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## *ALCOHOL POLICY DURING EXTENSIVE SOCIOECONOMIC CHANGE*

Report on a workshop on "Alcohol and  
Market Economy"

Cracow  
4-5 June 1993

## TARGET 17

### TOBACCO, ALCOHOL AND PSYCHOACTIVE DRUGS

*By the year 2000, the health-damaging consumption of dependence-producing substances such as alcohol, tobacco and psychoactive drugs should have been significantly reduced in all Member States.*

### ABSTRACT

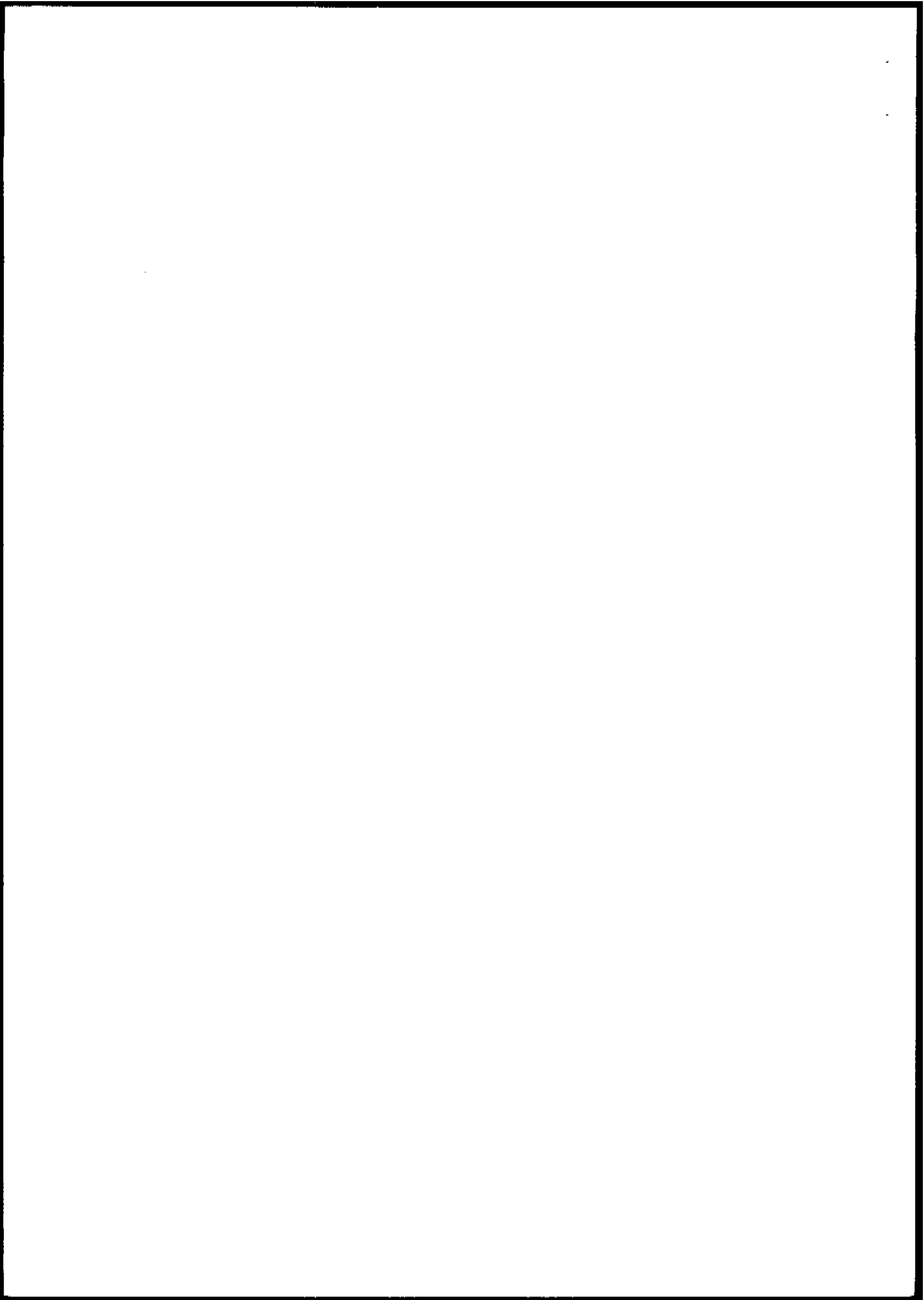
The objectives of the WHO European Alcohol Action Plan include the evaluation and exchange of experiences gained through changes in national alcohol policies. Support for developing alcohol policies in the countries of central and eastern Europe is a particular priority. A workshop to evaluate recent developments in alcohol policy in central and eastern Europe was organized in collaboration with the WHO Regional Office for Europe by the WHO Collaborating Centre, the Institute of Psychiatry and Neurology, Warsaw, 4-5 June, in Krakow. The participants of the working group presented data and evaluation on 11 countries. Data on alcohol consumption and alcohol-related problems was collected from the WHO databases. There is an upward trend in alcohol consumption and related problems in most countries of central and eastern Europe. If effective new policies are not developed soon, consumption and problems will still increase significantly. Among the most urgent needs are the development of data and monitoring systems, cooperation between different sectors of society and administration to develop a basic control of the alcohol market, activating the health sector, communities, workplaces, schools and municipalities to alcohol action and building national institutions, training programmes and research to support alcohol action.

### Keywords

ALCOHOLISM – prevent/control  
ALCOHOL DRINKING – adverse effects  
HEALTH POLICY  
SOCIOECONOMIC FACTORS  
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NIS

## ALCOHOL POLICY DURING EXTENSIVE SOCIO-ECONOMIC CHANGE

<b>Introduction</b>	<b>1</b>
<b>Alcohol consumption, problems and policies in 1950-1980</b>	<b>2</b>
<b>Changes in the alcohol arena in the pre-transition period</b>	<b>5</b>
Alcohol policy	5
Alcohol consumption	5
Alcohol-related problems	6
<b>Problems of alcohol policy during the transition period</b>	<b>8</b>
Impact of alcohol policy experiences of the 1980s	8
Are there any good indicators of consumption and problems available?	9
<b>Problems of alcohol policy during privatization</b>	<b>10</b>
Need for a new legitimation of alcohol control policy	10
Privatization of the retail sale of alcohol	11
Privatization of wholesale and import trade	11
Privatization of production of alcohol beverages	12
Inflation and the prices of alcohol	13
Alcohol as a symbol of western lifestyle	15
Similarities and differences between the countries in transition	15
<b>Opportunities for public health alcohol policy</b>	<b>16</b>
A need to regulate the market	16
A need for partnerships in public health alcohol control policy	17
A need for a clear public health approach	18
<b>Conclusions</b>	<b>19</b>
<b>References</b>	<b>20</b>



## Introduction

The huge socio-economic changes in the countries of central and eastern Europe are expected to create better opportunities for the wellbeing and rights of citizens. However, the changes also mean the dismantling of many institutions, laws and norms that have, at least partially, protected society from social and health problems. The breakdown of the alcohol control measures during transition towards a market economy seems to be an example of these changes that from the public health perspective are problematic. Moreover, the large social changes have tended to fabricate a variety of deviant behaviours that are stimulated, reinforced or associated with alcohol consumption. There is an urgent need to develop new public health alcohol policies, adapted to the new political and economic context.

It should be emphasized that the former socialist countries of central and eastern Europe have different cultural traditions concerning alcohol. Some of them, such as Bulgaria and Hungary, have long traditions of wine production and drinking. Some of them are traditional "beer countries", such as the Czech Republic. And in some of them, such as Russia, vodka has been the most favourite alcohol beverage. Thus, the same differences in "Mediterranean", "Central European" and "North-European" traditions that exist in the western parts of Europe can also be seen in the countries of central and eastern Europe. Similarly, there are differences concerning the impact of temperance ideas and the experiences of alcohol control policy before and during the time of the socialist regimes.

There have, however, been many important similarities in the alcohol policies of the countries of central and eastern Europe in the previous decades. And they seem to develop similar problems during the period of transition. Many countries of the central and Eastern Europe have reported a rapid increase in alcohol consumption and alcohol-related health problems during the first years of the 1990s.

