Opinion of the European Economic and Social Committee on the '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'

COM(2006) 625 final

(2007/C 175/19)

On 24 October 2006 the Commission decided to consult the European Economic and Social Committee, under Article 262 of the Treaty establishing the European Community, on the abovementioned proposal.

The Section for Employment, Social Affairs and Citizenship, which was responsible for preparing the Committee's work on the subject, adopted its opinion on 2 May 2007. The rapporteur was Ms van Turnhout and the co-rapporteur was Mr Janson.

At its 436th plenary session, held on 30 and 31 May 2007 (meeting of 30 May 2007), the European Economic and Social Committee adopted the following opinion by 96 votes to 14 with 6 abstentions.

1. **Executive Summary**

1.1 The European Economic and Social Committee (EESC) welcomes the Communication from the Commission, *An EU strategy to support Member States in reducing alcohol related harm*. However, the EESC regrets that the Communication falls far short of a 'comprehensive strategy' which was invited in the *Council Conclusions* of 5 June 2001.

1.2 This Opinion addresses the public health issue of reducing alcohol related harm: harmful and hazardous alcohol consumption as well as under-age drinking contributes to alcohol related harm.

1.3 The EESC would have expected the Commission to have provided a more comprehensive and transparent analysis of all the relevant EU policy areas, as identified in the impact assessment, and of the difficulties some Member States have experienced in maintaining quality public health alcohol policies due to EU market rules.

1.4 The EESC urges the Commission, in recognition of its treaty obligations, to show strong leadership by actively supporting Member States in their efforts to provide a high level of health protection by reducing alcohol related harm and to ensure that Community action complements national policies.

1.5 The EESC recognises that cultural habits differ across Europe. These differences should be taken into account by the various initiatives and actions proposed.

1.6 The EESC welcomes the development of a common evidence base, including standardised definitions for data collection, which will provide a strong EU added value dimension. The EESC regrets that most of the priority areas identified do not include specific objectives with clear measurable targets and timelines.

1.7 The EESC regrets that nowhere in the Communication does the Commission acknowledge that one of the reasons for so much alcohol related harm is that alcohol is a psychoactive drug, a toxic substance when used to excess, and for some an addictive substance.

1.8 The EESC strongly supports children's rights and believes that children, due to their vulnerability and special needs, require special safeguards and care, including appropriate legal protection. The EESC recommends that, for the purposes of the strategy, the child should be defined as any person under the age of eighteen years, in line with the UN Convention on the Rights of the Child.

1.9 The EESC urges that a reduction in the exposure of children to alcohol products, advertising and promotions be included as a specific objective to provide greater protection to children.

1.10 The EESC urges the Commission to address the economic consequences of alcohol related harm. The negative effects go against the objectives of the Lisbon Strategy and have implications for the workplace, society and the economy.

1.11 The EESC welcomes the creation of the Alcohol and Health Forum which could be a useful platform for dialogue, between all relevant stakeholders, and lead to concrete action aimed at reducing alcohol related harm. The EESC would welcome the opportunity to be an observer at the Alcohol and Health Forum.

1.12 The EESC urges that education and awareness raising initiatives should be part of an overall integrated strategy to reduce alcohol related harm.

1.13 The EESC is concerned that there is a disturbing inconsistency between the research evidence-base of effective measures to reduce alcohol related harm and what are being proposed as Community actions. Throughout the Communication, education and information are frequently cited as the intended measures. However, the research evidence suggests that such measures have a very low rate of effectiveness in reducing alcohol related harm.

2. **Background**

2.1 The European Union has competence and responsibility to address public health problems related to harmful and hazardous alcohol use. Article 152 (1) of the Treaty ([1]) states that: *a high level of human health protection shall be ensured in the definition and implementation of all Community policies*. It states further that: *Community action, which shall complement national policies, shall be directed towards improving public health, preventing human illness and diseases and obviating sources of danger to human health*.

2.2 In 2001, the Council adopted a Recommendation on the drinking of alcohol by young people, in particular children and adolescents ([2]), and invited the Commission to follow, assess and monitor developments and the measures taken, and to report back on the need for further actions.

