

**What is the way forward for
Alcohol Policy Actions in Europe?**

A Matter of your right to know!





I have no
conflicts of
interests to
declare!

This presentation?

- What is Eurocare?
- What is alcohol?
- What is alcohol related harm?
- What is the situation in Europe?
- What should be done about it?
- What are the best possibilities for alcohol policies at European and national level?
- Questions 😊?



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What is the European Alcohol Policy Alliance (Eurocare)? (in a nutshell)

- 52 members across Europe
- Our mission is to advance the prevention and reduction of the harm caused by alcohol through **effective evidence-based alcohol policies.**
- Our key message is: ***Alcohol? less is better!***



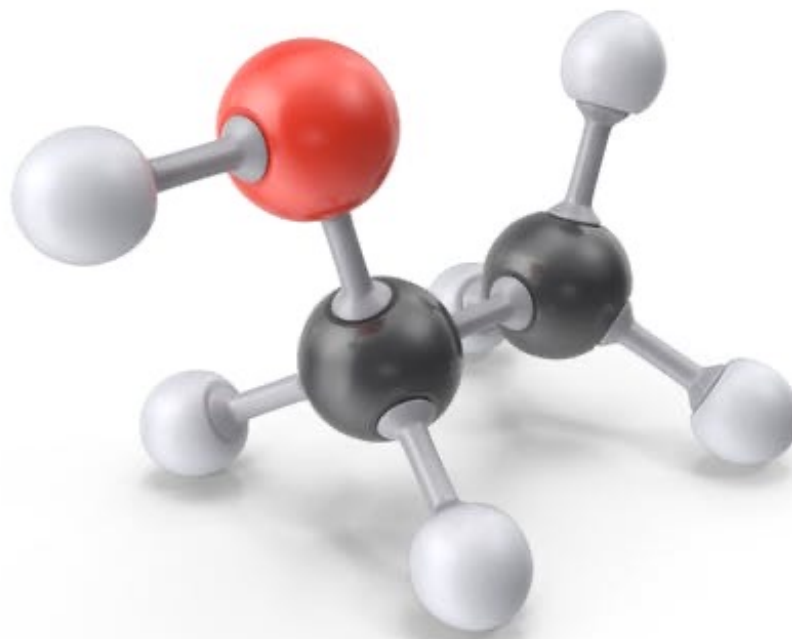
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(ethyl alcohol; C₂H₅OH)

What is Alcohol? The FACT:

Alcoholic beverages are drinkable liquids containing ethanol (ethyl alcohol - C_2H_5OH)¹, a substance rapidly absorbed from the gastrointestinal tract and distributed throughout the body with psychoactive effects and dependence-producing properties



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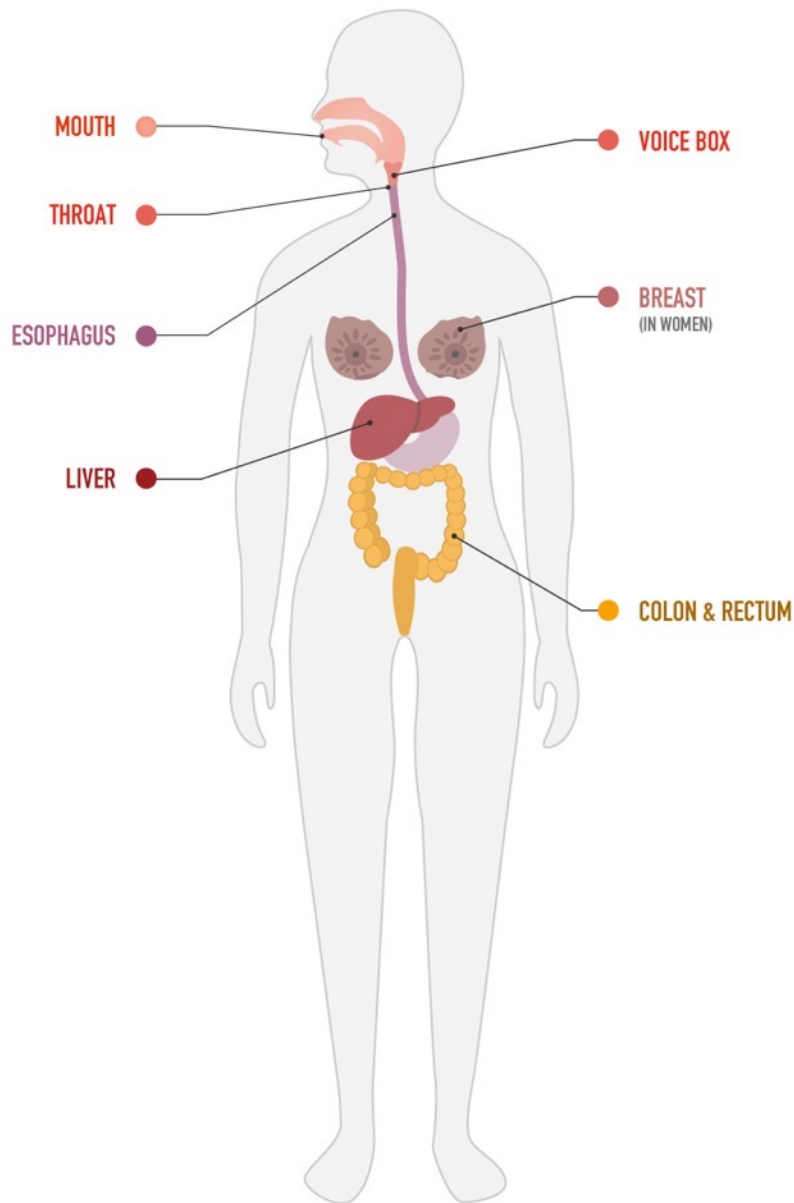


