

# REPORTING ABOUT ALCOHOL IN THE MEDIA

Recommendations for public health-appropriate reporting about alcoholic beverages in the mass media

Tadeja Hočevar, Pika Založnik, Karmen Henigsman, Maja Roškar



**Choose a healthy alternative.**

**Drinking any alcohol carries risks.**

**As little as possible or not at all.**

**There is no safe limit for drinking alcohol.**





# REPORTING ABOUT ALCOHOL IN THE MEDIA

Recommendations for public health-appropriate reporting  
about alcoholic beverages in the mass media

Tadeja Hočevar, Pika Založnik, Karmen Henigsman, Maja Roškar

2020

The investment is co-financed by the European Union from the European Social Fund (80%)  
and by the Republic of Slovenia (20%).



## REPORTING ABOUT ALCOHOL IN THE MEDIA

Recommendations for public health-appropriate reporting about alcoholic beverages in the mass media

**Authors:** Mag. Tadeja Hočevar, Dr. Pika Založnik, Karmen Henigsman, Dr. Maja Roškar

**Introductory note:** Mag. Petra Lesjak Tušek

**Reviewers:** Dr Tanja Kamin, Dr Mirjana Radovanović, Tatjana Pirc

**Translation:** Roger Metcalfe

**Design:** Nicha d.o.o.

**Published by:** National Institute of Public Health, Trubarjeva 2, 1000 Ljubljana, Slovenia

**Place and year of publication:** Ljubljana, 2020

**Copyright** © National Institute of Public Health

The publication is financed by the European Social Fund and by the Republic of Slovenia.

Free copy.

All rights reserved. Reproduction in part or whole in any way and by any media without the written consent of the author is prohibited. Violations will be sanctioned in accordance with copyright and criminal law.

This publication was developed as part of the SOPA project (*Skupaj za odgovoren odnos do pitja alkohola* – Together for a Responsible Attitude Towards Alcohol Consumption), which is co-financed by the European Union from the European Social Fund (80%) and by the Republic of Slovenia (20%).

**Webpage:** [www.nijz.si/en/](http://www.nijz.si/en/) and [www.sopa.si/en/](http://www.sopa.si/en/)

Electronic edition

Kataložni zapis o publikaciji (CIP) pripravili v  
Narodni in univerzitetni knjižnici v Ljubljani

COBISS.SI-ID=36578307

ISBN 978-961-6945-24-0 (pdf)

# CONTENTS

## INTRODUCTORY NOTES

Foreword by the authors	6
Acknowledgements	7
Foreword by the president of the Slovenian Association of Journalists	8
Reviews	9

## THE ALCOHOL PROBLEM AND THE ROLE OF THE MEDIA

The alcohol problem and steps being taken	12
The media and the protection of public health	15

## APPROACH, ANALYSIS AND KEY FINDINGS

Why do we need recommendations?	19
Collaboration with journalists in drafting recommendations	24

## 12 RECOMMENDATIONS FOR REPORTING ABOUT ALCOHOL ISSUES IN THE MEDIA

1. Inform people that alcohol consumption in Slovenia represents a major public health and social problem, and that there are effective measures to deal with it.	27
2. Inform people that there is no safe limit for drinking alcohol and that not drinking is the only safe choice for health.	31
3. When preparing a piece that refers to alcohol, always take into account facts about the negative consequences of drinking alcohol; in particular highlight its negative impact on family relations.	35
4. Avoid linking alcoholic beverage consumption to success in public, social and sex life, etc.	38
5. Avoid mentioning alcoholic beverages where this is not necessary, and avoid showing them.	41
6. Report respectfully about people with alcohol problems and those close to them.	44
7. Use appropriate expressions.	46
8. Do not present alcohol as a medicine for courage, revitalisation and relaxation or as a solution for problems such as stress and insomnia.	48
9. Take the opportunity to provide information about where to seek help in cases of difficulty or mental distress due to excessive alcohol drinking.	50
10. Take the opportunity to report on positive stories.	54
11. Reporting should be the result of a critical approach to various sources of information.	55
12. Take the opportunity to open up the space for discussion on attitudes to drinking alcohol.	57

REFERENCES	58
------------	----

SUBJECT INDEX	62
---------------	----

## FOREWORD BY THE AUTHORS

Alcoholic beverages have a very strong presence in Slovenian culture. There is frequent talk of cultured and moderate drinking, which supposedly has positive health benefits. Alcoholic beverages are also a regular accompaniment to socialising, with a special place and praise accorded to them. In Slovenia, what is termed a wet culture predominates. This culture is characterised by an attitude of tolerance towards drinking alcohol, the presence of alcohol in culture and customs, where drinking alcohol is encouraged, with the pattern of alcohol drinking handed down from generation to generation, along with easy access to alcohol and an inadequate number of demonstrably effective prevention programmes. This is also reflected in the disturbing facts about the burden attributable to alcohol drinking. This includes traffic accidents with tragic outcomes due to driving under the influence of alcohol, domestic violence, serious health problems for individuals who drink excessively, a deterioration in interpersonal relations or the fact that resorting to alcohol as a pattern of dealing with difficulties and desire for intoxication prevents the individual from dealing with challenges effectively and fully developing their potential as a rational and sentient being.

Those who create media content help shape reality for the community. This publication is an invitation to call into question our wet culture, and to open up a space for discussion that looks critically at alcohol consumption.

The first part of the publication starts by setting out the basics of the alcohol problem and the proven, effective measures to limit it; it places the media in the public health and community approach to protecting community health and sheds light on the importance of appropriately addressing the alcohol problem in the media. This is followed by a review of how alcohol is represented in the media, and how this affects the perception and behaviour of community members. This section also presents an analysis of reporting on alcohol in Slovenian media and the opinions of journalists and editors of Slovenian media, who have contributed significantly to shaping the final version of these recommendations. The second part presents 12 recommendations for appropriate reporting about alcohol in the media. Here we shed further light on the issue of alcohol and the importance of properly addressing this issue from the point of view of each specific recommendation. Where applicable, individual recommendations are elucidated by concrete guidance, along with examples of more – or less – appropriate reporting.

We hope that this publication might serve as a handy aid so that in your journalistic and/or editorial work you may perhaps be more attuned than previously to the magnitude and diverse aspects of the alcohol problem. We hope that you might compose articles on this issue more frequently and with all the critical acumen that this problem demands in Slovenian society.

We are conscious that in terms of raising awareness of the general public about the magnitude of the alcohol problem we are still very much in the starting phase. We want each member of the community to gain awareness and everyone to have the possibility of choosing a healthy lifestyle. We realise that we can only achieve this when all the key players in society are acting together. We are happy to have worked together with your colleagues in the profession in order to bring you this content, and thereby to contribute jointly to the mosaic of efforts to limit the problems related to alcohol and to protecting the health of individuals and the entire community.

## ACKNOWLEDGEMENTS

For their support for this publication, we thank Mag. Vesna Kerstin Petrič, Acting Director-General of the Public Health Directorate at the Ministry of Health, and Rade Pribaković Brinovec, head of the Centre for the Management of Prevention and Promotion Programmes at the National Institute of Public Health.

We thank the journalists and editors who participated in the focus groups. Your contribution has been invaluable. Your opinions, thinking and suggestions have significantly helped shape the content and wording of the recommendations presented here. We thank especially the editor at STA, Alenka Potočnik, and the RTV SLO journalists Helena Lovinčič and Igor E. Bergant for reviewing and commenting on the draft of this publication.

## FOREWORD BY THE PRESIDENT OF THE SLOVENIAN ASSOCIATION OF JOURNALISTS

MAG. PETRA LESJAK TUŠEK

As individuals and part of the community, in our lives we are generally drawn to simplification, generalisation and stereotyping, and to uncritical acceptance of the status quo. We would much sooner judge and condemn than carefully weigh up and study information, sources and presented facts each time from scratch, and we automatically spread around what is already established. Through incessant repetition and regurgitation, a series of assertions has taken hold, and often we no longer even question them. Responsible journalism, which must remain the commitment of professional and ethical media, especially in relation to the increasing deluge of disinformation and semi-truths on social media and other digital channels, should not shy away from its key duties. At the same time, it can take advantage of the opportunities it has. In the midst of changes these remain the same: to report in the most comprehensive way possible, covering all sides, and in particular with empathy towards fellow humans and an understanding of the dimensions of issues covered. A society's realities, and those of individuals, are never black and white or linear, but always complex. For this reason, presenting content with sufficient simplicity to address the public, yet comprehensively enough to retain the true significance and substance is all the more challenging.

The first recommendations to the media for public health-appropriate reporting on alcohol are an opportunity to go even deeper into a specific topic. We can still improve good media practices, and modify the bad ones, which currently influence our grasp of societal realities, positions and values, our thinking and at times certainly the behaviour of viewers, readers and listeners. The recommendations and entirely specific guidelines are comprehensive and expertly formulated. They are practical in nature, a useful tool for journalists in creating media content in a range of fields that directly or indirectly involve alcohol. There is no small number of such fields, nor are they necessarily associated at first glance with an understanding or grasp of alcohol, for which in Slovenia we have a great degree of tolerance, or rather, approval.

Part of the mosaic of awareness about the harm of alcohol and especially the consequences that excessive alcohol consumption has on the individual and society, is made up by us in the media. At the same time we are part of a community in which we can change things together for the better. It is important for everyone, from their own angles and to the best of their ability, to keep considering and especially working for the public good and in the public interest (both of public health and of the public in the broadest sense). Regarding alcohol we report chiefly about accidents, crime and injuries, in other words episodically or in terms of events where there is usually not time or space to present the bigger picture. Other treatments of the subject, in the context of the increasing hybridisation of press and advertising messages and the penetration of advertisements, often affirm the social acceptability of excessive alcohol drinking in the light of positive stories. Nevertheless we also know, not just as journalists, but also as attentive observers of intimate human stories in our distant or closer environment, how many lives have been drastically shaped and re-shaped specifically by alcohol – especially through addiction that usually brings on, in one way or another, tragic consequences or fates with a much greater reach than we might think. With an understanding of the broader dimensions that will undoubtedly be offered by these recommendations, in an awareness and recognition of our common responsibilities we might shift towards common and positive changes.



## REVIEWS BY EXPERTS IN COMMUNICATION STUDIES, ADDICTION MEDICINE AND JOURNALISM

**DR. TANJA KAMIN**, head of the Centre for Social Psychology at the University of Ljubljana, Faculty of Social Sciences

At a time of growth of media channels, bloggers, vloggers, influencers on social media networks, at a time when the public is facing increasing difficulty separating editorial content from content that is prompted (and paid for) by companies for the purpose of promoting products, services or behaviours, these recommendations are an invaluable reminder of the responsibility of media institutions (and of all modern-day communication influencers), be it in reinforcing or changing problematic behavioural patterns in society.

I regard these recommendations as constructive criticism of established reporting (writing, speaking, visualisation) on alcoholic beverages, drawing attention to the dimensions of the problem associated with alcohol consumption on one hand, and serving as a handy tool for better reporting on alcoholic beverages and/or their consumption with the least negative social consequences possible on the other hand.

At first glance, such recommendations appear to be self-evident, and of course everyone knows how to report on such an everyday thing as alcohol. But that is not the case. In Slovenia we are very tolerant of how, where, with whom and in what circumstances we use alcoholic beverages. Even though alcohol is a drug, we generally have no clearly formulated critical stance regarding its use, as we do with other drugs. The great majority do not think in any deep way about the drinking of alcoholic beverages, and resort to alcoholic beverages out of habit, in the way they are taught by peers, parents, celebrities, films, advertising and so on. Even debates on drinking alcoholic beverages presented in the media are generally very polarised. On the one hand there are those speaking about alcohol who due to personal or work experience and/or research data are well acquainted with the effects alcohol has on the health of the individual, the community and society. On the other hand there are those that highlight alcohol as an economic and cultural flagship, and weave alcohol drinking into the national DNA. Where the first point out that all members of society bear responsibility for the culture of drinking alcohol in Slovenia, the second generally place the burden of responsibility for alcohol consumption and possible heavy drinking entirely on the individual.

These recommendations draw our attention to the fact that all members of society on the micro, mezzo and macro levels shape the problems associated with drinking alcohol in Slovenia, and also that we can all be a part of solving the problem. The media are a key force, which by spreading this message can help people understand that we have a serious problem with alcohol consumption in Slovenia, and that we need to address it in a holistic way: not by stigmatising those who are already suffering the consequences of hazardous and harmful drinking, but by achieving consensus in society that drinking alcoholic beverages is not an automatic and socially desirable practice for everyone, in all places and at all times, and that activities that insist on this should be restricted.

Through the SOPA project the National Institute of Public Health (NIPH) has addressed the issue of alcohol consumption, which in Slovenia's wet culture is woven into the fabric of life. The need for a comprehensive treatment of the subject gave rise to the idea of how to help the media report about alcohol and its consequences with more awareness, in a way that aligns with the findings of the health profession and with the interests of public health. Media representatives have also recognised the same need in their work. The resulting dialogue between public health and media professionals then gave rise to this document.

The present moment in history is a time when we are flooded with media. Additionally, it has perhaps never been as hard to distinguish relevant facts from the mass of information on offer and frequently just a click or two away. In the field of alcohol use and the consequences of excessive drinking for the individual and society, science has amassed plenty of findings that need time to find their way into the everyday practice of various professions. An important step along this path is the way in which we can translate the findings of science into the language of everyday life. These Recommendations are an example of precisely that.

Serious and reliable media are always a vital link in the chain of important factors influencing the views and beliefs of the general public about important health issues. Reporting on alcohol and the consequences of drinking is without doubt an important facet of public and general health. Here the role of the media is to report neutrally and professionally, and in a way where they aspire to a positive attitude to the health of their users. This is a demanding and important role.

NIPH experts have compiled the findings of public health and addiction experts, and formulated them into a set of clearly defined recommendations that cover a wide range of content relating to alcohol policy, as well as the health and social consequences of drinking alcohol.

Individual recommendations are supported by examples that will help towards a clearer understanding of the public health importance of the specific recommendation. An invaluable part of each sub-chapter is the scientific and expert sources, which will certainly ease the work of the journalist and save on having to do multiple searches as deadlines loom.

The list of literature used, which relates to the entire document, is at the same time evidence of the scientific background and in itself a precious source of additional information for readers of the Recommendations.

In practice the Recommendations will take on a new life energy, and in time will call to be updated depending on what is going on in any given period. In this way its mission will be completely fulfilled.

## TATJANA PIRC, President of the Journalists' Ethics Council

The recommendations for appropriate media writing and reporting on alcohol should be read by anyone involved in one way or another with the media. We have gained what is virtually compulsory reading for journalists and editors, as well as media owners, advertisers, makers of films, youth, educational and entertainment programmes, reality shows, the organisers of major sports events and more. The recommendations should be made known to the widest possible audience, so this publication belongs on the list of handbooks for media literacy.

Journalists have a code of ethical standards, which are the basis for our professional work. Tied closely to the generation and publishing of pieces which in one way or another mention alcohol are those articles of the code which require journalists to verify the accuracy of gathered information, to avoid errors, personally insulting presentation of information and facts, to respect the rights of the individual to privacy, to avoid stereotypes and details related to personal circumstances, and never to interweave journalism and advertising content...

The Journalists' Ethics Council, which determines the compliance of conduct by journalists and editors with the code, occasionally updates that fundamental document and supplements and explains it through recommendations, which are intended to aid journalists in their work (reporting on suicides, domestic violence and violence against women, recommendations related to corrections in online media and so forth). The detailed recommendations for writing about the alcohol problem formulated at the NIPH as part of the SOPA project have a similar purpose. It is highly encouraging that representatives of the journalism profession participated in the creation of these recommendations. Journalists and editors are aware of the responsibility they have when they report, speak and write about alcohol, while at the same time they are very familiar with the situation in society and the media reality, from which, for instance, stems their assessment, which is presented in the publication, that not all journalists in all media in all pieces will always be able to follow these recommendations.

Article 28 of the Code of Journalists of Slovenia states that a journalist has the right to reject work, which goes against the professional standards of the journalism profession. If it is true of our society that drinking any alcohol is hazardous, what then can a journalist do when the editor sends them to a beer and flower festival or to the opening of a Cviček wine fountain? In line with the recommendations, the answer to this question may only be found when our society, which is still highly tolerant of alcohol, first pours itself a glass of fresh water, not wine. A long road awaits us, one that will not be easy, and we will only get to the destination through joint efforts.

## ALCOHOL ISSUES AND STEPS BEING TAKEN

### ALCOHOL – HOW BIG IS THE PROBLEM?

In recent decades considerable research has been conducted showing that excessive alcohol consumption has many harmful **consequences, which can be seen both in individuals, their immediate and wider social environment, and in society as a whole.**<sup>1-4</sup> The latest research shows that there is no safe limit for alcohol drinking, and any drinking carries with it a certain level of risk to the health and wellbeing of the individual as well as the wider community. Alcohol consumption, with all its consequences, represents **a major public health and social problem** in Slovenia.

