eurocare
European Alcohol Policy Alliance

EUROCARE RECOMMENDATIONS FOR A FUTURE EU ALCOHOL STRATEGY

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The European Alcohol Policy Alliance (EUROCARE)

The European Alcohol Policy Alliance (EUROCARE) is an alliance of non-governemental and public health and well-being organisations with around 50 member organisations across 21 European countries advocating the prevention and reduction of alcohol related harm in Europe. Member organisations are involved in research and advocacy, as well as in the provision of information to the public; education and training of voluntary and professional community care workers; the provision of workplace and school based programmes; counselling services, residential support and alcohol-free clubs for problem drinkers; and research and advocacy institutes.

The mission of Eurocare is to promote policies to prevent and reduce alcohol related harm, through advocacy in Europe. The message, in regard to alcohol consumption is “less is better”.

Contents

Foreword by President Tiziana Codenotti

At the time when European Commission is evaluating the current *European Union strategy to support Member States in reducing alcohol related harm*[1] the European Alcohol Policy Alliance (Eurocare) wishes to present its view and recommendations for of a comprehensive alcohol policy in the European Union (EU) 2013 - 2020.

Eurocare was created in 1990, as concerns grew over the impact of the single market on national alcohol policies. As the recognition of the importance of health issues has moved forward on the European political agenda, it gradually allowed emphasising issue of alcohol related harm. Eurocare grew over the last twenty years, from few enthusiasts to a network of around 50 organisations from 21 countries. Eurocare recognises the progress that has been achieved over the past years, from the first mention in 1986 of a need to tackle the problems related to harmful and hazardous consumption of alcohol in the Council Resolution, through 2006 EU Alcohol Strategy, to 2010 adoption of WHO Global Alcohol Strategy.

Despite all the progress achieved over last years, our work to tackle alcohol related harm and raise it on the political agenda is by no means finished. Europe is still the heaviest drinking region in the world and harm caused by alcohol to the individual and society at large is too high.

In the current context of economic crisis keeping the focus on public health is crucial. Eurocare would like to take this opportunity to emphasise the need to place the health and social well being of European citizens above purely economic interests.

As a public health partner of Directorate General for Health and Consumer Protection (DS SANCO), Eurocare, and its broader civil society network, would like to appeal to all DGs of the European Commission to commit to prioritising health issues.

Eurocare is dedicated to working together towards reduction of harm caused by alcohol, to the individual, others and the society. We hope that European Commission and decision makers at both national and European level will find this document as a valuable source of inspiration.

Tiziana Codenotti , Eurocare President

[1] European Commission (2006) *Communication from the Commission to the Council, the European Parliament, the European Economic and Social Committee and the Committee of the Regions. An EU strategy to support Member States in reducing alcohol related harm.* Brussels, Commission of the European Communities COM(2006) 625 Retrieved from: http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2006:0625:FIN:EN:PDF

Summary

Eurocare strongly supports continuation of efforts at the EU level to address alcohol related harm; to that end it believes that the European Commission should develop a comprehensive EU alcohol strategy 2013-2020.

Alcohol is the world's number one risk for ill-health and premature death amongst the 25-59 year old age group, a core of the working age population. Europe is the heaviest drinking region of the world. Consumption levels in some countries are around 2.5 times higher than the global average[2].

Due to the size of the problem and the universal impact, alcohol requires focused approach and commitment for action from policy and decisions makers at the European and national levels.

Eurocare believes that a number of policy tools can be implemented to address crucial areas such as:

- Regulation of marketing
- Increase in price of alcoholic beverages
- Smarter regulation of availability of alcohol
- Provision of information to consumers- labelling
- Reduction of drink driving
- Creation of safer drinking environments
- Raised awareness of dangers from drinking during pregnancy
- Protection of family and children
- Prevention with special focus on prevention in the workplace
- Treatment and early interventions
- Better monitoring of data, development and maintenance of common evidence base

There is a mass of evidence that the levels of alcohol related harm in any population are correlated with the overall level of alcohol consumption: higher per capita consumption tends to be associated with higher levels of harm, lower consumption with lower levels of harm[3].

