

There are two parts to this presentation, which did not get incorporated into the programme:

1. Does alcohol policy and do stakeholders in alcohol policy impact on brief intervention activity in countries?
2. Have English and Welsh doctors taken on the message to drink less?

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The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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Alcohol in the European Union  
Consumption, harm and policy approaches



Alcohol in the European Union

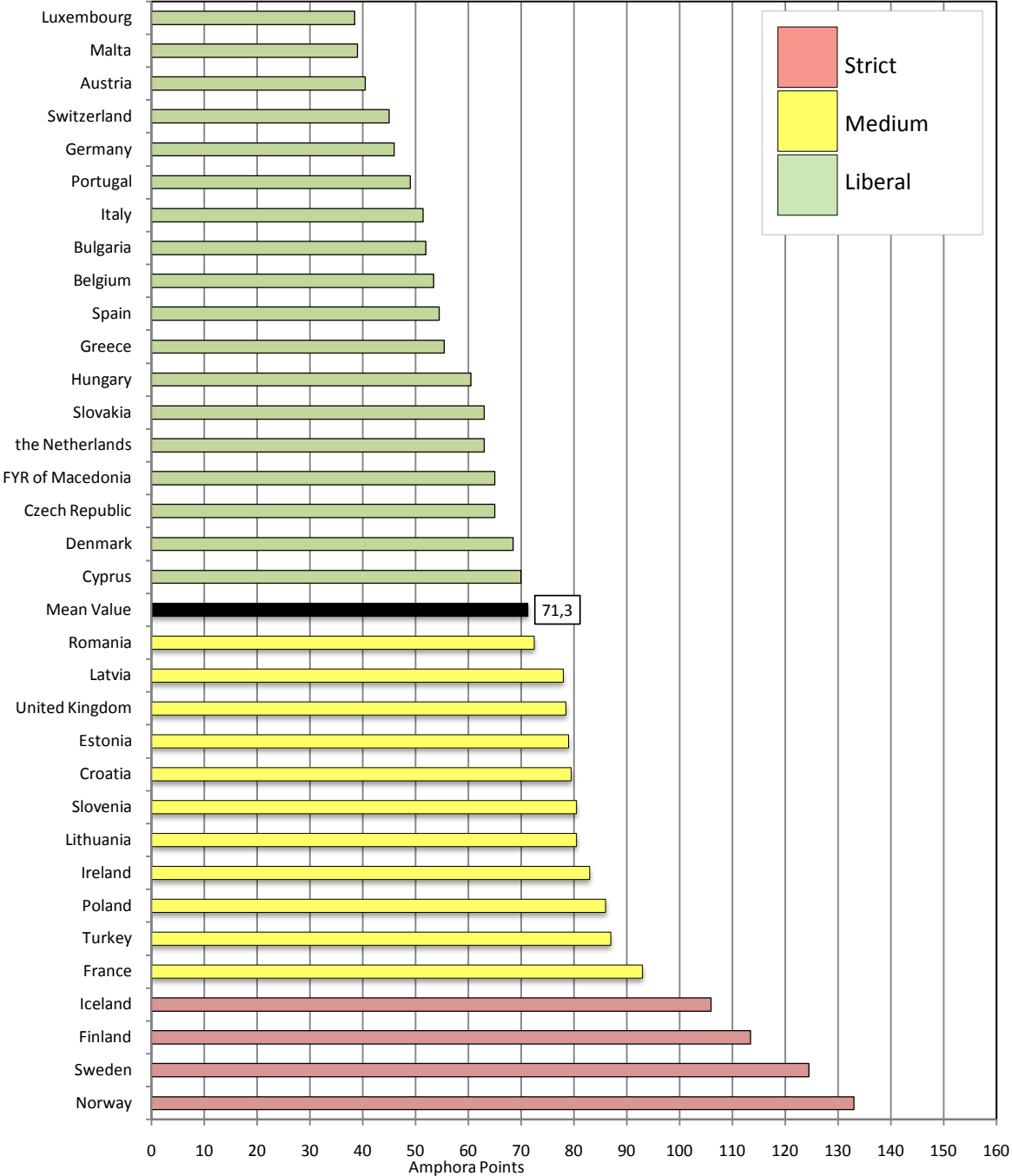


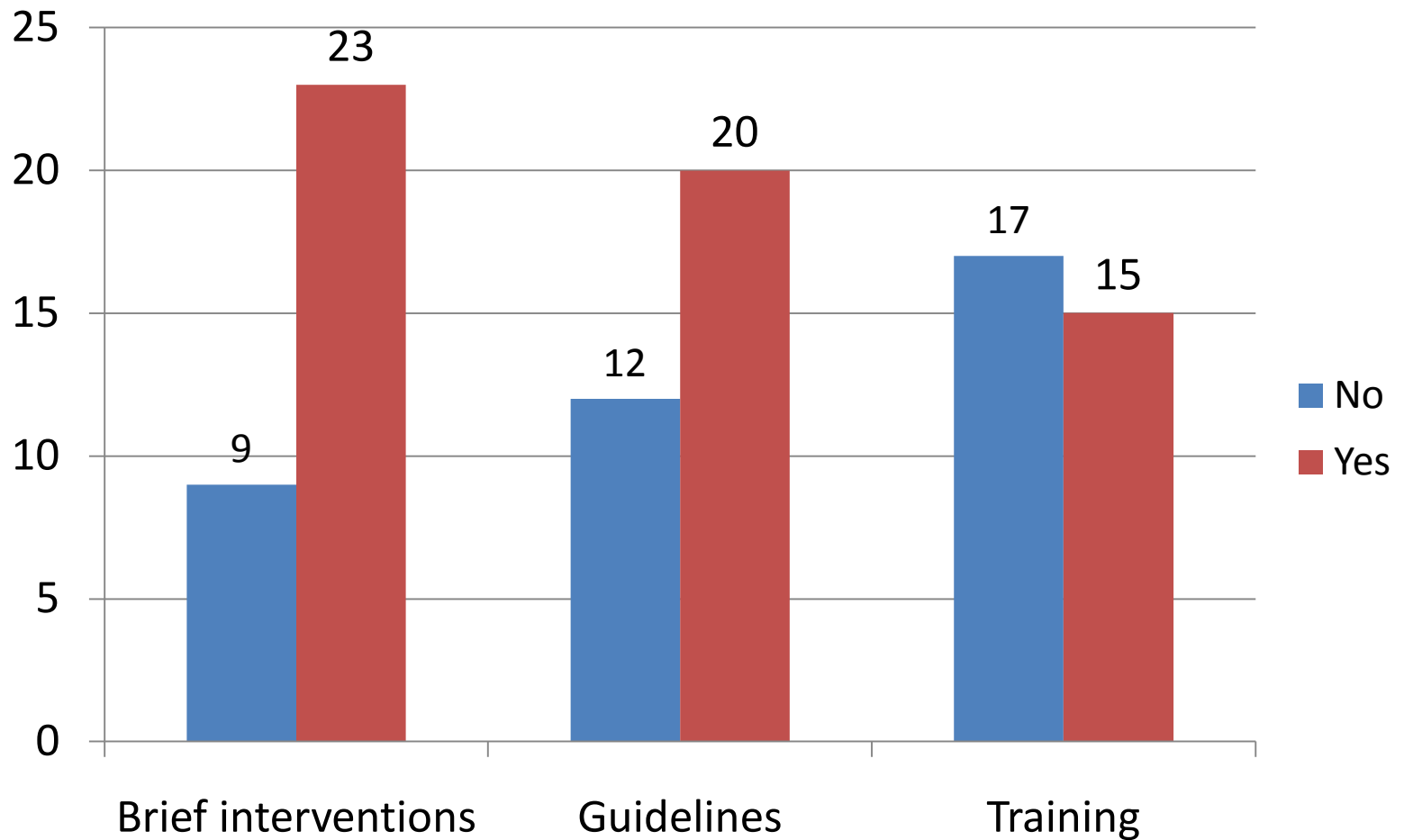
Alcohol in the European Union  
Consumption, harm and policy approaches

