

EU action plan 'ignores' decades of scientific advancement in alcohol policy

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The EU alcohol and health forum risks being ineffective by using a one-size-fits-all approach, writes Michel Craplet in the Parliament Magazine

I recently took part in several discussions in Brussels with health commissioner Tonio Borg and the alcohol and health forum. In these discussions the new action plan on alcohol, prepared by DG sanco, was one of the addressed topics. With regard to these discussions, I would like to raise awareness on my disappointment in relation to the new priority of 'young people, binge drinking and heavy drinking'.

The first two issues within the title 'young people' and 'binge drinking' are well-known, perhaps too well-known, considering the risk this implies of taking too little account of other demographics and patterns. The third priority of 'heavy drinking' appears to be somewhat surprising. The words 'heavy drinking' takes me back 30 years in time when I first got into the field. At the time, both the general public as well as specialists within the field only faced the problem through a quantitative approach.

However, as the years went by, experts were able to explain the importance of concepts such as 'alcohol misuse' and 'harmful drinking'. This qualitative approach, stressing the consequences of drinking in general rather than on consumption, constituted serious progress in terms of prevention and treatment.

The quantitative approach is inefficient, however, given that the biological sensitivity to alcohol varies significantly between individuals. In addition, the consequence of drinking varies greatly depending on the situations and circumstances. Yet the majority of economic operators are still in favour of the quantitative approach which allows for the rejection of those drinking heavily.

Furthermore, it could imply that others are not at risk which is not the case. We know that some may have problems with even limited consumption due to a particular sensitivity to alcohol. Anybody can have problems with small quantities in certain circumstances, during pregnancy for instance, or in some situations like driving. It is surprising to see that these cases were ignored by the action plan, as neither pregnancy nor driving is given a priority.

Discussions among economic operators and NGOs working on health are not that simple and vary greatly. Economic operators wish to only address excessive drinking or abuse, while NGOs seek to address consumption in general terms. The experts thought that concepts such as 'misuse' and 'harmful use' constituted an acceptable compromise between the positions of both parties.

The experts recognised the efforts made by some companies changing their position of 'drinking with moderation', or 'drinking sensibly' to 'drink responsibly.' We cannot give safe limits to alcohol consumption. 'Less is better' was the best formula considered at a time when the WHO European region was involved in working with issues related to alcohol problems.

Pointing to a comparison with tobacco often brings about confusion. The reactions of smokers to tobacco are quite unique. In that, a regular smoker will usually become dependent in a short time, while a regular drinker may drink for five, 10 or 30 years before becoming dependent. The same variability exists for immediate reaction to alcohol consumption, for metabolism of alcohol and for the toxicity of alcohol on such an organ.

This is why simply advising something such as 'no tobacco' is impossible to transfer in alcohol policy, even on a strictly medical point of view, even if we do not take the socio-cultural background of the consumption into consideration.

I thought that this view was accepted now and that we could go further. I thought that we could stand on the scientific ground built over the last decades, which has not been the case. Explanatory work has to be continuously repeated. I am disappointed by this regression and this is not the way to progress in the field of alcohol policy and reducing alcohol related harm.

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