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eurocare

European Alcohol Policy Alliance



Why should we care about alcohol ?



The European Alcohol Policy Alliance (EUROCARE) is an alliance of non-governmental and public health organisations. It advocates the prevention and reduction of alcohol related harm in Europe through effective and evidence based alcohol policy.

www.eurocare.org

A Cause For Action

The European Union is the heaviest drinking region in the world.

Alcohol harms you

- Alcohol is the 3rd top risk factor in Europe for ill health and NCDs such as cancer, cardiovascular and liver disease
- Alcohol is a toxic substance in terms of its direct and indirect effects on a wide range of body organs and a cause of some 60 diseases
- 12 million people in the EU are dependent on alcohol

Alcohol harms others

- Around 9 million children in the EU are living with one parent addicted to alcohol
- 1 of 4 road fatalities in EU are due to alcohol; in 2010 nearly 31,000 Europeans were killed on the roads of which 25% were related to alcohol
- Drinking alcohol during pregnancy can lead to birth defects and developmental disorders. It may cause the unborn child physical, behavioural and learning disabilities

Alcohol harms society

- The social cost attributable to alcohol is 155,8 billion Euro yearly
- Alcohol is the leading risk for ill-health and premature death for the core of the working age population (25-59 year)
- Alcohol is responsible 1 in 7 male deaths and 1 in 13 female deaths in the group aged 15–64 years, resulting in approximately 120 000 premature deaths

Protecting young people

Alcohol harm is disproportionately high among young people alarmingly, 43% of male and 38% of female young European students (15-16 year old) report heavy episodic drinking at least once a month. Young people are often already drunk by the time they go out, fuelled by cheap alcohol from shops and supermarkets, with drinking venues exacerbating problems further.



What we can do:

- Minimum legal age for purchasing 18 years (while respecting Member States with higher minimum age of purchase and stricter implementation policy)
- Professional training for employees handling alcohol (serving, selling)
- Stricter opening hours and reduced density of alcohol outlets

Effective restrictions on alcohol marketing

Alcohol marketing increases the likelihood that young people will start to drink alcohol, and that among those who have started to drink, marketing increases their drinking levels in terms of both amount and frequency. Online alcohol marketing and alcohol branded sports sponsorship increase the likelihood of 14 year olds to drink alcohol.



What we can do:

- No alcohol advertising on television or in cinemas
- No alcohol advertising on internet except at points of sale
- No alcohol sponsorship of cultural or sport events
- Young people should not be exposed to alcohol marketing

Price and taxation

The affordability of alcoholic beverages has increased in Europe over the last 12 years. There has been a decline in the EU minimum excise duty rate in real terms for alcoholic beverages since 1992 as they have not been adjusted for inflation. The real value of excise duty rates for most alcoholic beverages has gone down since 1996 and consequently alcohol has been much more affordable.



What we can do:

- Excise duty on all alcohol beverages should rise in line with inflation
- Member States should have the flexibility to limit individual cross-border purchases so as not to diminish the impact of their current tax policies
- EU Recommendation of 'zero' for excise duty on wine should be brought to an end
- Member States should have the flexibility to set minimum unit prices based on alcohol content in products

Zero tolerance for drink driving

The fatality risk increases exponentially with the blood alcohol content (BAC) level of the driver. The risk for drivers with low BAC levels (0.1 to 0.5 g/L) is 1 to 3 times the risk of sober drivers. For drivers with a BAC level of 0.5 to 0.8 g/L it is already up to 20 times higher, increasing to 5- 30 times for drivers with BAC levels of 0.8 to 1.2 g/L. For high BAC offenders the risk is 20-200 times higher than that of sober drivers.



What we can do:

- Zero tolerance for drink driving for all drivers
- Adequate enforcement is needed within Member States (e.g.; police checks, random breath testing etc)
- Introduce alcohol interlocks for professional drivers and in a first phase to repeat offenders
- Introduce mandatory labelling on alcohol products on drink driving

Consumer protection- better labelling

Listing the ingredients contained in a particular beverage alerts the consumer to the presence of any potentially harmful or problematic substances. Even more importantly, providing nutritional information such as energy content allows consumer to monitor their diets better and makes it easier to keep a healthy lifestyle. Information about the risks related with alcohol consumption (damages to health, risk of dependence, dangers associated with drinking during pregnancy, when driving etc) should also be provided by the form of comprehensive labelling.



What we can do:

- Introduction of health information labels on container of alcoholic beverages determined by state/ public bodies
- Stop the exemption for alcoholic beverages from the EU Provision of Food Information to Consumers Regulation; containers of alcoholic products should be required to provide their ingredients and nutrition information

Alcohol and pregnancy

Drinking alcohol during pregnancy can lead to birth defects and developmental disorders. It may cause the unborn child physical, behavioural and learning disabilities. FASD is an umbrella term describing the range of effect that can occur in person whose mother drank during pregnancy. It affects nearly 5 million people and is 100% preventable.



What we can do:

- Containers of alcohol products should carry a health information label/ pictogram determined by public health bodies describing the harmful effects of drinking alcohol during pregnancy.
- Provision of services for diagnosis and treatment for children with foetal alcohol syndrome (FAS/FASD).

Prevention in the workplace

Alcohol- related absenteeism has negative impact on work performance, productivity and competitiveness of businesses on the whole. About 20-25 % of all accidents at work involved intoxicated people.



What we can do:

- Implementation of health promotion policies and campaigns within the workplace with focus on alcohol
- Enforcement and where not existent introduction of zero tolerance policies for BAC levels in industries where alcohol increases the danger of accidents and injuries