# State of alcohol in the European Union as of end 2010

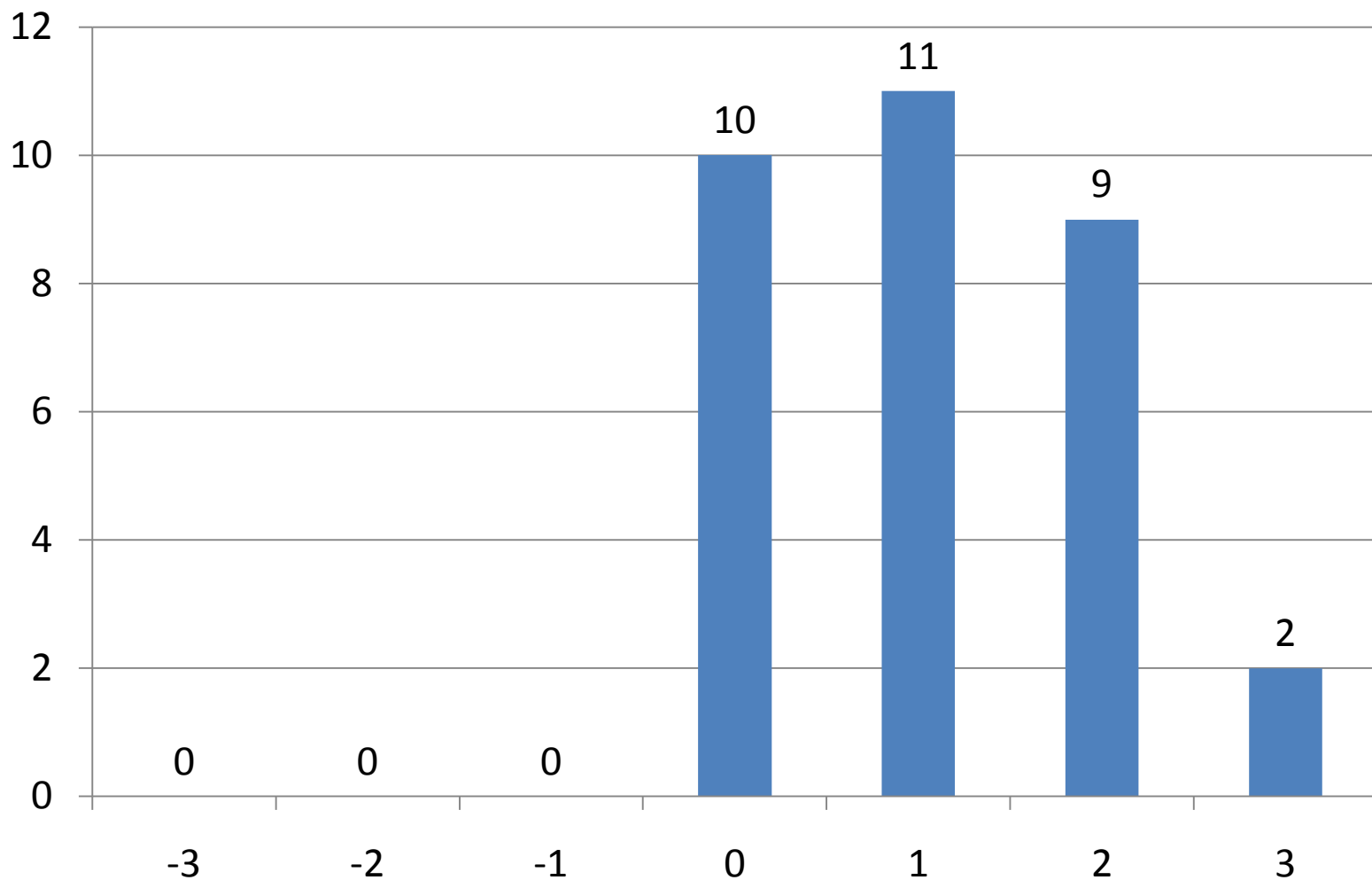


# Alcohol policy score by country

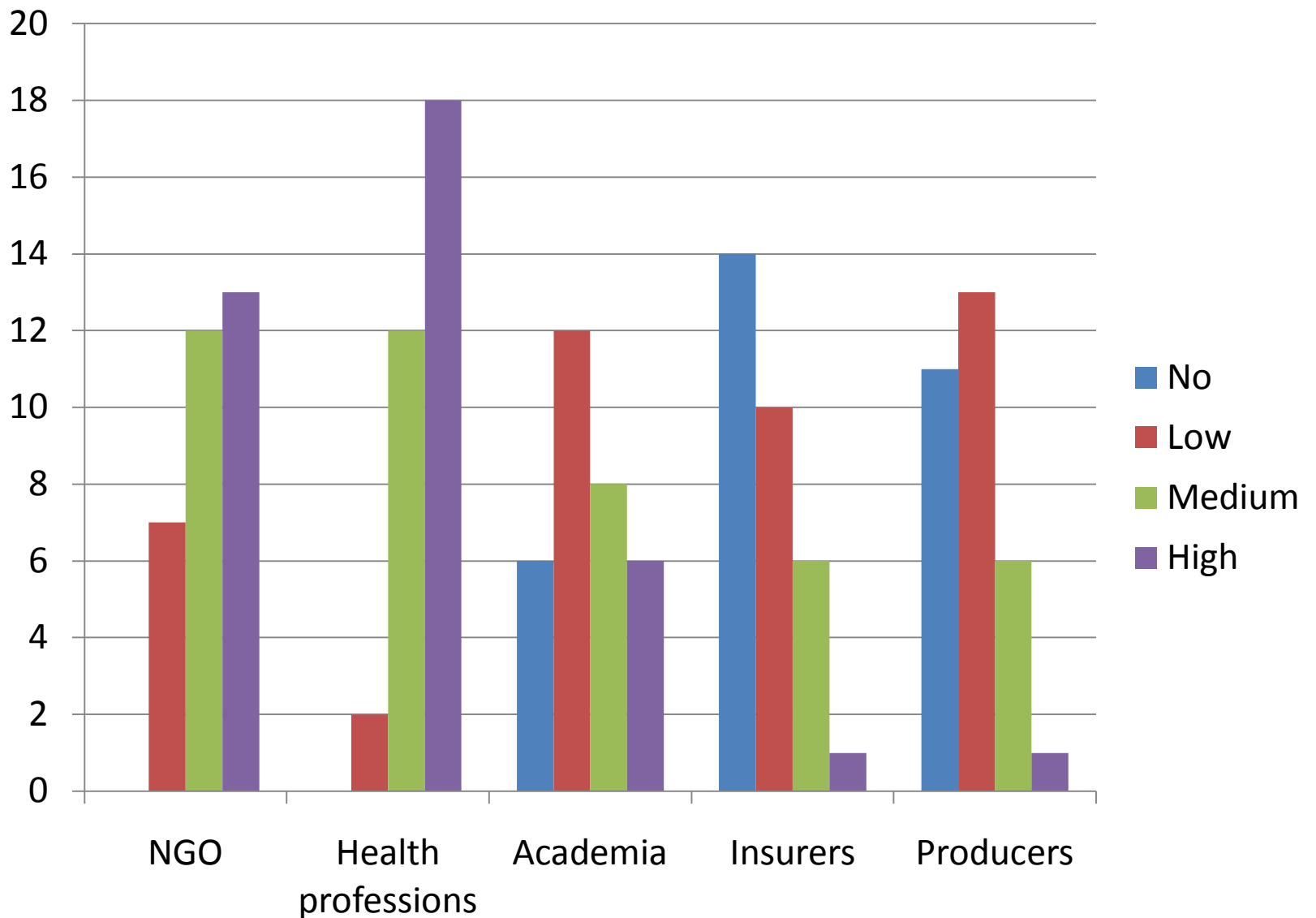