#### Data for Slovenia show that:

- **alcohol consumption in Slovenia is higher than the European average,**<sup>5,6</sup>
- 45% of Slovenians aged 25–64 years drink excessively (exceed the daily limit for less hazardous alcohol drinking and/or is involved in heavy episodic drinking at least once a year);<sup>7</sup>
- one out of every three Slovenian 15 year-olds and every second 17 year-old have been drunk at least twice in their lives; this exceeds the international average;<sup>8,9</sup>
- in recent years we have observed a growth in the proportion of young women with hazardous drinking habits, and a reduction in differences between genders (women approaching the rate of men);<sup>10</sup>
- due to the harmful effects of alcohol on health and to traffic accidents caused by drivers under the influence of alcohol, every day an average of 5–6 persons die;<sup>3,5,11</sup>
- **the costs** associated with alcohol consumption in Slovenia from 2012 to 2016 were estimated to average **EUR 228 million annually.**<sup>12,13</sup>

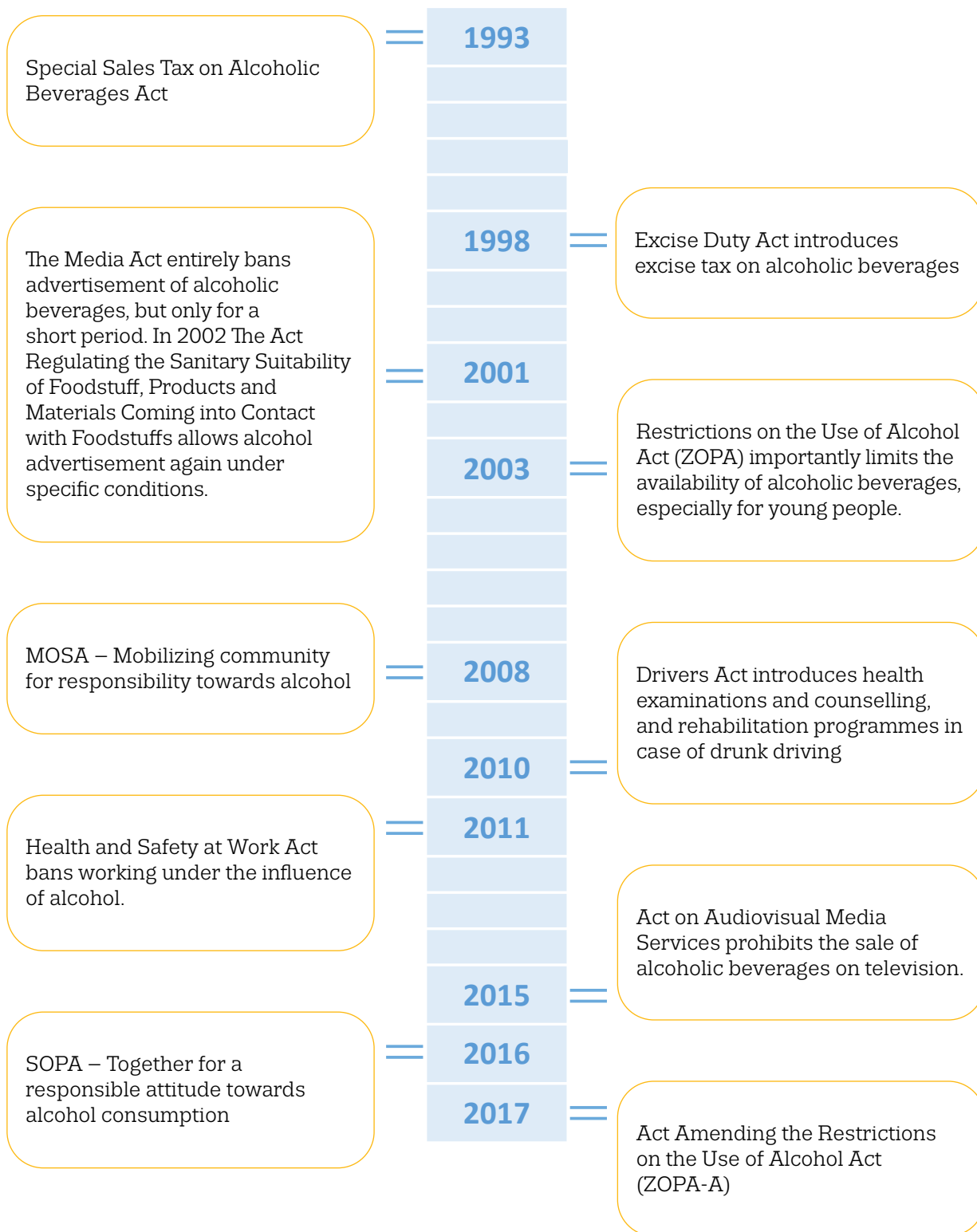
### WHAT MEASURES HAVE BEEN SHOWN TO BE EFFECTIVE?

**Governments have at their disposal a large number of measures that have been proven to be effective** in preventing and reducing the harmful effects of alcohol. In addition to evidence-based preventive activities, the following are considered as effective alcohol policy measures:

- *limiting alcohol availability* (e.g. limiting sales by times and days, minimum legal drinking and purchasing age);
- *reducing the affordability of alcohol* (e.g. raising the minimum tax rates, setting minimum alcohol pricing, banning discounts and promotional prices);
- **restricting marketing communication about alcoholic beverages;**
- *early identification and intervention for persons who drink excessively;*
- *treating mental and behavioural disorders* and other illnesses and states due to alcohol consumption;
- *preventing driving under the influence of alcohol;*
- *increasing the responsibility of those serving alcohol.*<sup>14-17</sup>

Gathered data show that the majority (75%) of EU Member States have in place regulations and laws that are assembled into a **national alcohol policy,**<sup>12,18,19</sup> prioritising measures to prevent driving under the influence of alcohol and those that restrict access to alcohol. The measures to restrict marketing communication about alcohol are less prominent, and fewest of all are those measures that relate to banning sponsorship of sports events by the alcohol industry and that restrict digital market communication about alcohol.

## MILESTONES OF ALCOHOL POLICY IN SLOVENIA<sup>12</sup>

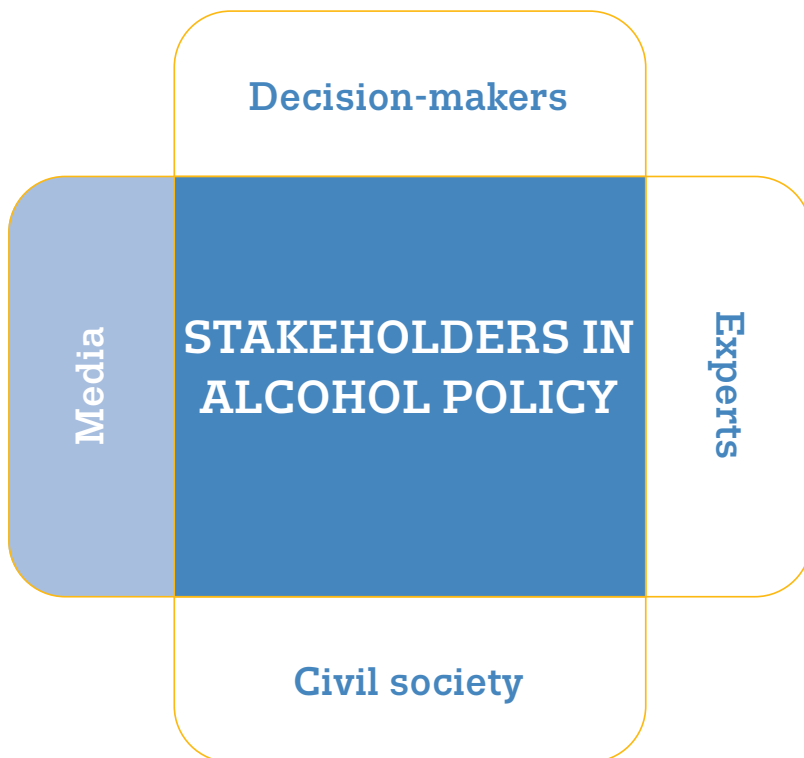


## WHAT MEASURES HAS SLOVENIA ALREADY PASSED?

International comparisons show that in the last few years Slovenia has had **great success** in the areas of preventing driving under the influence of alcohol, raising awareness, restricting access to alcohol, interventions for hazardous and harmful drinking and addiction in healthcare and preventing the negative effects of drinking and alcohol poisoning. The country has had **less success** in the areas of restricting marketing communication about alcohol, preventing the consequences of informal manufacture and sale of alcohol and reducing the affordability of alcohol.<sup>20,21</sup>

## MEDIA REPRESENTATIVES ARE KEY STAKEHOLDERS IN ALCOHOL POLICY

**Alcohol policy** brings together interventions aimed at preventing and reducing hazardous and harmful drinking and reducing the damage due to alcohol consumption. Alcohol policy is only successful, however, if its design and implementation **include various stakeholders** – policy and decision-makers, as well as experts and civil society. Key players in alcohol policy also include **representatives of the media**.<sup>2,22,23</sup>

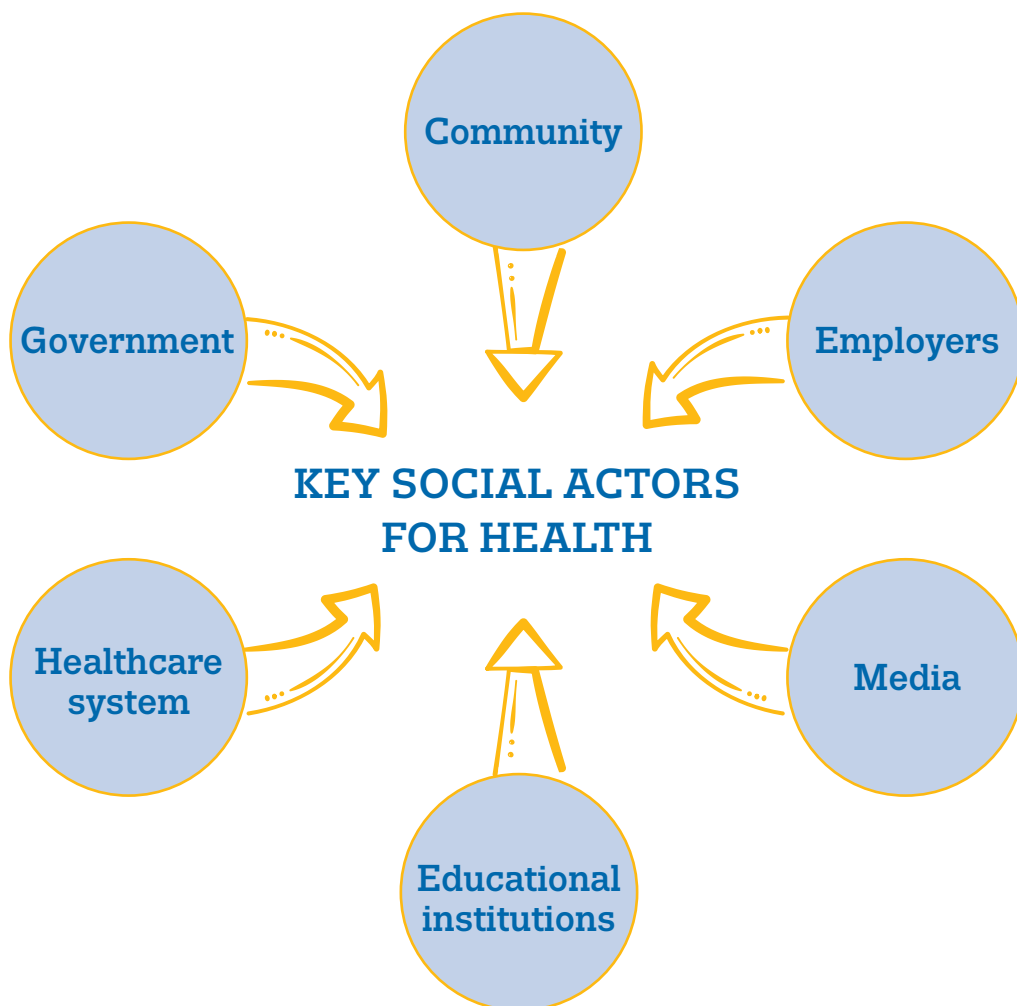


# THE MEDIA AND PROTECTION OF PUBLIC HEALTH

## THE MEDIA ARE VITAL IN PROTECTING PUBLIC HEALTH

We can approach health protection in two ways. The approach of clinical medicine involves treating disease and restoring health, and reducing the consequences of disease at the individual level. The public health approach is involved with preventing disease, that is maintaining and promoting health, and with extending life at the population level. Here, alongside the factors at the individual level, public health experts highlight the **importance of a society that ensures appropriate conditions for health, including through intersectoral cooperation.**<sup>24,25</sup>

The intersectoral approach reflects the awareness of experts that living conditions, which affect the health of the population, need to be understood holistically. They have designated **six key social actors that affect the health of the population:** communities (family, neighbourhoods, school, etc.), healthcare systems, employers and companies, educational institutions, governments and the **media.**<sup>24,25</sup>



At the community level, the essential non-medical measures to maintain and promote health include **education and awareness-raising about healthy behaviours, and enabling a healthy lifestyle by strengthening health values in the population.**<sup>24,26,27</sup> Media play a key role here, through agenda setting and how they report on issues important to health, they contribute not just to shaping reality in the general public, but also by influencing the actions taken by political decision-makers.<sup>28</sup>

This binds the public health profession to inform and raise awareness in the general public, political decision-makers as well as representatives of the media. At the same time, it is vital that in reporting on topics related to health, the media heed the **findings of the public health profession.** In Slovenia an example of good practices in both of these factors is noted in the area of reporting on suicide.<sup>29,30</sup> Research has shown that after receiving public health recommendations for reporting on suicide, journalists provided more appropriate reporting on suicide,<sup>30</sup> and in this way contributed to protecting public health.

An example of the awareness of how important it is for media representatives to commit to protecting public health is the **10 guidelines for reporting on health issues**, which was adopted in 2000 by the then European Health Communication Network:

1. *Firstly, do no harm.* Human rights and the public good are paramount.
2. *Get it right. Check your facts and your sources, even if deadlines are put at risk.*
3. *Do not raise false hopes.* Be especially careful when reporting on claims for 'miracle cures' or potential 'health scares'.
4. *Beware of vested interests.* Ask yourself, who benefits most from this story.
5. *Reject personal inducements.* Always make it clear if material is being published as a result of sponsorship.
6. *Never disclose the source of information imparted in confidence.*
7. *Respect the privacy of the sick, the handicapped, and their families at all times.*
8. *Be mindful of the consequences of your story.* Remember that individuals who may be sick or handicapped – especially children – have lives to live long after the media have lost interest.
9. *Never intrude on private grief.* Respect the feelings of the bereaved, especially when dealing with disasters. Close-up photography or television images of victims or their families should be avoided wherever possible.
10. *If in doubt, leave it out.*<sup>31,32</sup>

## **KEY PUBLIC HEALTH MESSAGES ABOUT DRINKING ALCOHOL**

The key public health messages based on scientific findings about the harmfulness of drinking alcohol are as follows:

- **There is no safe limit for drinking alcohol.**
- **Drinking any alcohol carries risks.**
- **As little as possible or not at all.**
- **Choose a healthy alternative.**



## THE ROLE OF THE MEDIA IN THE COMMUNITY APPROACH

An important influence on various aspects of an individual's life is exerted by the **community**, which represents a significant determinant of health. The community in fact creates the **environment that significantly influences the health** of its individual members, while at the same time facilitating the **interconnecting of key actors** so they can work towards improving the health of the community. This is the **community approach to health**, which presupposes an **active role of the community in recognising, ensuring and coordinating activities aimed at maintaining and promoting the health of community members**.<sup>33</sup> What is important is the linking up of key stakeholders who can exert a positive influence on the health of the local community, in the form of health centres, social work centres, schools, NGOs, the municipal authorities, police, local offices of the employment service and so forth. The actual effect of the community approach on health outcomes depends to a large extent on the **effective flow of information** through the community, advocacy of the community approach and **empowerment of all major actors** in the community, equipped with key information.<sup>33</sup> Among these factors we can ascertain the **key role of the media**, which are an everyday companion for individuals, a herald for important information and play a significant part in shaping reality. As such they can contribute enormously to the implementation of policy, favourable for health in the local environment.<sup>34</sup> Their contribution is greater when the public trusts the media and identifies with the disseminated media content. It is then that the media can have a major influence on society, culture and the economy.<sup>35</sup>

## THE INCLUSION OF THE MEDIA IN THE SOPA COMMUNITY APPROACH

The approach of **SOPA (Together for a Responsible Attitude Towards Alcohol Consumption)** is based on the community approach to addressing the alcohol problem in Slovenia. It involves actors from various professions and sectors. Through their efforts, they can contribute to the creation of a local community that encourages the value of health and creates the conditions for individuals to be supported in their decision to improve their health. The important stakeholders here include: **health workers** (physicians and nurses) working at the primary health care centre, professionals at the local **social work centre**, representatives of the **municipality**, professionals at the **local offices of the employment service**, **local NGOs** working with vulnerable groups, **therapy and self-help support groups** helping people who have problems with drinking alcohol, and representatives of the **police** and **media**.

The SOPA approach presumes the **active cooperation of local and regional media in existing local and regional networks** composed of all the above professionals and representatives of various sectors. Together these stakeholder make up the core (within the local community) and wider (within the regional community) networks, that are based on **exchange of experience** and **planning preventive activities**, and on **reporting on this to community members** with the aim of limiting the alcohol problem in the local community and region.

The media are also a **source of information about programmes aimed at improving health in the community**, and are vital in implementing health programmes in the community.<sup>34</sup> Within the SOPA project they make it possible for **important messages to be spread** among members of the local community **regarding the harmfulness of alcohol, the alcohol problem in Slovenia** and **sources of help** available in their local environment. They also play an important part in raising awareness in the local community about current events and activities aimed at promoting a healthy way of life. Through their work, they also help to shape the community's attitude towards alcohol.

## OPERATION OF THE ALCOHOL INDUSTRY AND MEDIA

The media help shape reality and influence the behaviour of community members, and as such they also provide an effective platform for advertising alcoholic beverages. The alcohol industry allocates significant portions of its budget to advertising alcoholic beverages in order to **promote sales** and uses various forms of advertising. This applies both to direct advertising and to product placement, where the alcohol industry pays the media or a creator of media content to have a certain alcoholic product appear in their content (such as a film, broadcast or article).

In Slovenia, the law provides that advertising is permitted under certain conditions. Alcoholic beverages with an alcohol content equal to or less than 15% by volume may be advertised. They can be advertised in various media, such as newsletters, newspapers, magazines, e-publications, on the radio and television under certain time limits, and cannot be advertised on roadside posters, panels, hoardings or illuminated signs.<sup>36</sup>

Increasing numbers of alcohol industry companies are opting for socially responsible operations to limit harmful alcohol drinking. They are providing information and education, and are working preventively regarding driving under the influence of alcohol; they are participating in research and (alcohol) policy and are developing and financing social aspects organisations that study the social effects of alcoholic products. As research has shown, **these efforts of the alcohol industry are not effective in terms of public health**, or rather, **they do not contribute to reducing harmful alcohol consumption**,<sup>37</sup> their effects align with the other interests of the alcohol industry.<sup>37,38</sup> By appearing to protect public health, **they contribute more to the greater recognition of brands**, than to protecting the health of their consumers.<sup>38</sup>

## APPROACH, ANALYSIS AND KEY FINDINGS

In the following chapters we present the theoretical and research basis for drafting the recommendations for appropriate reporting about alcohol in the media. We present the findings of a review of literature about the representation of alcohol in the media and their influence, and we substantiate the premise of the media as factors of social learning and an important part of the individual's symbolic environment. We present the findings of a review of existing rules and recommendations for writing about alcohol in the media, and the findings of an analysis of reporting about alcohol in the Slovenian media. In the chapter on the involvement of the journalism profession in drafting the recommendations, we present our findings from focus group research with selected representatives of the media in Slovenia.