Eurocare recommends that the target for the EU should be reduction of total alcohol consumption in Europe by 2020, from an average of 12.5 litres to 9 litres per adult per year

[2] WHO Europe (2012) *Alcohol in the European Union*
[3] *Ibid*

Introduction

Eurocare's vision is a Europe where alcohol related harm is no longer one of the leading risk factors for ill-health and pre-mature death, Europe where innocents no longer suffer from the drinking of others and where the European Union and its Member States recognize the harm done by alcohol and apply effective and comprehensive policies to tackle it.

This report is based on "Eurocare Overview and Recommendations for a Sustainable EU alcohol Strategy" September 2009. At the time Eurocare consulted its member organizations, the Alcohol Policy Network (APN), the European Public Health Alliance (EPHA) alcohol working group and the AMPHORA research network regarding their assessment of the progress so far with the EU Alcohol Strategy.

Eurocare members were then as today concerned about the role of the alcohol industry in the implementation of the Strategy and the opportunities the industry is being given to obstruct and to divert attention to what the scientific evidence suggests are unproductive areas of activity.

Addressing the issue of alcohol related harm through effective policies will offer measurable health system savings and enhance the growth and productivity agenda for Europe 2020.

Alcohol – a cause for action

Alcohol is one of the world's leading health risks; use of alcohol is especially harmful for younger age groups. Europe is the heaviest drinking region of the world. Consumption levels in some countries are around 2.5 times higher than the global average[4]. Alcohol harm is disproportionately high among young people (115 000 deaths per year) alarmingly 43% among 15-16 year old European students reported heavy binge drinking during the past 30 days and alcohol is the single biggest cause of death among young men of age 16 to 24[5].

The World Economic Forum's 2010 Global Risks Report identifies non-communicable diseases (NCDs) as the second most severe threat to the global economy in terms of likelihood and potential economic loss. NCDs are a global risk equal in cost to the current global financial crisis[6]. The World Economic Forum and Harvard School of Public Health estimate that NCDs will cause a €25 trillion global economic output loss over the period 2005-2030.

Alcohol is one of the 4 risk factors for developing NCDs such as cancer (1 in 3 Europeans will get cancer in the coming years) and cardiovascular disease[7]. It is important to address alcohol in this context and give it the attention needed. By decreasing the level of alcohol consumption, as well as being physically active and having a healthy diet:

- 75% of deaths from cardiovascular disease could be avoided[8]
- 30-40 % of cancers could be avoided[9]

Accurate European wide data on the impact of alcohol at workplace is not sufficiently gathered and not comprehensive in its scope. However, the figures from individual countries suggest that the problem might be bigger than expected.

- UK estimates that approximate loss in productivity amounts to 6.4 bn GBP; this includes alcohol related absence, reduced employment, and premature death
- International Labour Organisation estimated that globally up to 5% of average work force is alcohol dependent and up to 25% drink heavily to the risk of becoming addicted
- A 13% increase in work absence can be expected with an increase in consumption of 1 liter pure alcohol[10]

[4] WHO Europe (2012) *Alcohol in the European Union*
[5] ESPAD (2011) *ESPAD Report: Substance Use Among Students in 36 European Countries*
[6] World Economic Forum (2010) *Global risks 2010*. Geneva, Retrieved from: http://www.weforum.org/en/initiatives/globalrisk/Reports/index.htm
[7] WHO (2009) *Global Health Risks: Mortality and burden of disease attributable to selected major risks*
[8] O'Flaherty & Capewell S. *Recent levelling of CHD mortality rates among young adults in Scotland may reflect major social inequalities.* BMJ 2009; 339: b2613
[9] World Cancer Research Fund (2008) *Recommendations for Cancer Prevention*

Due to the size of the problem and the universal impact, alcohol requires a comprehensive, coordinated response from policy and decisions makers at the European and national levels.

Eurocare recognizes the difficulty of reconciling public health and commercial objectives in regard to alcohol products. However, there are a number of policy areas where the European Commission is perfectly placed to enhance actions and deliver measureable achievements to form a coherent approach to reducing alcohol related harm in the EU. Eurocare believes that the goal should be to work towards setting clear and specific targets for reduction in the harmful consumption of alcohol and in levels of harm.

This document aims to contribute to a constructive and action oriented discussion on the future Alcohol Strategy for the EU (2013-2020). It will focus on the main policy areas accompanied with Eurocare recommendations and followed by suggestions on the methods of implementation.

