

Alcohol and Health Forum
Fourth Plenary Meeting, Wednesday 11 March 2009, Brussels

Agenda

1. Welcome by Chair and approval of the Agenda
2. Task Forces on Youth Related Aspects of Alcohol
3. Task Force on Commercial Communications
4. Future Work of Task Forces
5. RAND Report on Affordability of Alcoholic Beverages
6. Updates on National Committee on Data Collection
7. Science Group Report on Impact of Marketing
8. Exchange of Information regarding Commitments
9. Open Forum, 30th April 2009

Attached Annexes

- Final Report Task Force on Youth Related Aspects of Alcohol
- Mapping Report on Social Marketing
- Mapping Report on Targeting/ Not targeting Youth
- Mapping Report on Self Regulation
- Joint Letter HOTREC and Eurocommerce to Robert Madelin
- Letter from Robert Madelin to HOTREC and Eurocommerce
- RAND Report: Understanding the Links between alcohol affordability and three types of harms
- Science Group Report on the impact of advertising on young people's alcohol consumption

Plenary Report

- 1. Welcome by Robert Madelin**
- 2. Approval of Agenda**

3. Task Force Youth related Aspects of Alcohol

Micheal Hubel, Chair of Task Force, presented the work of the Group to date.

The final report of the Task Force (see annexe) includes the following set of recommendations to the Forum.

- **Youth involvement**

Much of the discussions in the Task Force focused on the importance of involving young people in the design, implementation and evaluation of all activities which specifically target young people. **The Task Force strongly recommends that youth involvement at all stages of interventions should be**

promoted, and that more creative ways of bringing about this involvement, including in the commitments made by Forum members, should be considered. Beyond the framework of the Forum, formal consultation exercises of young people, such as the one carried out by the Irish Government, are considered as good practice, which other Member States may wish to examine for the further development of alcohol policy targeting young people [summary report](#).

- **Protecting young people from the consequences of alcohol abuse by others**

The Task Force underlines that harm suffered by children because of irresponsible alcohol use in their environment is an extremely important issue. **Action to address this will need to be pursued particularly at Member State level.**

- The Chair also presented the final draft **Concept Paper for the Clearing House**

The Task Force clearly identified the need for an **inventory of existing activities and projects** aimed at reducing alcohol-related harm among young people, including basic information on key characteristics of the intervention, on monitoring and evaluation, and on the results achieved.

In response to this need, and as a means of fostering sustained actions, the Task Force suggests the creation of a "Clearing House" as an information point on activities and projects related to alcohol and health. The scheme, in which information regarding the effectiveness and evaluation of projects would be available in an easily accessible format, would be open to contributions from all interested organisations and agencies working on alcohol and young people. The information collected would be available on a public website, linked to the EU Health Portal.

A first implementation level of the Clearing House would be **the establishment of a European on-line database in which information on projects and good practice is collected.** The European Commission will ensure the financial support to launch the database and conduct a first evaluation.

The draft Concept Paper of the Clearing House is included as an Annexe.

The following issues were raised by Eurocare:

- **Criteria for selection of projects and practices:** these will need to be clearly defined by the Steering Group, which will be composed of Members of the Forum, and Science Group- the nomination of this Group should be done in a transparent way, the selected criteria must be approved by the Forum.
- **Dissemination and Outreach:** the Chair of the Task Force has stressed the need for active involvement of the Forum members (and TF members in particular) in order to make the database a success. A Communication Strategy should give some guidelines and practical advice for both outreach and dissemination.
- **Translation of Projects:** Language will evidently be a barrier to both collecting projects, as well as disseminating good practice; will the Commission services provide translation of summary projects in order to gain a broader geographical representation of projects?
- **Name:** It was felt that the anglo-saxon concept of the "Clearing House" was perhaps misleading and unclear; suggestions included : Alcohol and Youth Projects Policy Hub.

4. Task Force on Commercial Communications

The Chair of the Task Force, Robert Madelin, presented the work of the task Force to date.

As part of this Task Force, the Institute of Social Marketing were commissioned to write three background papers:

- Mapping Report on Social Marketing
- Mapping Report on Self Regulation
- Mapping Report on Targeting/ Not Targeting Youth
- In addition, it should be noted that the first task given to the Science Group (to examine the impact of advertising on alcohol consumption among young people), was a direct outcome of debates taking place within this group.
- Robert Madelin reiterated the "DG Sanco Working Hypothesis" that "alcohol related harm is multifactorial but the marketing of alcoholic beverages has an impact on alcohol consumption".
- The Task Force will continue; the next meeting is scheduled for November 2009.

5. Future Work of Task Forces

The Task Force on Youth will be replaced by a new working group but the Commercial Communications Task Force will continue.

