THE AMSTERDAM GROUP

*The European Forum*

*for Responsible Drinking*

# THE AMSTERDAM GROUP POSITION ON STRATEGIES TO ADDRESS ALCOHOL-RELATED HARM

**- January 2005 -**

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## EXECUTIVE SUMMARY

1. *TAG members are committed to meet the Commission's objective on alcohol-related harm* but we believe that there are more effective measures to achieve these objectives than the ones proposed by the Commission in its first working document and that the Commission should focus on measures with a European added value, while recognising the cultural, social and economic differences between Member States in terms of alcohol consumption and alcohol policy measures.

2. *There is a cultural complexity to alcohol consumption across Europe*. Patterns of drinking, volume of consumption and alcohol-related harm vary by region and Member State. TAG recognises that there is a particular concern regarding the impact of alcohol misuse among young people, and particularly binge drinking. Again, however, patterns of drinking among young people vary by region and between Member States. Therefore no single approach to alcohol policy is likely to succeed uniformly across Europe, but instead, flexible strategies are needed.

3. *Any review of alcohol policies must recognise the important social, health and economic benefits of alcohol, and secondly the fact that the vast majority of European adults consume alcohol responsibly*. Alcohol-related harm is largely related to high-risk drinking behaviour and it is now widely recognised that patterns of drinking, and not simply volume of alcohol consumption, provide the best predictors of alcohol-related harm.

4. *Any alcohol harm reduction strategies should be underpinned by robust evidence and sound data*. There is probably insufficient evidence to support a one single comprehensive strategy on alcohol. Even where data is available, the evidence however stems predominantly from the US, the UK and the Nordic Countries while research from Southern Europe and the new Member States is rarely included.

5. *TAG members are concerned with the way scientific evidence is presented in the Commission's document*. The Commission states in its draft document that "the extent of the cardio-protective effect is not influenced by changes in the population's drinking level." This statement is based on the findings of time-series analyses for 14 European countries participating in the ECAS study. A different result was obtain in a WHO funded multilevel analysis and the authors explain these differences because of different methodologies used. It should also be noted that in the European region (EURO-A), the Global Burden of Disease Study found that alcohol consumption has a net beneficial effect on coronary heart disease mortality which results in a net beneficial effect on all-cause mortality.


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Under the "Commercial Communication" chapter where the Commission states "compared to the sums spent on advertising, the industry spends little resources on self regulation activities. Self-regulation has therefore been on ad-hoc basis and shown to be fragile and generally ineffective." It is not clear what evidence or data the Commission has to substantiate this judgment. It should be noted that the results of the 'assessment of the effectiveness of marketing legislation and self regulation' commissioned under the Public Health Program 2004 by the Commission will certainly not be available before the end of this year. TAG has recently conducted a monitoring project that shows that the trend concerning compliance in the entire industry is moving in the right direction. In addition, a comprehensive review of self-regulatory structures across Europe will be available by the end of December 2004 (updated "Canadean Report"[1])

Concerning taxes the Commission document states they can be "regarded as an effective instrument of alcohol policy because they can be used both to generate direct revenue and to reduce alcohol-related harm". A range of studies have found that price responses also vary considerably for different types of alcoholic beverages, for example, the demand for beer is generally less price responsive than the demand for wine or spirits. There can also be differences in the gender response to taxation. But most importantly, those with abusive alcohol drinking patterns have been shown to be insensitive to changes in price, i.e. there is no impact on alcohol-related harm.

Similar observations apply for the impact of advertising, effectiveness of education, access and availability of alcohol where the Commission's draft seems to rely solely on the recent publication by Thomas Babor and the references given in that book. As a result, TAG members believe that population based approaches are over-estimated and that the targeted approaches are undervalued.

6. *TAG supports policies that adopt a range of strategies targeted at reducing high-risk drinking behaviour*. In developing these policies it is essential to recognise the role of the individual in making responsible choices about their drinking behaviour based on the information available.

7. *In the long term, the most effective harm reduction strategies will be those that bring about long-term sustainable results* towards a reduction in risky drinking behaviour. TAG believes that the most effective strategies for achieving this are

[1] Available at www.brewersofeurope.org


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likely to be a combination of effective enforcement of legislation, a focus on attitudes and behaviour as well as a modification of the drinking environment..

8. *TAG members believe that reducing alcohol-related harm requires a broad societal commitment* and a concerted effort of all relevant stakeholders. While the alcohol industry has significantly strengthened its efforts to ensure responsible promotion in recent years, TAG is fully committed to doing more proactively to promote responsible consumption and discourage excessive consumption. TAG has reviewed its work programme that supports the draft Commission strategy. This programme includes to:
   - Promote designated driver programmes;
   - Raise awareness among young people about the risks associated with misuse of alcohol;
   - Further strengthen self-regulation and put systems in place to help ensure responsible marketing;
   - Proactively communicate about responsible alcohol consumption, in particular to young people, pregnant women and those in the workplace;
   - Work with the hospitality and retail sectors to help ensure responsible marketing and train bar staff;
   - Deepen our understanding of the issues around alcohol-related harm and how it can best be addressed.