With this in mind, Eurocare calls on the Ministers of Health and Social Affairs in Europe and the European Commission to support the development of comprehensive Alcohol Strategy for the European Union with clear and targeted measures.

[10] Science Group of the Alcohol and Health Forum (2011) *Alcohol, Work and Productivity: Scientific Opinion of the Science Group of the European Alcohol and Health Forum* Retrieved from: http://ec.europa.eu/health/alcohol/docs/science_02_en.pdf

Main policy areas

Eurocare believes that a combination of policy tools and interventions is needed to reduce alcohol related harm, to the benefit of society. It should be our common goal to create an environment that supports lower risk drinking.

Population wide approaches are of significance as they facilitate the reduction of aggregate level of alcohol consumed. Moreover, such approaches might reduce the numbers of people who start drinking at harmful and hazardous levels.

Alcohol causes harm to the individuals, others and society at large. It is a multilayered issue which diversified and evolved over time into a major health threat. This complex problem needs to be solved by a comprehensive strategy employing a number of policy options, some of which are presented below.

2.1. Regulation of marketing

Despite being a key health determinant alcohol is still one of the most heavily marketed products and young people are a very important target group for the alcohol industry[11]. They are exposed to sophisticated marketing aimed at creating positive expectations and beliefs not just about the product itself but how it will make them feel. Alcohol marketing ranges from mass media advertising to sponsorship of events, product placement, internet, merchandise, usage of other products connected with alcohol brands, social networks etc. In 2009, the Science Group of the European Alcohol and Health Forum produced a report[12] which reviewed a number of studies regarding impact of marketing on the volume and patterns of drinking alcohol. It concluded that alcohol marketing increases the likelihood that young people will start to drink alcohol, and that among those who have started to drink, marketing increases the their drinking levels in terms of both amount and frequency.

Eurocare firmly believes that this is one of the central policy areas that needs to be addressed in the coming years. A level playing field for commercial communications should be implemented across Europe, building on existing regulations in Member States, with an incremental long-term development.

[11] Eurocare defines marketing as a mix of sophisticated, integrated strategies, grouped around four main elements: the product, its price, its place (distribution) and its promotion.

[12] Science Group of the Alcohol and Health Forum (2009) *Does marketing communication impact on the volume and patterns of consumption of alcoholic beverages, especially by young people?* Retrieved from: http://ec.europa.eu/health/ph_determinants/life_style/alcohol/Forum/docs/science_o01_en.pdf

Furthermore, Eurocare believes that the existing French 'Loi Evin[13] provides a framework to the regulation of alcohol marketing which could be accepted as the minimum standard across the EU. Volume and content of marketing, online marketing, sponsorship as well as product placement are vital to address in a regulatory framework. Crucially, in light of technological advances and the increased role of social media in society today, particular focus needs to be placed on regulation of the alcohol marketing in the online environment.

RECOMMENDATIONS
Alcohol advertising should only be permitted under precise conditions defined by statutory regulation
When alcohol advertising is permitted, its content should be controlled: • Messages and images should refer only to information of the products such as degree, origin, composition and means of production • A health message must be included on each advertisement • Messages should not mention or link to sexual, social and sports related images
Therefore, we recommend: • No alcohol advertising on television or in cinemas • No alcohol advertising on internet except at points of sale • No alcohol sponsorship of cultural or sport events • No alcohol advertising should be targeted at young people
Regulations on product placement of alcohol products i.e. films and programs portraying drinking classified as for 18 certificate
A complete removal of intrusive[14] and interstitial[15] marketing tools such as: social media, apps on mobile phones
A complete removal of alcohol advertising outdoors and in public premises (i.e. athletes' shirts, bus stops, lorries etc.)
A complete removal of sales promotions such as Happy Hours and Open Bars/Girls Night etc.

2.2. Price and taxation

A number of studies have found that increasing the price of alcohol reduces immediate and chronic harm related to drinking among people of all ages. All consumers, including heavy and problematic drinkers, respond to changes in alcohol prices[16]. Moreover, increase in prices of alcoholic beverages would reduce consumption by young people, and also have more impact on frequent and heavier drinkers than on lighter drinkers.

The affordability of alcoholic beverages has increased in Europe over the last 12 years. The real value of excise duty rates for most alcoholic beverages has gone down since 1996 and consequently alcohol has been much more affordable. There has been a decline in the EU minimum excise duty rate in real terms for alcoholic beverages since 1992 as they have not been adjusted for inflation.