There is a need to exchange experiences and evaluation of opportunities for public health alcohol policies in the countries of central and eastern Europe. For this purpose, a workshop on "Alcohol and Market Economy: European Integration and Alcohol Policies in Countries of Central and Eastern Europe" was organized in collaboration with the WHO Regional Office by the Institute of Psychiatry and Neurology, Warsaw, 4-5 June 1993, in Krakow. Alcohol policy researchers or experts from Albania, Belarus, Bulgaria, Czech Republic, Estonia, Hungary, Latvia, Poland, Russia, Slovakia, Ukraine and WHO Regional Office for Europe took part in the workshop.

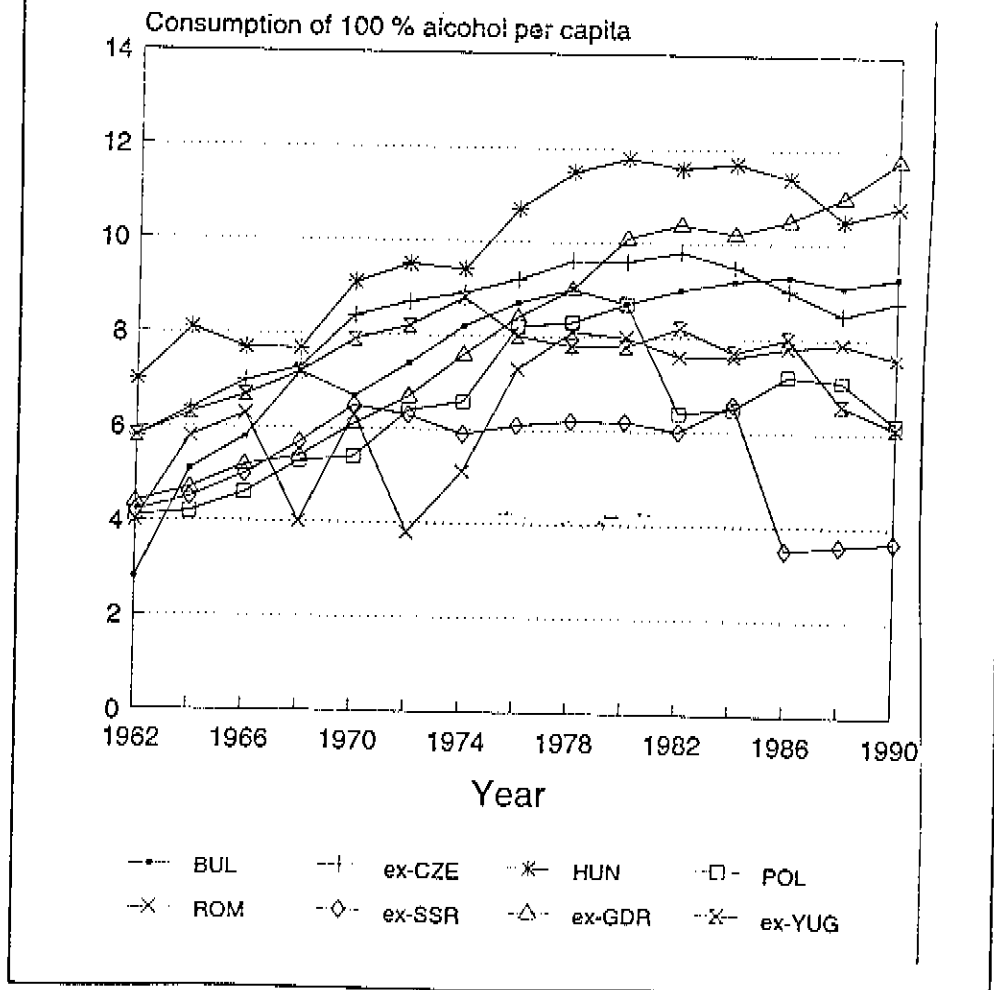
This report is based on the presentations and the discussions of the workshop, supplemented by some data from other sources.

## Alcohol consumption, problems and policies in 1950-1980

Industrial alcohol production and trade was almost totally state owned in the socialist countries of central and eastern Europe. In some of these countries a significant part of the alcohol consumed, especially in the countryside, was wine, beer or spirits produced at home for non-commercial use. For instance in Albania, probably at least three quarters of alcohol consumed was home-produced raki (spirits) and other home-produced alcohol beverages. In Russia and some other republics of the former Soviet Union, samogon, home-produced vodka, seems to have added significantly to the official production and consumption figures.

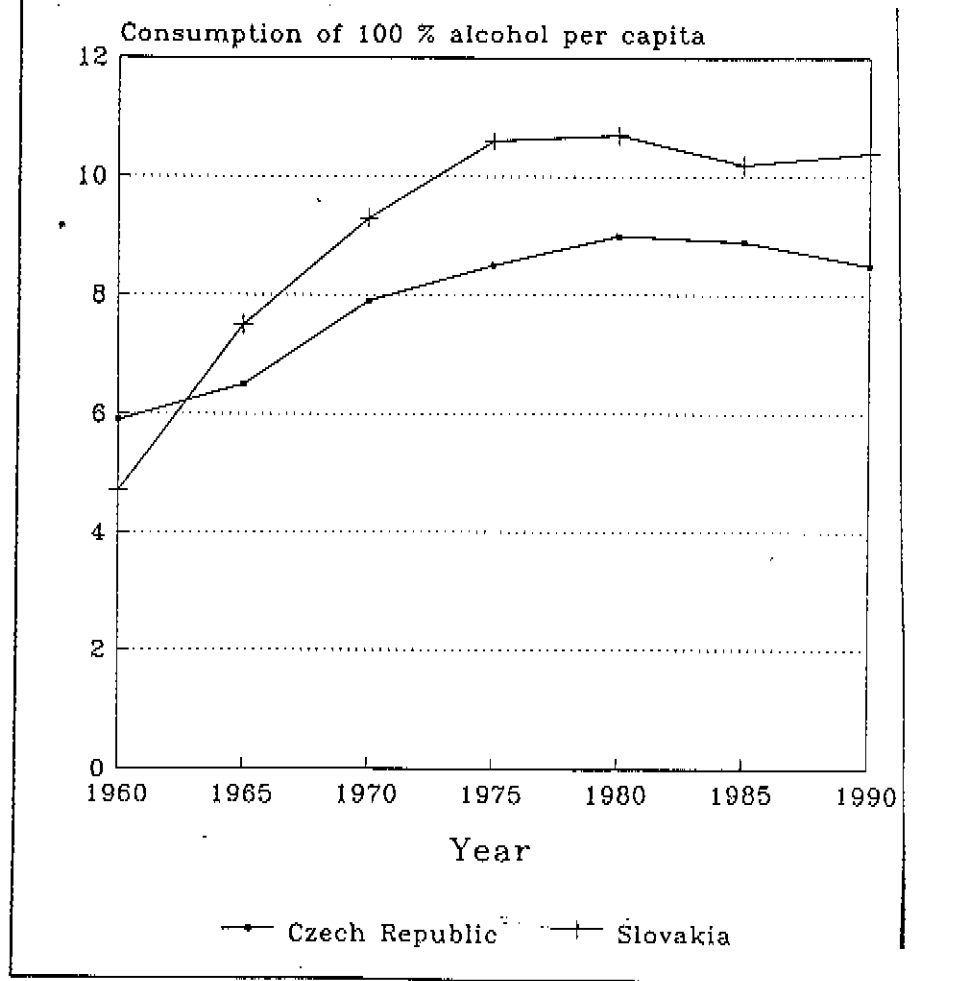
Alcohol was an important source of state finances. For instance in Poland from 10 to 15 percent of all state revenue came from alcohol trade. Alcohol was also a significant source of income for those state or collective farms that produced raw material for the alcohol industry.

