WORLD HEALTH ORGANIZATION

EUROPE

Alcohol and Interpersonal Violence

Policy Briefing

GLOBAL CAMPAIGN FOR VIOLENCE PREVENTION
CAMPAGNE MONDIALE POUR LA PREVENTION DE LA VIOLENCE
VIOLENCE PREVENTION ALLIANCE / ALLIANCE POUR LA PREVENTION DE LA VIOLENCE

liverpool JMU Centre for Public Health

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Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH

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ABSTRACT

The European Region of the World Health Organization (WHO) has the highest per capita levels of alcohol consumption in the world. Drinking patterns and levels of interpersonal violence (such as homicide) vary widely throughout the Region. However, across all of Europe, health and criminal justice studies increasingly highlight the role of alcohol consumption in people becoming victims of violence and perpetrators of violence. This policy brief presents the magnitude of the problem, and outlines a range of factors which can increase individuals' risks of problems related to alcohol and violence. It presents examples of successful intervention which prevent and/or reduce levels of violence associated with alcohol and highlights the key role of health services. By presenting the challenges alcohol and interpersonal violence continue to place on public health, individuals and communities, judicial and other public services the paper makes a strong point for concerted and coordinated action on the reduction of alcohol and interpersonal violence in the European Region.

Keywords

ALCOHOL DRINKING
VIOLENCE - prevention and control
WOUNDS AND INJURIES - prevention and control
SPOUSE ABUSE
CHILD ABUSE
AGED
ADOLESCENT
DOMESTIC VIOLENCE
SEX OFFENSES
INTERPERSONAL RELATIONS
RISK FACTORS
HEALTH POLICY
EUROPE

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This publication was prepared with the support of the Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH.

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Introduction

Across Europe, alcohol and interpersonal violence continue to challenge public health, placing huge burdens on communities and individuals as well as health, judicial and other public services. The European Region of the World Health Organization (WHO) has the highest per capita levels of alcohol consumption in the world *(1)*. Alcohol is responsible for between 6.8% (western Europe) and 12.1% (eastern Europe) of all years of health lost through premature death or disability (based on disability-adjusted life years (DALYs)) *(2)*. Interpersonal violence (Box 1) is responsible for about 73 000 deaths per year in the European Region: almost 1% of total deaths. For every death caused through interpersonal violence, a further 20–40 victims require hospital treatment, with many more remaining untreated and unrecorded. There is great variation in death rates from interpersonal violence throughout the Region. When taken together people living in the low to middle income countries of the Region are almost 14 times more likely to die from this cause than those living in high income countries. Drinking patterns and levels of interpersonal violence (such as homicide) vary widely throughout Europe. However, across all cultures they are strongly linked.[1] Each affects and exacerbates the effects of the other (Box 1), with a strong association between alcohol consumption and an increase in individuals' risks of being a perpetrator of violence and a victim of violence.

Box 1. The links between interpersonal violence and alcohol

Interpersonal violence is violence committed by an individual or small group of individuals and includes physical and sexual assault, emotional and psychological abuse, and neglect. Interpersonal violence can be categorized into the following categories.

Youth violence Violence committed by young people	•	80% of violent crimes committed by juveniles in Estonia are associated with alcohol use *(3)*
Child abuse Violence inflicted on and neglect of children by parents and caregivers	•	Excessive use of alcohol by parents in Latvia, Lithuania and The former Yugoslav Republic of Macedonia is associated with emotional and physical child abuse *(4)*
Intimate partner violence Violence occurring within an intimate relationship	•	33% of perpetrators and 9.5% of victims of intimate partner violence in Switzerland are intoxicated at the time of assault *(5)*
Abuse of elderly people Mistreatment or neglect of older people by family and caregivers	•	Caregiver alcohol consumption is the most significant risk factor for physical abuse of elderly people receiving respite care in England *(6)*
Sexual violence Including sexual assault, unwanted sexual attention and sexual coercion	•	46% of perpetrators of rape in Spain have consumed alcohol prior to the attack *(7)*

Numerous mechanisms link alcohol and interpersonal violence.

