An Alcohol Strategy for Europe

Seminar in the European Parliament (Brussels)
Wednesday 31 January 2007

Seminar Report

Key aspects of the EU strategy to support Member States in reducing alcohol related harm

Keynote speaker: Commissioner Markos Kyprianou, DG Health

Please note that the official recording of the seminar did not start until the next point.
The seminar was opened by the socialist MEP Anna Hedh who highlighted the importance of having a strategy.
Mr Kyprainou took up that point and started by speaking about the numerous difficulties encountered during the process of approval of the Strategy and how there were some elements of the Industry…

(Here starts the official recording) …. Trying to discredit the initiative just by commenting on something that we were not planning to do. For the first time in my political life, and I have been in politics for sometime, I had to defend myself against something I was not planning to do anyway and the having to explain why didn't I do something I that I was not planning to do in the first place. It was kind of a surreal situation, but at the end of the day, we all learned from these experiences and I believe in the motto "what does not kill you makes you stronger"; in this sense, I believe this experience all made us stronger.

I know that some would have liked this proposal to go further, whilst some say it has gone a bit too far, but the fact is that this is the first strategy, the first initiative at European level seeking to deal with alcohol related harm; it should be viewed as a first step in the right direction. This strategy, in my opinion, follows a pragmatic approach, which can be revised, and rectified, should the situation not improve. Something we have to make clear from the beginning is that we are not dealing with alcohol as a product; rather, our central concern is that of alcohol related harm. This can be understood as abuse of the product, both in terms of excessive consumption, or consumption in inappropriate circumstances (during pregnancy, before driving, or in any other situation where alcohol consumption can lead to harm). I will not elaborate on these issues; more details and statistics can be found in the strategy.

We know that alcohol is a serious health determinant in the EU and that we have serious problems of alcohol abuse in the EU; but since other speakers will discuss these issues in more detail, I would

like to focus on the politics of this. In my mind one of the greatest achievements of having the strategy adopted is the acknowledgement, in effect, of the existence of alcohol related harm, the acknowledgement that there is a problem. In order to find solutions to a problem you first have to acknowledge the existence of it. I believe that, through this strategy, this has been officially and formally accepted by everyone and so it has the fact that it is in the EU's interest to deal with this harm.

One of the criticisms made to us was that the European Commission and the EU should not get involved, in the sense that responsibility to deal with this issue lies with Member States rather than there being an overarching European interest. This argument was rejected both by the Commission and the Council, who last December, endorsed the strategy proposed by the Commission. The approval by these two Institutions was a recognition of the fact that this is not just an issue of internal market (although it is true that many of the issues that touch upon alcohol affect internal market issues as well) and of the fact that DG SANCO has the clear remit, dealing with health in the EU, to promote strategies in this area. In my view, this strategy represents a milestone. Maybe some of you here would have wanted the strategy to be more ambitious, and include more concrete proposals; but we should not ignore the significance of this strategy, the first to deal with alcohol related harm at Community level, which, among other things, creates political pressure on those Member States that were not willing to take action in this area to do so.

I can assure you that if you look at the detail of the strategy, you will see that everything that matters, all the issues of concern, are included in the proposal. There was a consensus from the beginning that there was no intention at this point to proceed with binding legislation (in the areas where the EU is competent).
All the issues that are important, and have to be discussed and reflected upon by Member States and that can become action or strategies of Member States, are included in the strategy. There may have been amendments in the wording of these, or alterations in the presentation, but more importantly, the 'substance' is there. All the important issues, even the more controversial ones, are included within this strategy, which testifies of the overarching European interest in this area.

This is a first strategy, a first step to form a common approach at European level. But this is also a pragmatic strategy; given the difficulties of legislating at EU level, this is a tentative approach to attempt to deal with the pressing problem of alcohol related harm. This approach consists of, in effect, the implementation of guidelines and voluntary commitments on the part of the Member States; an exchange of best practices (the importance of such an initiative should not be underestimated) and the collection of data and information on which we can base further actions; and finally, voluntary codes of conduct and self-regulation for the alcohol industry. The exchange of best practices among Member States is very important as it seems that throughout the EU, Member States individually are taking action to combat certain aspects of alcohol related harm. It is important to make sure that Member States communicate among themselves, and coordinate actions, learning from each other experiences, both in terms of positive and effective measures and actions, as well as less successful ones.

As mentioned before, this is the first step, and if this approach does not deliver certain results, we may have to review our initial approach, and make more binding proposals. As you may have realised, I have not been reading the speech I had prepared; you have experts speaking to you today about the harm done by alcohol, and you are all familiar with the debates surrounding these issues,

so I thought it would be more interesting to present the politics behind the strategy as well as outline our views and visions.

The Communication singles out five priority areas.

- **The protection of young people, children and the unborn child**

The main priority of the strategy are young people, by which I mean not only young people as consumers but also children; we want to protect the unborn child from the mother's alcohol consumption during pregnancy as well as protect children living in families with alcohol problems.

- **Reduce injuries and death from alcohol-related road accidents**

The toll of road accidents and deaths from alcohol related road accidents have taken dramatic dimensions all over Europe.

- **Prevent alcohol-related harm among adults and reduce the negative impact on the workplace**

- **Inform, educate and raise awareness on the impact of harmful and hazardous alcohol consumption, and on appropriate consumption patterns**

We will be targeting the sales of alcohol to underage people and want to promote responsible retailing; establishments have a social responsibility not to serve alcohol to intoxicated customers. But all of these measures will only become effective if we manage to raise the level of awareness and educate consumers, which is why this strand of the strategy is so important.