**Figure 1. Consumption of alcohol per capita in Bulgaria, Hungary, Poland, Romania and former Czechoslovakia, GDR, Soviet Union and Yugoslavia in 1962-1990(1).**



Although the consumption statistics do not give the exact level of total consumption, they can be used to show trends in consumption. The statistics published in *World Drink Trends* (1) for 8 countries of central and eastern Europe show a clear upward trend in consumption in the years 1960-1980 (Figure 1). National data from former Czechoslovakia (Figure 2.) shows that regional differences inside countries may be significant. The overall trend in central and eastern Europe is similar to the trend in most industrialized countries during the same period. It may be explained as a result of an increase in the purchasing capacity of the populations and relaxation of alcohol control systems.

**Figure 2. Consumption of alcohol per capita in Czech Republic and Slovakia in 1960-1990 (14).**

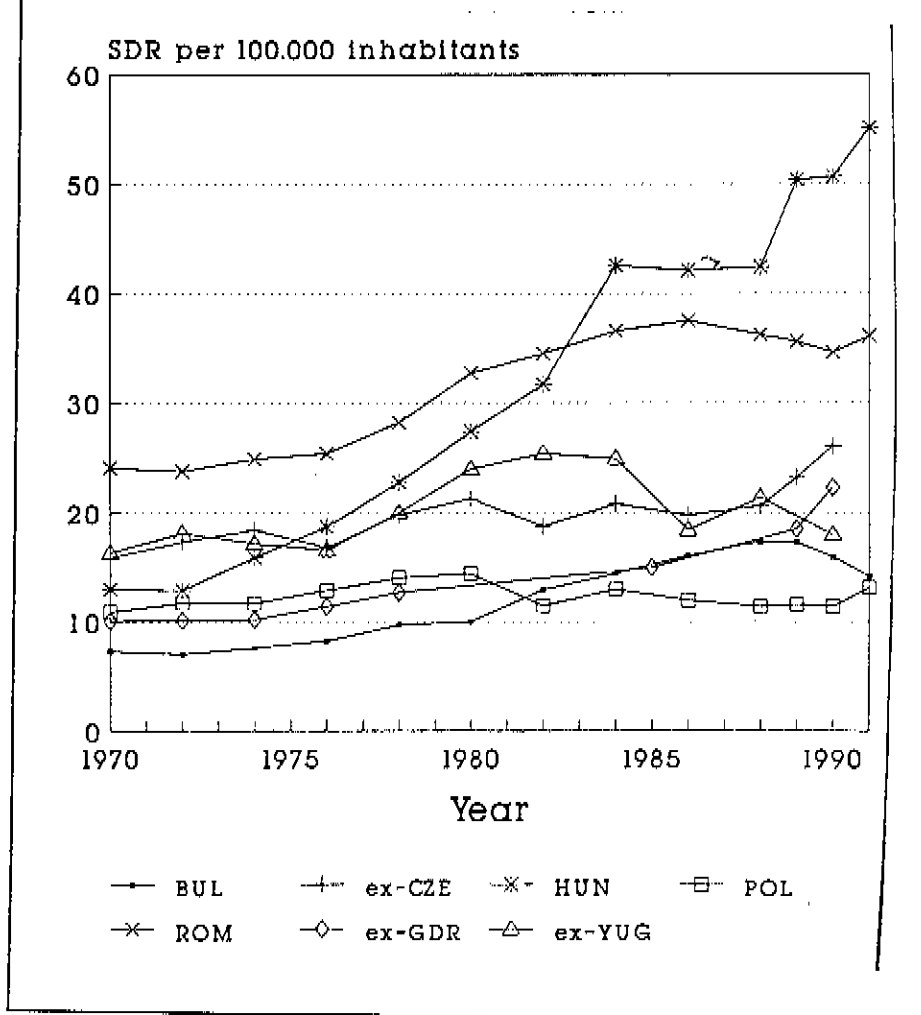


In most countries of central and eastern Europe, during the first phase of socialism, alcohol problems were described as problems of the capitalist society or remnants of capitalism. Only during exceptional times, such as political crises, could public debate on alcohol problems emerge. This was experienced, for instance, in Poland in the years 1956 and 1980 and in the Soviet Union in the mid-1980s.

During more stable times, there was little public perception of alcohol-related problems and very little data were published about them. The WHO database for statistical indicators for health for all contains information on mortality from chronic liver disease and liver cirrhosis for some of the countries of central and eastern Europe. This can also be used

as an indirect indicator for other chronic alcohol-related health problems. The data show a significant increase in problems in the 1970s (Figure 3.).

**Figure 3. Standardized death rate on chronic liver disease and liver cirrhosis in Bulgaria, Hungary, Poland and Romania and former Czechoslovakia, GDR and Yugoslavia in 1970-1990(13).**



Alcohol policy in the countries of central and eastern Europe, if existed, was focused on the restrictions in the availability and control of the prices of alcohol beverages. Other preventive actions, such as health education on alcohol or local and voluntary action, were much less developed. On the other hand, alcohol advertising was practically absent and some of these countries decriminalized public drunkenness and introduced sobering up stations as the first in Europe. In the former socialist countries of the central Europe, the treatment of alcohol dependence was usually a part of the psychiatric hospital services. In the former Soviet Union, a separate medical speciality, narcology, was developed to treat alcohol and drug addictions. Legal provisions existed for compulsory treatment. Prevention of alcohol-related problems by primary health care was usually non-existent or weakly developed.

## Changes in the alcohol arena in the pre-transition period

### Alcohol policy

The 1980s witnessed a deep crisis of the political systems in the countries of central and eastern Europe. The beginning of that decade was marked with the Soviet intervention in Afganistan, birth of the first independent trade union movement in Poland, and revigoration of dissident activities in other countries.

New political challenges happened to be associated with economic hardships that could not be solved any longer by the centrally planned economy. Political initiatives were badly needed for the system to survive. Sudden changes in big politics were reflected by rapid turns in alcohol policy. The alcohol arena became a symbolic battle field where tensions between society and the State could be articulated.

As early as in 1980-1981, Solidarity in Poland blamed the government of promoting alcohol to hide the deeper problems of society and to obtain more revenue. Under this pressure, that also meant a moral challenge, alcohol policy was tightened, production decreased and alcohol prices rose remarkably. This policy was continued under the martial law and only slightly liberalized during the mid-1980s.

In the Soviet Union, the alcohol campaign launched in 1985 (2) was symbolically bound with a policy of perestroyka. A moral and public health campaign against alcohol could be described as an effort "from above" to reduce not only alcohol-related problems but also to declare an advent of deep political and economic changes.

In other countries of central and eastern Europe Gorbachev's anti-alcohol campaign was followed with less determination. Nevertheless, in most countries the alcohol question was given higher priority and alcohol policy became more restrictive. In Hungary the Soviet example legitimized attempts of some academic circles at increasing concern of acute social problems, including problems associated with alcohol use.

