



FACTSHEET



Reducing alcohol-related harm across the EU

Fifty-five million adults are estimated to drink alcohol to harmful levels in the European Union. Harmful alcohol consumption is a serious threat to public health and can result in considerable social and economic costs.

The EU aims to support and complement Member States' efforts to address the adverse health effects of harmful use of alcohol, as well as the associated social and economic consequences. EU actions to tackle alcohol-related harm focus on reducing under-age drinking, accidents, violence and disease.

CONTEXT AND NEED FOR EUROPEAN ACTION

What are the common patterns of alcohol consumption in the EU?

- Some 55 million adults are estimated to drink to harmful levels in the EU, 23 million of whom are considered to be addicted.
- Though overall alcohol consumption in the EU declined after reaching a peak in the mid-70s, Europe remains the heaviest drinking region in the world, with a yearly per capita consumption of 11 litres of pure alcohol, which is double the world average.
- The risk of becoming alcohol dependent is higher in less advantaged social groups, therefore contributing to health inequalities across society.

- The last 10 years have seen **sharp increases** in the numbers of **young people** with **hazardous drinking patterns**.
- Habits such as "binge drinking" (repeated heavy drinking, more than five alcohol units at a time, with the purpose of getting drunk) and under-age drinking (see box next page) put young people at particular risk from the dangers of alcohol abuse.
- With one in three adults across the EU saying they binge drink at least once a month, this harmful drinking pattern has become more widespread throughout Europe, especially in the new EU countries. According to a 2003 World Health Organisation (WHO) survey, over 38% of male drinkers in Poland and 30% of male drinkers in Hungary described themselves as weekly binge drinkers, compared to 24% in the UK and 8.5% in Spain.



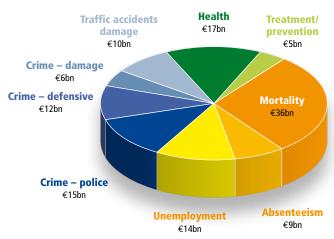
Key data on alcohol drinking habits of young Europeans

- One in four deaths among young men (aged 15-29) and one in 10 deaths among young women is due to harmful use of alcohol (often caused by road traffic accidents, homicide, violence and even liver disease).
- According to the WHO, weekly drinking by young people across the EU is reported by some 5% of 11-year olds, 12% of 13-year olds and 29% of 15-year olds.
- Over 90% of 15-16 year-old Europeans have drunk alcohol at some point in their life with the average age for getting drunk for the first time being 14 years.
- In 2003, around 23% of 15-16 year-old boys in the EU reported binge drinking at least three times in the previous 30 days, according to the European School Survey project on Alcohol and other Drugs (ESPAD).

What are the risks of excessive alcohol consumption?

- Alcohol consumption at harmful levels is estimated to be responsible for approximately 195 000 deaths each year in the EU as a result of cancer, liver cirrhosis, road traffic and other accidents, homicides, suicides and neuropsychiatric conditions.
- Harmful alcohol use is the third main cause of early death and illness in the EU, behind only tobacco and high blood pressure. It is directly responsible for some 60 diseases and health problems including lung diseases, breast cancer, mental and behavioural disorders, cardiovascular problems, foetal and reproductive disorders.
- Harmful use of alcohol can lead to serious negative social consequences, such as violence, hooliganism, crime, family problems and social exclusion. Between five and nine million children live in families with alcohol problems and alcohol is a factor in one in four murders and one in six suicides.
- Alcohol consumption during pregnancy can impair brain development in the foetus. In France, more than 700 children were born with Foetal Alcohol Syndrome in 2001 and more than 60 000 people are estimated to be living with this condition.
- Severe diseases, such as **liver cirrhosis** which is caused by long-term excessive drinking, are growing at an alarming rate and affect more young people than in the past. In England, there was a **tenfold increase** among women aged 35-44 dying from this disease from 22 women in 1970 to 228 in 2000.

The tangible cost of alcohol by component, 2003



Source: Report on Alcohol in Europe (Anderson and Baumberg), June 2006

Why is there a need for action at EU level?

- Harmful use of alcohol has a major public health impact and generates costs for health care, health insurance, law enforcement, public order and the workplace accounting to some 1.3% of GDP.
- Member States have called on the European Commission to define EU-wide action in a strategy on reducing alcohol-related harm to complement national policies.
- Reducing alcohol-related harm will increase the number of years people live in good health and contribute to the Lisbon Agenda objective of more Healthy Life Years for all.
- Some problems such as underage drinking or alcoholrelated road accidents are shared by all Member States. Therefore, cooperation and effective coordination between Member States is crucial for the exchange of information, knowledge and scientific expertise.



THE EU'S ACTIONS

What has the EU already done to reduce alcohol-related harm?

- In 2001, the Commission recommended measures to tackle drink driving, including an EU-wide Blood Alcohol Concentration (BAC) maximum limit. Special attention has been given to drink driving in the Road Safety Action Programme 2003-2008, with tighter controls of blood alcohol levels.
- The Council adopted in 2001 a **Recommendation on the drinking of alcohol by young people** to raise awareness about the impact of harmful use of alcohol, to educate young people about the risks of alcohol and to urge for action against the illegal sale of alcohol to under-age consumers.
- In the 2003-2008 Community Public Health Programme, several actions focus on drink-driving countermeasures and awareness-raising activities to combat alcohol-related harm.
- The Television without Frontiers Directive foresees restrictions to alcohol advertising. For instance, commercial messages specifically aimed at minors or depicting minors consuming alcohol are not allowed.
- In cooperation with the WHO, the EU is collecting comparable data for the surveillance of alcohol consumption and related social, economic and health indicators.
- The EU supports research into the causes of alcoholrelated diseases by funding R&D projects.