9. Building on our experience, the *TAG members are committed to encouraging, supporting and promoting responsible consumption by those who choose to drink alcohol, and to play our role in reducing alcohol-related harm*. TAG welcomes the opportunity to work with the Commission and other stakeholders in the development of the comprehensive European strategy.

10. *TAG will prepare a separate submission for the Report* to be prepared by the European Commission in June 2005 on the implementation of the *Recommendation on "drinking of alcohol by young people*, *in particular children and adolescents"* which was adopted in June 2001.


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## 1. INTRODUCTION

### 1.1 CONTEXT FOR THE AMSTERDAM GROUP'S RESPONSE

The EU should focus on measures with a European added value, while recognising the cultural, social and economic differences between Member States in terms of alcohol consumption and alcohol policy measures.

In 2001, the European Heath Council concluded that alcohol was "one of the key health determinants in the European Community". As a consequence, the EU Commission was invited to put forward proposals for a comprehensive community strategy aimed at reducing alcohol-related harm. The Council considered that any Community action should "focus on measures with a European added value" while recognising the cultural, social and economic differences between Member States in terms of alcohol consumption and alcohol policy measures.

The Commission is now developing a strategy to reduce alcohol-related harm, to be in place by 2005. At a community level the EU Commission has an important role to play in order to:

- Identify the best practices to reduce alcohol-related harm, for instance in the area of drink-driving, consumer education and awareness, crime and disorder, etc;
- Support a partnership approach to policies that combat alcohol misuse at a national level, and address issues that have a cross-border dimension;
- Promote stakeholder dialogue in order to define the areas of effort of each stakeholder, and seek commitments from individual stakeholders to contribute to the reduction of alcohol-related harm in their sphere of competence. Again, to be implemented at a national level;
- Identify the gaps in research and methodologies to reach conclusions on what are the factors contributing to alcohol-related harm in each country and the most efficient tools to be used to reduce it.

Significantly, the majority of research into alcohol consumption and alcohol-related harm has been conducted in North America, the UK and Northern Europe (Scandinavia in particular). Consequently, further robust, longitudinal research is urgently required in Southern and Eastern European countries to develop relevant evidence based interventions to address alcohol-related harm.


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## 1.2 THE AMSTERDAM GROUP APPROACH TO FIRST DRAFT

This document is an interim response to the Commission's first draft on a co-ordinated approach in Europe to tackle alcohol-related harm and TAG invites the Commission to engage in an active and meaningful dialogue in order to make progress on refining the Commission draft.

In this document we respond to the European Commission's "First draft working paper on a co-ordinated approach in Europe" to tackle alcohol-related harm. It provides the TAG members' perspective on the role that alcohol plays in society and the social and health-related problems associated with risky drinking behaviours. We also discuss the evidence for how effective alcohol policies can be formulated to address these problems and the role industry can play in addressing the challenges, either directly or working together with other stakeholders. This includes an understanding and tracking of the relevant biomedical and socio-economic research. Finally, in line with the Commission's seven key areas for action, we have reviewed our work programme for helping to address the issue of alcohol-related harm to be implemented in the next few years.

This is the first submission by TAG and we are committed to making additional contributions during the course of the EU consultation and decision-making process. However, before further comments, TAG would like to give its understanding of the following terminology around alcohol consumption that is used in this document.

***Alcohol misuse* & *Risky drinking*** are considered synonymous and are used interchangeably in this document. They refer to long-term excessive consumption of alcohol and risky drinking patterns such as drinking to intoxication, binge drinking or consumption of alcohol by someone who should not drink in a given circumstance (pregnant women, people who plan to drive or engage in other activities that require attention or skill, people taking medication, recovering alcoholics).

***Excessive drinking*** refers to the consumption of quantities of alcohol large enough to be detrimental to the individual's health or social functioning. This level of drinking is considered to exceed a given standard of moderate drinking. Official or semi-official guidelines have been adopted in a number of countries on moderate drinking.

***Inappropriate drinking*** relates to the drinking of alcohol by someone who should not drink in a given circumstance (e.g. a pregnant woman, a depressive person under medication, young people under the legal age of drinking, drinking and driving).

***Patterns of drinking*** refer to several aspects of drinking behaviour including the number of drinks and characteristics of a drinking occasion, the setting where drinking takes place, the activities associated with drinking and the type of beverages consumed. Patterns of drinking differ from level of drinking which refers simply to how much people drink.