What is alcohol related harm?

- **There is a direct relationship between alcohol consumption and developing some cancers, liver diseases and cardiovascular diseases**
- **Alcohol consumption is responsible for 1 in every 4 deaths in the age group of 20–24-year-olds**



Cancers Associated with Drinking Alcohol



**Even light drinking
increase risk of cancer**

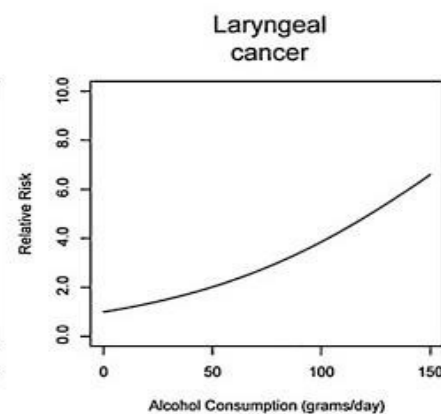
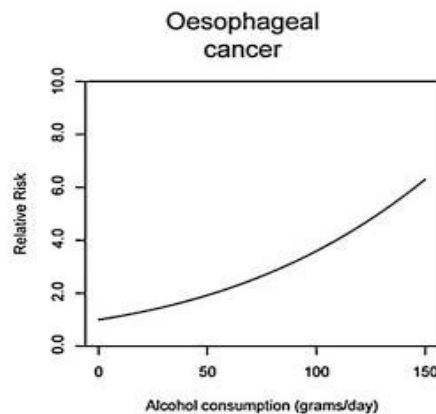
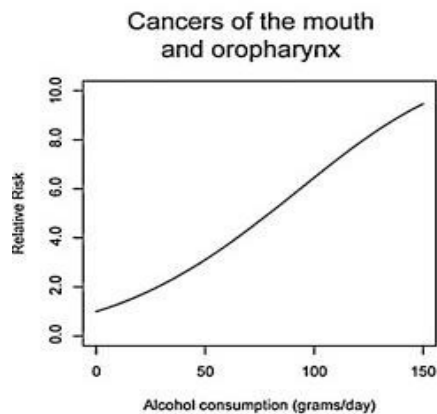
- **Women who drink 3 to 6 glasses per week increase by 15% their risk of breast cancer**

Relation between dose & risk?