## WHY DO WE NEED RECOMMENDATIONS?

### REPRESENTATIONS OF ALCOHOL IN THE MEDIA AND THEIR INFLUENCE

Representations of alcohol and alcohol drinking in the media are frequent, and are made in varying contexts, including in **entertainment** (films, television shows) and **news** content (newspapers, radio, television broadcasts and online content) as well as in **advertising**. Drinking alcohol is frequently shown to be **non-harmful behaviour**. It is often associated with **positive portrayals** of socialising, parties and celebrations. Negative social, economic, health and other consequences are presented as **occasional discrete events and problems of individuals**, and not as risks inherent to drinking alcohol.<sup>39,40</sup> Representations in the media thus present and help shape the attitude towards drinking alcohol as a commonplace element of everyday life, which for the most part has no long-term consequences. **In this way drinking alcohol is legitimised and normalised.**<sup>41,42</sup>

### THE MEDIA AS A FACTOR OF SOCIAL LEARNING FOR THE INDIVIDUAL

At the individual level media content represents a **factor of social learning**.<sup>43</sup> The individual is exposed to (various) models of behaviour, and based on them forms expectations of (positive and negative) consequences of a certain mode of behaviour, and attitudes and understanding of certain risks. Media content represents for the public (potentially falsely) what kind of behaviour predominates in society or a certain group, and what kind of behaviour is seen as socially acceptable or not. In this way, the media help shape and strengthen social norms and patterns of ways of living.

**Research into media effects on the individual** first focused on the effect of exposure of young people to the **advertising** of alcohol in the media, and since the 1980s to the portrayal of drinking in films, television shows and music.<sup>44</sup> Researchers confirmed the relationship between various aspects of exposure of young people to the advertising of alcohol, such as a higher attention level, memory, recall, and various aspects of drinking alcohol, such as starting to drink alcohol at an earlier age, increased quantities of alcohol consumed and more positive expectations regarding alcohol.<sup>45-48</sup> This relationship has also been confirmed for **entertainment content**: the portrayal of drinking in films and television entertainment programmes, including the presentation of music videos.<sup>40,49</sup> Research on **news content** focused mainly on the content of reporting.<sup>39</sup>

**The media's influence** on the actual behaviour of individuals **is not direct**; exposure to content is linked to the **attitude to drinking alcohol, understanding of risks, expectations,**<sup>50,51</sup> **beliefs about the extent of the behaviour among peers and in society** and so forth.

Furthermore, the influence of reporting is not uniform, and to a large extent **depends on other factors** – age, gender, personal characteristics, socioeconomic status, method of upbringing, drinking habits in the family and among peers and the **active role of the individual** as a viewer, reader and listener. The effect on perceptions, convictions or behaviour is probably cumulative, and so the media, as part of the symbolic environment, play an important part in shaping and maintaining (and possibly changing) attitudes towards drinking alcohol in society.

## **THE MEDIA AS AN IMPORTANT PART OF THE SYMBOLIC ENVIRONMENT**

**On the societal level** through representations the media place certain items on the **social agenda**, in other words, they influence which topics seem important in society – **what we should be thinking about.**<sup>52</sup> The way in which a societal phenomenon is presented and **framed** (and the way it is not), affects society's understanding of this phenomenon – **in what way the phenomenon can be thought about.** In the case of drinking alcohol, this means in which circumstances (where, with whom, when, quantities) drinking is understood as a problem (or problematic) and when it is not, who is responsible for solving the problem and how (whether there are formal and informal sanctions and their nature).<sup>53</sup>

How drinking is framed in the media is indicated by **analyses of media content.** The most common research findings,<sup>54-73</sup> which apply mainly to newspaper content, are as follows:

- Drinking alcohol is presented as (a commonplace) part of everyday life.
- The majority of reporting that includes drinking alcohol relates to a specific event.
- A large proportion of reporting about alcohol relates to accidents (not just traffic) and crimes.
- Reporting about accidents and violence mentions the role of alcohol to a lesser extent than is actually the case.
- The extent of reporting on the health consequences of drinking is small.
- Alcohol policy is rarely reported on (outside the framework of passing legislation).
- A positive attitude to drinking alcohol is (mostly) found in magazines.

The findings of research on reporting about alcohol in the media indicate that drinking is often not framed as a social problem; it is presented as problematic only in the case of (obvious) damage caused, and responsibility is individualised. Reporting is **mainly in the context of accidents, injuries and crime, but for the most part is only episodic**, in other words **without a broader context that would help the reader understand the link between drinking alcohol, harmful consequences and possible proposed solutions.**<sup>74,75</sup>

This kind of reporting presents alcohol consumption only in terms of personal responsibility; consequently there is no need to call into question what is socially acceptable.

Reporting that is thematic, in other words that provides information giving context to the news, is less common. Thematic reporting covers the topics of policies and programmes tied to driving under the influence of alcohol, negative social and health consequences (e.g. violence, negative effects on health, consequences of heavy episodic drinking of young people).<sup>76,77</sup>

## REVIEW OF EXISTING RULES AND RECOMMENDATIONS

In Slovenia, the representation of alcohol in the media is regulated in two areas: the regulation of alcohol advertising and the rules on media content labelling. **Restrictions on advertising alcohol** are laid down in the Act Regulating the Sanitary Suitability of Foodstuffs, Products and Materials Coming into Contact with Foodstuffs<sup>36</sup> and in the Slovenian Advertising Code of the Slovenian Chamber of Advertising.<sup>78</sup> There is a ban on advertising beverages with more than 15% alcohol by volume, advertising of other beverages is restricted for certain content, target groups and locations.

There are also **rules on labelling audiovisual content**, aimed at protecting the development of children and minors. The General legal act on the protection of children and minors in television programmes and audiovisual media services on demand<sup>79</sup> provides that children's programmes (intended for those under 15 years old) may not contain scenes showing the use of alcohol, if they are not justified by the context and ascribed a negative value. The message that certain behaviour is socially unacceptable, harmful or dangerous must therefore be clear.

Around the world, the existing **recommendations for the media** address psychoactive substances, and alcohol as one of them. In this context, they provide guidelines for reporting on dependence, persons with dependence and harmful use; but the emphasis is on the use of illicit drugs. Such recommendations or guidelines are not very common, some are intended mainly to inform journalists about the use of drugs, their properties, dependence and sources of help,<sup>80</sup> while some contain more substantive guidelines for reporting, aimed principally at reducing the stigmatisation of persons who use drugs, at appropriate reporting on the consequences of use, reducing alarmist, moralising messages or representations that glorify drugs or in some other way show them in a positive light.<sup>81</sup>

In Slovenia, the Association DrogArt and the Slovenian Association of Journalists produced the guidelines *How to report on drugs? Guidelines for responsible reporting in the media, which provides information on the effects of drugs and the main risks in their use*, and also information on sources of help and their work in the area of drugs.<sup>82</sup>

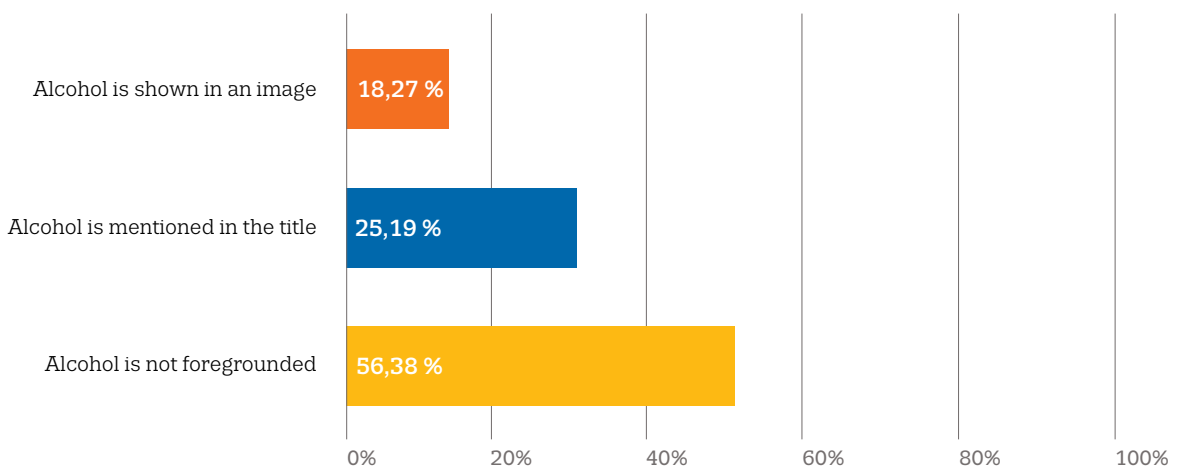
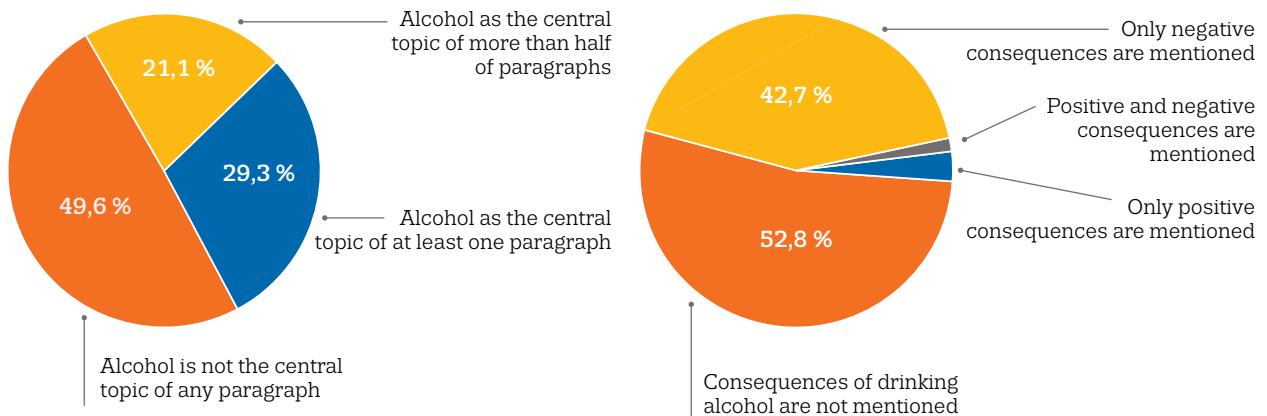
There were no general recommendations for reporting on alcohol as a risk factor for health and social consequences in Slovenia. In a review of existing recommendations, guidelines and manuals for the media abroad, we found nothing more than an article from the Shorenstein Center at Harvard University from 2019 entitled *Eight tips for responsible reporting about alcohol*.<sup>83</sup> Where it made sense for the Slovenian context, we took these recommendations into account in drawing up these recommendations.

## REPORTING ABOUT ALCOHOL IN THE SLOVENIAN MEDIA – IN BRIEF

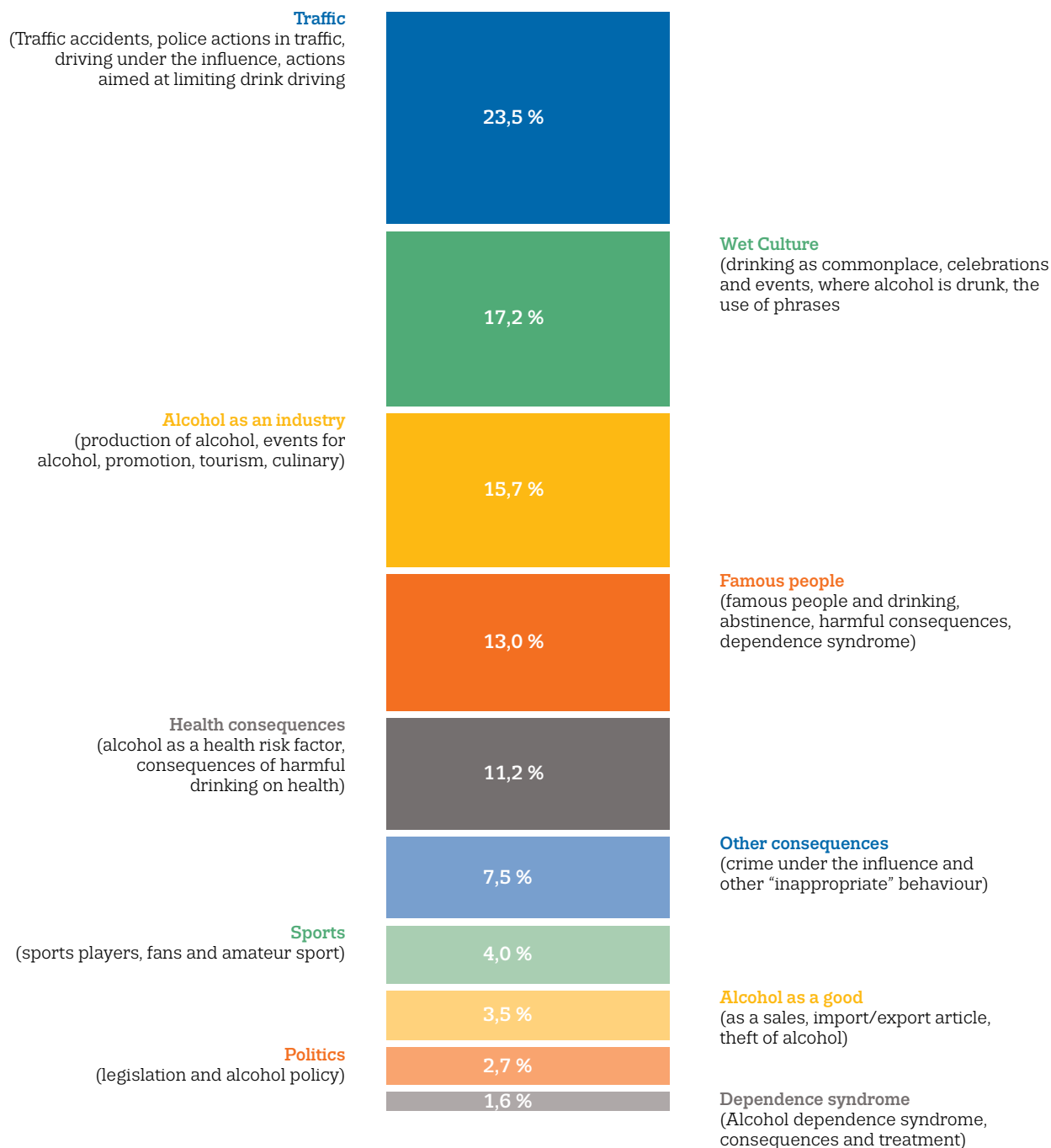
The analysis of reporting in the Slovenian media that was conducted as part of the SOPA project has found that in half of the news articles in which alcohol, wine, beer or spirits appear, alcoholic beverages are merely mentioned and not even a paragraph is dedicated to them. Frequently alcohol is not foregrounded in the heading or sub-heading or in the photographs. In the majority of articles that simply mention alcohol, negative consequences of drinking alcohol are not mentioned and drinking is not addressed as an issue (70.7%). In pieces that devote more space to alcoholic beverages, the issue of alcohol is not necessarily addressed – 41.5% of such pieces do not mention any negative consequences.

Some details are shown below. We also provide the context in which the alcoholic beverages are mentioned.

### BASIC CHARACTERISTICS OF REPORTING ON ALCOHOL



## CONTEXTS OF MENTIONS OF ALCOHOL: TEN CONTENT AREAS



Findings of research conducted in the SOPA project – Together for a Responsible Attitude Towards Alcohol Consumption. The research consists of content analysis of articles in Slovenian media on the internet (web presence of so-called traditional media and online media), which included the keywords: alcohol, beer, wine, and spirits. The sample consists of articles published in six constructed weeks – one for each month from 1.12.2017 to 31.5.2018. The sample includes 1289 articles from 53 media outlets. Each article represents one unit of analysis .

## COLLABORATION WITH JOURNALISTS IN DRAFTING RECOMMENDATIONS

When we drafted the recommendations for reporting on alcohol in the mass media, based on reviewed literature and an analysis of reporting in the media, we wished to obtain the opinions and possible orientations from media representatives regarding:

- the role of the media in reporting about alcohol;
- the structure and content segmentation of proposed recommendations; and
- the content and wording of individual proposed recommendations.

Equally, we wished to obtain proposals for additional recommendations.

To this end, we conducted three **focus groups (FG) with journalists and editors** in the summer of 2019. We invited **members of the Slovenian Association of Journalists** and journalists and editors from the mailing list of the National Institute of Public Health and the project SOPA (Together for a Responsible Attitude Towards Alcohol Consumption).

Participants in the first two FG were journalists, and those of the third were editors. The first two FG had six and the third had three participants. Overall, the FG involved eleven women and four men. Of these, seven represented national media, one regional, three the radio, two television, three online and four print media. Each group had one journalist/editor covering health.

The participants attended voluntarily and without remuneration.

***The journalists and editors agreed that Slovenia indeed has an alcohol problem, and they recognised the role of the media in protecting public health.*** They noted that there was insufficient reporting about alcohol as a problem, and that it is important for reporting to be of high quality. They also pointed out the influence of marketing alcoholic products on social media and among so-called influencers, whose example can strongly influence the opinions and attitudes of their followers.

When discussing the actual possibilities of heeding the recommendations and raising awareness among media users of the harmfulness of alcohol drinking, journalists and editors highlighted the ***influence of capital on editorial policy***. A focus group participant gave an example of editorial policy where they follow the laws regarding the marketing of alcoholic beverages, and include the alcoholic products of the sponsor of the event, about which they are reporting, through what are called photo stories. On the other hand a view was put forward that cooperation with the alcohol industry in creating media pieces was not appropriate, and is therefore not practiced in that particular medium. A question was also raised about how, if at all, to report on the problem, when the purpose of a piece is to inform the public for instance about events at the local level that are directly tied to the alcohol industry (for instance, festivals, alcohol-related fairs) and constitute a tourist attraction and economic success. Should reporting in these cases not just be about the event itself in terms of tourism and successful activities for the local economy, but also about how for instance some of those who attended, later caused a traffic accident under the influence of alcohol. The question was posed, ***should the role of the media always include that of health education?*** Where pieces are written promoting the Slovenian economy and tourism in the case of alcohol production or culture, should such pieces always raise awareness that drinking is never a safe choice and is harmful



to health? The participants agreed that it would not always be possible to follow all the recommendations in all media in all pieces, but that it was **vital, where possible, not to cover just the news, but to report about alcohol to the greatest extent possible and as comprehensively as possible, in order to open up the space for discussion.**

Here before you are therefore **recommendations that take into account the opinions of selected journalists and editors**, which related to the substance and wording of the individual recommendations. In general they proposed:

- the recommendation should be brief and concise;
- it is good if the recommendation is not formulated as a negative but as an affirmative statement (not prohibiting but guidance with proposed solutions);
- where appropriate, it should include a traffic light icon indicating a more or less appropriate example of reporting;
- recommendations should be complemented with data, infographics and illustrative examples.