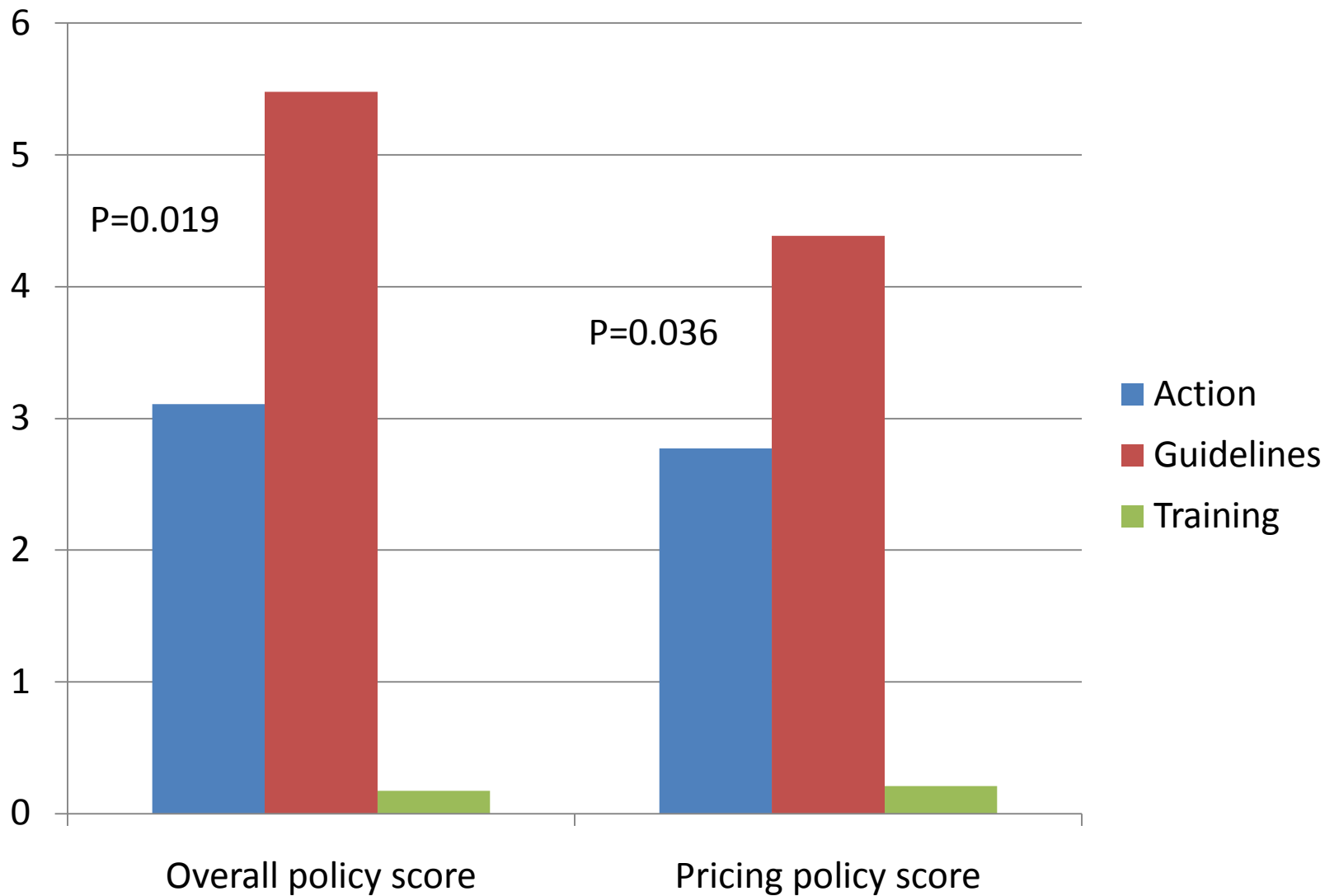
Number of countries with BI introduced as prevention, guidelines available and training available



