

Opinion of the European Committee of the Regions — The need for and way towards an EU strategy on alcohol-related issues

(2017/C 207/12)

Rapporteur: Ewa-May Karlsson (SE/ALDE) Member of Vindeln Municipal Council

POLICY RECOMMENDATIONS

THE EUROPEAN COMMITTEE OF THE REGIONS,

REQUIREMENTS FOR EU ACTION ON ALCOHOL-RELATED ISSUES

Taking account of subsidiarity, context and job opportunities

1. recommends as a general rule the need to define terms such as 'excessive' consumption, 'harmful' consumption and 'abusive' consumption using scientific criteria;
2. observes that the harmful use of alcohol has a significant social cost, and stresses that the wellbeing, health and welfare of the European public must take priority over economic interests;
3. notes that, under the Treaty, action on health matters should aim to improve public health, promote research and prevent illnesses and health risks, including lifestyle-related risks such as alcohol abuse;
4. acknowledges the particular vulnerability to alcohol exposure during pregnancy, infancy and adolescence and the neurological damage caused by neurodevelopmental disorders;
5. stresses that action on alcohol-related issues must respect the subsidiarity and proportionality principles and aim to complement national policies in the field and Member States' public health action as well as encouraging cooperation between Member States;
6. notes that national alcohol consumption patterns, people's state of health and health disparities, as well as cultural, geographical and historical context, must be taken into account. It is important to consider the varying situations and requirements prevailing in the different regions and municipalities in Europe;
7. stresses that the EU's institutions have an important function in providing various forms of support for Member States' efforts to promote research and in assessing policies, measures, action and the impact of changes to laws and restrictions;
8. notes the importance of the wine sector, which employs 3 million people⁽¹⁾, the beer industry, which provides 2,3 million jobs along the whole production chain⁽²⁾, and the spirits sector which employs more than one million people in production and sale⁽³⁾. Production also benefits the hospitality industry, thus helping to provide more job opportunities;

⁽¹⁾ <http://www.ceev.eu/about-the-eu-wine-sector>

⁽²⁾ http://www.brewersofeurope.org/uploads/mycms-files/documents/publications/2016/EU_economic_report_2016_web.pdf

⁽³⁾ <http://spirits.eu/spirits/a-spirit-of-growth/introduction-2>

Societal, social and economic impact of alcohol abuse

9. notes that alcohol is the biggest risk factor — above smoking — in the overall burden of disease for people aged 15 to 49 ⁽⁴⁾. Statistics from the Member States show that alcohol consumption is responsible for 1 in 7 male deaths and 1 in 13 female deaths in the group aged 15-64 years ⁽⁵⁾;

10. is aware that high-risk alcohol consumption and alcohol abuse and addiction have substantial economic costs in the form of lost productivity (EUR 11,3 billion) and unemployment (EUR 17,6 billion) ⁽⁶⁾;

11. notes that the direct social costs of alcohol-related harm within the EU are estimated at EUR 155,8 billion, most of which (EUR 82,9 billion) fall outside the healthcare system ⁽⁷⁾. If harm to others is also taken into account, e.g. the risk of harm to society and to minors and adults in contact with drinkers, this doubles the social costs of alcohol ⁽⁸⁾;

12. insists upon the need to take steps to prevent violence, paying particular attention to the most vulnerable groups and to specific situations such as sexual abuse in nightlife venues;

13. points out that the social cost of alcohol is estimated to be, on average, around 1,3 % of a country's GDP ⁽⁹⁾;

14. notes that alcohol abuse is a risk factor in more than 60 chronic diseases. Chronic diseases are on the rise in the EU, and the health costs are estimated to be EUR 700 billion per year ⁽¹⁰⁾;

Future action on alcohol-related issues at EU level

15. calls for a new EU alcohol strategy, and would like assurances that the EU's institutions will continue to strengthen Member States' capacities and provide effective coordination. The Committee thus endorses the call from both the Council of Ministers and the European Parliament for strong political leadership on the issue ⁽¹¹⁾;

16. points out that joint measures at EU level should include recommendations and good examples of what can be done to strengthen national, regional and local activities;

17. stresses that the European Commission needs to help, not hinder, those Member States that choose to develop their alcohol prevention measures;