## 12 RECOMMENDATIONS FOR REPORTING ABOUT ALCOHOL IN THE MEDIA

1. *Inform people that alcohol consumption in Slovenia represents a major public health and social problem, and that there are effective measures to deal with it.*
2. *Inform people that there is no safe limit for drinking alcohol and that not drinking is the only safe choice for health.*
3. *When preparing a piece that refers to alcohol, always take into account facts about the negative consequences of drinking alcohol; in particular highlight the negative impact of drinking alcohol on family relations.*
4. *Avoid linking alcoholic beverage consumption to success in public, social and sex life, etc.*
5. *Avoid mentioning alcoholic beverages where this is not necessary, and avoid showing them.*
6. *Report respectfully about people with alcohol problems and those close to them.*
7. *Use appropriate expressions.*
8. *Do not present alcohol as a medicine for courage, revitalisation and relaxation or as a solution for problems such as stress and insomnia.*
9. *Take the opportunity to provide information about where to seek help in cases of difficulty or mental distress due to excessive alcohol drinking.*
10. *Take the opportunity to report on positive stories.*
11. *Reporting should be the result of a critical approach to various sources of information.*
12. *Take the opportunity to open up the space for discussion on attitudes to drinking alcohol.*

In creating media pieces, wherever reasonable and feasible, incorporate as many recommendations as possible.

# 1. INFORM PEOPLE THAT ALCOHOL CONSUMPTION IN SLOVENIA REPRESENTS A MAJOR PUBLIC HEALTH AND SOCIAL PROBLEM, AND THAT THERE ARE EFFECTIVE MEASURES TO DEAL WITH IT.

## Alcohol consumption represents a major public health and social problem

The consequences of drinking alcohol can be seen at the level of the individual, the family, local environment and society,<sup>1,84</sup> so it is important for you to report about the alcohol problem to the greatest possible extent.

In Slovenia drinking alcohol and becoming intoxicated with it are very widespread. Often it is a part of our culture of celebrating and spending leisure time, and it is frequently a means of coping with stress and difficulties. When we speak about the prevalence of alcohol consumption in Slovenia, we can use the term **wet culture**, which indicates the acceptability of drinking alcohol and becoming intoxicated, the presence of drinking in customs, the handing down of drinking habits from generation to generation and a lack of evidence-based preventive programmes.<sup>1,2,85-87</sup>

The wet culture is also reflected in the burden of alcohol. According to NIPH data from 2018, as much as 45% of Slovenians aged 25–64 years drink excessively (exceed the daily limit for less hazardous alcohol drinking and/or is involved in heavy episodic drinking at least once a year).<sup>7</sup> In terms of alcohol consumption, Slovenia ranks above the international average.<sup>6,88</sup> Equally, Slovenia ranks above the international average in terms of the harmful consequences of alcohol consumption. **Every day on average 10 people are newly admitted to hospital due to reasons exclusively attributable to alcohol, and at least two die from the same reasons.**<sup>89,90</sup>

There is a causal link between alcohol and more than **200 identified diseases and injuries**,<sup>84</sup> including various forms of cancer.<sup>91-98</sup>

According to research by the then Institute of Public Health, in 1999 approximately **11% of adults were probably dependent on alcohol.**<sup>99</sup> This negatively impacts relations in the family and the individual's immediate environment.

Alcohol has a major negative impact **in traffic**. Even a small amount of alcohol affects the ability of perception and control, alertness, judgement and reaction time of the driver.<sup>100</sup> In the period from 2004–2017, each year on average 55 persons died from traffic accidents caused by drunk drivers.<sup>11</sup>

## Alcohol and vulnerable groups

It is important to highlight alcohol drinking and its negative impacts among vulnerable groups, for which the recommendation is to consistently avoid alcohol.

Due to the ongoing brain maturation processes in childhood and adolescence, **children and adolescents** are particularly vulnerable to the negative effects of alcohol. The earlier a person starts drinking alcohol, the greater the probability that they will have problems later in life due to drinking.<sup>101,102</sup>

Equally, **pregnant women and women who are planning to have a baby or are breastfeeding** are especially vulnerable. Drinking alcohol can lead to negative consequences in the physical and mental development of the foetus or child.<sup>103</sup>

Increased vulnerability to the harmful effects of alcohol is also present in **older people**. Old age is associated with lower tolerance of alcohol, increased risk of falls, risks of incontinence, osteoporosis and deterioration of the symptoms of Parkinson's disease.<sup>104</sup> Older people are also more vulnerable to harmful drinking of alcohol, specifically when they face the loss of their professional identity,<sup>105</sup> the loss of a partner and a deterioration in their socioeconomic status.<sup>106</sup>

Due to reduced immunity, **those who have suffered injuries, the sick and chronically ill** are especially susceptible to the harmful effects of alcohol.<sup>107</sup>

### Financial burden on the state

The use of alcohol also represents a **major financial burden on the state**. The healthcare costs associated with alcohol consumption in Slovenia from 2012 to 2016 were estimated to average EUR 147 million annually. Combined with the costs of traffic accidents, domestic violence and crime related to alcohol consumption, the financial burden of alcohol in Slovenia amounts to EUR 228 million annually.<sup>12</sup> On the other hand the annual revenue from excise tax on alcohol and alcoholic beverages brings into the national coffers half that amount, at EUR 103 million.<sup>108</sup>

### Effective measures are available

The following are effective alcohol policy measures:

- *limiting alcohol availability* (e.g. limiting sales by times and days, minimum legal drinking and purchasing age);
- *reducing the affordability of alcohol* (e.g. raising the minimum tax rates, setting minimum alcohol pricing, banning discounts and promotional prices);
- *restricting marketing communication* about alcoholic beverages;
- *early identification and intervention for persons who drink excessively*;
- *treating mental and behavioural disorders* and other illnesses and states due to alcohol consumption;
- *preventing driving under the influence of alcohol*;
- *increasing the responsibility of those serving alcohol*;
- preventive evidence-based activities.<sup>14-17</sup>

**Updated information on the health burden** in Slovenia is available at [www.nijz.si](http://www.nijz.si).

**More on the issue of alcohol** in Slovenia is accessible in the publication

- Alcohol Policy in Slovenia, (<https://www.nijz.si/sites/www.nijz.si/files/.pdf>) and
- on the website of the project SOPA - Together for a Responsible Attitude Towards Alcohol Consumption (<https://www.sopa.si/en/>) and MOSA – Mobilising Community for Responsibility Towards Alcohol ([www.infomosa.si/en/](http://www.infomosa.si/en/)).

**It is recommended, that you take the opportunity to:**

- write about the alcohol issue and its magnitude;
- shed light on the problems of drinking alcohol for everyone and also highlight especially vulnerable groups of people;
- not limit the problems of drinking alcohol just to specific groups of people (such as adolescents and pregnant women), since this normalises drinking in the general population;
- point out that we too can find ourselves in situations with harmful effects of alcohol (such as driving under the influence of alcohol);
- address alcohol as a problem when you mention it;
- provide information on evidence-based measures to reduce the alcohol problem.

**APPROPRIATE:**

**Examples<sup>1</sup> of portraying the magnitude of the alcohol problem:**

*'The NIPH reports that in Slovenia almost half the adult population drinks alcohol excessively. They note that alcohol consumption is an outcome of our wet culture, which is characterised by an uncritical attitude towards drinking alcohol. As they point out, drinking alcohol is linked to more than 200 different medical conditions and injuries. We register at least two deaths per day due to alcohol.'*

*(...) The negative consequences of drinking alcohol can also be seen in the individual's family, local surroundings and the entire country, for which alcohol represents a major financial burden.'*

**An example of a call for reflection on the alcohol problem:**

*'Faced with this tragic accident, we must ask ourselves, what are the causes and circumstances that lead to a person deciding first to drink, and then to get behind the wheel under the influence of alcohol.'*

**An example highlighting the vulnerability of a specific group and general vulnerability to the negative effects of alcohol is noted:**

*'Since alcohol is a toxic substance, anyone who drinks it is vulnerable to its negative consequences. Adolescents are especially vulnerable, since drinking alcohol negatively impacts the development of the brain.'*

**An example of highlighting the fact that anyone can find themselves in problematic situations:**

*'Due to reckless driving under the influence of alcohol he caused an accident that claimed the lives of three adolescents.'*

*(...) We strongly caution all drivers to avoid drinking alcohol completely whenever they plan to get behind the wheel. Alcohol seriously reduces your ability to drive, it impairs your capacity for judgement and lengthens reaction time, which can have tragic consequences.'*

**INAPPROPRIATE:**

**An example of limiting the problems related to heavy episodic (binge) drinking of adolescents, thereby normalising such behaviour in adults:**

*'They're too young to be getting that drunk.'*

---

<sup>1</sup>We took the inspiration for these examples from actual reporting by journalists.

## 2. INFORM PEOPLE THAT THERE IS NO SAFE LIMIT FOR DRINKING ALCOHOL AND THAT NOT DRINKING IS THE ONLY SAFE CHOICE FOR HEALTH.

### Drinking any alcohol carries risks.

There is no safe limit for drinking alcohol, and drinking any alcohol carries risks. **The more alcohol a person drinks, the greater the risk.** Alcohol has a negative effect on almost every organ and system in the human body.<sup>1,2</sup> Research shows that any drinking of alcohol, even in small quantities, represents a certain degree of risk for the health of a person than drinks.<sup>3,91</sup>

In contrast to the widespread belief, drinking alcohol is **also not safe for the cardiovascular system.** The latest research shows that, on the population level, the positive effects of alcohol were previously overestimated<sup>109-111</sup> and that the overall effect of alcohol on the general burden of cardiovascular diseases is negative.<sup>91</sup>

An example of the risk of drinking alcohol is the risk of breast cancer in women. Just a single unit of alcohol per day significantly increases the risk of breast cancer in women.<sup>112,113</sup>

### What are the limits of less hazardous alcohol drinking?

We cannot speak of a safe limit for drinking alcohol, we can only speak of drinking with more or less risk, or the **limits of less hazardous alcohol drinking.** It is estimated that drinking within the limits of less hazardous alcohol drinking lowers the chance of **negative consequences** of alcohol for the health of a person who drinks and their surroundings.<sup>114,115</sup>

In defining limits we make use of **units or standard measures of pure alcohol** contained in the alcoholic beverage. One unit or measure is 10 g of pure alcohol. That is contained in 1 dl of wine or 2.5 dl of beer, or 0.3 dl of spirits or 2.5 dl of cider, must or apple wine.

**For children and adolescents, pregnant and breastfeeding women, professional drivers and persons operating machinery, working at heights and so forth, sick people, those taking medications and persons with problems due to alcohol in the family, the recommendation is consistently 0 units of alcohol.**

For healthy adults the **limits of less hazardous alcohol drinking** are: for men no more than 2 units a day or 14 per week, or 5 on special occasions, and for women no more than 1 unit a day or 7 per week, or 3 on special occasions. The gender differences stem from the fact that on average women have relatively more fatty tissue, in which it is harder for alcohol to dissolve, and less of the stomach enzyme dehydrogenase, which plays a part in breaking down alcohol in the body.<sup>116,117</sup> For healthy people over 65, irrespective of gender, the same limits apply as for healthy adult women.

It is important not to report about the limits of less hazardous alcohol drinking as some kind of recommendation, but rather use wording to indicate that drinking in this way involves less risk of negative consequences, but is still hazardous. If you report about the limits as a recommendation, a user of media content can understand this as a recommendation or encouragement to drink alcohol, albeit in smaller quantities.

Whenever alcohol drinking exceeds the limit of less hazardous drinking, it is considered either (more) **hazardous drinking**, where you run a greater risk of **harmful** consequences, harmful drinking when negative consequences are already present, or alcohol dependence **syndrome** or alcoholism.

#### What is alcohol dependence syndrome (ADS)?

*Under the international classification of diseases (ICD), the World Health Organization defines in classification ICD-10 the disease of ADS as a condition where three or more of the following manifestations should have occurred together for at least one month or, if persisting for periods of less than one month, should have occurred together repeatedly within a 12-month period:*

- a strong desire to drink alcoholic beverages;
- persistent drinking of alcohol despite clear evidence of harmful consequences;
- uncontrolled drinking of alcohol (loss of control over the quantity of alcohol consumed, frequency of drinking, etc.), and, for some, unsuccessful attempts to stop drinking;
- upon giving up alcoholic beverages, withdrawal symptoms or an abstinence crisis;
- increasing tolerance to the quantity of alcoholic beverages consumed (increasing quantities of alcoholic beverages are needed to achieve the same effect);
- preoccupation with drinking alcohol or with recovery from the consequences of drinking, and consequently neglect of other areas of life (social relations, work obligations and so forth).<sup>118</sup>

#### The safe choice for health is not drinking

**The safe choice for health is not drinking alcohol**, so the **recommendation regarding drinking alcohol is: as little as possible or not at all**. Where people drink to ease stress or as a way of coping with difficulties and passing their leisure time, it is worth replacing this with healthy choices, such as pursuing techniques for relaxation and coping with anxiety, and spending leisure time in an active way, for instance through sports or other hobbies.

#### It is important to:

- ➔ inform people that there is no safe limit for drinking alcohol, and drinking any alcohol carries risks;
- ➔ inform people that the public health recommendation regarding alcohol drinking is as little as possible or not at all;
- ➔ inform people about healthy alternatives and encourage them to choose such alternatives;
- ➔ highlight separately those groups for which the recommendation is 0 alcohol, if you are reporting about the limits of less hazardous alcohol drinking;



- ➔ explain what the limits mean when you are reporting about the limits of less hazardous alcohol drinking. Provide graphic presentations or references to quantities of typical alcoholic beverages where there is not enough space to explain the units (e.g. 1 dl of wine and not 10 g of pure alcohol). Presentations of alcoholic beverages should be as neutral and simple as possible;
- ➔ when reporting on the limits of less hazardous alcohol drinking, don't present it as a recommendation but rather as a statement about lower risk to health;
- ➔ in pieces where you just mention alcohol, also take into account that there is no safe limit for drinking alcohol, and drinking any alcohol carries risks, even though the alcohol problem is not the main topic.

#### **APPROPRIATE:**

##### **An example of providing information about public health findings and recommendations:**

*'Research shows that there is no safe limit for drinking alcohol, and drinking any alcohol carries risks. The public health recommendation regarding drinking alcohol is therefore as little as possible or not at all.'*

##### **An example of referring to the lower risk to health if you drink within the limits of less hazardous alcohol drinking compared to drinking larger quantities of alcohol:**

*'If you drink alcohol, the risk will be lower if you drink within the limits of less hazardous alcohol drinking.'*

##### **An example of reporting about the limits of less hazardous alcohol drinking:**

In brief: *'The limits of less hazardous alcohol drinking apply to healthy adults and are as follows:*

- *for men no more than 2 units a day or 14 per week, or 5 on special occasions;*
- *for women, with the exception of pregnant and breastfeeding women, and for healthy persons over 65 years old, regardless of gender, no more than 1 unit a day or 7 per week, or 3 on special occasions.'*

Expanded version: *'Drinking any alcohol carries risks. The risk will be lower if you drink within the limits of less hazardous alcohol drinking. For healthy adults this means: for men no more than 2 units a day or 14 per week, or 5 on special occasions, and for women no more than 1 unit a day or 7 per week, or 3 on special occasions. For healthy people over 65, irrespective of gender, the same limits apply as for healthy adult women.*

*For children and adolescents, pregnant and breastfeeding women, professional drivers and persons operating machinery, working at heights and so forth, and sick people, the recommendation is a consistently 0 units of alcohol.'*

*An example of a graphic presentation of units and limits:*

## Limits of less hazardous alcohol consumption – no more than:

Applies to: healthy adults

Does not apply to: children and adolescents, pregnant and breastfeeding women, professional drivers, sick people...

As little

as possible,

or not at all.



Standard unit of alcohol



No more than 1 unit/day  
No more than 7 units/week\*

At one occasion no more than 3 units



No more than 2 units/day  
No more than 14 units/week\*

At one occasion no more than 5 units

\* These quantities consider at least one completely alcohol-free day per week.

### INAPPROPRIATE:

An example of reporting about the limits of less hazardous alcohol drinking as a recommendation that might encourage drinking:

*'Drinking within the limits of less hazardous alcohol drinking is recommended.'*

An example of mentioning alcohol without taking account of the health risks:

*'After lunch we indulged in a few glasses of red wine, then some shots of excellent home-made plum brandy. (...) At the end of the evening we drove off to our next destination.'*

### 3. WHEN PREPARING A PIECE THAT REFERS TO ALCOHOL, ALWAYS TAKE INTO ACCOUNT FACTS ABOUT THE NEGATIVE CONSEQUENCES OF DRINKING ALCOHOL; IN PARTICULAR HIGHLIGHT THE NEGATIVE IMPACT OF DRINKING ALCOHOL ON FAMILY RELATIONS.

It is important in pieces that include mention of alcoholic beverages that you take into account the negative consequences of drinking alcohol. This does not just apply to pieces that directly address the alcohol problem as such, but **also in pieces where alcohol** (or the alcohol problem) **is not the main topic**, and alcohol merely appears in passing or in a context that has another focus. This applies to pieces on parties and celebrations, festivals and fairs, various field reports, recipes and so forth.

The more we show alcohol in contexts with a positive connotation, the more we define drinking itself as acceptable, as something positive and in this way we affirm the wet culture.

Negative effects may be short-term and **immediately apparent** (e.g. less control over the body, hangover, alcohol poisoning, traffic accidents, etc.), and may be **long-term** (permanent injury following alcohol-related accidents) and not necessarily immediately apparent, or may **develop gradually** (certain health consequences, deterioration in relationships, deterioration in the mental health of the person and those close to them). When alcohol is mentioned, it is therefore important that the audience does not get the message that alcohol is an entirely commonplace and non-dangerous psychoactive substance.

**Harmful consequences of excessive drinking of alcoholic beverages on the body**<sup>119</sup>

Aggressive behaviour, nervousness, depression, sleep disorder

Alcohol dependence

Memory loss

Premature ageing

Drinker's nose

Cancer of throat and mouth

Lowered immunity

Increased risk of pneumonia

Weakness of heart muscle, high blood pressure

Breast cancer

Inflammation of the stomach, stomach ulcer, vitamin deficiency

Liver cancer and cirrhosis, impaired blood clotting

Trembling hands, tingling fingers, pain

Impairment of the pancreas

Colon cancer

Impaired sexual performance

Defect of foetus during pregnancy, menstrual disorder

Impaired sensation leading to falls

Numb feet, tingling toes, pain

Ask your **personal physician** for support in quitting excessive alcohol drinking.