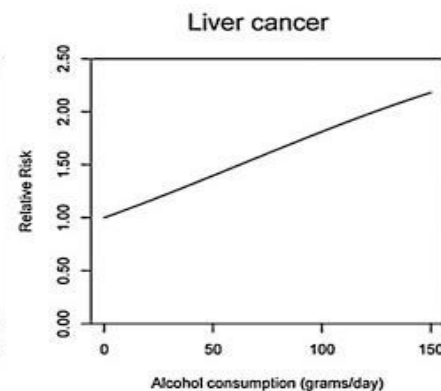
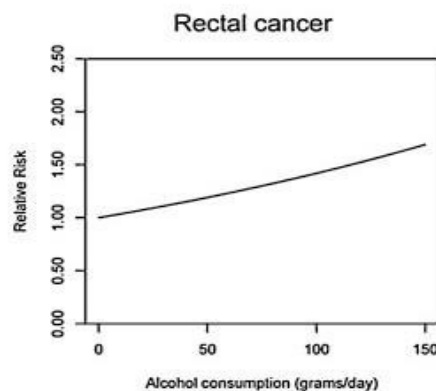
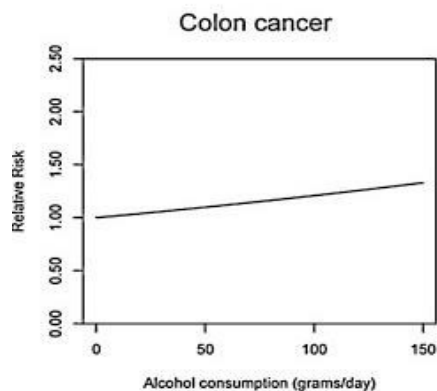
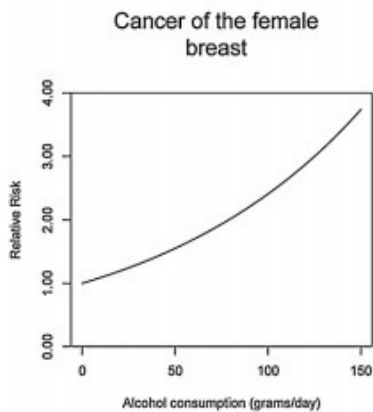
Relationship between average daily alcohol consumption and relative risk of some cancer

World Cancer Report 2014

Neoplasms of the upper digestive tract



Neoplasms of the lower digestive tract



Magnitude of the related risks?



**By eating 50g of
processed meat per
day**

**→ You increase your risk
of colorectal cancer by
18%**



**By drinking 4-5
glasses of beer or
wine per day**

**→ You increase your
risk of oral cancer
by 180%**



Drug harms in the UK: a multicriteria decision analysis

David J Nutt, Leslie A King, Lawrence D Phillips, on behalf of the Independent Scientific Committee on Drugs

Summary

Lancet 2010; 376: 1558–65
Published Online
November 1, 2010
DOI:10.1016/S0140-6736(10)61462-6

Neuropsychopharmacology Unit, Imperial College, London, UK (Prof D J Nutt FMedSci); UK Expert Adviser to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), Lisbon, Portugal (L A King PhD); and Department of Management, London School of Economics and Political Science, London, UK (L D Phillips PhD)
Correspondence to: Prof David J Nutt, Neuropsychopharmacology Unit, Imperial College London, Burlington-Danes Building, Hammersmith Hospital, Du Cane Road, London W12 0NN, UK
d.nutt@imperial.ac.uk

Background Proper assessment of the harms caused by the misuse of drugs can inform policy makers in health, policing, and social care. We aimed to apply multicriteria decision analysis (MCDA) modelling to a range of drug harms in the UK.

Method Members of the Independent Scientific Committee on Drugs, including two invited specialists, met in a 1-day interactive workshop to score 20 drugs on 16 criteria: nine related to the harms that a drug produces in the individual and seven to the harms to others. Drugs were scored out of 100 points, and the criteria were weighted to indicate their relative importance.

Findings MCDA modelling showed that heroin, crack cocaine, and metamfetamine were the most harmful drugs to individuals (part scores 34, 37, and 32, respectively), whereas alcohol, heroin, and crack cocaine were the most harmful to others (46, 21, and 17, respectively). Overall, alcohol was the most harmful drug (overall harm score 72), with heroin (55) and crack cocaine (54) in second and third places.

Interpretation These findings lend support to previous work assessing drug harms, and show how the improved scoring and weighting approach of MCDA increases the differentiation between the most and least harmful drugs. However, the findings correlate poorly with present UK drug classification, which is not based simply on considerations of harm.

Funding Centre for Crime and Justice Studies (UK).

Introduction

Drugs including alcohol and tobacco products are a major cause of harms to individuals and society. For this reason, some drugs are scheduled under the United Nations 1961 Single Convention on Narcotic Drugs and the 1971 Convention on Psychotropic Substances. These controls are represented in UK domestic legislation by the 1971 Misuse of Drugs Act (as amended). Other drugs, notably alcohol and tobacco, are regulated by taxation, sales, and restrictions on the age of purchase. Newly available drugs such as mephedrone have recently been made illegal in the UK on the basis of concerns about their harms, and the law on other drugs, particularly cannabis, has been toughened because of similar concerns.

