eurocare
European Alcohol Policy Alliance

Preventing and Reducing Alcohol Related Harm - A shared responsibility

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ALCOHOL - A CAUSE FOR ACTION

Alcohol is a key health determinant and is responsible for 7,4% of all ill-health and early death in Europe, which makes it the third leading risk factor after tobacco and high blood pressure. Alcohol harm is disproportionately high among young people (115 000 deaths per year) and crucially it harms not only the drinker.

- 5 million Europeans are born with birth defects and developmental disorders because their mother are drinking during pregnancy
- 5-9 million children are living in families adversely affected by alcohol
- 10.800 traffic deaths and 20.000 murders in the EU each year involve alcohol

Furthermore, binge drinking among young people is on the rise, with most countries showing an increase from 1995. Alcohol causes measurable inequalities both between and within Member States. In the EU 12 as compared to the EU 15 alcohol causes an estimated 90 extra deaths per 100.000 men and 60 extra deaths per 100.000 women.

Europe plays a central role in the global alcohol market, responsible for a quarter of the world's total production. However, the total tangible cost of alcohol to EU society in 2003 was estimated to be €125 billion (€79 bn - €220 bn) or €650 per household, equivalent to 1,3% GDP. The costs includes areas such as traffic accidents €10 bn, crime damage €6 bn, crime defensive €12 bn, crime police €15 bn, unemployment €14 bn, health €17 bn, treatment/prevention €5 bn, mortality crime €36 bn, absenteeism €9 bn. Although these estimates are subject to a wide margin of interpretation, they are likely to be an underestimate of the true gross social cost of alcohol.

The European Alcohol Policy Alliance (EUROCARE)

The European Alcohol Policy Alliance (EUROCARE) is an alliance of non-governemental (NGOs) and public health organisations with around 50 member organisations across 21 European countries advocating the prevention and reduction of alcohol related harm in Europe. Member organisations are involved in research and advocacy, as well as in the provision of information to the public; education and training of voluntary and professional community care workers; the provision of workplace and school based programmes; counselling services, residential support and alcohol-free clubs for problem drinkers.

The mission of Eurocare is to promote policies to prevent and reduce alcohol related harm, through advocacy in Europe. Our message is **"less is better"**.

Acknowledgements

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INTRODUCTION

The World Health Organization, Europe kindly requested the European Alcohol Policy Alliance (Eurocare) to organize a workshop on "Preventing and reducing alcohol related harm – a shared responsibility" and this report includes presentations from that workshop as well as some background for further debate.

If Europe is going to succeed in preventing and reducing alcohol–related harm, it must accept that it does not represent a threat to minority groups, but is a challenge for society as a whole. Adopting a societal perspective encourages wide ownership, which in turn creates an environment in which both individual behavior and policy change are greatly facilitated. Reducing alcohol harm means accepting that excessive attachment to alcohol is a problem created by everyone – not just the problem drinker – and that we all need to take responsibility for change. To succeed initiatives from a number of stakeholders are needed. Several successful government led policies and stakeholder initiatives/projects are ongoing, however the evaluation is often weak and good examples are not duplicated.

The main aim of the workshop was to bring together policy and decision makers with alcohol and health experts, professionals from different sectors working with children and young people, non-governmental organizations and economic operators to build capacity to improve the health of European citizens.

The workshop's intention was to discuss both examples of good practice and also how to make sure that they stimulate action and create synergies in alcohol policy at the Global, European, National, Regional and Municipal levels. Crucial question emerging is what is the responsibility of the different stakeholders and how can they work towards the same goal? If so, how can this be achieved?

The workshop was organized as an OPEN DISCUSSION with some invited participants from the European level, national governments, health professionals, public health experts, economic operators and non-governmental organizations.

The workshop took place during the Swedish Presidency Expert Meeting in Stockholm on Alcohol and Health - Workshop 16: Monday 21 September 16:00 – 17:30 Preventing alcohol related harm – a shared responsibility". The workshop gathered around 40 participants.

2. SETTING THE SCENE- EU STRATEGY TO SUPPORT MEMBER STATES IN REDUCING ALCOHOL RELATED HARM IN EUROPE

The European Commission (EC) adopted in October 2006 *A EU strategy to support Member States in reducing alcohol related harm* in Europe[1]. The Strategy aims to focus on preventing and cutting back heavy and extreme drinking patterns, as well as under-age drinking and some of their most harmful consequences such as alcohol-related road accidents and Foetal Alcohol Spectrum Disorders. The Strategy aims at mapping actions which have already been put in place by the EC and Member States, and identifies on the one hand good practices which have led to positive results and on the other hand, points out areas of socio-economic importance where further progress could be made. The role of the EU will be to complement national actions. For each theme, the EC has identified areas where the EU can support Member State activities. They also map actions at national level and propose to put in place European mechanisms. Five priority objectives were chosen for which Community action would bring added value to national policies. The themes cut across EU, national and local level, and call for multi-stakeholder and multi-sector action.

1. Protecting young people, children and the unborn child.
2. Reducing injuries and deaths from alcohol-related road accidents
3. Preventing alcohol-related harm among adults and its effects in the work place.
4. Informing, educating and raising awareness on the impact of alcohol and on appropriate drinking habits
5. Developing and maintaining common evidence base (comparable information on alcohol consumption) at EU level.

The strategy states that EU competence in health is not confined to specific public health actions. Where possible, the Commission will seek to improve the coherence between policies that have an impact on alcohol-related harm. No legislation is planned. This strategy is being put in practice through: a Committee on National Policy and Action; the European Alcohol and Health Forum; Committee on Data Collection, indicators and definitions; Alcohol in all policy areas initiatives.

2.1. The Pillars of implementation

There are three levels of actions in the Implementation of the Strategy: the National level; the coordination of national policies at Community level and actions by the Commission on the basis of its competencies.
In this context, the main role of the Commission is:
(1) to inform and raise awareness on major public health concerns at EU and Member State level, and

[1] Communication from the Commission to the Council, the European Parliament, the European Economic and Social committee and the Committee of the Regions – An EU strategy to support Member States in reducing alcohol related harm 24.10.2006. Com (2006) 625 final

to cooperate with Member States in addressing these;
(2) to initiate action at EU level when this relates to its field of competence, in particular through sectoral programs (ie: research and public health program)
(3) to support and help coordinate national actions, in particular by identifying and disseminating good practice across the EU.

The European Commission established the Committee on National Alcohol Policy and Action as a result of the EU Strategy. The Committee is intended to play a major role in the implementation of the Strategy, as many of the areas refer to national competencies.

Another body established by the EC is Committee on Data Collection, Indicators and Definitions. The main objective of this Committee is to discuss reliable and comparable data on alcohol consumption (volume and patterns of consumption) and alcohol-related health harms, by identifying key indicators.

The EU Strategy stresses the need for Coordination of actions at EU level; EU competence in health is not confined to specific public health actions. However, where possible, the Commission seeks to improve the coherence between policies that have an impact on alcohol-related harm.

2.2. The European Alcohol and Health Forum

The *European Alcohol and Health Forum* that was set up in June 2007[2] is a multi-stakeholder platform composed of some 60 NGOs and economic operators (alcohol producers, retailers, advertisers, and publishers) pledging to step up voluntary actions to reduce alcohol-related harm.

The Alcohol and Health Forum meets twice a year during a Plenary Session. In addition, an Open Forum[3] is held once a year to showcase the work of members, and involve non participating organizations, institutions and Member States.

Two task forces were established as part of the Forum: one on "Youth Specific Aspects of Alcohol" [4] and one on "Commercial Communications"[5]. The establishment of these did not presuppose any form of consensus on these issues, but rather, they were established precisely where disagreements arose.

The Alcohol and Health Forum brings together, for the first time in this field, economic operators and civil society, and in this sense represents an experimental and innovative political process at EU level. At the first Open Forum in April 2008, Commissioner Vassiliou stated that she saw as "*a really positive outcome the fact that at regular intervals the Forum brings together for joint debate organizations which, in the past, have tended to avoid sitting at the same table. This is the first*

[2] http://ec.europa.eu/health/ph_determinants/life_style/alcohol/alcohol_charter_en.htm
[3] http://ec.europa.eu/health/ph_determinants/life_style/alcohol/Forum/open300409_en.htm
[4] http://ec.europa.eu/health/ph_determinants/life_style/alcohol/Forum/alcohol_forum_en.htm
[5] http://ec.europa.eu/health/ph_determinants/life_style/alcohol/Forum/alcohol_forum_en.htm

occasion at European level where we can see the alcohol and advertising industries sharing ideas with health NGOs, youth organizations and medical associations".

Eurocare and its members were instrumental in lobbying for a EU Alcohol Strategy. As the Forum represents an integral part of the Commission's Strategy, there has been no question of Eurocare's support towards it, and a total of nine member organizations are taking part in the process. Supporting the strategy, and indeed, participating in the Alcohol and Health Forum, allows the alcohol issue to be "kept on the political agenda"; one of the expected ramifications of this is that it will lead to more activities at national level, stimulate a wider public debate, and serve to shift public attitudes and behaviors towards alcohol.

However, Eurocare does not support the idea of the multi-sectoral approach involving both public and private stakeholders of the Forum as being merely a "talking shop" and a place only for the discussion of alcohol policy issues. Moreover, we believe it should not have any supervisory role in regard to the implementation of the Strategy or, indeed, in relation to other elements of the Commission's structure and processes for implementing the Strategy. In 2007, Eurocare members participated in the Drafting Committee meeting of the Forum Charter, and insisted that subtle nuances of meaning were clarified, in order that it could not risk being interpreted as giving the Forum a managerial role in relation to the EU Strategy or even Member States' own alcohol policies.

2.3. The response from Eurocare and the public health community

Overall, Eurocare welcomes the EU Alcohol Strategy, a public health victory in itself, in so far as it acknowledges the existence of alcohol related harm, and sees the EU's interest in dealing with this harm. It has also secured the alcohol issue on the political agenda, which has in turn created new opportunities for projects and research; Eurocare is fully committed to supporting the Commission in its implementation. However, Eurocare members are continuingly concerned about the influence of the alcohol industry and it's lobbying at the EU and Member States level. The alcohol industry on the other hand consistently opposes any new measures because of the fear of the impact it might have on the viability of its business at a time of economic uncertainty and they are very active at the EU level.

Eurocare acknowledges that the economic operators have a role in responsibly producing and selling their product and ensuring it is marketed and sold in a responsible manner. The Forum enables EU decision makers and civil society to hold the different sections accountable for this responsibility. A spokesperson for Commissioner Vassiliou speaking at one of the Brewers of Europe events in 2009, described the Alcohol and Health Forum as a "test" for economic operators. He stressed that, despite the fact the EU Alcohol Strategy did not include any provisions for harmonized legislation; the Commission would be prepared to revise its position if the Forum proved not to be a success. This view is encouraging.

Eurocare members are concerned over the lack of progress in other policy areas and cannot see that

preventing and reducing alcohol-related harm is taken seriously by other Directorate General (DGs) in the European Commission. Many times the EC itself seems to obstruct as much as it enables progress in other Commission areas.

