



FORSIDE ELEV

SPIRITS: COMMITTED TO REDUCING ALCOHOL HARM



- Partnership
- Education
- Drink-Drive
- Pregnancy
- Misuse
- Moderation
- Information
- Enforcement
- Underage
- Behaviour



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Spirit drinks, rooted in the culture and history of European regions, are enjoyed responsibly by the vast majority of consumers, in convivial, social settings. For centuries, they have formed a cornerstone of celebrations, family gatherings, events and meals.

However, it is also clear that a minority of consumers misuse alcohol, which can lead to significant harm to themselves, their families and society at large. As producers of spirit drinks, we take our role in society seriously – we make great efforts to reduce alcohol-related harm without punishing moderate, responsible consumers.

Through the European Alcohol and Health Forum, the spirits sector has committed to a five-year programme of actions, ranging from information campaigns to server training initiatives to the adoption of pan-sectoral marketing guidelines. In 2014 alone, our network of national associations and companies funded and organised 140 different campaigns to help reduce alcohol-related harm.

Our sector has previously stated its willingness to work with all others stakeholders – from the public and private sector as well as the NGO community. We reiterate that offer with renewed urgency. We firmly believe that only by working in partnership will it be possible to seriously reduce binge drinking, underage drinking, drinking during pregnancy, drinking and driving and so on. Currently, the fight against alcohol harm is too fragmented, and lacks coordination.

That effort is also hindered by an increasingly polemic, polarized debate: simplistic solutions are touted as the only possible way to solve what is an exceptionally complex, varied set of challenges. Collectively, we need more constructive discussion about the real problems, their causes and the remedies we might all apply towards reducing harm. Those remedies need to be based on sound science & robust evidence: we have good examples of initiatives that can reduce alcohol misuse.

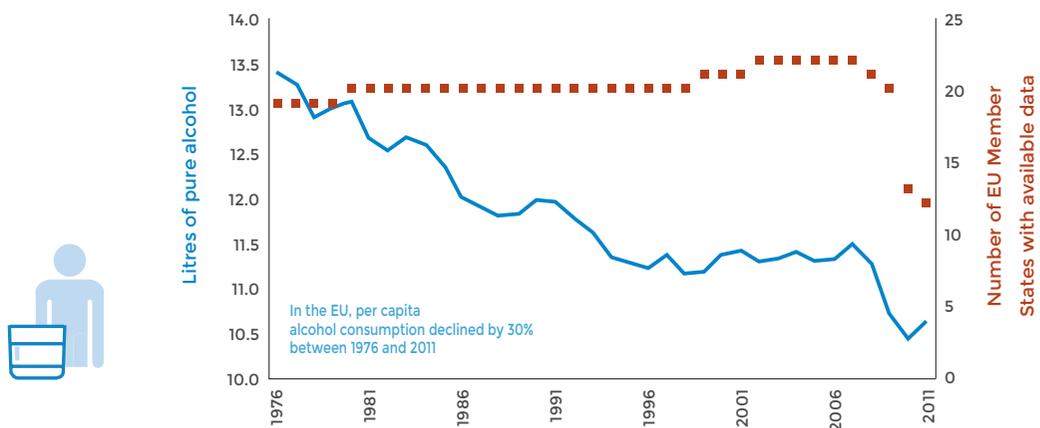
An effective strategy to reduce alcohol-related harm

- **FOCUS** on the real issue: **harm** is the target, not consumption per se
- **WORK** with all relevant stakeholders **in partnership**, not in silos
- **INSIST** on a **robust evidence-base** to underpin effective policies and actions