2.3 In its *Conclusions* of 5 June 2001, the Council invited the Commission to put forward proposals for a comprehensive Community strategy aimed at reducing alcohol-related harm which would complement national policies. In June 2004, the Council reiterated its invitation ([3]).

3. **Overall comments**

3.1 The European Economic and Social Committee (EESC) welcomes the Communication from the Commission, *An EU strategy to support Member States in reducing alcohol related harm* ([4]).

3.1.1 There are significant differences in alcohol consumption and harm between countries both in quantitative terms, with regard to the form taken by the phenomenon, and also in terms of the level of health-related and social dangers. In the light this the EESC believes that the 'Community activities' to be carried out 'while respecting Member States' competencies' should be understood as 'common guidelines' inspired by mutually-accepted concepts concerning the aim of reducing alcohol related harm, in all its forms. In the context of these common guidelines, individual Member State should decide on the means, the techniques and the intensity of the work to be done.

3.2 However, the EESC regrets that the Communication falls far short of the 'comprehensive strategy' that was called for in the *Council Conclusions*, despite the lengthy developmental process, the evidence of the EU-wide problems relating to alcohol consumption and their impact on the health, social well-being and economic prosperity of European citizens.

3.3 The Council invited the Commission to put forward a range of Community activities in all relevant policy areas to ensure a high level of health protection. The relevant policy areas included excise duties, transport, advertising, marketing, sponsorship, consumer protection and research, while respecting Member States competencies.

3.4 The EESC welcomes the recognition that harmful and hazardous alcohol consumption is a key health determinant and one of the main causes of ill health and early death in the EU. For many alcohol related conditions, there is no 'safe' limit of alcohol ([5]).

3.5 The EESC regrets that nowhere in the Communication does the Commission acknowledge that one of the reasons for so much alcohol related harm is that alcohol is a psychoactive drug, and is a toxic substance when used to excess, and for some an addictive substance. This is disappointing given that the strategy has been led out by the Public Health Directorate of the Commission, where medical expertise is extensive.

3.6 The EESC welcomes the acknowledgement that harmful and hazardous alcohol consumption impacts negatively not only on the drinker but on people other than the drinker especially in relation to accidents, injuries and violence. The EESC recognises that the most vulnerable group at risk are children, and that other vulnerable groups include people with learning disabilities, mental health problems, and those addicted to alcohol and other drugs.

([1]) Treaty establishing the European Community: http://europa.eu.int/eur-lex/en/treaties/selected/livre235.html.

([2]) Council recommendation of 5 June 2001 (2001/458/EC). Full report published at http://ec.europa.eu/comm/health.

([3]) Council Conclusions 2001 and 2004 http://ue.eu.int/ueDocs/cms_Data/docs/pressData/en/lsa/80729.pdf.

([4]) 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 (COM(2006) 625 final). The Communication is accompanied by two comprehensive reports which were commissioned by the European Commission: P. Anderson and A. Baumberg, *Alcohol in Europe: A Public Health* Perspective, St. Ives: Cambridgeshire: Institute of Alcohol Studies, 2006. (http://ec.europa.eu/health-eu/news_alcoholineurope_en.htm); and a detailed economic analysis of the impact of alcohol on the economic development of the EU as part of the Impact Assesment procedure (http://ec.europa.eu/health/ph_determinants/life_style/alcohol/documents/alcohol_com_625_a1_en.pdf) — 'RAND Report'.

([5]) *Alcohol in Europe: A Public Health Perspective*.

3.7 Domestic violence is a serious problem in many countries ([6]). The EESC urges specific attention to this issue, given the strong links between domestic violence and heavy drinking ([7]). While domestic violence can occur in the absence of alcohol, heavy drinking contributes to violence in some people under some circumstances. Heavy drinking can involve more acts of violence and more severe violence. Treatment for alcohol dependence has been shown to reduce intimate partner violence. A reduction in heavy drinking not only benefits the victims and the perpetrators of violence, but also the children living in such families.