Number of countries in which action on advice and treatment within the health care system got weaker or stronger over previous 5 years

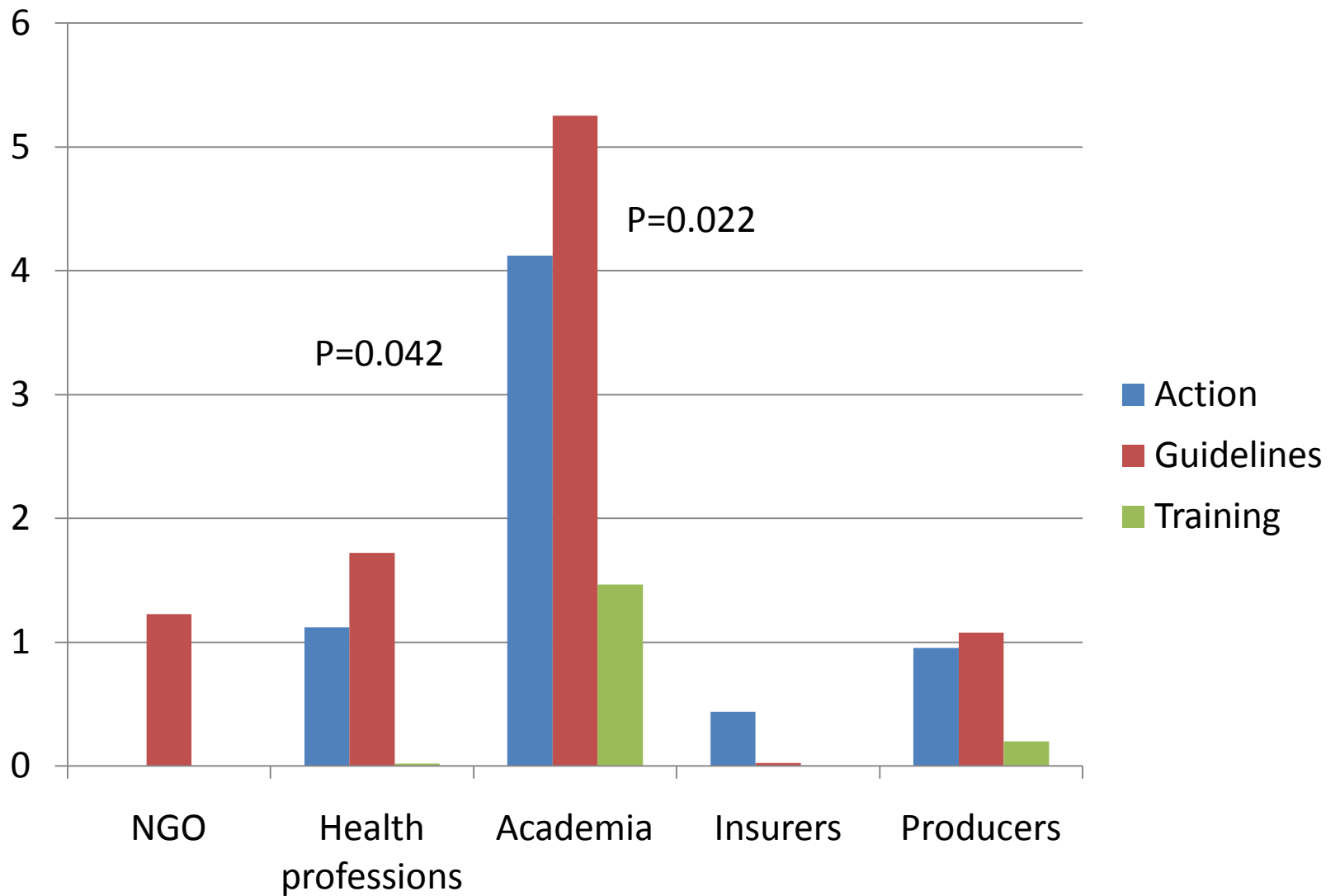


Involvement of stakeholders with action on tools and counselling for harmful and hazardous drinkers