- **Develop and maintain a common evidence base at EU level**

Evidently, we cannot achieve this alone, and in terms of the implementation of the strategy, we are very much relying on continued support from the NGOs. But of course, we also need the commitment of other stakeholders: the alcohol industry, the retailers, the advertising industry, the media and many more stakeholders; all need to be part of the solution – since they are part of the problem, after all, and have already expressed their willingness to work with us.

In an attempt to bring everybody together we are setting up the Alcohol and Health forum, which is modeled on the Obesity Platform. We are working hard to make it possible for the first meeting of the Forum to take place in June. The forum will be provide a platform for all stakeholders, and we will make sure that all express commitments to contribute to solving the growing problem of alcohol related harm.

We will also be relying on the work done by Member States in the implementation of the strategy, as well as the support from other European Institutions in this process.

The Council has already unanimously welcomed the Strategy and the European Parliament, the Committee of the Regions and the Economic and Social Committee are presently preparing their reports on the Communication.

The rest of the stakeholders as well as the NGOs form a very important element, not only in order to balance the presence and participation of the industry in this forum, but also because they work more closely with citizens and consumers; this means that many of the actions will be better implemented with the help and the assistance of the NGOs.

A very important issue is that of alcohol marketing and advertising; we are still considering whether there will be a separate working group that will deal with this issue or if it is to be tackled within the framework of the Forum. This issue is very tricky and in fact, more complicated than that of the targeting of advertising of "junk food" to children. In the case of "junk food", adverts clearly directed at children can be controlled. But in the case of alcohol advertising the problem is that young people drink to mimic the behaviour of adults, and therefore there exist no cartoons advertising whisky or vodka. In this sense, the issue of the increasing sophistication of the marketing of alcohol products may require a separate, dedicated working group

It is very important that excessive alcohol consumption and drunkenness are not "glorified" in the advertisements or in films, as we know that this is one of the factors influencing the behaviour of young people. There is an increasing trend towards binge drinking among young people all over Europe. This is not only a problem occurring in northern European countries though; Spain for example has a serious problem of youth binge drinking and this is spreading to other countries as well. For once, we should take timely preventative action in the EU, rather than simply adopting a reactive approach to the problem. In my opinion, the film industry also has a role to play at the heart of this debate, and we will try and work with various organizations within this field.

I will stop here. I am looking forward to receiving the report of the Parliament on this issue, which is a very important one for us. It is vital that we have the three Institutions on board: The Commission adopted the proposal, the Council endorsed it and I hope the Parliament will take a similar approach, following which, we will able to fully proceed with its implementation. I am also encouraged by some individual resolutions that refer to this issue in different contexts.

I am quite optimistic that now that the work has started, we will be able to deliver results; if this does not work, we will come back with more binding proposals.

But I hope that everyone has received the message, everyone has accepted the message and everybody will be committed to deliver and achieve the expected results and outcomes.

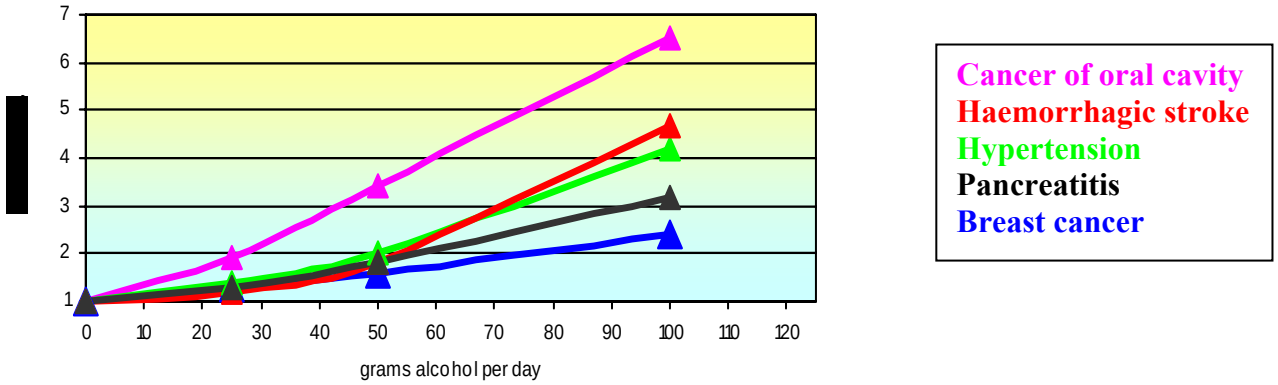
Thank you very much for you attention.

