

## **BUILDING CAPACITY FOR ACTION**

### **EUROPEAN ALCOHOL POLICY CONFERENCE**

**Barcelona, 3-5 April 2008**

#### **CONFERENCE CONCLUSIONS**

At a consumption level of 11 litres of alcohol per adult per year, Europe is the heaviest drinking region in the world, over 2.5 times the rest of the world's average. This brings a particular health and economic burden to Europe, leading to pain and suffering, harm to third parties, health inequalities, and a drain on Europe's productivity.

The third European Alcohol Policy conference, Building Capacity for Action, took place in Barcelona, 3rd-5th April 2008, with 352 participants from 36 countries. The conference, which was encompassed within the programme of activities organized by the Slovenian Presidency of the Council of European Union, was supported by the Ministry of Health and Consumer Affairs of Spain and the Ministry of Health of Slovenia, and was hosted by the Regional Government of Catalonia. The conference was co-financed by the European Commission, and co-sponsored by the Regional Office for Europe of the World Health Organization and the European Alcohol Policy Alliance.

The conference was attended by the Minister of Health and Consumer Affairs of Spain, the Minister of Health of Slovenia, the Minister for Elderly Care and Public Health of Sweden, the Minister of Social Affairs of Estonia, the Deputy Minister of Health of Poland, the Regional Minister of Health of Catalonia, the Minister for Justice of Scotland, the Federal Drug Commissioner of Germany, the Regional Director for Europe of the World Health Organization, the Director General of Health and Consumer Protection of the European Commission, and the Vice President of the European Economic and Social Committee.

#### **1. Alcohol causes a high level of harm**

Hazardous and harmful alcohol consumption affects all age groups, all strata of society and all European countries, although the socially disadvantaged are disproportionately affected. The lifetime risk of death from alcohol-related injuries and from alcohol-related chronic physical and mental conditions increases linearly with the amount of alcohol drunk on an occasion and the amount of alcohol drunk over the lifetime. In general, people underestimate the harm, and there is an ongoing need to provide appropriate information.

**Action points:** community and municipal programmes need to be strengthened and implemented to raise awareness and support for alcohol policies; warning labels need to be added to alcohol containers Europe-wide to help establish a social understanding that alcohol is a special and hazardous commodity.

## 2. Young people are vulnerable to alcohol

Alcohol consumption in adolescence can trigger long-term biological changes that may have detrimental effects on the developing adolescent brain, including neuro-cognitive impairment. The younger young people start to drink and the heavier they drink, the more they are at risk of alcohol dependence and alcohol-related harm during young adulthood, including suicide. Young people, and especially those that are heavier drinkers, are particularly susceptible to alcohol advertisements. There is growing evidence that alcohol advertising increases the likelihood that young people start to drink, and that the overall amount that they drink and the amount that they drink on one occasion is greater. There is a need to better protect young people.

**Action points:** there needs to be much better regulation, enforcement and monitoring of alcohol marketing that not only deals with the content but which also substantially reduces the exposure of alcohol marketing to young people; the rules relating to the marketing of alcoholic products should be approximated across Europe, noting the need to specify the extent to which alcohol marketing in certain categories of media and publications is allowed.

## 3. Alcohol causes harm to people other than the drinker

Harms to people other than the drinker include harm to the developing foetus during pregnancy, harm from traffic accidents, harm from interpersonal violence and crime, harm to families and children, and the suffering due to alcohol dependence. The value of suffering due to harmful alcohol consumption to the EU as a whole is estimated to be €270bn a year, divided into pain and suffering, crime and lost life. Societal harm includes the foregone income due to the social costs of alcohol on the health care and criminal justice systems and on lost productivity. The social costs due to harmful alcohol consumption to the EU as a whole is estimated to be €125bn a year, divided into health, crime and lost productivity costs. There needs to be tougher action in reducing third party harm.

**Action points:** the economic and physical availability of alcohol should be regulated, and limited to reduce third party harm, including the implementation of alcohol-free zones; a maximum BAC limit of 0.5 g/L, eventually reduced to 0.2g/L, should be implemented Europe-wide with a lower limit of 0.0 g/L for novice drivers and drivers of public service and heavy goods vehicles (countries with existing lower limits should not increase them).

#### 4. Government regulation needs to be strengthened

The high level of harm, the impact on vulnerable groups including the disadvantaged and the young, the harm done to people other than the drinker, and alcohol's dependence producing properties, are all reasons why alcohol is not an ordinary commodity like milk or potatoes. These are all powerful justifications for strengthened regulation, including managing the price and availability of alcohol. These are measures for which there is overwhelming evidence for effectiveness and cost-effectiveness in reducing alcohol-related harm. However, the implementation and impact of effective regulations can be compromised due to trans-national and cross border issues, particularly, for example, due to the high alcohol allowances for travellers between EU countries.

