



## **Call for a Comprehensive Alcohol Policy Strategy in the European Union 2016-2025**

The European Union has the highest rate of alcohol consumption in the world (10.2 litres of pure alcohol per person age 15+) per person) and alcohol was responsible for 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<sup>1</sup>

Alcohol is the 3<sup>rd</sup> main contributory factor to Non Communicable Diseases (NCDs), it is a cause of some 60 different types of disease, including many cancers, liver disease, cardiovascular diseases, gastrointestinal conditions, immunological disorders, lung diseases, skeletal and muscular diseases, reproductive disorders and pre-natal harm, including increased risks of prematurity and low birth as well as developmental disorders. There is a clear causal link between alcohol and cancer- 10% cancers in men and 3% of total cancers in women are directly attributable to alcohol.<sup>2</sup> Alarmingly, 43% of male and 38% of female young European students (15-16 year old) report heavy episodic drinking at least once a month<sup>3</sup>

Beyond its health consequences, the harmful use of alcohol inflicts significant social and economic losses on individuals, families, communities and society at large. In total, the societal costs of alcohol in the EU for 2010 were an estimated €155.8 billion.<sup>4</sup> Alcohol is the world's number one risk factor for ill health and premature death among 25- 59 year olds, the core of the working age population.<sup>5</sup> Harmful alcohol use negatively affects work performance, drains healthcare systems and is a contributory factor in crime, accidents and injuries.

The harms from alcohol are therefore multidimensional and require a range of policies to contribute towards maintaining a healthy work force and reducing costs for health care services, in line with the strategic aims of the Europe 2020 Strategy.

We recognise the progress that has been achieved over the past years in raising the issue of alcohol related harm on the EU agenda, from the first mention in 1986 of a need to tackle the problems

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<sup>1</sup> World Health Organisation (2013) *Status report on alcohol and health in 35 European countries*

<sup>2</sup> British Medical Journal (2011) *Alcohol attributable burden of incidence of cancer in eighth European countries based on results from prospective cohort study*

<sup>3</sup> ESPAD 2011 *Report. Substance Use Among Students in 36 European Countries.*

<sup>4</sup> Rehm, J. et al (2012) *Interventions for alcohol dependence in Europe: A missed opportunity to improve public health*

<sup>5</sup> Scientific Opinion of the Science Group of the European Alcohol and Health Forum (2011) *Alcohol, Work and Productivity*

related to harmful and hazardous consumption of alcohol in the Council Resolution, through 2006 EU Alcohol Strategy, to the adoption of the 2014 Action Plan on Youth Drinking and Heavy Episodic Drinking.

Despite the progress achieved our work to tackle alcohol related harm is by no means finished. The absence of an up-to-date EU Alcohol Strategy based on latest evidence and abreast with societal changes (for example, move of alcohol advertising from traditional to new media) poses a real threat to maintaining and boosting the progress made to reduce alcohol related harm in Europe. An EU Alcohol Strategy should lay out a longer term framework for sustainable action at the EU level and seek to support and complement comprehensive national alcohol strategies by focusing on policy areas where the EU mandate can add value.

The EU Strategy should address the following areas:

- Population-level policy instruments, such as taxation and action on physical availability
- Targeted policies such as minimum unit pricing, which has a greater impact on hazardous and harmful drinkers and contributes to reducing health inequalities.
- Effective restrictions on alcohol marketing and advertising
- Consumer information including the provision of nutritional and other health related information on alcoholic beverage labels
- Reduction in drink-driving
- Health sector responses for early detection, brief interventions and treatment for alcohol use disorders
- Strategies that alter drinking contexts, backed up by community-based prevention action
- Evidence-based public awareness communication and school-based education to help reduce risks and harm from alcohol
- Prevention with special focus on the workplace
- Research, better monitoring of trends in alcohol consumption and harms and further development of the common evidence base

Due to the scale of the problem and its impact across societies, alcohol related harm is a too big challenge for one government to solve alone. It requires a comprehensive, coordinated response from policy and decisions makers at both European and national levels.