[13] Included in the French Act of Public Health
[14] Intrusive here defined as behaviour ad that targets your habits and based on your profile using social net, your own emails, cookies, geolocalisation etc, or brings you to change web page by replacing ads by others.
[15] Interstitial here defined as movable ads that appears between two web pages in a plain screen or when you start apps on your smartphone
[16] Babor TF et al (2010) *Alcohol: no ordinary commodity. Research and public policy,* 2nd ed. Oxford, Oxford University Press.

There is also a trend towards more off-trade alcohol consumption, which tends to be cheaper than alcohol sold on-trade[17].

Current excise duties vary for different alcoholic products; this means duty does not always relate directly to the amount of alcohol in the product; in addition an increase in the duty levied does not necessarily translate into a price increase- retailer or producers may absorb the cost.

Pricing and other economic measures would be an important part of an effective policy mix to tackle harmful and hazardous alcohol consumption. Several Member States are discussing minimum pricing policies and the support from the European Commission for these initiatives is crucial.

Moreover, restrictions on sales below cost and on sales promotions such as 'two for one' and 'happy hour'; would also have a positive impact on addressing excessive alcohol consumption.

Eurocare acknowledges the difficulties in tackling this issue on the European level, however believes that a European strategy should encourage Members States to introduce policy options like minimum pricing and increased taxes.

RECOMMENDATIONS
Minimum alcohol tax rates should be at least proportional to the content alcohol for all alcoholic beverages
Tax on wine should rise in line with alcoholic strength
Minimum tax rates should be increased in line with inflation
Member States should have the flexibility to limit individual cross-border purchases so as not to diminish the impact of their current tax policies
Member States should retain the flexibility to use taxes to deal with specific problems

2.3. Consumer protection: provision of comprehensive information

Product labels can serve a number of purposes, providing information about the product to the consumer, enticing the consumer to buy the product and warning consumers of dangers and health risks from the product.

Listing the ingredients contained in a particular beverage alerts the consumer to the presence of any potentially harmful or problematic substances. Even more importantly, providing the nutritional information such as calorie content allows consumer to monitor their diets better and makes it easier to keep a healthy lifestyle. Unfortunately, today sulphite is the only allergen required to be listed compulsorily although many other allergens can be present.

[17] RAND (2009) *The affordability of alcoholic beverages in the European Union, Understanding the link between alcohol affordability, consumption and harms.* Cambridge

Allowing the alcohol industry not to provide full information on the labels of their products is yet another missed opportunity for reducing alcohol related harm. Eurocare believes that alcohol producers should provide information not only on ingredients, but also about the risks associated with alcohol consumption: damages to health (liver cirrhosis, cancers) risk of dependence, dangers associated with drinking alcohol during pregnancy, when driving, operating machinery and when taking certain medication. These messages would be, at a low cost to public budgets, easy to implement at EU level- important reminder that alcohol is a hazardous product.

European Commission is best positioned to coordinate efforts to protect consumers from side effects of products which are sold in the internal market of the EU. Eurocare believes labelling should be part of a comprehensive strategy to provide information and educate consumers about alcohol and should be part of integrated policies and programmes to reduce the harm done by alcohol.

RECOMMENDATIONS
Introduction of health warning labels on containers of alcoholic beverages determined by state/ public bodies.
Containers of alcoholic products should be required to provide the following information about the product to consumers: • their ingredients • substances with allergenic effect • relevant nutrition information (energy value kcal) • alcoholic strength • include health warnings

2.4. Public safety and harm to others

2.4.1. Drink Driving

In 2010, nearly 31,000 Europeans were killed on the roads the main causes of fatal accidents in the EU are speeding, drink driving and non-use of a seat belt[18]. Progress in reducing the number of deaths on the road has been decreasing over the period between 2001 and 2007. In 2007, the percentage of reduction of fatalities was 0% for the EU. Traffic accidents related to alcohol consumption therefore remain a major cause for concern. Around one accident in four can be linked to alcohol consumption, and at least 10,000 people are killed in alcohol-related road accidents in the EU each year.

