

## **Eurocare recommendations for effective action to reduce the burden of alcohol problems**

Ms. Tiziana Codenotti, Vice Chairman, Eurocare

Eurocare welcomes the Strategy and will continue to support the Commission in the implementation of the Strategy. To have a European Strategy on Alcohol was one of Eurocare's main goals since its foundation. The Strategy puts alcohol high in the EU political agenda and constitutes an explicit recognition of the fact that alcohol-related harm is very widespread and pervasive, and significantly affects people other than the drinker himself.

Since this is a Commission's strategy, we believe that there is a need for an impact assessment of other DG's policies and decisions on alcohol policy and health.

Although we are very pleased that the Strategy has finally seen the light, this does not prevent us from seeing some of its shortcomings. We regret to see that the Strategy makes a few concessions to the industry which simply reflects the fact that the EU is still more of a common market and an economic Union rather than a political union. We believe that the industry, should of course be heard, but we should not forget that there are some fundamental differences between the industry's objectives and the objective of a health policy on alcohol.

We are also a bit concerned about the lack of plans for harmonized legislation. Trade agreements and the Internal Market rules have increased the difficulty of maintaining effective alcohol policies at the national level for example when it comes to advertising and marketing practices, drink driving or cross border trade. Here there is thus a need for concerted action at EU level.

As regards the Alcohol and Health Forum, we think it would be important to involve other DGs such as agriculture, internal market and taxation in order to raise awareness among the Commission officials about the harm done by alcohol so that they realise why alcohol cannot be treated as an ordinary commodity. There should also be a group of independent experts, appointed by the Commission, who can provide assistance and guidance throughout the process as well as figures and facts. We are also concerned about the number of meetings per year and the administrative burden of the 'commitment' system, which will drain the already quite scarce human and financial resources of the NGO members. We therefore believe that the number of meetings should be strictly limited to avoid draining Commission and NGO resources and time. Experience from the EU Diet Platform has also shown that industry plays a very active role in relation to the Platform – using it to promote their initiatives, gain access to senior policy-makers and gather legitimacy for their activities. They have extensively used the logo of the Platform for their own events, in their marketing information and in the media.

Eurocare welcomes the five priority themes and the 11 aims set out in the strategy.

1<sup>st</sup> priority theme: Protect young people, children and the unborn child

We are pleased to see that one of the aims is to reduce the harm suffered by children in families with alcohol problems. Back in 1998, Eurocare together with COFACE<sup>1</sup> prepared a report

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<sup>1</sup> Confederation of Family Organisations in the EU <http://www.coface-eu.org/>

“[Alcohol Problems in the Family](#)” . One of the findings of that study was that at least seven million children in the EU15 live in families wrecked by alcohol.

We are also pleased to see that reducing the number of children affected by Foetal Alcohol Disorders is another of the aims.

I would also like to add that youth binge drinking is exacerbated not only by the continued availability but also by the increased spending power of young people, which makes alcohol relatively cheaper.

We support the use of increased taxes on products particularly attractive to young people and the restrictions on sale, availability and marketing. Both measures are mentioned in the strategy as examples of good practice.

With regards to the implementation of life-skills teaching programmes in reducing binge drinking, we suggest there is no evidence to support the widespread implementation of these programmes - as their effectiveness has yet to be proven. A variety of educational approaches have been used in an attempt to reduce the harm done by alcohol, and the evidence shows that whilst the provision of information and persuasion to reduce alcohol related harm might seem appealing, particularly in relation to younger people, it is unlikely to achieve sustained behavioural change

2<sup>nd</sup> Priority theme: Reduce Injuries and deaths form alcohol-related road traffic accidents

We would like to emphasise the importance of frequent random breath testing in reducing alcohol-related injuries and fatalities.

Also the establishment of a maximum blood-alcohol level (BAL) and the introduction of zero or 0.2g/l BAC for young and novice drivers have proven effective in reducing drink-driving deaths.

There are other measures such as the BOB campaigns (designated driver campaigns) that have shown to be not effective in reducing drinking and driving.<sup>2</sup>

Eurocare’s recommendation to reduce drink-driving accidents: Strict enforcement combined with active awareness raising.

4<sup>th</sup> Inform, educate and raise awareness on the impact of harmful and hazardous alcohol consumption and on appropriate consumption patters

We regret to see the strong emphasis on education, information activities and campaigns as effective policies in reducing the harm done by alcohol throughout all the text of the strategy as the result of the undue influence of the Industry.

The evidence is much stronger on regulation including taxes, restrictions on availability and restrictions on the marketing of alcohol.

With this we don’t mean that that education and information should not be delivered, everybody has the right to be informed of the harms cause by alcohol.

However, education should not be seen as the only and simple answer to reduce alcohol-related harm. Education programmes should not be implemented in isolation as an alcohol policy measure

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<sup>2</sup> See Eurocare’s report on Drinking and Driving in Europe (2003) <http://www.eurocare.org/pdf/papers/drinkdriving.pdf>

or with the sole purpose of reducing the harm done by alcohol but rather, as a measure to reinforce awareness of the problems created by alcohol and to prepare the ground for specific interventions

Also very important is that the information to the public has to be complete and impartial. So we believe the Industry should not be involved in providing education and information.

The right of all people to valid impartial information and education on the consequences of alcohol consumption on health, the family and society was recognized in the [European Charter on Alcohol](#)<sup>3</sup>, signed more than 10 years ago in Paris by the Member States of the European Region of the WHO. And we still experiencing incomplete and partial (biased) information. There is still a lot of work to do in this area. Still there is a lot a false information about the health benefits of alcohol consumption.

5<sup>th</sup> Priority Theme: Develop, support and maintain a common evidence base

We fully support the need for a European monitoring system on alcohol, similar in function and funding to the European drugs monitoring system (EMCDDA) and the need for further studies to evaluate the effectiveness of actions and interventions, as proposed in this Communication.

How can Eurocare support the implementation of the European Alcohol Strategy

1. Bringing in the NGO/civil society element without which no public health strategy on alcohol is likely to succeed
2. Helping in raising public and political awareness of these issues across Europe (Bridging the Gap, Building Capacity and earlier Eurocare projects, such as the workplace projects in Italy and Portugal)

Eurocare can

- contribute through its network and the ongoing and future projects;
- provide good practice and know how
- take full part in the policy process at EU level to develop the dossier further

I am very happy that the Commissioner said that the strategy was just a first step and I am sure that Eurocare's members will work hard towards the implementation of the strategy.

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<sup>3</sup> See <http://www.euro.who.int/document/E57528.pdf>