**Action points:** minimum alcohol tax rates should be at least proportional to the alcoholic content of all beverages that contain alcohol, should cover the social costs due to alcohol, and should be increased in line with inflation; in the absence of agreed and harmonized tax levels, travellers' allowances, which increase tax competition and lower taxes, should be reduced Europe-wide.

#### 5. Help needs to be available for people with problems

Alcohol use disorders are recognized mental and behavioural disorders within the WHO ICD-10 classification of disease and disorders. There is considerable evidence for the effectiveness and cost-effectiveness of brief advice programmes delivered in primary care for harmful alcohol use, and for treatment programmes for people with alcohol dependence. However, there is a considerable mismatch between the numbers of those in need of help and treatment and the availability of help and treatment. Due to the cost-effectiveness of programmes that reduce harmful alcohol consumption and alcohol dependence, there is an urgent need to close the help and treatment gap.

**Action points:** there needs to be a considerable health systems investment in appropriate strategies to ensure the widespread availability and uptake of early identification and brief advice programmes in primary care settings, in cost-effective treatment for alcohol use disorders, and in support for sufferers of third party harm, including family members and children; evidence-based standards for advice and treatment should be implemented and monitored Europe-wide.

#### 6. Focusing on their product, economic operators have the potential to reduce harm

The responsibilities of economic operators in reducing the harm done by alcohol should be related to their product, the core of their businesses.

**Action points:** it is imperative that economic operators should consider ways in which the price and strength of their product can be managed to reduce harm, for example a commitment to support regulation for a minimum pricing structure; producers and retailers should commit to share intelligence and knowledge of illegally traded and illicit alcohol, together with a commitment to support Europe-wide tax stamps.

### 7. Raising the voice of civil society

Although there appears to be citizen support for a range of alcohol policy options, it seems that social awareness of the extent of the harm done by alcohol and what can be done to reduce it is lacking in many societies. Further, there is a lack of adequate presence and strength of voice of non-governmental organizations active on alcohol issues and alcohol policies in many countries.

**Action points:** greater investment needs to be given to European and country based non-governmental organizations to give greater voice to civil society to support a cultural change to reduce the harm done by alcohol; the actions of non-governmental organizations need more dominance, with enhanced visibility of their presence.

### 8. Capacity for Action

The 2006 Council Conclusions on an EU Strategy to reduce alcohol-related harm considered that the primary aim of alcohol-related policies should be to reduce harm and that reduction of harm would promote growth and employment and strengthen European productivity and competitiveness. The Conclusions underlined the need to ensure that opportunities to prevent alcohol-related harm to public health and safety are addressed in a coherent manner in relevant policy areas and especially those mentioned in the Council Conclusions of June 2001 on a Community strategy to reduce alcohol-related harm, such as research, consumer protection, transport, advertising, marketing, sponsoring, excise duties and other internal market issues.

**Action points:** greater capacity needs to be built in Europe, and country wide, for greater collective and synergistic action to support the 2006 Council Conclusions for sustained and monitored actions to reduce alcohol-related harm; the negative alcohol-related health impacts of decision making across all policy sectors should be reduced, and the positive impacts identified and promoted.

### 9. Towards a Global Strategy

In its 2007 report on problems related to alcohol consumption, the WHO Expert Committee emphasized that in the coming years alcohol consumption is likely to increase substantially in south-east Asia and in the low to middle-income countries of the western Pacific (constituting nearly half of the world's population), and that, in general throughout the world, poor people suffer a disproportionate burden of harm attributable to alcohol.

**Action points:** greater support from Europe needs to be given to the development of a Global Strategy to reduce the harmful use of alcohol; recognizing the global trade and marketing of alcoholic products, and the need to respect the alcohol policies of other countries that are stronger, there is a need for a common legal framework to support collective action across borders.

### 10. Expanding the evidence base

Health is considered by the WHO as “a state of complete physical, mental and social well-being”. Whilst the physical and mental harm done by alcohol is well documented and quantified, a wide variety of adverse social consequences, including most adverse consequences for persons other than the drinker, and the consequent pain and suffering, are not fully documented or quantified.

**Action points:** greater investment needs to be given to research on the impact of drinking on others in work, home and social life settings, including the long-term impact of parental drinking on children and their development as adults; the measurement and monitoring of social harms from alcohol requires concentrated European attention.