The Impact of Alcohol In Europe

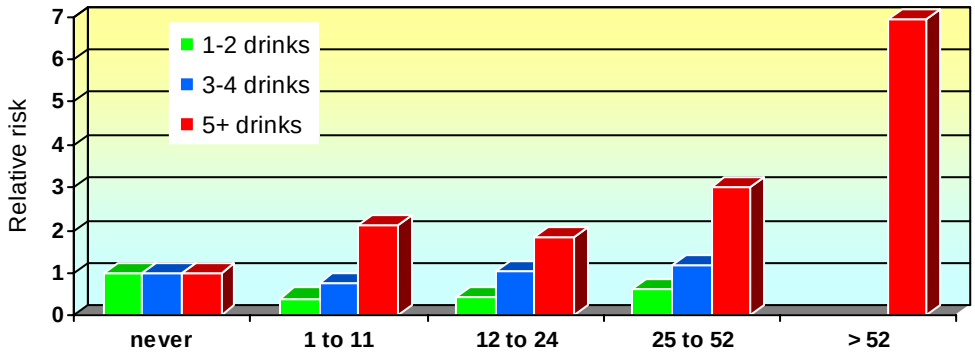
Peter Anderson MD, PhD, MPH

Five facts about alcohol:

1. **Alcohol is a toxic substance**. Alcohol is a toxin that can harm almost any system or organ of the body. There is clear scientific evidence that at least 60 different acute and chronic medical disorders are related or caused by alcohol consumption. There is wide individual variation in the toxic effects of consuming a given amount of alcohol so it is difficult to predict how anyone individually may react to a given amount of alcohol but in general, there is no threshold below which consumption can be regarded as entirely risk free.
   This is illustrated by the graphic below that looks at the relative risk of a number of conditions in relation to grams of alcohol consumed a day on average (where 10 grams is a glass of wine). For all of these conditions and in fact for all conditions related to alcohol the risk increases with increasing alcohol consumption.

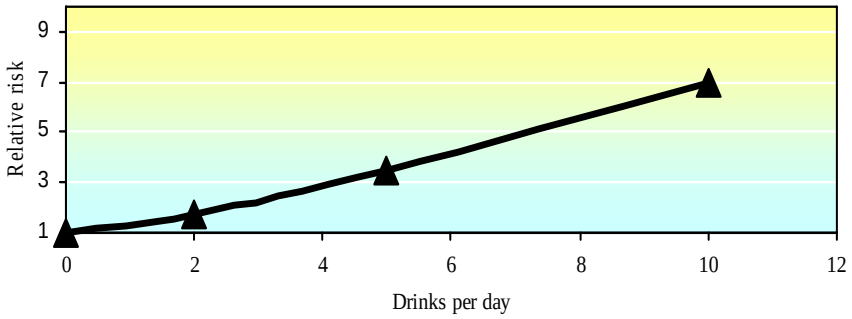


Alcohol also increases the risk of accidents and injuries. The graphic below is taken from a Finnish study that looks at the relative risk of dying from an accident or injury in relation to both, the frequency of drinking per year (which is along the horizontal axis) and within each frequency, how often someone drinks beer, the amount they usually drink on a single occasion. Both, how frequently people drink and the amount they drink on any one of their drinking occasions, the more they drink, the greater is the risk of dying of a fatal accident or injury.



2. **Alcohol produces dependence.** Alcohol produces a state of dependence, depression of the Central Nervous System and stimulation, ill effects, and the liability for abuse. This for alcohol is similar to all other drugs of dependence, including heroin, cocaine, amphetamines and so on. And again with no means of identifying whether or not an individual is at risk, or not at risk, of becoming dependent, although the evidence shows that in general the more a person drinks the more that person is at risk of becoming dependent.

   The date below has been taken from a very large American study that shows the risk of being dependent in relation to the number of drinks per day. And some people, even at low levels of alcohol consumption, are at great risk of still getting dependent on alcohol.



3. **Alcohol is an important health determinant in Europe.** Each year, alcohol causes in Europe 17,000 deaths from road traffic accidents (1 in 3 of all road traffic fatalities); 27,000 deaths from other accidents; 10,000 suicides (1 in 6 of all suicides); 45,000 deaths from liver cirrhosis; 50,000 cancer deaths, of which 11,000 are female breast cancer deaths; 17,000 deaths due to neuropsychiatric conditions, and some 200,000 episodes of depression. In fact is the young who pay the brunt of this alcohol related harm; **28% of all male deaths at age 15-29 years are due to alcohol and some 11% of all deaths occurring to women between the ages of 15 and 29 years are due to alcohol.**

4. **Alcohol harms people other than the drinker.** Each year, alcohol causes: Some 50% of all violent crime that occurs to people; Some 40% of all domestic violence; 4 in 10 of all murders; 10,000 deaths in drink-driving accidents for people other than the drink-driver (so another passenger or a pedestrian); 60,000 underweight births; it is estimated that alcohol is

responsible in Europe for some 16% of all child abuse and neglect; and somewhere in a range of between 5 and 9 million children living in families adversely affected by alcohol. One interesting fact about harm to others than the drinker, is that in northern Europe homicide's rate is some 18 million per year, in central Europe is 10 million and in southern Europe is 14 million. The proportion of the homicides that are due to alcohol is: one half northern Europe, 55% in central Europe and over 61% in southern Europe.

5. **In economic terms, alcohol does not pay its way.** The estimate for the overall social cost of alcohol in Europe is some 125 billion euros each year (about the same as the social cost of tobacco). This is at least 3 times what is estimated to be the value of the alcohol industry in Europe, 5 times what is the tax revenue intake for governments and some 14 times the trade balance (= exports of alcohol outside the EU minus the imports). If we look at wine, we see an even greater distortion in the figures: the social cost of wine is estimated to be some 42 billion euros, that is 5 times the value of the wine industry, 20 times the trade balance for wine in europe and we have to remember that the Common market organisation subsidises the wine industry with about 1.5 billion euros each year. Taking into account this subsidies the social cost of wine is about 80 times what could be the trade balance of wine in Europe.

