

**This informal draft was prepared by the officials in  
DG SANCO for the discussions at the Working  
Group meeting**

## **DISCUSSION PAPER ON THE EU STRATEGY ON ALCOHOL**

**In the previous discussions on the EU alcohol strategy, the following areas have been identified as possible key areas. As regards aims and actions under these areas, opinions have differed considerably.**

**At our meeting, the first question to be discussed is whether those areas as well as aims and actions are relevant in reducing alcohol related harm.**

**Second question to be discussed is whether there exists sound and specific evidence on the importance of the following factors in reducing alcohol related harm.**

**The starting point is that the overall aim of the strategy is to protect European citizens from the health and social harm done by alcohol. At the same time the strategy should reflect the cultural complexity of alcohol consumption across Europe.**

### **1. DRINKING AND DRIVING**

#### **The case for action**

The Union has set a goal to halve the number of people killed on European roads from 40,000 people in the year 2000 to 20,000 people by the year 2010<sup>i</sup>. The risk of an alcohol related road traffic accident increases with the blood alcohol concentration of the driver<sup>ii</sup>. Drinking-driving countermeasures can be highly effective in preventing alcohol-related traffic accidents and injuries. The French enforcement campaign against drink-driving is reported to have reduced road deaths by 20%. It is estimated that full enforcement of drink-driving countermeasures in Europe would reduce male traffic deaths by nearly one-quarter<sup>iii</sup> and the disability due to alcohol from all causes by some 2-3%<sup>iv</sup>. The most effective measures emphasize deterrence rather than punishment.

#### **Aim**

- By the end of the year 2010, to achieve a substantial reduction in alcohol-related road fatalities and injuries.

## **Actions**

Council Recommendation on drink-driving countermeasures, which includes low blood alcohol concentration levels, unrestricted breath testing, high enforcement and treatment programs for repeat offenders. The Commission will challenge all Member States to support the Commission in this work.

A three year comprehensive “Europe against Drink-driving” mobilisation with the aim to support the implementation of the Council Recommendation. The Commission invites all Member States and Stakeholders to contribute adequately to the work.

**The Commission** will support the Member States and the Stakeholders by:

- Giving special attention to drink-driving in the revision of the Road Safety Action programme (2005);
- Presenting and promoting a tool kit of effective evidence based measures;
- Developing a standardized Community monitoring system; and
- Examining and considering if more targeted actions are needed for young and novice drivers under the age of 26 years.

**Member States** should contribute to the work by:

- Improving official statistics to establish a more accurate base for alcohol related road fatalities and injuries in Member States;
- Ensuring effective and timely enforcement of existing legislation; and
- Supporting research and projects on effective measures, including a range of new techniques, such as alcohol lock devices for high risk offenders.

**The beverage alcohol industry** should contribute to the work by:

- Supporting effective drink-driving countermeasures and demonstrating responsible business activities, especially by not serving alcohol to drivers and ensuring alternative transport programmes for drivers who do consume alcohol; and
- Contributing to a central and independently managed fund for “Europe against Drink-driving” mobilisation.

**The non-governmental organisations** should contribute to the work by:

- Mobilising and involving civil society to support drink-driving counter-measures and to monitor the implementation of the actions.

## 2. UNDER-AGE DRINKING

### The case for action

The use of alcohol and the harm that can be done by it, particularly the harm from binge drinking among young people, is of concern throughout all European countries<sup>v</sup>. The use of alcohol by children and adolescents is strongly encouraged by parental and community role models, suggesting that under-age drinking requires a range of strategies and cannot be tackled successfully in isolation from the wider society<sup>vi</sup>. Increasing the age of starting to drink reduces the risk of road traffic accidents<sup>vii</sup>, and in the longer term, the risk of becoming dependent on alcohol<sup>viii</sup>. The Recommendation of the Council of the European Union of 5 June 2001 proposed wide ranging measures to reduce the harm done by the drinking of alcohol by young people, in particular children and adolescents<sup>ix</sup>.