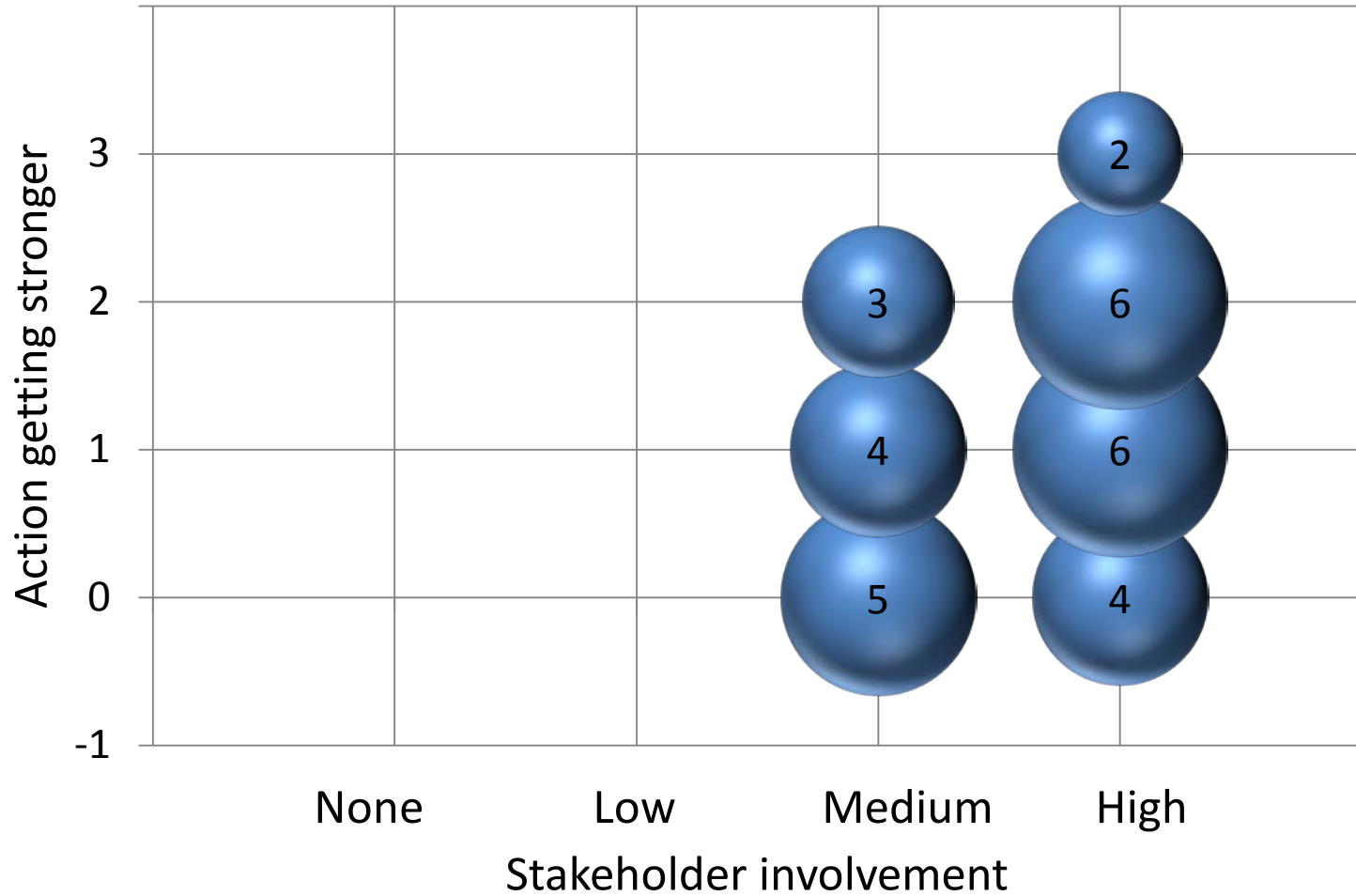
Logistic regression for introducing action, guidelines and training by overall policy score and pricing policy score. Wald statistic results.





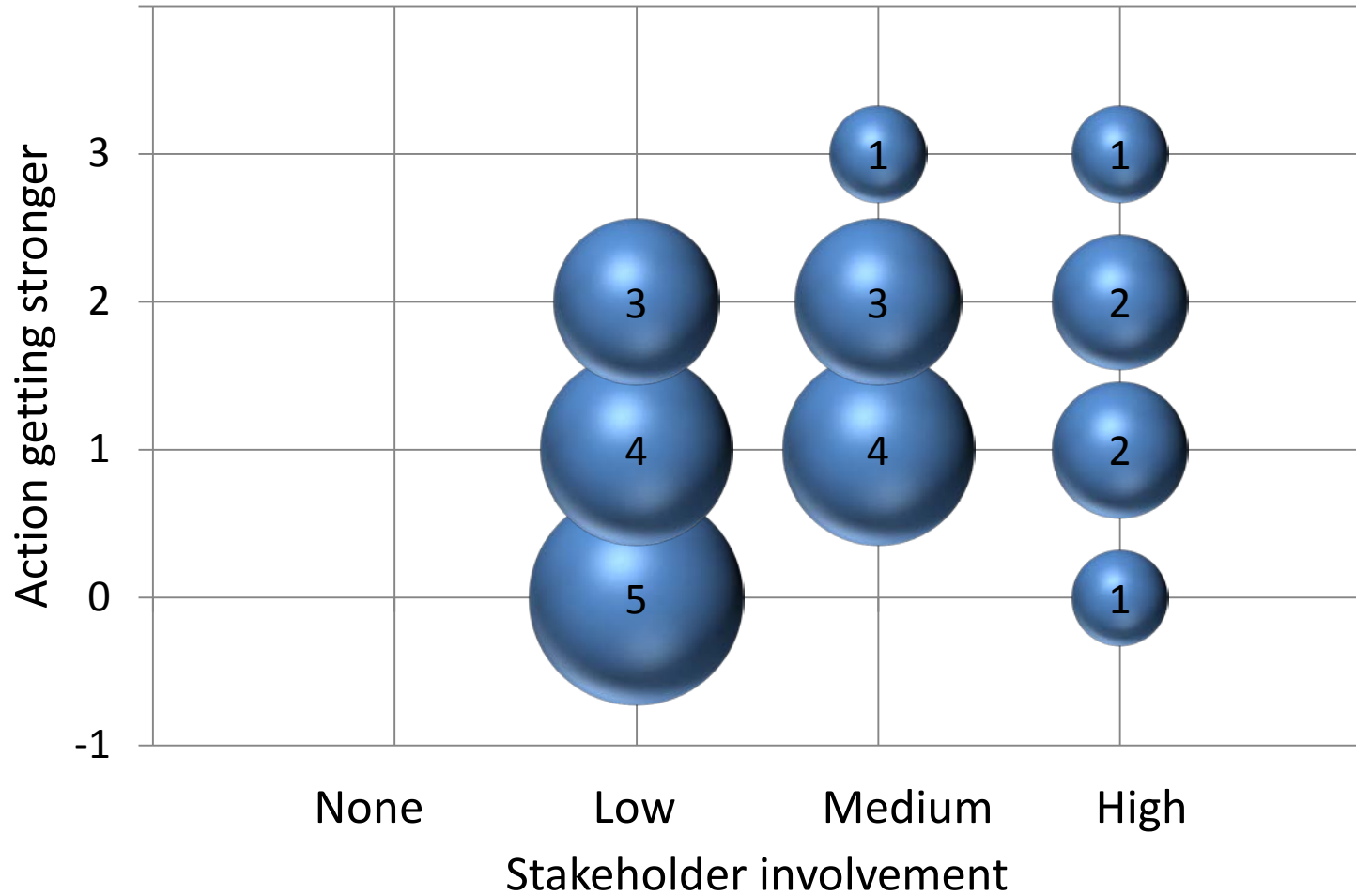
Logistic regression for introducing action, guidelines and training by stakeholder involvement. Wald statistic results.