STATE OF PLAY IN THE EUROPEAN UNION

EU consumption has decreased significantly during the last decades

PER CAPITA ALCOHOL CONSUMPTION (IN LPA) SINCE 1976



Source: OECD

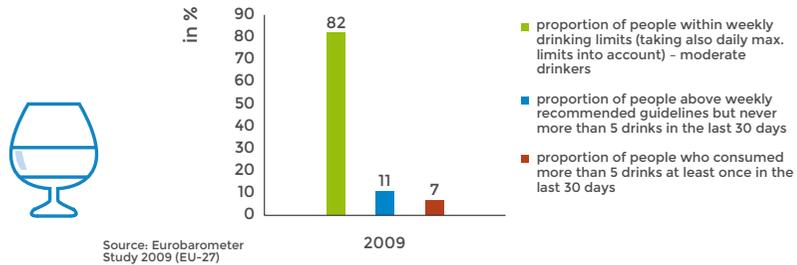
Europe is the region with the highest consumption of alcohol per person but looking only at the drinking population, it ranks third after Africa and S.E. Asia according to WHO.

Europeans drink much less than they did 30 years ago – a downward trend that WHO predicts will continue until 2025.

Unfortunately, alcohol-related harms have not followed the same trend. Equating consumption to harm is therefore a false premise.

A very large majority of EU citizens enjoy alcohol responsibly

CLASSIFICATION OF DRINKERS



The Eurobarometer study also shows the important differences that exist among EU Member States as regards moderate drinkers: 95% of the population aged 15 and above represents moderate drinkers in Italy, 92% in Bulgaria, 91% in Hungary, 89% in Greece and Portugal, vs. 61% in Denmark, 64% in Ireland, and 68% in the UK.

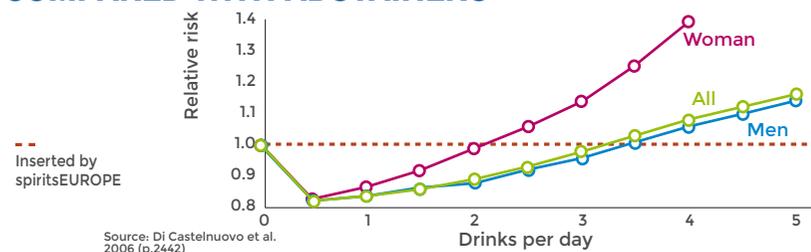
The last available Eurobarometer study shows that in 2009, less than 30 % of the EU drinking population reported binge drinking once or several times a week. With the exception of those who admit binge drinking once a week, all other binge drinking trends have decreased between 2006 and 2009.

However, significant differences can be observed among EU Member States. Some Member States show disproportionately higher percentages of heavy episodic drinking (e.g., 44% in Ireland compared to 11% in Latvia in 2009).

Binge drinking trends across countries between 2006 and 2009 are also different with positive and negative stories to tell, reinforcing the importance of national tailor-made strategies.

Moderate consumption can be associated with health benefits

RELATIVE ALL-CAUSE MORTALITY RISK: PEOPLE CONSUMING 1 TO 4 ALCOHOLIC DRINKS/DAY COMPARED WITH ABSTAINERS



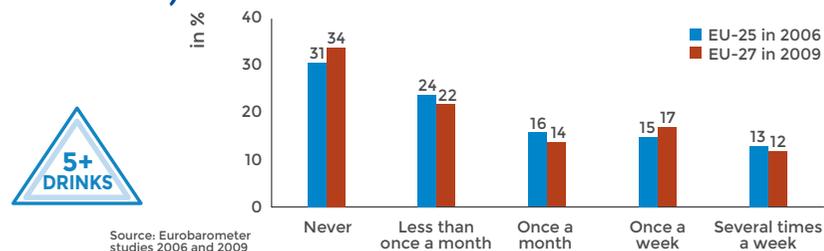
Numerous scientific studies show that otherwise healthy adults who consume alcoholic beverages in moderation may face a lower risk for a number of conditions, in particular age-related risks such as coronary heart disease, ischemic stroke, diabetes, and dementia.

Drinking patterns are of key relevance: regular moderate drinking (compared to heavy episodic drinking) has been shown to be associated with certain beneficial health effects.