To provide better guidance to policy makers in health, policing, and social care, the harms that drugs cause need to be properly assessed. This task is not easy because of the wide range of ways in which drugs can cause harm. An attempt to do this assessment engaged experts to score each drug according to nine criteria of harm, ranging from the intrinsic harms of the drugs to social and health-care costs.¹ This analysis provoked major interest and public debate, although it raised concerns about the choice of the nine criteria and the absence of any differential weighting of them.²

To rectify these drawbacks we undertook a review of drug harms with the multicriteria decision analysis (MCDA) approach.³ This technology has been used successfully to lend support to decision makers facing complex issues characterised by many, conflicting objectives—eg, appraisal of policies for disposal of nuclear waste.⁴ In June, 2010, we developed the

multicriteria model during a decision conference,⁵ which is a facilitated workshop attended by key players, experts, and specialists who work together to create the model and provide the data and judgment inputs.

Methods

Study design

The analysis was undertaken in a two-stage process. The choice of harm criteria was made during a special meeting in 2009 of the UK Advisory Council on the Misuse of Drugs (ACMD), which was convened for this purpose. At this meeting, from first principles and with the MCDA approach, members identified 16 harm criteria (figure 1). Nine relate to the harms that a drug produces in the individual and seven to the harms to others both in the UK and overseas. These harms are clustered into five subgroups representing physical, psychological, and social harms. The extent of individual harm is shown by the criteria listed as to users, whereas most criteria listed as to others take account indirectly of the numbers of users. An ACMD report explains the process of developing this model.⁶

In June, 2010, a meeting under the auspices of the Independent Scientific Committee on Drugs (ISCD)—a new organisation of drug experts independent of government interference—was convened to develop the MCDA model and assess scores for 20 representative drugs that are relevant to the UK and which span the range of potential harms and extent of use. The expert group was formed from the ISCD expert committee plus two external experts with specialist knowledge of legal highs (webappendix). Their experience was

For more on the Independent Scientific Committee on Drugs see: <http://www.drugscience.org.uk>

Second hand harm?!

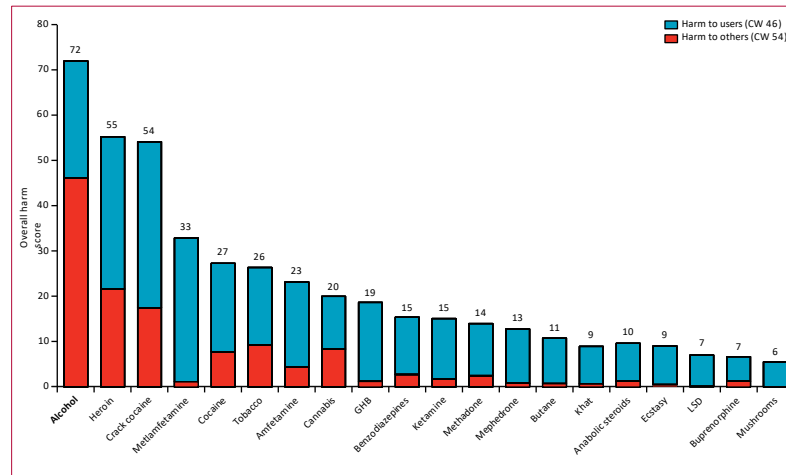


Figure 2: Drugs ordered by their overall harm scores, showing the separate contributions to the overall scores of harms to users and harm to others

The weights after normalisation (0–100) are shown in the key (cumulative in the sense of the sum of all the normalised weights for all the criteria to users, 46; and for all the criteria to others, 54). CW=cumulative weight. GHB= γ hydroxybutyric acid. LSD=lysergic acid diethylamide

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What is the situation in Europe & Ireland?

- In Europe, the situation is bleak with the highest levels of alcohol consumption in the world, **killing the equivalent of a large concert hall every day.**
- **2 people (including young people) die every minute because of alcohol in our region**
- **8 out of the 10 countries with the global highest level of drinking are located in the European Union.**



Are people aware?

Awareness of alcohol related harm is very low amongst the public, a situation perpetuated by the lack of effective and compulsory labelling and health warnings.

People in Europe continue to treat alcohol as an 'ordinary' commodity and continue to consume more alcohol than in any other part of the world.