### Aim

Before the end of 2010:

- Reduce under-age drinking, especially by
  - a) Postponing the age at which children and adolescents start to drink alcohol, and
  - b) Reducing high risk drinking, such as binge drinking.

### Actions

A Council Recommendation on effective measures to reduce underage drinking, such as minimum alcohol purchasing age across Member States and effective enforcement, server liability, parental training and reduced exposure to marketing.

**The Commission** will support Member States and Stakeholders by:

- Inviting in 2005 all stakeholders to a high level round table discussion on evidence based effective means to reduce under-age drinking.

**Member States** should contribute to the work by:

- If not already in place, establishing a lowest minimum purchase age of 18 years in all Member States, preserving higher minimum purchase ages, where these are in place;
- Effective and timely enforcement of existing minimum purchase age limits and alcohol licensing regulations and rules;
- Introducing and ensuring the implementation of alcohol free settings such as in schools;
- Establishing effective pricing policies that have an impact on young people;

- Involving and providing training and awareness programmes for parents, social workers, teachers and young people to ensure that all understand their role in young people's drinking;
- Making use of evidence based prevention and promotion interventions; and
- Mobilising public support for prevention approaches with proven effectiveness.

**The beverage alcohol industry** should contribute to the work by:

- Complying with minimum alcohol purchasing age, through, for example, strict age controls and the provision of well trained cashiers, servers and bar staff.

**The Non-Governmental Organisations** should contribute to the work by:

- Involving civil society, especially youth organisations, to participate in and monitor implementation of existing laws and practices.

### **3. COMMERCIAL COMMUNICATION**

#### **The case for action**

There is evidence that alcohol marketing affects attitudes and behaviour, especially in the young<sup>x</sup>. In the United Kingdom, the correlations between advertising expenditure and alcohol consumption in 11- 15 year old children is very high.<sup>xi</sup> In the Council Recommendation on the drinking of alcohol by young people, producers and retailers were urged to enforce self-regulatory controls and agree on and implement standards for all forms of promotion, marketing and retailing of alcoholic beverages, irrespective of the medium used, and without prejudice to any existing national legislation or measure. Although self-regulatory rules are being developed by the alcohol industry throughout Member States<sup>xii</sup>, their implementation does not apply to all producers and retailers, and their enforcement often lacks sanctions and monitoring by independent bodies. Article 15 of the TV without Frontiers Directive<sup>xiii</sup>, which governs the content of alcohol advertising and teleshopping on TV through a series of codes of conducts, should be consistently implemented in all Member States.

#### **Aim**

Before the end of 2010:

- Reduce exposure of commercial communication to young people, in particular to children and adolescents; and
- Ensure that no commercial communication encourages excessive or harmful use of alcohol.

## **Actions**

Analyze the experiences of regulatory and self-regulatory mechanisms in the Member States.

Examine how the application of Article 15 of the Television without Frontiers' Directive could be more effective, for example in relation to volume, timing, context and placement of advertisements and how to increase the awareness of benefits to consumers.

Participate in a process of co-regulation, whereby self-regulatory approaches adopted by the beverage alcohol industry are monitored by an independent body.

Use research findings as the basis of measures to reduce commercial communication to young people.

**The Commission** will support Member States and Stakeholders by:

- Reviewing and strengthening the implementation of Article 15 of the TV Without Frontiers Directive; and
- Closely monitoring trends in alcohol commercial communication and their effects on alcohol-related harm, especially on young people, and considering if more targeted actions are needed.

**The Member States** should contribute to the work by:

- Better monitoring and enforcement of current national and EU statutory rules and regulations and self-regulatory mechanisms, including Article 15 of the TV Without Frontiers Directive;
- Taking actions to protect children and adolescents from commercial communications for alcohol; and
- Encouraging independent research about the effects of commercial communications in all their forms on drinking behaviour in both the short and long term.

**The Alcohol beverage industry** should contribute to the work by:

- In practice demonstrating that they are willing to act responsibly, and that all producers and retailers adhere to both the spirit and the letter of self-regulatory codes;
- Ceasing the production and marketing of products that are attractive to or target children and adolescents; and
- Endorsing the monitoring and enforcement of its own code of conduct through a body that is independent of the alcohol and advertising industries.