It has been estimated that a Blood Alcohol Concentration (BAC) of 0,8g/l increases the crash risk of a driver 2,7 times compared to a zero BAC. When a driver has a BAC of 1,5g/l the injury crash rate is 22 times that of a sober driver. Not only the crash rate grows rapidly with increasing BAC but the crash also becomes more severe. With a BAC of 1,5g/l the crash rate for fatal crashes is about 200 times that of sober drivers[19].

RECOMMENDATIONS
Zero tolerance for drink driving in all Member States for all drivers[20]
Adequate enforcement is needed within Member States (e.g.; police checks, random breath testing etc)
A harmonised penalty system with license suspension should be implemented across the EU
Information on drink driving, the harm which results from drinking and driving and the penalties should be included in driving lessons, driving tests and in published driving codes
Ban on sale of alcoholic beverages at petrol stations
Introduce alcohol interlocks for professional drivers and in a first phase to repeat offenders
Introduce mandatory labelling on alcohol products on drink driving

2.4.2. Safer drinking environments

Harm done by alcohol to third parties is a significant burden on society. It causes a number of deaths. Accidents harm individuals' families, communities and society at large. There is a strong link between alcohol and violence (e.g.80% of violent crimes committed by adolescents in Estonia are associated with alcohol use). Alcohol is attributable factor in 40% of all homicides throughout the EU[21]. Effort should be made to create an environment that supports lower- risk drinking. Drinking settings such as pubs, bars, nightclubs are key areas for interventions, for improvements in the way alcohol is

[18] ETSC (2012) Drink Driving: Towards Zero Tolerance
http://www.etsc.eu/documents/Drink_Driving_Towards_Zero_Tolerance.pdf
[19] *Ibid*
[20] A technical enforcement tolerance level could be set at 0,1 or 0,2 g/l BAC but the message to drivers should always be clear: no drink and drive
[21] WHO Europe (2012) *Alcohol in the European Union*

served and consumed. Key features of dangerous venues include a permissive atmosphere, crowding, low levels of comfort, inadequately trained staff, cheap drinks promotions[22]. Thoroughly implemented interventions can enhance prevention of risky behaviour, protect the health of individuals and care for broader impact of hazardous alcohol consumption on communities (i.e. vandalism)

RECOMMENDATIONS
Minimum legal age for purchasing 18 years (while respecting MS with higher minimum age of purchase and stricter implementation policy)
Stricter opening hours for commerce selling alcohol (with special emphasis on night shops)
Reduced density of alcohol outlets, especially around areas where young people are more likely to be present e.g. schools, sport centres, cultural centres, stadiums, play grounds etc.
Mandatory and independently evaluated professional training for employees handling alcohol (serving, selling)

2.4.3. Alcohol and pregnancy

Drinking alcohol during pregnancy can lead to birth defects and developmental disorders. It may cause the unborn child physical, behavioural and learning disabilities. Alcohol can damage the baby throughout the entire pregnancy. During the first trimester of pregnancy, exposure to alcohol can cause abnormalities in the physical structure of the foetus. During the third trimester, the baby's length and weight increase dramatically and exposure to alcohol can impair the growth. The brain develops and is vulnerable to damage during the entire pregnancy. The damage to the brain, which may result in behaviour problems and cognitive deficits, is the most debilitating of the effects of prenatal alcohol exposure. FASD is an umbrella term describing the range of effect that can occur in person whose mother drank during pregnancy. It affects nearly 5 million people and is 100% preventable. Although many women give up alcohol when pregnant there are a substantial number of women in all the EU Member States who continue to drink.

RECOMMENDATIONS
Containers of alcoholic products should carry a warning message determined by public health bodies describing the harmful effects of drinking during pregnancy
Introduction of comprehensive and permanent awareness-raising campaigns and educational programmes for the public at large
Programmes to enhance knowledge of health care professionals
Provision of services for diagnosis and treatment for children with foetal alcohol syndrome (FAS/FASD)
Implementation of modules promoting health prevention and awareness-rising as compulsory modules in the curriculum for medical degrees
Inclusion of FASD diagnosis by social and judicial services

[22] Hughes et al (2011) *Environmental factors in drinking venues and alcohol-related harm: the evidence base for European intervention* Addiction 106(S1):36-46

2.4.4. Family and Children

Whilst million of families within the EU are affected by the problem it is difficult to find an accurate assessment of its size. Perceptions on alcohol problems vary from culture to culture and, among those affected, it can often take the 'character of a shameful secret'. It is being estimated that 23 million people in the EU are dependent on alcohol, which consequently results in 9 million children and young people in the EU living with at least one parent addicted to alcohol[23]. Many of these children are raised in families with alcohol addiction and are exposed to risk behaviour of their parents. Two thirds of the reported victims of domestic violence had been attacked by a person using alcohol, and 16% of cases of child abuse and neglect involve alcohol[24]. Children living with families affected by alcohol related harm tend to have lower school attendance and worse health.