- Alcohol use directly affects cognitive and physical functioning. Reduced self-control and ability to process incoming information makes drinkers more likely to resort to violence in confrontation (for example, youth violence), and reduced ability to recognize warning signs in potentially violent situations makes them appear to be easy targets for perpetrators (for example, sexual violence).
- Individual and societal beliefs that alcohol causes aggressive behaviour can lead to the use of alcohol as a way of excusing violent acts (for example, intimate partner violence).

[1] Alcohol is a major risk factor for all types of injuries, regardless of their intent. This briefing focuses in particular on the relationship between alcohol and interpersonal violence.

- Dependence on alcohol means that individuals may fail to fulfil care responsibilities or extort money from relatives to purchase alcohol (for example, abuse of elderly people).
- Experiencing or witnessing violence can lead to the use of alcohol as a way of coping or self-medicating (for example, as a consequence of child abuse).
- Uncomfortable, crowded and poorly managed drinking settings contribute to increased aggression among drinkers (for example, youth violence).
- Alcohol and violence may be related through a common risk factor (for example, antisocial personality disorder *(8)*) that contributes to the risk of both heavy drinking and violent behaviour.
- Prenatal alcohol exposure (resulting in fetal alcohol syndrome or fetal alcohol effects) is associated with behavioural and social problems, including delinquent behaviour, sexual violence and suicide in later life *(9)*.

Magnitude of the problem

Across the European Region of WHO, recorded annual alcohol consumption per capita (age 15 years and older) ranges from 0.41 litres in Tajikistan to 17.54 litres in Luxembourg *(1)*. Further, levels of additional unrecorded consumption vary widely, such as up to an estimated 12.0 litres per capita annually in the Republic of Moldova. In several countries in the eastern part of the Region, illicit alcohol manufacture and smuggling is problematic. Patterns of consumption also vary. Countries such as Finland, Sweden; the United Kingdom and the Russian Federation have high rates of "explosive" drinking patterns, in which alcohol is consumed less frequently but then drunk to intoxication. Conversely, in southern Europe drinking is more often part of family life, and alcohol is consumed regularly but moderately as part of a daily diet *(10,11)*. Interpersonal violence across Europe has an equally varied pattern, with mortality rates (2002) for assault and homicide (ICD-10 codes X85–Y09) ranging from 0.69 per 100 000 population in Greece to 29.71 per 100 000 in the Russian Federation *(12)*. The role of alcohol in violence also varies between countries, with 3.6% of adult male drinkers claiming to have been involved in a fight after drinking in a survey of Finland, France, Germany, Italy, Sweden and the United Kingdom, but this ranged from 1.2% in Italy to 7.5% in the United Kingdom *(11)*.

The involvement of alcohol in violence is not routinely recorded across Europe in either health or criminal justice settings, and many incidents of violence remain unreported to authorities and hence undetected. However, across all industrialized countries (including countries in the WHO European Region), alcohol is estimated to be responsible for 41% of male and 32% of female DALYs lost through homicide *(1)*. Nevertheless, such figures mask cultural variation, and links between alcohol and violence appear to be stronger in countries where drinking is characterized by acute intoxication *(13,14)*.

Across all of Europe, health and criminal justice studies increasingly highlight the role of alcohol consumption in people becoming victims of violence and perpetrators of violence. Key findings include the following.

Alcohol consumption by perpetrators of violence

- Among victims of assaults presenting at an emergency department in Norway, 53% assessed that their attacker had consumed alcohol prior to the attack *(15)*.
- In the Russian Federation, almost 75% of individuals arrested for homicide in 1995 had consumed alcohol *(16)*.

- In England and Wales, national survey data (2003–2004) showed that perpetrators of violence had been drinking in half (50%) of all violent incidents, equivalent to more than 1.3 million incidents of alcohol-related violence per year *(17)*.

