Introduction

On behalf of SHAAP (Scottish Health Action on Alcohol Problems) and Eurocare (The European Alcohol Policy Alliance) we are delighted to publish this summary of discussions that took place during the 8th European Alcohol Policy Conference (8EAPC) at the Royal College of Physicians of Edinburgh, Scotland, on 20th and 21st November 2018. This was the eighth in a series of very successful European Alcohol Policy Conferences (Warsaw 2004, Helsinki 2006, Barcelona 2008, Brussels 2010, Stockholm 2012, Brussels 2014 and Ljubljana 2016).

Through the prism of humanist and rationalist views from the Scottish and European Enlightenment, which emphasised evidence-based scientific principles, the 8EAPC sessions aimed at re-asserting the importance of enlightened alcohol policies to bring practical benefits for the individual and society as a whole.

There were around 270 delegates, who heard from speakers including Joe FitzPatrick, Minister for Public Health, Sport and Wellbeing, Scottish Government, representatives from the World Health Organization, the European Commission and leading NGOs, as well as top academics and authors.

SHAAP and Eurocare would like to thank the Scottish Government, the Royal College of Physicians of Edinburgh and Actis - Norwegian Policy Network on Alcohol and Drugs, as well as the sponsorship received from Alcohol Focus Scotland (AFS), Institute of Alcohol Studies (IAS), NHS Health Scotland, the European Association for the Study of the Liver (EASL), and United European Gastroenterology (UEG).

This is a continuing conversation. We re-commit ourselves and our organisations to work with our partners across Europe, including NGOs, governments, intergovernmental organisations and people with lived experience of alcohol problems and recovery to influence and implement effective alcohol policies.

The 8EAPC presentations

There follows a summary of the presentations.

Dr Thomas Mackay, Vice President, Royal College of Physicians of Edinburgh (RCPE)

Thomas Mackay welcomed the 8EAPC delegates to the RCPE. He spoke about how the Enlightenment period saw new public health approaches to alcohol harm. In Scotland, public health partners have continued this tradition. The implementation of minimum unit price for alcohol (MUP) is a clear example of an evidence-based policy, in the Enlightenment tradition.

Dag Rekve, World Health Organization (WHO)

Dag Rekve’s presentation included slides with data from the WHO’s Global status report on alcohol and Health 2018, indicating that every 10 seconds, someone dies from alcohol-related causes, including cancers, heart disease, traffic crashes and violence. Rekve affirmed that policy makers have the means to tackle alcohol harm through the use of the ‘Best Buys’, i.e. control of price, marketing and availability. He encouraged delegates to read about these and other methods through WHO publications and initiatives, including the SAFER campaign. Rekve also praised Scotland for becoming a main hub of alcohol policy in Europe, following the introduction of MUP.

Vytenis Andriukaitis, European Commissioner for Health & Food Safety

The Commissioner spoke about the importance of organising this event on enlightened alcohol policies. He emphasised the importance of introducing policies controlling alcohol harm, including minimum price, marketing and licencing, as well as educational campaigns. The Commissioner was pleased to see that there may have been a slight decrease in the sales of alcohol in Scotland, following the introduction of MUP. The Commissioner also emphasised that the EU has been doing good work in the field of alcohol policy, and that the EU Alcohol Strategy is still valid. He also spoke about the importance of work on alcohol labelling and the Audiovisual Media Services Directive.
Tiziana Codenotti, European Alcohol Policy Alliance (Eurocare)

Tiziana Codenotti thanked SHAAP for all its work in the organisation of the 8EAPC. She also thanked the Scottish Government for its support and the Royal College of Physicians of Edinburgh for hosting the event. She explained that Eurocare was established in 1990, and that it is the only organisation in Brussels working specifically with policies for prevention and reduction of alcohol-related harm. Codenotti also explained that the goals of Eurocare include increasing awareness among decision makers and society as a whole about alcohol-related harm and evidence-based policies to reduce harm. She gave her best wishes for the conference to enlighten and inspire discussions on alcohol policies at local, national and European levels.

Dr Peter Rice, Scottish Health Action on Alcohol Problems (SHAAP)

Peter Rice welcomed the 8EAPC delegates and thanked the RCPE for its support for the event. He explained that SHAAP was formed by different Royal Colleges and Faculties, reflecting how alcohol has an impact in different health aspects. He also explained that SHAAP had been formed by health professionals who wanted to play their part actively in working to reduce alcohol-related harm, knowing that their views are generally respected by the public. Rice also acknowledged the work of previous and current SHAAP staff.