RECOMMENDATIONS
More support for rehabilitation centres for alcohol dependence
Support for educational centres for children of alcohol dependent parents
Awareness raising campaigns on protection of children from alcohol related harm.

2.5. Social inclusion and equality in health

Social inclusion is important both as prevention and as rehabilitation. In order to keep people in the workforce and out of treatment, care and social support, programs to socially integrate and rehabilitate people with alcohol problems are a priority. It would benefit the individual, its family and community and the economy as well as reducing inequalities in health. This could be achieved by integration of alcohol harm related dimension in programs aiming at reducing inequalities in health and social exclusion. Furthermore, effective programs should be supported, such as self- help groups and early intervention programs as well as effective treatment.

The adverse effects of alcohol are exacerbated among those from lower socioeconomic groups; this is especially the case for dependency, which is often accompanied by poor diet and general lack of money. People in lower socioeconomic groups who drink heavily cannot protect themselves as well as those in more affluent groups, who can purchase social and spatial buffering of their behaviour. Low socioeconomic status renders a pattern of drinking more visible and makes the drinker more vulnerable to marginalisation and stigma.

RECOMMENDATIONS
Implementation of health objectives in all policies
Impact assessments of other Directorate Generals policies and decisions on alcohol policy.

[23] Anderson P, Baumberg B (2006) *Alcohol in Europe: a public health perspective.* London Institute of Alcohol Studies
[24] *Ibid*

2.6. Prevention with special focus on prevention at workplace

Prevention cannot remain a responsibility of the Member States alone, Europe, as a market place, a cultural space and communication area must address prevention. Equally the local level is where people conduct their daily lives. Therefore, prevention should therefore span across the European and local level. Community based prevention must be supported by a European wide program in a comprehensive, coordinated, long- term manner.

Harmful and hazardous alcohol consumption is one of the main causes of premature death and avoidable disease and furthermore has a negative impact on working capacity. Alcohol-related absenteeism or drinking during working hours have a negative impact on work performance, competitiveness and productivity. Often forgotten is the impact of drinkers on the productivity of people other than the drinker. Moreover, about 20 to 25% of all accidents at work involve intoxicated people injuring themselves and other victims, including co-workers[25].

RECOMMENDATIONS
Implementation of alcohol policies within the workplace to focus on health promotion and on different lifestyles rather than on the disease and punitive sanctions
More comprehensive data collection on impact of alcohol related problems on economy and within the workplace
Enforcement and where not existent introduction of zero tolerance policies for BAC levels in industries where alcohol increases the danger of accidents and injuries
Implementation of awareness raising campaigns at work about alcohol related harm

[25] Science Group of the Alcohol and Health Forum (2011) *Alcohol, Work and Productivity: Scientific Opinion of the Science Group of the European Alcohol and Health Forum* Retrieved from: http://ec.europa.eu/health/alcohol/docs/science_02_en.pdf

2.7. Treatment and early interventions

Treatment and early interventions is a vital component of the total response to alcohol problems, and must be included in a comprehensive approach to alcohol policy. As some studies indicate in primary health care settings, commonly less than 10% of the population at risk of becoming hazardous and harmful drinkers are identified and less than 5% of those who could benefit are offered brief interventions[26]. There is consistent evidence that early interventions reduce alcohol related harm and are cost effective. Moreover, organisational factors increase the implementation and effectiveness of these programmes.

RECOMMENDATIONS
Support given to Member States in exchange of information in area of brief interventions (including interventions designed for non- dependent high drinker, specialised treatment for persons with alcohol dependence)
Recognition and support for informal groups of mutual self help

2.8. Monitoring of data, developing and maintaining common evidence base

It is crucial to appropriately monitor alcohol policy developments in the EU, with a set of common indicators and definitions, in order to ensure that comparable data across EU is available. Consequently, this consistency will provide tools to assess the policy actions undertaken. There is a need for better data on alcohol in Europe. The European Commission and Member States should regularly obtain comparable information on alcohol consumption, on drinking patterns, on the social and health effects of alcohol; and information on the impact of alcohol policy measures and of alcohol consumption on productivity and economic development.

