

Council conclusions of 1 December 2009 on alcohol and health

(2009/C 302/07)

THE COUNCIL OF THE EUROPEAN UNION:

1. RECALLS:

- Article 152 of the Treaty, which states that a high level of human health protection is to be ensured by all Community institutions in the definition and implementation of all Community policies and activities, and that Community action is to complement national policies,
- the communication from the Commission on the health strategy of the European Community ⁽¹⁾,
- the Council Recommendation on the drinking of alcohol by young people ⁽²⁾, which invited the Commission, in cooperation with Member States, to make full use of all Community policies to address the matters covered in the Recommendation, inter alia, the development at national and European level of comprehensive health promotion policies addressing alcohol,
- the Council conclusions of 5 June 2001 on a Community strategy to reduce alcohol-related harm ⁽³⁾, reiterated in Council conclusions in 2004 ⁽⁴⁾,
- the support of the Council ⁽⁵⁾ for the Commission's communication on an EU strategy to support Member States in reducing alcohol-related harm ⁽⁶⁾, including its priority themes and actions and invitation to the Commission to report regularly, starting in 2008, on progress at both EU and national level,
- that the European Court of Justice has repeatedly stated that public health ranks foremost among the interests protected by Article 30 of the Treaty, and that it is for Member States, within the limits imposed by the Treaty, to decide upon the level of health protection they seek to assure through national policies and legislation ⁽⁷⁾,

⁽¹⁾ 8756/00.

⁽²⁾ Council Recommendation 2001/458/EC of 5 June 2001 on the drinking of alcohol by young people, in particular children and adolescents, (OJ L 161, 16.6.2001, p. 38).

⁽³⁾ Council conclusions of 5 June 2001 on a Community strategy to reduce alcohol-related harm (OJ C 175, 20.6.2001, p. 1).

⁽⁴⁾ Council conclusions of 1 and 2 June 2004 on alcohol and young people (9881/04).

⁽⁵⁾ Council conclusions on EU strategy to reduce alcohol-related harm, 30 November-1 December 2006 (16165/06).

⁽⁶⁾ Communication from the Commission of 24 October 2006 (14851/06).

⁽⁷⁾ Franzen case (C-89/95), Heinonen case (C-394/97), Gourmet case (C-405/98), Catalonia (joined cases C-1/90 and C-179/90), Loi Evin (C-262/02 and C-429/02).

- the WHO European Charter on Alcohol adopted by all EU Member States in 1995, in particular the ethical principle that all children, adolescents and young people have the right to grow up in an environment protected from the negative consequences of alcohol consumption and, as far as possible, from the promotion of alcoholic beverages,

- the work carried out under the auspices of the World Health Assembly Resolution on 'Strategies to reduce the harmful use of alcohol' (WHA61.4) requesting the Director-General of the World Health Organisation to prepare a draft global strategy to reduce harmful use of alcohol, to be included in the documentation for the 126th Executive Board Meeting to be held in January 2010.

2. REITERATES:

- that Member States have the main responsibility for national alcohol policy and that through the EU Alcohol Strategy the Commission can further support and complement national public health policies,
- that harmful and hazardous alcohol consumption is the third most significant risk factor for ill health and premature death in the EU, behind tobacco and high blood pressure ⁽⁸⁾,
- that many Community policies have a potential positive or negative impact on health and well-being and that it is important to consider the health impact of decision-making across all policy sectors.

3. NOTES:

- that the level of alcohol-related harm, especially among vulnerable people, on roads and at workplaces, is still high in the Member States, and that 15 % of the EU adult population is estimated to drink at harmful levels on a regular basis and that between five and nine million children in families in the EU are adversely affected by alcohol and that harmful and hazardous use of alcohol is a causal factor in approximately 16 % of cases of child abuse and neglect, and that an estimated 60 000 underweight births each year are attributable to harmful and hazardous use of alcohol ⁽⁹⁾ ⁽¹⁰⁾,

⁽⁸⁾ WHO Regional Office for Europe, Alcohol in Europe (2006).