Dr Eric Carlin, Scottish Health Action on Alcohol Problems (SHAAP)

Our vision for the 8EAPC

Eric Carlin explained that the conference theme, ‘Enlightened Alcohol Policies for the 21st Century’, applies to continuing alcohol problems across Europe, which impacts on individuals, families, and wider society. He reminded the delegates of the words of the Enlightenment philosopher David Hume, who said, “It’s when we start working together that the real healing takes place”. In the contemporary alcohol policy context, he suggested that we have an urgent moral imperative in this and in other areas which affects health and social functioning, to listen to each other, to share our experiences and aspirations, and to plan together to reduce alcohol-related harms.

Carlin suggested that some of the 8EAPC themes speak more to contemporary perspectives than they would have done in the 18th century, and explained that our critical analysis and consideration of them during the event, and beyond, fall squarely within the Enlightenment tradition. SHAAP was delighted to bring the 8EAPC to Edinburgh, and for many years SHAAP also had been collaborating with Eurocare and other organisations across Europe, to campaign for effective and evidence-based alcohol policies. He also thanked the help from people with lived experience of alcohol harms, and affirmed that people can and do recover from alcohol problems. By working together, he added, it is possible to make that a reality for more of us. Finally, he explained that Media Education had been commissioned to create a legacy of the conference by making a series of films, which would be distributed through social media, and he encouraged delegates to use these resources.

Prof. Jürgen Rehm, Centre for Addiction and Mental Health

Alcohol in Europe

Jürgen Rehm mentioned that during the Enlightenment period, the French philosopher Voltaire also wrote about the health harms and drinking alcohol. Rehm presented data based on the WHO reports Global Status Report on Alcohol and Health 2018 Alcohol, Monitoring of National Policies Related to Alcohol Consumption and Harm Reduction (MOPAC), and Public Health Successes and Missed Opportunities. His talk included explanation of how the WHO European Region still presents the highest consumption level and the highest prevalence of heavy drinking. He also stated that WHO EU region has the highest consumption, and that alcohol use continues to cause a high burden of mortality and disease in Europe, with nearly one million deaths per year. However, Rehm also explained that there has been a clear reduction in alcohol consumption in Eastern Europe, especially in Russia, due to several policies introduced since 2005, which, he suggested, have improved overall health and life expectancy in the region.
Theme one: Justice
• Dr Arianna Andreangeli (Chair), University of Edinburgh
• Dr Christine Goodall, Medics Against Violence
• Dr Johanna Gripenberg, Stockholm Centre for Psychiatric Research
• Dr Lesley Graham, National Services Scotland
• Wim van Dalen, Dutch Institute for Alcohol Policy
• Dr Diane Black, the European FASD Alliance

Following a short film on the theme of Justice, the panellists addressed these questions:
- What makes socially just alcohol policy?
- What role should the legal system have to protect health?
- How can we collaborate to achieve enlightened alcohol policy in the justice setting?

These were the key recommendations emerging from the presentations and discussions:

Point 1 The state has a responsibility to care for all citizens, including those who are caught up in the justice system. Support, rather than stigma and shame, needs to be applied.

Point 2 Policy needs to be made with people, not for them. Therefore, researchers and policy makers must get out into the community and speak with and listen to individuals and families who are affected by alcohol problems.

Point 3 Where laws exist to regulate industry behaviour, they need to be strictly enforced.

Overarching recommendation from the session: A public health approach should be the overarching guide in all areas involving the criminal justice system.

Theme two: Health
• Prof. Aisha Holloway (Chair), University of Edinburgh
• Dr Carina Ferreira-Borges, World Health Organization (WHO)
• Lauri Beekmann, Nordic Alcohol and Drug Policy Network
• Dr Andrew Fraser, NHS Health Scotland
• Prof. Frank Murray, Royal College of Physicians of Ireland

Following a short film on the theme of Health, the panellists addressed these questions:
- What is a healthy relationship with alcohol?
- Which interventions can reduce alcohol-related health harms?
- How can we collaborate to achieve enlightened alcohol policy in relation to public health?

These were the key recommendations emerging from the presentations and discussions:

Point 1 Evidence demonstrates that there is no safe amount of alcohol consumption.