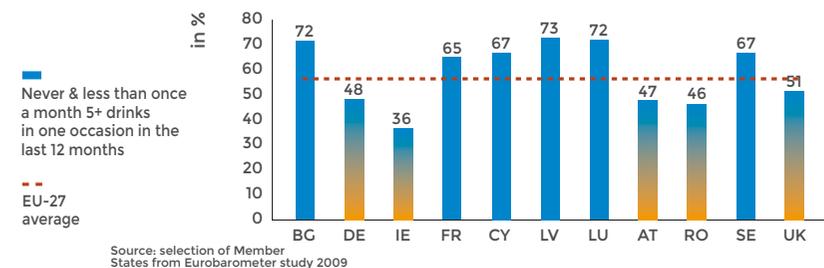
Public health policies should not disregard studies regarding the health benefits of moderate consumption.

Binge drinking varies significantly across Europe and tends to decrease

PERCENTAGE OF EU CITIZENS REPORTING THEIR FREQUENCY OF BINGE DRINKING (5+ DRINKS IN ONE OCCASION) OVER THE LAST 12 MONTHS



PERCENTAGE OF EU CITIZENS REPORTING "NEVER OR RARE BINGE DRINKING OCCASIONS IN THE LAST 12 MONTHS"



According to WHO, alcohol use is estimated to be the fifth leading risk factor for disease and disability globally (2nd leading risk factor in Eastern Europe, 5th in Central Europe and the 7th in Western Europe). Alcohol harm includes many consequences such as liver cirrhosis, reduced work capability, injury, social disorder, costs to healthcare systems. Alcohol dependence is itself a serious illness, with consequences also for the person's family and third parties.

While alcohol-related harms are found in all countries, the scale of the problems varies from country to country - depending on a complex mix of cultural, social and economic drivers.

As stated by the WHO, it is important to understand that "alcohol-related harm is determined (...), by three related dimensions of drinking (irrespective of the choice of beverages): the volume of alcohol consumed, the pattern of drinking and, on rare occasions, also the quality of alcohol consumed." Alcohol-related harm is largely related to high risk drinking behaviour and there is clearly a cultural complexity to alcohol consumption in Europe.

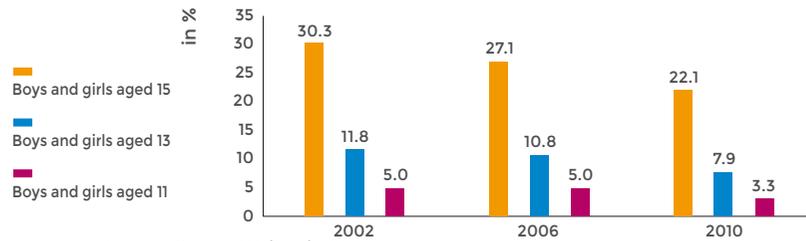
"ALCOHOL IS ALCOHOL IS ALCOHOL"...



= a standard drink
(+/- 10g of ethanol)

Underage drinking has decreased over the last decade but remains an important problem

PERCENTAGE OF UNDERAGE PEOPLE REPORTING CONSUMPTION AT LEAST ONCE A WEEK



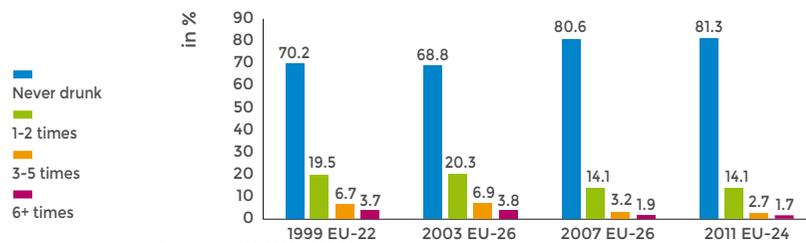
Source: HBSC studies 2002/2006/2010 - www.hbsc.org

According to pan-European studies with underage people (HBSC & ESPAD), underage drinking varies across Europe. On EU average, 62% of 15-16 year olds report consuming alcoholic beverages during the previous month. This represents a slight decline since 2003.

More positively, fewer of them are getting drunk: 81% reported that they were never drunk in the previous month in 2011 compared to only 70% in 1999. There are also somewhat encouraging trends in alcohol use by 15, 13 and 11 year olds between 2002 and 2010.