### Alcohol consumption

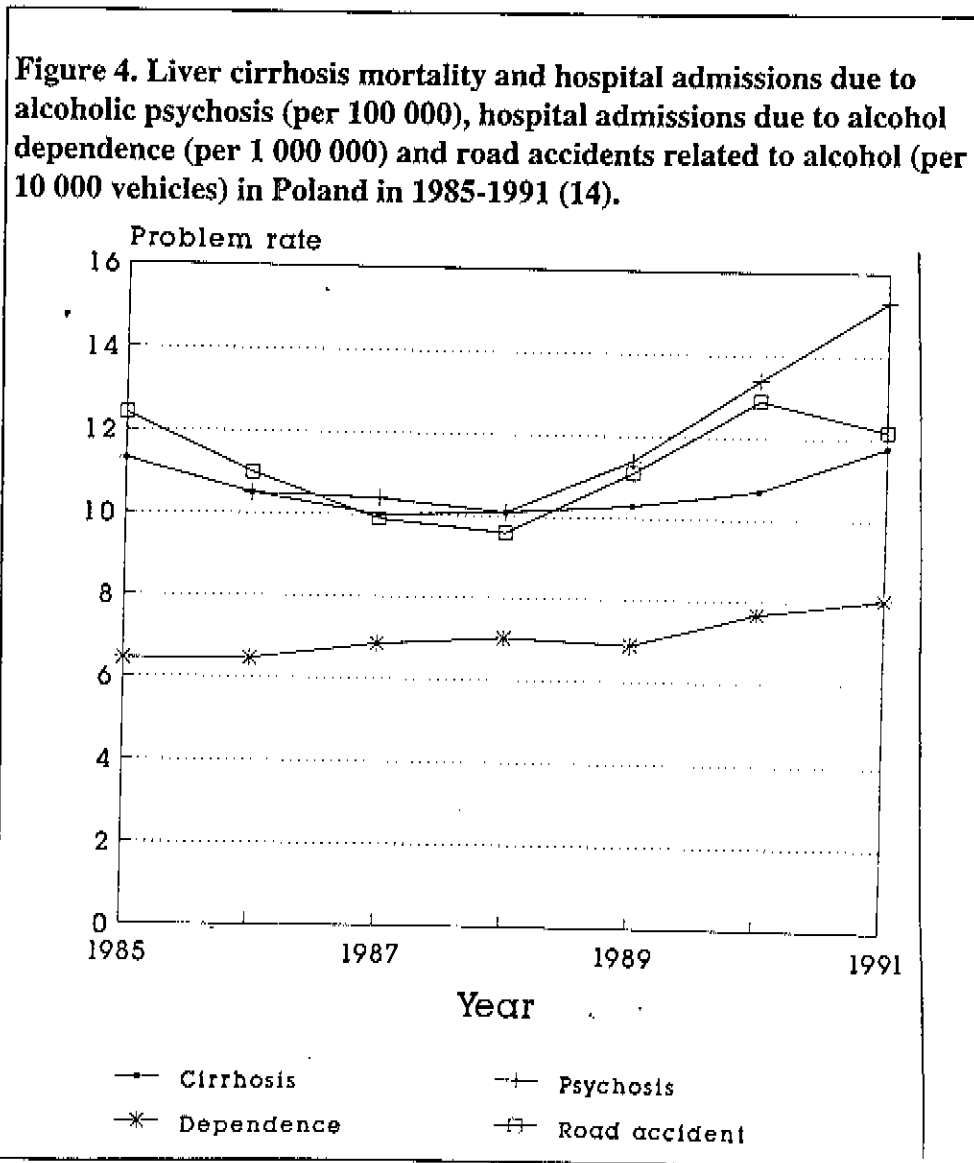
As can be seen from Figure 1, the continuous increase in alcohol consumption in all most countries of central and eastern Europe for which we have statistics changed. In the 1980s the increase in consumption continued only in the former GDR. In some countries consumption stabilized and in some countries there was a significant drop in consumption. A sudden decline in recorded figures in the Soviet Union and in some other countries was partially compensated by an expansion of unrecorded consumption (samogon, non-beverage alcohol, surrogates and smuggling). In spite of this, alcohol consumption was at a level lower than before tightening of alcohol control policies, according to various estimations based on indirect indicators of alcohol use.

Apart from political factors discussed above, the declining trends in consumption or its stabilization in eastern Europe can be attributed to stagnation of the economic development and low purchasing power of the population. This is one of the explanations offered to concurrent stabilization of total alcohol consumption in the West-European countries (3).

Toward the end of the decade, however, a new increase in alcohol consumption emerged and was fairly accelerated since the beginning of the transition period.

### Alcohol-related problems

There is much scientific evidence concerning the relationship between the total consumption of alcohol and the rates of alcohol-related problems. With some simplification it can be stated that an increase in consumption is associated with a growing number of related problems and a decrease in consumption is very likely to be followed by similar trends in problem statistics.



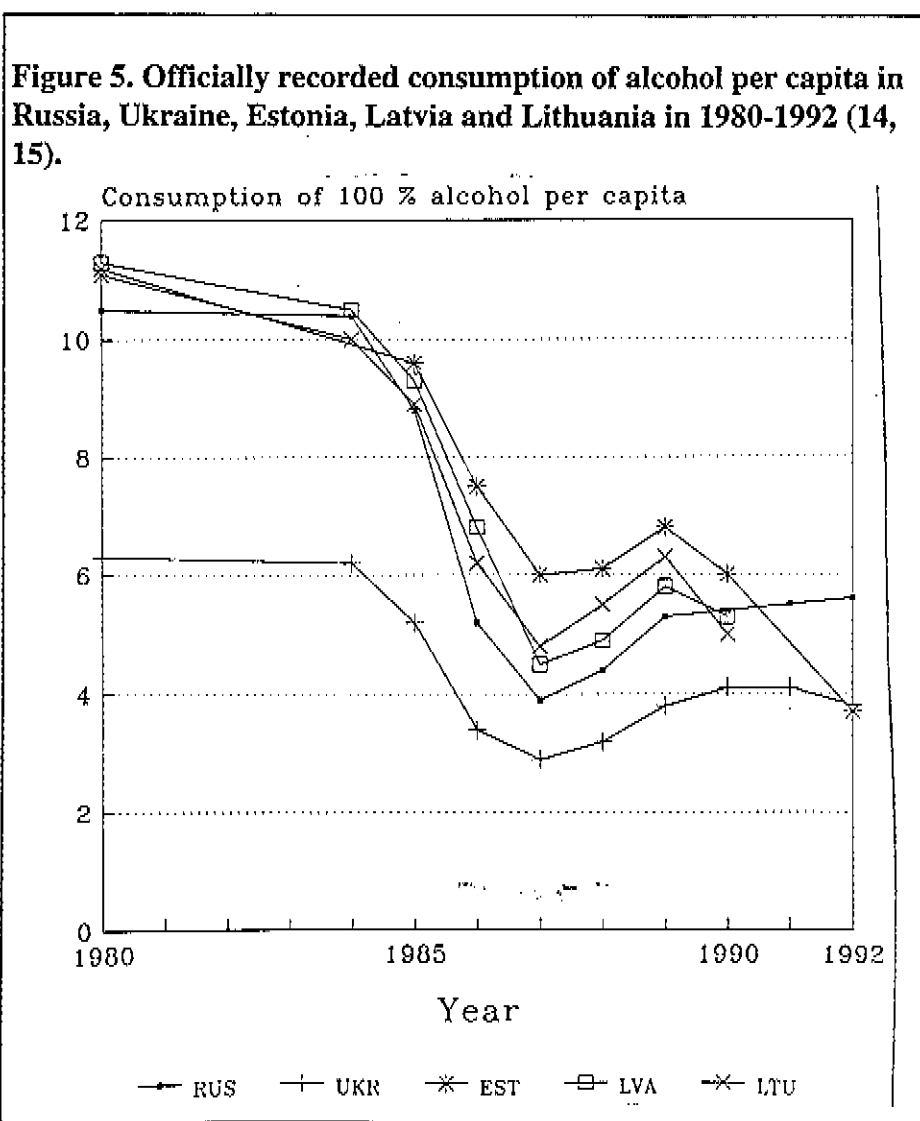
The data which are available on alcohol problems (Figures 3-6) does not give a very clear picture about the developments in the 1980s and in the beginning of the 1990s. They can be summarized, however, in the following way:

- in Bulgaria, former Czechoslovakia, former GDR, Hungary and former Yugoslavia, the consumption figures and chronic liver disease and cirrhosis rates increase more or less in parallel (Figures 1 and 3). Mortality from cirrhosis continues to increase at least some years after the increase in consumption has

ended. This kind of time-lag is known from other countries (4). However, the increase in mortality in Hungary may be faster in the 1980s than would be expected from the increase in the total consumption. There could be other reasons for liver disease, the mortality data could be incomplete or the share of unrecorded alcohol consumption may have increased in the 1980s.