3. THE ROLE OF THE STAKEHOLDERS

Non-Governmental Organizations are essential partners for all elements of alcohol policy. They are a vital component of a modern civil society, raising people's awareness of issues and their concerns, advocating change and creating a dialogue on policy. Of particular importance are those organizations which deal with families, civil, cultural, economic, political, and social rights, including those that deal with the rights of children and young people, most of which are represented in the Alcohol and Health Forum. Their role in alcohol policy should be strengthened to include; (i) monitoring implementation of existing laws, codes and practices of the public and private sectors; (ii) translating the evidence base into easily understood policies and practices to reduce the harm done by alcohol; (iii) safeguarding and representing civil society in the implementation of such policies and practices; and (iv) collecting and disseminating information and knowledge to mobilize civil society to support the implementation of evidence-based policy[6].

Economic operators have a role to play in the implementation (but not the creation) of alcohol policies and programmes, which can include:
(i) providing server training and monitoring to all involved in the alcohol sales chain to ensure responsibility in adhering to the law, and in reducing the risk of subsequent harmful consequences of intoxication, harmful patterns of drinking and the risk of drinking and driving;
(ii) ensuring that the full marketing process (product development, pricing, market segmentation and targeting, advertising and promotion campaigns, and physical availability) does not promote an alcoholic product by any means that directly appeals to minors;
(iii) undertaking impact assessments on the health and social environment of their actions; [7]

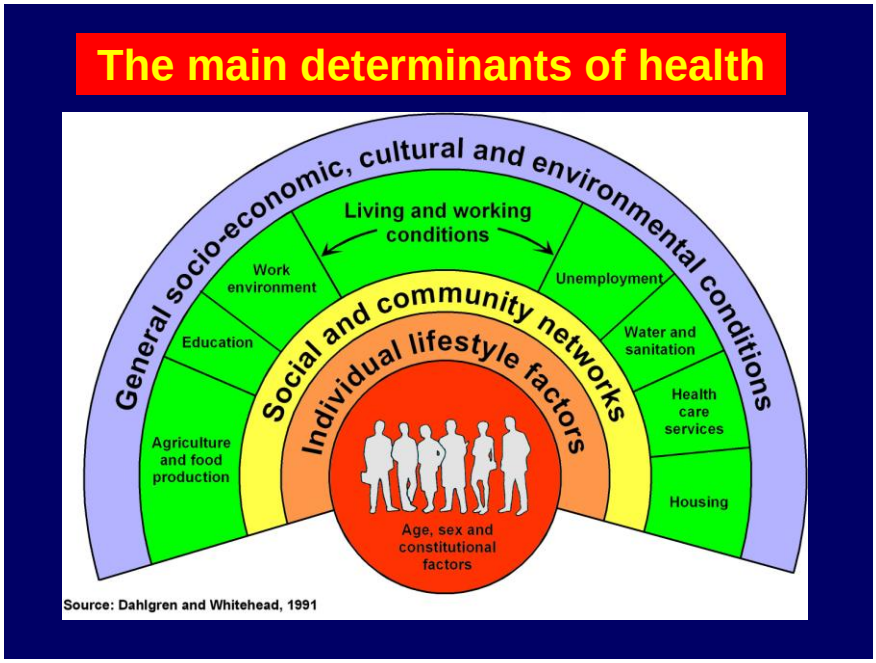
In addition, the 2006 Council Conclusion on the EU Strategy notes that the alcoholic beverages production, retailing and hospitality sectors can contribute by adhering to national regulations and by ensuring that high ethical standards are met especially in the development and marketing of alcoholic products appealing to children and young people, and by ensuring responsible sales and serving of alcohol beverages in order to prevent binge drinking and harm from intoxication.

3.1. Background

The EU has a wide range of choices about where to focus their efforts in order to improve health outcomes – a health determinant approach. This approach underlines the need for strong links and close cooperation at EU level between different European policies (eg social, employment, environment, agriculture, transport and regional policies). These are key routes to improve the underlying fundamental determinants of health. The determinants of health are well illustrated by the

[6] Anderson, P & Baumberg, B (2005) Alcohol in Europe: A Public Health Perspective
[7] Anderson, P & BAumberg, B (2005) Alcohol in Europe: A Public Health Perspective

Whitehead and Dahlgren rainbow[8]:



Within each main category of health determinants, there is an additional range of specific health determinants on which the EU can have an impact through several of its policies.

However, the policies that can contribute to fulfilling these goals span almost the entire breadth of the European Union activities and are frequently lacking sufficient coherence and coordination to allow for fulfilling this potential. This problem is accentuated by the partial failure to create a clear demarcation of the competences of the national authorities. The process of enlargement characterised by rapid change has further contributed to this challenge of policy diversity and coherence.

The activities of the institutional actors in Europe that are involved in reducing and preventing alcohol related harm can be seen as a system. The institutional actors pass information among themselves, some of the actors provide resources to other actors, and some actors regulate the activities of other actors. Alcohol related problems need to be viewed as a European-wide problem. Alcohol products are shipped across borders, and Europeans travel freely across Europe. Issues concerning the labelling of alcohol products, driving while under the influence of alcohol, and alcohol related violence are now trans-national problems.

Despite the extensive harm the inappropriate use of alcohol causes to Europeans, there are two factors that make it difficult to perceive the alcohol consumption as a problem. First, alcohol use is part of European culture used symbolically for celebration and religious rituals. Secondly, there are

[8] Dahlgren, G and Whitehead, M *Policies and Stategies to Promote Social Equity in Health,* Institute for Future Studies, Stockholm, 1991

economic interests related to the production and consumption of alcohol. The European Union is the world's largest exporter of distilled spirits; revenue from the sale alcohol in restaurants and hotels is substantial. Accordingly, the alcohol and hospitality industries are concerned about lost of revenue that may result from implementing policies that reduce the consumption of alcohol. Consequently, their lobbyists are interested in protecting their industries' interest by influencing governmental agencies and legislators.

Since alcohol related harm causes so many different types of problems, interventions to prevent or reduce its harm occur in variety of settings and require a holistic approach in dealing with them, as demonstrated in the Whitehead and Dahlgren rainbow. A number of actors need to be aware and identify problems such as employers, enforcement authorities (police) communities, economic operators, the criminal justice system, schools, healthcare agencies and professionals, friends and relatives. Due to the fact that the institutional actors that have responsibility for addressing alcohol related problems are to some extent interdependent an optimal response to the problems caused by alcohol would require all the institutional actors to cooperate and fulfil their respective roles in addressing the problem. This interdependence can be illustrated by looking at research on alcohol problems. Information about alcohol problems and how to address them often come from university based researchers, community agencies, and it is then used by decision makers for setting policy.

Institutional actors can be distinguished by the political level at which they function in Europe, by their intrinsic characteristics, for example governmental vs. nongovernmental, or by function such as providing funding, delivery direct services or policy advocacy. The governmental actors include the executive, the legislative, and judicial branches of government, as well as the administrative structures that are responsible for interpreting legislative and executive directives, formulating or interpreting policy, and providing direct services. The European Member States differ in their forms of government (e.g. parliamentary or division of powers and federal or unitary state) and administrative structures. Some countries have municipal police forces (e.g. Italy) others only have a national police force. EU countries differ considerably in their size and wealth which impacts on the level of resources they can dedicate to alcohol prevention. Finally, the Member States differ in their behaviour related to alcohol consumption—they have different drinking patterns, different traditions related to alcohol, they consume the various types of alcoholic beverages at different rates, and most importantly they differ in laws and regulations related to alcohol use.

Public health reflects key ideological debates regarding the freedom of the individual, the authority of the state and the balance between individual and collective responsibilities[9]. One way of explaining and understanding which public health issues are on the agenda is to see it as a product of interactions within and between political institutions. These include central government departments and agencies, Parliament, civil society and the media, as well as sub national institutions, such as local government and supranational institutions such as the European Commission and the World Health Organization.

[9] See Mills and Saward, 1993 in Baggott, Rob *Public Health Policy and Politics* Palgrave Macmillan 2000

Civil society with its non-governmental organizations (NGO) can be defined as any non-profit, voluntary citizens' group which is organized on a local, national or international level. Task oriented and driven by people with a common interest, NGOs perform a variety of services and humanitarian functions, bring citizen concerns to Governments, advocate and monitor policies and encourage political participation through provision of information[10].

The voluntary sector is a vibrant and growing aspect of society and the economy. More people have chosen to become members of NGOs than are members of trade unions or of political parties. Not-for profit (NPO) and NGOs enjoy a high degree of public trust and provide a voice for the marginalized communities. NGOs have been catalysts for change on a global scale, for example the impact of campaigns on animal welfare, respect for human rights, improved working conditions, fair trade, access to healthcare, gender equality, children, poverty and education.

The European Commission is examining the role of NGOs and in the White Paper on Governance[11] many key principles are set out for the way that EU institutions could work with NGOs and set out elements of good practice in terms of consultation and partnership.

Every EU country (except Malta) regulates NGOs registered in their jurisdictions and these laws cover key issues such as membership, decision-making processes, the role of trustees, filling of accounts, acceptable types of activities and tax and accountancy rules.

Non-governmental organisations (NGO) are often very diverse and specialised i.e. European Heart Network, European Association of Hospital Managers, and European federation of Patient's Associations for Anthroposophic Medicine. NGOs include advocacy groups, charities and foundations that provide funding to other NGOs, religious organisations, community based service organisations that provide services to individuals or families, self-help groups, and network or umbrella organisations that represent national organisations at the international level or represent local organisations at the national level.

Professional organisations represent and promote also the economic interests of their members; they usually have strong ethical codes of conduct for their members that prevent severe conflicts of interest between the collective economic interests of their members and ethical concerns.

The economic operators include private businesses (alcohol producers, retailers including restaurants and bars, and advertising agencies), and industry-wide organisations that represent for profit organisations. It is important to distinguish these economic operators from NGOs since they have a clear and strong economic interest that might conflict with their social and ethical responsibilities.

The table below presents institutional actors by the political level they operate at and by type of organisation (governmental vs. NGO) and gives some specific examples for each level.