Underage people claim it is relatively easy for them to access alcohol despite of legal purchasing age legislation that exists now in each country. This stresses the importance of enforcing existing purchasing rules in the on and off trade but also of working with parents, schools, any other adults taking an active role in the education of the young generation.

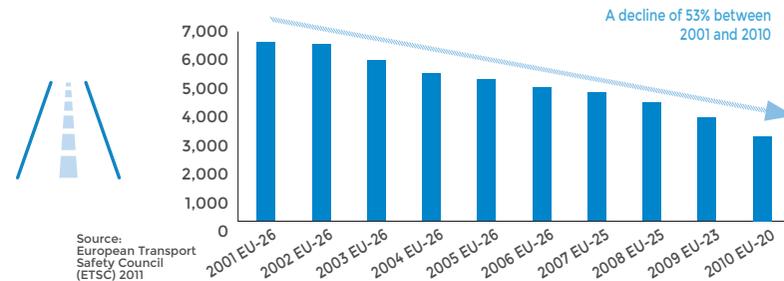
PERCENTAGE OF UNDERAGE PEOPLE REPORTING FREQUENCY OF DRUNKENNESS IN THE LAST 30 DAYS



Source: ESPAD study 1999/2003/2007/2011 - www.espad.org

Road deaths attributed to drink-driving halved since 2001

NUMBER OF ROAD DEATHS ATTRIBUTED TO DRINK-DRIVING IN THE EU



According to EU Commission data, good progress has been recorded in reducing the number of road deaths across the EU, including those attributed to alcohol misuse.

This success highlights a good example of many stakeholders acting together with a combined approach of law enforcement, information and education.

Awareness and behavioural change take time: attitudes towards drink-driving have changed from previous generations.

What is the cost of alcohol harm for society? We don't know

Several studies have tried to come up with estimates but have resulted in a very wide range of numbers, dependant on the assumptions, models, parameters and inputs made.

In this debate, the contribution of Prof. Klaus Mäkelä, a Finnish sociologist, is worth mentioning. In 2012, he published a critical review of such studies, entitled "Cost-of-alcohol studies as a research programme".

His main findings were that "the use of a monetary metric conceals important issues and value judgments" and most importantly that "traditional measures of alcohol problems offer a better picture of the effects of policy measures than cost-of-alcohol 'estimates'."

Patterns of drinking during pregnancy: steps towards enhanced awareness

According to the European FASD Alliance, the prevalence of FASD in Europe is not known. In a certain number of cases, it is complicated to specifically spot the underlying role of prenatal exposure to alcohol among other different parameters. Current estimation in developed countries varies from 1 to 3 per thousand for full FAS, and 9.1 per thousand for all FASD. As there is no cure, targeted prevention toward pregnant women and surrounding peers & family is one of the best solutions to reduce FASD. It is however good news that already in 2009, 84% of the EU citizens agreed to the question that consuming alcohol during pregnancy can increase the risk of birth defects. The risk awareness among women was even higher (Eurobarometer study).

WHAT THE EUROPE

European spirits producers are actively engaged in changing behaviours and attitudes toward alcohol consumption. We focus on harmful consumption and target groups which are at risk rather than addressing consumption in the general population.

Our sector's long term commitment is reflected in the 317 prevention initiatives put in place since the inception of the European Alcohol and Health Forum in 2006. Many of these initiatives are run in the individual countries by local producers together with their stakeholders.

For more than 10 years, spiritsEUROPE has also helped to fund and sustain prevention initiatives in several European countries, and plays an active role in promoting the exchange of good practices between industry-funded organisations engaged in prevention activities across Europe and worldwide.

European spirits producers implement responsible drinking programmes covering a wide range of issues including underage drinking, binge drinking, drink-driving, drinking during pregnancy or at the workplace and illicit & non-commercial alcohol. All the initiatives include measurement and evaluation processes to quantify the progress made and adjust the strategy as necessary.