⁽⁹⁾ Alcohol in Europe: A public health perspective, Institute of Alcohol Studies, UK 2006, based on the WHO Global Burden of Disease Study, Rehm et al. 2004 and 2005.

⁽¹⁰⁾ EU Alcohol Strategy, European Commission (2006).

- that the impact of harmful use of alcohol is greater in younger age groups of both sexes. Over 10 % of female mortality and around 25 % of male mortality in the 15-29 age group is related to hazardous alcohol consumption⁽¹⁾ and furthermore, harmful use of alcohol among children and adolescents also has a negative impact on educational attainments,
- that alcohol-related issues are also of Community relevance because of the cross-border element and the negative effect on both economic and social development and public health,
- that alcohol marketing, together with the influence of other relevant factors, such as the role of the family and the social environment, is a factor that increases the likelihood that children and adolescents will start to use alcohol, and will drink more if they are already using alcohol⁽²⁾,
- that alcohol became more affordable across the EU between 1996 and 2004⁽³⁾ and appropriately designed national alcohol pricing policies, particularly when associated with other prevention measures, can impact on levels of harmful and hazardous alcohol consumption and related harm, particularly among young people⁽⁴⁾,
- that, for a given amount of alcohol consumption, poorer populations may experience disproportionately higher levels of alcohol-related harm, which contributes to inequality in health between population groups and to health gaps between Member States⁽⁵⁾,
- that older adults (aged 60 and above) are more sensitive to the effects of harmful use of alcohol than other adults, and that alcohol-related deaths among older adults have increased markedly over the last 10 years, and that in some cases the death rate has more than doubled⁽⁶⁾,

⁽¹⁾ EU Alcohol Strategy, European Commission (2006), and its Impact Assessment.

⁽²⁾ Scientific Opinion of the Science Group of the European Alcohol and Health Forum (2009) and Impact of Alcohol Advertising and Media Exposure on Adolescent Alcohol Use: A Systematic Review of Longitudinal Studies (2009).

⁽³⁾ Source: Eurostat, special calculations, Rabinovich, L., et al.

⁽⁴⁾ Rabinovich, L., et al. (2009), The affordability of alcoholic beverages in the EU: understanding the link between alcohol affordability, consumption and harms.

⁽⁵⁾ WHO Commission on the social determinants and alcohol: Equity and Social Determinants, WHO Background paper for the Global Expert Meeting on Alcohol, Health and Social Development, 23 September 2009 (http://www.who.int/social_determinants/final_report/en/index.html).

⁽⁶⁾ Mats, H., et al., Alcohol consumption among elderly European Union citizens (2009).

- the relationship between harmful use of alcohol and communicable diseases such as HIV/AIDS, tuberculosis (TB), and with maternal health⁽⁷⁾,
- that the WHO Regional Consultation in Europe⁽⁸⁾ stressed that 'resources to implement policies and adequate treatment for those in need of treatment' were seen as very important.

4. CONSIDERS:

- that the EU Alcohol Strategy recognises that there are different cultural habits related to alcohol consumption in the various Member States and that therefore the measures adopted have to take into account the outcome of national impact assessments⁽⁹⁾,
- that there is a need to provide counselling and support for children, adolescents and young people and/or families affected by alcohol-related harm,
- that there is a need to include the age group of 60 and above in existing information systems in the EU Member States and at the EU level,
- that there is a need to explore behavioural patterns of women and men of different age groups with a view to better tailoring alcohol preventive measures, in order to adequately address the different kinds of risks,
- that health inequalities based on social determinants are strongly linked to, among other factors, alcohol consumption both as cause and a consequence; the harmful use of alcohol itself is a well-known risk or a causal factor of certain communicable and non-communicable diseases and has an impact on workforce health.

5. INVITES THE MEMBER STATES to:

- implement the good practices presented in the EU's Alcohol Strategy, and make use of existing evidence on effective measures to reduce alcohol-related harm, taking into account the five priority themes identified: protect young people, children and the unborn child; reduce injuries and deaths from alcohol-related road accidents; prevent alcohol-related harm among adults and reduce the negative impact on the workplace; inform, educate and raise awareness on the impact of harmful and hazardous alcohol consumption; and develop and maintain a common evidence base at EU level,

⁽⁷⁾ Rehm, J., et al., Alcohol, Social Development and Infectious Disease (2009).