3.8 The destiny of Europe depends on a healthy and productive population. The evidence that a higher proportion of the disease burden from harmful and hazardous alcohol consumption is experienced by young people is therefore of grave concern to the EESC ([8]).

3.9 While different cultural habits related to alcohol use across Europe continue to exist, there has been a convergence of drinking patterns among young adults and children. The EESC is concerned at the increase in harmful and hazardous drinking among young adults and children in many Member States over the last ten years, in particular episodic heavy drinking known as 'binge drinking'. Social acceptance of a lifestyle in which alcohol is constantly present encourages these harmful drinking patterns.

3.10 The EESC urges the Commission to recognise that regular moderate drinkers who drink in harmful ways from time to time contribute to acute alcohol related harm, for example driving after drinking, alcohol triggered violence in public places, excessive drinking around sporting or other special events. Such occasional harmful drinking events amongst the majority of moderate drinkers can result in significant public health and public safety problems ([9]).

3.11 The strategy explicitly draws attention to the competence of the EU under the Treaty to complement national policies directed at safeguarding public health. It also notes the fact that the European Court of Justice has repeatedly confirmed that reducing alcohol related harm is an important and valid public health goal, using measures deemed appropriate and in accordance with the principle of subsidiarity.

3.12 In light of this, the EESC would have expected the Commission to have provided a more comprehensive and transparent analysis of all the relevant EU policy areas.

3.13 The impact assessment undertaken by the Commission did identify all the relevant policy domains and the difficulties that some Member States have experienced in maintaining quality public health alcohol policies due to cross boarder activity, such as exposure to cross border private imports and cross-boarder advertising. However, the alcohol strategy does not put forward any proposal to respond to this problem.

4. **Overview of harmful effects**

4.1 Globally, the European Union is the region where most alcohol is consumed, with 11 litres of pure alcohol per person each year ([10]). While the trend is that overall consumption is declining there is also a trend towards more harmful drinking patterns.

4.2 Noting that most consumers drink responsibly most of the time, the EESC is concerned that 55 million adults in the EU (15 % of the adult population) are estimated to drink at harmful levels on a regular basis ([11]). Harmful alcohol consumption is estimated to be responsible for approximately 195 000 deaths a year in the EU due to accidents, liver disease, cancers and so forth. Harmful alcohol use is the third biggest cause of early death and illness in the EU ([12]).

4.3 Harmful alcohol drinking also affects the economy, due to increased health care and social costs, and loss of productivity. The cost of alcohol related harm to the EU's economy has been estimated at EUR 125 billion for 2003, equivalent to 1.3 % of GDP which includes crime, traffic accidents, health, premature death and disease treatment and prevention ([13]).

5. **Priority themes**

5.1 The EESC regrets that, in relation to **four** of the five priority areas, the Communication does not include specific objectives with clear measurable targets and timelines.

([6]) EESC Opinion of 16.3.2006 on *Domestic violence against women* (OJ C 110 of 9.5.2006) and the EESC Opinion of 14.12.2006 on *Children as indirect victims of domestic violence* (OJ C 325 of 30.12.2006). Rapporteur: Ms Heinisch.
([7]) *Alcohol in Europe: A Public Health Perspective*.
([8]) Alcohol-related harm in Europe — Key data October 2006, Brussels, MEMO/06/397, 24 October 2006. Source: Global Burden of Disease Project (Rehm et at 2004).
([9]) *Alcohol in Europe: A Public Health Perspective*.
([10]) Ibid.
([11]) More than 40 g of alcohol, i.e. 4 drinks a day, for men and over 20 g, i.e. 2 drinks a day, by women.
([12]) Alcohol-related harm in Europe — Key data October 2006, Brussels, MEMO/06/397, 24 October 2006. Source: Global Burden of Disease Project (Rehm et al 2004).
([13]) Ibid.

Protecting children

5.2 Children are particularly vulnerable to harms caused by alcohol. It is estimated that 5 to 9 million children in families are adversely affected by alcohol that alcohol is a causal factor in 16 % of cases of child abuse and neglect, and that an estimated 60 000 underweight births each year are attributable to alcohol ([14]).