Five actions to reduce the harm done by alcohol 5 (this is not an exhaustive list)

1. **Maintain the relative price of alcohol.** Between 1990 and 2006 alcohol in England l has become relatively 40 % cheaper. And when we look at alcohol consumption , we can see that this has gone in parallel with the affordability of alcohol. This is clear in every country, as the price of alcohol goes up, people tend to drink less and when the price comes down people tend to drink more. So the price is very important. Price makes a difference to people's consumption. It is also interesting to see that in England as consumption has changed, admissions to hospitals for mental and behavioural disorders due to alcohol has nearly doubled over the same time period and so have alcohol related deaths. Increases in alcohol taxes have shown to reduce a very wide range of harms. Increased tax rates have a greater impact on; Younger drinkers, heavier drinkers and poorer drinkers. Another way of affecting young people consumption is to have a very targeted tax, for example on drinks that are most popular among young people (see the case of Germany and taxes on alcopops).

2. **Manage the availability of alcohol.** If you make alcohol more available consumption goes up and harm goes up.
3. **Lower blood alcohol levels for driving, with high visibility testing.** Evidence shows that when the number of roadside breath tests carried out per year go up the number of casualties from road accidents involving illegal blood alcohol levels go down. Very sound scientific evidence shows that in order to have a real impact in terms of reducing drink driving, people need to be stopped regularly and tested with a breath meter whether or not they have alcohol in them. Drivers have to have the feeling that they are going to be stopped. Another important measure is to lower the Blood Alcohol Concentration (BAC) levels for driving.

   There are some measures that DO NOT work:

   -Designated Driver Campaigns (Bob Campaign)- someone is designated not to drink and to drive the rest home- . There has been quite a lot of scientific research on the impact of

these designated driver schemes and there is no evidence or so ever that they reduce drink driving accidents and fatalities. Until there is evidence available that they do have an impact it would not be appropriate to go on invest large sums of money in these campaigns.

4. **Restructure advertising regulation to manage both content and volume of advertisements.** There is considerable evidence that the content of advertisements alters beliefs, attitudes, and expectancies about alcohol amongst young people. Young people are drawn particularly to elements of music, popular characters and humor in advertisement. Young people who like advertisements believe that:
   positive consequences of drinking are more likely
   their peers drink more frequently
   their peers approve more of drinking

   And these beliefs interact to produce greater likelihood of drinking, or of intention to drink in the near future
   The second important fact about advertisement is that there is good evidence that the volume of advertisements increases
   - The likelihood of young people starting to drink
   - The amount that they drink

   For example there was study carried out in Belgium with secondary school children that showed that more exposure to television viewing and to music videos in 2003 were both independently associated with more alcohol consumed whilst going out in the following year.

   There have been a number of American studies, one that shows that amongst non-drinkers, exposure to in-store beer displays predicted drinking onset in the next two years. And amongst drinkers, exposure to alcohol ads in magazines or beer stands at sports or music events predicted greater frequency of drinking two years later.

   A study in Los Angeles showed that those 11-12 year old, who watched 60% more alcohol advertisements on TV than the average, one year later, were also more likely to have used beer, spirits or wine and more likely to have 3 or more drinks on one occasion.

   These results for alcohol are rather unsurprising, since, there is accepted scientific evidence that advertising increases the likelihood of starting to smoke and influences food choices amongst young children. Why alcohol should be any different from this?.

   Self-regulation and Co-regulation: There is no scientific evidence whatsoever that tests the effectiveness of self-regulation or shows that it works, but there is considerable documentation and experience that shows that it does not work. The alcohol and adverting industries argue powerfully that they should be responsible for self-regulating themselves, but from the scientific point of view but there has been no documented evidence that this is a system that actually works in terms of protecting young people but there is considerable experience and documentation that there are many advertisements that break codes and certainly are not within the spirit of what should be an acceptable advertisement for young people.

Martini advertisement, shows the importance of humor and is an example of what young people like (it was quoted as their favorite by the majority of young people intrerviewd on the Netherlands).

In the new Member States a lot of work needs to be done to bring the standard of advertisements to what is an acceptable level.

It is important to note that European case law supports statutory and effective regulation of both, the content and volume of alcohol advertisements. The Loi Evin (in France) establishes that no sponsorship by the alcohol industry is permitted. This law was taken to the European Court because it was held to be illegal by prohibiting the retransmission of sporting events from one country to another because in France you can not have advertising around the field of sports events and then show that in TV. The ruling from the Court said that it is in fact undeniable that advertising acts as an encouragement to consumption and the French rules on TV advertising are appropriate to ensure their aim of protecting public health and they do not go beyond what is necessary to achieve such an objective.

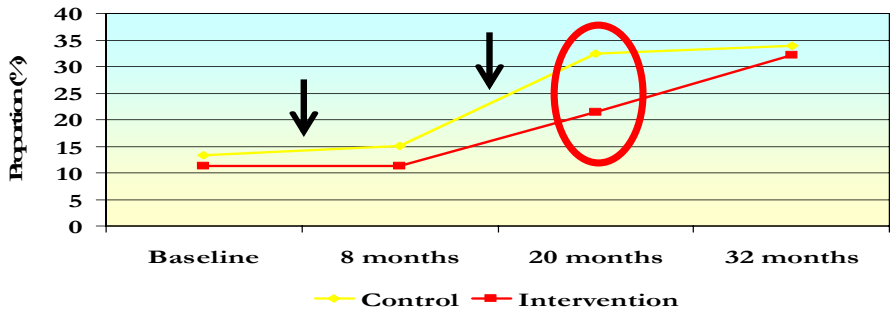
5. **Re-invest money on educational campaigns that make a difference.** There have been may studies that have looked at the impact of prevention programmes, particularly among young people, involving school education.

