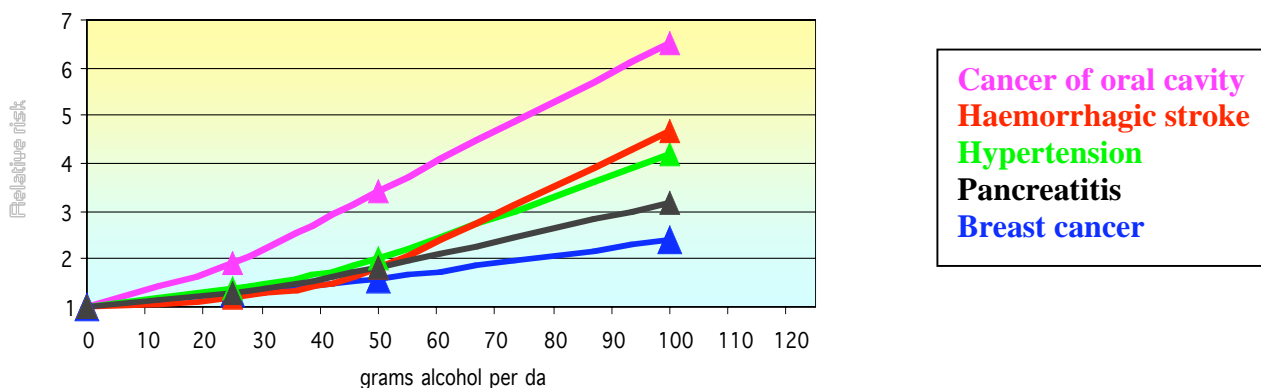


## The Impact of Alcohol In Europe

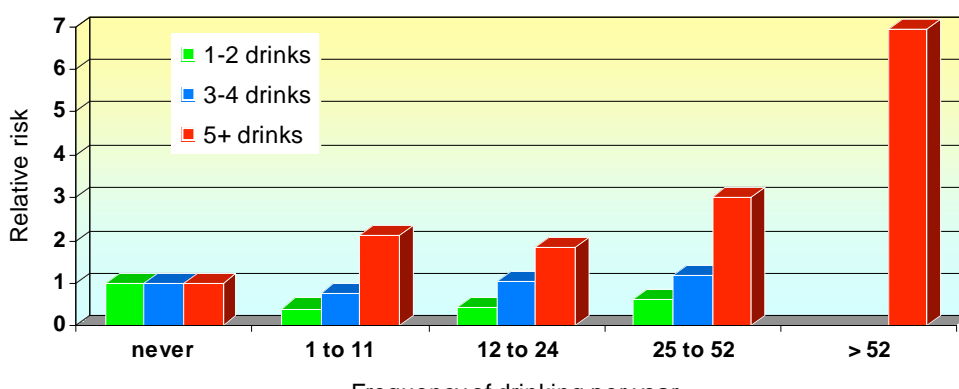
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### Five facts about alcohol:

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.

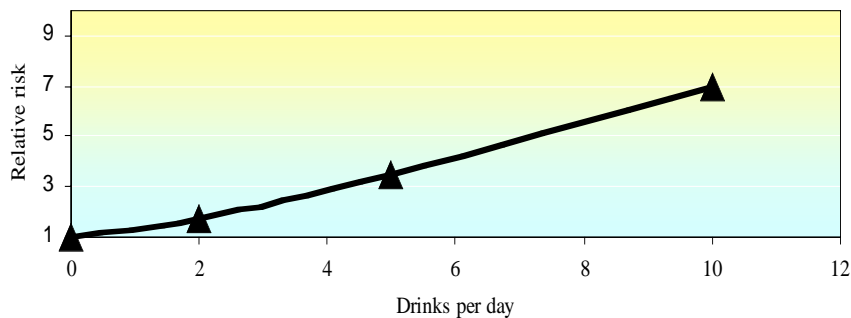


Alcohol also increases the risk of accidents and injuries. The graphic below is taken from a Finnish study that looks at the relative risk of dying from an accident or injury in relation to both, the frequency of drinking per year (which is along the horizontal axis) and within each frequency, how often 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.



- 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 data 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.



- 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.**
- 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 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 advertising 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 interviewed 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.

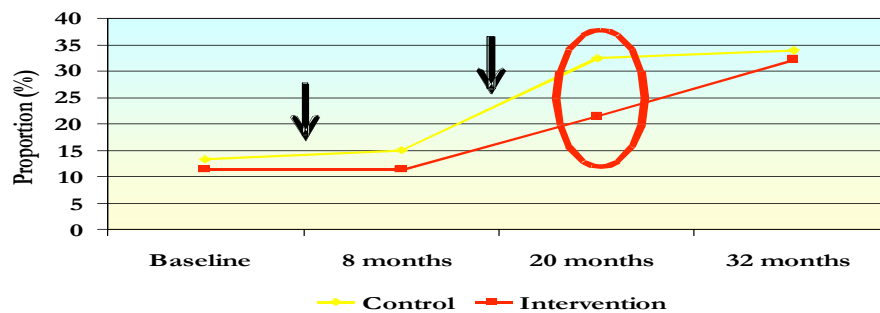
It is important to note that European case law supports statutory and effective regulation of both, the content and volume of alcohol advertisements. The Loi Evin (in France) establishes that no sponsorship by the alcohol industry is permitted. This law was taken to the European Court because it was 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 many 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.