**Alcohol is a drug that can lead to addiction, so it is important to address drinking much sooner.**

Alcohol dependence syndrome does not develop overnight.

No one becomes dependent overnight. No one wants to become dependent on alcohol. Often a person becomes aware of the consequences of their drinking and reacts to it, only after serious problems arise. They then need to invest a lot of effort to succeed in stopping to drink excessively.

## Harmful consequences of excessive drinking of alcoholic beverages for the individual and their environment



### MENTAL HEALTH, WELLBEING

Malaise, dissatisfaction, Feelings of guilt, Shame, hiding, anxiety, Poor self-esteem, Deteriorating relationships, relationship problems, Many hardships, conflicts, Emotional problems



### FAMILY, HOME

Lack of communication, Problems in partnerships, Mistrust, Frequent conflicts, Divorces, Powerlessness in raising children, Taking responsibility instead of parents, Bad examples, without security and support, Absence of parents, Trust issues with children, issues with visitation, Feelings of guilt, shame, helplessness, fear, Many hardships of children, Isolation of the family, Neglect and endangerment of children, Domestic violence



### WORK, EMPLOYMENT

Reduced productivity in the workplace, Misunderstandings, Absence from work, Frequent job changes, Frequent job losses, Long-term unemployment



### FINANCIAL HARDSHIP

Financial losses, abuses, Non-payment of alimony, Debts, seizures, enforcements, Housing issues, evictions, Poverty, Homelessness



### TRAFFIC

Diving under the influence of alcohol, Misdemeanours, Loss of driving licenses, Endangerment in traffic, Traffic accidents



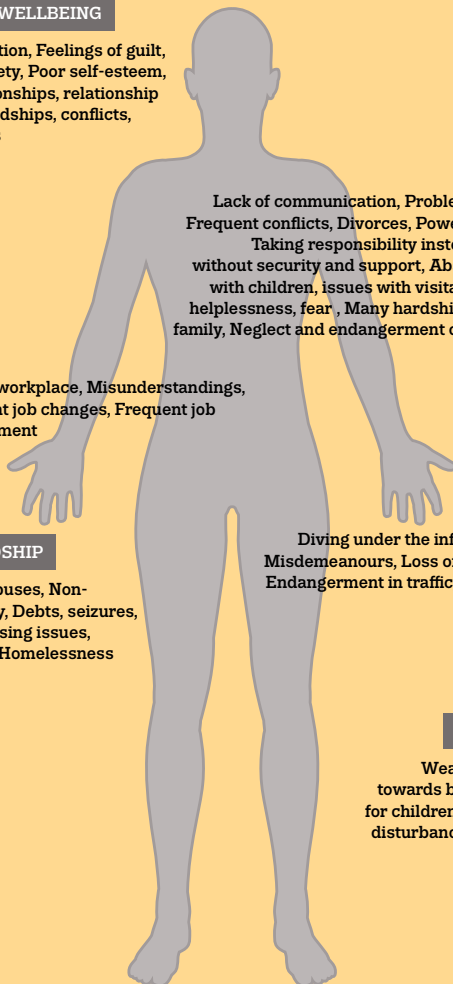
### ENVIRONMENT, SOCIETY

Weak social network, Tolerance towards binge drinking, Bad example for children and adolescents, Offenses, disturbance of public order and peace



### CRIME, VIOLENCE

Violence, Criminal acts



## Point out especially the negative impact of drinking alcohol on family relations.

Alcohol has an especially negative impact on **family relations**. The environment in such families is **unstable**, which is reflected for instance in more frequent conflicts or violence, and consequently in the poorer mental health of those close to the person that drinks.<sup>120,121</sup> Drinking alcohol can become the **main problem in the family**, demanding the attention of all family members, who are burdened with the problem at all times.<sup>122</sup> This constitutes a **risk of negative consequences** both for partners and for children. Children in particular can experience **mental health problems** later in life (depression, anxiety, risky behaviours),<sup>123,124</sup> **problems in partnerships and other personal relations** (lack of trust, fear of rejection and abandonment)<sup>122,125</sup> and problems **facing everyday challenges** (ineffective coping strategies).<sup>126</sup>

### We recommend that:

- you take the opportunity when mentioning alcohol to point out its negative consequences for the health of people and their surroundings;
- keep in mind not only the short-term and obvious negative consequences, but also those that are less obvious and which arise and are manifested more gradually;
- where possible, you highlight especially the negative consequences for the mental health of the close circle of people and for family relations.

### APPROPRIATE:

#### Attention to negative consequences that are gradual and less obvious:

*'Alcohol also has a very bad effect on sleep, so it causes a lot of sleepless nights. If you drink too much alcohol, you will eventually suffer from high blood pressure. Due to the calories contained in alcohol, you will also gain weight, which additionally raises your blood pressure.'*

*'Drinking alcohol can gradually become the main problem in the family, demanding the attention of all family members, who are burdened with the problem at all times. This constitutes a risk of negative consequences both for partners and for children, who may carry the effects of negative consequences of alcohol in the primary family with them later in life.'*

### INAPPROPRIATE:

#### An example of mentioning alcohol without a critical attitude to its negative consequences:

*'You can improve your breakfast by adding chocolate liqueur to chocolate cereal.'*

*'You can spice up the evening with some fun drinking games.'*

*'After a stressful day, let yourself relax in a hot bath. Accompany this with a fragrant candle, a book or glass of wine. In other words, the things you can't imagine doing without when you take a bath.'*

*'Live every day as if it's your last, and make yourself the priority. If you are feeling it, go with your friends into the hills, for a glass of wine, for a walk, to the cinema. Now it's your turn to enjoy yourselves.'*

## 4. AVOID LINKING ALCOHOLIC BEVERAGE CONSUMPTION TO SUCCESS IN PUBLIC, SOCIAL AND SEX LIFE, ETC.

Whenever drinking alcohol is presented in media content as something that plays a positive part in various social events, as a social connector or even something that promotes sex life, this can foster the sense in the public that drinking alcohol is something that facilitates social interaction, something that does not necessarily have negative consequences, or that drinking is something that is entirely acceptable. Through such media content and reporting about events where alcohol is present, **we contribute to the shaping and maintaining of the wet culture in Slovenia.**

### **We recommend that:**

- ➔ you avoid linking alcohol consumption to the idea that it contributes to greater sociability and a better sex life;
- ➔ where it is not necessary, you avoid linking alcohol to social events in the sense that alcohol is presented as an essential or obvious part of such events;
- ➔ you avoid illustrative depictions or descriptions of opportunities for drinking alcohol;
- ➔ you avoid portraying drinking alcohol as something fun, positive or even gutsy, since this can additionally encourage drinking;
- ➔ if you can't avoid noting the possible positive aspects of drinking alcohol, make sure you also state the risks and negative aspects that can result from drinking;
- ➔ you don't use images that carry a positive emotional appeal and that show individuals drinking alcohol (e.g. individuals in a photo smiling and sharing a toast). Furthermore, do not use images that show young people drinking alcohol.

Similar regulations apply in advertising, where Article 15 b of the ZZUZIS provides that advertising messages must conform to certain conditions, for example they may not be targeted at young people and may not show people drinking alcohol, they may not show people under 25 years old, they may not give the impression that drinking alcohol contributes to success in social and sex life and so on.

### **INAPPROPRIATE:**

#### **An example of creating an opportunity for drinking alcohol and encouraging people to drink:**

*'A proper sports party never gets anywhere without beer. Impress your friends with the wide selection of products from popular craft breweries.'*

**An example of creating an opportunity for drinking alcohol and encouraging people to drink:**

*'We all know that a drop of the good stuff is what livens up even the most boring party. It makes people more relaxed and open up more quickly. Still, if you don't want total debauchery, be sure to keep the alcohol flowing in moderation, so things don't get out of hand.'*

**An example of linking alcohol to sex life:**

*'Take this tip from us, wine can actually be an excellent aphrodisiac (...)'*

**LESS APPROPRIATE:**

The example below shows an appropriate statement of facts about the harm of drinking alcohol, but the piece is **inappropriately complemented by an image** showing young people with alcoholic beverages and in a positive emotional state:



*'Hazardous and harmful drinking is causally linked to more than 200 different diseases and injuries. Drinking alcohol can affect every organ in the body, cause cancers, compromise the individual's immune system and significantly impact the cardiovascular system. The latest research shows that every glass of alcoholic beverage you drink puts you at risks for harmful consequences.'*

*'And don't forget about the harmful consequences drinking alcohol has on adolescents. They are more vulnerable to the majority of negative consequences. Drinking alcoholic beverages as an adolescent can also negatively impact the development of the brain, which at that age is vitally important.'*

**APPROPRIATE:**

**An example of where an alcohol-free alternative is offered for social life:**

*'Socialising in pleasant company usually passes quickly. So what about combining it with a healthy way of life? Instead of a cocktail, invite friends to take a walk in the forest.'*

**An example where in addition to the possible positive aspects, the risks of drinking alcohol are pointed out:**

'Alcohol will perhaps relax you at a given moment, and it will seem easier to approach someone you like, but in the long run this will not help you build a good relationship.'

**It is more appropriate for news in general to avoid linking alcoholic beverages to social success and success in social or sex life.**



## 5. AVOID MENTIONING ALCOHOLIC BEVERAGES WHERE THIS IS NOT NECESSARY, AND AVOID SHOWING ALCOHOLIC BEVERAGES.

### The mention of alcoholic beverages in media content

Mentioning drinking without appropriately addressing the consequences adds to the appearance that drinking alcohol is something commonplace, normal and unproblematic. For members of the public who have problems with alcohol, mentioning and portraying alcoholic beverages can represent a potential trigger for harmful behaviour or relapse.

In creating media pieces where the topic is not related to the issue of alcohol, avoid (unnecessary) mentions of alcoholic beverages. **If it is not important for the piece, you should not mention** for instance what was served (e.g. what is on offer at a Christmas event for children, what the interviewees served), or what was drunk (e.g. socialising over beer or cocktails). Where this is not necessary, do not state specific alcoholic beverages. Equally, avoid phrases and metaphors tied to drinking alcohol. The use of the following sayings is frequent in the media: “naliti si čistega vina” (literally “pour some clear wine”, i.e. tell the truth), “hladen kot špricar” (“cold as a spritzer”, i.e. cool as a cucumber) and “starati se kot dobro vino” (to age like a good wine).

If the **content is related to the issue of alcohol** or mentioning alcohol is contextually important for the piece, try to heed **as many recommendations as possible** in the reporting.

Where it is harder to avoid mentioning alcohol, for instance in the area of culinary arts, alongside alcoholic beverages state an alcohol-free alternative, which should be presented in the same way. State the basic information about the consequences of drinking alcohol and sources of help or the advantages of non-alcoholic drinks.

Alcoholic beverages are often ingredients in recipes. It is recommended that in this case you point out to your audience that alcohol is also present in the food after cooking.

While cooking, alcohol is mixed with other liquids and does not evaporate as quickly as if it was on its own. In fact you need an hour of cooking (not boiling) to evaporate three quarters of the alcohol added to a dish.<sup>127</sup>

#### **APPROPRIATE:**

Drinking alcohol is not mentioned in an item where this is not necessary.

### **INAPPROPRIATE:**

#### **A piece on a charity sports event with unnecessary mention of drinking alcohol:**

*'At the finish line a festive mood was provided by young singers and musicians, and participants quenched their thirst with a very well earned cold beer. First sport, then fun, all of course for a good cause.'*

#### **A piece on research about friendship with unnecessary mention of drinking alcohol:**

*'Studies show that close friendship is more important than a partner and family for long-term well-being of the individual. Friendship positively contributes to one's mood and a sense of support, and thereby helps reduce stress levels. So invite your friends for a glass of wine.'*

### **Portraying alcoholic beverages in images and videos accompanying media pieces**

Avoid showing alcohol and drinking in photographs and videos in **all** media pieces, **even if the content is linked** to the topic of alcohol. For instance, if the piece relates to drinking alcohol among young people, choose a photo or video in which young people are not drinking.

#### **Where it is harder to avoid showing alcohol, we recommend that:**

- ➔ photographs or video clips do not encourage alcohol use and **do not embellish** and glorify drinking alcohol;
- ➔ you avoid portrayals linked to driving;
- ➔ you avoid portrayals that **stigmatise** (e.g. of persons who are visibly drunk or are incapacitated due to alcohol);
- ➔ you avoid **stereotyping** that suggests that only certain groups in society have problems with alcohol (older men, persons of lower socioeconomic status, disheveled people, people with blotchy faces, people drinking alone etc.);
- ➔ you avoid **humorous portrayals** of drinking alcohol and drunk people;
- ➔ you use portrayals that present the negative effects of drinking alcohol or present alcoholic beverages in an unequivocally unfavourable way (e.g. the drink is crossed out or poured out), and in this avoid portraying people.

### **APPROPRIATE:**

Alcoholic beverages and drinking alcohol should not be shown with a media piece where this is not necessary.

**INAPPROPRIATE:**

*Inappropriate addition to a piece where the content is not necessarily linked to the alcohol issue – beautifying alcohol consumption and showing socialising with alcohol.*



**INAPPROPRIATE:**

*Inappropriate addition to a piece where the content is linked to the alcohol issue due to stigmatisation.*



## 6. REPORT RESPECTFULLY ABOUT PEOPLE WITH ALCOHOL PROBLEMS AND THOSE CLOSE TO THEM.

Alcohol-related problems can vary. They range from health and psychosocial issues to financial problems. They do not appear only in the person who drinks, but also in those close to them, who represent an especially vulnerable group. Drinking of their loved one can cause them to experience personal distress, and they are also at risk in terms of mental health.<sup>120</sup>

There are often reports in media pieces about events that can be linked to drinking alcohol (traffic accidents, police intervention, fatalities, violence and so forth). Be sensitive to the fact that such media content also relates to those close to persons involved in that kind of piece. **It is important to preserve the dignity of all those involved, both the person involved in the reporting and those close to them.**

Whenever you are reporting, be especially attentive to the difficulties linked to alcohol dependence syndrome, and keep in mind that this is a disease and not a 'choice'.

### ***We therefore recommend that:***

- ➔ you only state the objective facts concerning an incident;
- ➔ you avoid stigmatising and marginalising a group of people. When referring to persons it is better to use 'person-first language' and not language that designates or labels a person. Instead of 'addict', 'alcoholic' or 'excessive drinker', use statements such as 'person with alcohol dependence syndrome' or 'person who drinks excessively';
- ➔ you avoid expressions that moralise, that indicate it is an 'issue of choice', when difficulties relate to alcohol dependence syndrome (since this in fact is a disease);
- ➔ you avoid mockery that labels a person and sensationalist or stylistically marked headings;
- ➔ in introducing a person in a piece (e.g. reporting on celebrities), you avoid any statement that this is a person who has or has had problems with alcohol where this is not necessary or not an essential part of the news item.

In Slovenia the alcohol problem is very widespread, which means that it might happen that such news could indirectly or directly involve your own work colleagues. It is important that due to the potential for distress they be given understanding and support.

### **INAPPROPRIATE USE OF EXPRESSIONS FOR A PERSON UNDER THE INFLUENCE OF ALCOHOL:**

*'The hospital took in a violent drunkard, whose hell-raising caused chaos.'*

*'Police officers had their work cut out with a well and truly sloshed woman driver. There is no need of course to point out that she should not have been on the roads in that state. It was a lucky thing that she drove off the road alone.'*

**Inappropriate use of heading/subheading of news items about drivers, where it was determined that they were driving under the influence of alcohol:**

*'Pijan kot mavra' (Blind drunk)*

*'RECORD HOLDER: He had a full 4.23 permille of alcohol in his blood!'*

**APPROPRIATE:**

**An example of stating objective facts about a traffic accident with a note that specifically draws the attention of drivers to the possible harmful effects of drinking alcohol on driving:**

*'Officers dealt with a traffic accident at the Brnik motorway exit. Investigation of the circumstances of the accident revealed that at the time of operating the vehicle the driver was under the influence of alcohol, with a breathalyser test showing that she had 0.62 milligrams of alcohol per litre of exhaled breath. The accident caused serious material damage, but the driver did not suffer any serious injury.*

*We especially caution all drivers to avoid drinking alcohol completely whenever they plan to get behind the wheel. Alcohol seriously reduces your ability to drive, it impairs your capacity for judgement and lengthens reaction time, which can have tragic consequences.'*

## 7. USE APPROPRIATE EXPRESSIONS.

In creating media content on alcohol the way you write is very important. In order to inform the public it is vital that you choose expressions whereby excessive alcohol drinking is described as a public health and social problem, and that you do not present alcohol as an ordinary commodity. Avoid sensationalist reporting. It is essential that you **do not use expressions that glorify drinking or that ascribe to alcohol a special or positive significance**. For instance, you can replace the phrase “enjoying alcohol”, which highlights the enjoyment of drinking alcohol, with more neutral expressions such as “drinking alcohol” or “drinking alcoholic beverages”.

In public we often encounter words such as “dependent”, “addict” or “alcoholic”. These are labels that are not appropriate, since they **stigmatise** the person, and furthermore they equate the person with their disease. It is more appropriate to use expressions such as person who drinks excessively, or person with alcohol dependence. In your reporting about dependence, talk about the condition or disease, which affects the individual, persons close to them and society at large, and is entitled to help, treatment and psychosocial rehabilitation. A way of writing or talking that shows indignation or **mockery** increases the stigma, which makes it harder to seek help and intensifies problems.

It is also important that you use **expressions that are clearly defined**. For instance instead of responsible drinking, use the expression less hazardous drinking, which is defined and has a clear meaning (see Recommendation 2). Explain in an appropriate way the expressions used in relation to drinking alcohol (e.g. explain the limits of less hazardous alcohol drinking). In this regard, also avoid expressions such as cultured drinking, drinking wisely, heavy drinking of alcohol and so forth. **Through your expressions, send the message that drinking any alcohol carries risks**. It is especially important that you take care over the choice of expressions in headings and with visuals.

Below we show a traffic light system of expressions that can help you choose terms.