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PRODUCT

PRICE

PPPP

PROMOTION

PLACE

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WHO European Framework for Action on Alcohol, 2022–2025

The Framework was unanimously adopted by all 51 WHO European Member States in Tel Aviv during the **72nd Regional Committee Meeting** (12-14 September 2022)

Pricing

- Pricing policies, specifically increasing excise taxes and complementing them with minimum pricing policies, based on best available evidence and regularly updated in line with inflation
- Intersectoral dialogue and planning across Ministries of Health and Finance
- Transnational and intersectoral collaboration to address cross-border trade issues.

Marketing

- Multisectoral working groups to prevent and reduce risks of harms associated with traditional and digital marketing contexts
- Intersectoral dialogue and planning across Ministries of Health and ministries responsible for digital technologies
- Restrictions on content and volume of commercial communications
- Regulatory codes that state what is permitted, rather than what is not
- Establishment of relationships with Internet platform providers, with new regulations where necessary
- Consideration of actions to oblige alcohol producers to share market data on consumers in different media for public health purposes
- Partnerships and collaborations with other countries and with international agencies
- Consideration of new taxation systems related to alcohol marketing

Community action

- Empowering local communities to inform and/or make decisions that affect their alcohol risk environments
- Evidence-informed school, community and workplace programmes, with no involvement or interference from economic operators in alcohol production and trade
- Raising awareness about harms that alcohol consumption can cause to others, including families and children
- Engagement with young people to develop coherent strategies
- Alignment of national and local strategies so that community resources can contribute to the recovery of individuals, families and communities

Availability

- National licensing systems and mandated server and salesperson training as conditions for licensing
- Restrictions on the number and density of outlets, days and hours of sale, and outdoor drinking
- Minimum age restrictions
- Support for enforcement and the right to alcohol-free spaces
- Consideration of total restrictions in and around sporting events and cultural events that include minors

Health services' response

- National guidance and investment to integrate health service information and screening and brief intervention services, and combine biopsychosocial treatment strategies with community support, with active linkages to recovery communities
- Actions to reduce stigma and discrimination
- Expanded provision of alcohol-related screening and brief interventions in primary health care settings and in other contexts based on evidence
- Adequate provision of psychosocial treatment and pharmacological treatments and outreach
- National clinical guidelines for all alcohol-related services
- Raising awareness about alcohol risks and harms, including harms to families and to children through fetal alcohol spectrum disorder, through community support and specialist services that are available

Health services' response

**Relevant NOW!!:
Revision of rules on
information provided to
consumers including
alcohol labelling**

The EU Beating Cancer Plan

ACTION	2021	2022	2023	2024	2025	PROGRESS INDICATOR(S)
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REDUCING HARMFUL ALCOHOL CONSUMPTION

EU support to Member States and stakeholders to reduce alcohol related harm

7.1	Review of EU legislation on taxation of alcohol	Impact Assessment	Commission proposal			Commission proposal adopted in 2022
	Review of legal framework on cross border purchases of alcohol by private individuals	Impact Assessment	Commission proposal			Commission proposal adopted in 2022
7.2	Proposal for mandatory labelling of the list of ingredients and nutrition declaration on alcoholic beverage products	Impact Assessment	Impact Assessment, Commission proposal			Commission proposal on mandatory labelling of the list of ingredients and nutrition declaration adopted in 2022, as part of the proposal on the revision of the Food Information to Consumers (FIC) Regulation
	Proposal for health warnings on alcoholic beverage products	Preparatory work, evidence gathering		Commission proposal		Commission proposal adopted in 2023
7.3	Implementation of evidence-based brief interventions		Implementation of brief interventions on alcohol and of alcohol consumption screening launched	On-going actions supported		Number of interventions implemented in Member States
7.4	Young people's exposure to online marketing of alcoholic beverages Implementation of the Audiovisual Media Service Directive	Infringement procedures and conformity checks	1st Implementation Report	Infringement procedures and conformity checks	2nd Implementation Report	Number of infringement procedures; Report completed in 2022 and 2025

IMPROVING HEALTH PROMOTION THROUGH ACCESS TO HEALTHY DIETS AND PHYSICAL ACTIVITY

8	Evaluation of the 2014-2020 EU Action Plan on Childhood Obesity and propose follow-up actions		Evaluation	Follow-up action		Evaluation completed by 2023; Commission decision on next steps by 2024
8.1	Review of EU school fruit, vegetables and milk scheme	Evaluation/Impact assessment		Commission proposal		Commission proposal adopted in 2023
8.2	Propose mandatory front-of-pack nutrition labelling	Impact Assessment	Impact Assessment, Commission proposal			Commission proposal adopted in 2022



Can you guess which countries have health warnings on labels in the EU?