What are the main objectives of the EU strategy adopted in October 2006?

- In October 2006, the European Commission adopted a comprehensive strategy to support Member States in reducing alcohol-related harm in Europe. Five priority objectives for which Community action would bring added value to national policies have been identified. These are:
 - Protect young people, children and the unborn child.
 - Reduce injuries and deaths from alcohol-related road accidents.
 - Prevent alcohol-related harm among adults and reduce the negative impact on the work place.
 - Inform, educate and raise awareness on the impact of harmful and hazardous alcohol consumption, and on appropriate consumption patterns.
 - Develop and maintain a common evidence base at EU level.



This strategy will be put into practice through:

A Committee on National Policy and Action

The main objective of this group will be to further coordinate government-driven policies aimed at reducing alcohol-related harm at national and local level, building upon the examples of good practice identified in the Commission's Alcohol Strategy.

A European Alcohol and Health Forum

The creation of a European Alcohol and Health Forum is hoped to become one of the cornerstones in the work to reduce alcohol-related harm. Economic operators and nongovernmental organisations make up its members. The overall objective is to provide a common platform for all interested stakeholders at EU level that are willing to step up actions aimed at reducing alcohol harm, notably in the following areas:

- Strategies aiming to curb under-age drinking;
- Information and education programmes on the effect of harmful drinking and on responsible patterns of consumption;
- Possible development of efficient common approaches throughout the Community to provide adequate consumer information;
- Actions to better enforce age limits for selling and serving alcohol;
- Interventions promoting effective behavioural change among children and adolescents;
- Cooperation to promote responsibility in, and prevent irresponsible, commercial communication and sales.

The Forum was launched on 7 June 2007 and it will meet twice a year. Interested non-member organisations can follow the Forum's work through an annual "Open Forum." A Science Group will also be established to provide scientific advice and guidance.



EXAMPLES OF CONCRETE ACTIONS

Projects funded under the Public Health Programme 2003-2008

EUROCARE - Alcohol Policy Network in the Context of a Larger Europe: Bridging the Gap

Running from 2003-2006 and receiving €1.1 million in EU funding, this project aims to set up a European Alcohol Policy Network, enabling knowledge and expertise to be shared across Member States.

- http://ec.europa.eu/health/ph_projects/2003/action3/action3_ 2003_02_en.htm
- ELSA Enforcement of national Laws and Self-regulation on advertising and marketing of Alcohol

With €430 000 provided by the EU, this two-year initiative is designed to assess the enforcement of national laws and self-regulation on advertising and marketing of alcoholic beverages in European countries, focusing on young people.

- > http://ec.europa.eu/health/ph_projects/2004/action3/action3_ 2004_16_en.htm
- PHEPA: Primary Health Care European Project

The second phase of PHEPA was launched in 2006, bringing together public representatives from public authorities, NGOs and health professionals in order to develop a web-based resource centre, common clinical guidelines and training programmes which encourage short-term alcohol-related interventions by medical staff.

> http://www.phepa.net

Research on alcohol

- Genomics, mechanisms and treatment of addiction
 Receiving over €1 million under the EU's 6th Framework
 Research Programme and running for the period 20052009, this project aims to identify genes associated with
 addiction to nicotine, alcohol and illicit drug use.
 - http://cordis.europa.eu/fetch?CALLER=FP6_PROJ&ACTION=D &RCN=74034&DOC=1&CAT=PROJ&QUERY=1154962637227

European Prospective Investigation into Cancer, Chronic Diseases, Nutrition and Lifestyle

This study will determine the relationship between lifestyle and related metabolic characteristics and the cause and prevention of cancer, coronary heart disease and stroke.

- http://cordis.europa.eu/fetch?CALLER=FP6_PROJ&ACTION=D &RCN=75922&DOC=7&CAT=PROJ&QUERY=1155134093132
- DRUID: Driving under influence of drugs, alcohol and medicine

This two-year initiative began in January 2006 and brings together 21 European countries. Its goal is to tackle the problem of driving under the influence of drugs, alcohol and medicine by finding out more about their effects.

> http://cordis.europa.eu/eoi/dsp_details.cfm?ID=2638

FURTHER INFORMATION

- DG SANCO pages on Alcohol http://ec.europa.eu/health/ph_determinants/life_style/alcohol_en.htm
- The EU Public Health Portal http://health.europa.eu
- Community Public Health Programme 2003-2008 http://ec.europa.eu/health/ph_programme/programme_en.htm
- Television Without Frontiers Directive http://europa.eu.int/eur-lex/en/consleg/pdf/1989/en_1989L0552_do_001.pdf
- Commission Recommendation on maximum permitted blood alcohol content, January 2001 http://europa.eu.int/eur-lex/lex/Lex/UriServ/LexUriServ.do?uri=CELEX:32001H0115:EN:HTML
- Council Recommendation on the drinking of alcohol by young people, in particular children and adolescents, 2001 http://europa.eu/scadplus/leg/en/cha/c11564.htm
- European Commission Road Safety Action Programme 2003-2010 http://europa.eu/scadplus/leg/en/lvb/l24257.htm

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