Alcohol consumption by victims of violence

- Among victims of homicide 15–64 years old in Finland (1987–1996), 62.7% of men and 36.8% of women tested positive for alcohol *(18)*.
- In the Netherlands (1970–1998), 36% of patients presenting to a hospital trauma centre with injuries sustained through violence had consumed alcohol versus 6.6% of patients attending with accidental injuries *(19)*.
- In Spain, 36% of patients attending an emergency department with violence-related injuries had consumed alcohol in the six hours prior to injury *(20)*.

Alcohol is a key factor across all types of interpersonal violence (Box 1). European studies have shown the following.

Alcohol and youth violence

Among men 18–24 years old in England and Wales, those who binge drink (having felt very drunk at least monthly during the past 12 months) are more than twice as likely to have committed a violent crime in the previous year as regular but non-binge drinkers *(21)*. In Estonia, 80% of violent crime committed by youths has been linked to alcohol *(3)*. In Norway, violent behaviour among 12- to 20-year-olds has been associated with having friends who regularly drink alcohol and having parents who are often intoxicated *(22)*.

Alcohol and child abuse

Among schoolchildren aged 10–14 years in Latvia, Lithuania and The former Yugoslav Republic of Macedonia, overuse of alcohol by parents was significantly associated with emotional and physical abuse and correlated at a lower rate in the Republic of Moldova *(4)*. In Germany, 32% of the offenders in cases of fatal child abuse (1985–1990) were thought to have consumed alcohol before committing the offence *(23)*.

Alcohol and intimate partner violence

In Switzerland, 33% of perpetrators and 9.5% of victims of intimate partner violence were intoxicated at the time of the event *(5)*. A study of domestic abuse of pregnant women in Malta found that both victimization and perpetration were associated with alcohol consumption *(24)*. In Iceland, 71% of the female victims of intimate partner violence stated partner alcohol use as the main cause of their assault, and 22% reported using alcohol themselves as a coping mechanism *(3)*.

Alcohol and abuse of elderly people

In England, 45% of caregivers for elderly people receiving respite care admitted to committing some form of abuse, with caregiver alcohol consumption being the most significant risk factor for physical abuse *(6)*.

Alcohol and sexual violence

In Norway, early initiation to alcohol and high alcohol consumption have been associated with increased risk of sexual victimization among teenage girls *(25)*, and 40% of rape victims reported consuming alcohol before the attack *(26)*. In the United Kingdom, 58% of men

imprisoned for rape reported having consumed alcohol in the six hours preceding the offence, and 37% were considered to be alcohol dependent *(27)*. In Sweden, a previous diagnosis of alcohol dependence among sex offenders doubled the rate of reconviction for sexual violence *(28)*.

Risk factors

A range of factors can increase individuals' risks of problems related to alcohol and violence. Here the ecological model (Fig. 1) is used to divide these into factors associated with the individual, with relationships between individuals, with communities and with society. This ecological model helps to understand the variety of influences that impact on violence and alcohol consumption and how they interact *(29)*.