18. highlights the importance of giving local and regional authorities the opportunity to contribute their experience and knowledge, as they have influence over and the best knowledge of the requirements and conditions for preventing the harmful use of alcohol and limiting its negative effects on society. Local authorities are particularly important as they are closest to individuals and their communities;

⁽⁴⁾ http://www.euro.who.int/__data/assets/pdf_file/0008/178163/E96726.pdf?ua=1

⁽⁵⁾ http://www.euro.who.int/__data/assets/pdf_file/0017/190430/Status-Report-on-Alcohol-and-Health-in-35-European-Countries.pdf

⁽⁶⁾ Centre for Addiction and Mental Health (2012). *Alcohol consumption, alcohol dependence and attributable burden of disease in Europe*.

⁽⁷⁾ Ibid.

⁽⁸⁾ See footnote 4.

⁽⁹⁾ http://ec.europa.eu/health/archive/ph_determinants/life_style/alcohol/documents/alcohol_europe_en.pdf

Anderson, P., & Baumberg, B. (2006). *Alcohol in Europe: A public health perspective*. London: Institute of Alcohol Studies.

⁽¹⁰⁾ http://ec.europa.eu/health/major_chronic_diseases/docs/reflection_process_cd_en.pdf

⁽¹¹⁾ [http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52015XG1216\(01\)](http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52015XG1216(01))

19. feels that the alcohol prevention measures included in the Commission's future action on chronic diseases are good but not sufficient, as they do not cover preventive aspects or alcohol's harm to others ⁽¹²⁾;
20. joint measures at EU level should include recommendations that aim to prevent alcohol abuse and its associated risks from being used to promote tourist destinations;
21. considers it important for strategic action on alcohol-related issues to support and be coordinated with ongoing international efforts. In this connection, the Committee of the Regions stresses that future action should seek greater synergies with the WHO's action plan ⁽¹³⁾ and the UN's sustainable development goals;
22. points out that, due to their expertise and experience at international, national, regional and local level, non-governmental organisations are important cooperation partners;

FOCUS FOR FUTURE ACTION ON ALCOHOL-RELATED ISSUES AT EU LEVEL

Need for EU-level cooperation platforms

23. points out that the action initiated and cooperation platforms established (CNAPA and EAHF) under the last alcohol strategy (2006-2012) ⁽¹⁴⁾ have to a certain extent been further built upon in the 4 years since the end of that strategy. There is still a need for these and other platforms for organising alcohol-related issues, and the skills and lessons they generate must be capitalised on and developed;
24. points out that both the Action Plan on Youth Drinking and on Heavy Episodic Drinking and the Joint Action on Reducing Alcohol Related Harm will conclude in 2016; notes that it is essential to extend the Joint Action and/or put in place a new action plan for children and young people;
25. underlines the importance of providing EU-level support for research and for ensuring that knowledge can be translated more quickly into practice and new working methods. It is important to highlight how measures can, at the same time, help to reduce health inequalities;
26. welcomes the exchange of good practice within and between Member States, which is strategically important and stimulates learning, knowledge and the identification of shared issues. Measures and action should be based on evidence and tried and tested methods, in the interests of cost effectiveness;
27. highlights the importance of effectively monitoring developments in alcohol policy. It is important to further develop existing databases in which comparable, reliable and standardised indicators are used for monitoring and analysis;
28. suggests that a science group be established to support the process of scientific evidence gathering;

Marketing and advertising of alcoholic drinks

29. stresses that marketing and advertising cross national borders, and therefore that cooperation between Member States is essential;
30. the measures to reduce the exposure of children and young, under-aged people to marketing and advertising for alcoholic drinks should be both restrictive and coercive, in other words they should prohibit both the marketing and advertising of alcohol to children;

⁽¹²⁾ The term 'harm to others' refers to the harm that may be caused to society or individuals in contact with people who drink alcohol.

⁽¹³⁾ See footnote 4.

⁽¹⁴⁾ Opinion of the Committee of the Regions on an EU strategy to support Member States in reducing alcohol-related harm (OJ C 197, 24.8.2007).

