

EUROCARE RESPONSE TO WHO CONSULTATION ON WAYS OF REDUCING ALCOHOL RELATED HARM

Eurocare welcomes the initiative of the WHO in taking the lead in coordinating a global response to the multifaceted nature of widespread alcohol related harm.

In the European Union, alcohol is responsible for 12% of male and 2% of female premature death and disability, after accounting for health benefits. Young people shoulder a disproportionate amount of this burden, with around 25% of youth male mortality being due to alcohol. This makes alcohol the third highest risk factors for ill-health and early death in the EU.

Furthermore, alcohol is a major contributory factor in **injuries and accidents** in the EU; it is estimated that 1 in 3 of all road traffic deaths are caused by alcohol and 10,000 of these affect people other than the drink driver.

Alcohol is also a significant contributory factor in the incidence of **abuse and violence**; it is estimated that one in six cases of child abuse is related to alcohol, and that over 7 million children live in families adversely affected by alcohol.

Up to 2 in 5 cases of domestic violence inflicted in women is believed to be due to alcohol.

Alcohol also plays a role in the occurrence of **homicide**, and it is thought to be involved in two fifths of all murders.

In terms of **inequalities between countries**, alcohol plays a considerable role in the lowered life expectancy in the EU10 compared to the EU15, with the alcohol-attributable gap in crude death rates estimated at 90 (men) and 60 (women) per 100,000 population.

On the other hand, many of the conditions underlying **health inequalities within countries** are associated with alcohol, although the exact condition may vary (e.g. cirrhosis in France, violent deaths in Finland). Worse health in deprived areas also appears to be linked to alcohol, with research suggesting that directly alcohol-attributable mortality is higher in deprived areas beyond that which can be explained by individual-level inequalities

The cost of alcohol-attributable disease, injury and violence in the EU was estimated at €125 billion for 2003, equivalent to 1.3% of GDP. This cost is shouldered by society at large (although to a lesser extent in countries where excises duties are used as a social welfare tax).

Alcohol related harm is becoming an issue at global level, especially in developing countries. Therefore, Eurocare believes that there would be an added value in having a global alcohol strategy that provides guidelines and sets out policy priorities, and that supports Member States in preventing and reducing alcohol related harm.

Both the 'Framework for alcohol policy in the WHO European Region' and the 'EU Alcohol Strategy to support Member States in Reducing Alcohol Related Harm', have proven the need for, and benefit of coordinated action, and have provided impetus for action both at national and European level.

Question 1: What are your views on effective strategies to reduce alcohol-related harm?

Eurocare believes that all countries should have in place a coherent strategy to prevent and reduce alcohol related harm:

A comprehensive alcohol strategy should take into account public health considerations, be evidence based, and should overall be cost effective. It should:

- be underpinned by an integrated approach across relevant sectors and government departments at different levels (national, regional and local)
- assess the scale of the problem
- include targets/objectives and a structure for implementation and monitoring, including clear responsibility/accountability
- include a communication plan/strategy

Integrated strategies should consist of a mix of effective interventions ranging from primary prevention to treatment and rehabilitation.

Based on existing evidence, Eurocare believes the following areas for interventions should be included in all strategies:

- **Regulating the alcohol market: reducing affordability** (ie: the price of alcohol compared to other basic consumer goods in a given country) **and availability of alcohol to protect public health:**

Regulating the price of alcohol, and including a system of alcohol taxation where beverages are taxed proportionately to the alcoholic strength. The level of tax should at least be sufficient to cover the cost of dealing with alcohol problems. A proportion of alcohol taxes should be earmarked to fund programmes to reduce the harm done by alcohol. Evidence suggests that increases in the price of alcohol reduce the alcohol consumption of young people with a greater impact on more frequent and heavier drinkers.

Managing the availability of alcohol by regulating the supply and sale of alcohol can be achieved through a comprehensive system of licensing, underpinned by public health considerations. This should seek to restrict both the number and density of outlets (including supermarkets and general retail stores) change their location, and control the days and hours of opening.

Establishing a minimum drinking age law backed up with a range of severe penalties against sellers and distributors, such as withdrawal of license, or temporary and permanent closures. Such strategies are also more effective when backed up by community based prevention programmes.

- **Regulating alcohol marketing:**

Restricting alcohol promotion: prohibiting the use of direct or indirect incentives that encourage the purchase of alcohol products (such as sales promotions of alcoholic beverages, happy hours etc). Restrict the volume and content of commercial communications, with a particular emphasis on new media. Ban the sponsorship of cultural and sport events.

There is a need for consistent compliance with regulatory frameworks governing the whole supply chain from production to sale and covering all forms of marketing.

- **Drink-driving:** Blood Alcohol Concentration levels of maximum 0,5 g/l and 0,2 g/l for young and novice drivers and drivers of public services and heavy goods vehicles; intensive random breath testing; licence suspension for a minimum of 12 months, penalties proportionate to the seriousness of the offence and mandatory treatment programmes for repeat drink drivers.
- **Opportunistic screening and brief interventions in a variety of health care settings, ranging from primary health and maternity care** (with a special focus on injured patients emergency room settings).
- **Treatment and rehabilitation of individuals with alcohol problems:**
Timely specialised treatment should be made widely available for individuals with alcohol dependence.
- **Education and awareness raising:**
Mainly effective as a means to raise awareness of the problems caused by alcohol and prepare the ground for specific interventions and policy changes. Evidence shows that these elements should form part of an integrated strategy, but never used as stand alone measures to reduce alcohol related harm.