INAPPROPRIATE EXPRESSIONS	APPROPRIATE EXPRESSIONS
<ul style="list-style-type: none"> <li>- enjoyment of alcohol</li> <li>- washed down with alcohol</li> <li>- went down a treat</li> <li>- they like a drop</li> <li>- everything washed down with</li> </ul>	<ul style="list-style-type: none"> <li>- drinking alcohol,</li> <li style="padding-left: 20px;">drinking alcoholic beverages</li> <li>- alcohol use</li> </ul>
<ul style="list-style-type: none"> <li>- excessive drinker of alcohol</li> <li>- alcoholic</li> <li>- addict</li> <li>- dependent</li> <li>- horribly drunk</li> <li>- drunkard</li> <li>- have one too many</li> </ul>	<ul style="list-style-type: none"> <li>- person who drinks excessively</li> <li>- person dependent on alcohol</li> <li>- person addicted to alcohol</li> <li>- alcohol addiction</li> <li>- alcohol dependence</li> <li>- binge drinking, heavy episodic drinking</li> <li>- person who got intoxicated</li> <li>- drinking larger quantities of alcohol on an individual occasion</li> </ul>
<ul style="list-style-type: none"> <li>- non-risky drinking</li> <li>- healthy drinking</li> <li>- cultured drinking</li> <li>- drinking wisely</li> </ul>	<ul style="list-style-type: none"> <li>- person who drinks below/above/ within the limits of less hazardous alcohol drinking</li> <li>- (more) hazardous drinking of alcohol</li> <li>- harmful drinking of alcohol</li> </ul>
<ul style="list-style-type: none"> <li>- intoxicated driver</li> <li>- drunk driver</li> </ul>	<ul style="list-style-type: none"> <li>- driver/person who drove under the influence of alcohol</li> </ul>
<ul style="list-style-type: none"> <li>- in our society we like to imbibe</li> </ul>	<ul style="list-style-type: none"> <li>- alcohol problem</li> <li>- wet culture</li> </ul>

The table shows some of the more common inappropriate expressions we have observed in an analysis of media content. Special note should be taken of the **inappropriate expressions which are less frequent but carry a lot of meaning**. These are expressions which embellish drinking or the problems associated with it (e.g. alcohol made him merry and rosy), present it as **humorous or laughable** (e.g. sloshed, pissed, hammered, drunk as a skunk), and which serve to diminish the extent of the problem and the fact that alcohol is a psychoactive substance that can have harmful effects. It is equally important to avoid expressions that **moralise** (such as 'habit', 'making a choice'), where difficulties relate to alcohol dependence syndrome, since this in fact is a disease.

## 8. DO NOT PRESENT ALCOHOL AS A MEDICINE FOR COURAGE, REVITALISATION AND RELAXATION OR AS A SOLUTION FOR PROBLEMS SUCH AS STRESS AND INSOMNIA.

The latest research shows that with every glass of alcoholic beverage you drink, you risk negative consequences. It is therefore important for your pieces to avoid recommending alcohol as a therapy for various everyday difficulties, such as lack of courage, insomnia, stress, lack of energy or low physical performance. Otherwise, it can lead to encouraging alcohol drinking and consequently to negative impacts on physical and mental health, personal relations, the individual's wellbeing and so on.

### **We recommend that:**

- you do not portray alcohol as a medicine, since it can harm almost every organ in the body;
- you do not portray alcohol as a means of solving problems such as lack of courage, feeling bad, low physical performance, personal distress;
- instead of recommendations about drinking alcohol, you provide general tips on how and where to find help (such as seeing your doctor) which should include healthy alternatives to drinking alcohol, which do not harm an individual's health or psychosocial state.

Alcohol is a psychoactive substance, which is a central nervous system depressant, meaning that it 'puts to sleep' the functioning of some higher centres of the brain. You can sometimes experience this as a **temporary relaxation** (and sometimes also as uplifting), but this does not mean that alcohol is an effective way of easing personal distress. Due to its other, often unpredictable, harmful effects, **it can actually intensify personal distress**. Repetitive, longer-lasting use can lead to alcohol addiction, which intensifies a person's problems even more. **In the long term, alcohol is not a solution for easing personal distress or stress.**

### **INAPPROPRIATE:**

#### **An example of where alcohol is claimed to be a treatment for sleeplessness:**

*'Traditionally the favourite 'home' medicine for insomnia is alcohol.'*

#### **An example of where alcohol is claimed to be a solution for personal distress:**

*'She's left you in the lurch yet again. Call up a friend and drown your sorrows over a few rounds in your favourite bar. You'll forget about her for a while.'*

#### **An example of a heading suggesting an alcoholic beverage is 'healing':**

*'Healing kraški teran'*



**APPROPRIATE:**

**An example of stating healthy alternatives to drinking alcohol:**

*'... you can also overcome sleeplessness through physical activity in the evening. Treat yourself to an evening walk, run or yoga.'*

*'For some time you've lacked energy and the right frame of mind. Try to remember activities that once made you happy, and try to revive one of them. We also put together a few suggestions from our readers, who recognised these as good ideas: hike up your favourite hill top, walk through a nice meadow, go to your favourite swimming pool, re-read your favourite books or watch a film with friends.'*

**An example that recognises that alcohol is not an effective means of dealing with problems:**

*'Although you might get the feeling that alcohol helps relieve stress in the short term, the long-term problems will accumulate and there will be even more problems at work.'*

## 9. TAKE THE OPPORTUNITY TO PROVIDE INFORMATION ABOUT WHERE TO SEEK HELP IN CASES OF DIFFICULTY OR MENTAL DISTRESS DUE TO EXCESSIVE ALCOHOL DRINKING.

### Encourage people to seek help

**Encourage** members of the public **to seek help**. Communicate that seeking help has a lot of positive outcomes (e.g. early identification of problems, preventing more serious consequences, improved relations and quality of life, etc.) and is not a sign of giving up, of inability or personal weakness.

### When should you include sources of help?

Information on where to seek professional help in the case of problems due to alcohol **should be provided at the end of any media report that mentions alcohol**. You can also indicate sources of help **especially in cases where the media content does not directly address the alcohol issue** or does not mention the harmful effects of alcohol. Such cases are for instance articles on Wine Queens, restaurant reviews, talk shows on wine producers in Slovenia or articles on legislative measures that promote the production of alcoholic beverages. It is important here to send the message that drinking any alcohol carries risks. It is of course recommended to include information on sources of help in **content covering health and promoting a healthy lifestyle**.

### Basic information about sources of help

How much information you give depends on the characteristics of the medium, the media space available and the context (e.g., you can state general sources of help or in the case of local media, specific information about sources of help in a given locality). If you have space constraints, you can just provide the basic information.

#### An example of reporting

*If you have problems due to drinking alcohol or notice this in those close to you, professional help is available. Sources of help with contact information for specific regions can be found at: [www.infomosa.si/pomoc](http://www.infomosa.si/pomoc) and [www.sopa.si/kakovost-zivljenja/viri-pomoci/](http://www.sopa.si/kakovost-zivljenja/viri-pomoci/).*

### More extensive information about sources of help

If the media content allows, you can provide more in-depth information.

#### An example of reporting

*If you have problems due to drinking alcohol or notice this in those close to you, professional help is available. You can turn to experts and professionals:*

- at a health centre (personal/family physician, psychologist, graduate nurse in a family medicine clinic or a home care nurse, experts at health education centres or health promotion centres and at adult mental health centres);
- at centres and departments for treating alcohol dependence in psychiatric hospitals;
- at social services centres;
- in various non-governmental organisations in this field (clubs and societies for alcoholics in recovery), representatives of self-help groups for users (Alcoholics Anonymous), close relatives (Al-anon) and adolescents (Al-teen).

Online help is available from the advice site for adolescents tosemjaz.net and from med.over.net.

### Further information regarding sources of help

It makes sense to provide additional information where the media content allows and you judge it to be appropriate.

➔ Providing information on **how to approach a person close to you when you are concerned they drink too much.**

In addition to sources of professional help, it makes sense to include information on how someone can themselves help a person close to them. You can inform readers/listeners of the guidelines for psychological first aid in the case of hazardous and harmful alcohol drinking. Do not overlook close relatives; also report on what they can do and where they can find help for themselves.

### An example of reporting

*How do you approach a person when you are concerned they drink too much?*

*You can find some answers in the Guidelines for Psychological First Aid, which any of us can use and which you can read on this link:*

<https://www.nijz.si/sl/publikacije/smernice-za-psiholosko-prvo-pomoc-v-primeru-tveganege-in-skodljivega-pitja-alkohola>.

➔ Providing information on when medical assistance is essential.

If the media space allows and depending on the context of the media content, you can judge whether it is advisable also to list the cases where professional help is essential.

### **An example of reporting**

*Alcohol – When to call emergency medical services?*

*You must call the emergency medical service if a person is constantly vomiting, is unconscious, shows signs of alcohol withdrawal, expresses suicidal intentions and where there is a suspicion of acute alcohol poisoning or head injury. In such cases immediately call the emergency medical service on 112. Do not leave the person on their own, wait with them for the arrival of the ambulance and monitor their breathing and state of consciousness.*

➔ *Providing information on sources of help **if a person is considering suicide.***

Drinking alcohol can trigger thoughts of suicide, especially if a person has already considered suicide. For this reason it is advisable to state sources of help in the case of suicidal behaviour. Two examples of reporting are given below.

Guidelines for responsible media reporting in the event of suicidal behaviour have already been developed, and are available on the website [https://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/spregovorimo\\_o\\_samomoru\\_in\\_medijih.pdf](https://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/spregovorimo_o_samomoru_in_medijih.pdf). Equally there are guidelines available for psychological first aid, with sources of help in the event of a suicide threat, and these are available on the website [https://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/samomorilne\\_misli\\_smernice\\_ppp\\_koncno.pdf](https://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/samomorilne_misli_smernice_ppp_koncno.pdf).

### **An example of reporting**

#### **BRIEF NOTE:**

*If you are worried that a person is in danger of suicide, approach them and express your concern for them. Do not leave them alone, and if necessary call the emergency medical services and/or the police for assistance.*

#### **LONGER NOTE:**

*Take threats of suicide seriously, since alcohol can trigger or bolster suicidal intent, especially if the person has already considered this. The first source of professional help is the chosen personal physician. If the distress is severe and the personal physician is not available, you can directly contact the duty physician, the duty clinic at the nearest psychiatric hospital, the ambulance service (by calling 112) or the emergency psychiatric clinic at the Centre for Outpatient Psychiatry in Ljubljana (01 475 06 85) or the Crisis Intervention Unit of the Ljubljana University Psychiatric Clinic (01 587 49 22).*

➔ Providing information in the event of **other mental health problems or in case of violence**.

In addition to information about sources of help in the event of alcohol-related problems, you can also provide other sources of help in the case of mental distress, for instance mental health helplines, contact information for psychological counselling and sources of help in the event of violence.

*Help and counselling phone lines:* Mental health helpline (01 520 99 00, every day between 7 pm and 7 am); The confidential “Samaritan” and “Sopotnik” helplines (116 123, 24 hours a day every day). The SOS Society helpline for women and children victims of violence (080 11 55, Mon-Fri from 12 pm to 10 pm; Sat, Sun, holidays from 6 pm to 10 pm); TOM helpline for children and young people (116 111, every day between 12 pm and 8 pm).

*Network of psychological counselling services:* Counselling centres in Ljubljana, Kranj, Postojna, Slovenj Gradec, Nova Gorica, Murska Sobota, Sevnica, Koper, Idrija, Maribor and Zagorje ob Savi; for appointments call 031 704 707 any weekday or e-mail info@posvet.org; Counselling centres in Celje and Laško; for appointments call 031 778 772 or e-mail svetovalnica@nijz.si.

In the event of violence, you can call the free helpline provided by the SOS Society on 080 11 55 or leave an anonymous e-report at <http://www2.gov.si/e-uprava/prijavadm.nsf>. If urgent intervention is needed, call the police on 113.

## 10. TAKE THE OPPORTUNITY TO REPORT ON POSITIVE STORIES.

Report on the positive stories of those who do not drink, and those who cope successfully with difficulties. Writing their individual stories has an added value – in addition to providing information, it offers greater depth and wholeness to reporting. These stories are interesting and persuasive for the public, and they also identify with the life experiences of others. These stories should follow as many recommendations as possible.

The positive stories of **people who don't drink alcohol** can be a good example, particularly for young people. Take the opportunity to highlight such people (celebrities, ambassadors) and to present non-drinking as a good alternative and not as something unusual.

Another positive influence can be found in the **stories of people who have overcome or are dealing with alcohol problems, and of those close to them**. Among your audience are individuals facing the same or similar difficulties, and in such items they can find encouragement to change their lives. The stories of individuals serve to highlight that problems with alcohol can be overcome, and to offer to the public multiple ways of dealing with them and several sources of support.

It is important here not to present the process of dealing with problems due to alcohol drinking, or treatment, as something easy (e.g. "he shook off dependence"). The path is usually long, everyday and difficult, but it is possible, and it is important to talk about this. **Focusing on the actual path of recovery and stating sources of help can contribute significantly to de-stigmatising the seeking of help.**

Positive stories should be diverse, **just as problems with alcohol are diverse**. The problems are not just due to alcohol addiction, there are problems also in the case of hazardous and harmful drinking.

### APPROPRIATE

#### Articles on personal experience:

*'I'm proud of the fact that I no longer drink – that's a huge achievement in my life. Especially when I think how many years I lost to drinking, and then the constant apologies for my mistakes, quick anger, my sharp tongue... If I was loud when I drank, I reckon I'll also be loud in abstinence and tell my story. I thought it would be boring without alcohol, but now I see how life can be diverse, with good and bad moments and days, when your life doesn't revolve around one thing alone.'*

*'I could have continued for a while, not without consequences, but I decided to change my life. My doctor also encouraged me towards this. I'm fortunate that now I have around me a few people who support me. A few of those who are on the same path, and a few of those that I almost lost, that I previously pushed away. It was difficult in the first year. I had to face up to what I had caused, and find once again who I am. Give myself some aims in life. Some days I still think I won't succeed, and I have to remind myself how far I've already come.'*

## 11. REPORTING SHOULD BE THE RESULT OF A CRITICAL APPROACH TO VARIOUS SOURCES OF INFORMATION.

In preparing media content it is important to base it on **credible and reliable information**. Always check the source of information or the organisation that published the information. Give official data and scientific findings. If possible, obtain primary sources of text (data, scientific studies, sources of help, etc.). Interpret information with a great degree of caution and precision, and be mindful of the methodology used. In your piece include a link to the primary source.

**Selected public institutions in Slovenia** where you can obtain reliable information on drinking alcohol:

- **Ministry of Health and other ministries**
- **National Institute of Public Health (NIPH)**

*NIPH data portal:*

<https://podatki.nijz.si/>

*Health in the Municipality*

<http://obcine.nijz.si/>

- **NIPH municipal units**

*The National Institute of Public Health has its own units in all nine regions throughout Slovenia.*

*Contact details can be found here: <https://www.nijz.si/regije>*

- **Statistical Office of the Republic of Slovenia**
- **Slovenian Traffic Safety Agency.**

In the majority of countries **around the world** there are **national statistical offices or public health organisations** that provide official data on alcohol consumption and the harm related to it. EU Member States send data to the **World Health Organization (WHO)**. You can find more information on the WHO website at [www.who.int](http://www.who.int) and <https://www.who.int/health-topics/alcohol>.

There is a lot of WHO data available in the following systems:

- **GISAH – Global Information System on Alcohol and Health**, accessible at <https://www.who.int/gho/alcohol/en/>,
- **EUSAH – Global Information System on Alcohol and Health (European Union)**,
- **HFA-DB – European Health for All database**, accessible at <https://gateway.euro.who.int/en/datasets/european-health-for-all-database/>.

Some other databases offered by the World Health Organization together with the European Regional Office of WHO are described here: <http://www.euro.who.int/en/data-and-evidence/databases/european-health-for-all-family-of-databases-hfa-db/>.

**It is important to:**

- base pieces on credible and verifiable sources and reference them;
- where possible, provide links to primary sources;
- not cite unofficial data and non-scientific sources uncritically and do not present them as equivalent to official data from credible institutions.

**INAPPROPRIATE:**

**An example of making an assertion not based on credible research sources:**

*'Everyone knows that moderate drinking is good for health.'*

*'Our ancestors already knew that a glass of red wine is good for the heart.'*

**APPROPRIATE:**

**An example of a critical approach to different sources of information:**

*'Wine makers report that drinking wine in moderate quantities is good for the heart, but scientific research shows that there is no safe limit for drinking alcohol, and any drinking alcohol carries risks.'*

**An example of referring to a credible source and stating the primary source:**

*'According to NIPH data nearly half of Slovenia's adult population report that they drink excessively, but a fifth report that in the last year they have not drunk alcohol.'*

More at: [https://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/190506\\_-\\_policy\\_brief.pdf](https://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/190506_-_policy_brief.pdf).'



## 12. TAKE THE OPPORTUNITY TO OPEN UP THE SPACE FOR DISCUSSION ON ATTITUDES TO DRINKING ALCOHOL.

When you have the chance, **present the wider context of the alcohol problem and prompt the public to think about our own and their attitude to drinking alcohol.** In Slovenia there is an ambivalent attitude to drinking – despite formal restrictions (e.g. regulations on sales and advertising), in many contexts excessive alcohol drinking is completely socially acceptable.

Media content generally focuses just on “unacceptable” behaviour (young people binge drinking, traffic accidents, violence and other harm) or on other “attractive” content (harmful alcohol use among famous people). The overall effect of such reporting is that it additionally stigmatises people who have problems with alcohol, while normalising the other patterns of drinking or alcohol consumption in other groups of society.