   Below are the results of one of the best accepted reviews of the impact of educational programmes in the short, medium and long term in changing young's people behaviour with regards to alcohol. The authors of this review were unable to find one study that was effective across all of the outcome indicators that they looked at in terms of young's people drinking. They did find quite a lot of studies that were effective in one area but not the other, they found lot of studies that have no effect at all in terms of changing young's people behavior and even a small number of studies that had a negative impact and made things worse. School based education aimed to reduce alcohol related harm is not an effective intervention to reduce alcohol related harm; although there is evidence of positive effects on increased knowledge about alcohol and in improved attitudes, there is no evidence for a sustained effect on behaviour. 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 in an environment in which many competing messages are received in the form of marketing and social norms supporting drinking, and in which alcohol is readily available.

Follow-up:	Partially effective	In-effective	"Negative" effect
Short-term (≤ 1 year)	14	23	3
Medium-term (1-3 years)	13	19	2

Long-term (over 3 years)	3	6	0

A good example of a well-designed study is the School Health and Alcohol Harm Reduction Project (SHAHRP study) from Australia, which aimed to reduce alcohol-related harm in secondary school students. The study found that the intervention group (which received eight to ten 40 to 60 minute lessons on skill-based activities to minimize harm at age 13 years, and twelve further skills based activities delivered over 5-7 weeks at age 14 years) consumed significantly less alcohol at 8-month follow-up (31% difference), and were less likely to consume to risky levels (26% difference), by 17 months after the intervention, the total amount of alcohol consumed by intervention and comparison groups had lessened to a 9% difference and the difference in risky drinking to 4%.



The impact of 2 education sessions [↓] on binge drinking in 13-15 year olds

In conclusion: Educational programmes should not be implemented in isolation as an alcohol policy measure 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 and policy changes. So if a country wants to introduce a new drink driving legislation on warning labels on bottles for pregnant women, this is the time when education can make a difference by sensitising the population to these laws.

WHO[1] initiatives to reduce alcohol related harm

Dag Rekve – World Health Organization, Geneva

From 1990, the WHO together with the World Bank and the Harvard School of Medicine, conducted The Global Burden of Disease Study, which measured the weight of the different diseases in the global disease burden and the different risk factors contribution to the global level of disease, disability and death.

When in 2002, the World Health Report came out presenting the global and regional estimates of the burden of disease caused by 25 risk factors, it came as a shock for many people to see that alcohol was responsible for 4% of disease burden and 3.2% of all deaths globally, and that alcohol was the foremost risk to health in low-mortality developing countries and the third in developed countries.

Note: The possible positive effects of alcohol on coronary diseases are subtracted in the mentioned figures. If they had not, most probably alcohol would have surpassed tobacco at the global level.

Alarmed by the extent of public health problems associated with harmful consumption of alcohol, the World Health Assembly issued in 2005 a resolution on health problems caused by harmful use of alcohol stating the need to address this issue in a much more thorough way on the global level.

Activities following the WHA resolution:

- Progress report on public-health problems caused by harmful use of alcohol [pdf 76kb] WHO Consultative Meeting on Alcohol and Public Health (7-9 June 2005)
- Open consultations with representatives of alcohol industry, agricultural and trade sectors (8 March 2006)

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[1] Introductory note about the World Health Organisation:

The World Health Organization is the United Nations specialized agency for health.

The **World Health Assembly** (WHA) is its supreme decision-making body. It meets in Geneva in May each year, and is attended by delegations from all 193 Member States to approve the WHO programme and to decide major policy questions.

The **Executive Board** is composed of 34 representatives from the WHO Member States that are technically qualified in the field of health. The main Board meeting, at which the agenda for the forthcoming Health Assembly is agreed upon and resolutions for forwarding to the Health Assembly are adopted, is held in January, with a second shorter meeting in May, immediately after the Health Assembly, for more administrative matters. The main functions of the Board are to give effect to the decisions and policies of the Health Assembly, to advise it and generally to facilitate its work.

Most of the decisions taken in the framework of the WHO are taken by consensus and are not binding.

WHO Member States are grouped into **six regions**. Each region has a regional office with their respective directors and their own political life.

- Meeting with representatives of nongovernmental organizations and professional associations (24-25 April 2006)
- WHO is seeking views and opinions of stakeholders on health problems related to alcohol consumption (deadline 15 September 2006)
- Meeting with stakeholders on health problems related to alcohol consumption (9 October 2006)
- 1st WHO Expert Committee[2] on Problems Related to Alcohol Consumption (10-13 October 2006) – this is the highest scientific body of the WHO. They will produce a report this year on the range of public health problems attributable to alcohol consumption as well as scientific and empirical evidence of effectiveness of different policies and interventions to reduce alcohol-related harm.

On Monday this week the Executive Board (see footnote 1) has decided that Alcohol will be discussed again this year in the WHA in May this year.

Also the Regions of the WHO are starting to place a higher emphasis on alcohol:
- The western pacific, South East Asia and Eastern Mediterranean have placed the alcohol issue high on the agenda, and have a resolution and a technical paper, strategies etc.