Point 2 Currently, there is a stigma associated not only with high levels of drinking, but also with those who advocate for prohibition, abstinence or temperance.

Point 3 Currently, in the EU+ countries, 300,000 people per year are dying from alcohol-related deaths which are wholly preventable.

Overarching recommendation from the session: Policy makers and advocates need to prioritise improving how they communicate evidence about alcohol harm, and challenge industry misinformation.

Theme three: Gender
• Katherine Severi (Chair), Institute of Alcohol Studies
• Prof. Carol Emslie, Glasgow Caledonian University
• Natasa Blazko, Ministry of Health, Slovenia
• Prof. Dorothy Newbury-Birch, Teesside University & International Network on Brief Interventions for Alcohol & Other Drugs (INEBRIA)
• Prof. Helena Cortez-Pinto, European Association for the Study of the Liver (EASL)

Following a short film on the theme of Gender, the panellists addressed these questions:
- How do different genders differ in their relationships with alcohol?
- How does the industry target different genders?
- How can we collaborate to achieve enlightened alcohol policy in relation to gender?
These were the key recommendations emerging from the presentations and discussions:

**Point 1** Alcohol use is a social behaviour as well as an important component in identity construction for all genders.

**Point 2** Men drink more than women and end up with more health harms and deaths as a result. However, there are differences in the manifestations of health problems between genders requiring a range of responses.

**Point 3** There is a strong message of sexualisation of women in alcohol marketing, whereas for men there is a still a strong tendency to play on hypermasculinity.

Overarching recommendation from the session: Marketing restrictions for alcohol are an essential part of driving down the rates of alcohol usage. France is a leading example.

**Eurocare in action - Announcement of the winner of European Award for Reducing Alcohol Harm (EARAH) 2018**

The Government of Estonia received the EARAH-2018 award at the 8th European Alcohol Policy Conference for its extraordinary commitment to alcohol policy.

**Launch of WHO MOPAC report on alcohol mortality in Europe**

Information on the MOPAC project can be found on the website of the World Health Organization, Regional Office for Europe - [www.euro.who.int/en/home](http://www.euro.who.int/en/home).

**Joe FitzPatrick MSP, Minister for Public Health, Sport and Wellbeing, Scottish Government**

The Minister thanked SHAAP and Eurocare for having organised the 8EAPC. He also said that he was delighted to address the event at the RCPE, because of the College’s forefront medical education. The Minister explained how Scotland aims at taking a very distinctive approach regarding alcohol policy, always based on the best international evidence. As an example of the context of alcohol problem in Scotland, he indicated that six people would die and 195 people would be admitted to hospital during the two days of the conference, and that these consequences affect most severely the poorest sections of society. No responsible government, he argued, can ignore an issue with
such devastating consequences. He stated that this had been the motivation behind the 2009 Framework for Action, which has been successful in taking steps toward its aim of creating a healthier relationship with alcohol, by banning irresponsible promotion of alcohol, lowering drink-driving limits, implementing nationwide alcohol brief intervention, and introducing MUP.

The Minister then launched the Scottish Alcohol Framework 2018, which updates the previous framework and sets out national prevention aims on alcohol, with twenty key actions to be implemented, and with a view to tackling higher risk drinking and associated inequalities. The Framework, he explained was informed by the best international evidence, including WHO’s three Best Buys of limiting affordability, availability and advertising.

Theme four: Economics

- Alison Douglas (Chair), Alcohol Focus Scotland
- Dr Yevgeniy Goryakin, Organization for Economic Cooperation and Development (OECD)
- Prof. Emanuele Scafato, Istituto Superiore di Sanità
- Myriam Savy, Association Nationale de Prevention en Alcoologie et Addictologie (ANPAA)
- Aveek Bhattacharya, Institute of Alcohol Studies

Following a short film on the theme of Economics, the panellists addressed these questions:

- How can policy balance economic benefits and health and social harm?
- Which state interventions can reduce harm?
- How can we collaborate to achieve enlightened alcohol policy in relation to economics?

These were the key recommendations emerging from the presentations and discussions:

**Point 1** Decreasing alcohol consumption may result in growth elsewhere in the economy

**Point 2** Alcohol consumption costs the economy a great deal in terms of productivity, health costs, justice costs and social care costs along with morbidity and DALYs.

**Point 3** Population level measures based on WHO’s Best Buys recommendations are the most effective way to reduce consumption of alcohol.

Overarching recommendation from the session: Public health advocates should not be afraid to use economic arguments to their advantage.