Which countries have health warnings on labels in the EU?

XX grams
XX kJ/
XX kcal



**DRINKING ALCOHOL
CAUSES LIVER DISEASE**

**THERE IS A DIRECT LINK
BETWEEN ALCOHOL AND
FATAL CANCERS**

Visit askaboutalcohol.ie

History of jurisdictions requiring picture warnings on cigarette packages before revision of the TPD (2014)

1. Canada (2001)
2. Brazil (2002; 2004; 2009)
3. Singapore (2004; 2006)
4. Thailand (2005; 2007; 2010)
5. Venezuela (2005; 2009)
6. Jordan (2006)
7. Australia (2006; rotation of sets A, B every 12 months)
8. Uruguay (2006; 2008; 2009; 2010)
9. Panama (2006; 2009)
10. Belgium (2006; rotation of one of three sets every 12 months starting 2011)
11. Chile (2006; 2007; 2008; 2009; 2010)
12. Hong Kong (S.A.R., China) (2007)
13. New Zealand (2008; rotation of sets A, B every 12 months)
14. Romania (2008)
15. United Kingdom (2008)
16. Egypt (2008)
17. Brunei (2008)
18. Cook Islands (2008)
19. Iran (2009)

20. Malaysia (2009)
21. Taiwan, China (2009)
22. Peru (2009)
23. Djibouti (2009)
24. Mauritius (2009)
25. India (2009, 2010)
26. Cayman Islands (2009)
27. Latvia (2010)
28. Pakistan (2010)
29. Switzerland (2010; rotation of sets 1,2 months)
30. Mongolia (2010)
31. Colombia (2010)
32. Turkey (2010)
33. Mexico (2010)
34. Philippines (2010)
35. Norway (2011)
36. Malta (2011)
37. France (2011)
38. Guernsey (2011)
39. Spain (2011)



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People have the right to know!



**ALCOHOL
CAUSES
BREAST
CANCER**

☎ 0800 00 000 Freely available 24/7 for help



**ALCOHOL
CAUSES
BREAST
CANCER**

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**ALCOHOL
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BOWEL
CANCER**

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**ALCOHOL
CAUSES
BOWEL
CANCER**


☎ 0800 00 000 Freely available 24/7 for help



Four beer bottles are arranged in a row. The bottles are partially obscured by a large, light blue, rounded rectangular bubble that contains text. The bottles have red caps and are filled with beer. The labels on the bottles are: 'HC' (partially visible), 'PALE ALE', 'BABA BLACK LAGER', and 'DETOUR Double IPA'.


**For centuries, images related to alcohol,
have been used as a
promotional/marketing tool to increase
products' appeal and decrease the
perception of the level of harm of
alcohol**



The image features two brown beer bottles with white caps. A large, light blue speech bubble with a dark blue border is centered between them, containing text. The bottles are partially obscured by the speech bubble. The bottle on the left has a blue and yellow label with a photograph of a person's arm. The bottle on the right has a yellow label with a nutrition table, a barcode, and alcohol/volume information.

**Labelling and Health warnings should
be key components of a
comprehensive, integrated approach to
alcohol policies which governments
can use to inform the public regarding
the dangers of alcohol consumption**



The image features two dark wine bottles with red caps. A large, light gray speech bubble with a blue outline is positioned between them, containing text. The bottle on the left has a label with a yellow background and a red image, with the text '0800 00 000 Freely' visible.

**There is a fundamental and
irreconcilable conflict of interest
between the alcohol industries and
public health**

Conclusion:

- **People are not aware of alcohol related harm**
- **Alcohol labelling and health warnings should be key components of a comprehensive, integrated approach to alcohol policies which governments can use to inform the public regarding the dangers of alcohol consumption**
- **Harmonised regulation of alcohol labelling at EU level may assist countries to implement own regulation**
- **More qualitative and experimental studies should be funded to strengthen evidence that effective warning attract consumers attention and raise awareness on alcohol related harm.**

Thank you for your attention

Questions?:

florence.berteletti@eurocare.org