5.3 The Commission already recognises the rights of the child and supports necessary action to address their basic needs. The Commission identifies children's rights as a priority and has indicated that children have a right to effective protection against economic exploitation and all forms of abuse ([15]).

5.4 The EESC has strongly supported children's rights and believes that children, due to their vulnerability and special needs, require special safeguards and care, including appropriate legal protection. The EESC has also acknowledged the important role of the family and the responsibility of Member States to assist parents in their childrearing responsibilities ([16]).

5.5 The EESC recognises that exposure of children to harm from alcohol can have serious negative consequences for them, including neglect, poverty, social exclusion, abuse and violence, which can affect their health, education and well-being both now and in the future.

5.6 The EESC urges that the protection of children from alcohol related harm be included in the specific objectives of the proposed *EU Strategy on the Rights of the Child* in terms of setting priorities and in the consultation process.

5.7 The EESC recommends that the EU alcohol strategy adopts the definition of the child as any person below the age of eighteen years in line with the UN Convention on the Rights of the Child (UNCRC) and as acknowledged in the Communication *Towards an EU Strategy on the Rights of the Child*.

5.8 The EESC urges the Commission to encourage local community actions, given the positive research evidence-base supporting the role of such approaches in reducing underage drinking and alcohol related harm. Effective community actions combine shaping local policies and practices, supported by information and education, and involve all relevant stakeholders ([17]).

5.9 The EESC urges the Commission to acknowledge the WHO European Charter on Alcohol ([18]) adopted by all EU Member States in 1995 and in particular the ethical principle that *all children and adolescents have the right to grow up in an environment protected from the negative consequences of alcohol consumption and, to the extent possible, from the promotion of alcoholic beverages*.

5.10 The EU Council recommendation urged Member States to establish effective mechanisms in the field of promotion, marketing and retailing and to ensure that alcohol products were not designed or promoted to appeal to children and adolescents. In this respect, the EESC draws the attention to existing trends across Europe of teenagers drinking 'alcopops' ([19]).

5.11 The increasing trend of 'binge drinking' and the early onset of alcohol use among children in many Member States would suggest that current policies are not having the desired effects. In its Communication, the Commission recognises a need to consider further actions to curb underage drinking and harmful drinking among youth.

5.12 The EESC urges that a reduction in the exposure of children to alcohol products, advertising and promotions be included as a specific objective to provide greater protection for children.

5.13 The EESC welcomes the declaration in the Communication by the actors in the alcohol beverage chain of their willingness to become more proactive in enforcing regulatory and self-regulatory measures. The alcohol industry stakeholders have an important role to play to ensure that their products are produced, distributed and marketed in a responsible manner and by these actions contribute to reducing alcohol related harm.

5.14 The EESC urges that in order to protect young people, Member States could retain the flexibility to use taxes to deal with the problems that may arise from specific alcoholic beverages, particularly attractive to young people such as 'alcopops'.

Reducing alcohol related road traffic accidents

5.15 The EESC welcomes the specific target set out for reducing road traffic accidents, with a goal to halve the number of people killed on European roads from 50 000 to 25 000 within a ten year period (2000-2010) ([20]). Alcohol related road traffic accidents can also result in long term disability.

([14]) *Alcohol in Europe: A Public Health Perspective*.
([15]) Commission Communication — *Towards an EU Strategy on the Rights of the Child*, COM(2006) 367 final.
([16]) EESC Opinion of 13.12.2006 on *Towards an EU strategy on the Rights of the Child* (OJ C 325 of 30.12.2006). Rapporteur: Ms van Turnhout.
([17]) *Alcohol in Europe: A Public Health Perspective*.
([18]) World Health Organisation *European Charter on Alcohol*, Copenhagen: World Health Organisation, Regional Office for Europe, 1995.
([19]) Alcopop is a term coined by the popular media to describe bottled alcoholic beverages that resemble drinks such as soft drinks and lemonade. (http://en.wikipedia.org/wiki/Alcopop).
([20]) EESC Opinion on *European Road Safety Policy and Professional Drivers* (TEN/290). Rapporteur: Mr Etty.