# Action on BI getting stronger over past 5 years by level of involvement of health professionals in BI



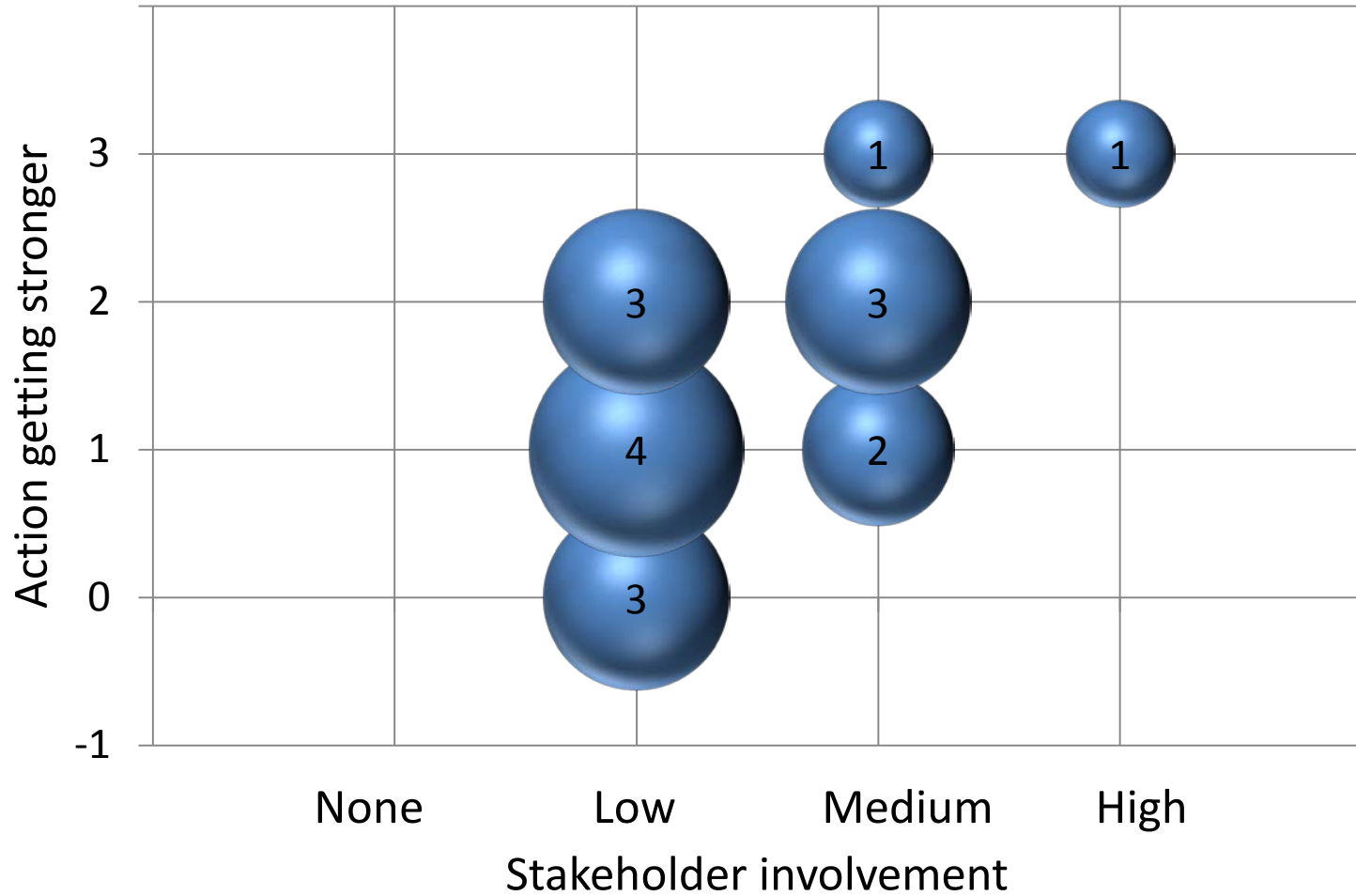
Mantel-Haenszel chi-square = 2.9, p=0.087