[10] NGO Global Network http://www.ngo.org
[11] http://ec.europa.eu/eur-lex/en/com/cnc/2001/com2001_0428en01.pdf

Institutional Actors in Europe	
Level EU - level	
Governmental--Specific examples include: European Union and its institutions (European Council, European Parliament, European Commission, including specialized agencies such as European Agency for Health and Safety at Work and the Executive Agency for Health and Consumers), European Economic and Social Committee, the Committee of the Regions, the Council of Europe, the World Health Organisation Regional Office for Europe and United Nations affiliate European Institute for Crime Prevention and Control.	Nongovernmental Organisations-- these include networks and umbrella organisations of national NGOs, international charities and foundations, and European-wide professional associations. Also, included are for-profit umbrella NGOs that represent them (also collectively known as Economic Operators) that operate at the trans-national level. Include within this group are large alcohol producers, large retailers, affiliated industries, and associations that represent producers, retailers or affiliated at this level, e.g. European Spirits Organisation, Assemblée des Régions Européennes Viticoles and the Brewers of Europe. Specific examples of not-for-profits and organisations that represent not-for-profits include: EUROCARE, EPHA, the International Blue Cross, European Public Health Association the Soros Foundation, and the European Psychiatric Association.
Level National Government	
National Political and Administrative structures. Specific examples include: national legislature, Ministry of Health, Ministry of Education, and Ministry of Justice. Also, national institutes that are governmental or semi-governmental, e.g. Institut national deprevention et d'éducation pour la santé and the State Agency for Alcohol related Problems in Poland (PARPA).	National Nongovernmental Organisations, such as charities, service organizations and professional associations that work at the national level. Also, included are for-profit umbrella NGOs that represent them (also collectively known as Economic Operators) that operate at the national level. Included in this group are large alcohol producers, large retailers, affiliated industries, and associations that represent producers, retailers, affiliated industries at this level, e.g. Finnish Food and Drink Industries' Federation. Specific examples of not-for-profits and organisations that represent not-for-profits at the national level include: Alcohol Action Ireland, Netherlands Public Health Federation, Association of Swedish Midwives, and Fetal Alcohol Syndrome Foundation of the

	Netherlands.
Level Regional (some countries are divided into regions provinces, or states. Some states even have a federal structure or autonomous regions with considerable authority vested in the regional governments.)	
Regional governments and governmental units. Specific examples include: Welsh Assembly Government, Government of Flanders and the Government of Catalonia.	National Nongovernmental Organisations are similar to the NGOs that operate at the national level. Also, included are for-profit umbrella organisations (also collectively known as Economic Operators) that represent them at the regional level. Included in this group are alcohol producers, retailers, affiliated industries, and associations that represent them at this level, e.g., Assemblée des Régions Européennes Viticoles is composed of regional wine producing associations. Specific examples of not-for-profits and organisations that represent not-for-profits at the regional level include: Public Health Association Cymru (Wales), Vereniging voor Alcohol- en andere Drugproblemen (Flemish Association for Alcohol and other Drug problems).
Level Local	
Local Governments—sub-regional (e.g., counties) and municipalities. Specific examples include: Paris, Amsterdam and Berlin.	Local Nongovernmental Organisations, such as community organisations, hospitals, local chapters of national organisations, local self-help groups, private schools, and individual churches. Also, included are for-profit NGOs (also collectively known as Economic Operators) that operate at the local level. Included in this group are local producers and retailers, and associations that represent them at this level, e.g. local brewers, retail stores, bars and restaurants. Specific examples of not-for-profits and organisations that represent not-for-profits at the local include: Coombe Women & Infants University Hospital in Dublin, the London Drug and Alcohol Net Work, and the Department of Psychiatry, Catholic University Medical School, Rome.

3.2. Stakeholder participation at different levels

In May 2010 the World Health Assembly will vote and decide on the future of the Global Strategy to reduce the harmful use of alcohol. A global strategy is needed as harmful use of alcohol is the third leading risk factor for premature deaths and disabilities and thus is not only a concern for the EU but also a major global health challenge.

Eurocare believes that the following areas are the most important for which the WHO can take the lead;

- Strengthening evidence base at global level and adequate data collection
- Carrying out frequent and comparative surveys
- Further developing Global Burden of Disease study
- Support further research on reducing alcohol related-harm
- Alcohol's role in spreading of infectious diseases and its role in hindering social and economic development
- Monitoring influence of economic operators in developing countries on policy making (especially health and alcohol control related) and agricultural development of these countries.

The policy options need to be based on a combination of evidence, best available knowledge and good practises. They should provide options for a flexible approach taking into account different situations in different countries and regions. The draft strategy does acknowledge the need to develop a strategic mix of different and complementary actions.

The policy options presented in the draft largely correspond to the priorities and good practices identified in the EU alcohol strategy, adopted in 2006, reiterated in conclusions unanimously adopted by the Council of Health Ministers in December 2009.

With this kind of framework strategy the role of implementation and effective monitoring and follow-up becomes essential. The progress depends largely on the broad implementation structure that will be set up to provide platforms for action, exchange of information, networking and research.

The adoption of a global strategy is a first step, necessary in order to agree on objectives and the ways forward. The second crucial step is to go from words to actions. To make use of the guidance given by the strategy to support the implementation of effective policies at all levels, globally, regionally and locally. To make progress it is important that WHO continue to develop its global information systems and contribute to increased knowledge about the impact of harmful use of alcohol and ways to reduce the harm.

EU level

The European Union through its institutions like the European Parliament, the Commission and its specialised agencies has responsibilities for promoting cooperation among European states (i.e. Member States and EEA) on issues related to alcohol related harm.

In June 2001, under the Swedish presidency, the Council invited the Commission to put forward proposals for a comprehensive community Strategy aimed at reducing alcohol related harm to complement national policies. The Council reiterated this invitation in 2004, during the Irish presidency. The draft Strategy met stern opposition during inter-service consultation within the European Commission. Faced with the threat of the Strategy never seeing the light, Eurocare mobilized the NGO network in Brussels to support the strategy; a joint letter was written to the Commissioners and to President Barroso, and a press release, denouncing the risk of the Commission choosing "Profits over People", was widely disseminated. Commissioner Kyprianou, expressed in the press his surprise "*at the aggressiveness of the lobbying campaign by certain parts of the alcohol industry*" in regard to the preparation of the EU Strategy to combat alcohol related harm. This lobbying was, however, not unexpected given the history of the widespread influence of the alcohol beverage industry, and its relationship with the European Commission. In October 2006, the European Commission took a major step regarding alcohol related harm in Europe, as previously described (please see part 2)

The Lisbon Treaty was adopted on the 1st December 2009, moving the EU collaboration one step further. Virtually all EU legislation is now decided by the European Parliament and the European Council together - including agriculture, immigration, energy and the EU budget. The European Parliament's position is stronger and ensures the EU is accountable to its citizens. Members of Parliament have a bigger say in appointments to many of the EU's top jobs.

'Wellbeing' becomes a new objective of the EU (Art. 3) - horizontal clause (Art. 9, Treaty on the Functioning of the European Union; TFEU) and health mainstreaming (Art. 168, TFEU), both of which assert that European Commission proposals should always take into account their possible adverse effects on health and that these should be changed if found problematic.

Art. 168, TFEU strengthens cooperation and coordination between Member States. It encourages the EU countries to;

- establish guidelines
- share best practices
- set benchmarks
- monitor

Both the EU Alcohol Strategy and the new Lisbon Treaty confirms the commitment to disseminate information across Europe, on problems associated with alcohol consumption, best practices in regard to treatment and prevention of alcohol related problems, epidemiological information on each country, and information on each country's treatment and prevention services. However, the Commission has neither created nor suggested an agency or assigned an agency to perform these tasks. Currently the EU has a specialized agency, the European Monitoring Centre for Drugs and Drug Addiction that tracks illicit drug use in Europe, disseminates information on illicit drugs, and provides information on national responses to illicit drug use, but no organisation performs a similar function for alcohol related problems.

The EU shares competence with Member States where common safety concerns in public health are identified. In such cases, it can introduce legally-binding legislation (organs and substances of human origin, blood, blood derivatives, veterinary and phytosanitary standards, standards of quality and safety for medicinal products and devices for medical use)

The Charter of Fundamental Rights legally binding on those Member States that have not opted-out from it, including the UK, Poland and the Czech Republic.

"The right to preventive health care and to medical treatment is from now on clearly recognised as a fundamental right of EU citizens," albeit "only under the conditions established by national laws and practices,"

Further actions on the EU level

Despite the EU Strategy there is still a need to harmonize alcohol related policies and regulations across the Member States. For example, because alcohol products from one country are often shipped to other European countries, the EU needs to harmonize the labelling of alcohol products across the Member States. Currently there are no European-wide standards for indicating dosage level for the product or warning pregnant women not to consume alcohol. Europeans cross the borders freely and often by car, there is an urgent need to harmonise across the Member States the legal blood alcohol level for driving a motor vehicle to an appropriate scientifically based standard and to have this standard vigorously enforced. Also, if alcohol-related harm is going to be measured and monitored across Europe and comparisons made among Member States then there needs to be agreement on key indicators from all Member States.

Regarding the EU, it is important to note that problems resulting from alcohol use need to be tackled by all the European Institutions. Furthermore, within the Commission issues related to alcohol use are not just the responsibility of the Directorate General for Health and Consumers (SANCO); there are other Directorate Generals that also have responsibility for issues related to alcohol use. DG Energy

and Transport are concerned with issues related to the consumption of alcohol and road safety. DG Justice, Freedom and Security should address alcohol and violence, and issues related to alcohol misuse in the criminal justice system. And, DG Employment, Social Affairs and Equal Opportunities should deal with alcohol related problems in the work place and promote equal treatment for people in recovering. Finally, because issues related to alcohol use affect so many aspects of life there needs to be a body to coordinate the efforts of the various DGs and specialized agencies that address alcohol related problems. As a result of the EU Strategy the Committee on National Alcohol Policy and Action was established. This committee has not been very effective. Participation of high level representatives from all Member States, as well as high ranking officials from all DGs that are involved in policies related to alcohol consumption or its consequences is essential for effectiveness this committee.

The Council of Europe and the World Health Organisation (WHO) Regional Office for Europe have similar, but not as extensive responsibilities, to that of the EU. WHO did produce the European Alcohol Action Plan 2000–2005. The European Institute for Crime Prevention and Control an affiliate of the United Nations that is funded by the Finnish Government has a more limited scope. Its primary objective is the exchange of information on crime prevention and control in Europe. The Institute has explored topics where alcohol has a role, e.g. violence against women and domestic violence. But, it has not specifically addressed the role of alcohol in violence.

Nongovernmental—Not-for-Profit

NGOs that operate at the European level are often umbrella groups or networks of national organizations representing the interest of their constituent members. In addition, to sharing information among their members and with other interested parties within Europe, the organisations usually advocate and track policy at the European level. A few organisations such as Soros Foundation have provided money for cross national or national projects in more than one country. Moreover, there are some NGOs that represent professionals in specific field that operate at a European level, as contrasted with umbrella or network organisations that represent national organizations of professionals.

Organizations that try to influence policy need to provide decision makers (legislators, EC administrators, and others) with accurate information in a format that is understandable and timely. They should aim at influencing both regulatory decisions and research funding policy. In order to obtain accurate data NGOs should seek to establish links with research institutes, universities, associations of professionals that work on alcohol related issues as well as with service focused organisations. In addition, to effectively persuade European decision makers they should influence the general public both directly and through national NGOs. Consequently, they need to communicate

with these audiences through conferences, the Internet, articles in both popular and professional literature, and information leaflets.

NGOs operating at a European level that represent professionals who operate at a European level and are concerned with alcohol related problems should have a coordinated advocacy strategy with other NGOs. Furthermore, they should provide information and training regarding alcoholic related problems that are of concern to its members

Economic Operators and social aspects organizations

The economic operators and social aspects organizations that operate at this level consist of industry associations of producers (farmers that grow products that are used to produce alcohol, distillers and brewers), restaurants and bars, retailers, and allied industries. In addition, there are some large multinational companies that produce or sell alcoholic beverages that directly interact with international organisations such as the European Union.

The economic operators seek to be seen as responsible partners that promote and support efforts promoting safe alcohol consumption. This was also recognized by WHO's European Alcohol Action Plan 2000–2005 which stated that the alcohol and related industries need to develop and implement programmes that reduce alcohol-related problems in the drinking environment. Promoting safe alcohol consumption includes responsible advertising of alcohol products and clearly labelling alcohol products regarding dosage and the dangers posed by the consumption of alcohol by a pregnant woman to her unborn child. The Charter on Responsible Alcohol Consumption[12] adopted by the European Spirits Association is a step in the right direction to a responsible approach by the alcohol industry. However, the Charter only applies to members of this particular European Spirits Association.