**The Non Governmental Organisations** should contribute to the work by:

- Setting targets for the regulation of commercial communications, monitoring and reporting on the marketing strategies of the alcohol industry, and on the enforcement of regulatory and self-regulatory mechanisms.

#### **4. CONSUMER INFORMATION**

##### **The case for action**

European consumers benefit from accurate and consistent information on alcohol in order to make informed choices. Labelling information to consumers on alcohol beverages and points of sale should be presented in a simple and understandable format. Labelling of ingredients on alcoholic beverages should be in line with the general labelling rules for food stuff.

##### **Aim**

Before the end of 2005:

- Improve consumer awareness of the risks connected with the consumption of alcoholic beverages;
- Provide information to consumers on ingredients and caloric value of alcoholic beverages;
- Have labelling information on alcoholic beverages to consumers according to general rules for labelling presented in a simple and understandable format.

##### **Actions**

Propose a common labelling of ingredients of alcoholic beverages in line with the general labelling rules for food. Such labelling should contain information on alcohol concentration (% by volume), alcohol content (grams of alcohol), calorific value and ingredients that might lead to allergies.

Assess the legal and practical feasibility to have health warning labels on alcoholic beverages and at point of sale, for example, describing the harmful effects of alcohol when driving or operating machinery, and during pregnancy or other appropriate messages.

**The Commission** will support Member States and Stakeholders by:

- Monitoring existing codes, practices and Member State legislation, and their effects; and
- Monitoring the views, knowledge and interpretation of consumers to labelling, health warnings and currently used terms and descriptors.

**The Member States** should contribute to the work by:

- Taking full use of their competences to provide better consumer information on ingredients, caloric value, alcohol content and the health and social effects of harmful alcohol use on alcoholic beverages and their marketing, and in special situations and settings to consumers.

**The Alcohol beverage industry** should contribute to the work by:

- Labelling alcoholic beverages with information on alcohol concentration (% by volume), alcohol content (grams of alcohol), calorific value and ingredients that might lead to allergies; and
- Submitting any educational type messages placed on alcoholic beverages to review by an independent government appointed public health body before placing them on the labels.

**The Non Governmental Organisations** should contribute to the work by:

- Monitoring existing practices and consumer views.

## **5. AVAILABILITY AND PRICE OF ALCOHOL**

### **The case for action**

Increasing the minimum age for purchasing alcohol reduces the harm done by alcohol in the affected ages<sup>xiv</sup>. Alcohol license enforcement, limiting hours and days of sale, server training, regulation and liability, coordination of public transport and closing times are all interventions that can reduce alcohol-related harm<sup>xv</sup>. Alcohol taxes can be an effective instrument of alcohol policy because they can be used both to generate direct revenue and to reduce a wide range of alcohol-related harm, also amongst younger and heavier drinkers<sup>xvi</sup>. The Community framework concerning excise duty on alcoholic beverages<sup>xvii</sup> is laid down in two Directives, one which lays down common definitions of the products subject to duty<sup>xviii</sup>, and one which lays down minimum rates of duty for each product category<sup>xix</sup>. Education and public information approaches can be used to mobilise public support for interventions and prevention approaches.

## **Aim**

Before the end of 2010:

- Control the availability of alcohol that leads to harmful use;
- Increase the minimum rates of excise duties in line with inflation, and contribute to a closer approximation of the rates of excise duty on alcoholic beverages in the Community; and
- Decrease smuggling and fraud related to cross border alcohol trade and transport.

## **Actions**

Invite the Council, the European Parliament and the European Economic and Social Committee to discuss the rates of excise duty applied to alcohol and alcoholic beverages, and travellers' allowances.

**The Commission** will support Member States by:

- Supporting exchange of the results of research and evidence based practice on how to reduce the harmful use of alcohol; and
- Assess the possibility to have a special rate of excise duty on specific alcoholic beverages that are proved to cause harmful consumption in particular among young people.

**The Member States** should contribute to the work by:

- Ensuring effective and timely enforcement of existing legislation;
- Taking action against irresponsible stakeholders; and
- Applying efficient and cost-effective measures to reduce alcohol-related harm.

