonlyres/5A9E4067-62E0-478E-B450-0F80A52A7DF8/0/supplement2005.pdf>). There is a substantial opportunity for Australia to play a positive role in the next couple of years in pushing for an active WHO program. As for tobacco, a strong program at WHO would tend to reflect back favourably on the alcohol policy environment in Australia. The AERF might consider whether it wants to take an active institutional interest in this area.

#### Analysis of the Centre's status

In its first nine months of existence, the Centre has been in start-up mode. As the list of publications in Appendix A illustrates, the research process works on a longer timetable – often particularly at the publication end. The project which resulted in the 2006 book on Canadian alcohol policy (Giesbrecht et al., *SoberReflections*) was initiated 10 years earlier, while Room was working in Canada. Work which has been initiated at the Centre since its inception is thus mostly at the stage of fieldwork, statistical analyses, or in a few cases first reports.

The NHMRC commitment to fund the Australian component of GENACIS actually preceded the inception of the centre. Given Room's prior involvement in the international aspect of GENACIS, external relationships already existed and the path forward was clear. Thus, it has been possible to proceed on this project relatively straightforwardly. Both Dietze and Room attended the annual meeting of the international project in June, 2006 (in conjunction with a general research meeting), and it is expected that Room and Matthews will attend in 2007. The main difficulty encountered so far -- eventually overcome -- was an unsympathetic first reaction from the relevant Ethics Committee (the Committee's initial view was that recruiting a probability sample was too intrusive; it suggested a convenience sample instead). With the approval of the Ethics Committee, we will be asking for permission to recontact from

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the GENACIS respondents, and will be looking for funding opportunities to convert the study into a longitudinal study.

More generally, in terms of policy-relevant epidemiological work, the Centre has benefited substantially from close working relations with the Epidemiology program at Turning Point, which maintains a substantial range of register data-sets on alcohol-related harms from Victorian criminal justice, transportation and health systems, as well as various population survey datasets. As described, an arrangement with the Victorian PDCP gives us access to interesting datasets from an alcohol policy viewpoint. There have also been discussions about collaborative analyses on various datasets with several research groups and centres in Melbourne. Room is currently in the process of appointment to the NHMRC Working Committee on the Australian Alcohol Guidelines, and the work of this Committee may well point to data reanalyses which would be informative.

The work on alcohol policy in a global perspective was largely brought with him by the Centre director. It is clear, however, that there is a substantial constituency of interest in international health in Australia, and the Centre has been able to make substantial contacts with others interested in international work relevant to alcohol policy through various colleagues, such as Nick Crofts. As yet, however, we have had only limited contact with any federal civil servants working in this area. As noted above, strengthening the alcohol program in the WHO is an area in which AERF may wish to consider taking an active role.

Initiating work on alcohol policy impact studies is the most labour-intensive of the research lines. The Centre was fortunate in recruiting Michael Livingston to work primarily in this area, since he brought with him substantial skills in quantitative analysis and relevant experience in criminal justice policy analysis. The availability of Victorian liquor licensing data over a 15-year period, in combination with the register data-sets on alcohol-related harm mentioned above, has offered us a good starting-point for a study of the relation of density of alcohol sales outlets with rates of alcohol problems, the first study in Australia, as far as we know, that will be analyzing change over time. As noted, we have applied to Consumer Affairs Victoria for a grant to support this analysis. However, we will proceed with some work on this even if this is not successful.

We cannot point to any change in attitude or policy or any behavioural or societal change which has resulted from the centre's work so far. Reports from work initiated under Centre auspices have so far reached only limited audiences. In any case, it is unusual for the lag to be short between research work and findings and effects in the policy process. Even when the research is very concretely oriented towards a question within the current framework of policy, its effects are often not at all immediate. The political science literature talks rather of "policy windows" which open and shut as part of general political processes. When the policy window opens, it will be very important whether the research community has done its homework on the topic. There will certainly not be time during the often brief time the window is open to initiate and carry out studies.

The research considered in the literature on policy streams and windows is primarily directed to concrete questions within the current framework of policy. Besides this, there is another kind of relationship between research and policy: when the research is involved in changing the framework of policy. Research work was deeply involved, for instance, in the shift to what is sometimes called the "new public health approach" to alcohol issues, redefining the main governmental responsibility in the field from providing treatment services for alcoholics to adopting policies which minimize harms from drinking. These kinds of shifts in

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paradigm tend to happen gradually and incrementally. In the case of north America, for instance, it was about 15 years from the first scientific publications which, looking back, we can see put the dominant paradigm in question, to the first signs of an impact of the emerging paradigm in the policy arena. The question of societal change as a result of research findings is an important question to pose to researchers, but it is wise for the questioner to have considerable patience.