31. emphasises how important it is for producers and distributors of alcoholic drinks to fully comply with the marketing and advertising regulations in force;

32. feels that efforts to reduce the exposure of children and young people to alcohol marketing and advertising must take account of marketing via social media and the internet, as well as product placement and other products related to alcohol brands. In 2015, Finland banned the use of competitions and games in alcohol marketing, as well as alcohol advertising in public areas and on social media ⁽¹⁵⁾;

33. points out that sponsorship of sporting and cultural events is a growing market and a cost-effective marketing strategy, and that this results in young people being exposed to alcohol marketing both at the events and via TV broadcasts;

34. underlines the importance of including information about the dangers of alcohol abuse in all marketing and advertising of alcoholic drinks;

35. is aware that self-monitoring and self-regulation are widely used within the EU in alcohol marketing, despite the fact that (a) there is no consensus on whether there is evidence justifying this approach in the alcohol sector ⁽¹⁶⁾ and (b) it does not do enough to protect pregnant women, children and young people from the negative impact of alcohol ⁽¹⁷⁾;

The rights of the child and of young people

36. points out that far too many children and young people are growing up in families where there is alcohol dependency and abuse. It is estimated that between 5 and 9 million children in the EU live in families adversely affected by alcohol ⁽¹⁸⁾. These children are at risk of worse health and educational opportunities;

37. believes that it is important to identify the areas of action that should be developed in the Member States to reduce large-scale alcohol consumption among young people, with the aim of ensuring a safe and healthy environment for children and young people; in this regard, underlines the importance of promoting leisure and party activities that do not involve drinking alcohol;

38. recognises that pregnancy and breastfeeding are particularly vulnerable periods, as this is when foetal alcohol spectrum disorders occur; alcohol can affect foetal growth and development at any stage of pregnancy and there is no known safe amount of alcohol to drink during pregnancy;

39. agrees that the Convention on the Rights of the Child requires that children and young people be protected against the harmful effects of alcohol. In line with Article 33 of the convention, the States Parties must act in the best interests of the child, and obtain and take account of the children's perspective in all decisions concerning them;

40. considers that preventative measures during pregnancy, childhood and adolescence should be prioritised, in order to promote a culture of prevention and health promotion;

41. points out that schools constitute an important sphere for promoting health by strengthening the protective factors for children, and for early identification of alcohol abuse and of children at risk. School-based education for children on the risks of alcohol must be based on scientific evidence, as programmes and activities that are merely informative will not have the required effect and should reach all stakeholders in the educational community — pupils, families and teachers — in a comprehensive way;

⁽¹⁵⁾ <http://www.finlex.fi/sv/esitykset/he/2013/20130070.pdf>

⁽¹⁶⁾ Babor, T. F. (2010). Alcohol: No Ordinary Commodity — a summary of the second edition. Addiction.

⁽¹⁷⁾ CAMY. (2003). Alcohol Advertising on Sports Television 2001 to 2003: Center on Alcohol Marketing and Youth, Madden, P. A., & Grube, J. W. (1994). The frequency and nature of alcohol and tobacco advertising in televised sports, 1990 through 1992. Am J Public Health.

⁽¹⁸⁾ http://ec.europa.eu/health/archive/ph_determinants/life_style/alcohol/documents/alcohol_europe_en.pdf, p. 6.

42. stresses that it is important to reduce alcohol abuse among adults, including through educational measures, as adult role models are a key factor in optimising the impact of preventive measures targeting youths and young adults. Educational material for both adults and young people should be designed by an independent research-based body. To this end, it is important to work with the hotel and catering industry to provide education about how to serve alcoholic drinks responsibly, in order to minimise excessive alcohol consumption among adults;

43. considers it a priority to conduct prevention programmes focused on the family, as this is a key setting for children's education and upbringing and for imparting strategies, values, skills and competences;

Consumer information — ingredients listings with nutrition information and calories

44. urges the EU institutions to improve alcohol labelling at EU level and to finalise the report on how to include alcohol packaging in existing legislation on content labelling with ingredients, nutrition information and calorie content; stresses that consumers have a right to know what products contain, so that they can make informed choices;

45. believes that a specific warning label aimed at pregnant women, children, young people and motorists is an important complement and tool in publicising and reducing the risks surrounding alcohol consumption. It is important to adapt warning labels to different target groups. Welcomes the action already taken in this area by some producers and distributors;

