



**European Alcohol Conference:
Reducing The Harm Caused by Alcohol:
A Co-ordinated European Response**

**Held at the Royal College of Physicians
on Tuesday 13 November 2007**

CONFERENCE CHARTER

Alcohol is a psychoactive drug which alters mood and behaviour universally, with enjoyable consequences for many, but can also induce acute and chronic ill health and dependence. For most health consequences there is no safe threshold. Each year in Europe, alcohol causes 45,000 deaths from liver cirrhosis, 50,000 cancer deaths, of which 11,000 are female breast cancer deaths, 17,000 deaths due to neuropsychiatric conditions, 27,000 accidental deaths, 10,000 suicides, and 200,000 episodes of depression.

The consumption of alcohol is not just an issue of personal rights and responsibilities: alcohol consumption can damage not only the drinker, but society as a whole, including 50% of all violent crime, 40% of all domestic violence, 2,000 homicides (4 in 10 of all murders) and 10,000 traffic deaths of people other than the drink-driver. Much of the burden of alcohol consumption in Europe falls on young people under age 29 – in this group alcohol is responsible for 25% of male deaths, 10% of female deaths. Alcohol is also implicated in 1 in 6 cases of child abuse and neglect.

Although individuals may have a right to consume alcohol responsibly, society has a duty to ensure that the most effective methods are used to protect innocent citizens from the consequences of alcohol consumption. Alcohol is not an ordinary commodity.

Consensus and effective communication

A consensus needs to be reached within the European health and scientific community on the risks related to alcohol consumption at different levels of consumption, and this information must be effectively communicated to the public, media, other health professionals and politicians. Generally, public information or education and school based education campaigns have not been shown to change behaviour as far as levels of drinking are concerned although they may change attitudes towards alcohol consumption and towards measures needed to

reduce the harm done by alcohol. The communication of individual health risk around alcohol is complex; for some individuals a full life may justifiably not involve the minimisation of all personal health risk, but all members of society have a right to information that will allow them to make informed decisions. Health professionals need to be more effective in communicating the risk / benefit balances involved in various levels and patterns of alcohol consumption.

Individual health professionals should be prepared to advocate for comprehensive evidence based policies that promote the health of populations as a whole, and should be aware of non-evidence-based alternatives often promoted by the alcohol industry or their social aspect organizations.

The price of alcohol should be increased

Historically and across most countries, the most effective strategy for reducing the harm done by alcohol has been to increase its price and reduce its availability. Evidence suggests that increasing the price of alcohol by 10% throughout Europe could decrease the number of deaths from alcohol by around 10%. Yet, alcohol has become more affordable in many European countries over the last 10-25 years.

Whilst the alcoholic drinks industry is estimated to be worth €45 billion per year to Europe's economy, this contribution is dwarfed by an annual €125 billion worth of damage from alcohol-related harm. Raising taxes would therefore have the double benefit of helping to reduce harmful levels of consumption, whilst potentially providing more money to governments, making it easier to find the resources to pay for alcohol treatment and the help needed to reduce harmful drinking. Overall levels of alcohol taxation should reflect the physical costs of alcohol to society and be sufficient to pay for these costs including effective healthcare and early intervention programs.

To be fully effective, and to avoid problems caused by cross border trade between EU countries with markedly different alcohol prices, alcohol taxes, proportional to the alcohol content of all beverages that contain alcohol, require upward harmonization across Europe, recognizing that countries with higher taxation should not reduce them.

There should be effective treatment and early intervention

Some 58 million European adults (1 in 6) drink alcohol at hazardous and harmful levels, and some 23 million adults (1 in 16) are dependent on alcohol. Yet, many European studies find that only a small proportion of those who need treatment and help actually get it. For example, it has been estimated that less than 1 in 30 of hazardous and harmful drinkers in Europe have received advice from a physician to reduce their alcohol consumption.

Early intervention for hazardous and harmful drinkers is almost as effective as increasing the price of alcohol in terms of reducing individual alcohol related harm. The World Health Organization has estimated that an early intervention program in 25% of the at risk European population would cost less than €750million each year, but could reduce the total harm done by alcohol to Europe by around 10%.

Ensuring that adequate treatment and prevention is available for adults and young people is not only a humanitarian approach to reduce human suffering; but is also an effective method of reducing alcohol-related harm in the population - leading to a reduction in alcohol-related health-care costs. The provision of this help needs to be supported by extensive training for health and social welfare providers.

There should be tighter regulation of the drinks industry throughout the supply chain

Better regulation of drinks industry practices would help to reduce the harm done by alcohol. Many European governments rely on voluntary agreements and codes with the alcohol industry to curb potentially harmful practices. However, with no proactive monitoring of most of the codes, and little assessment of whether the codes are sufficient in the first place, the alcohol industry has largely been left free from rigorous scrutiny and accountability for its actions.

Throughout Europe, alcohol advertising should not be permitted on TV or in the cinema, there should be no sponsorship, particularly of sports, and alcohol advertising and promotional material should carry information on health dangers and state that alcohol can induce dependency.

Specific measures to reduce specific alcohol related problems

There is a strong evidence base for certain specific interventions to reduce alcohol related harm. Laws around not selling alcohol to those who are drunk or under the age set by existing national law or 18 years, whichever is the higher, should be properly enforced. Laws on drink driving should be universally enforced with random breath testing of drivers throughout Europe. The amount of alcohol permissible in the blood stream in relation to drink driving should be harmonized at 0.5 g/l and should be near zero for new drivers. In the longer term a universal movement from 0.5 to 0.2 g/l would further reduce road deaths.

Summary of key interventions

- Health professional consensus around alcohol health risks
- Effective communication with media, public, other health professionals and politicians
- Increased taxation to reduce alcohol-related harm
- Effective treatment and early intervention
- Control on the promotion and marketing of alcohol, particularly to young people
- Harmonization and better enforcement of laws on under-age drinking and drink-driving.