[12] http://www.europeanspirits.org/documents/CEPSCHARTERGLOSSY.pdf

Member State level

Governmental

Many of the issues regarding alcohol, including its production, distribution and use are dealt with at the Member State level. Although the trans-national institutions try to prompt the sovereign states to establish policies through European-wide strategies and other means, it is up to the national governments to enact the appropriate legislation and set-up the appropriate administrative structures to implement the policies.

One area that central or national governments affect alcohol consumption indirectly is through agricultural policies. Alcohol like most products has an inverse relation between price and consumption. When the price goes up the consumption goes down. Due to the fact that alcohol is made is made from agricultural products (e.g., grains, grapes and other fruit) agricultural policies may affect the cost of alcoholic beverages. Indirect subsidies or other supports for crops used to produce alcohol reduce the cost of alcohol and thus encourage more consumption. Often agricultural ministries directly encourage the production of alcoholic beverage and promote their consumption through advertising campaigns. A comprehensive national approach to alcohol related harm aimed at decreasing alcohol consumption might put government in juxtaposition to its support for agricultural products that are used to produce alcoholic beverages.

National governments also affect the price of alcohol through excess taxes and other taxes. The government's policy concerning taxing directly affects the price of alcoholic beverages which directly determines consumption. It would be advisable that this revenue is used for prevention and treatment of alcohol related problems.

Governments can also affect the consumption of alcohol by distribution channels of alcohol i.e. by determining who can produce alcoholic beverages, who can sell alcohol, to whom alcohol can be sold (age limits), and when it can be sold. Laws and regulations concerning the production and sale of alcoholic beverages are often determined at the national level either through legislation or administrative regulation. However, it is crucial to have sufficient penalties to encourage compliance with this legislation and appropriate resources need to be allocated for enforcement.

The area that is usually most associated with alcohol issues is health, and the government department that is mainly responsible for it is the Ministry of Health or its equivalent. Conducting or funding epidemiological studies of alcohol use and problems resulting from its abuse, and monitoring of alcohol problems is usually seen as function of the National Ministry of Health. Through these studies, other alcohol related studies, position papers, and other vehicles the Ministry of Health influences legislation and behaviour of other ministries.

Due to the fact that alcohol-related harm affects so many areas of social policy, other governmental agencies are involved in address alcohol related problems. Laws concerning driving under the influence of alcohol are usually enacted and often also enforced at the national level. Also, laws concerning public drunkenness may also be enacted by national legislatures. National criminal systems deal with the enforcement of alcohol related criminal, the adjudication of alleged offenders, and the punishment of those convicted. The criminal justice system at the national level may have special programs that are more therapeutic than punitive for drunken drivers or offenders who committed violence under the influence of alcohol. Also, national prisons systems have substantial numbers of inmates who are in need of treatment for alcohol related problems. Issues related to alcohol in the work place may be dealt with at the national level by the Ministry of Labour or an equivalent ministry. If there is a national educational system then decisions regarding educating students about alcohol use will most likely be done at the national level, as well as developing and implementing any specialised programmes for preventing, identifying or treating alcohol programmes among students. Including alcohol issues in the health curriculum and developing school base programmes to prevent and treat alcohol related problems is crucial since youth are particularly vulnerable to problems resulting from alcohol consumption.

Funding basic and applied research on alcohol use and related issues is usually done by national governments. Both basic and applied biological research and basic and applied social research are expensive activities that have yield important results for understanding and reducing the harm caused by alcohol consumption. Only a large national government can afford to fund a comprehensive research programme on alcohol related issues. Some governments fund independent national institutes for study of alcohol related issues. These institutes are intermediate between NGOs. For example, The Norwegian Institute for Alcohol and Drug Research is both an independent research institute, whose research policy is determined by an independent scientific advisory committee, and a governmental body under the authority of the Ministry of Health and Care Services.

The research produced by government and non-government funding needs to be accessible to policy makers, policy advocates, treatment and prevention professionals, other concerned professionals, and the general public. Wherever possible this information needs to be converted to practice recommendations or examples of best practice. In order, for this information to be widely available in a usable format funding is needed. A national information centre on alcohol or a national information centre on a broader topic such as mental health would be appropriate.

Finally, national governments need to participate in international and Trans-European forums where alcohol related issues are discussed.

Nongovernmental—Not-for-Profit

Nongovernmental organisations that are not-for-profit at the national level include umbrella organisations of NGOs, large foundations or other funding organisations, national association of

healthcare and other professionals that encounter alcohol related problems, independent research institutes and independent university based research centres, and large service organisations that either provide services to individuals and families or to other NGOs. Those NGOs that operate at this level may lobby the national legislature and administrative agencies regarding alcohol related policies. Also, they influence public opinion concerning alcohol related issues. Dutch Institute for Alcohol Policy (Nederlands instituut voor alcoholbeleid or STAP), is independent institute that advocates for effective alcohol policies. Other NGOs at the national level may provide funds to other NGOs for demonstration projects, research, or the provision of services to individuals and organizations. In Belgium, the King Baudouin Foundation provides money for health, including mental health, issues. Also depending on the size of the country and the size of the NGO they may provide services nation-wide or to a substantial area of the country.

Ideally the activities of NGOs should supplement and complement government activities. Areas or populations that are neglected or underserved by government activities are where the NGOs should place their resources. Moreover, NGOs that advocate policies need to base their recommendations on the best available evidence. In addition, service providers should base their practice wherever possible on evidence. It is beneficial for advocacy groups to have close working relationships with think- tanks and researchers.

Economic Operators

The economic operators that operate at this level consist of industry associations that represent producers of alcohol (including agricultural interests), retailers, the hospitality industry, and allied industries and large companies from these industries. Of particular concern are standard for the ethical advertising of alcoholic beverages and the creation of industry support programmes for harm reduction which however are often not consistent among various countries.

Regional Level

Governmental

Some countries such Germany, Belgium and the United Kingdom have regional governments. Those countries that have federal systems or other structures (e.g. autonomous or semi-autonomous regions) for regional governments with substantial responsibilities differ in how they are organised, and which responsibilities and functions are allocated to the regional governments. And, in some countries, the United Kingdom for instance, regions differ in the powers allocated to them.

Regional governments and administrations mirror the activities of national governments and administrations of more unitary states. In Germany, for example, education is primarily a matter for the regions (Bundesländer) with the central government having only a minor role. Consequently, each

regional education system would make decision concerning its health curriculum and any specialized programmes for preventing and treating alcohol related problems among students. Therefore, individual regional legislatures and administrations will handle those alcohol related issues that fall within their areas of responsibilities.

Nongovernmental—Not-for-Profit

Nongovernmental organisations at the regional level may act as umbrella or network organisations, provide funding to other NGOs or provide direct services. NGOs should follow and advocate policy at the regional level. Umbrella organisations can also coordinate and support the work of local NGOs and other NGOs at regional level. For example, the Association for Alcohol and other Drug problems (Vereniging voor Alcohol- en andere Drugproblemen or VAD) is an umbrella organisation for NGOs in Flanders that are engaged in the prevention or treatment of substance abuse. VAD attempts to work out a comprehensive prevention policy for Flanders by providing harmony, method and organisation. VAD also provides training, education and a telephone helpline for questions or problems concerning alcohol, illicit drugs or pharmaceuticals. Furthermore, VAD conducts research on its prevention activities and annually publishes data on alcohol and other drug problems in Flanders.

Economic Operators

Umbrella organisations for alcohol related businesses and large alcohol related businesses (producers of alcoholic beverages, retailers and the hospitality industry) function a similarly way that the national umbrella and international umbrella organisations function at the national and European levels respectively. There may also be specific alcohol products associated with the region that are promoted by a regional umbrella NGO. Assemblée des Régions Européennes Viticoles, for example is composed of regional wine producing associations.

The for-profit organisations and groups that represent them need to promote and support efforts that promote safe alcohol consumption. Their responsibilities are the same as those enumerated for the for-profits at the Trans-European level.

<u>Local Level</u>

Governmental

Some local governments have departments of health or social services that may provide or fund prevention, or intervention services for alcohol related problems. Many local governments have police forces that have to deal with alcohol related crime. Anti-social behaviour, i.e. public drunkenness, minor crime such as vandalism and violence that are associated with alcohol use, is often a concern for local authorities. In countries where there is only a national police force, the local representatives

of the police need to cooperate with the local government. Ireland has only a national police force; however, the Dublin City Council has an Alcohol and Public Order Working Group.

Nongovernmental—Not-for-Profit

Although most of the NGOs that operate at the local level probably provide services directly to individuals and their families, some provide funding or other resources to other NGOs and some lobby local governments and administrations. Included among not-for-profit NGOs at this level are local affiliates of self-help groups, local church organisations, and community treatment organisations.

Drug and Alcohol Service for London (DASL) is an example of a local service oriented NGO. It is a charity that provides services for people across four London Boroughs. DASL provides prevention services by working within communities to raise awareness and by providing training and education; harm reduction services such a structured day programmes, aftercare and other harm reduction services; and therapeutic care such as structured counselling, community detoxification, and group work.

At the local level NGOs provide an opportunity for ordinary citizens to become involved in address alcohol related activities. They can volunteer or provide money or in-kind contributions. It is at the local level where there is the greatest use of volunteers. Grass roots or local NGOs provide opportunities for ordinary citizens to voice their views and for some to exercise leadership.

Economic Operators

In some European countries the retail sale of alcohol is widespread. Alcoholic beverages may be sold in supermarkets, convenience stores, at stands at festivals, restaurants, bars, hotels and in some cases local tourist offices may sell regional alcoholic beverage specialities. Hotels for example, may sell alcoholic at bar, restaurant, at a shop or at the mini-bar in the hotel room. In some countries, a hotel can sell alcoholic beverages through vending machines. The wide-spread sale of alcohol in Europe means that the local retailer has a responsibility to conform to national and local laws and regulations regarding the sale of alcoholic beverages. For example, they need to conform to regulations concerning the sale of alcohol to minors even if the authorities do not enforce this law. They have a moral obligation to prevent the consumption of alcohol by minors. This includes avoiding legal means of disturbing alcohol such as vending machines that may be used by minors.

Furthermore, included with the group of for-profit NGOs are for-profit treatment providers including individual professionals in private practice, and private for-profit primary, secondary and tertiary educational institutions, large private businesses. These groups and individuals that provide services need to conform to the appropriate ethical standards of their profession. The for-profit educational institutions should provide alcohol prevention and treatment services for their students. Employers,

especially large private businesses, ought to deliver programmes that address alcohol related harm by employees such as absenteeism, work place accidents, and lower productivity. However, it is important that this is done through ethical programmes that protect the rights and privacy of employees and effectively resolves the problem.

End Consumers

Although not an institutional actor, but a stakeholder, the consumer that is the general public and the person experiencing alcohol related harm need to have a voice in shaping policies and approaches to prevention and the treatment of harm resulting from the use of alcohol. They are the most influential stake holders. Consumers, especially people in recovery have valuable insights that they can share with healthcare professional, government officials and legislators. Consequently, consumer panels consisting of members of the general public and people in recovery should be advising both governmental and nongovernmental programmes.