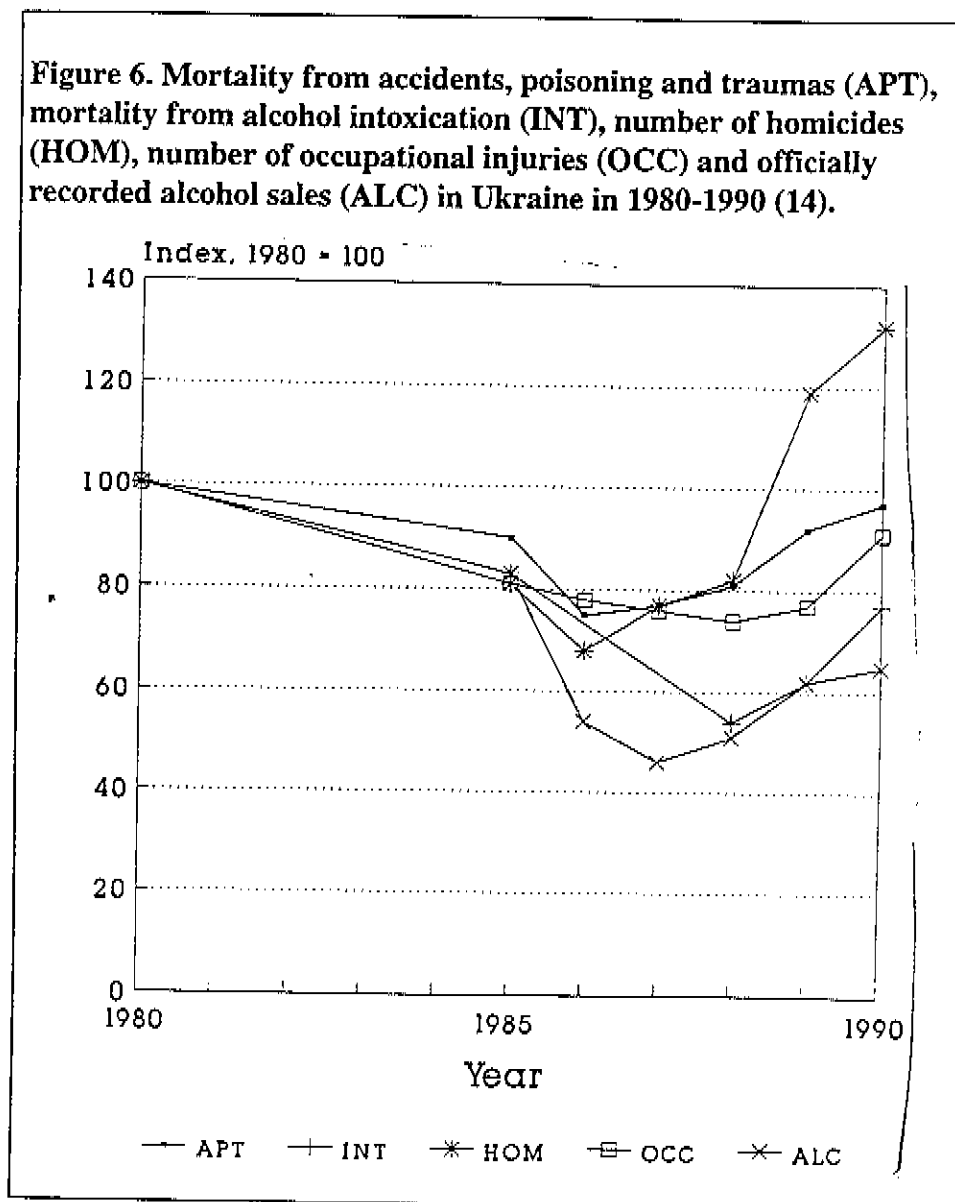
- in Poland, the increase in unrecorded consumption during the late 1980s and in the beginning of the 1990s could explain the upward trend of many alcohol-related problems while the official consumption figures decreased (see Figures 1 and 4).

- in the former Soviet Union the number of problems clearly decreased during the "Gorbachev campaign". It can be estimated that not only recorded consumption



but also the total consumption of alcohol decreased significantly during 1985-1987. After 1987, the rate for alcoholic psychosis and some other problems that are related to alcohol use, have increased significantly. Available statistics on alcohol-related mortality in previous republics of the Soviet Union also show an upward trend. Thus, it seems that alcohol consumption has increased more than the level suggested by the official statistics. Most probably, however,

consumption was at a lower level, at the end of the 1980s, than before the "Gorbachev campaign". The decrease in the first admissions to alcoholism



treatment that continued during the late 1980s, reflects, most probably, a decrease in the supply and not in the demand for treatment (Figure 7).

## Problems of alcohol policy during the transition period

### Impact of alcohol policy experiences of the 1980s

Both the tightening of the Polish alcohol policy during 1980-1981 under pressure from "below" and the Gorbatsow campaign in the former Soviet Union from "above" succeeded, for a while, to decrease alcohol consumption and related problems. Later, however, both attempts failed. It is very difficult to say, whether the alcohol policy as such failed, although the experience of the Gorbatsow campaign has been evaluated in this way (6). A major reason for the failure was, however, that the overall policy, of which a tight

control policy was only a part, did not succeed in reaching its aims. In Poland the period ended in martial law and, later, in the dissolution of the unified solidarity movement. In the Soviet Union the period ended in a deepening of the political crisis of the communist regime.

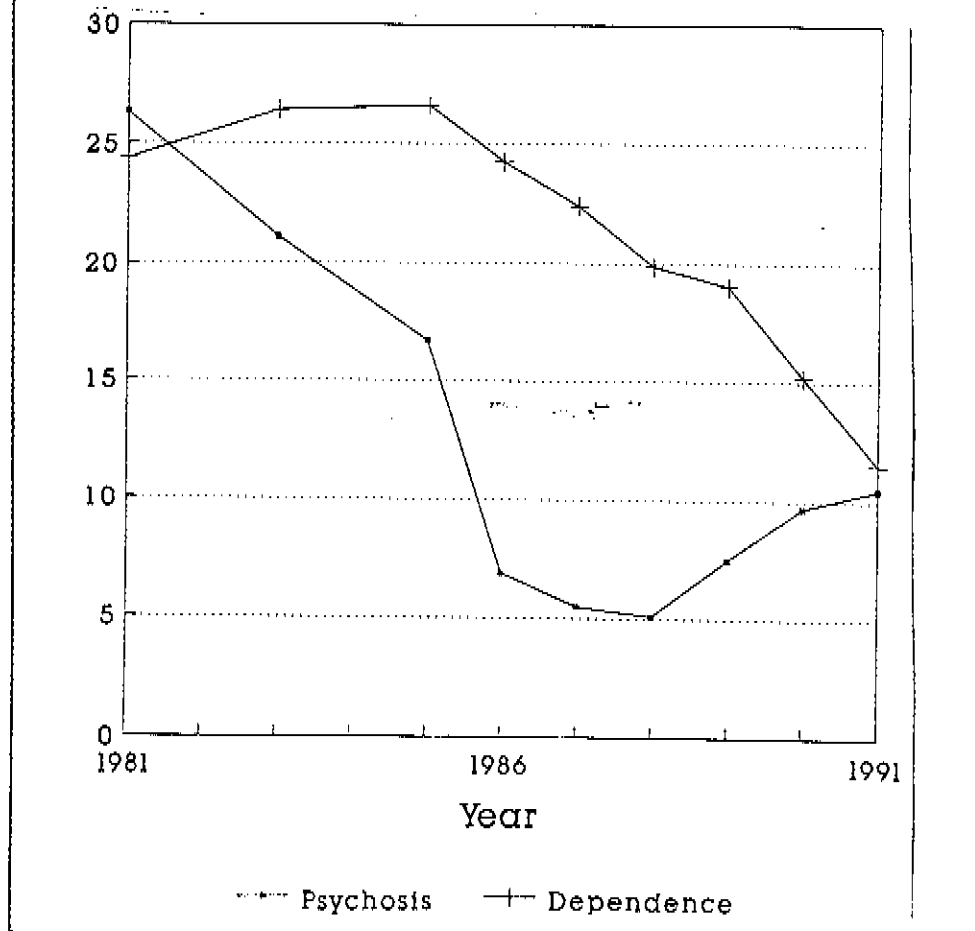
The experiences from the failures have an impact on public attitudes to alcohol control policies. Especially the negative experiences of alcohol policy from "above" during the Gorbatsow campaign still create negative attitudes in many countries towards any state regulation of the alcohol market. Alcohol control and concern of alcohol-related problems is associated with the previous regime. Unrestricted marketing and sales of alcohol can be perceived and often are perceived as symbols of a positive economic development.