Details of all the campaigns are publicly available on www.drinksinitiatives.eu.



spiritsEUROPE Road Map 2010-2015

While the spirits sector has been engaged for more than 30 years in harm reduction initiatives at a local level, more formal commitments were taken at a European level in 2005 with the "Charter on Responsible Alcohol Consumption 2005-2010" including annual reports audited by KPMG.

As a follow-on, the spiritsEUROPE Roadmap 2010-2015 reinforced spirits producers' ongoing commitments running in 23 Member States. It is based on 3 pillars:

- responsible commercial communications
- responsible drinking
- engaging more stakeholders on harm reduction

www.responsibledrinking.eu is the umbrella brand representing this renewed commitment to reduce the level of alcohol-related-harm.

Detailed annual implementation reports are shared with the European Commission, to assess progress made (available on www.spirits.eu).



spiritsEUROPE encourages responsible commercial communications

Commercial communication is essential for fair competition and free consumer choice. Alcohol advertising is already heavily regulated but the sector has also adopted voluntary standards. These ensure that no form of commercial communication encourages or condones excessive consumption and misuse of spirits drinks, or specifically targets underage drinkers. These rules are regularly updated to follow technical development and stakeholders' expectations.

The latest spiritsEUROPE Guidelines have introduced specific rules on digital and social media communications. spiritsEUROPE organises regular workshops across Europe to update and train marketing professionals on the implementation of the self-regulation rules (online version available on www.marketresponsibly.eu).

Compliance monitoring over the years has shown a level of compliance to self-regulation rules above 95%.

AN SPIRITS SECTOR DOES TO TACKLE ALCOHOL-RELATED HARM

The prevention approach illustrated by concrete examples in 4 priority areas

→ Underage drinking

OBJECTIVES

- Delay the age of onset
- Reduce the number of drinking occasions
- Reduce the volume of alcohol consumed per occasion

MAIN PARTNERS & TOOLS

- Teachers, educators, NGOs, retailers, bar staff, police, municipalities
- School education and parental alcohol advice programme
- Mass media campaigns to influence social norming
- On & off trade training to enforce legal purchasing age

“Community Alcohol Partnerships (CAP)” - United Kingdom www.communityalcoholpartnerships.co.uk

THE CAMPAIGN

CAP brings local retailers, trading standards, police, health services, education providers and other local stakeholders together to tackle problems of underage drinking and associated anti-social behaviour.

Since its inception, over 60 CAPs have been rolled out in England, Wales, Northern Ireland and Scotland.

The core activity of CAP includes:

- **Education**, including partnering with local schools to deliver age-appropriate alcohol education, teacher training support and parental advice and guidance
- **Enforcement**, involving local retailers, with support from police patrols and coordination by local authorities.
- **Training**: training retailers to check age of customers (“challenge 25”)

THE EVALUATION

CAP evaluations have consistently shown a positive effect on underage alcohol misuse and anti-social behaviour.



→ Drink-driving

OBJECTIVES

- Inform on the impact of alcohol on driving abilities
- Remind people that only time helps reduce the BAC level
- Remind legislation regarding BAC limits

MAIN PARTNERS & TOOLS

- Police, road safety agencies for enforcement and education campaigns
- Municipalities, transport, NGOs, taxi, drinks producers, on-trade business to organise and promote alternatives to drink-driving such as “the designated driver concept”
- Mass media campaigns to influence social norming: “drinking and driving do not match”
- Offer support to the population to test their BAC

“100% cool” - Portugal www.100percentocool.pt

THE CAMPAIGN

100% cool designated driver campaign was launched in 2002 with the support of the European Commission to reduce drink-driving among the high risk group of 18 to 30 year olds.

The campaign is built on:

- **Long-term partnership** with public/private stakeholders, including service stations.
- **Face-to-face dialogue** with young adults beginning of the night out.
- **Voluntary breath testing** during the night with attractive prizes.
- **Campaign supported by an online community** “drive me” putting together people partying in the same area to organise their safe way home.