**The alcohol beverages industry** should contribute to the work by:

- Supporting interventions taken at Member State level by promoting educational training programmes within the industry to improve awareness and skills in beverage server training and by developing industry policy to reduce the harm done by alcohol from sales of alcohol from on- and off-premises.

**The Non Governmental Organisations** should contribute to the work by:

- Promoting and mobilising civil society to obtain broad support for interventions to reduce harmful alcohol use.



## 6. PROTECTION OF THIRD PARTIES, ESPECIALLY FAMILIES AND CHILDREN

Alcohol, and particularly intoxication, can increase the risk of involvement in violence, including domestic and marital violence, sexual assault both outside and inside families, child abuse and homicide<sup>xx</sup>. Generally, the more adverse the violence, the more likely alcohol is to be involved; homicides are more likely to involve alcohol than violence that does not end in death<sup>xxi</sup>. Exposure to alcohol during pregnancy can impair brain development and be associated with intellectual deficits that become apparent later in childhood<sup>xxii</sup>. About one fifth of childhood deaths from road traffic accidents are due to someone else's drinking<sup>xxiii</sup>. There is increasing evidence to show that modifying the drinking environment can reduce the harmful consequences of intoxication.

### **Aim**

Before the end of 2010:

- Reduce alcohol-related violence, and in particular to families and children;
- Reduce the harm done to children from family alcohol problems;
- Reduce exposure to alcohol during pregnancy.

### **Actions**

Implement effective policies that reduce harmful drinking.

Collect and disseminate information about family alcohol problems, domestic violence and child abuse, and assess the economic and social costs of these problems.

Support exchange of best practice and data, especially to reduce exposure to alcohol during pregnancy and to support children in families with alcohol problems.

**The Commission** will support Member States and Stakeholders by:

- Encouraging the collection and dissemination of information and examples of evidence based practice to reduce alcohol-related violence, domestic violence and child abuse.

**The Member States** should contribute to the work by:

- Establishing systems of research and monitoring to obtain more complete and reliable information about the contribution of alcohol to domestic violence, family break-up, child neglect, mental disorder and other family problems;
- Ensuring that schools and other institutions and professionals having contact with children are provided with the education and training necessary to identify and support children from families with drinking problems; and
- Supporting alcohol preventive activities in settings like schools, workplaces and primary care, including providing advice and support to pregnant women with hazardous and harmful alcohol consumption.

**The beverage alcohol industry** should contribute to the work by:

- Implementing evidence based policies, practices and programmes in the hospitality sector, including bar design and server training, that reduce the extent of alcohol intoxication and dependence.

**The Non Governmental organisations** should contribute to the work by:

- Collecting and disseminating data to highlight the extent of alcohol related physical and psychological violence and what can be done to reduce it; and
- Bringing together and disseminating evidence based examples of preventive programmes to reduce the harm done by alcohol during pregnancy and the harm done to children by families with drinking problems.

## **7. EARLY INTERVENTIONS IN PROBLEM DRINKING**

### **The case for action**

Approximately 12% of European adults use alcohol at harmful levels, defined as 40g of alcohol or more per day for men and 20g of alcohol or more for women<sup>xxiv</sup>. Screening and brief advice programmes by a wide range of health care providers are highly effective and cost effective in reducing harmful alcohol consumption and premature death<sup>xxv</sup>. If one quarter of all adults with harmful alcohol consumption were offered such programmes, it has been estimated that 10% of all of the harm done by alcohol to health and its associated costs within the Union would be prevented<sup>xxvi</sup>. High quality and evidence based standards for implementing screening and brief intervention programmes need to be drawn up and implemented across Europe.

## **Aim**

Before the end of the year 2010:

- Promote the widespread implementation of brief advice programmes throughout the health care sector, and particularly in primary health care and accident and emergency departments.

## **Actions**

Ensure that training on brief interventions for hazardous and harmful alcohol consumption is incorporated into the routine education and postgraduate training of all health care providers.