- The **European Region**: long standing focus on alcohol, came up with a new framework on alcohol policy in 2005 (http://www.euro.who.int/document/e88335.pdf) which has already been agreed on by the Ministers of Health.

Challenges the WHO faces when dealing with alcohol-related problems:

- How can we protect abstention as a possible choice?: The three main determinants behind the burden of disease attributable to alcohol consumption are: the overall consumption, the drinking patterns and the levels of abstention. At present, 50% of the world population are abstainers. However, these rates of abstention are likely to decline with increasing affluence (there is a strong link between wealth and alcohol consumption). How to protect abstinence as a possible choice is one of the biggest challenges at global level. This is not that much of a problem for the European Region, where levels of consumption could not increase any more (except in some southern and eastern countries where the levels of abstention among women are quite high).

- Cultural sensitivities: Of course there are cultural connotations attached to alcohol consumption but there are also some things that are universal and should not be culturally sensitive ; for example the victim of a drunk driver does not really care whether he got drunk by drinking a very good Bordeaux or if he drunk unrecorded alcohol. Some things are universal and should not be culturally sensitive; other things are cultural sensitive, and we need to look at how we can reduce alcohol

[2] An expert committee is an international group of experts that provides WHO with the latest scientific and technical advice on a broad range of medical and public health subjects. Members of such expert groups are all drawn from the expert advisory panels and serve in their personal capacities rather than as representatives of governments or other bodies. Their views do not necessarily reflect the decisions or the stated policy of WHO. Membership of an expert committee lasts only for the duration of the meeting.

related problems in a culturally feasible way. Besides, cultural sensitivity is a two way approach: How can we protect countries that want to keep restrictive alcohol policies because of these cultural sensitivities? This is a very difficult issue in a world where the tendency is to free trade and liberalization.

-Positive health and social effects of alcohol consumption sometimes blur the picture and make it difficult for us to look at how we can reduce the harmful effects of alcohol.
We know alcohol is a means to satisfy certain human needs and what we should ask ourselves is whether these needs have to be satisfied with alcohol. We need to have a frank and open discussion about this.

Equity is an extremely important issue in that equation : who gets the benefits and who gets the harm?

- The role of the industry: Given that alcohol is a legal commodity and at the same time a psychoactive and dependence-producing substance, what should be the role of the industry in the formulation and implementation of alcohol policies, given that they have a commercial interest. This is still under discussion.
There are some guidelines in the Framework for the European Region of the WHO

- Try to find a way in which the local, regional, national and global levels can reinforce each other in a positive way, so we can reduce alcohol-related harm globally, which will affect us in our daily life.

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.

1st 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[3] prepared a report

[3] **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

2nd 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. [4]

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

4th 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.

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[4] See Eurocare's report on Drinking and Driving in Europe (2003) http://www.eurocare.org/pdf/papers/drinkdriving.pdf

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 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[5], 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.

5th 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.

[5] See http://www.euro.who.int/document/E57528.pdf

Is the industry really willing to cooperate to curb underage drinking? - Marketing of alcohol to young people

Ms. Monique Kuunders. Policy Adviser. National Foundation for Alcohol Prevention. STAP. The Netherlands.

The alcohol Industry is primarily a marketing industry.

The fact is a lot of alcohol marketing is appealing to young people; in order to limit the impact of alcohol marketing on young people we need to cut down the increasingly large volume of it that is appealing to young people.

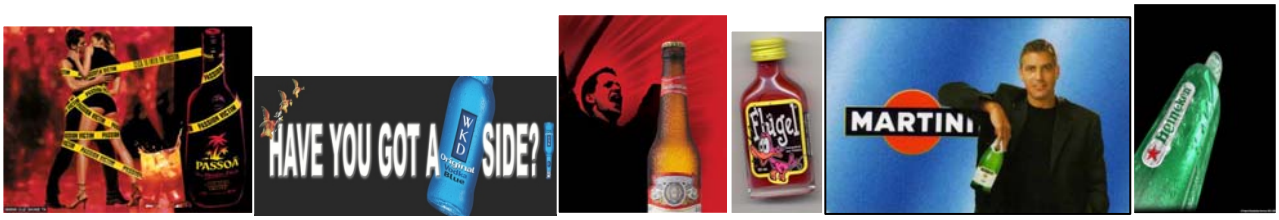
A quote from the 2005 annual report of Heineken reads “in 2005 we increased our spending in innovation and marketing in order to reinforce our brand portfolio and to address declining beer consumption in western countries”. Ultimately, the alcohol industry goal is to increase their profits by selling their product and designing appealing and effective alcohol marketing strategies is a means to do this.

Analyzing alcohol advertisements and the messages they contain, it is evident that these ads are quite simply funny and nice. They do not say anything but suggest and build an image around drinking and the alcoholic drinks. The advertisements are more about portrayals of lifestyles, motivations, aspirations and coolness, and less about the product.

Some examples of alcohol advertising that are appealing to young people: Heineken commercial. Most of the 200 15-year-old we interviewed in the Netherlands, mentioned this advert as their favourite, and yet, it does not show anyone drinking.

However, our concern should not simply be the very explicit, extreme and sexually arousing messages, but the ever increasing volume of commercial communications.

Here are some examples of **products** targeted to young adults; the problem is that young teenagers want to be adults and they look up at adults and at the products used by young adults.