Failures in alcohol policy during the 1980s in some of the countries of central and eastern Europe also led to the expansion of the "black" market of alcohol and, in some countries, also, to an increase in the demand for illicit drugs. Thus, it gave a basis for the development of a rather "wild market" of alcohol, instead of a western-style regulated "free market", during the transition period.

#### Are there any good indicators of consumption and problems available?

The indicators used for alcohol consumption and alcohol problems in many countries of central and eastern Europe became unreliable during the changes of the 1980s.

Figure 7. First admissions to narcological treatment, due to alcoholic psychosis (per 100 000) and due to alcohol dependence (per 1 000 000) in Russia in 1981-1991 (14).



For alcohol consumption, the indicator had been the volume of alcohol sales that were under the state control. An increase in private enterprise and home production, added by illegal trade, makes this indicator no longer reliable.

For alcohol problems, the indicator used in many countries was first admissions for alcoholism treatment. During socio-economic changes, the volume of alcoholism treatment seems to be more dependent on the supply of treatment than on the demand for treatment. In addition, withdrawal from compulsory treatment might have been followed by diminishing numbers of patients. Admission rates for treatment of alcoholic psychoses seems to be a more reliable, at least in Poland (6) and most probably in Russia (Figure 7.). But even this indicator seems to be rather unreliable in the central and southern Europe.

Most probably the best indicator that in any case should be used is mortality from liver cirrhosis. Other indicators, such as admissions for treatment of alcoholic psychosis, alcohol-related traffic accidents, alcohol-related crime and public order disturbances could significantly add to the knowledge about the harmful effects of alcohol use. It should be emphasized, however, that developments other than alcohol consumption could have a significant impact on these indicators.

It is possible that no totally reliable data on alcohol consumption will be available before the restoration of some control of the alcohol market, for taxation and quality control purposes. However, based on the available data on indirect indicators and recorded consumption there is much reason to estimate, that total alcohol consumption has increased in Albania, Belarus, Bulgaria, Czech Republic, Estonia, Latvia, Lithuania, Poland, Russia, Slovakia, Ukraine and most probably in other countries of central and eastern Europe, in the beginning of the 1990s.

## **Problems of alcohol policy during privatization**

### **Need for a new legitimization of alcohol control policy**

The political will to develop a free market economy and to privatize state-owned enterprises challenges the former alcohol control policy systems of the countries of central and eastern Europe in many ways.

In the previous system, state alcohol control did not need a special legitimization. Alcohol control was part of state regulation of all commodities. Now the situation is changing. Regulation of the alcohol market may become a symbol of the previous system, which oppressed free enterprise and individual initiative. Demonopolization of this most profitable sector could be used to show the determination of the new regime to break with the communist traditions.

Limitations in alcohol availability for all citizens, a collective responsibility and discipline are difficult to accept in a climate of individual liberties and responsibility that has come to prevail at least at the ideological level. In this context treatment and self-help movements are presented as a proper response and solution for those who are not able to enjoy new freedoms and benefit from drinking.

Most important, however, seems to be a pressure from private business, which is eager to cumulate profits from alcohol production and trade and which happens to influence not only economics, but also political decisions. The power of domestic business is reinforced by the western alcohol industry that searches for new markets, especially in face of a declining demand in their own countries.

Thus, there is a legitimization crisis of alcohol control policy, at least until a new legitimization has developed. The public health, public order and public finance arguments for alcohol control policy that are used in western market economy countries for alcohol control policy (7) are not adequate enough for many countries of central and eastern Europe.

### **Privatization of the retail sale of alcohol**

Because privatization of many other industries has proved to be a rather difficult and time-consuming task, there are political pressures to begin with those sectors of the economy, where privatization is easier. Private enterprises have first emerged, in many countries of central and eastern Europe, in the sector of small shops, bars and restaurants. That is why there has been the opportunity to privatize the retail sale of alcohol beverages on a rather large scale, from the very beginning of the privatization process. Private enterprises in this sector can even be seen as the first symbols or signs of the benefits of the developing market economy.

The privatization of the retail sale of alcohol beverages leads to an increase in the availability of alcohol and to pressures to dismantle or break restrictions on availability, such as:

- limits to the hours of sale;
- limits to the number of retail outlets and sale of alcoholic beverages without permission or a licence from the authorities;
- minimum age limits to buy alcohol beverages;
- restrictions to sell to intoxicated persons;
- restrictions on the advertisement of alcohol.

The dismantling or breaking of these restrictions is a common phenomenon in most of the countries of central and eastern Europe. Those control measures that still exist in some countries, are frequently eroded and practically not enforced.

### **Privatization of wholesale and import trade**

Privatization of the retail sale also leads to pressures to change the structure of wholesale and import of alcohol beverages. In the absence of effective regulation and control of new private business at this level, there are many problems related to:

- large scale smuggling of alcoholic beverages or using loop-holes in the new legislations for foreign trade to import alcohol without paying duties and taxes;

- trade in low-quality alcohol, sometimes with dangerous levels of methanol or other impurities;
- trade in falsified well-known Western brands of beverages;
- trade in beverages with extremely high alcohol content, an example of which is German "Royal Vodka", with 70 % alcohol content, one of the present favourite spirits in Poland, the Baltic countries and Russia;
- an incapacity of the authorities to collect taxes and to control the quality of a large proportion of the alcohol consumed by the population.

From the public health point of view, the situation creates particular risks of poisoning when drinking extremely strong beverages and beverages with a dangerous content of methanol or other impurities. There have been at least hundreds, if not thousands, of deaths due to impure beverages in the countries of central and eastern Europe during the last few years. One reason for the increase in numbers of alcohol poisonings and alcoholic psychoses seems to be the use of extremely strong beverages.

The lack of an effective control of the trade of alcohol also means that the states of the countries of central and eastern Europe lose large amounts of revenue as uncollected taxes and duties. Underdeveloped fiscal and customs control apparatus is not able to control thousands of new wholesale and importing companies that often disappear from the market and then reemerge under a new name and address. For instance the Polish state lost more than 200 million US \$ during a six months period in 1989, due to a loop-hole in the legislation regulating the import of alcohol (8). In Russia, the state treasury losses are estimated one million US \$ every day. As a whole, the countries of central and eastern Europe most probably lose billions of US \$ as uncollected taxes and duties on alcohol. At the same time, the businessmen of the "black" alcohol market get approximately the same sum as an extra gain. Thus, the black alcohol business in the countries of central and eastern Europe is almost of the same magnitude as the illicit drug business in the western industrialized countries.

Privatization of the wholesale and import of alcohol beverages also leads to growing pressure to allow advertisement of alcohol in the mass media. Many large western alcohol enterprises are interested in free advertisement of their products in the countries of central and eastern Europe. Many countries have allowed alcohol advertisement in some mass media and, for instance, Russia, also on TV.

### **Privatization of production of alcohol beverages**

The privatization of alcohol production has three principal paths.

The first path is the privatization of existing industries and the beginning of new alcohol industries. Especially the breweries seem to be one of the first industries in the countries of central and eastern Europe to be privatized. Also foreign alcohol industries are interested in buying breweries in many of these countries. In the Czech Republic, where privatization of the state enterprises was undertaken by distributing privatization coupons to citizens, the demand for coupons for the alcohol industries was greater than for any other sector of the economy.

Privatization of the alcohol sector has already been followed by the introduction of a variety of new brands aimed at new drinking groups (youth, women) and contexts (leisure, recreation) and by a growing number of outlets. It also increases pressures towards the free marketing of alcohol and against any state intervention in the alcohol market.

The second path is illegal or semilegal private production for the black market of alcohol. There are examples of:

- using ethanol produced for technical purposes for illegal alcohol beverage production, for instance in Ukraine;
- using ethanol produced for export and, thus, without taxation, for illegal alcohol trade within the country, for instance in Poland;
- developing "home production" of vodka into industrial production for the black market, for instance in Russia;
- producing alcohol in countries with less control, such as some regions of the former Yugoslavia, for the black markets of neighbouring countries.

Privatization through this path increases all the problems of the "wild markets" of alcohol, discussed earlier.