Conclusion

Preventing and reducing the harm from alcohol is a challenge for society as a whole and a shared responsibility. The responsibility is shared by both governmental and nongovernmental organisations. Both not-for-profit NGOs and the economic operators that represent the alcohol, hospitality and affiliate industries all have a part to play in preventing and reducing harm cause by alcohol. Furthermore, the general public and people in recovery, i.e. the end users, wherever possible, should be consulted on matters relating to alcohol policy and should be included on advisory panels.

4. THE WORKSHOP

Swedish Presidency Expert Meeting on Alcohol and Health
Monday 21 September 16:00 – 17:30 Workshop 16
"Preventing alcohol related harm – a shared responsibility"

The main aim of this workshop was to bring together policy and decision makers with:

- alcohol and health experts
- professionals from different sectors working with children and young people
- people suffering from alcohol related harm
- voluntary sector
- scientists

to build capacity to improve the health of European citizens. The workshops intention was to discuss both the good examples and how make sure that they stimulate action and create synergies in alcohol policy at the Global, European, National, Regional and Municipal levels.

The workshop served this purpose by:

- Contributing to the promotion and dissemination of knowledge on alcohol and evidence-based policies aimed at effectively preventing and reducing the harms caused by alcohol (social, health and economic burden);
- Facilitating networking and coalition building between and within the European countries.

The workshop entitled 'Preventing alcohol related harm- a shared responsibility' consisted of presentations from speakers listed below, it was chaired by Mariann Skar (Eurocare).
Opening remarks were made by Lars Moller representing WHO and Michel Craplet from Eurocare.
The following pages represent summary of some of the presentations as provided by speakers.

WORKSHOP SPEAKERS

Speaker	Organisation	Presentation	Type of stakeholder
Kristina Sperkova	Active	Content matters campaign	International youth organization
Scott Goodwin	National Police Board	Street crime prevention and intervention through minimizing consumption of alcohol by youth in Kronoberg (Sweden)	Police, Sweden
Nathalie Rodrigues	Alcohol Policy Youth Network	Presentation of organization's activities across Europe in engaging with young people	International youth organization
Lidia Segura	Gencat	Presentation of initiative of training GPs to screen alcohol problems and make sure they cooperate with specialists in addiction	Catalonian government, Spain
Amador Calafat	IREFREA (European Institute of Studies on Prevention)	Night time economy and what the industry can do?	Researcher
Andre Hemard	Pernod Ricard	Worldwide Health Warning Labels on Pregnancy- any implications for the business	Economic operator
Jamie Fortescue	European Spirits Organisation (CEPS)	Presentation of its activities in the area of harm reduction	European umbrella organisation representing interests of economic operators
Egidijus Jankauskas	Ministry of Lithuania, Committee on Health Affairs	Presentation of example of effective alcohol control policy in Lithuania	Governmental on Member State level
Pieter de Connick	DG SANCO C4	Representative of European Commission, Dg Sanco	EU
Jillian van Turnhout	European Economic and Social Committee (EESC)	Rapporteur of EESC opinion on EU Alcohol Strategy	EU
Lars Moller	World Health Organization (WHO)	Representative of WHO	WHO Europe
Titziana Codenotti	Eurocare Italy	Community based interventions	NGO, not for profit at national level
Wim Rogmans	Eurosafe	Policy Statement on Accidents and Injuries	NGO not for profit at EU level

Kristina Sperkova **Content Matters campaign** Active- International Youth Organization

"Active - sobriety, friendship and peace" is a European youth organization gathering 25 000 young people. Active consider alcohol consumption an obstacle for development of individuals and society. Active wants to contribute to improvement of living quality of individuals in different societies by abstaining from drinking.

Active with its more than 500 youth groups and at least 25 000 members offer a safe and alcohol free environment where children of addicts can learn to be children again, experience friendship and trust. By this the organization wants to break the chain to reproduce the alcohol problem into the next generation.

Active also works politically to encourage alcohol and drug free environment, and finds youth organizations essential in diminishing negative peer pressure and prevent alcohol and drug abuse. The organization calls on the European institutions to recognize and support youth organizations working in these fields by using their expertise and providing them with sustainable resources to carry on their work.

The main activities of Active are trainings, intercultural learning and social activities. Active builds on international meetings, study sessions and workshops - educating it's members on topics such as democracy, human rights or alcohol. They believe that mutual understanding creates the base of equality and peace.

"Content matters" is a campaign arranged by Active, financially supported by Council of Europe. The campaign aims to show the negative consequences from the use of alcohol, which are very often hidden under the nice design of alcohol commercials. There are many stories about negative impact of alcohol that are in the shadow of shining commercials promoting drinking society.

"Content matters" aims to give space for the stories behind the nice cover.

Scott Goodwin	**Street crime prevention and intervention through minimizing consumption of alcohol by youth in Kronoberg, Sweden**	Police Kronoberg Sweden

Sweden cracks down on underage drinking

The Article below is by: Cari Simmons and published in http://www.sweden.se/eng/Home/Society/Government-politics/Reading/Sweden-cracks-down-on-underage-drinking/

A new approach to juvenile drinking has led to fewer intoxicated youngsters and less vandalism and crime on Swedish streets.

Superintendent Scott Goodwin believes in drastic methods to stop juvenile drinking. Photo: Johan Jeppsson

Alcohol consumption among minors in Sweden has been rising steadily since the 1990s, bringing with it an increase in street violence. So, in 2005, the police in the town of Växjö, southeast Sweden, decided to try a new approach. In addition to cracking down on the growing number of bootleggers who were supplying the alcohol, they would also focus on the young people who were buying it. The strategy — which has become known as the Kronoberg model, after the district in which Växjö is located — is getting results.

Supply and demand

Using the Kronoberg model, the police crack down on the bootleggers, who can be charged and sent to jail, as well as targeting three groups of young people: those in possession of alcohol; those who are already intoxicated and those in the company of others who have alcohol.

Superintendent Scott Goodwin of the Växjö police, says: “It helps to catch the kids before the drinking starts. They give up the alcohol easier if it’s early in the evening, but if we wait until they have started drinking, they are more aggressive and the job gets harder.”

Taking alcohol away from minors is nothing new, but police using the Kronoberg model don't stop there. They call the parents of those under 18 and have them come to pick up their children and take them home. This not only gets the kids off the streets, but makes the parents aware of the problem.

Family matters

"It's a myth that most parents don't care," says Goodwin. "My experience is that 95 percent of parents come straight away and are supportive and grateful that we called. If we don't tell parents what's going on, no one will and the parents are very happy that we are doing something about the situation."

In the few instances where parents are unresponsive, the police report them to the Department of Social Services. "If there is a 15- or 17-year-old with alcohol and the parents don't care, there is probably a problem in the family too, so this is a way to help," says Goodwin.

Parents and children are then invited to attend a meeting at the police station every three to four months. Social services, drug and alcohol services, police and volunteers are there to discuss issues related to underage drinking.

"When we call and tell parents what their kids have been up to, they are often shocked and it's important for them to know that there is help and they are not alone. At the same time, we make it clear to parents that they need to take charge and be responsible for their children," says Goodwin, adding that the police take a zero tolerance approach to parents who give their children alcohol.

Getting results

Studies indicate that the Kronoberg approach is working. A year after it was introduced in 2005, a study by the Swedish National Council for Crime Prevention (BRÅ) showed that access to illegal alcohol had been reduced, and vandalism and assaults were down in areas where it has been introduced. What's more, fewer young people required hospital care for intoxication and streets had become calmer.

The Kronoberg model has been tested and evaluated in seven cities or districts according to BRÅ, but some just apply the model on weekends or part of it. A more recent study (2009) by the same organization showed that the biggest improvements were in places that fully implemented the model. In Sundsvall in northern Sweden, for instance, intoxication among young people fell by almost half in 2008. The results are not so striking in areas that have been working with the model on a more restricted basis.

"Every district should be working with this model full out and working in the same way with it seven days a week," Goodwin says. He also stresses the importance of good cooperation between police, social services, local councils and parents.

Goodwin, who worked as a policeman in Sydney, Australia prior to coming to Sweden, thinks that the Kronoberg model could work in other countries where the drinking culture is similar that of Sweden. "I'm sure that if other countries could find a way to stop the spread of alcohol to young people, street crime would drop. The results speak for themselves. It's not often that we see the same youth out on the street if we've gone through all of this with them."

Teens respond

Young people appear to appreciate the initiative. “The police should be more active in reducing drinking among young people,” says 15-year-old Anna. “Just telling people that alcohol is dangerous is not enough, but by pouring the alcohol out and contacting parents, the police are clearly showing that this is not alright.” Many parents don’t really know what their kids are up to, she adds. “By doing this, parents will also have a better idea of what’s going on. I think that the best thing is to have police on the streets more and to have better contact with teens.”

Another teenager, Emma, also recognizes the success of the Kronoberg model but says that youngsters “might spend less time running around and doing dumb things if they had somewhere to hang out.” She says the problem is that they have nowhere to go.

Sixteen-year-old Jessica believes more information in school about the consequences of drinking might also help.

“It’s good that the police are checking,” say Fredrik (even if he was at a beach party where the police confiscated cider). “The police were nice about it and no one minded too much that the police poured the cider out.”

“I think it’s good that the police pour out the alcohol and call the parents to let them deal with it,” says 15-year-old Alexander. “Of course, it’s good if the police also catch the guys selling alcohol to youth.”

The police are considering working with the driving license authority to take another step in the crackdown on bootleggers and underage drinking. “Preventing minors who are repeatedly picked up by the police for drinking from getting a driving license could be another deterrent”, says Goodwin.

*The names of the teenagers have been changed

Amador Calafat	**Night time economy and what the industry can do**	IREFREA (European Institute of Studies on Prevention)

Recent decades have seen increases in the use of recreational drugs in many countries, in particular among young people. Such drug use is strongly associated with nightlife. The association between nightlife, clubbing and recreational drug use is also a consistent factor across many countries.

For many years the Balearic Islands (Spain) have been a popular destination for the international and national tourism. The islands receive individuals from countries with different profiles of drug use ad expose them to a variety of nightlife settings, creating a natural experiment in drug consumption.

Violence in nightlife focused tourist areas goes under-reported. Both recreational industry and local authorities are afraid of this kind of publicity since it can damage their image. However, localities with an important nightlife often find their resources stretched (health services, security and justice agencies, property damaged) because of violence. Despite all this, there is a scarcity of research on violence occurring in international holiday resorts.

Specific Recommendations

- Tourist destinations are strong economic and cultural sources, social meeting points for youth arriving from diverse countries, as well as places expected to provide fun and well-being.
- Because of their specific features, those locations can sometimes be holding a social paradox: while security and health for both tourist visitors and local population must be guaranteed, authorities are worried about bringing to the public attention issues regarding violence and alcohol and drug consumption, because these concerns could seriously damage the image and attractiveness of those tourist destinations.
- Therefore, it becomes important to set up international quality standards that would have to be offered by the local agencies and requested by the tour-operators.
- Such actions –creating and sharing international quality standards- would depend on the establishment of an in depth and long lasting network, at local, national and international levels, involving tourist providers as well as recipient countries. All stakeholders, including those working at local levels (e.g. club and bar owners and staff, police, local authorities, health services), consulates, travel organizations, young tourists themselves, and national and international organizations, should assume responsibilities and duties implementing and maintaining safe nightlife environments in international resorts
- For preventative actions to be effective it is crucial to collaborate on all levels (local, regional, national, international) with all stakeholders (intra and cross-sectoral)

Administration:

Authorities have great responsibilities in terms of public health and security. Important actions such as controlling opening times in leisure venues, organising night public transportation, promoting law enforcement, or calling for international quality standards that will stimulate the visit of tourists to the resorts should be carried out. Authorities are in a great place to act as mediators between the different converging interests: tourists, industry, local residents, etc. So they should promote their role at local and international levels.