Theme five: Youth

- Dr Eric Carlin (Chair), Scottish Health Action on Alcohol Problems (SHAAP)
- Marijs Geirnaert, Association for Alcohol and Other Drug Problems (VAD)
- Dr Lukas Galkus, Alcohol Policy Youth Network
- Dr Tracy Shildrick, Newcastle University
- Aleksandra Kaczmarek, Eurocare / EU FYFA Project
- Peter McManus, European Youth Parliament United Kingdom

Following a short film on the theme of Youth, the panellists addressed these questions:

- What do we know about young people and alcohol?
- How can we learn from young people’s experiences?
- How can we collaborate to achieve enlightened alcohol policy in relation to youth?

These were the key recommendations emerging from the presentations and discussions:

**Point 1** Alternative, non-drinking environments need to be accessible to youth.

**Point 2** Socioeconomic and cultural factors affect drinking and non-drinking behaviours in youth.

**Point 3** Population level measures based on WHO’s Best Buys recommendations are the most effective way to reduce youth consumption of alcohol.

Overarching Recommendation: The conversation surrounding alcohol use needs to be reoriented to being youth led.
Mariann Skar, Eurocare

Eurocare labelling campaign and achievements

Mariann Skar explained the work of Eurocare, and mentioned that labelling is only one of the many priorities of the organisation. To that end, she explained, Eurocare has been campaigning for many years for the right of consumers to be informed, and that it is an obligation of public institutions to ensure that this happens. Eurocare participated in several meetings at local, national and European levels. Most decision makers have been favourable to the issue, but lobbyists from the wine industry have convinced some decision makers that consumers are not interested to know about wine content. Several governments were apparently expecting guidance from the EU, while the EU said that it was waiting for requests from member states. Skar noted that the Commission had stated in 2017 that there are no objective reasons to exempt the labelling of alcohol.

Skar explained that beer and spirits producers have been adopting labelling, and most recently, wine makers have also been considering doing so. She concluded by saying that many member states have also introduced regulation, and that Eurocare wishes that the current Commissioner will succeed in bringing uniformity to the implementation of labelling before the end of his term.

Theme six: Recovery

- Dr Manuel Cardoso (Chair), Intervention on Addictive Behaviours and Dependencies General Directorate (SICAD)
- Dr Maria Luisa Marín Puig, Associació Rauxa
- Dr David McCartney, LEAP programme
- Prof. Georg Schomerus, Greifswald University
- Dr Justina Murray, Scottish Families Affected by Alcohol & Drugs
- Rick Kamphuis, European Mutual Help Network for Alcohol-Related Problems (EMNA)

Following a short film on the theme of Recovery, the panellists addressed these questions:

- What does recovery mean?
- Who is responsible for recovery?
- How can we collaborate to achieve enlightened alcohol policy in relation to recovery?

These were the key recommendations emerging from the presentations and discussions:

**Point 1** There should be no shame attached to having or having had an alcohol problem.

**Point 2** Recovery is a process which involves families and communities and is not just the responsibility of the individual.

**Point 3** People can and do recover and are visible.

Overarching recommendation from the session: Policymakers must put people with lived experiences at the forefront of policy making.

Peter Rice, Scottish Health Action on Alcohol Problems (SHAAP) & Suzanne Costello, Alcohol Action Ireland shared the recommendations and closed the conference.

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Some comments from delegates:

‘It provided the opportunity to share learning of how alcohol policy was approached in a range of different countries and how difficult issues were addressed in different ways.’

‘The mix of delegates backgrounds and the openness of all to examine the topics from a human perspective and relate practice to the people it is aimed at.’

‘Meeting people, building networks, getting new ideas and information about alcohol policy actions taken and effectiveness the work done.’

‘Interesting range of topics, smoothly organised, excellent opportunities for networking, lovely building, good amount of information about all of the sessions and the speakers.’

‘I loved the recovery theme because I loved hearing from those who are going through recovery and who these policies are affecting.’

What are 8EAPC delegates doing next?

‘The conference pointed to some really interesting research, so I will be following up on some of the researchers’ literature.’

‘Has given me food for thought and enthusiasm. I would like to see the presentations sent out in electronic form to all participants so that we can consider and make use of them, please!’

‘The conference has provided me with a broader understanding of alcohol policies, and allowed me to make contacts in the alcohol field, who can advise on parts of my study.’