Examples of **events sponsored** by alcohol brands include sport events, concerts, parties, etc. Sponsorship and advertising have in fact become indistinguishable. The prime purpose of sponsorship, like advertising, is to promote the all important brand images that are used to appeal to young drinkers. Events and programmes are chosen first and foremost for their potential in this area. Careful consumer research is carried out to examine the image of particular programmes or sports and the most appropriate and influential ones are then selected.

Sponsorship is particularly well suited to the communication of brand imagery, in the sense that it is more hidden, enabling covert or "subliminal" messages to be conveyed. This is easily used to sidestep controls on advertising, as well as being cheaper method, which is potentially less exposed to criticism.

Here are some examples of **merchandising products** that show the extent to which alcohol brands have become more than a just product. What about having your own Martini pool, Heineken key-ring, Bacardi-belly button ring or Bacardi mobile phone cover and accessories ….

An example of a website which promotes the beer tender for all-time beer access from your kitchen and you can practice online pouring a beer.

Here are some examples of websites of brands that are very popular among young people and that contain many playful elements.

www.bacardi.nl
- Cocktail recipes
- Learn salsa (footsteps on screen)

www.grolsch.nl
- collect 'music miles'
- bar game; bar empire game; big beer quiz …..

www.malibu.nl
- Jam session

www.heineken.nl
- Clone a girl (and if you have a webcam and a can of beer you can also clone it)

On these websites there aren't many references to the alcoholic beverage itself.

If the impact of alcohol marketing can be so worrying, to what ends are these appealing promotions designed ?

Most of the marketing practices are targeted to young adults (18 to 25 years old) because they are the biggest drinkers. Research shows how brand allegiance rises strongly during teenage years, that is why creating brand allegiance among young people and children is an investment that the industry is sure to cash in on later. Advertising to teenagers is, in effect an investment in future customers.

Alcohol advertisers often promote their products to young adults and not to teenagers, which is forbidden. The problem however is that teenagers look up to young adults and they are attracted to products for young adults. So even if they advertise to young adults, teenagers are likely to be attracted to these products as well.
And that is why even if alcohol advertisers do not target young people, their products and advertising will be very appealing to young people.

There is regulation, like the Television Without Frontiers, to protect consumers, specifically minors. The TV Without Frontiers Directive as well as many of the codes and regulations

establishes that alcohol advertising should not suggest that consumption of alcohol contributes to social or sexual success.

However, regulation does not prevent the huge amount of very appealing alcohol promotion that associates alcohol with coolness, party, fun….

This is partly because the existing regulation prohibits explicit messages about alcohol consumption; however, as you have just seen, most promotions of alcoholic beverages do not send out explicit messages about alcohol, but rather, convey a message about ‘lifestyle’ or use the means of humour promote the product.

On the other hand, these regulations do not prevent alcohol marketing from being everywhere and broadcast around the clock. There are many countries that do not have time bans on advertising. And the result is that, for example, in the Netherlands, almost half of alcohol television commercials are broadcast before 9 p.m. and therefore reach a young audience.

So in order to limit the impact of alcohol advertising to young people you need to reduce the exposure of young people to alcohol advertising by introducing time limitations.

Content restrictions are not proven to be effective. But if content is restricted it should be very clear how. A good example is the Loi Evin in France, where alcohol advertising is restricted to product information only.

Personal Testimony: The lives behind the statistics

Ms. Diane Black, adoptive mother of three children with fetal alcohol syndrome, mother of a child killed by a drunk driver, sister to an alcoholic man.

I guess I am invited here today to tell you about my family. About my family and how we have been affected by alcohol. I am going to tell you three stories, really. Parts of my stories happened in the US, as I grew up there, and parts here in Europe, where I have lived for over eighteen years. Two of my stories have a sad ending, and the third one--well I'm not sure yet how it's going to end.

First I want to tell you about my brother. When I was a little girl, I really looked up to him. He was big and strong and knew everything. He could read hard books and he could open jars when the lids were on tight and he knew how to spell the hard words and explained to me that "ren-dez-vus" was really pronounced "ron-day-voo." He wasn't afraid of anything: he would kill spiders in my room and when we went fishing, he put the worms on the fishhooks for me.

Somewhere during high school, he started doing drugs. Those were the hippie years, and all the kids in the honors club, the smart kids, were taking LSD and smoking marijuana. Well, it didn't take them very long to figure out that alcohol was cheap, more-or-less legal, and easy-to-come-by. Over the years, my brother drank more and more. He dropped out of college, was in a mental hospital for a while, then got a job at the post office. He basically worked for 8 hours, then came home and drank till he passed out, and then usually got up in time for work again. Over the years, he was in and out of trouble, apparently with some alcohol treatment, sometimes in prison, and sometimes living on the street or in a Salvation Army center. He didn't have much contact with anybody in the family. Sometimes he would call, drunk, at 3 o'clock in the morning and talk endlessly around in circles.

Finally, he lost his job while he was lying in intensive care for gastric bleeding. When he got out of the hospital, the union helped him sue successfully to get his job back, which he, of course, lost again within a few months. He withdrew his retirement fund of about 30 thousand dollars and went across the country to move in with a drunk friend who lived with his mother, and this friend said his mother wouldn't mind. Well, she did mind. So my brother ended up living in cheap hotels and living it up with prostitutes until his money ran out. He went to a shooting range, rented a rifle, put the end of the barrel into his mouth, and pulled the trigger.