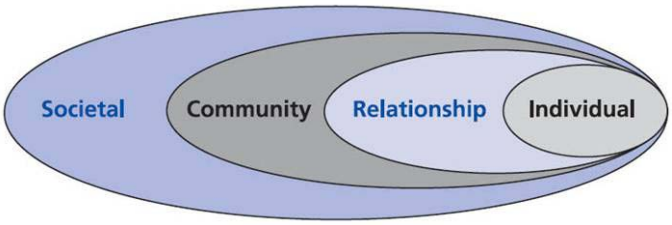

Fig. 1. The ecological model for understanding violence

Individual factors

Victims

Age, gender and drinking patterns are important risk factors for alcohol-related victimization. The risk of becoming a victim of alcohol-related assault is highest among young people (for example, 16–29 years old in England and Wales *(30)* and 15–24 years old in Norway *(15)*), whereas slightly older populations have a greater risk of alcohol-related homicide (for example, 25–44 years old in Finland *(18)*). Emergency treatment studies consistently find that victims of alcohol-related violence are more likely to be male (for example, 80% of victims of alcohol-related assault in England *(31)* and a male-female ratio of 8.7 among victims of alcohol-related violence in the Netherlands *(19)*). Further, across Europe relationship between alcohol consumption and homicide rates is stronger among men than among women, with men being more likely when drinking to display aggression towards other men than towards women *(14)*. However, the gender discrepancy varies with the type of violence; for alcohol-related intimate partner violence, women are at far greater risk of becoming a victim *(5, 32, 80)*. Early initiation into alcohol use has been associated with increased risk of sexual victimization in adolescence, and experiencing sexual abuse in childhood has been associated with greater risk of alcohol dependence in later life *(25)*. Greater risks of victimization have also been found among people who drink frequently, drink in greater quantities, are single, separated or divorced and who are unemployed *(30)*.

Perpetrators

Men commit most alcohol-related violence (for example, Norway *(15)* and England and Wales *(30)*), with the risk of perpetration varying with age. In the United Kingdom, those aged 16–24 years are most likely to perpetrate alcohol-related violence towards strangers, whereas people 25 years or older commit most alcohol-related violence towards acquaintances *(30)*. Heavier and

more frequent drinkers are more at risk *(33)*, as are those who start drinking alcohol at an earlier age (for example, France *(34)*). The relationship between alcohol and violence is mediated by certain personality traits such as impulsiveness and anger, which increase the risk of a person becoming more aggressive after drinking *(35)*. A person's beliefs about the effects of alcohol also influence the risk of committing alcohol-related violence, with a higher rate of alcohol-related aggression among people who expect alcohol consumption to increase aggression *(36)*. Additional risk factors may be important for specific types of violence; for abuse of elderly people, mental health problems and financial difficulties can also increase the risk of perpetration *(29)*.

Relationship factors

People known to the victim perpetrate many alcohol-related assaults. In England and Wales in 1999, acquaintances of the victim committed about 60% of all alcohol-related assaults *(30)*. Relationship issues are especially important between intimate partners, where relationship problems and dissatisfaction are known risk factors for alcohol-related violence *(37)*. Exposure to parental violence during childhood is a risk factor for alcohol dependence and other alcohol-related problems later in life *(38)*, and parental alcohol abuse, especially by the mother, increases the risk of violent offending among young people *(39)*. Among young adults, a person's relationship with his or her peers can also affect the likelihood of alcohol-related violence, with a higher risk of criminal and disorderly offending found among those who associate with delinquent acquaintances *(21)*.

Community factors

Levels of alcohol-related violence are influenced by situational factors such as the time of day, the day of the week and the setting in which alcohol is consumed. In England and Wales in 1999, most alcohol-related assaults occurred on weekend evenings or nights, and about one third of all assaults occurred in or around a pub or club *(30)*. Several environmental factors appear to be especially related to violence occurring in the night-time economy. Drinking venues that are crowded, have an unpleasant atmosphere (such as hot, noisy and smoky), have competitive games on the premises and have a permissive attitude towards antisocial behaviour and drunkenness (such as continuing to serve intoxicated patrons) have a higher risk of experiencing alcohol-related violence *(40)*. Having greater concentrations of such venues within an area also increases the risk of interpersonal violence in that area *(41)*. The same is true for premises which engage in the illegal manufacture and/or sale of alcohol. During sporting events, such as football matches, alcohol-related violence can also increase in and around both stadiums and drinking venues where matches are viewed. During the 1998 World Cup, one match (Scotland versus Brazil) led to a four-fold increase in attendance at an emergency department in Scotland, of which one third involved violence and more than two thirds involved alcohol *(42)*. However, cultural influences are also important, as fans in Denmark are renowned for consuming large amounts of alcohol yet maintaining a cheerful sociability *(43)*.