⁽⁸⁾ WHO Regional consultation in Copenhagen 20-23 April 2009 http://www.who.int/substance_abuse/activities/globalstrategy/en/index.html.

⁽⁹⁾ Communication from the Commission of 24 October 2006 (14851/06, p. 4).

- foster a multi-sectoral approach and, in coordination with work at the EU level, strengthen or develop, as appropriate, comprehensive national strategies or action plans tailored to national needs and report on developments and results to the Commission by 2011,
- make use of the most effective measures to provide regulation and enforcement in the area of alcohol policy at national level,
- consider the role of pricing policy such as regulations on happy hours, special taxes on mixed drinks and 'drinks for free' offers, as an effective tool, particularly when associated with other prevention measures, in the toolbox to reduce alcohol-related harm and evaluate its impact,
- address the well-being of the ageing population in the EU, including the effects of harmful alcohol consumption on healthy and dignified ageing at an EU level and contribute to raising awareness among care professionals, informal carers, and older citizens of potential interactions between medication and alcohol.

6. INVITES THE MEMBER STATES AND THE COMMISSION to:

- keep public health-based alcohol policy high on the agenda towards 2012 in order to build sustainable and long-term commitments to reduce alcohol-related harm at EU level, and look at priorities for the next phase of the Commission's work to support Member States in reducing alcohol-related harm in the EU,
- strengthen identification, dissemination and monitoring of effective measures aimed at minimising the health and social impacts of the harmful use of alcohol,
- strengthen development and dissemination of evidenced-based examples of preventive programmes to reduce alcohol-related harm during pregnancy and while driving,
- recognise the reduction in inequalities in health as a policy priority and the need to reduce inequalities through both social and targeted alcohol preventive interventions, taking into account social determinants,
- engage actors in the alcohol beverage chain to work proactively in enforcing regulatory measures so that their products are produced, distributed and marketed in a responsible manner, so as to help reduce alcohol-related harm. Furthermore, consider how to improve the implementation of national and EU regulations on alcohol marketing in order to effectively protect children and adolescents as far as possible from exposure to alcohol marketing,
- ensure that, where in place, self-regulatory standards and codes are developed, implemented and monitored in collaboration with health-promoting entities,
- include in existing information systems scientific data on alcohol consumption and harm caused by harmful use of alcohol in the age group of 60 and above,
- increase research on links between harmful use of alcohol and infectious diseases such as HIV/AIDS and TB,
- develop and implement early identification and brief intervention procedures in primary and elderly healthcare and in school health settings,
- encourage initiatives to raise awareness of the impact of harmful use of alcohol on health and social welfare, as part of the holistic approach envisaged in the concept of the health-promoting school,
- consider how best to inform and educate consumers, including research on how alcohol labels may play a part in helping consumers estimate their own consumption, or informing them of health risks,
- take these conclusions into account when developing and supporting the implementation of the European Union Strategy for the Baltic Sea Region.

7. INVITES THE COMMISSION to:

- continue to provide strong support to Member States in developing comprehensive, effective and sustained national alcohol policies,
- take the necessary steps to ensure that the objective of reducing alcohol-related health and social harm is recognised in the definition and implementation of all relevant Community policies and activities,
- consider, when appropriate, further steps to protect children, adolescents and young people from alcohol-related harm, in particular to reduce under-age drinking, binge drinking, exposure to alcohol marketing and harm to children growing up in families with alcohol problems,

- develop knowledge, in cooperation with Member States, of current cross-border problems in the EU caused by illicit trade, cross-border marketing and differences in the retail prices of alcoholic beverages,
 - develop knowledge concerning the impact of alcohol in the workplace and how to address harmful use of alcohol in the broader framework of injury and disease prevention and health promotion,
 - report to the Council, in 2012 at the latest, on the progress and outcome of the Commission's work and on activities reported by Member States,
 - define priorities for the next phase of the Commission's work on alcohol and health after the end of the current strategy in 2012.
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