The European Commission should monitor and follow the developments in Member States to see if targets are reached.

RECOMMENDATIONS
A European Alcohol Monitoring centre with country based counterparts, should be established and financed
When new legislation is adopted at regional, national and the European level standardised evaluation should be performed.
Alcohol related targets should be included in European Commission work on prevention of chronic disease
European Commission defining and tracking a common set of indicators and policy responses and interventions in the framework of Open Method of Coordination

[26] WHO Europe (2012) *Alcohol in the European Union*

Way forward: how to address alcohol related harm?

Compared to the current EU alcohol strategy there is a strong need for future policies to have specific and clear targets, whilst also working harder at promoting a coherent approach through health in other policies.

3.1. Enhanced cooperation between Member States

One way forward to provide a more structured approach would be for the new EU alcohol strategy to include:

- Fixing guidelines and timetables for achieving short, medium and long-term goals
- Establishing quantitative and qualitative indicators and benchmarks, tailored to the needs of Member States and sectors involved, as a means of comparing best practices
- Translating European guidelines into national and regional policies, by setting specific measures and targets
- Periodic monitoring and evaluation of the progress achieved in order to put in place mutual learning processes between Member States

Eurocare suggests having a 3 step period; 2013 – 2015, 2016- 2018, 2019-2020 that would be expected to produce the following outcomes:

- Enhanced mutual learning and peer review
- Identification of good practices and of their conditions for transferability
- Development of joint policy initiatives among several Member States and regions
- Identification of areas where Community initiatives could reinforce actions at Member State level.

3.2. Alcohol in all policies

European Union regulations, such as those governing the internal market, trade, competition and agriculture, have in practice an enormous impact on national and local health policies.

Eurocare is concerned that alcohol related harm does not seem to be taken into account when issues like cross border trade, taxes and agricultural support are discussed and regulated by Directorates of the Commission which are not directly working on health. The efforts of the health community and all stakeholders involved could be counterproductive if the issue is not being addressed.

This has been recognised over the years by the EU legislature and as mentioned in Art. 168(5) TFEU, it *(...) may adopt incentives measure designed to protect and improve human health (...) and measures which have as their direct objective the protection of public health regarding tobacco and the abuse of alcohol.*

Alcohol is no ordinary commodity and should not be treated as such. Free trade rules and competition paradigm should not take precedence over the protection of public health and social wellbeing in Europe. European Commission with other partners should start reflecting on future exemption of alcohol from free trade agreements as it is a harmful substance with detrimental effect to health and society.

CONCLUSIONS: Let us all think about alcohol differently

What's drinking?
A mere pause from thinking!
~George Gordon, Lord Byron

Alcohol is not a neutral substance. Neither to the individual, as it is an addictive and harmful product, nor to the society, as one person's freedom to drink might hinder other's person freedom to safety.

As physical borders disappear and trade within and beyond the EU is made easier and faster, we are faced with new challenges in terms of alcohol policy. Combination of interventions is needed to reduce alcohol-related harm to the benefit of society as a whole.

Preventing harm in the first place and promoting healthy lifestyles are a cost effective measure for fighting diseases- it is an investment in the future saving. We should strive to continuously achieve small milestones towards the final outcome of a healthier society.

As we are faced with new austerity measures and an aggressive drive for increased alcohol sales, the protection of consumers and citizen's welfare should not be sidetracked. Otherwise, it is almost certain that our public systems will be faced with tangible consequences of inaction.

Eurocare believes that the European Commission and Member States have much to learn from sharing experience of national policies in areas of common interest. This can help them to improve the design and implementation of their own policies, to develop coordinated or joint initiatives on issues of transnational interest and to identify areas where Community initiatives could reinforce national actions.

Over the last years policies such as awareness rising have become widespread, whereas policies that would have a greater impact such as increasing alcohol price and regulating marketing tended to be forgotten. There is thus a great area for improvement to reduce the burden of alcohol on individuals and societies over the coming years.