5.16 The EESC agrees that enforcement of frequent and systematic random breath testing carries substantially more weight in effectiveness in reducing alcohol related road accidents and that education and awareness campaigns is a supporting strategy but not one that has shown effectiveness in reducing alcohol related traffic fatalities ([21]). The EESC recommends a maximum blood alcohol limit of 0.5mg/ml or less and lower limits for novice and commercial drivers, in line with the EU Road Safety Recommendation ([22]). Stricter legislation in the area of blood alcohol levels needs to be accompanied by effective monitoring and enforcement.

Prevent alcohol related harm among adults and in the workplace

5.17 The EESC urges the Commission to address the economic consequences of alcohol related harm. The negative effects go against the objectives of the Lisbon Strategy and have implications for the workplace, society and the economy.

5.18 The EESC recognises that there is a need for effective regulation around the availability, distribution and promotion of alcohol for example, opening hours, 'two-drinks-for-one offers' and age limits. The EESC believes that self-regulation in this area is not appropriate.

5.19 The workplace is a setting where alcohol can cause harm not only to the individual but also to third persons. Alcohol related harm should also be addressed in the workplace, in the framework of health and safety regulations, which is primarily the responsibility of the employer. Workplace alcohol policies could help reduce alcohol-related accidents, absenteeism and increase working capacity ([23]).

5.20 The EESC urges employers, trade unions, local authorities and other relevant organisations to take this issue more seriously and work together to reduce alcohol related harm in workplaces. There are in the Member States examples of close and long-term cooperation between the social partners with the objective of creating alcohol free workplaces ([24]).

Information, education and raising awareness

5.21 The EESC welcomes the Commission acknowledgement that one of the main roles of education and information is to mobilise public support for the implementation of effective interventions. A second important role, acknowledged in the Communication, is to provide reliable and relevant information on the health risks and consequences of harmful and hazardous consumption of alcohol.

5.22 The EESC urges that education and awareness raising initiatives should be part of an overall integrated strategy. Education should not be directed solely towards young people but should be based on a recognition that harmful alcohol consumption occurs among all age groups. Such initiatives should encourage young people to make healthy lifestyle choices and attempt to redress the glamorous images of alcohol, and the normalising of excessive consumption, which are commonly portrayed in the media.

Common evidence base

5.23 The EESC welcomes the development of, and support by the Commission for, a common evidence base to establish standardised definitions for data on alcohol use and alcohol related harm, taking into account gender differences, age groups and social class. The EESC also supports the evaluation of the impact of alcohol policy and of the initiatives in the Communication. The EESC would urge the development of a range of measurable indicators to track progress in reducing alcohol related harm in Europe. The proposed actions in this area provide a strong EU added value dimension.

6. **Mapping of actions by Member States**

6.1 Given that the Commission, in preparation for the development of this EU strategy, commissioned a comprehensive state of the art report including the research evidence of what is effective in reducing alcohol related harm, it is remarkable to see the evidence being ignored in the strategy ([25]).

6.2 The EESC is concerned that there is a disturbing inconsistency between the research evidence-base of effective measures to reduce alcohol related harm and what are being proposed as community actions. Throughout the Commission Communication, education and information are frequently cited as the intended measures to reduce alcohol related harm. However, the research evidence suggests that education and information have a very low rate of effectiveness in reducing alcohol related harm.

6.3 The EESC notes that in the mapping of actions implemented by Member States, the Commission omitted two of the effective strategies, namely pricing policy through high alcohol taxation and regulating alcohol marketing through legislation, used successfully by some Member States to tackle alcohol related harm.

([21]) *Alcohol in Europe: A Public Health Perspective*.
([22]) Commission Recommendation 2004/345/EC of 6 April 2004 on enforcement in the field of road safety, OJ L 111, 17.4.2004.
([23]) *Alcohol in Europe: A Public Health Perspective*.
([24]) See for example www.alna.se.
([25]) *Alcohol in Europe: A Public Health Perspective*.

