

EUROCARE's RESPONSE TO THE WHO CONSULTATIVE DOCUMENT ON HEALTH PROBLEMS RELATED TO ALCOHOL CONSUMPTION

EUROCARE is an alliance of 45 voluntary and non-governmental organizations working on the prevention and reduction of alcohol related harm. For further information visit our website <http://www.eurocare.org/>

PLEASE ENTER THE ORGANIZATIONS VIEWS ON THE MAGNITUDE OF HEALTH PROBLEMS RELATED TO ALCOHOL CONSUMPTION BELOW. MAX 300 WORDS

Apart from being a drug that can lead to both physical and psychological dependence, alcohol is a toxic substance and a cause of some 60 diseases and conditions, including injuries, mental and behavioural disorders, gastrointestinal conditions, cancers, cardiovascular diseases, immunological disorders, lung diseases, skeletal and muscular diseases, reproductive disorders and pre-natal harm, including an increased risk of premature birth and low birth weight.

Alcohol is a key health determinant, responsible for 7.4% of all ill-health and premature death in the European Union, which makes it the 3rd leading risk factor, after high blood pressure and tobacco.

Alcohol is also a cause of harm to others than the drinker, including some 60,000 underweight births, as well as 16% of child abuse and neglect and up to 9 million children in the EU living with problem drinking parents. Alcohol also affects other adults, including an estimated 10,000 deaths in drink-driving accidents for people other than the drink-driver, with a substantial share of alcohol-attributable crime also likely to occur to others.

It can be estimated that alcohol causes nearly 195,000 deaths in the EU each year. including 17,000 deaths per year due to road traffic accidents (1 in 3 of all road traffic fatalities), 27,000 accidental deaths, 2,000 homicides (4 in 10 of all murders and manslaughters), 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, and 17,000 deaths due to neuropsychiatric conditions as well as 200,000 episodes of depression (which also account for 2.5 million DALYs).

Young people shoulder a disproportionate amount of this burden, with over 10% of youth female mortality and around 25% of youth male mortality being due to alcohol.

Little information exists on the extent of social harm in young people, although 6% of

15-16 year old students in the EU report fights and 4% report unprotected sex due to their own drinking.

Alcohol is a cause of health inequalities both between and within Member States, causing an estimated 90 extra deaths per 100,000 men and 60 extra deaths per 100,000 women in the newer EU10 countries, compared to the older EU15 countries. Within countries, many of the conditions underlying health inequalities are associated with alcohol, although the exact condition may vary (e.g. cirrhosis in France, violent deaths in Finland). Worse health in deprived areas also appears to be linked to alcohol, with research suggesting that directly alcohol-attributable mortality is higher in deprived areas beyond that which can be explained by individual-level inequalities.

PLEASE ENTER THE ORGANIZATIONS OPINIONS ON EFFECTIVE INTERVENTIONS TO REDUCE HEALTH PROBLEMS RELATED TO ALCOHOL CONSUMPTION. MAX 300 WORDS

Based on existing evidence Eurocare believes the following policies and programmes to be the most effective in reducing the harm done by alcohol:

Regulate the alcohol market:

- Increasing the price of alcohol
- Excise Duties (particularly important in targeting young people): Taxing beverages proportionately to the amount of alcohol content. The level of tax should at least be sufficient to cover the cost of dealing with alcohol problems. Excise duties should not be seen solely as a means of raising revenue but also as a "social welfare" tax, a proportion of alcohol taxes should be earmarked to fund programmes to reduce the harm done by alcohol or use a proportion of alcohol taxes to fund programmes.
- Managing the availability of alcohol: restrictions on the availability of alcohol; reducing the number and density of outlets, including availability in supermarkets and general retail stores; changing the location of outlets; reducing the days and hours of opening; establishing a minimum system of licensing for the sale of alcoholic products.
- Restricting alcohol promotion: Prohibiting the use of direct or indirect incentives that encourage the purchase of alcohol products (sales promotions).
- Alter the drinking context¹: Establishing a minimum drinking age law backed up with a range of severe penalties against sellers and distributors, such as withdrawal of licence or temporary and permanent closures. Such strategies are also more effective when backed up by community based prevention programmes.

- Reduce Drinking Driving: Key elements of successful countermeasures against drinking and driving:

- Unrestricted (random) breath testing, to increase the perceived risk of being caught.
- Lowered blood alcohol concentration (BAC) levels (0,5 g/L and 0,2 g/L for young

¹ There is growing evidence for the impact of these strategies, however, they are primarily applicable to drinking in bars and restaurants, and their effectiveness relies on adequate enforcement.

drivers and drivers of public service and heavy goods vehicles).

- License suspension for a minimum period of 12 months for drivers above 50 mg%. Penalties graded depending on the BAC level and proportionate to the seriousness of the offence, particularly in cases resulting in death or injury to others.

-Alcohol locks can be effective as a preventive measure, but as a measure with drink driving offenders, only work as long as they are fitted to a vehicle.

-Comprehensive community-based educational and mobilization programmes, including urban planning and public transport initiatives.

-Special treatment programmes for problem drinkers convicted of drink driving offences.

- Alcohol Advertising:

-Restricting the volume and content of commercial communications of alcohol products: Imposing a ban on alcohol advertising, promotion and sponsorship of events, TV radio / programmes, sports.

-Treatment of Alcohol Problems:

-Brief physician advice (i.e. early intervention programmes) in primary health care settings: Integrated evidence-based guidelines for brief advice, training and support programmes to deliver brief advice; ensuring widespread availability and accessibility of these programmes; common minimum standards for health and social care workers in relation to the knowledge and skills required for the identification and management of alcohol problems.

The impact of policies that support education, communication, training and public awareness is low. Educational programmes are only effective as a measure to reinforce awareness of the problems created by alcohol and to prepare the ground for specific interventions and policy changes.

PLEASE ENTER ANY OTHER COMMENTS. MAX 300 WORDS

While the Alcohol Industry has a responsibility to market their products according to laws and agreements of the Member States, we do not accept that they have a role in deciding public health policies. The setting and implementing of public health policies with respect to alcohol policy should be protected from commercial and other vested interests of the alcohol industry.

The industry shall focus on server training, compliance with laws, employee assistance and (possibly) a limited role in countering drink-driving, but they should not be involved in youth education given conflicts of interest.