THE EVALUATION

Regular evaluation of the campaign is showing a decrease in number of positive breath tests, an increase in the number of people using the designated driver concept and road safety statistics showing a constant decline in road deaths under alcohol influence from 39% in 2004 down to 33% in 2014.



→ Binge drinking

OBJECTIVE

- Encourage young adults to adopt a responsible drinking behaviour in order to reduce harm caused by excessive drinking (both chronic and acute harms).

MAIN PARTNERS & TOOLS

- Social & health educators, youth services, local public authorities, students' unions, drinks industry, young adults themselves
- Responsible serving/selling initiatives: training of bar staff; banning irresponsible drinks promotions, and developing community schemes to fight extreme drinking in given areas
- Mass-media information on responsible drinking guidelines and tips to avoid harms
- Use of social norming to make drinking to intoxication pattern socially unacceptable
- Peer-to-peer discussion groups

“Ce soir il conclut” – France www.cesoirilconclut.com

THE CAMPAIGN

Launched in September 2011, this “serious game” aimed at tackling binge-drinking by 18 to 25 year olds.

The online game combines:

- The web-series and arcade game styles and uses the highly popular “Make your mind up, Clement” hero
- 100 mini videos were shot and assembled corresponding to the different possible combinations of actions/reactions that depend upon the amount of alcohol drunk by Clement

The game is publicised through Facebook and Twitter. The game was played more than 72,000 times since its launch. The trailer video has been viewed over 430,000 times

THE EVALUATION

Answers to 653 questionnaires showed that: 2/3 played the entire game and thus saw the prevention messages in the game. After playing, respondents felt: “more alert to situations and risky behaviour” (32%); “better able to control their consumption in the evening” (30%) and “better informed about the effects of alcohol consumption” (21%).



→ Pregnancy

OBJECTIVES

- Inform women and men of the dangers of consuming alcohol while pregnant, willing to conceive or breast feeding
- Reduce the number of women consuming alcohol while pregnant and the quantity consumed per occasion

MAIN PARTNERS & TOOLS

- GPs, gynecologists and midwives
- Educate future moms on adverse health effect of alcohol on the foetus (only abstinence is the only effective preventive measure)
- Mothers of women of child bearing age to ensure right messages are conveyed
- Mass media campaign to influence the social norming: zero alcohol during pregnancy

“Better Start for your Child” – Poland www.lepszystart.com.pl

THE CAMPAIGN

Launched in 2008, the campaign is educating women (aged 18 to 35) and their environment, informing that even the slightest dose of alcohol consumed during pregnancy may have adverse effects on the child's development. An important part of the campaign is directed at medical staff, i.e., gynecologists, nurses and midwives.

In 2013, more than 220,000 pregnant women were reached thanks to mass media campaigns using:

- Leaflets for pregnant women and for medical personnel distributed in medical centres, hospitals and pharmacies
- Billboards and posters in medical centres, bus shelters
- Participation in special events, such as pregnancy trade shows

THE EVALUATION

The campaign is perceived by women as worth remembering (91%), informative (90%) and convincing (89%). The number of women saying they have changed their attitude to drinking during pregnancy has doubled since the launch of the campaign.



Examples of some of the 140 prevention initiatives currently in progress



RECOMMENDATIONS FOR A HOLISTIC APPROACH TO REDUCING ALCO

3 KEY DRIVERS FOR AN EFFECTIVE HARM REDUCTION STRATEGY



The 2006 EU strategy to support Member States to reduce alcohol-related harm and its delivery mechanisms (European Alcohol and Health Forum and Committee on National Alcohol Policy and Action - CNPA) have fostered positive change, both in terms of policy and actions. The Strategy has offered a stimulus to action and has pushed all stakeholders towards meaningful action to reduce alcohol-related harm.

As highlighted in the COWI independent evaluation report, the principles, including the multi-stakeholder partnership approach and the choice of areas for actions remain relevant and the evaluation calls for greater cooperation and understanding between the different actors to lead to more and better progress.