**APPENDICES**

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## **Appendix A. Publications and presentations in 2006**

### **PUBLICATIONS by Robin Room in 2006**

\* publications initiated or in large part carried out in the AER Centre for Alcohol Policy Research (reflecting the lengthy turn-around in publishing, most 2006 publications were initiated prior to the Centre's start)

#### **Journal articles: original studies and reviews**

- Cherpitel, C., Bond, J., Ye, Y., Borges, G., Room, R., Poznyak, V. & Hao, W. (2006) Multi-level analysis of causal attribution of injury to alcohol and modifying effects: data from two international emergency room projects. *Drug and Alcohol Dependence* 82:258-268.
- Rehm, J., Taylor, B. & Room, R. (2006) Global burden of disease from alcohol, illicit drugs and tobacco. *Drug and Alcohol Review* 25:503-513.
- Room, R. (2006) International control of alcohol: alternative paths forward. *Drug and Alcohol Review* 25:581-595.
- Room, R. (2006) Taking account of cultural and societal influences on substance use diagnoses and criteria. *Addiction* 101 (Suppl. 1), pp. 31-39.
- Room, R. (2006) Addiction concepts and international control. *Social History of Alcohol and Drugs* 20:276-289. <http://historyofalcoholanddrugs.typepad.com/SHADv20n2Room.pdf>

#### **Books**

- Giesbrecht, N., Demers, A., Ogborne, A., Room, R., Stoduto, G. and Lindquist, E., eds. (2006) *Sober Reflections: Commerce, Public Health, and the Evolution of Alcohol Policy in Canada, 1980-2000*. Montreal & Kingston: McGill-Queen's University Press.
- Obot, I.S. & Room, R., eds. (2005) *Alcohol, Gender and Drinking Problems: Perspectives from Low and Middle Income Countries*. Geneva: World Health Organization, Department of Mental Health and Substance Abuse. (dated 2005, but actually appeared in 2006)

#### **Chapters in books**

- \*Room, R. (2006) The flood of alcohol and the path of development. In: Midthun, I. *Concerning the Alcohol Industry and the Targeting of Young People in Developing Countries* (p. 7). Gjøvik, Norway: FORUT.
- Rehm, J., Chisholm, D. & Room, R. (2006). Priorities in health - Cost effectiveness of different interventions to reduce alcohol-related harm in developing countries. In: Bundesamt für Gesundheit (Ed.), *Suchtforschung des BAG / Recherches de l'OFSP en matière de dépendances*. Bd. 2. Prävention (pp. 60-63). Bern: Bundesamt für Gesundheit.
- Rehm, J., Chisholm, D., Room, R. & Lopez, A. (2006) Alcohol. In: Jamison, D.T., Bremen, J.G., Measham, A.R., Alleyne, G., Claeson, M., Evans, D.B., Jha, P., Mills, A. & Musgrave, P., eds., *Disease Control Priorities in Developing Countries*, 2<sup>nd</sup> ed., pp. 887-906. Washington, DC: World Bank and Oxford University Press.
- Room, R. (2006) Looking towards policy in thinking about alcohol and the heart. In: Elster, J., Gjelsvik, O., Hylland, A. and Moene, K., eds., *Understanding Choice, Explaining Behaviour: Essays in Honour of Ole-Jørgen Skog*, pp. 249-258. Oslo: Unipub forlag.
- Giesbrecht, N., Demers, A., Ogborne, A., Room, R., Stoduto, G. & Lindquist, E. (2006) Introduction. Pp. 1-13 in: Giesbrecht, N., Demers, A., Ogborne, A., Room, R., Stoduto, G. and Lindquist, E., eds., *Sober Reflections: Commerce, Public Health, and the*