- HOTREC and Eurocommerce have opposed the idea of a Task Force around the topic of "Consumer Education" (See annexes).
- Eurocare suggestions for Task Force are: Labelling; Point of Sale Education Measures (server training, unit information, etc).

6. The Affordability of Alcohol Beverages in the European Union: Presentation by RAND and Discussion

The report " Understanding the Links between alcohol affordability, consumption and harms in the EU" was commissioned by DG Sanco to RAND Europe, and independent public policy think tank. The full report is included as an Annexe.

1. Scope of the study:

- Review of previous research in this field
- Econometric analysis
 - Link between alcohol affordability and consumption
 - Link between alcohol consumption and harms
- Three country case studies in cross country alcohol consumption
- **Discussion: Affordability as a policy lever to reduce alcohol consumption and harms**

2. Main findings:

Alcohol Taxation

- Great variability in the excise duty rates in alcoholic beverages across the EU
- But some decreases in the real value of excise duties in most MS
- Minimum excise duty rates not changed since 1992, a 25% reduction in their real value
- "Over – shifting" in how tax changes passed on to consumers in the EU

Alcohol Retail

- Evidence of growing off-trade alcohol sales
- Off trade alcohol tends to be cheaper
- Concerns that cheaper off trade alcohol are linked with higher and more harmful consumption

Alcohol affordability has gone up in most EU countries

- Affordability is a function of relative price and disposable income
- Affordability of alcohol has increased in all countries since 1996, apart from Italy – although to different extents
- **Across the EU, 84% in the change in affordability can be attributed to changes in disposable income; 16% to changes in prices.**

Positive relationship between alcohol affordability and consumption

- RAND find statistically significant association between affordability and consumption
 - 1% increase in affordability is associated with a 0.22% increase in consumption in the short term
- The long run elasticity is even higher: 0.32%
- This is consistent with existing research

Positive relationship between alcohol consumption and three measures of harm

- RAND find statistically significant, positive relationships between consumption and fatal traffic accidents, traffic injuries and liver cirrhosis
- A 1% increase in consumption is associated with:
 - 0.86% in fatal traffic accidents
 - 0.61 % 61 increase in traffic injuries
 - 0.37% in chronic liver cirrhosis
- This is consistent with existing research
- RAND do not find a statistically significant association between alcohol consumption and homicide at the aggregate level

Cross Border Alcohol consumption

- RAND looked at selected borders with significant tax differentials
- Alcohol purchased abroad can be a significant proportion of all alcohol consumed
- Current regulation on cross-border alcohol purchases infringe on fiscal basis and autonomy of *importing* country
 - Tax decreases
 - Revenue loss

- Evidence of link between cross border alcohol consumption and harms more robust in Finland; less so for Sweden and very limited for the UK.
- Only three case studies, but nearly 30 land borders across the EU!

Policy Implications

- **Pricing Policy can be effective in reducing alcohol harms**
- **But not widely used to reduce harm in the EU**
- **Still much scope for making pricing policy that contributes to alcohol- harm reduction**
- **But alcohol consumption is a multi factorial issue**
 - **So what is the optimal policy mix to reduce alcohol related harms?**

Various

7. Reporting from the Committee on Data Collection, Indicators and Definitions

Pieter de Connick, DG Sanco , gave an overview of the work of the Committee so far; the first meeting took place on 4th December 2008 in Luxembourg. The meeting report can be found [here](#).

1. Objectives

The Committee was set up as an independent structure to the Forum, in order:

- To discuss reliable, comparable, and regularly updated data on alcohol consumption (volume and pattern of consumption and alcohol related health harm, and (if possible)
- To identify one key indicator within each category: volume of alcohol consumption; pattern of alcohol consumption; alcohol related *health* harm.

2. Composition

DG Sanco convenes the Committee composed of Commission Services, WHO, ESPAD, EMCDDA and other relevant partners.

3. First Meeting

Included Commission Services (including Eurostat and EMCDDA) and the following experts:

- Peter Anderson (Public Health Consultant)
- Alexandra Fleischmann (WHO)
- Bjorn Hibell (ESPAD)
- Lars Moller (WHO)
- Jurgen Rehm (Centre for Addiction and Mental Health, Canada)
- Maria Renstrom (Ministry of Health and Social Affairs, Sweden)

4. Discussion

- Structures approach: for each category the experts looked at:
 - suggested indicator and definition (eg: "binge drinking' problematic..)