Hazardous and harmful drinking is a public health problem that should be addressed more broadly. It is not just the problem of the individual or certain “other” groups in society. This also means that **all members of the community play a part in changing the attitude towards drinking.**

## REFERENCES

1. Anderson, P., & Baumberg, B. (2006). *Alcohol in Europe: A public health perspective*. London: Institute of Alcohol Studies.
2. Babor, T.F., Ceatano, R., Casswell, S., Edwards, G., Giesbrecht, N., Graham, K., Grube, J., Hill, L., Holder, H., Homel, R., Livingston, M., Österberg, E., Rehm, J., Room, R., & Rossow, I. (2010). *Alcohol: No ordinary commodity: Research and public policy*. Oxford: Oxford University Press.
3. GBD 2016 Alcohol Collaborators. (2018). Alcohol use and burden for 195 countries and territories, 1990-2016: A systematic analysis for the Global Burden of Disease Study 2016. *Lancet*, 392(10152), 1015–1035.
4. World Health Organization. (2018). *Global status report on alcohol and health 2018*. Geneva: World Health Organization. <http://apps.who.int/iris/bitstream/handle/10665/274603/9789241565639-eng.pdf?ua=1>
5. Lovrečič, B., & Lovrečič, M. (2018). *Poraba alkohola in zdravstveni kazalniki tvegane in škodljive rabe alkohola: Slovenija, 2016*. Ljubljana: Nacionalni inštitut za javno zdravje.
6. World Health Organization. (2018). *European Health For All database [database]*. Geneva: World Health Organization. <https://gateway.euro.who.int/en/datasets/european-health-for-all-database/>
7. Hovnik Keršmanc, M., Roškar, M., Lavtar, D., Rehberger, M., & Korošec, A. (n.d.). *Pitje alkohola med prebivalci Slovenije – izsledki Nacionalne raziskave o tobaku, alkoholu in drugih drogah – ATADD 2018*. Ljubljana: Nacionalni inštitut za javno zdravje.
8. Jeriček Klanšček, H., Roškar, M., Drev, A., Pucelj, V., Koprivnikar, H., Zupanič, T., & Korošec, A. (2019). *Z zdravjem povezana vedenja v šolskem obdobju med mladostniki v Sloveniji. Izsledki mednarodne raziskave HBSC, 2018*. Ljubljana: Nacionalni inštitut za javno zdravje.
9. Inchley, J., Currie, D., Young, T., Samdal, O., Torsheim, T., Augustson, L., Mathison, F., Aleman-Diaz, A., Molcho, M., Weber, M., & Barnekow, V. (Eds.). (2016). *Growing up unequal: Gender and socioeconomic differences in young people's health and well-being: Health Behaviour in School-aged Children (HBSC) study: international report from the 2013/2014 survey*. Copenhagen: World Health Organization, Regional Office for Europe.
10. Nacionalni inštitut za javno zdravje. (n.d.). *Raziskava CINDI 2001–2016 – Z zdravjem povezan vedenjski slog prebivalcev Slovenije [unpublished data]*.
11. Ministrstvo za notranje zadeve RS, Policija. (2004-2018). *Letna poročila o delu policije 2003–2017*. <https://www.policija.si/o-slovenski-policiji/statistika>
12. Roškar, M., Serec, M., Petrič, V. K., Blažko, N., Hovnik Keršmanc, M., & Sedlakova, D. (Eds.). (2019). *Alkoholna politika v Sloveniji. Priložnosti za zmanjševanje škode in stroškov ter neenakosti med prebivalci*. Ljubljana: Nacionalni inštitut za javno zdravje.
13. Sedlak, S., Zaletel, M., Kasesnik, K., & Zorko, M. (2015). *Ekonomske posledice tvegane rabe alkohola v Sloveniji*. Ljubljana: Nacionalni inštitut za javno zdravje. [https://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/breme\\_alkohola\\_obl\\_02-2016.pdf](https://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/breme_alkohola_obl_02-2016.pdf)
14. World Health Organization. (2009). *Handbook for action to reduce alcohol related harm*. Copenhagen: World Health Organization. [www.euro.who.int/\\_\\_data/assets/pdf\\_file/0012/43320/E92820.pdf](http://www.euro.who.int/__data/assets/pdf_file/0012/43320/E92820.pdf)
15. World Health Organization. (2009). *Evidence for the effectiveness and cost-effectiveness of interventions to reduce alcohol-related harm*. Copenhagen: WHO Regional Office for Europe. [https://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0020/43319/E92823.pdf](https://www.euro.who.int/__data/assets/pdf_file/0020/43319/E92823.pdf)
16. World Health Organization. (2010). *Global strategy to reduce the harmful use of alcohol*. Geneva: World Health Organization. [www.who.int/substance\\_abuse/alcstratenglishfinal.pdf?ua=1](http://www.who.int/substance_abuse/alcstratenglishfinal.pdf?ua=1)
17. World Health Organization. (2012). *European action plan to reduce the harmful use of alcohol 2012–2020*. Copenhagen: WHO Regional Office for Europe. [https://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0008/178163/E96726.pdf](https://www.euro.who.int/__data/assets/pdf_file/0008/178163/E96726.pdf)
18. European Alcohol Policy Alliance – Eurocare. (2016). *European report on alcohol policy. A review*. Brussels: Eurocare. <https://www.drugsandalcohol.ie/26737/1/ERAH-2017-European%20Report%20on%20Alcohol%20Policy.pdf>
19. World Health Organization Global Information System on Alcohol and Health Global Health. (2018). *Observatory Data Repository (European Union) [database]*. <http://apps.who.int/gho/data/node.main-eu.GISAH?showonly=GISAH>
20. World Health Organization. (2018). *Alcohol consumption, harm and policy responses in 30 European countries*. Copenhagen: WHO Regional Office for Europe. [https://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0005/393107/achp-fs-eng.pdf](https://www.euro.who.int/__data/assets/pdf_file/0005/393107/achp-fs-eng.pdf)
21. World Health Organization. (2017). *Policy in action. A tool for measuring alcohol policy implementation*. Copenhagen: WHO Regional Office for Europe. [https://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0006/339837/WHO\\_Policy-in-Action\\_inhd\\_VII-2.pdf](https://www.euro.who.int/__data/assets/pdf_file/0006/339837/WHO_Policy-in-Action_inhd_VII-2.pdf)
22. Petrič, V. K. (2014). *Predlogi ukrepov*. In M. Zorko, T. Hočevar, A. Tančič Grum, V. K. Petrič, S. Radoš Krnel, M. Lovrečič & B. Lovrečič (Eds.), *Alkohol v Sloveniji. Trendi v načinu pitja, zdravstvene posledice škodljivega pitja, mnenja akterjev in predlogi ukrepov za učinkovitejšo alkoholno politiko* (pp. 134-159). Ljubljana: Nacionalni inštitut za javno zdravje.
23. Petrič, V. K. (2014). *Razvoj alkoholne politike*. In M. Zorko, T. Hočevar, A. Tančič Grum, V. K. Petrič, S. Radoš Krnel, M. Lovrečič & B. Lovrečič (Eds.), *Alkohol v Sloveniji. Trendi v načinu pitja, zdravstvene posledice škodljivega pitja, mnenja akterjev in predlogi ukrepov za učinkovitejšo alkoholno politiko* (pp. 26-35). Ljubljana: Nacionalni inštitut za javno zdravje.
24. Zaletel-Kragelj, L., Eržen, I., & Premik, M. (2007). *Uvod v Javno zdravje*. Ljubljana: Medicinska fakulteta, Katedra za javno zdravje.
25. World Health Organisation. (1986). *Ottawa Charter for Health Promotion*. Ottawa, ON, Kanada: WHO. <https://www.who.int/healthpromotion/conferences/previous/ottawa/en/>
26. Seale, C. (2002). *Media and health*. London: SAGE Publications.
27. Elliott-Green, A., Hyseni, L., Lloyd-Williams, F., Bromley, H., & Capewell, S. (2016). *Sugar-sweetened beverages coverage in the British media: an analysis of public health advocacy versus pro-industry messaging*. *BMJ Open*, 6(7), e011295.
28. Brownson, R. C., Baker, E. A., Leet, T. L., Gillespie, K.N., & True, W.R. (2011). *Evidence-Based Public Health*. New York: Oxford University Press.
29. Roškar, S., Tančič Grum, A., & Poštuvan, V. (Eds.). (2010). *Spregovorimo o samomoru in medijih: Preprečevanje samomora – Strokovne smernice za odgovorno novinarsko poročanje*. Ljubljana: Inštitut za varovanje zdravja RS. [https://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/spregovorimo\\_o\\_samomoru\\_in\\_medijih.pdf](https://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/spregovorimo_o_samomoru_in_medijih.pdf)

30. Roškar, S., Tančič Grum, A., Poštuvan, V., Podlesek, A., & De Leo, D. (2017). The adaptation and implementation of guidelines for responsible media reporting on suicide in Slovenia: Priredba in implementacija strokovnih smernic za odgovorno novinarsko poročanje o samomoru v Sloveniji. *Slovenian Journal of Public Health*, 56(1), 31-38.
31. World Health Organisation European Health Communication Network. (2000). Guidelines for reporting on health issues. [www.mediawise.org.uk/wp-content/uploads/2011/03/Guidelines-for-reporting-on-health-issues.pdf](http://www.mediawise.org.uk/wp-content/uploads/2011/03/Guidelines-for-reporting-on-health-issues.pdf)
32. Zajec, D. (2000). Za odličnost v novinarstvu. *Medijska preža*, 7 (fall 1999/winter 2000). <http://mediawatch.mirovni-institut.si/bilten/seznam/07/festivali/>
33. Krek, M., Pahor, M., Ranfl, M., & Huber, I. (2018). Skupnostni pristop k zdravju: izhodišča, načela, procesi. In M. Pahor (Ed.), *Zdrava skupnost: Priročnik za razvoj skupnostnega pristopa k zdravju* (pp. 40-58). Ljubljana: Nacionalni inštitut za javno zdravje.
34. Baba, C., Cherecheș, R., & Moșteanu, O. (2007). The mass media influence on the impact of health policy. *Transylvanian Review of Administrative Sciences*, 3(19), 15-20.
35. Granger, K., Cunningham, S., Koniz-Booher, P., Cotes, G., & Nicholson, J. (2018). *Community Media for Social and Behavior Change: Using the Power of Participatory Storytelling to Improve Nutrition*. Arlington, VA: Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project.
36. Zakon o zdravstveni ustreznosti živil in izdelkov ter snovi, ki prihajajo v stik z živili (ZZUZIS), Ur.l. RS, št. 52/2000, 42/2002, 47/2004-ZdZPZ.
37. Mialon, M., & McCambridge, J. (2018). Alcohol industry corporate social responsibility initiatives and harmful drinking: a systematic review. *The European Journal of Public Health*, 28(4), 664-673.
38. Babor, T. F., Robaina, K., Brown, K., Noel, J., Cremonese, M., Pantani, D., Peltzer, R. I., & Pinsky, I. (2018). Is the alcohol industry doing well by 'doing good'? Findings from a content analysis of the alcohol industry's actions to reduce harmful drinking. *BMJ Open*, 8(10), e024325.
39. Montonen, M. (1996). *Alcohol and the media* (WHO Regional Publications, European Series, No. 62). Copenhagen: WHO Regional Office for Europe.
40. Hansen, A., & Gunter, B. (2013). Alcohol, advertising, media, and consumption among children, teenagers, and young adults. *Annals of the International Communication Association*, 36(1), 277-315.
41. Partanen, J., & Montonen, M. (1988). *Alcohol and the Mass Media* (EURO Reports and Studies 108). Copenhagen: WHO Regional Office for Europe.
42. Stern, S. R. (2005). Messages from teens on the big screen: Smoking, drinking, and drug use in teen-centered films. *Journal of Health Communication*, 10(4), 331-346.
43. Bandura, A. (2002). Social cognitive theory of mass communication. In J. Bryant & D. Zillmann (Eds.), *Media effects: Advances in theory and research* (pp. 121-153). Hillsdale, NJ: Lawrence Erlbaum Associates Publishers.
44. Hansen, A., & Gunter, B. (2007). Constructing public and political discourse on alcohol issues: towards a framework for analysis. *Alcohol and Alcoholism*, 42(2), 150-157.
45. Nelson, J. P. (2010). What is learned from longitudinal studies of advertising and youth drinking and smoking? A critical assessment. *International Journal of Environmental Research and Public Health*, 7(3), 870-926.
46. Anderson, P., de Bruijn, A., Angus, K., Gordon, R., & Hastings, G. (2009). Impact of alcohol advertising and media exposure on adolescent alcohol use: A systematic review of longitudinal studies. *Alcohol and Alcoholism*, 44(3), 229-243.
47. Smith, L. A., & Foxcroft, D. R. (2009). The effect of alcohol advertising, marketing and portrayal on drinking behaviour in young people: systematic review of prospective cohort studies. *BMC Public Health*, 9(1), 51.
48. Jernigan, D., Noel, J., Landon, J., Thornton, N., & Lobstein, T. (2017). Alcohol marketing and youth alcohol consumption: a systematic review of longitudinal studies published since 2008. *Addiction*, 112(S1), 7-20.
49. Koordeman, R., Anschutz, D. J., & Engels, R. C. (2012). Alcohol portrayals in movies, music videos and soap operas and alcohol use of young people: Current status and future challenges. *Alcohol and Alcoholism*, 47(5), 612-623.
50. Austin, E. W., & Meili, H. K. (1994). Effects of interpretations of televised alcohol portrayals on children's alcohol beliefs. *Journal of Broadcasting & Electronic Media*, 38(4), 417-435.
51. Smit, K., Voogt, C., Hiemstra, M., Kleinjan, M., Otten, R., & Kuntsche, E. (2018). Development of alcohol expectancies and early alcohol use in children and adolescents: A systematic review. *Clinical Psychology Review*, 60, 136-146.
52. McCombs, M. (1997). Building consensus: The news media's agenda-setting roles. *Political Communication*, 14(4), 433-443.
53. Entman, R. M. (1993). Framing: Toward clarification of a fractured paradigm. *Journal of Communication*, 43(4), 51-58.
54. Azar, D., White, V., Bland, S., Livingston, M., Room, R., Chikritzhs, T., Durkin, S., Gilmore, W., & Wakefield, M. (2014). 'Something's brewing': The changing trends in alcohol coverage in Australian newspapers 2000-2011. *Alcohol and Alcoholism*, 49(3), 336-342.
55. Smith, K. C., Twum, D., & Gielen, A. C. (2009). Media coverage of celebrity DUIs: Teachable moments or problematic social modeling? *Alcohol and Alcoholism*, 44(3), 256-260.
56. Bogren, A. (2011) Gender and alcohol: the Swedish press debate. *Journal of Gender Studies*, 20(2), 155-169.
57. Lyons, A. C., Dalton, S. I., & Hoy, A. (2006). 'Hardcore Drinking' Portrayals of Alcohol Consumption in Young Women's and Men's Magazines. *Journal of Health Psychology*, 11(2), 223-232.
58. Patterson, C., Emslie, C., Mason, O., Fergie, G., & Hilton, S. (2016). Content analysis of UK newspaper and online news representations of women's and men's 'binge' drinking: a challenge for communicating evidence-based messages about single-episodic drinking? *BMJ Open*, 6(12), e013124.
59. Torrönen, J. (2003). The Finnish press's political position on alcohol between 1993 and 2000. *Addiction*, 98(3), 281-290.
60. Wood, K., Patterson, C., Katikreddi, S. V., & Hilton, S. (2014). Harms to 'others' from alcohol consumption in the minimum unit pricing policy debate: a qualitative content analysis of UK newspapers (2005-12). *Addiction*, 109(4), 578-584.
61. Žoldoš, M. (2009). *Reprezentacija alkohola v tiskanih medijih* [Bachelor's thesis]. Ljubljana: Univerza v Ljubljani, Fakulteta za družbene vede.
62. Atkin, C. K., & DeJong, W. (2000). News coverage of alcohol and other drugs in U.S. college newspapers. *Journal of Drug Education*, 30(4), 453-465.