46. recommends that education and information campaigns focus on raising awareness of the risks of binge drinking and about where to get advice, support and care;

47. underlines the media's important role in terms of providing accurate information about the risks of alcohol consumption;

Access to alcohol and sale of cheap alcohol

48. points out that socioeconomically vulnerable groups and young people are at greater risk of poor health, and is keen to prevent rising health inequalities. One problem is excessively low-priced and easily accessible alcohol, which is liable to lead to high levels of alcohol consumption, which can in turn lead to liver damage and premature mortality⁽¹⁹⁾. The Member States could envisage joint efforts, including research, to prevent the sale of extremely cheap alcohol, including online sales;

49. notes that there is a connection between access to alcohol and the extent of alcohol abuse and alcohol-related harm. Research shows that easier access to alcohol results in higher consumption, leading to increases in health problems and harm⁽²⁰⁾;

50. takes the view that Member States could further strengthen restrictions on and oversight of the purchase and sale of alcohol, even though the majority of Member States have a lower age limit of 18. Other options include restricting the number of sales outlets, banning consumption and sale of alcohol in public places at certain times, restricting opening times and licences, and promoting a responsible approach to serving alcohol by educating professionals, distributors and the hospitality industry. Restrictions should be complemented by enforcement;

Preventive action in the workplace

51. notes that high-risk alcohol consumption and alcohol abuse and addiction increase the risk of both absenteeism and lower productivity, and have a negative impact on other people. Intoxicated people present a safety risk: 20 to 25 % of all workplace accidents involve people under the influence of alcohol. The workplace is an important arena for action to prevent harmful consumption⁽²¹⁾;

⁽¹⁹⁾ http://www.easl.eu/medias/EASLimg/News/3f9dd90221ef292_file.pdf

⁽²⁰⁾ See footnote 4.

⁽²¹⁾ http://ec.europa.eu/health/alcohol/docs/science_02_en.pdf

52. points out that consideration should be given to the possibility of the offender following education/rehabilitation programmes as an alternative to fines or other enforcement measures, especially when the alleged offenders are minors;

53. stresses that alcohol consumption should be addressed in the workplace, through early intervention. Workplaces should have instructions on what to do in such situations. This would constitute good preventive occupational healthcare;

54. highlights the fact that the public sector can be a leader in alcohol prevention measures to ensure a safe and secure working environment, not least because many public sector employees provide important welfare services for the public;

Preventive action in healthcare

55. sees a need for access to early intervention, care and treatment, and a need to ensure that children whose parents are receiving treatment for alcohol dependence or abuse are given particular attention and offered advice and support. One way of preventing disease is to promote healthy lifestyles by providing support in changing high-risk alcohol consumption patterns;

56. believes that, in the world of work, agreements between trade unions and employers' organisations should be promoted, involving employers in the prevention measures being developed;

57. notes that alcohol-related liver diseases often affect people of working age. There is also a medical connection between alcohol abuse and many other serious diseases: cancer, cardiovascular diseases and mental illness ⁽²²⁾;

Road safety

58. points out that drink-driving limits, information campaigns and education, along with enforcement, help to improve road safety. Drink driving is responsible for 25 % of all fatal car accidents in the EU ⁽²³⁾;

59. welcomes the study published by the Commission in 2014 looking at alcolocks and their use in reducing the number of alcohol-related road accidents ⁽²⁴⁾;

60. feels that more can be done to work together to improve road safety in the EU, among other things by reviewing alcohol-related road accidents and sharing experience between Member States regarding effective measures in this field. It is important for new drivers to be aware of the consequences of drink driving.

Brussels, 9 February 2017.

*The President
of the European Committee of the Regions*
Markku MARKKULA

⁽²²⁾ http://www.eurocare.org/library/updates/eurocare_eu_alcohol_strategy2

⁽²³⁾ http://ec.europa.eu/transport/road_safety/topics/behaviour/fitness_to_drive/index_en.htm

⁽²⁴⁾ https://ec.europa.eu/transport/road_safety/sites/roadsafety/files/pdf/behavior/study_alcohol_interlock.pdf