- Evolution of Alcohol Policy in Canada, 1980-2000*, pp. 1-13. Montreal & Kingston: McGill-Queen's University Press.
- Room, R., Stoduto, G., Demers, A., Ogborne, A. and Giesbrecht, N. (2006) Alcohol in the Canadian context. In: Giesbrecht, N., Demers, A., Ogborne, A., Room, R., Stoduto, G. and Lindquist, E., eds., *Sober Reflections: Commerce, Public Health, and the Evolution of Alcohol Policy in Canada, 1980-2000*, pp. 14-42. Montreal & Kingston: McGill-Queen's University Press.
- Ogborne, A., Giesbrecht, N. and Room, R. (2006) Case studies of alcohol policy formation: power politics, public opinion, and research. In: Giesbrecht, N., Demers, A., Ogborne, A., Room, R., Stoduto, G. and Lindquist, E., eds., *Sober Reflections: Commerce, Public Health, and the Evolution of Alcohol Policy in Canada, 1980-2000*, pp. 43-58. Montreal & Kingston: McGill-Queen's University Press.
- Room, R., Giesbrecht, N. and Stoduto, G. (2006) Trade agreements and disputes. In: Giesbrecht, N., Demers, A., Ogborne, A., Room, R., Stoduto, G. and Lindquist, E., eds., *Sober Reflections: Commerce, Public Health, and the Evolution of Alcohol Policy in Canada, 1980-2000*, pp. 74-96. Montreal & Kingston: McGill-Queen's University Press.
- Stoduto, G., Bondy, S. and Room, R. (2006) Self-induced intoxication as a defence. In: Giesbrecht, N., Demers, A., Ogborne, A., Room, R., Stoduto, G. and Lindquist, E., eds., *Sober Reflections: Commerce, Public Health, and the Evolution of Alcohol Policy in Canada, 1980-2000*, pp. 265-288. Montreal & Kingston: McGill-Queen's University Press.
- Giesbrecht, N., Room, R., Demers, A., Lindquist, E., Ogborne, A., Bondy, S. and Stoduto, G. (2006) Alcohol policies: is there a future for public health considerations in a commerce-oriented environment? Pp. 289-320 in: Giesbrecht, N., Demers, A., Ogborne, A., Room, R., Stoduto, G. and Lindquist, E., eds. (2006) *Sober Reflections: Commerce, Public Health, and the Evolution of Alcohol Policy in Canada, 1980-2000*, pp. 289-320. Montreal & Kingston: McGill-Queen's University Press.
- Room, R. & Hradilova Selin, K. (2005) Problems from women's and men's drinking in eight developing countries. In: Obot, I.S. & Room, R., eds., *Alcohol, Gender and Drinking Problems: Perspectives from Low and Middle Income Countries*, pp. 209-220. Geneva: World Health Organization, Department of Mental Health and Substance Abuse. (dated 2005, but appeared in 2006)
- Rehm, J., Chisholm, D. & Room, R. (2006). Priorities in health - Cost effectiveness of different interventions to reduce alcohol-related harm in developing countries. In: Bundesamt für Gesundheit (Ed.), *Suchtforschung des BAG / Recherches de l'OFSP en matière de dépendances*. Bd. 2. Prävention (pp. 60-63). Bern: Bundesamt für Gesundheit.
- Bullock, S. & Room, R. (2006) Drinking behaviour, coming of age and risk. In: Aggleton, P., Ball, A. & Mane, P., eds. *Sex, Drugs and Young People: International Perspectives*, pp. 120-137. London & New York: Routledge.

### **Editorials, commentary, debate**

- \*Hall, W.D. & Room, R. (2006) Assessing the wisdom of funding DrinkWise. *Medical Journal of Australia* 185(11-12):635-636.
- Room, R. (2006) Genevieve Knupfer, 1914-2005: turning presumption into researchable questions. *Addiction* 101:746-747.

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- Room, R. (2006) Many important alcohol problems are widely dispersed. *Addiction* 101:163-165.
- Room, R. (2006) Drug policy and the city. *International Journal of Drug Policy* 17:136.
- Room, R. (2006) For alcohol alternatives, the science is not the hardest part. *Journal of Psychopharmacology* 20:323-324.
- Room, R. (2006) The dangerousness of drugs. *Addiction* 101:166-168.
- Room, R. (2006) Bridging the invisible boundaries. *Addiction* 101:638.
- Room, R. (2006) British livers and British alcohol policy. *The Lancet* 367:10-11.

### Reports

- Johansson, P., Jarl, J., Eriksson, A., Eriksson, M., Gerdtham, U.- G., Hemström, Ö., Hradilova Selin, K., Lenke, L., Ramstedt, M. & Room, R. (2006) *The Social Costs of Alcohol in Sweden 2002*. (SoRAD Report No. 36). Stockholm: SoRAD, Stockholm University.  
<http://www.sorad.su.se/doc/uploads/publications/ENG%20COA%2025%20oktober.pdf>
- \*Room, R. & Tigerstedt, C. (2006) *Nordic alcohol policies and the welfare state*. Report to the World Health Organization Commission on the Social Determinants of Health. [Appendix D]
- \*Room, R., Mäkelä, P., Schmidt, L. & Rehm, J. (2006) *Alcohol, Health Disparities and Development*. Report to World Health Organization, Geneva. [Appendix E]
- \*Room, R. (2006) *Options and Issues in Establishing a Regular Alcohol Monitoring Survey*. Report to Department of Human Services, Victoria. Fitzroy, Vic.: AER Centre for Alcohol Policy Research, Turning Point Alcohol & Drug Centre. [Appendix B]
- \*Room, R. and Matthews, S. (2006) *Australian Studies of the Impact of Changes in Alcohol Control*. Report to Department of Human Services, Victoria. Fitzroy, Vic.: AER Centre for Alcohol Policy Research, Turning Point Alcohol & Drug Centre. [Appendix C]