**With this in mind, we the signatories call on the European Commission to take the lead in reducing alcohol related harm and develop an up-to- date EU Alcohol Strategy that can deliver real gains for public health.**

**Signatories**

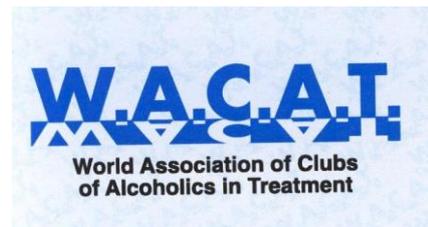
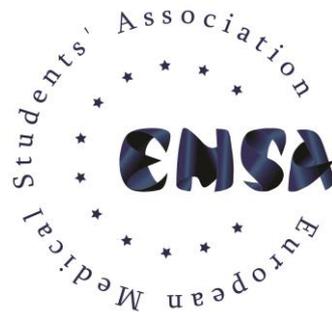
## International and European organisations



**Global Alcohol Policy Alliance**



Alcohol Policy Youth Network



**INEBRIA**

International Network on Brief Interventions for Alcohol & Other Drugs



**ENSP**

European Network for Smoking and Tobacco Prevention





## National organisations



Radboudumc





Alcohol Concern  
Promoting health; improving lives



BRITISH SOCIETY OF  
GASTROENTEROLOGY



## International and European organisations

1. Global Alcohol Policy Alliance
2. Alcohol Policy Youth Network (APYN)
3. Nordic Alcohol and Drug Policy Network (Nordan)
4. European FASD Alliance (EUFASD)
5. European Medical Students' Association (EMSA)
6. EuroHealthNet
7. International Network on Brief Interventions for Alcohol and Other Drugs (INEBRIA)
8. World Association of Clubs of Alcoholics in Treatment (WACAT)
9. European Public Health Alliance (EPHA)
10. European Mutual Help Network on Alcohol Related Problems (EMNA)
11. European Network for Smoking and Tobacco Prevention (ENSP)
12. European Association for the Study of the Liver (EASL)
13. European Liver Patients Association (ELPA)
14. European Institute of Women's Health (EIWH)
15. International Federation of Medical Students' Associations (IFMSA)
16. European Federation of Nurses Associations (EFN)
17. International Blue Cross
18. Association of European Cancer Leagues (ECL)
19. Standing Committee of European Doctors (CPME)

## National organisations

20. Scottish Health Action on Alcohol Problems (SHAAP)
21. Lithuanian Tobacco and Alcohol Control Coalition (NTAKK)
22. Alcohol Focus Scotland (AFS)
23. Estonian Temperance Union (AVE)
24. Norwegian Policy Network on Alcohol and Drugs (Actis)
25. Radboud university medical center (the Netherlands Radboudumc)

26. IOGT Norway
27. Scottish Families Affected by Alcohol & Drugs
28. The Institute of Alcohol Studies (UK)
29. Association Nationale de Prevention en Alcoologie et Addictologie (France, ANPAA)
30. Royal College of Physicians (UK)
31. The Alcohol Health Alliance (UK)
32. Alcohol Concern (UK)
33. British Society of Gastroenterology (UK)
34. Regional Association of Clubs of Alcoholics in Treatment of Liguria (Italy)
35. IOGT Germany
36. Catalan Agency of Public Health (Spain)
37. Associazione Italiana Chiropratici (Italy)
38. Anti-Alcoholic Portuguese Society (SAAP)
39. Instituto Sao Joao de Deus (Portugal, ISJD)
40. Tobacco and Alcohol Markets Regulatory Authority (Turkey, TAPDK)
41. Eurocare Italia
42. Blue Cross Norway
43. Dutch Institute for Alcohol Policy (STAP)
44. Green Crescent (Turkey)
45. Zavod Varna pot (Slovenia)
46. Association for drug related harm reduction – DrogArt (Slovenia)
47. National Institute of Public Health (Slovenia)
48. Alcohol Health Network (UK)
50. Alcohol and Society (Denmark)