Societal factors

Cultures in which acute intoxication is found more commonly and is tolerated to a greater extent within society report the strongest relationship between alcohol and violence. Across 14 European countries (1950–1995), the impact of alcohol on homicide was highest in Norway, Sweden and Finland (characterized by heavy drinking episodes) and lowest in Mediterranean countries such as France and Italy, where drinking typically occurs more regularly and moderately *(14)*. Alcohol-related violence is considered more likely in cultures with expectations about the disinhibiting effects of alcohol *(44)*, although alcohol can be used to account for, or excuse, violent behaviour even in countries where alcohol consumption is usually moderate *(45)*. Most Europeans (95% according to the results of the DAPHNE Programme) believe alcohol to be a main factor in violence towards women and children *(46)*.

Effects and costs

The consequences of alcohol-related violence are far-reaching and include physical, mental and sexual injury for victims, emotional harm and burden of care for family and friends of victims, fear of crime among the wider community and increased strain on public services (Box 2). Further, emergency department studies have found associations between levels of alcohol consumption by victims and perpetrators and the severity of injury *(47)*. In serious assaults, alcohol may play a role in determining victims' survival, for example by reducing ability to seek urgent health care assistance or reducing perceptions of the seriousness of injury *(48)*. In many countries, much alcohol-related violence occurs in and around drinking venues where drinking paraphernalia (such as glasses and bottles) are frequently used as weapons. Such assaults often lead to serious and permanent facial injury as well as emotional difficulties such as post-traumatic stress disorder *(49)*.

Box 2. Economic costs of alcohol-related violence

In England and Wales alone, the annual cost of violent crime (excluding that towards people younger than 16 years and older than 65 years) has been estimated at £24.4 billion *(50)*, about 2% of gross domestic product. Fifty percent of such violence is considered to be related to alcohol *(17)*.

Victims of alcohol-related assault also report emotional consequences (75% in England and Wales *(30)*), and with most such violence affecting young people, the physical and mental effects result in a disproportionate loss of healthy years of life. Further, the long-term effects of experiencing alcohol-related violence, especially when alcohol is used as a way of coping with violent experiences, may include more severe mental problems such as attempted suicide *(51)* (Box 3).

Box 3. Alcohol and suicide

Suicide can be a consequence of interpersonal violence, and alcohol consumption and suicide or attempted suicide are also strongly related, especially among heavier drinkers. In this group, the risk of suicidal behaviour increases if other mental health problems such as depression are present. About 7% of people with alcohol dependence die from suicide *(52)*. Suicide rates rise with increasing per capita consumption and tend to be higher in drinking cultures characterized by irregular heavy drinking, indicating an association between interpersonal violence and suicide *(53)*. Effective interventions that reduce heavy drinking may reduce both assaults and suicide.

Different types of violence also carry additional consequences for victims. Alcohol-related intimate partner violence can lead to the breakdown of family relationships, with children witnessing violence between parents potentially developing substance use problems and becoming perpetrators of violence themselves in later life. For elderly people being abused, extortion of money by their alcohol-using children can lead to financial difficulties, while criminal sanctions imposed as a result of alcohol-related youth violence can reduce young people's educational and career prospects. The burden of alcohol-related violence on the

provision of public services can be immense. For health and criminal justice agencies, tackling and treating the offenders and victims of alcohol-related violence is not only financially costly (Box 2) but also diverts resources from other health and crime issues. For wider communities, a high prevalence of alcohol-related violence increases the fear of crime and inhibits people from visiting city centres and other places associated with disorder. In addition to reducing the quality of life, these effects also reduce community cohesion, disrupt trade for local businesses and hamper cultural and social development.