This could by achieved by:

- Design of common strategies between local police, national police, and private security staff in order to maximize human and technical resources.
- Publicity highlighting the consequences of tourists' negative behaviour including violence. Such as: being caught by police, having to undergo a quick trial (in 48 hours) foreseen by the Spanish law
- Ensure public transport during nightlife

Public administration/ tourist industry actions that could contribute to improvements:

- Creation of strategies for systematically controlling the content of tourist advertisements in the mass-media: TV, radio, the Internet, newspapers, travel agency pamphlets, airport and street hoardings etc. in order to report publicly non-ethical publicity and apply the corresponding sanctions
- Creating a permanent commission of experts to monitor implementation of standards.
- Promote an international contest to reward, for example: The best/ most healthy/ most innovative advertisement linked to tourist publicity
- Avoidance of using sexual and/or violent content (e.g. inciting tourists to be violent or to show uninhibited behaviors), as well as symbols relating to alcohol and drug consumption in their publicity campaigns
- Stress should be placed on avoiding all subliminal and indirect messages that promote an image of tourist resorts as a "place to have fun through breaking rules"
- Offer alternative activities, related to the resort's culture, including open air activities, playing sports etc.

Local recreational nightlife industry:

Should be responsible for putting into practice inter–national quality standards of best practices for their customers and the local residents. Therefore, they should work on prevention as dependable agents like other industry organizations in different European countries have been doing since they became aware that carrying on these politics works in their benefit.

Nightlife industry actions that could contribute to improvements:

- Apply a standardized protocol to ensure door staff is adequately screened

- Create a support network for door staff to prevent burn-out syndrome (debriefing techniques; frequent staff rotation and longer breaks etc.
- Create and guarantee the minimum health conditions at the venues, such as plastic glasses, condoms in the toilets, hygienic conditions, adequate lightening, emergency exits well indicated and located
- Establish specific training for all night staff (waiters, door personnel, dancers, DJs, etc.)
- Establish restrictions on opening hours for discotheques and especially for after parties. This has been shown to effectively reduce number and seriousness of hospital emergency cases
- Set up sobriety checks for staff working in nighttime venues
- During activities designed for youngsters, such as parties (regionally referred to as galas de tarde) where the minimum age for entrance is 13, only non-alcoholic beverages should be on sale and alcohol drinks should be at all times out of the sight of teenagers
- Establish specific strategies to control overcrowding and group formation, especially in places where tourist concentrations are more likely to provoke violent outbreaks • Tap water should be supplied in the nightlife venues free of charge to all customers
- According to different studies, higher alcohol prices have a preventive effect. For this reason there should be some control to avoid certain practices that use low alcohol prices as a marketing strategy
- Prices for non-alcoholic beverages should be much less expensive than the alcoholic ones.

Door staff direct actions that could contribute to improvements:

- Deny entrance to persons who have previously been involved in any violent incident in the venue
- Undertaking sobriety check points
- Training for all door staff providing
- A minimum of foreign language knowledge (English, German, etc) to avoid language misunderstandings
- Conflict resolution skills
- De-escalation training (also for waiters and other staff)
- Specific medical/first aid training (heat stroke, heart attack, paranoid behavior, overdose, etc.)
- Specific information about the risks and overdose effects of most frequently consumed party drugs

For more information please visit:

www.irefrea.org

www.cph.org.uk

www.spi-research.de

André Hémard	**The placement of the French pregnancy logo on the back label of all Pernod Ricard's wines and spirits brands in the EU – 27 countries**	Pernod Ricard

After the French Government decision to impose the logo in December 2006, Our Chairman Patrick Ricard decided that all our bottles of wines and spirits in the EU should carry the logo to raise consumer awareness about the danger of alcohol consumption during pregnancy.

Our Commitment is achieved: 550 M bottles now carry this logo in the European Union.
We have extended this commitment to other European Countries such as Serbia, Croatia, Norway, Switzerland; as well as Brazil and Australia.

To explain our action, We need to answer the following 4 questions:

1. **Is the pregnancy Logo efficient alone?**

No, the logo should only be a reminder of a risk already known by most pregnant women and hopefully health professionals. We believe we have a shared responsibility in the prevention process.

2. **Is the pregnancy Logo helpful?**

Yes, an external research in 3 countries gives these results: 94% of the women think this logo is easy to understand.

78% think it is likely to raise awareness that women should not drink during pregnancy.

70% would notice this logo on the back label.

And 90% think it is a good idea for the alcohol industry to carry this logo.

3. **Why is Pernod Ricard proud of its initiative?**

First, the commitment was achieved in time in December 2008.

Second, with the implementation of the logo we initiated some large information actions in Belgium, France, Germany, Poland and UK.

4. **What are the key elements of success?**

Together we need to approach this issue starting from educational programmes:

- Educate future doctors
- Educate future mothers in school and university

- Communicate the information to the target audience using all possible opportunities. This includes the logo on the packaging.

When seeing a pregnant woman drinking, an informed person should speak about the risk.

In summary: We think this voluntary initiative is positive, helpful and efficient. We want to demonstrate that when we work together with authorities, NGOs and media, we can reduce the harmful use of alcohol.

Jamie Fortescue	**Presentation of CEPS activities in the area of harm reduction**	European Spirits Organization (CEPS)

Over 160 spirits industry initiatives in the EU, available at http://www.europeanspirits.org/documents/drinks_industry_brochure_2008.pdf, over 90% of which with other stakeholder involvement, including NGOs, governments.

Some examples:

Server training

- 2006, partnership between EFRD, ICAP and Alcohol Focus Scotland (Servewise training scheme) to create a server training book for trainees and trainers
- Draft reviewed by professionals in Spain and Netherlands
- Piloted in Hungary with KIT, Vocational Training Center for the on-trade
- Measurement and evaluation on 200 trainees
- 200 trainees since early 2009

- *Rolled out in Poland and project in Portugal, and outside Europe*

Talk about alcohol

- European partnership between EFRD, COFACE (family), AEDE (teachers), OBESSU (secondary schools) and Generation Europe to draft the content of a template website to talk to children (11/16 years old), parents and teachers
- Pilot in 3 countries: UK, Spain and Czech Republic
- Independent Evaluation (using controlled group) and report

- *Rolled-out in Sweden, Netherlands (parents' part), currently under development in France*

Drink-Driving: designated driver

- Concept introduced in 1995 in Belgium (Bob)
- In 2002: pan European project with 6 countries with industry/road safety authorities partnership, and EU funding
- In 2004: Template based on good practices (content, tools, communication, evaluation)

- *Rolled-out in more 17 countries across Europe, in partnership with government and other sectors*

Consumer Information Website

- Taking drinkaware.co.uk as a basis, in 2007, EFRD commissioned an external body to draft template content for consumer information websites EU wide
- The draft was peer reviewed by scientists, doctors, public health institute

- *Rolled-out in 6 countries since, 3 countries under construction (total number expected by the end by the end of this year: 19; see: www.responsibledrinking.eu)*

Mr Matulas and Mr Jankauskas	**Example of effective alcohol control policy in Lithuania**	Committee on Health Affairs of the Seimas of the Republic of Lithuania

Lithuania's health policy puts a particular emphasis on addressing the problems associated with excessive alcohol use. In 1995, the Seimas of the Republic of Lithuania adopted the Law on Alcohol Control, one of the most stringent pieces of alcohol-related legislation in Europe. It was designed to diminish the overall rates of alcohol consumption, restrict accessibility of alcohol, particularly to minors, reduce alcohol abuse, and prevent its ill effects on health and economy. In 1998, the Seimas of the Republic adopted the National Health Programme establishing the national 25 percent reduction target for alcohol consumption by 2010. In 1999, the Government adopted the State Alcohol Control Programme that included objectives aligned to target 12 under the WHO Programme Health for All in the 21st Century, the European Alcohol Action Plan of 1991, and the European Alcohol Charter of 1995. As time went on, a total of 28 amendments to the Law on Alcohol Control were adopted, mostly to the effect of liberalising the Law as regards advertising of alcohol, better access to alcohol, and less stringent licensing control. The principles under the alcohol control policy and the tasks and objectives under the aforementioned programmes were not implemented. As a result, the overall consumption of alcohol increased, resulting in a negative impact on public health and the national economy. In 2007, Lithuania's rate of alcohol consumption per capita was the highest in Europe and reached a dangerous limit of 14.3 litres of absolute alcohol per capita. Consumption of all kinds of alcoholic beverages, including beer and wine, was on a stable rise. The increase in alcohol consumption inevitably resulted in worsening public health, an increase of mortality due to alcohol-related diseases, and a growing number of social problems. The number of cases of alcoholic psychosis per 100.000 inhabitants doubled between 2001 and 2007. Abundant indicators of hepatic cirrhosis and chronic hepatitis, apart from distinguishing Lithuania among its nearest neighbours in the Baltic region, put the country on a par with the European regional leaders in the area. Given the increase in the overall alcohol consumption rate and the dangerous nature of alcohol use, morbidity and mortality resulting from alcohol use as well as the overall mortality rates have significantly increased within a brief stretch of time. In 2007, the National Health Board assessed the implementation of the National Alcohol Control Programme and concluded that the tasks and objectives under the Programme were not implemented. The Seimas Ombudsman reported in the study carried out by the Seimas Ombudsmen's Office that the Law on Alcohol Control was not working in the right direction and radical decisions as well as political will were called for. An intensified public discussion ensued as a result of the study by the Seimas Ombudsman in 2007.

Under the circumstances the Committee on Health Affairs of the Seimas of the Republic of Lithuania made a step in the right direction, i.e. submitted to the Seimas for consideration a set of more stringent amendments to the Law on Alcohol Control, Law on Excise Duty, and Code of Administrative Offences pertaining to alcohol advertising, access to alcohol, taxes and duties, drink-driving, etc. The Seimas adopted them, announced 2008 to be the Year of Alcohol Abstinence and tasked the Government with

drafting the Programme for the Year of Alcohol Abstinence. Municipal mayors were encouraged to draft and implement relevant Abstinence Programmes in municipalities. Business stakeholders, in particular those involved in alcohol production and trade in oil products, strongly opposed these measures and exerted pressure on the legislators, frequently through the media. Ever since 2008, the newest measures under the State Alcohol Control Policy have produced an undisputable effect on the decrease of alcohol consumption and alcohol-related morbidity. There has been a reduction in the rates of acute alcohol intoxication, alcohol psychosis, and toxic impact of alcohol both in adults and in children. Equally, the number of alcohol-related transport accidents has shrunk and their impacts have been lessened; the number of alcohol-attributed accidents at work has decreased significantly as well. The impact of the aforementioned measures of the implementation of the State Alcohol Control Policy has not been a short-term one. This has been confirmed by the data from the 1st half of 2009 on further decrease of alcohol-related health disorders in Lithuania.