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***Sensible, moderate, responsible drinking*** are considered synonymous and are used interchangeably in this document. They refer to drinking that does not generally cause problems, either for the drinker or for society. Different official or semi-official guidelines on moderate drinking have been adopted in a number of countries.

### 1.3 ABOUT THE AMSTERDAM GROUP[2]

TAG is an alliance of leading producers of beer, wine and spirits which has a role to play in finding tangible solutions to address problems caused by alcohol misuse.

The Amsterdam Group[3] (TAG) is a European Alliance of leading producers of beer, wine and spirits. TAG was established in 1990 as an acknowledgement that industry has a role to play in finding tangible solutions to problems caused by alcohol-related harm.

A majority of people gain considerable enjoyment from drinking sensibly where only a minority partakes in excessive, inappropriate and risky drinking behaviour, whether on a regular basis, or occasionally. TAG members acknowledge that the alcohol-related harm derives from the minority who abuse alcohol but can also be caused by people who usually drink moderately or responsibly but who sometimes over-indulge or drink inappropriately.

TAG members believe that only a balanced approach to reducing the burden of alcohol-related harm, combining legislation and stakeholder responsibility, including on behalf of the industry and the consumer, will lead to effective alcohol policies.

TAG is working to establish and enhance industry-funded Social Aspect Organisations (SAOs) throughout Europe as partners at a national level. The SAOs are one of the main providers of sensible drinking advice[4] in a number of European countries and support their government, media, industry and consumers with research, education material and campaigns. TAG provides a pan-European platform to SAOs to share experiences and establish best practice programmes for building awareness and providing information on responsible alcohol consumption.

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[2] see for further information the TAG brochure on "Promoting responsible consumption and fighting alcohol abuse and misuse in Europe": www.amsterdamgroup.org

[3] TAG Member Companies are : Allied Domecq, Bacardi-Martini, Brown-Forman, Diageo, Groupe Pernod Ricard, Heineken, InBev, Moët-Hennessy, Rémy Cointreau, Scottish& Newcastle, Deutscher Brauer-Bund (Affiliated member)

[4] see for instance website of the Portman Group in the UK (www.drinkaware.co.uk ) or MEAS (www.meas.ie) in Ireland


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### 1.4 A PARTNERSHIP APPROACH BY ALL STAKEHOLDERS

All relevant stakeholders have a role to play in helping address issues surrounding alcohol-related harm and it is essential that these stakeholders work together towards common goals with the support of the Commission.

The issues around alcohol and harm are complex, and there are significant variations among Member States. It is therefore important to identify all the relevant stakeholders and their relative/potential responsibilities for addressing issues surrounding alcohol-related harm.

In order to create the greatest potential for success of any alcohol-related policy, the following stakeholders should have the opportunity to contribute and play their individual role: Government organisations from health, education, youth, primary health care system; alcohol producers, retailers (both off- and on-trade premises); advertising and media but also NGOs, SAOs, social partners, family organisation, without omitting one of the main actors, i.e., the individual consumer who need to execute an informed choice to act responsibly when choosing to consume alcohol, based on information received from the above-mentioned stakeholders.

### 1.5 EFFECTIVE ALCOHOL POLICIES

An effective policy that changes risky drinking attitudes requires a portfolio of approaches that recognises the heterogeneity of the issue of alcohol-related harm throughout Europe. TAG supports policies that adopt a range of strategies targeted at reducing risky drinking behaviour.

TAG members are committed to helping to develop and execute a framework for alcohol policies targeted towards addressing alcohol-related harm issues. Although TAG members understand that the aim of the consultation undertaken by the Commission is to develop a strategy to tackle alcohol-related harm, it should be recognized that a vast majority of the European adults that choose to consume alcohol do so responsibly. When drafting an alcohol strategy it is therefore important to take into account the acknowledged health benefits of moderate alcohol consumption and the pleasure associated with moderate alcohol consumption.

TAG supports a focus on the minimisation of alcohol-related harm in a targeted fashion as the overall objective of alcohol policies. A targeted approach allows interventions to be designed specifically for those particularly at risk without affecting the behaviours and choices of others whose drinking does not place them at risk for harm. These targeted interventions focus on reducing excessive consumption and inappropriate consumption,

rather than focusing on an over-all reduction of *per capita* consumption. We believe that this approach takes a pragmatic and realistic view of the issue of alcohol consumption, in a way that is both politically and socially viable, and places the necessary emphasis on personal responsibility and patterns of drinking.

Patterns of drinking and the decisions as to whether to drink among young people, are largely determined by culture, family, peer and individual personality, among a variety of other factors. An effective policy that changes risky drinking attitudes will require a portfolio of approaches that recognises the heterogeneity of the issue of alcohol-related harm throughout Europe. It is also critical to realise that changing social culture and attitudes toward alcohol will take time.