Prevention and the role of health services

Throughout much of the WHO European Region, consuming alcohol is a normal and acceptable part of society and culture. Nevertheless, violence associated with alcohol (and consequently alcohol consumption associated with violence) poses a very important and dramatic problem that can be prevented. Central to this is creating cultural and societal environments that discourage

Box 4. Effective interventions to reduce alcohol-related violence

Increase alcohol prices

Increasing alcohol prices through higher taxation can reduce levels of violence *(54)*. Alcohol prices vary widely across Europe, with beer costing 50 times more relative to average incomes in the Republic of Moldova than in Luxembourg *(54)*. Regional and international trade agreements can hamper national efforts to influence alcohol prices. A 45% decrease in tax on spirits in Finland and Denmark, in part forced by relaxed rules on cross-border sales between European Union countries, has increased spirit sales by 20% *(56)*. Locally, minimum price policies can reduce access to inexpensive alcohol in drinking venues if all vendors adhere to these policies *(57)*. Interventions to decrease alcohol problems, however, should also seek to control for the risks of illegal alcohol production and smuggling, reported in the eastern part of the Region.

Regulate alcohol sales

The availability of alcohol influences consumption levels; removing the government monopoly on off-licence beer sales in Finland, for example, led to a 46% increase in consumption and increased alcohol problems *(58)*. Partial bans on alcohol sales can be implemented during certain periods, such as football match days *(59)*, and complete bans can be imposed on consumption in certain public areas such as town and city centre streets.

Reduce access to alcohol by young people

At an individual level, first alcohol consumption at an early age is related to violence. The legal age for purchasing alcohol in Europe ranges between 16 (such as France) and 20 (such as Iceland), yet sales to underage purchasers can be common *(60)*. Underage sales of alcohol can be reduced through server training programmes and by strictly enforcing age-of-purchase legislation through test purchasing and penalties that include revoking sales licences *(61)*.

Screening and brief interventions

Alcohol screening (such as AUDIT *(62)*) and brief interventions *(63)* in health services can be effective in reducing alcohol consumption among victims of alcohol-related violence *(64)* and can also be used to address the offenders in alcohol-related violence in criminal justice settings. Screening can also identify the victims of alcohol-related violence; key locations for screening include emergency departments and prenatal services.

Legal interventions

Legal interventions can be used to deter individuals from excessive drinking and related violence. Such interventions include imposing fines on those committing alcohol-related disorder or intoxicated in public and imposing banning orders preventing troublemakers from frequenting drinking venues. However, there are relatively few evaluations of such measures, and the most appropriate interventions for any setting are therefore still unclear.

Modifying drinking settings

Drinking venues that are crowded, noisy, smoky or poorly maintained and that display tolerance for antisocial behaviour are associated with higher levels of aggression *(40)*. Interventions to improve management practice include implementing training programmes for managers and staff *(65)*, using licensing legislation to enforce change (such as training door supervisors) and implementing codes of practice *(66)*.

Improving the wider night-time environment

The presence of large numbers of intoxicated individuals in town and city centres at night can lead to aggressive encounters, and intoxicated individuals are vulnerable to assault when walking home on dark streets *(67)*. Interventions such as providing safe late-night transport *(66)*, improving street lighting *(68)* and using closed circuit television *(69)* can help reduce alcohol-related violence around drinking venues.

risky drinking behaviour and do not allow alcohol to be used as an excuse for violence.

For interpersonal violence in general, early interventions such as prenatal and postnatal services can be effective prevention measures; these issues have been thoroughly reviewed elsewhere *(29)*. Specifically for alcohol-related violence, interventions to reduce population alcohol consumption (such as increasing alcohol taxation), to address those at risk of alcohol-related violence (such as implementing brief interventions) and to modify drinking settings (such as improving the management of drinking venues) have proven effective in reducing levels of violence (Box 4).

Health agencies have a central role in preventing alcohol-related violence (Box 5). Health services are ideally placed to collate and disseminate a wide range of information on drinking patterns, mortality and how health service settings can be used to solve violence-related injury and alcohol problems. Such information is essential in describing the extent of the problem and identifying the population groups and geographical areas most at risk of alcohol-related violence. In the most effective interventions, health intelligence is used alongside that from criminal justice and other agencies to inform multi-agency interventions.