We had his body cremated and spread his ashes on the banks of the Potomac River in a place he used to love.

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My next story overlaps my first in time. It is about my son. When I was about 19, I got pregnant and married in that order. I enjoyed being pregnant. The birth naturally wasn't so much fun, but I had the most beautiful baby boy in the world. One time in the grocery store, a nice old man asked me if that was my child. When I confirmed that indeed it was my son, he said to me that if I have such beautiful babies, I should have at least five!

He grew up happy and healthy. Naturally there were a few bumps along the way, like the day when he was five years old when he played gas station with the garden hose and my car. Or when I remember how angry he was at me when he found out that Santa Claus wasn't real: he was furious that I had 'lied' to him. That took a lot of explaining on my part! My son was brilliantly intelligent, and won numerous awards and honors as he went through school. He was so annoyed because he got 'only' a 790 out of 800 on his SAT, the American college entrance exam, and he planned to do it over to get a perfect score.

The day after his 19th birthday, while on a bicycle tour in the countryside, on a beautiful sunny afternoon, he was hit by a drunk driver, a young man who had sat the whole morning in the bar drinking strong beer. The driver was racing at 100 km/hour in the village, over a hill where he could not see ahead of him. My son was just laughing at a joke with his friend, when the car hit him, he was thrown onto the hood of the car, and then slid into the ditch by the road. His friend screamed, a neighbor ran to get the doctor, but his heart stopped beating within minutes.

My son was dead, my future was dead. I wanted to run out into the street and throw myself under a car so I could go to join him. This was 14 years ago. I have found other purposes in life, but I still look forward to dying, so that I can be with my son again.

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My last story comes up to the present. Almost 11 years ago, my husband and I adopted 3 children. The oldest was three years old, the twins were 16 months. We knew their mother was an alcohol addict, but had no idea that alcohol can have such severe effects on the unborn.

The oldest child was hyperactive, unpredictable, and dangerous. He spent the days zooming back and forth in the living room screaming or climbing the curtains or throwing all his legos out the window by handfuls. He might be standing nicely on the sidewalk next to me, and when a truck came down the road, suddenly run out right in front of it. When he was about five, the twins used to have little round blue marks on their throats. I would ask the twins, "How did that happen? Did you fall on a stick?" but they couldn't tell me. Then one day I saw how it happened. The oldest dragged his little brother out of my sight and, telling him, "I am going to teach you a lesson!" he strangled him with his thumbs in his brother's throat.

As a baby, my daughter used to wake up screaming in the night up to seven times, and she could not be comforted. I found out years later that she had hallucinations. She remembered as a baby seeing monsters in her bed, and seeing her room change into a gymnasium. Her twin brother was off in his own little world, either crying or giggling with his eyes rolled up to the ceiling.

I did not know then that prenatal alcohol exposure damages the body and brain so heavily. In particular the prefrontal cortex is often heavily damaged, destroying executive control, that is the ability to exercise self-control, to foresee the consequences of actions, and conscience. Researchers now estimate that 1-3 children per thousand in the western world are born with full Fetal Alcohol Syndrome, and that probably 1 in a hundred have some learning or behavioral disorders without having all the characteristics of the full syndrome. For most of these children, the role of prenatal alcohol exposure is never recognized. They receive diagnoses of ADHD, autism or PDD-NOS, or are just labelled as unmanageable, violent, without a conscience. They face a future with high risk of alcoholism, broken relationships, unemployment, mental illness, and criminality, and nobody will ever realize that the underlying cause was brain damage due to prenatal alcohol exposure.

My kids are now 14, 12, and 12. With much work and constant support and supervision, the twins are doing well. My daughter is a champion rider in her small village riding school, and her twin brother is a valued player in a village soccer team. They are two years behind their age level in school, which is alright, because in any case they are very small for their age. My oldest has just started middle school. This means he has to travel by bike and bus, and is away from home all day long. This is also an age when Dutch young people are already regularly getting drunk, very worrisome, because due to his prenatal alcohol exposure, my son is at high risk of alcohol addiction. I am not sure, I think he has started experimenting with alcohol. In any case, he is becoming uncontrollable and angry. On New Year's Eve, we watched a movie together, as is our custom. Then we had fondue for a late supper, and shot off fireworks at midnight. About quarter to one, we sent the kids to bed, watched a National Geographic show about the beavers, then we locked up all the doors and went to bed ourselves. At 3:30, the doorbell rang insistently. My husband went down in his pajamas to answer the door while I paused to grab my robe. Just as I came down the stairs I heard an angry voice saying, "Your son.....!" I said, "But he is lying in his bed!" but as I came a step further down, whom did I see standing there with his arm tightly gripped by an angry neighbor lady! It turns out that he had waited till we were asleep, unlocked the doors and slipped out to meet a "friend," and together they had thrown firecrackers through the mail slot into the lady's house. Apparently the reason for doing so was that some kids said "she was weird." She had awoken to the noise and her hall full of smoke. This was one day after we had read in the newspaper how some boys burned a house down by doing just that, and my son had angelically said how awful that was and that he would never do such a thing.

I guess I was invited to tell these stories to remind us that all the statistics and reports are about real people, about real tragedies. You all know about alcohol addiction and drunk driving, I hope I have been able to give you an insight into the spectrum of harm caused by prenatal alcohol exposure.