The European Union has a continuing role to play in helping Member States implement more effective alcohol policies to reduce harm. The components of such policies should be based on a multi-faceted approach with targeted interventions at local level that encourage people to adopt a responsible attitude towards alcohol consumption, combined with the appropriate level of legislation and enforcement.

Finally, policy should be based on sound science to make sure that society develops sustainable answers to the complex issues of alcohol-related harm.

HOL-RELATED HARM

Focus on the real issue: harm is the target, not consumption per se

Per capita consumption has been declining in Europe for more than three decades and yet alcohol-related harm has not followed the same trend. Moreover, EU Member States with higher levels of per capita consumption do not necessarily have higher levels of alcohol-related harm and vice versa.

Population based measures to reduce per capita consumption are inadequate. In addition, programmes focusing on reducing aggregate levels of alcohol consumption restrict reasonable freedom of choice for the majority of people who consume responsibly.

Recent findings from the EU funded AMPHORA project - which aims at assessing the relationship between control policy measures, socio-demographic and economic factors, alcohol consumption and alcohol-related harm across 12 European countries over a period of 50 years - point in that direction. They suggest that the correlation between the implementation of control policies and either consumption or levels of harm are difficult to assess.

Proposal → Policy makers should promote targeted interventions focusing on harm reduction, rather than supporting whole-population based strategies.

Population based measures have not demonstrated effectiveness in reducing alcohol-related harm



TAXATION/PRICING MEASURES

From a public health perspective, taxation is neither the most effective way nor the most sustainable tool to target harmful drinking patterns.

Combining data from several sources such as WHO and ESPAD, shows that in countries where strict regulations are enforced and alcoholic beverages are heavily taxed (e.g. Finland, Sweden, Denmark, UK), the overall participation levels in abusive drinking behaviour appears to be among the highest in Europe. Although taxation distinguishes between consumers and non-consumers, it does not distinguish between responsible and irresponsible drinkers.

Finally, people engaged in heavy drinking are less responsive to price increases than moderate drinkers (Wagenaar et al 2008).

AVAILABILITY

The relationship between alcohol availability and alcohol consumption or alcohol-related harm is highly complex and depends upon the local context (geographical distribution of outlets, activities associated with drinking, and the current saturation of markets themselves).

The evidence is inconclusive as to whether restricting access to alcohol is an effective approach to reducing alcohol-related harm.

Limiting the physical availability of alcoholic beverages (through state monopoly or strict licensing laws) is part of alcohol policy in a number of countries, such as in Finland or the UK. However, availability restrictions seem to have little impact on harmful drinking patterns: UK is still a leading EU country as regards binge drinking behaviours and Finland is part of the group of 10 EU countries with the highest hazardous drinking score (WHO 2010).

ADVERTISING/MARKETING

Alcohol advertising does not increase overall consumption, and has minimal influence on young people's perceptions of alcohol compared with other factors. Advertising has been shown to influence consumers' preference for one brand over another, it is not a significant factor in the choice to drink or not drink.

There have been several studies investigating the relationship between advertising and alcohol consumption, particularly in young people, and there has been no conclusive evidence that advertising significantly affects overall levels of consumption.

Peers and family appear to be the most powerful factors in shaping beliefs and attitudes, and drinking patterns among young people are much more influenced by the prevailing local culture around alcohol.

Nevertheless, spiritsEUROPE members made a clear commitment to never target people below 18 years old.



Work with all relevant stakeholders in partnership, not in silos

Better collaboration between members of the European Alcohol and Health Forum and other bodies responsible for delivering the EU strategy, such as the CNAPA group, is essential to reach the shared objective of reducing harmful consumption of alcohol in Europe. Sharing good practices is essential.

The current policy debate at European level is too polarized and inefficient. All stakeholders who have a role to play in tackling alcohol misuse should work together, at least in areas where there is agreement. Immovable ideological positions do not help to change consumption patterns.

By way of example, to tackle underage drinking, we believe multiple partners, working together, could achieve far more than all working separately. We suggest a kind of 'matrix of responsibility' should be developed targeting particular alcohol harms (see example below). Similar matrices should be developed for drink-drive, binge drinking, etc.