Box 5. The role of health agencies in reducing alcohol-related violence

- Collating and disseminating intelligence on the magnitude of the problem and groups at higher risk
- Promoting, conducting and evaluating research on the links between alcohol and violence and the costs to society
- Identifying, informing, implementing and monitoring effective interventions
- Catalysing working in partnership
- Advocating for policy to reduce risky drinking and violence

Although the role of alcohol in violence is being increasingly recognized across Europe, there is little European research on the extent and costs of alcohol-related violence and effective prevention measures, especially for issues such as abuse of elderly people. Health agencies should be instrumental in promoting, conducting and evaluating such research and ensuring that evidence of effectiveness is disseminated and successful interventions implemented. Within health services, brief interventions have proven effective in reducing risky drinking among the victims of alcohol-related violence, and screening for exposure to violence can enable victims to be identified and supported. Staff in trauma departments, for example, are well placed to screen for hidden victims of child abuse *(70)*, abuse of elderly people *(71)*, sexual violence *(72)* and intimate partner violence *(73)*. Such interventions should be widely implemented, requiring investment in training and support for health staff. Moreover, offering victims support requires making adequate effective services available to cope with the resulting increases in demand.

Elsewhere, public health professionals should use their multi-agency role to raise awareness of the links between alcohol and violence, their effects on the targets of other agencies (such as education and business profitability) and the effectiveness of interventions in order to promote a partnership approach to prevention. For example, multi-component community interventions to reduce alcohol-related violence in nightlife settings have proven effective when implemented through multi-

Box 6. A multi-component community project in Sweden

In Stockholm, Sweden, the 10-year STAD project (Stockholm prevents alcohol and drug problems) to tackle alcohol-related violence has been implemented through a partnership between local authorities and the hospitality industry. The project incorporates community mobilization (such as establishing an advisory group including licensed premises, police, health services and the local council), responsible beverage service training (covering alcohol legislation, the health effects of alcohol and managing conflicts) and enforcement activity (including formal warnings and licence withdrawals for failing to adhere to licensing legislation). Evaluation of the programme found a 29% reduction in violent crime in the intervention area *(75)*.

agency partnerships involving health services, the criminal justice system, local authorities, holders of licences to serve alcohol and local residents (Box 6). Within such partnerships, public health should promote a holistic approach which, for example, ensures that efforts to reduce the availability of cheap alcohol in nightlife settings do not simply displace alcohol and violence problems to other areas (such as increasing the use of more dangerous illicit alcohol elsewhere *(74)*). Partnerships should also support early interventions addressing cycles of violence such as abuse of a child and its links with the development of alcohol problems and violent tendencies in later life.

The way forward

The European policy context

At the national and international level, health organizations have a key role in advocating for alcohol policies that recognize the relationships between alcohol and violence and give priority to public health. A range of policy measures already exist across the WHO European Region to support this work. These include:

- the recommendation of the **Council of the European Union** on the drinking of alcohol by young people, particularly children and adolescents, which urges European Union countries to formulate a strategy regarding young people and alcohol, including preventing underage drinking and ensuring that alcohol products are not promoted in a way that links drinking with antisocial behaviour or violence;
- the **European Union** DAPHNE Programme to combat violence and provide protection for those at risk; and
- the **Council of Europe** work on responses to violence in everyday life in a democratic society, which includes work on the relationships between alcohol, drugs and violence *(67)*.

WHO has developed programmes to respond to both alcohol and violence, including research, guidance, support and policy. Thus, Member States of the WHO European Region have endorsed a range of measures to prevent and reduce alcohol-related problems.

