

Eurocare welcomes the OECD Report “Tackling Harmful Alcohol Use” and its strong alcohol policy recommendations

“The harms caused to people other than drinkers themselves, including the victims of traffic accidents and violence, but also children born with foetal alcohol spectrum disorders, are the most visible face of those social consequences. Health care and crime costs, and lost productivity, are further important dimensions. These provide a strong rationale for governments to take action against harmful alcohol use” (Executive Summary from the OECD Report 2015: Tackling Harmful Alcohol Use – Economics and Public Health Policy)

Today, the Organisation for Economic Co-operation and Development (OECD) launched its report “Tackling Harmful Alcohol Use”, a report assessing alcohol policy scenarios. The report has been developed over the last years and the European Alcohol Policy Alliance (Eurocare) welcomes the report and its strong recommendations for governments to implement evidence based and cost-effective alcohol policies.

Mariann Skar, Secretary General of the European Alcohol Policy Alliance, says: “Today OECD has presented a strong message to European Governments, the European Commission and the public health community. Even the most expensive interventions like health care and work place interventions are cost-effective and will give both an economic and health benefit when implemented. Most alcohol policies are not expensive to implement and leads to great health and economic benefits. Furthermore, the report shows the importance of addressing broad policy approaches such as price and marketing in addition to policies addressing only the ones who drink most”.

OECD launched its report today at 11 am at OECD in Paris and at the Royal Statistical Society in London. The report and OECD press releases can be found here ([link 1](#)).

The report comes in a time of great discussions on alcohol policies in the European Union. In April 2015, the European Health Ministers agreed on the need for common EU Alcohol Policies and addressed the need for more developments from the European Commission ([link 2](#)). Later the same month, the European Parliament adopted a resolution calling for a new EU Alcohol Strategy ([link 3](#)). These calls both respond to the lack of new initiatives from the European Commission, after the previous EU Alcohol Strategy which technically expired in 2012. The OECD report gives important knowledge to the discussion and policy recommendations to the Member States and the European Commission in their upcoming initiatives addressing alcohol related harm.

Links:

Link 1: <http://www.oecd.org/publications/tackling-harmful-alcohol-use-9789264181069-en.htm>

Link 2:

http://eurocare.org/library/updates/health_ministers_agree_on_the_need_for_common_eu_alcohol_policy_details_to_follow

Link 3:

http://eurocare.org/library/updates/european_parliament_resolution_calls_for_new_eu_alcohol_strategy

Key findings from the OECD report, Executive Summary:

- Even the most expensive alcohol policies have very favourable cost-effectiveness profiles in health terms, in the three countries.
- Policies delivered in health care settings are the most expensive to implement in the three countries, followed by the enforcement of drink-drive restrictions and workplace programmes. Price and regulatory policies are substantially less expensive.
- As measured in disability adjusted life years (DALYs, the number of years lost due to ill- health, disability or early death) a package of fiscal and regulatory measures, one of health care interventions, and a mixed strategy would each achieve gains of around 37 000 DALYs per year in Canada; 23-29 000 DALYs in the Czech Republic, and 119-137 000 DALYs in Germany, roughly corresponding to 10% of the burden of disease associated with harmful alcohol use estimated in the three countries in 2010.
- People with more education and higher socioeconomic status (SES) are more likely to drink alcohol. Less educated and lower SES men, as well as more educated and higher SES women, are more likely to indulge in risky drinking.
- The majority of alcohol is drunk by the heaviest-drinking 20% of the population in the countries examined.
- Although alcohol policy should target heavy drinkers first, there are few approaches available to do this. Primary care physicians may play an important role in addressing heavy drinking, while police enforcement of existing regulations against drinking-and-driving is key to cutting traffic casualties.
- However, broader policy approaches may be required to complement those solely aimed at heavy drinkers. Raising alcohol prices can improve population health, and doing so in the cheaper segment of the market may be more effective in tackling harmful drinking. Regulating the promotion of alcoholic beverages may provide additional benefits.
- Combining alcohol policies in a coherent prevention strategy would significantly increase impacts, helping to reach a “critical mass” with greater impact on the social norms that drive harmful drinking behaviours.
- Surveys of alcohol consumption are key instruments in the design of sound alcohol policies. Countries and their statistical and public health agencies must step up their efforts to improve the consistency and accuracy of such surveys.
- Close to 11% of all alcohol consumption is estimated to go unrecorded in OECD countries. Adding this to recorded consumption brings the total to 10.3 litres per capita, substantially larger than the world average of 6.2 litres.

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The European Alcohol Policy Alliance (Eurocare) is an alliance of non-governmental and public health organisations with 57 member organisations across 25 European countries advocating prevention and reduction of alcohol related harm in Europe. Member organisations are involved in advocacy and research, as well as in the provision of information and training on alcohol issues and the service for people whose lives are affected by alcohol problems.

www.eurocare.org

Facts and figures about alcohol

- Alcohol is the 3rd top risk factor in Europe for ill health and NCDs such as cancer and cardiovascular disease
- Alcohol is a toxic substance in terms of its direct and indirect effects on a wide range of body organs and a cause of some 60 diseases. Taking all diseases and injuries at global level into account, the negative health impact of alcohol consumption is 31.6 times higher than benefit
- 12 million people in the EU are dependent on alcohol
- Around 9 million children in the EU are living with one parent addicted to alcohol
- 1 of 4 road fatalities in EU are due to alcohol; in 2010 nearly 31,000 Europeans were killed on the roads of which 25% were related to alcohol
- Drinking alcohol during pregnancy can lead to birth defects and developmental disorders. It may cause the unborn child physical, behavioural and learning disabilities
- The social cost attributable to alcohol is 155,8 billion Euro yearly (was third is now first bullet point)
- Alcohol is the leading risk for ill-health and premature death for the core of the working age population (25-59 year) (was first is now second bullet point)
- Alcohol is responsible 1 in 7 male deaths and 1 in 13 female deaths in the group aged 15–64 years, resulting in approximately 120 000 premature deaths