Proposal → The European Commission should bring all stakeholders together to work towards agreed, measurable targets. The current system, whereby industry, NGOs, Member States and others all work on their own specific initiatives makes no sense. It is wasteful of effort and fails to address the real issues.

One example... UNDERAGE DRINKING			WHAT CAN WE ACHIEVE TOGETHER?
POSSIBLE INDICATORS AVAILABLE AT EU LEVEL	SUPRA-NATIONAL SOURCE / STUDIES	WHO CAN CONTRIBUTE?	WHAT CAN THEY DO DIRECTLY?
<ul style="list-style-type: none"> ■ % of abstainers ■ Reported consumption ■ Frequency of reported drunkenness ■ Amounts consumed/ type of beverage ■ Hospital admissions due to alcohol abuse 	<ul style="list-style-type: none"> ■ ESPAD ■ HBSC 	Parents	<ul style="list-style-type: none"> → Set an example with own behaviour → Talk to their children about alcohol
		Peers	<ul style="list-style-type: none"> → Contribute to change social norms → Help develop resistance skills
		Teachers	<ul style="list-style-type: none"> → Educate → Inspire to abstain → Identify minors with problems
		On and off trade operators	<ul style="list-style-type: none"> → Adhere to the legal purchase age → Publicise legal purchase age rules
		Enforcement authorities (police - municipality - licensing)	<ul style="list-style-type: none"> → Strictly and visibly enforce legal purchase laws → Penalise violators
		Health Community	<ul style="list-style-type: none"> → Provide understandable information on the impact of drinking on minors
		Producers and related economic operators	<ul style="list-style-type: none"> → Contribute to positive social norms → Develop prevention initiatives with partners → Avoid appeal to minors

Insist on a robust evidence-base to underpin effective policies and actions

Addressing alcohol-related harm is not a straightforward issue: if it were, the problems would have been solved long ago by diligent policy-makers, concerned health practitioners, and the drinks sector itself.

The European spirits sector agrees with all those who call for policy making to be based on robust science and research. The key of course is how that robustness is measured: effective evidence-based policy making depends – at least in part – on good evidence.

“Good” research is “good” no matter who funds it. It is grounded in solid principles, generates reputable, credible and reproducible findings that derive from sound scientific methods, and uses reasonable and fair assumptions and verifiable, correct data inputs. In this regard, the EU alcohol strategy to support Member States in reducing alcohol-related harm plays an important role in targeting alcohol-related harm – and the science used to frame those discussions.

Proposal → The European Commission should keep promoting an evidence-based approach to design policies but must also ensure the reliability and the quality of studies and research financed from its own budget.

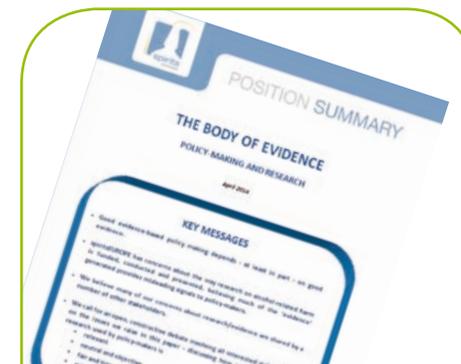
THE EUROPEAN DEBATE ON SCIENCE

Good evidence-based policy making depends – at least in part – on good evidence.

spiritsEUROPE has concerns about the way research on alcohol-related harm is funded, conducted and presented, believing much of the ‘evidence’ generated provides misleading signals to policy-makers.

There is a need for an open, constructive debate involving all interested stakeholders to discuss how we can ensure that research used by policy-makers is

- relevant
- neutral and objective
- fair and transparent
- robust, and
- based on appropriate engagement with all relevant stakeholders.



€21 000 000 000 generated through VAT and excise
€10 000 000 000 export sales outside the EU
1 000 000 jobs in production & sales
140+ prevention programmes
32 national associations
8 multinationals
1 organisation

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