# Action on BI getting stronger over past 5 years by level of involvement of academia in BI



Mantel-Haenszel chi-square = 5.9,  $p=0.015$

# Action on BI getting stronger over past 5 years by level of involvement of insurance companies in BI



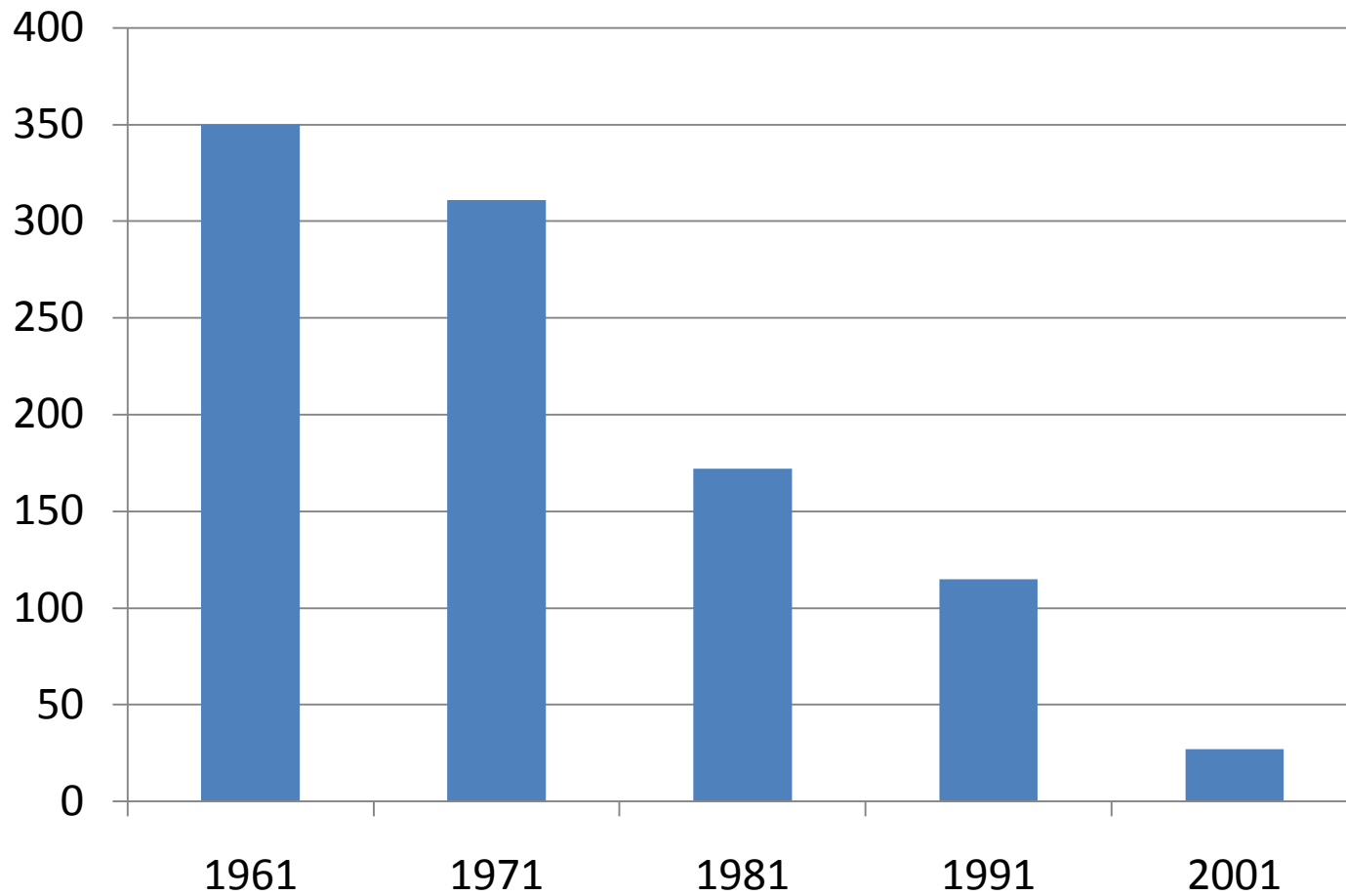
Mantel-Haenszel chi-square = 8.4, p=0.004

## Conclusions for the first part:

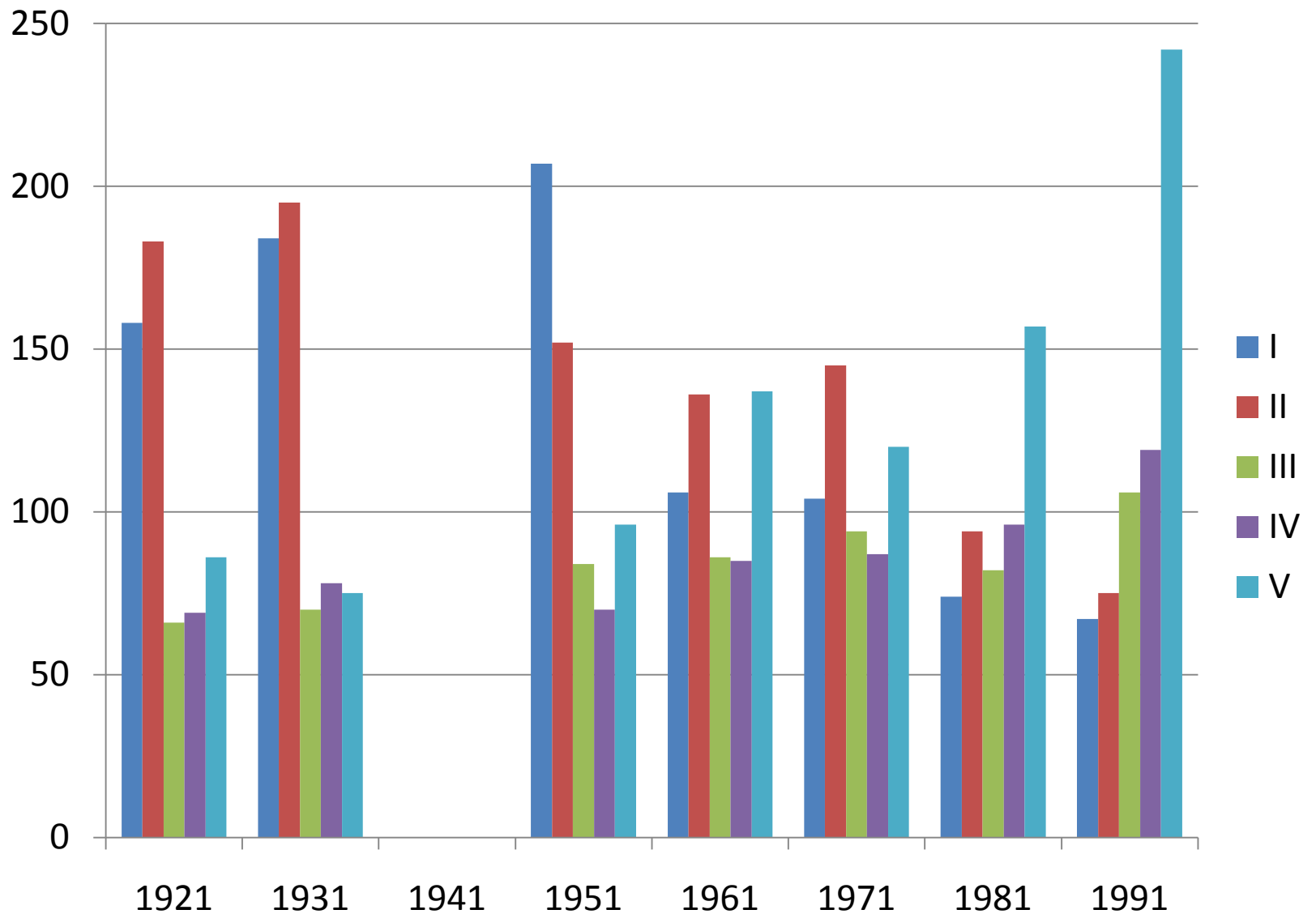
1. There is an association between having stronger alcohol policy and having clinical guidelines for brief interventions
2. There is an association between greater involvement of academia as a stakeholder, and incorporating brief interventions as part of preventive activity and having guidelines
3. There is an association between brief intervention activity getting stronger over the past 5 years and greater involvement of both academia and insurance companies as stakeholders.