Ensure that all people with hazardous and harmful alcohol consumption are identified and offered brief advice to reduce their consumption.

**The Commission** will support Member States and Stakeholders by:

- Identifying and disseminating examples of evidence based practice between Member States.

**The Member States** should contribute to the work by:

- Providing professional education and training and incentive mechanisms to ensure the widespread delivery of screening and brief intervention programme for hazardous and harmful alcohol consumption in all health care settings, but particularly in primary health care and accident and emergency departments.

**The beverage alcohol industry** should contribute to the work by:

- Providing screening and advice programmes for their employees who are at particular risk of harmful alcohol consumption and alcohol dependence, recognizing that it was one of the first industries to implement successful workplace programmes.

**The Non Governmental organisations** should contribute to the work by:

- Developing and disseminating protocols and standards of good practice.

## **8. EXCHANGE OF INFORMATION, DATA AND RESEARCH**

### **The case for action**

All actions to reduce the harm done by alcohol need a firm knowledge base. Research and information systems are crucial for the development and implementation of actions and should be strengthened. Research should anticipate future needs and challenges and identify the gaps in evidence where the knowledge base is insufficient, including the assessment of the cost-effectiveness of different individual actions and

in combination. All countries should develop, use and report on a common set of alcohol indicators to monitor the impact of implemented actions. Evidence can be translated into practical toolkits or guidelines to support implementation of actions to reduce the harm done by alcohol.

### **Aim**

Before the end of 2010:

- Present comparable data on alcohol consumption, the effects of alcohol and of alcohol policy measures.

### **Actions**

In cooperation with the WHO provide a “system” for the epidemiological surveillance of alcohol consumption and related social, economic and health indicators, for example by improving operational definitions of existing indicators in the “European Community Health Indicators (ECHI) short list”.

The alcohol surveillance programmes should be integrated into regional, national, and European health surveillance programmes so that data are comparable and can be analysed at the regional, country and European levels, as appropriate.

In cooperation with the WHO establish and maintain an updated database of laws and regulations on alcohol policy and, as appropriate, information about their enforcement, as well as pertinent jurisprudence, and cooperation in the development of programmes for regional, country and European alcohol policy.

Ensure that science is more accessible to policy-makers in the EU institutions.

**The Commission** will support Member States by:

- Implementing the European Community Health Indicators (ECHI) system at national level as a public database using a public web application;
- Providing opportunities for exchange of evidence based practice, comparable data, promotion of research and research programmes, surveillance, and exchange of information at Community level;
- Establishing a cross- section alcohol strategy follow-up group at Community level and provide forums for dialog with all involved partners;

- Establishing and maintaining a Europe wide system to regularly collect and disseminate information on alcohol production, manufacture, consumption, drinking patterns, social, economic and health indicators and the activities of the beverage alcohol industry which have an impact on alcohol policy activities; and
- Cooperating with other competent health bodies, such as the World Health Organization in the development of general guidelines and procedures to define the collection, analysis and dissemination of an agreed and common set of alcohol-related surveillance data.

**The Member States** should contribute to the work by:

- Initiating, promoting and encouraging transparent and independent research that addresses the determinants and consequences of alcohol consumption and the harm done by alcohol;
- Collecting and disseminating information on alcohol production, manufacture and activities of the beverage alcohol industry at country level as well as epidemiological surveillance of alcohol consumption and related social, economic and health indicators and laws and regulations;
- Promoting and strengthening training and support for all those engaged in alcohol policy activities, including research, implementation and evaluation; and
- Establishing mechanisms for exchange of alcohol surveillance information between regions and countries.

**The beverage alcohol industry** should contribute to the work by:

- Including in its shareholder reports information on how it has aimed at preventing and decreasing the harmful use of alcohol, and any infringements of existing laws, regulations and codes of practice that have occurred.

**The Non Governmental Organisations** should contribute to the work by:

- Translating the evidence base into easily understood policies and practices to reduce the harm done by alcohol and acting as a ‘watchdog’ for the implementation of such policies and practices; and
- Collecting and disseminating information and knowledge to mobilize civil society to support the implementation of evidence based policy.

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