

Alcohol



December 2006

Reducing alcohol-related harm across the EU

55 million adults are estimated to drink alcohol to harmful levels in the EU. 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 Members States' efforts** to address the adverse health effects of alcohol abuse, as well as the associated social and economic consequences. EU actions to **tackle alcohol abuse** and the harm it causes focus on under-age drinking, accidents, violence and disease.

CONTEXT AND NEED FOR EUROPEAN ACTION

How is "harmful use of alcohol" defined?

- Harmful or hazardous drinking is defined as a **pattern of drinking alcohol that causes damage to health**.
- Alcohol consumption is commonly measured in units: 1 unit is generally considered to be **8-9 grammes of pure alcohol** within an alcoholic beverage, equivalent to one glass of wine (10 cl) or two glasses of beer (25 cl).
- Drinking **more than 4 units a day for adult men** and **more than 2 units a day for adult women** is considered as **harmful** and is known to carry a progressive health risk.
- For **children and young adolescents**, there is **no proven safe limit** of alcohol consumption.

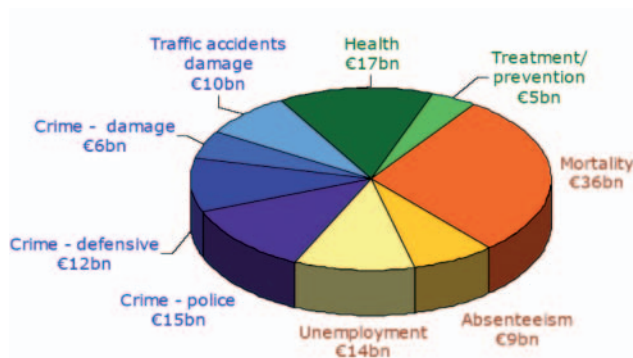
What are the risks of excessive alcohol consumption?

- 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.
- Alcohol abuse 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.
- Alcohol abuse can lead to **serious negative social consequences**, such as violence, hooliganism, crime, family problems and social exclusion. Between **5 and 9 million children** live in families with alcohol problems and alcohol is a factor in **1 in 4 murders** and 1 in 6 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.

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 (equivalent to 1400 small beers per person per year), 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 ten 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 5 alcohol units at a time, with the purpose of getting drunk) and **under-age drinking** (see box) 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 10 new EU countries. According to a 2003 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**.

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 are shared by all Member States, such as underage drinking or alcohol related road accidents. Therefore, cooperation and effective coordination between Member States is crucial for the exchange of **information, knowledge** and **scientific expertise**.

Key data on alcohol drinking habits of young Europeans

- 1 in 4 deaths** among **young men** (aged 15-29) and **1 in 10 deaths** among **young women** is due to alcohol abuse (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 3 times in the previous 30 days, according to European School Survey project on Alcohol and other Drugs (ESPAD).

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 World Health Organisation, 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 alcohol-related disease by funding R&D projects.



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

In October 2006, the EU 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:

- **Protecting young people, children and the unborn child**
- **Reducing injuries and deaths from alcohol-related road accidents**
- **Preventing alcohol-related harm among adults and its effects at the work place**
- **Informing, educating and raising awareness on the impact of alcohol and on appropriate drinking habits**
- **Developing and maintaining a common evidence base (comparable information on alcohol consumption) at EU level.**

This strategy will be put into practice through:

- Setting up an Alcohol and Health Forum – involving the drinks industry, NGOs and leading public health experts. Its job will be to look at ways in which the industry can perform voluntary actions to combat dangerous drinking.
- Working with the advertising and marketing industry on voluntary actions to promote responsible advertising and sales.
- Supporting Member States and stakeholders in a range of areas including the exchange of best practice on policies and measures used to tackle alcohol-related harm.

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 2-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 from 2005-2009, 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 kicked off in December 2005, with almost €1 million in EU funding. It 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 2-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/LexUriServ/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>

Copyright: European Communities, 2006
Reproduction is authorised, except for commercial purposes, provided the source is acknowledged.

Directorate-General for Health and Consumer Protection
European Commission – B-1049 Brussels
http://ec.europa.eu/dgs/health_consumer/index_en.htm

This document has been financed by the European Commission under a contract with the company Qwentex KANTOR. It is intended for information purposes only and does not constitute official guidance from the Commission on the interpretation of EU laws or policies.

ISBN: 92-79-03020-5