In brief, the more stringent legal and economic measures that led to the changes in the alcohol control policy during the Year of Abstinence have produced indisputably positive results in decreasing the overall consumption of alcohol in Lithuania and diminishing alcohol-related negative impacts. This effect is comparable to the impact of the alcohol control policy implemented in 1986 under Mikhail Gorbachev, which was unfortunately short-lived. Hopefully, Lithuania's breakthrough made in 2008 in terms of the results of the State Alcohol Control Policy will not be short-lived. Yet further joint national and public efforts are needed.

Annex I

This Annex gives an example of intra-sectoral stakeholder co-operation, in October 2009 eleven European NGOs issued a policy statement dedicated to alcohol related injury prevention. This document was first sent to the members of the Health Council in October 2009 to support the ongoing discussions on council conclusions on alcohol. It was later presented in a workshop on alcohol related accidents and injuries in Lodz November 2009.

Policy statement issued by the Network of European NGO's Dedicated to injury prevention

'Alcohol and injuries'

30 October 2009

Endorsed by:

European Public Health Alliance (EPHA),
European Alcohol Policy Alliance (EUROCARE),
European Federation of Road Traffic Victims (FEVR),
European Public Health Association/Injury Prevention Section (EUPHA),
European Society for Emergency Medicine (EuSEM),
European Network of Safety and Health Professional Organisations (ENSHPO),
International Life Saving Federation of Europe (ILSE),
Network for International Collaboration on Evidence in Suicide Prevention (NICE-SP),
Federation of the EU Fire Officer Association (FEU),
European YOUTH Forum (EYF),
European Association for Injury Prevention and Safety Promotion (EuroSafe).

Co-ordinating secretariat of the Network of European NGO's dedicated to injury prevention:
EuroSafe, Amsterdam secretariat@eurosafe.eu.com

Summary

Through this policy statement, eleven European umbrella organizations dedicated to injury prevention and safety promotion, want to contribute to current policy initiatives aiming at preventing and reducing alcohol related harm in order to increase the health and wellbeing of European citizens.

The statement highlights *alcohol as the major underlying risk factor for accidents, injuries and violence and identifies alcohol policy actions that will reduce the burden of alcohol related harm*.
Alcohol is shown to be a significant contributory factor in the occurrence of: road traffic accidents (car occupants, bicyclists, pedestrians), but also in accidents at home (falls and fires), accidents at work, recreational and sports injuries (due to drowning for instance), violence and suicide. Alcohol can also be an immediate cause of death due to accidental overdose, i.e. alcohol poisoning. Around 40% of all unintentional and intentional injury deaths are related to alcohol consumption. Alcohol also causes measurable inequities both between and within countries.

Given the huge impact of alcohol consumption on the social fabric of today's society, we must stop considering alcoholic drinks as an ordinary commodity. There is a growing body of evidence to show that injury and violence prevention strategies can be cost-effective and this is particularly true in relation to alcohol. Therefore, the endorsers of this statement urge Member States and the European Commission to formulate co-ordinated alcohol policies in collaboration with all relevant safety sectors as well as with nongovernmental organizations in order to address effectively this important risk factor to injuries and violence.

The injury prevention community makes the following recommendations, which are complementary to current initiatives:

- The EU should prioritize health over trade interests and should ensure effective minimum pricing policies, sales restrictions and discount bans being introduced in all Member States.
- An EU-harmonized consumer information and labelling system for alcohol products should make consumers more aware of the specific risks related to alcohol consumption.
- Alcohol-free environments should be created in road traffic, sports and leisure environments.
- Safer drinking and urban night time environments should be created and enforced within communities, especially for young people.
- Zero tolerance to alcohol consumption before driving or at work (BAC- levels set at 0,2 maximum in all countries), enforced by random breath testing and severe penalties for drinking and driving throughout Europe.
- Awareness raising campaigns of harm done by alcohol should be scaled up by informing and educating consumers as to high injury and death risk related to alcohol consumption.

- The health sector should advocate a more multi-sectoral approach and enhance working relationships with transport, police, criminal justice, leisure and beverage business and urban planning sectors.
- The health sector should systematically collect information pertaining to alcohol use from all injured patients attending emergency units. This information should be used for driving the political agenda at local, regional and national level.
- Emergency departments should collect information on assaults and share it with police and local authorities in an effort to control violence.
- Public health actions should be scaled in view of enhancing early detection of individuals at high risk and offering counselling by GP's and in hospitals.
- A monitoring system, with common key indicators for alcohol related injuries across Europe should be put in place for yearly data collection and annual reports be developed.

Background

On the 9-10 October 2008, a group of European NGO's signed a Declaration on Injury Prevention in Europe[13], in support of the Council Recommendation on the prevention of injury and the promotion of safety[14]. This Network of European NGO's that are dedicated to injury prevention, also agreed to prepare a Policy Statement on the issue of Alcohol and injuries[15], as *alcohol is an important risk factor for accidents and injuries*.

Through the policy statement, these European umbrella organizations are committed to endorsing and complementing European policy initiatives[16] aimed at preventing and reducing alcohol related harm in order to increase health and wellbeing of European citizens

The endorsers of this statement call upon Member States and the European Commission to ensure co-ordinated alcohol prevention and reduction policies in collaboration with all relevant health and safety sectors as well as with nongovernmental organizations in order to effectively address this important risk factor to injuries and violence. The health sector has much to offer, ranging from surveillance of alcohol-related injuries and violence to interventions by health professionals, such as individual counseling of at-risk patients and recidivists.

Alcohol: not an ordinary commodity

Alcohol consumption forms an integral part of modern culture[17]. A large majority of those who consume alcohol do so in moderation. However, the European region is the heaviest drinking region in the world, with an average consumption level of 11 litres of alcohol per adult per year[18]. This is more than 2,5 times as much as the rest of the world. It is estimated that over 58 million adults in EU-25 (15%) drink at a risky level, while 23 million are dependent on alcohol.

Alcohol is a toxic substance in terms of its direct and indirect effects on a wide range of body organs and systems and is related to some 60 diseases. Alcohol is the 3rd leading risk factor, behind tobacco

[13] http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/0/8524EC59AE213562C1257546004BE3FF/$file/Declaration_paris.pdf

[14] OJ C 164, 31.05.2007, p1

[15] An injury is usually defined by intention. The main causes of *unintentional* (accidental) injuries are motor vehicle accidents, poisoning, drowning, falls and burns. *Intentional injuries* (or violence) can be divided into the categories of: self-directed (as in suicide or self harm), inter personal (child, partner, elder, acquaintance, stranger) or collective (in war and by gangs), and other intentional injuries (including deaths due to legal intervention). In addition to intention and cause, injuries can also be addressed according to their settings – such as the home, sports and leisure, workplace or road.

[16] European Commission (2006). EU strategy to support Member States in reducing alcohol related harm. COM (2006) 625, Brussels, European Commission

[17] Most of the figures in this statement are based on Anderson, P and Baumberg, B: Alcohol in Europe, A public health perspective. A report for the European Commission, Institute of Alcohol Studies, UK, June 2006

[18] European region' refers to the WHO region and its 52 Member States, while EU is referring to the smaller region of EU Member States

and high blood pressure, and is responsible for 7,4% of all ill-health and premature death in the EU. Alcohol harm is disproportionately high among young people (115.000 of 195.000 deaths per year) and harms other than the drinker.

Alcohol does not only harm the individual drinker, but also harms innocent bystanders such as young children in families disrupted by alcohol (5-9 million children), vulnerable road users, and victims of domestic violence and street crime. European citizens have the right to be safeguarded from the harmful effects that alcoholic products may cause to themselves and their fellow citizens and need to be protected.
Alcohol is a product that is potentially toxic, addictive and harmful for consumers and those in their immediate environment. Alcohol use is also associated with an increased risk of injury in a wide variety of settings and shown to be a significant contributory factor in the occurrence of: road traffic accidents (vehicles, bicycles, pedestrians); accidents at home (falls), in the workplace, and during recreational and sports activities; fires, and drowning; violence and suicide.

Therefore we cannot consider alcoholic drinks to be an ordinary consumer product. National authorities and the European Commission need to cooperate towards a much stricter regulation and enforcement of controls on the marketing, sale and consumption of alcohol. There must also be a renewed effort to increase risk awareness among consumers. This is fully justified because:

- Consumers, as potential victims of alcohol related accidents and violence have the right to be protected from harm done to them by alcohol;
- Alcohol related harm has an substantial impact on the entire European region and countries have difficulties in dealing with this in isolation; and
- The harm done by alcohol transcends national borders.

Alcohol: major injury risk factor

Around 40% of all unintentional and intentional injury deaths are attributed to alcohol consumption in Europe[19]. The presence of alcohol in the body has also been shown to increase the severity of injuries from accidents. Alcohol is responsible for at least (annual averages):
- 10 800 road traffic accident deaths
- 27 000 other accidental deaths
- 2 000 interpersonal violence
- 10 000 suicides

Alcohol has a range of psychomotor and cognitive effects that negatively influence reaction times, cognitive processing and decision making, coordination, vigilance, vision and hearing. These effects

[19] WHO (2004) Global Burden of Disease

have been shown to start at 0,3 mg/ml blood alcohol concentration (BAC) with the risk of injury increasing exponentially with an increase in BAC. Alcohol consumption is regulated in relation to the operation of transport systems and in some very safety sensitive work environments. A maximum BAC limit of 0, 5 mg/ml is now mandatory in 24 Member States (zero tolerance in Czech Republic, Hungary, Romania and Slovak Republic, 0, 2 mg/ml in Estonia, Poland and Sweden and 0, 4 in Lithuania)[20]. However UK, Ireland and Malta still have an allowable limit of 0,8mg/ml., also for professional drivers.

Frequent and heavy drinking is associated with negative social consequences and repetitive injuries, particularly injury resulting from violence[21]. The effects of alcohol and the increased risk of injury remain some time after drinking, as skills and faculties do not necessarily return to normal immediately even once alcohol has left the body.
Alcohol also complicates the treatment of injured patients and the outcome from trauma. Patients under the influence of alcohol are more susceptible to shocks and are less resistant to surgical interventions.

There are important geographic and socio-demographic variations in the occurrence of accidents and injuries, due to the variations in consumption of alcohol. Fatal injuries account for nearly half of the premature adult mortality in men in the Baltic States. Unlike the rest of the new EU Member States, fatal injuries in the Baltic States remain at very high level of incidence. The analyses carried out by the "Closing the Gap" project[22] indicate that alcohol is the main cause of these high level of injury fatality. Alcohol is involved in 48% of all injuries in the Baltic countries, 50% in the rest of the New Member States and in 30% of the fatal injuries in the EU15.

In conclusion:

- Alcohol impairs vision, coordination, reaction times, and vigilance all of which are important in preventing injuries.
- The risk of injury starts to increase significantly at very low volumes of intake, i.e. lower than the currently allowed maximum BAC level in most Member States and increases exponentially with an increase in intake levels of alcohol.
- The geographical and socio-demographic variations in injury occurrence and associated variations in alcohol consumption support the clinical findings which demonstrate that alcohol is a major contributor to death and injuries due to accidents or violence.
- Alcohol causes measurable inequities in injury between Member States in the EU.