- World Health Assembly Resolution 58.26 on the **public health problems caused by harmful use of alcohol** requests Member States to promote a partnership approach to preventing the harmful consequences of alcohol.
- The **European Charter on Alcohol** adopted in 1995 *(76)* establishes principles for Member States in reducing the negative consequences of alcohol, including protecting individuals from violence associated with alcohol consumption and pressures to drink alcohol.
- The **European Alcohol Action Plan 2000–2005** *(77)* aims to prevent and reduce the harm caused by alcohol throughout the European Region, including violence associated with alcohol.
- The **Declaration on Young People and Alcohol** from 2001 *(78)* identifies young people as particularly at risk of alcohol-related problems and as key targets for policy measures across the European Region.

The public health approach to preventing violence is set out in the *World report on violence and health (29)*, within which alcohol is highlighted as a major contributor. Following the WHO report and the adoption of a World Health Assembly resolution endorsing the implementation of its recommendations (WHA56.24), the international Violence Prevention Alliance has been

established to provide a forum for the exchange of intelligence and practice between governments and agencies working to reduce violence across the world. Within Europe, the violence and injury prevention programme of the WHO Regional Office for Europe aims to reduce violence and unintentional injury in the European Region, again using a public health approach based on evidence and multisectoral cooperation. The programme supports Member States in preventing violence by providing them with intelligence on the burden of violence, knowledge about effective prevention strategies, support to improve their capacity to prevent violence and networks for exchanging information. A background document supporting discussions about injuries at the fifty-fifth session of the WHO Regional Committee for Europe *(79)* also highlights recognizing alcohol as a major risk factor for all injuries, requiring concerted action across a broad range of determinants of health and sectors.

Challenges

Across several European countries, dangerous drinking patterns have become embedded especially in youth culture, with young people drinking specifically to get drunk. Changing this culture towards more sensible drinking patterns is a substantial challenge. This becomes apparent especially when the means available to the public health and social marketing sectors are compared with the massive power of advertising by the alcohol industry and the models proposed by the entertainment business. However, Europe also includes a range of countries where alcohol is, in general, consumed moderately and its relationship with violence is less pronounced. Such variation in alcohol-related violence provides the opportunity to examine and exchange information on why it is being curbed in some areas but increasing in others.

Although much is already known about how to reduce alcohol-related violence, implementation of interventions and policy is often complicated by most Europeans enjoying alcohol consumption and by major economic interests in its production and sale. The need to modify often long-established attitudes, social norms and behaviour in different European societies requires careful and context-specific work of adapting proposed interventions – a task not to be underestimated. However, the interests of all groups are served when alcohol-related violence is reduced and when individuals' physical and mental health is not threatened by their own consumption or by that of others.

Priorities for action

- Sustained efforts should increase awareness of the links between alcohol and violence for both victims and perpetrators.
- European approaches to alcohol taxation should consider public health priorities as well as trade and economic aspects.
- Member States should aim to improve and standardize the recording of alcohol involvement in violence in both health and criminal justice settings.
- Policy and strategy tackling alcohol-related violence should concentrate expenditure on evidence-based interventions.
- Regional and subregional efforts should aim to address the significant immediate and long-term costs of alcohol consumption among young people, especially through multisectoral initiatives to delay the onset of drinking, reduce illegal purchase and decrease overall consumption levels.
- Region wide efforts are also needed to properly regulate and control the illegal manufacture, smuggling and distribution of alcohol.

- Alcohol education should be provided to all children as part of a whole-school approach that incorporates parents, local services and communities.
- At all levels, policy should aim to reduce any drinks promotions or other efforts that encourage the rapid consumption of large quantities of alcohol.
- Best practices for reducing alcohol-related violence in a number of settings should be developed and disseminated (such as guidelines on developing night-time environments).
- Investment is required in European research on the links between alcohol and violence and their costs to society, especially for less-well-understood areas such as abuse of elderly people and maltreatment of children.

Useful resources

WHO global status report on alcohol 2004. Geneva, World Health Organization, 2004.

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5058742
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