The third path is the production of beverages in a household to be used mainly by the household. This kind of alcohol production has been common in Albania. There are indications of an increased home production of alcohol in most countries of central and eastern Europe. The factors behind the increase include:

- a weakening of alcohol control policies;
- rising living costs that leave, for many people, less money to buy alcohol;
- growing unemployment, that leaves, for many people, more time to be used in activities, such as alcohol fermentation or distillation.

Privatization through this path adds to the total consumption of alcohol and reduces the state revenue from alcohol. It is also a growing base for illegal industrial production for the black market. Sometimes it creates the problems of quality control.

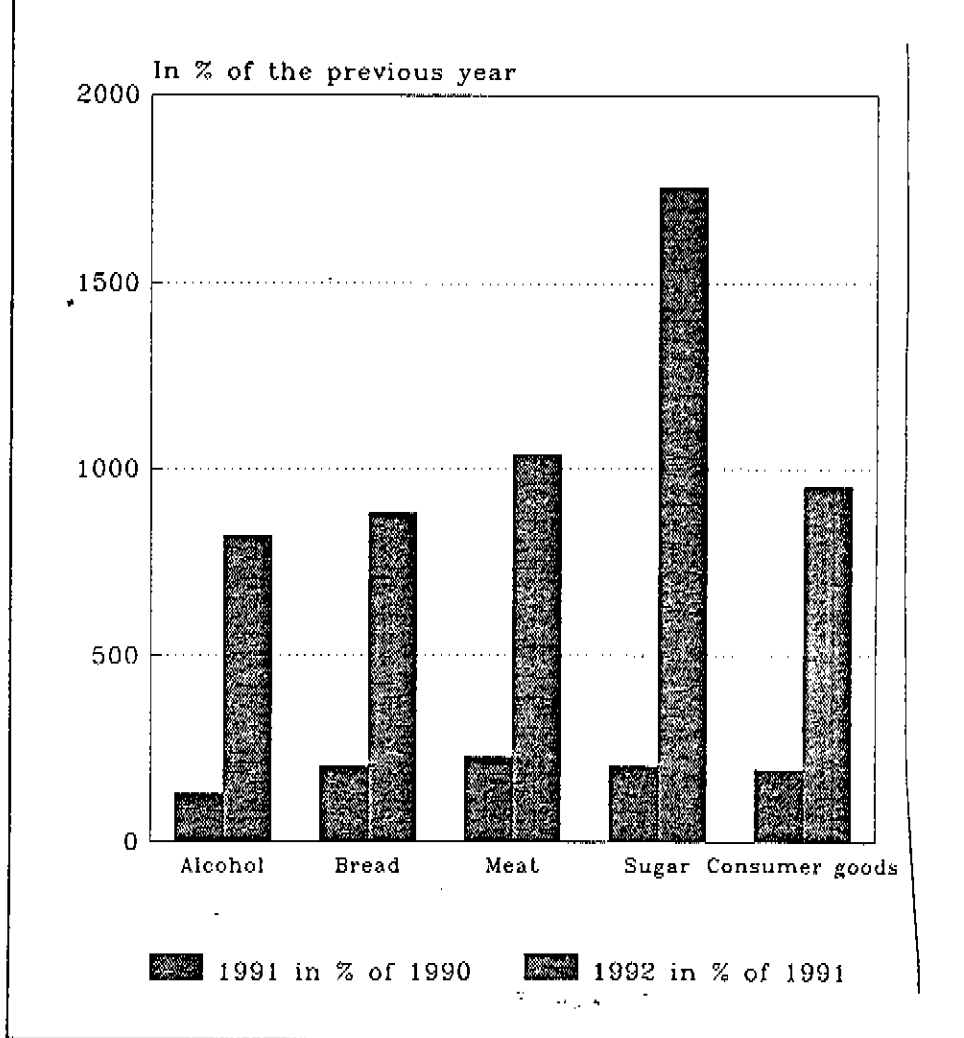
### **Inflation and the prices of alcohol**

In the absence of tight controls on availability, the most effective means to regulate the consumption of alcohol is through price (9). In a state monopoly system, prices can be regulated through different administrative measures. The most common means to regulate prices is, however, taxation.

Most of the countries of central and eastern Europe have experienced, during the transition period, very high rates of inflation. Also the prices of alcohol have risen fast. But the relative prices of alcohol beverages, compared with the prices of other commodities, have

decreased in many countries (Figure 8.). In studies of the price elasticity of alcohol in some western countries a 10 % drop in the real prices of alcohol has resulted in a 4 -15 % increase in consumption (10). Even with lower price elasticity values, decreases in the real prices of alcohol during high inflation rates could lead to a significant increase in alcohol consumption.

**Figure 8. Nominal increases in the prices of alcoholic beverages, bread and bakery products, meat and meat products, sugar and all consumer goods in Russia in 1990-1992 (14).**



Declining prices may also be an indicator of a still growing supply of alcohol. In some countries, however, declining prices may express an adjustment to a reduced buying power of the population.

The prices in the black market, at least for low quality beverages, are at a level lower than official prices. This is an obstacle against higher prices in the legal market: if the price differences between the black and the legal market become greater, the black market could expand even more.

Thus, lower prices due to an unregulated market restrict the opportunities for an effective price policy and worsen the problems from the dismantling of previous alcohol policies.

### **Alcohol as a symbol of western lifestyle**

In all cultures alcohol has some symbolic meanings in addition to being a beverage among other drinks and food stuffs: drinking champagne can be a symbol of celebration; in many cultures young people view drinking alcohol as a symbol of adulthood or independence from parents; some beverages can be symbols of masculinity; and serving alcoholic beverage can be seen as a symbol of hospitality.

In the countries of central and eastern Europe, commodities such as alcohol and tobacco, and especially western brands, have become, for significant population groups symbols of western lifestyles. These symbols have been strongly reinforced by many western TV-programmes and advertisements that link smoking or drinking alcohol with images of freedom, beautifulness/masculinity, appropriate recreation, youthfulness and social success in a western style.

The symbolic value of alcohol and especially of western beverage brands makes the western style of marketing probably more effective in the countries of central and eastern Europe than in western Europe. At the same time it makes it more difficult for policy makers to legitimize any control policy measures on imports, trade and the retail sale of alcohol. It could even be thought that alcohol and tobacco are some of the cheapest ways for the people in the countries of central and eastern Europe to get a feeling of "western lifestyle" or to imitate luxurious consumption of those who are better-off.

It should be mentioned, however, that the image of western lifestyle can change, when a more developed picture of life and values in the west is disseminated to the countries of central and eastern Europe. There are already some signs that certain youth groups, at least in Poland, link "Western" with fitness, healthy lifestyles and self-restriction from smoking, drinking and unhealthy diet.

### **Similarities and differences between the countries in transition**

Although there are many similarities in alcohol issues in the countries of central and eastern Europe, there are also many differences.

A very common phenomenon seems to be the privatization of the retail sale and at least some kind of black market of alcohol. The role of the black market differs significantly, however, from country to country and from one year to another.

The timetable of the privatization of the wholesale, import and production of alcohol is different in different countries. Some countries, such as Belarus, have just begun to privatize breweries, whereas spirits and wine monopoly is still in force. Some countries have large scale plans to privatize the whole sector, for instance, in Russia, though, according to the plan announced in May 1992, spirits production has to be state-owned. And some countries, such as Hungary and Poland, have already proceeded rather a long way towards privatization. It should also be noted that Ukraine, after initial privatization, reestablished a state monopoly in the production of spirits and fortified wines.

There are many factors that will, most likely, have an impact in the development in the alcohol arena, causing differences between the countries of central and eastern Europe. These include, at least, the following:

- differences in the overall policy and timetable of privatization. For instance, some countries are more open to foreign ownership of industries than others. Some governments try to privatize everything while some governments proceed much more slowly;
- differences in the perception of alcohol problems as an issue that are taken into consideration in policy making;
- differences in the perception of the role of the state in protecting and promoting the health and welfare of its citizens and the resulting differences in the overall social policy of the government. This gives the framework and the legitimation for government policy on alcohol problems;
- differences in alcohol consumption habits and in the national production of different beverages. For instance, the production of wine and beer can be undertaken in smaller enterprises than the production of spirits. Thus, the privatization process in the "wine" and "beer" countries may be smoother than in the "spirits" (or "vodka") countries.