- suggested source
- existing indicators / data

5. **Conclusions**

Volume of Alcohol Consumption

- **Indicator:** total adult per capita consumption of alcohol
- **Definition:** total (recorded and unrecorded) adult (15 years plus) per capital consumption of pure alcohol in litres. [Possible sub indicators for recorded consumption: beer, wine and spirits].
- **Source:** production and sales , export/import data, based on official data, producer data and surveys.
- **Existing indicators/ data:**
 - **WHO:** Adult per capita consumption of pure alcohol per litre, available in Global Information System on Alcohol and Health.
 - **ECHI:** litres of pure alcohol consumed per person per year, based on trade and production data, published in ECHI shortlist (Sanco Website).

Patterns of Consumption

- **Indicator:** binge drinking
- **Definition:** intake of 60 grams or more on one occasion, monthly or more often, during the past 12 months
- **Source:** European Health Interview Survey
- **Existing Indicators/ Data:**
 - **WHO:** heavy episodic drinking and patterns of drinking score (would need definition)
 - **ECHI:** hazardous alcohol consumption

Alcohol related health harms

- **Indicator:** alcohol attributable years of life lost (YLLs)
- **Definition:** sum of all years of life lost prematurely attributable to alcohol based on standard methodology of WHO/GBD).

Possible sub indicators:

- Alcohol attributable YLLs from chronic disease
- Alcohol attributable YYLs from injury

1. **Existing indicators/data:**

- **WHO:** eg: standardised death rates from selected causes of death (COD), data from WHO Mortality Database or WHI Health for All Database
- **ECHI;** alcohol related deaths, e.g: collected from national COD registries, ICD-10 classification, EUROSTAT shortlist of 65 death causes

Conclusions

- **Next to agreement on key indicators:**

- **Brief discussion on the development of key indicators in the five priority areas identified in the Alcohol Strategy; the Commission will circulate proposals**
- **Results of Meeting will be discussed with MS? Meeting of the National Competent Authorities in February 2009.**

8. Reporting from the Science Group and Presentation of the Scientific opinion on "Impact of Marketing Communication in volume (and patterns) of consumption of alcoholic beverages, especially by Young People"

The chair of the Science Group, Professor Ian Gilmore gave a short introduction: this report responds to a request from the Forum and highlights the need for clarity in this contentious and important area.

An internal Working Group (let by Peter Anderson) was set up within the Science Group to draft the report; the report was accepted unanimously by the Science Group, with no minority opinions. The findings of the review are clear, namely that Commercial Communications increase the likelihood that adolescents will start to use alcohol and to drink more if they are already using alcohol. Lastly, it should be remembered when reading this scientific opinion that only a small part of the marketing mix (namely, advertising) has been analysed and reported.

Dr Peter Anderson gave a presentation covering the methodologies of the studies examined in the report, and the principal findings.

9. Exchange of Information regarding Commitments

- Robert Madelin reiterated the importance of the Monitoring of Commitments in relation to the transparency of the Forum process.
- In November, an assessment will be made as to whether enough has been done in the framework of the Forum.

10. Preparation of the Open Forum, Thursday 30 April, 10 am to 5pm, Brussels

The Draft Programme of the Open Health Forum is as follows:

- **Welcome by Robert Madelin** (Introduction to the program) (10.00-10.15)
- **The EU Alcohol Strategy and its implementation; the overall picture** (*Commission*) (10.15-10.30)
- **The database of commitments by members of the European Alcohol and Health Forum** (*Commission*) (10.30-10.45)

Coffee break 10.45-11.00

- **Round table on consumer information and education** (11.00-12.00)

Each Round table would start with a scene setter on the issue to be discussed and giving a general overview of actions and commitments – drawing from EAHF commitments, discussions in the Task Forces, and experience at national level (via the Committee on National Alcohol Policy and Action).

Participants in each round table: two/three holders of commitments, a Member State representative, a researcher (possibly member of the Science Group) to discuss/present lessons learnt from commitments in the area, what are good practice principles for interventions in this area etc., with an opportunity for input from the audience.

- **Round table on marketing communication (and responsible selling and serving, the role of the media)** (12.00-13.00) (see above)

Lunch break 13.00-14.15

- **Round table on children and young people** (14.15-15.15) (see above)
- **Round table on (inter)governmental policy developments (WHO, EU, MS, regions)**

A round table for reflection of public policy makers on their contribution to the alcohol strategy debate – links to WHO strategy, MS work and regional/local partnerships (15.30- 16.30)

- **Discussion on perspectives and next steps** (16.30-16.45)
- **Concluding remarks** (16.45-17.00)

Additional information: Outside the meeting room there will be exhibition spaces, and computer terminals to access the commitments database.

11. Membership Requests

- Alcohol Concern, the national voluntary body working on reducing alcohol related harm in the UK has applied to join the Forum, pending acceptance of their membership of Eurocare.