In addition to national and regional alcohol strategies, a global strategy would provide a common framework and a knowledge base for all WHO Member States. It will also give an opportunity to build sustainable structures for the participation of NGOs in reducing alcohol related harm.

A global strategy should be adaptable to the differing national, religious and cultural contexts, as well as to the diverging public health problems, needs and priorities. Finally, such a strategy on a global scale should seek to take into account discrepancies in resources, capacities and capabilities in the different Member States.

Question 2: From a global perspective, what are the best ways to reduce problems related to harmful use of alcohol?

Two of the main objectives of a global strategy should be to provide support to the WHO Member States and to increase awareness worldwide of the wide ranging impact of harmful and hazardous alcohol use on health, society and the economy, an impact which is particularly devastating in developing and least developed countries.

All WHO Member States should develop and implement their own comprehensive regional or national alcohol strategies. A considerable number of WHO Member States are currently lacking knowledge of the extent of alcohol related harm, as well as means needed to prevent and reduce this harm.

Furthermore, there are cross-border issues that require global action to support WHO member States, such as marketing, illegal sales and smuggling of alcoholic beverages. These have emerged as worldwide concerns, which need to be addressed by an overarching global framework for action.

Further, a cross national and international approach would allow the establishment of mechanisms for sharing country experiences and exchanging good practices.

One central task for the WHO will be to provide the knowledge base for WHO Member State actions, for example through the funding of new alcohol research and the development of a global monitoring and information system. Given its international role and profile, sustained global action of the WHO in the field of alcohol related harm, will provide the impetus for local, national, and international action in this field.

The WHO at both regional and global levels will have a key role to play in evaluating the progress made at global level.

Eurocare believes there is a need to embark on specific work on topic areas that include:

- Prevention of alcohol-related accidents and injuries
- Affordability and availability
- Social welfare and development
- Prevention of Foetal Alcohol Spectrum Disorders
- Brief interventions
- Managing illicit and smuggled alcohol
- Prevention of communicable diseases where alcohol is a risk factor
- Commercial communications

Areas in which the WHO can take the lead include:

- Strengthening evidence base at global level
- Ensuring adequate data collection
- Carrying out repeated and comparative surveys
- Further developing Global Burden of Disease study

- Supporting further research on reducing alcohol related-harm, alcohol's role in spreading of infectious diseases and its role in hindering social and economic development
- Support further research on Foetal Alcohol Spectrum Disorders (FASD); launch a comprehensive campaign aimed at the general public, as well as health professionals, raising awareness of risks associated to alcohol consumption for the unborn child and the developing brain (including among adolescents)
- Promote a Blood Alcohol Concentration level of maximum 0,5 g/l and 0,2 g/l for young and novice drivers and drivers of public services and heavy goods vehicles.

Question 3: In what ways can you or your organization contribute to reduce harmful use of alcohol?

Eurocare (The European Alcohol Policy Alliance) is a network of some 50 voluntary and non-governmental organisations working on the prevention and reduction of alcohol related harm across 20 countries in Europe.

Member organisations represent a diversity of views and cultural attitudes, and are involved in the different branches of alcohol work, including research and advocacy; education and training of voluntary and professional community care workers; provision of counselling services and residential support for problem drinkers, of workplace and school based programmes as well as the provision of information to the public.

The main objectives of Eurocare are to:

- Raise awareness among European, national and regional decision makers of the harms caused by alcohol (social, health and economic burden) ensuring that these are taken into consideration in all relevant EU policy discussions
- Bridge the gap between science and policy; promote the development and implementation of policies based on the best available science, aimed at effectively preventing and reducing this burden
- Mobilise civil society to promote alcohol policies which safeguard individuals, the family and society from the harm done by alcohol

Eurocare believes in the participation of civil society organizations without conflict of interests in alcohol policy development, as a counter-influence to the vested trade interests, which might otherwise dominate political decision-making.

Although Eurocare recognises that the Alcohol Industry (alcohol producers, distributors and retailers) has a responsibility to market their products according to laws and agreements of the Member States, it is strongly advisable that they do not have a role in deciding public health policies with respect to alcohol policy, which should be protected from commercial and other vested interests.

Through its geographically broad membership and network of experts, Eurocare could support the implementation of the strategy by:

- Advocating the implementation of evidence based alcohol policies to reduce alcohol related harm and promote coalition building to achieve alcohol policy objectives at both national and EU level.
- Mobilising civil society in supporting the implementation of the strategy.
- Providing independent monitoring of the implementation of the strategy at European level.

In addition, Eurocare could:

- Translate the evidence base into policy recommendations

- Be a one stop resource for European information and analysis on alcohol and alcohol policy. This information (ie: news, fact sheets and policy papers etc) can be widely disseminated through our website, newsletter, and events and conferences
- Host a data base of EC funded projects in its website