Facts related to specific injury categories

[20] Reducing Drinking and Driving in Europe; a report by Peter Anderson, Institute of Alcohol Studies, UK

[21] Anderson, P and Baumberg, B: Alcohol in Europe, A public health perspective. A report for the European Commission, Institute of Alcohol Studies, UK, June 2006

[22] For more information about the project http://www.hem.waw.pl/

Alcohol is a major contributing injury factor that cross cuts all settings and sectors activities in our society, including our domestic life, community life, in sports and leisure and in the work place.

Road traffic accidents

- Alcohol is a major contributory factor in accidents; whereas only about 1% of all kilometers driven in Europe are driven by drivers with more than 0.5 g/l alcohol in their blood, 1 in 4 of all road traffic fatalities involve alcohol (10,800 traffic deaths in the EU each year).

Home and leisure accidents

- Alcohol consumption increases the risk of accidents at home or in sports, ranging from minor accidents to treatment in an Accident and Emergency Department of a hospital or even death. Alcohol impairment has in particular been associated with deaths from fire, falls from height and drowning in open waters (e.g. in boating).
- Chronic alcohol consumption and the amount of alcohol drunk before the accident are considered as risk factors in hip fractures for both men and women. The risk of fracture is also higher in people displaying signs of an alcohol-related illness. Finally, alcohol is known to interact with medication, notably sedative and hypnotic drug products, intensively used by older people. Alcohol and medication consumed are dramatically increasing the risk of falls among older persons.

Work place accidents

- The heaviest drinkers tend to be concentrated in those of working age. The International Labour Organisation estimates that, globally, almost 5% of the average workforce is alcohol dependent, and up to 25% drink heavily enough to be at risk of dependence. Some occupations have higher than average alcohol consumption and alcohol related injury problems.
- Alcohol abuse in the workplace is estimated to be in 25 % of the cases a contributory factor to the occurrence of accidents at work, involving intoxicated people injuring themselves and/or innocent victims.

Interpersonal violence and homicides

- Alcohol increases the risk of engaging into violent behaviour due to reduced self control. An estimated 7 million adults in the EU report fighting after drinking in the last year.
- Over 2,000 homicides deaths per year are attributable to alcohol use. While this makes up a relatively small proportion of the total harm done by alcohol it represents 4 out of every 10 homicides that occur in the European Union.
- Studies have shown 16%-71% of domestic or intimate partner violence to be linked to alcohol across Europe.

- More than 7 million children in the EU live in families that are adversely affected by alcohol. Parental drinking can affect the environment in which a child grows up through poor parenting, marital conflict and negative role models. One in every six cases of child abuse involves alcohol.
- About three quarters of the violence related injuries treated in emergency departments come from assaults that were never reported to the police.

Suicides

- Deaths by suicide account for 7%-8% of the total deaths due to alcohol, a toll that is greater for men. The 10,000 alcohol related suicide deaths seen in the European region every year represent more than 1 out of every 6 suicides.

Alcohol policies and opportunities for injury prevention

Injury prevention focused alcohol policies can be grouped under three headings:

- policies that prevent alcohol being combined with driving, working or sports and leisure time activities
- policies that support education, communication, training and public awareness
- policies that regulate the alcohol market

Policies that prevent alcohol being combined with driving, working or leisure activities.

- Highly effective policies in this field include lower blood alcohol concentration (BAC) levels (*0.2 g/L for all drivers*), unrestricted (random) breath testing and severe penalties with clarity and swiftness of punishment and administrative license suspension. These measures should be considered for a wider implementation in workplace (a strict *'company alcohol policy'* should be part of overall Health and safety policy) and sports/ leisure settings (as part of *'safety management schemes'* in sports and leisure time activities). Enforcement is key to the success of these strategies.
- Evidence suggests that *random breath testing for driving* under the influence of alcohol would save €36 for every €1 spent[23]. The WHO has modelled the impact of and cost of unrestricted breath testing compared with no testing. Applying this to the European Union finds an estimated 110 000 years of disability and premature death avoided at an estimated cost of €233 million each year.

Policies that support education, communication, training and public awareness

- The impact of policies that only support education, communication, training and public awareness is low. However, mass media programmes have a particular role to play in reinforcing community awareness of the societal problems created by alcohol use in general and to prepare the ground

[23] Dinesh Sethi, Francesca Racioppi, Inge Baumgarten and Patrizia Vida, Injuries and Violence in Europe: Why they matter and what can be done" (2006)

for specific interventions. *Awareness of the contributory role of alcohol in the incidence of accidents and injuries needs to be increased among the general population*.

- While food products fall under strict EU-labelling system as regards the contents and components in food products, such a system is missing for alcoholic beverages. *Labelling is essential* for assisting consumers in making an informed choice while purchasing and consuming alcohol.
- *Changing environments* where alcohol is frequently consumed, for instance by improving street illumination at night and providing plastic drinking glasses may help to reduce triggers to risky and violent behaviour. Alcohol locks in cars can also contribute to an increased awareness of the fatal combination of drinking and driving and to actually preventing people to take that risk.
- Special attention needs be given to *youth and young adults* (for instance, delaying the age of onset of alcohol consumption can help reduce harm as it is proven than an earlier age of onset tends to lead to greater consumption at adult age), heavy drinkers (as those in the workforce represent the bulk of heavy drinkers; therefore the *workplace* is a promising setting for primary prevention) and to *older persons* (as, at older age, body and mind become less tolerant to alcohol, in particular while combined with medicines).
- As brief *advice by health professionals* in primary care setting or emergency departments has been shown to be a cost-effective measure addressing individuals at risk[24] uptake of this strategy including adequate preparation of health professions is warranted.

Public health authorities should be responsible for providing education, communication, training and public awareness rising campaigns. The economic operators should not have any direct involvement in any of activities towards educating the public apart from providing product information (like ingredient listing or health warnings – this product can harm your unborn child).

Policies that regulate the Alcohol Market

- *Increasing the (minimum) price of alcohol* as a means of reducing alcohol-related harm would also lead sharp fall in accidental injuries, violence and suicide attempts. The WHO has estimated sharp reductions of violence proportionally to price increases (-1% > in pure alcohol price, 5% < in intimate partner violence/ -10% > in beer price, 4% < in number of students involved in violence/ 10% > in beer price, 2% reduction in child abuse). Higher minimum prices will reduce the inequalities in alcohol related harm which is higher in the lower socio-economic groups. Also violent assaults, for example glass and facial injuries, will reduce as beer prices goes up.
- *Prohibition of price actions and discounts* in promotion and sales of alcoholic beverages in shops and in pubs.
- *Restrict access to alcoholic beverages* by limiting the number of outlets. Sale should be in particular prohibited in or near petrol stations, in canteens at work or in schools, and at large public events (e.g., sporting events, concerts).

[24] Rehm J, Room R, Monteiro Mea (2004). In: Ezzatti M et al., eds. Comparative quantification of health risks. Global and regional burden of disease attributable to selected risk factors. Geneva: World Health Organization; p. 959-1108.

Recommended actions

There is a growing body of evidence to show that injury and violence prevention strategies are cost-effective and this is particularly true for strategies to reduce harm resulting from use of alcohol. Binding international trade agreements should not be seen as an impediment to ensuring safety related regulatory measures. These international commitments provide an opportunity for concerted policies and measures, as they explicitly give room for 'the adoption and enforcement of measures to protect human health[25]'.

We therefore highlight the following recommendations:

- The EU should confirm that alcohol is no longer to be considered as an ordinary commodity. The EU should prioritize health over trade interests and should initiate regulatory measures that supports human health and safety
- These regulatory measures should restrict the marketing and sale of alcohol within the EU-region by minimum pricing policies, sales restrictions and discount bans.
- An EU-harmonised consumer information and labelling system for alcohol products, including warning messages such as 'do not drink when pregnant' and 'do not drink and drive', should make consumers more aware of the specific risks related to alcohol consumption.
- Alcohol-free environments should be created in road traffic (e.g. no sale of alcohol at petrol stations), at work (through 'company alcohol policy'), in sports facilities and events ('alcohol free sporting') and in leisure activities (especially where children and young people are gathered).
- Safer drinking and urban night time environments should be created and enforced within communities, especially for young people, ranging from better town planning and public transportation to more widespread use of plastic glasses in bars and availability of cheap drinking water.
- Zero tolerance to alcohol consumption before driving or at work (BAC- levels set at 0,2 maximum in all countries). This need to be strictly enforced by e.g.: by random breath testing and common penalties for drinking and driving, with clarity and swiftness of punishment, to be introduced throughout Europe.
- Awareness raising campaigns of harm done by alcohol should be scaled up by informing and educating consumers as to high injury and death risk related to alcohol consumption. Especially in driving education, including the published driving codes, teaching materials and exam forms, the severe risks of drinking driving should be addressed as well as the severe penalties related to infringement of the laws.
- The health sector should advocate a more multisectoral approach and enhance working relationships with transport, police, criminal justice, leisure and beverage business and urban planning sectors.

[25] WTO Committee on Trade and Environment, 2002

- The health sector should systematically collect information pertaining to alcohol use from all injured patients attending emergency units This requires the inclusion of a special section recording alcohol involvement as a part of the standard surveillance form used in emergency departments (for example, by integration of ICD-10 Y90/Y91 codes into standard forms), supported by ongoing training and a clinical practice guidelines. This information should be used for driving the political agenda at local, regional and national level.
- Emergency departments should collect information on assaults and share it with police and local authorities in an effort to control violence, as about three quarters of the violence related injuries treated in emergency departments come from assaults that were never reported to the police.
- Evidence based alcohol policies should be developed for public health actions in view of enhancing early detection of risk groups and individuals at high risk and offering brief interventions to people at risk, such as physician counselling by GP's and in hospitals.
- A monitoring system, with common key indicators for alcohol related injuries across Europe should be put in place for yearly data collection and annual reports be developed.

Relevant documents on alcohol and injuries:

Anderson, P & Baumberg, B (2005) "Alcohol in Europe: A Public Health Perspective", Institute of Alcohol Studies: London

Institute of Alcohol Studies Factsheet (2006) http://www.euro.who.int/document/E67946.pdf

EuroSafe Policy briefing on Alcohol and Injury, Amsterdam, 2008
http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/wwwVwContent/l4policybriefings.htm

Guillemont J et al (2009), ***Alcohol as a risk factor for injury: lessons from French data, International Journal of Injury Control and Safety Promotion,***
http://www.tandf.co.uk/journals/journal.asp?issn=1745-7300&subcategory=HS620000

Institute of Alcohol Studies (2008), Fact sheet Alcohol - and the Workplace, London
http://www.ias.org.uk/resources/factsheets/factsheets.html

Lancet, Volume 373 June 27 (2009) Rehm, Jurgen; Mathers, Colin; Popova, Svetlana; Thavorncharoensap, Montarat; Teerawattananon, Yat; Patra Jayadeep Alcohol and global Health 1 global burden of disease and injury and economic cost attributable to alcohol use and alcohol-use disorders www.thelancet.com

WHO Publications
European Alcohol Action Plan 2000-2005 http://www.euro.who.int/document/E67946.pdf

Alcohol and Injury in Emergency Departments (2007)

Zatonski, W (2008) 'Alcohol and Injuries', Presentation given at the European Alcohol Policy Conference, Barcelona.