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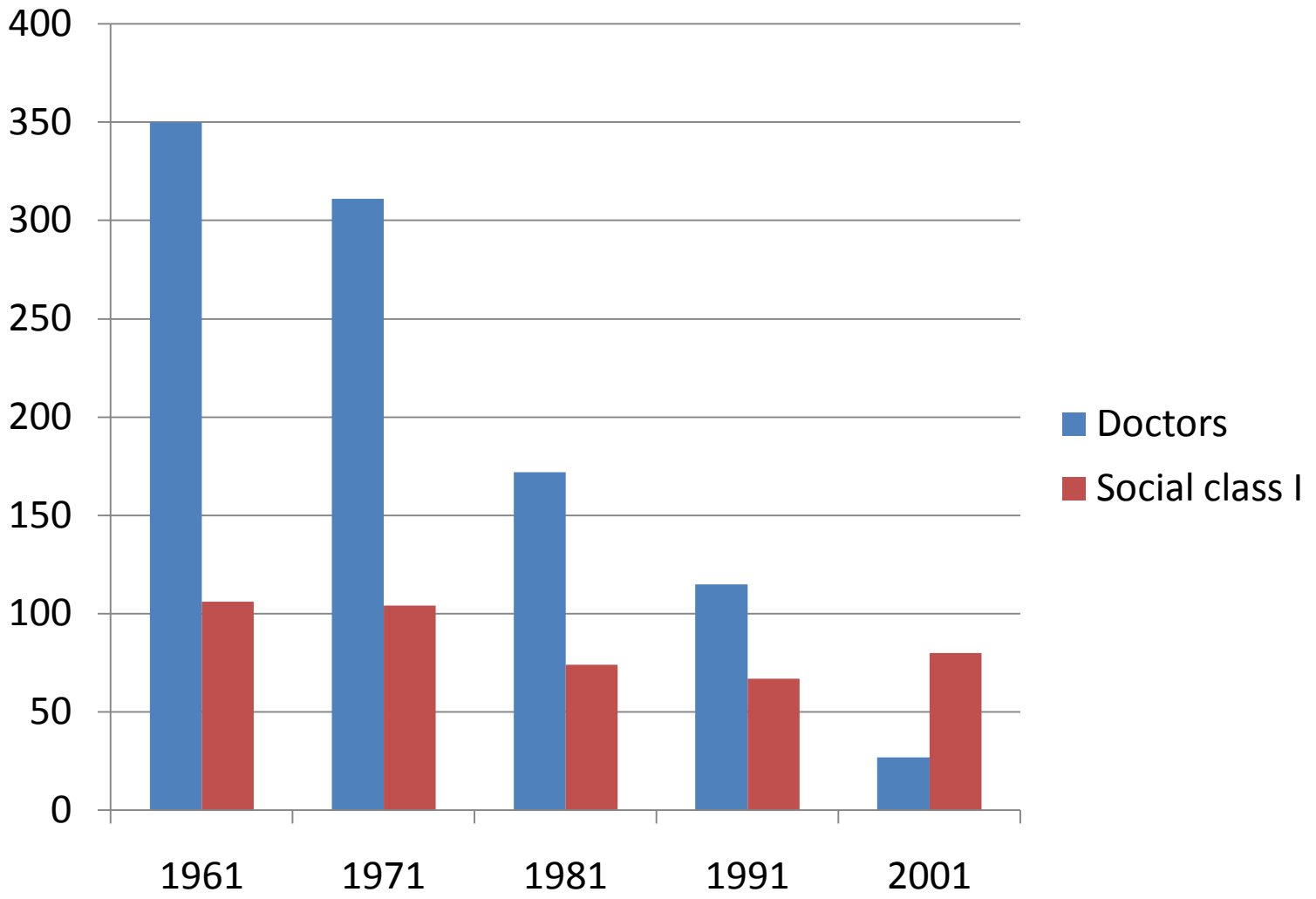


SMR for cirrhosis of liver amongst doctors,  
England and Wales



SMR for cirrhosis of liver amongst men by social class, England and Wales





SMR for cirrhosis of liver amongst doctors, and people in social class 1 England and Wales

## Conclusions for the second part:

1. In the 1960s, doctors in England and Wales had amongst the highest death rates for liver cirrhosis than any occupational group.
2. In the 2000s, this was reversed being amongst the lowest
3. This change over the last 40 years seems independent of changes amongst people in higher social classes.