7. **Coordination of actions at EU level**

7.1 The EESC urges the Commission, in recognition of its treaty obligations, to show strong leadership by actively supporting Member States in their efforts to provide a high level of health protection by reducing alcohol related harm and to ensure that Community action complements national policies.

7.2 The EESC welcomes the role of the Commission in facilitating the sharing of best practice among Member States and the commitment to improving the coherence between EU policies that have an impact on alcohol-related harm.

7.3 The EESC welcomes the establishment of the Alcohol and Health Forum and provided that it fulfils the role identified for it in the Commission's communication, the Forum could be a useful platform for dialogue between all relevant stakeholders, and lead to concrete action aimed at reducing alcohol related harm. The EESC would welcome the opportunity to be an observer at the Alcohol Forum.

7.4 With the exception of developing a stronger European wide evidence-base, the EU alcohol strategy relies on Member States to continue to lead out on policy measures to reduce alcohol related harm. However, the EU internal market rules will continue to cause problems for some Member Sates and so will potentially slow the pace of reducing alcohol related harm. The EESC regrets that the EU alcohol strategy has no recommended action to address this deficiency.

7.5 The EESC would urge a commitment by the Commission to undertaking health impact assessments as a best practice measure to ensure a high level of protection in other Community polices areas which would enhance the Treaty obligation in accordance with Article 152.

Brussels, 30 May 2007.

The President
of the European Economic and Social Committee
Dimitris DIMITRIADIS

APPENDIX

to the Opinion of the European Economic and Social Committee

The following amendments, which received at least a quarter of the votes cast, were rejected in the course of the debate (Rule 54(3) of the Rules of Procedure):

Point 1.1

Amend as follows:

'The European Economic and Social Committee (EESC) welcomes the Communication from the Commission, An EU strategy to support Member States in reducing alcohol related harm, and supports the Commission's proposal to develop a common, comprehensive strategy to reduce the damage caused by alcohol abuse across Europe. ~~However, the EESC regrets that the Communication falls far short of a "comprehensive strategy" which was invited in the Council Conclusions of 5 June~~.'

Voting

For: 31

Against: 67

Abstentions: 6

Point 1.5

Delete entire point:

~~'The EESC regrets that nowhere in the Communication does the Commission acknowledge that one of the reasons for so much alcohol related harm is that alcohol is a psychoactive drug, a toxic substance when used to excess, and for some an addictive substance.~~'

Voting

For: 29

Against: 74

Abstentions: 5

Point 1.11

Delete entire point:

~~'The EESC is concerned that there is a disturbing inconsistency between the research evidence base of effective measures to reduce alcohol related harm and what are being proposed as Community actions. Throughout the Communication, education and information are frequently cited as the intended measures. However, the research evidence suggests that such measures have a very low rate of effectiveness in reducing alcohol related harm.~~'

Voting

For: 27

Against: 80

Abstentions: 2

Point 3.5

Delete the point:

~~'The EESC regrets that nowhere in the Communication does the Commission acknowledge that one of the reasons for so much alcohol related harm is that alcohol is a psychoactive drug, and is a toxic substance when used to excess, and for some an addictive substance. This is disappointing given that the strategy has been led out by the Public Health Directorate of the Commission, where medical expertise is extensive.~~'

Voting

For: 30

Against: 82

Abstentions: 4

Point 6.2

Delete entire point:

~~'The EESC is concerned that there is a disturbing inconsistency between the research evidence base of effective measures to reduce alcohol related harm and what are being proposed as Community actions. Throughout the Communication, education and information are frequently cited as the intended measures. However, the research evidence suggests that such measures have a very low rate of effectiveness in reducing alcohol related harm.~~'

Voting

For: 31

Against: 81

Abstentions: 3

Point 7.4

Amend as follows:

'With the exception of developing a stronger European wide evidence-base, the EU alcohol strategy relies on Member States to continue to lead out on policy measures to reduce alcohol related harm. ~~However, the EU internal market rules will continue to cause problems for some Member Sates and so will potentially slow the pace of reducing alcohol related harm. The EESC regrets that the EU alcohol strategy has no recommended action to address this deficiency.~~'

Voting

For: 28

Against: 83

Abstentions: 4