## **Opportunities for public health alcohol policy**

### **A need to regulate the market**

Often the development in the countries of central and eastern Europe in the alcohol arena has been described as a necessary step towards a free market economy. If, however, western industrialized countries act as models of a "free market economy", then some of the phenomena emerging in the alcohol arena in the countries of central and eastern Europe should be called a "wild market economy".

In the traditional free market economy countries, there are many examples of state regulation of the market (11). They include:

- regulations that safeguard the collection of taxes and duties for every commodity sold to customers;
- product safety regulations, for instance for motor vehicles or food, that safeguard consumers from harms done by unsafe, impure or otherwise dangerous products;
- licences demanded for enterprises entering some sectors of the economy, such as private health services, energy or communication;
- monopolies and tight state control on some sectors of the economy, such as production and sale of arms or medicinal drugs;

- regulation of the marketing practices and such aspects as the opening hours of retail sale, to safeguard fair competition, the employees or the consumers;
- state storages and subsidies to stabilize or promote structural changes in the market, especially of agricultural products;
- minimum ages to use some products, such as motor vehicles;
- health promotion and alcohol education to counterbalance alcohol advertising;
- general and self-imposed restrictions on advertising.

In many of the countries of central and eastern Europe, at present, there is a lack of such regulative measures or there are extensive problems in the enforcement of existing regulations. Some countries have, however, began to develop new alcohol controls. For instance, Lithuania has prepared a new law banning advertisement of alcohol beverages in 1993 and there are plans to introduce a public alcohol monopoly following the example of Nordic countries. Demands for new alcohol controls have been expressed in many other countries, as well.

#### **A need for partnerships in public health alcohol control policy**

Although many tendencies have been discussed above that weaken the former alcohol control policy, it is also possible to identify interests and potentially interested sectors of society to support the building of new control policies adapted to the emerging market economy.

**The fiscal interest of the state** is potentially very great, because the "wild" market situation means a huge loss of potential and legitimate state revenue. If, for instance, the regulation of the market to ensure collection of taxes and duties would be based on some kind of licence needed for alcohol production and trade, the same system could be used as basis for the enforcement of many controls motivated by public health purposes. These include the control of the quality and the strength of beverages, controls on the marketing of alcohol and restrictions on minimum ages and the hours and locations of retail sale.

There are also opportunities to increase excise taxes on alcohol, especially on spirits, that would result both in decreased consumption and increased state revenue. Of course this would only be effective, if the taxation system is functioning.

**The public order interest** in the regulation of the wild market is also potentially great. The black market of alcohol is a growing base for other criminal activities, and even for organized crime. Organized crime in the USA developed, at least partly, on the basis of the vast black market of alcohol during the period of prohibition that ended in 1933 (12). Thus, the public order problems related to the wild market are not only temporary difficulties of the transition period but could also be felt for a long time after this period.

**Specific alcohol-related problems**, especially alcohol-related traffic accidents and drinking of youth, seem to be an object of more public concern than alcohol problems in general. This may, at least partly, be a result of higher visibility of these problems after a big increase in the number of private cars and changes in youth culture.

Whatever the reason for the better perception of certain specific alcohol-related problems, they give opportunities for creating interest in alcohol control policies in various sectors and social groups of society. The authorities responsible for and organizations interested in traffic safety and representatives of hospitals that treat people injured in accidents could be important partners for action on alcohol-related traffic accidents. Education authorities and organizations, organizations active in youth culture and sports and other groups interested in youth could become partners for action on drinking of young people. Similar partnerships can be developed on the basis of other specific alcohol problems.

**The health and social services and insurance systems** are under pressure to cut their costs. Although there are trials, in most countries of central and eastern Europe, to find solutions to the fiscal crisis from reforms of the financing and management of the health services, an alternative or a complementary strategy could, in the long run, be the prevention of diseases and disabilities. From this perspective alcohol control policy could find increased support among decision makers.

**The employers in industries that try to compete internationally** and particularly foreign investors in industries of the countries of central and eastern Europe want to increase work productivity in order to be competitive. One way to do this is to decrease the production losses caused by alcohol, such as losses due to drinking at the work place and absenteeism. This perspective could lead support from employers for public health alcohol policy.

**Morally loaded issues in politics** are often needed, especially during social and political crises. That is one of the reasons why abortion has become an important issue in Polish politics at the beginning of the 1990s. In many countries of northern and central Europe, alcohol problems and the ideals of the temperance movement were of extremely high political priority during the period of industrialization (7).

The high priority of alcohol policy in the first years of the Polish Solidarnosc and during the Gorbatsow alcohol campaign of the former Soviet Union show the potential of moral politics for alcohol policy in the countries of central and eastern Europe. Although both are now publicly perceived as failures, they also show how the issue of alcohol control can be linked, as a moral aspect, in extensive reform programmes. Thus, the rise of moral alcohol policy could be quite possible in some of the countries of central and eastern Europe, especially in those that did not experience the failures of the 1980s.

**Non-governmental organizations**, such as temperance movements, have appeared or reemerged in some countries. They are actual or potential allies in creating alcohol policy, as being politically influential (like in Ukraine) and being able to attract some population groups due to their connection with national tradition or pride.

### **A need for a clear public health approach**

It is important that the advocates for public health in alcohol control policies make their own interest and motivation clear in the process of creating partnerships with the other sectors, organizations and groups that have their own interests and motivations. That is important because other interests could also lead to measures that are in part contrary to the promotion of public health. For instance, the state finance interest could promote an increase

in alcohol consumption to obtain more taxes. The public order interest could lead to repressive measures against people with alcohol problems, instead of offering treatment and support to them. A narrow bureaucratic approach could lead to neglect the role of non-governmental action in alcohol prevention. A moralistic approach could lead to the blaming of victims of alcohol problems. Too much emphasis on economic arguments could lead to a neglect of the humanistic motivation of public health ideals.

Public health alcohol policy is not only control policy and cooperation with other sectors of the administration. The European Alcohol Action Plan also emphasizes health promotion and alcohol prevention at the community and municipal level, in work places, schools and other "settings" that could support healthy lifestyles, empowering people to make healthy choices in their life and developing the preventive role of primary health care. Effective action at all these levels of comprehensive public health alcohol policy will best clarify the interest and motivation of the health sector in alcohol policy.

There are both opportunities and need for alcohol action at many levels of society in the countries of central and eastern Europe.

Economic transition, in many instances, reduced the culture and sports activities of work places, schools and communities. At the same time, there are more people who could want these activities, due to increasing unemployment. Too often, alternatives to watching TV or drinking alcohol are few.

Many of the countries of central and eastern Europe plan a reform of the health care system. There is a need to emphasize, during this planning, that with good training, organization and effective incentives primary health care can significantly prevent the need for expensive treatment. One of these opportunities is modern primary prevention of alcohol-related problems. But, with inadequate training and wrong incentives, primary health care could lose all or most of its capacities for prevention and the result will be a greater need for expensive specialist treatment.

## Conclusions

There is an upward trend in alcohol consumption and related problems during the last years in most countries of central and eastern Europe. If effective new policies are not developed soon, consumption and problems will still increase significantly. Although the general trend is negligence of alcohol problems, there are many interests that could form a basis for a coalition for public health alcohol policy. Public health advocates' own programme should be comprehensive and convincing. Although the differences between the countries are great, there are also many common tasks and action that can be recommended. Among the most urgent tasks are the following:

1. To develop data and monitoring systems that allow the evaluation of trends in alcohol consumption and related problems and of the successes and failures of alcohol policies.
2. To cooperate with all those sectors of society and administration that could be partners in creating new alcohol policies. Multisectoral committees or other forms of cooperation are needed.

3. To develop alcohol control policy and legislation adapted to the emerging market economy. The most urgent tasks is the control of marketing of alcohol and creating an effective recording and taxation system. A comprehensive legislation is needed soon.
4. To activate the health sector and communities, workplaces, schools and municipalities to prevent alcohol-related problems, to formulate local alcohol policies and support people with alcohol-related problems.
5. To build up national institutions, training programmes and research to support the development of alcohol action by different sectors and at different levels of society.

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