63. Breed, W., de Foe, J. R., & Wallack, L. (1984). Drinking in the mass media: A nine-year project. *Journal of Drug Issues*, 14(4), 655–664.
64. Connor, S. M., & Wesolowski, K. (2009). Posts to online news message boards and public discourse surrounding DUI enforcement. *Traffic Injury Prevention*, 10(6), 546–551.
65. Donovan, R.J., Fielder, L., Donovan, P., & Handley, C. (2009). Is trivialisation of alcohol consumption a laughing matter? *Alcohol incidence in a metropolitan daily newspaper's comic strips*. *Drug and Alcohol Review*, 28(3): 257-262.
66. Fogarty, A.S., & Chapman, S. (2012). Australian television news coverage of alcohol, health and related policies, 2005 to 2010: Implications for alcohol policy advocates. *Australian and New Zealand Journal of Public Health*, 36(6), 530–536.
67. Jones-Webb, R., Baranowski, S., Fan, D., Finnegan, J., & Wagenaar, A. C. (1997). Content analysis of coverage of alcohol control policy issues in black-oriented and mainstream newspapers in the US. *Journal of Public Health Policy*, 18(1), 49-66.
68. Jernigan, D., & Dorfman, L. (1996). Visualizing America's drug problems: An ethnographic content analysis of illegal drug stories on the nightly news. *Contemporary Drug Problems*, 23(2), 169-196.
69. Maxwell, P. (2005). Media Messages: A review of drug related messages reaching young people. *Drug Education Prevention Information Service*. <https://www.drugwise.org.uk/wp-content/uploads/MediaMessages.pdf>
70. Paricio-Esteban, P., Rodriguez-Luque, C. & Rabadan-Zaragoza, M.J. (2012). Analysis of the representation of alcohol consumption and its prevention, from the perspective of framing theory, in the Spanish press: El País, El Mundo, Abc and La Razón. *Revista Latina de Comunicacion Social*, 67, 317-341.
71. Stryker, J. E., Moriarty, C. M., & Jensen, J. D. (2008). Effects of newspaper coverage on public knowledge about modifiable cancer risks. *Health Communication*, 23(4), 380-390.
72. Treno, A. J., & Holder, H. D. (1997). Community mobilization, organizing, and media advocacy: A discussion of methodological issues. *Evaluation Review*, 21(2), 166-190.
73. Yanovitzky, I. (2002). Effect of news coverage on the prevalence of drunk-driving behavior: evidence from a longitudinal study. *Journal of Studies on Alcohol*, 63(3), 342-351.
74. Dorfman, L., & Wallack, L. (1998). Alcohol in the news: the role for researchers. *Contemporary Drug Problems*, 25(1), 65–84.
75. Myhre, S. L., Saphir, M. N., Flora, J. A., Howard, K. A., & Gonzalez, E. M. (2002). Alcohol coverage in California newspapers: frequency, prominence, and framing. *Journal of Public Health Policy*, 23(2), 172-190.
76. Lemmens, P. H., Vaeth, P. A., & Greenfield, T. K. (1999). Coverage of beverage alcohol issues in the print media in the United States, 1985-1991. *American Journal of Public Health*, 89(10), 1555-1560.
77. Nicholls, J. (2011). UK news reporting of alcohol: an analysis of television and newspaper coverage. *Drugs: Education, Prevention and Policy*, 18(3), 200-206.
78. Slovenska oglaševalska zbornica. (2009). Slovenski oglaševalski kodeks. [http://www.soz.si/sites/default/files/soz\\_sok\\_slo.pdf](http://www.soz.si/sites/default/files/soz_sok_slo.pdf)
79. Splošni akt o zaščiti otrok in mladoletnikov v televizijskih programih in avdiovizualnih medijskih storitvah na zahtevo, Ur.l. RS št.84/2013.
80. National Institute on Drug Abuse. (2018). Media Guide. NIH: NIDA. [https://www.drugabuse.gov/sites/default/files/media\\_guide.pdf](https://www.drugabuse.gov/sites/default/files/media_guide.pdf)
81. Everymind. (2019). Mindframe for Alcohol and Other Drugs. Newcastle, Avstralija: Everymind. <https://mindframe.org.au/alcohol-other-drugs/communicating-about-alcohol-other-drugs/mindframe-guidelines>
82. Zorman, M., & Paš, M. (Eds.). (2012). KAKO poročati o drogah? Smernice za odgovorno poročanje v medijih. Ljubljana: Združenje DrogArt in Društvo novinarjev Slovenije. <https://www.drogart.org/priponke/487/kako-porocati-o-drogah-pdf.html>
83. Reichel, C. (2019, 3. junij). 8 tips on how to cover drinking responsibly. <https://journalistsresource.org/tip-sheets/8-tips-reporting-alcohol-drinking/>
84. World Health Organization. (2014). Alcohol and public health. In *Global status report on alcohol and health 2014* (pp. 1-26). Geneva: World Health Organization. [http://apps.who.int/iris/bitstream/10665/112736/1/9789240692763\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/112736/1/9789240692763_eng.pdf)
85. Room, R. (1989, 22.-23. September). Responses to Alcohol-related Problems in an International Perspective: Characterizing and Explaining Cultural Wetness and Dryness [Conference presentation]. Konferenca La ricerca Italiana sulle bevande alcoliche nel confronto internazionale, Santo Stefano Belbo, Italija. <http://www.robinroom.net/response.htm>
86. Kovše, K., & Hočevar, T. (2011). Pitje alkoholnih pijač. In H. Jeriček Klanšček, S. Roškar, H. Koprivnikar, V. Pucelj, M. Bajt & T. Zupanič (Eds.), *Neenakosti v zdravju in z zdravjem povezanih vedenjih slovenskih mladostnikov* (pp. 216-227). Ljubljana: Inštitut za varovanje zdravja RS.
87. Kolšek, M. (2019). Pitje alkohola [presentation for the module "Lifestyle", Department of family medicine, Faculty of Medicine, University of Ljubljana]. [https://www.mf.uni-lj.si/application/files/7415/7576/2689/Pitje\\_alkohola\\_-\\_Kolsek.pdf](https://www.mf.uni-lj.si/application/files/7415/7576/2689/Pitje_alkohola_-_Kolsek.pdf)
88. Lovrečič, B., & Lovrečič, M. (2017). Zdravstvena problematika alkohola v Sloveniji. *ISIS*, 26(11): 32–7.
89. Lovrečič, B., & Lovrečič, M. (Eds.). (2017). *Poraba alkohola in zdravstveni kazalniki tvegane in škodljive rabe alkohola v Sloveniji, 2015*. Ljubljana: Nacionalni inštitut za javno zdravje. [https://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/poraba\\_alkohola\\_in\\_zdravstveni\\_kazalniki\\_tvegane\\_in\\_skodljive\\_rabe\\_alkohola\\_v\\_slo\\_2015.pdf](https://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/poraba_alkohola_in_zdravstveni_kazalniki_tvegane_in_skodljive_rabe_alkohola_v_slo_2015.pdf)
90. Lovrečič, M., & Lovrečič, B. (2014). Ocena zdravstvenih posledic tvegane in škodljivega pitja alkohola v Sloveniji v obdobju 2000-2010. In M. Zorko, T. Hočevar, A. Tančič Grum, V. Kerstin Petrič, S. Radoš Krnel, M. Lovrečič, & B. Lovrečič (Eds.), *Alkohol v Sloveniji. Trendi v načinu pitja, zdravstvene posledice škodljivega pitja, mnenja akterjev in predlogi ukrepov za učinkovitejšo alkoholno politiko* (pp. 56-76). Ljubljana: Nacionalni inštitut za javno zdravje. [https://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/alkohol\\_v\\_sloveniji\\_0.pdf](https://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/alkohol_v_sloveniji_0.pdf)
91. Rehm, J. (2011). The risks associated with alcohol use and alcoholism. *Alcohol Research & Health*, 34(2), 135-143.
92. Bagnardi, V., Rota, M., Botteri, E., Tramacere, I., Islami, F., Fedirko, V., Scotti, L., Jenab, M., Turati, F., Pasquali, E., Pelucchi, C., Galeone, C., Bellocco, R., Negri, E., Corrao, G., Boffetta, P., & La Vecchia, C. (2015). Alcohol consumption and site-specific cancer risk: a comprehensive dose-response meta-analysis. *British Journal of Cancer*, 112(3), 580–593.
93. Moskal, A., Norat, T., Ferrari, P., & Riboli, E. (2007). Alcohol intake and colorectal cancer risk: A dose-response meta analysis of published cohort studies. *International Journal of Cancer*, 120(3), 664-671.
94. World Health Organization. (2009, June) Harmful use of alcohol [NMH Fact Sheet]. [https://www.who.int/nmh/publications/fact\\_sheet\\_alcohol\\_en.pdf](https://www.who.int/nmh/publications/fact_sheet_alcohol_en.pdf)

95. Baan, R., Straif, K., Grosse, Y., Secretan, B., El Ghissassi, F., Bouvard, V., Altieri, A., Coglian, V., & WHO International Agency for Research on Cancer Monograph Working Group. (2007). Carcinogenicity of alcoholic beverages. *The Lancet. Oncology*, 8(4), 292–293.
96. Bagnardi, V., Blangiardo, M., La Vecchia, C., & Corrao, G. (2001). Alcohol consumption and the risk of cancer: a meta-analysis. *Alcohol Research & Health*, 25(4), 263–270.
97. Cancer research UK. (2018, 17. September). Alcohol facts and evidence. <https://www.cancerresearchuk.org/about-cancer/causes-of-cancer/alcohol-and-cancer/alcohol-facts-and-evidence>
98. Cancer research UK. (2018, 17. September). How alcohol causes cancer. <https://www.cancerresearchuk.org/about-cancer/causes-of-cancer/alcohol-and-cancer/how-alcohol-causes-cancer>
99. Hovnik Keršmanc, M., Čebašek Travnik, Z., & Trdič, J. (2000). Pivsko vedenje odraslih prebivalcev Slovenije leta 1999 (rezultati raziskave). Ljubljana: Inštitut za varovanje zdravja RS.
100. Zhao, X., Zhang, X., & Rong, J. (2014). Study of the effects of alcohol on drivers and driving performance on straight road. *Mathematical Problems in Engineering*, 2014.
101. Lovrečić, B. (2014). Možgani mladostnikov in alkohol. *ISIS*, 23(7): 16–18.
102. Bava, S., & Tapert, S. F. (2010). Adolescent brain development and the risk for alcohol and other drug problems. *Neuropsychology Review*, 20(4), 398–413.
103. Hovnik Keršmanc, M., Rant Hafner, S., & Zorko, M. (2005). Alkohol in nosečnost. In Ž. Novak Antolič, K. Kogovšek, N. Rotovnik Kozjek, & D. Mlakar-Mastnak (Eds.), *Klinična prehrana v nosečnosti* (pp. 342-357). Ljubljana: Center za razvoj poučevanja, Medicinska fakulteta, Univerza v Ljubljani.
104. Dar, K. (2006). Alcohol use disorders in elderly people: Fact or fiction? *Advances in Psychiatric Treatment*, 12(3), 173-181.
105. Emiliussen, J., Nielsen, A. S., & Andersen, K. (2017). Identifying risk factors for late-onset (50+) alcohol use disorder and heavy drinking: a systematic review. *Substance Use & Misuse*, 52(12), 1575-1588.
106. Stanojević-Jerković, O., Kolšek, M., & Pavlič, D. (2011). Indicators of problem drinking in the Slovenian elderly: a qualitative analysis. *Slovenian Journal of Public Health*, 50(4), 249-258.
107. Zhou, Y., Zheng, J., Li, S., Zhou, T., Zhang, P., & Li, H. B. (2016). Alcoholic beverage consumption and chronic diseases. *International Journal of Environmental Research and Public Health*, 13(6), 522.
108. Ministrstvo za finance RS. (2020). Bilance državnega proračuna [database]. [https://www.gov.si/assets/ministrstva/MF/ekonomska-in-fiskalna-politika/Blagajne-JF/Drzavni\\_proracun\\_1992-2020.xlsx](https://www.gov.si/assets/ministrstva/MF/ekonomska-in-fiskalna-politika/Blagajne-JF/Drzavni_proracun_1992-2020.xlsx)
109. World Health Organization. (2017). Alcohol brief intervention training manual for primary care. Copenhagen: WHO Regional Office for Europe. [https://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0006/351294/Alcohol-training-manual-final-edit-LSJB-290917-new-cover.pdf](https://www.euro.who.int/__data/assets/pdf_file/0006/351294/Alcohol-training-manual-final-edit-LSJB-290917-new-cover.pdf)
110. Williams, L. (2016). Alcohol Guidelines Review – Report from the Guidelines development group to the UK Chief Medical Officers. Department of health. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/545739/GDG\\_report-Jan2016.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/545739/GDG_report-Jan2016.pdf)
111. Chikritzhs, T., Stockwell, T., Naimi, T., Andreasson, S., Dangardt, F., & Liang, W. (2015). Has the leaning tower of presumed health benefits from 'moderate' alcohol use finally collapsed? *Addiction*, 110(5), 726–727.
112. Allen, N. E., Beral, V., Casabonne, D., Kan, S. W., Reeves, G. K., Brown, A., Green, J., & Million Women Study Collaborators. (2009). Moderate alcohol intake and cancer incidence in women. *Journal of the National Cancer Institute*, 101(5), 296–305.
113. Hamajima, N., Hirose, K., Tajima, K., ... Collaborative Group on Hormonal Factors in Breast Cancer. (2002). Alcohol, tobacco and breast cancer--collaborative reanalysis of individual data from 53 epidemiological studies, including 58,515 women with breast cancer and 95,067 women without the disease. *British Journal of Cancer*, 87(11), 1234–1245.
114. Kolšek, M. (2011). Ali vem, pri čem sem s svojim pitjem? Ljubljana: Nacionalni inštitut za javno zdravje. [https://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/ali\\_vem\\_pri\\_cem\\_sem\\_s\\_svojim-alkohol\\_a5-v3\\_preview-2011.pdf](https://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/ali_vem_pri_cem_sem_s_svojim-alkohol_a5-v3_preview-2011.pdf)
115. Hovnik Keršmanc, M., Čebašek Travnik, Z., & Stergar, E. (2003). Alkohol? Starši lahko vplivamo! Ljubljana: Inštitut za varovanje zdravja Republike Slovenije.
116. National Institutes of Health. (1999). Are Women More Vulnerable to Alcohol's Effects. National Institute on Alcohol Abuse and Alcoholism (NIAAA) Alcohol Alert, 1999(46). <https://pubs.niaaa.nih.gov/publications/aa46.htm>
117. Frezza, M., di Padova, C., Pozzato, G., Terpin, M., Baraona, E., & Lieber, C. S. (1990). High blood alcohol levels in women: the role of decreased gastric alcohol dehydrogenase activity and first-pass metabolism. *New England Journal of Medicine*, 322(2), 95-99.
118. World Health Organisation. (b.d). Dependence Syndrome. [https://www.who.int/substance\\_abuse/terminology/definition1/en/](https://www.who.int/substance_abuse/terminology/definition1/en/)
119. Babor, T. F., Higgins-Biddle, J. C., Saunders, J. B., & Monteiro, M. G. (2001). The Alcohol Use Disorders Identification Test. Guidelines for use in primary care. Geneva: World Health Organization. <https://apps.who.int/iris/handle/10665/67205>
120. Johnson, P. in Stone, R. (2009). Parental alcoholism and family functioning: Effects on differentiation levels of young Adults. *Alcoholism Treatment Quarterly*, 27(1), 3-18.
121. Nodar, M. (2012). Chaotic environments and adult children of alcoholics. *The Professional Counselor: Research and Practice*, 2(1), 43-47.
122. Haverfield, M. C., & Theiss, J. A. (2014). A theme analysis of experiences reported by adult children of alcoholics in online support forums. *Journal of Family Studies*, 20(2), 166-184.
123. Sher, K. J. (1997). Psychological characteristics of children of alcoholics. *Alcohol Health and Research World*, 21(3), 247-254.
124. Park, S., & Schepp, K. G. (2015). A systematic review of research on children of alcoholics: Their inherent resilience and vulnerability. *Journal of Child and Family Studies*, 24(5), 1222-1231.
125. Larson, J. H., & Thayne, T. R. (1999). Marital attitudes and personal readiness for marriage of young adult children of alcoholics. *Alcoholism Treatment Quarterly*, 16(4), 59-73.
126. Hansson, H., Rundberg, J., Zetterlind, U., Johnsson, K. O., & Berglund, M. (2006). An intervention program for university students who have parents with alcohol problems: a randomized controlled trial. *Alcohol and Alcoholism*, 41(6), 655-663.
127. United States Department of Agriculture. (2007). USDA Table of Nutrient Retention Factors (Release 6). National Agricultural Library. <https://data.nal.usda.gov/dataset/usda-table-nutrient-retention-factors-release-6-2007>

## SUBJECT INDEX

### A

- Abstinence 31, 32, 54
- Abstinence crisis 32
- Accessibility of alcohol 12, 14, 28
- Act Regulating the Sanitary Suitability of Foodstuff, Products and Materials Coming into Contact with Foodstuffs (ZZUZIS) 18, 21, 38
- Adolescents (and minors) 21, 27, 29, 31, 33, 38, 39, 51, 53
- Advertising 11, **18**, 19, 21, 38
- Alcohol addiction *See Alcohol dependence syndrome*
- Alcohol burden 6, 27, 28, 29, 31
- Alcoholic beverage unit *See Standard measure of alcoholic beverage*
- Alcohol dependence syndrome 27, **32**, 36, 44, 46, 47, 48, 52, 54
- Alcohol industry 12, **18**, 24
- Alcohol policy **12-14**, 15, 17, 28
- Alcohol policy actors **14**
- Alcohol policy measures **12-14**, 28, 29
- Alcohol policy milestones **13**
- Appropriate expressions **46-47**
- Awareness-raising 6, 14, 16, 17, 24, 45

### C

- Children 21, 27-28, 31, 33, 37
- Community 12, 15, 17, 57
- Community-based approach 6, **17**
- Consequences of drinking alcohol 27-28, 31-33, **35-37**, 38, 41, 48
- Content analysis 20, **22-23**

### D

- Distress (personal) 44, 48, 50, 52, 53
- Drug 21, 36, 47, 48

### E

- Editorial work 6, 11, 24
- Emergency medical help **51-52**
- Empowerment 17
- Examples of appropriate reporting 29, 33, 37, 39, 45, 47, 49, 50-53, 54, 56
- Examples of inappropriate reporting 30, 34, 37, 38, 42, 43, 44, 47, 48, 56
- Excessive drinking 6, 12, 27, 29, 33, 35, 36, 44, 47, 50

## F

Family (also close persons and relatives) 27, 35, 36, 37, 44, 50, 51, 54

Financial burden of alcohol 12, 28

Focus groups 7, 19, **24-25**

Framing 20

## G

Graphics and video presentation *See Presentation of alcoholic beverages*

## H

Hazardous and harmful drinking *See Excessive drinking*

Health consequences of drinking alcohol 12, 27-28, 31-33, **35, 36**, 37, 44, 48, 51, 52, 53

Heavy episodic drinking 12, 27, 47

Humorous portrayals of drinking alcohol 42, 47

## I

Inappropriate expressions 44, **46-47**

Information provision 16, 17, 18, 27, 31, 32

Intersectoral cooperation, linking 6, 14, 15-17

## J

Journalists' work 6, 8, 11, 16, 24

## L

Labelling 44

Limits of less hazardous drinking 12, 16, 27, **31-34**, 46

## M

Mockery 44, 46, 47

MOSA 13, 28, 50

## N

NIPH data portal 55

## O

Older people 28, 31, 33

## P

Personal relations 27, 32, 35, 36, 37, 44, 46  
Pregnant women 28, 29, 31, 33  
Presentation of *alcoholic beverages* 19-20, 22, 33, 34, 38, **42-43**  
Psychological first aid 50, 51  
Psychoactive substance *See Drug*  
Public health 6, 12, **15-16**, 24, 27-28, 33

## R

Representations of alcohol in the media **19-21**

## S

Safe choice 16, 31, 32, 48, 54  
Seeking help 44, **50-53**, 54  
Social actors 6, **14**, 16-17  
Social consequences of drinking alcohol 27, 32, **35, 36**, 37, 38, 44, 51, 52, 53  
Social learning 19  
SOPA 13, **17**, 22-23, 24, 28, 50  
Sources of help **50-53**  
Sources of information (data) 21, **55-56**  
Standard measure of alcoholic beverage 31, 32, 33, 34  
Stereotyped portrayal of drinking alcohol 41  
Stigmatisation 42, 43, 44, 47, 54, 57  
Suicide 16, 52  
Symbolic environment 20

## V

Vulnerable groups 17, **27-28**, 29, 44

## W

Wet culture 6, 27, 29, 35, 38





## **12 RECOMMENDATIONS FOR REPORTING ABOUT ALCOHOL IN THE MEDIA**

1. *Inform people that alcohol consumption in Slovenia represents a major public health and social problem, and that there are effective measures to deal with it.*
2. *Inform people that there is no safe limit for drinking alcohol and that not drinking is the only safe choice for health.*
3. *When preparing a piece that refers to alcohol, always take into account facts about the negative consequences of drinking alcohol; in particular highlight the negative impact of drinking alcohol on family relations.*
4. *Avoid linking alcoholic beverage consumption to success in public, social and sex life, etc.*
5. *Avoid mentioning alcoholic beverages where this is not necessary, and avoid showing them.*
6. *Report respectfully about people with alcohol problems and those close to them.*
7. *Use appropriate expressions.*
8. *Do not present alcohol as a medicine for courage, revitalisation and relaxation or as a solution for problems such as stress and insomnia.*
9. *Take the opportunity to provide information about where to seek help in cases of difficulty or mental distress due to excessive alcohol drinking.*
10. *Take the opportunity to report on positive stories.*
11. *Reporting should be the result of a critical approach to various sources of information.*
12. *Take the opportunity to open up the space for discussion on attitudes to drinking alcohol.*



*“An exceptional booklet that will certainly be very useful for all journalists.”*

Helena Lovinčič, journalist, Radio Slovenija

*“The text is comprehensive, clearly written and will be a great tool for educating journalist colleagues and for their work.”*

Alenka Potočnik, journalist and editor, STA

*“The recommendations are very important, since they set out clearly and understandably the issue of reporting about this phenomenon, and they can be of great assistance to journalists and editors in their work.”*

Igor E. Bergant, journalist, RTV Slovenija

*“NIPH experts have compiled the findings of public health and addiction experts, and formulated them into a set of clearly defined recommendations that cover a wide range of content relating to alcohol policy, as well as health and social consequences of drinking alcohol.”*

Dr Mirjana Radovanović, addiction psychiatrist