### PRESENTATIONS in 2006 after 27 March

- Room, R. “Alcohol policy – thinking globally, acting locally”. Presented at the Victoria “Going for Gold” Rural Health Conference, University of Ballarat, April 19-21, 2006.
- Room, R. “Measuring the benefits and burdens of alcohol”, presentation in the Dean’s Lecture Series, Faculty of Medicine, University of Melbourne, 9 May 2006
- Room, R. & Gustafsson, N.-K., “Contexts of drinking in different Nordic areas, and the effects on them of changes in availability”, Presented at the Annual Epidemiology Symposium of the Kettil Bruun Society for Social and Epidemiological Research on Alcohol, Maastricht, the Netherlands, 28 May – 2 June, 2006
- Room, R., “Alcohol as a risk factor for harm”, Presentation at WHO-WPRO consultation meeting, Manila, Philippines, 8 June, 2006
- Room, R. “Introducing the AER Centre for Alcohol Policy Research”, presented at the inauguration of the Centre, Fitzroy, Victoria, 21 June, 2006.
- Room, R. “The effectiveness and impact of environmental strategies of prevention: Lessons from legal psychoactive substances, and their applicability to illicit drugs”, presented at an EMCDDA Expert Meeting on Environmental Prevention Strategies, Lisbon, Portugal, 29-30 June, 2006

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- Room, R. “Approaches to measuring and monitoring a society’s drinking patterns and problems”, presented at 2<sup>nd</sup> Pacific Drug Research Network Workshop, Lautoka, Fiji, 17-20 July, 2006
- Room, R. “Culture, the market and public health as competing frames: the case of alcohol policy”, presented at the Department of Human Services Policy Group forum, 2 August, 2006
- Room, R. “Alcohol early interventions – what Victoria can learn from overseas experience”. Presented at a Victorian Alcohol and Other Drugs Service Providers’ Conference, Preston, Victoria, 4 August, 2006.
- Room, R. “Preventing alcohol problems – Getting from the possible to the effective”. Presentation at the Turning Point W.I.P. alcohol & drug research symposium, 18 August 2006
- Room, R. “Stigma and addiction: which side is treatment on?” Presented as a commentary at the plenary, “What Makes Good Practice?”, 49<sup>th</sup> ICAA International Conference, Edinburgh, 4 September, 2006
- Room, R. “Alcohol and public health: Measuring the burden of alcohol in the Global Burden of Disease”. Presentation in a session, “Alcohol-related problems: international public health and policy issues”, ISBRA World Congress on Alcohol Research, Sydney, 11 September, 2006
- Room, R. “Cultural and social implications of diagnosis”. Presented at an ISBRA Satellite Meeting, “Alcohol Use Disorders: The Diagnostic Conundrum”, Newport Mirage Hotel, Newport, NSW, 14-15 September, 2006
- Room, R. “Paths forward in alcohol policy in Australia”. Presentation at the AER Foundation National Showcase Conference, Sydney, 17-19 September, 2006
- Room, R. “Managing markets to limit harm – the interplay of the global, the national and the local”. Presentation at the National Drug Research Institute 20<sup>th</sup> Anniversary Symposium, Perth, Western Australia, 25-26 September, 2006
- Room, R. “Self-control, privacy and intoxication: psychoactive substance consumption as demonstration and test”. Presentation at a seminar at the Alcohol Research Group, Berkeley/Emeryville, California, October 6, 2006
- Room, R. “The two worlds of alcohol problems: findings from a study of the treatment systems in Stockholm County, Sweden”. Presentation at Psychiatry Department, St. Vincent’s Hospital, 20 October, 2006
- Press conference introducing the study of Costs of Alcohol in Sweden, Stockholm, 25 October, 2006
- Room, R. “Social factors in psychoactive substance use and problems”. Presentation at a conference, “Psychoactive substance use and dependence in young people”, Trondheim, Norway, 6-7 November 2006
- Room, R. “Questions of meaning when reporting problems with others’ drinking”. Presentation in a course, Regulation of Lifestyles in Welfare Society, University of Helsinki, 14 November 2006
- Room, R. “Stigma, intoxication & addiction: where does treatment fit in?” Presented at the Australasian Chapter of Addiction Medicine – Victorian Branch, South Melbourne, 22 November, 2006
- Room, R. “Introducing the AER Centre for Alcohol Policy Research”. Staff seminar at Australian Drug Foundation, Melbourne, 23 November, 2006.



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Room, R. "Global alcohol impacts and interventions". Plenary presentation at the 2<sup>nd</sup> National Alcohol Conference, Bangkok, Thailand, 13-14 December, 2006

Room, R. "From evidence to policy and public health interventions". Plenary presentation at the 2<sup>nd</sup> National Alcohol Conference, Bangkok, Thailand, 13-14 December, 2006