TAG members believe that policies with an European added-value do not need to rely solely on the legislative authority of the state. Therefore, in addition to existing measures – to be enforced by Governments and responsible stakeholders – debate should take place on how society could rely on other mechanisms of social control. In particular, to educate parents to help them understand their role in their child's drinking and also the need to discuss alcohol with their child and to transmit desired drinking-related norms to adults who choose to consume beer, wine, cider or spirits products.

## 2. THE HEALTH, SOCIAL AND ECONOMIC IMPACT OF ALCOHOL

### 2.1 THE HEALTH IMPACT OF ALCOHOL IN SOCIETY

The individual should be enabled to make informed choices about drinking or not drinking and, should they choose to drink, be enabled to do so responsibly. The vast majority of European adults consume alcohol responsibly and it is important to recognise the social and health benefits of moderate alcohol consumption.

Without underestimating the negative health impact of alcohol misuse on the individual and society, TAG members have decided to address in this chapter the positive contribution of their products, as already the negative impacts are largely covered in many publications including the current draft working paper of the Commission.

Beer, wine, cider and spirits have always been an integral part of European culture. From the beginning of recorded history, alcohol consumption has had a social, cultural and even religious role, with a wide range of symbolic and celebratory meanings. In Europe, the majority of people consume alcohol as part of a balanced and healthy lifestyle, without causing harm to themselves or others (Simpura et al, 1997). The negative aspects of alcohol consumption are predominantly a result of alcohol misuse, rather than from the act of consumption *per se*.

The main motivation for drinking for the majority of the population is for pleasure and relaxation. In many countries alcohol plays a central role in celebrations. It can also play

an important role in the social aspects of effective work culture and is integral to the wealth of a society. Simply evaluating the negative aspects of alcohol consumption, without considering its positive aspects and benefits, does not therefore give a fair view of the role and value of alcohol in society. WHO has taken a broad view of health as more than the absence of disease and infirmity; health is also a state of complete physical, mental and social well-being (WHO, 1996). This definition provides a useful reminder that we might regard health in a positive way and not simply in terms of absence of morbidity, disease and disability. Pleasure is a positive feeling that surely contributes to an individual's quality of life. For most European citizens, drinking is a pleasurable activity that enlivens social activities and enhances relaxation. There are cultures in which meal times, with communal eating and drinking, are almost sacred, such as the Mediterranean cultures. Thus, in all cultures where alcohol is available it can be used to enhance and sustain quality of life if its consumption follows a responsible pattern.

There is also growing evidence to indicate that there is a "J-shaped" relationship between alcohol intake and subsequent mortality rate, indicating that alcohol can have both beneficial and harmful health effects. A pattern of low-to-moderate regular drinking can therefore convey health benefits, in particular for middle-aged people and older (Rehm et al, 2003; English et al, 1995; Ashley et al 2000). These health benefits result mainly from a lower risk for coronary heart disease (CHD) for moderate drinkers compared with abstainers or heavy drinkers. In populations with high rates of CHD, the risk reductions associated with low-to-moderate alcohol drinking are of public health importance. Indeed, it has been reported that there are approximately 2% fewer deaths in England and Wales compared with what would be expected from a non-drinking population (Britton et al 2001). In addition to CHD, moderate alcohol consumption is also believed to have a beneficial impact on a number of other conditions, including stroke, non-insulin dependent diabetes, rheumatoid arthritis, osteoporosis in women and gastro-intestinal disease (NIAAA publication on the effects of moderate drinking, 2003).

Any comprehensive alcohol policy should clearly take into consideration the benefits that moderate alcohol consumption offers. An increasing number of Government bodies are seeking to give guidance on sensible drinking levels to citizens, reflecting its important social role. The development of a drinking culture which is conducive to individual responsibility enables alcohol policy to promote moderation at the same time as condemning excess or inappropriate consumption. Re-introducing the concept of pleasure into alcohol policy development allows for the creation of a new generation of alcohol policies, which values education and information, and recognises the autonomy of individuals and communities, ultimately making people's lives healthier and of higher quality (Saffer, 2002).


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## 2.2 THE SOCIO-ECONOMIC SIGNIFICANCE OF THE ALCOHOL INDUSTRY

Beer, wine, spirits and cider companies are of major socio-economic significance to the European Union.

Beer, wine, spirits and cider companies are of major socio-economic significance to the European Union. The production of alcohol has a high market value, and is associated with millions of jobs across Europe, direct or indirect, upstream and downstream.

For instance, the EU 25 breweries produce over 30% of the world's beer production. This industry also contributes positively to the balance of payment of the EU. 60% of the world beer exports originate from the European Union. For France alone, the wine & spirits exports exceed 7.8 billion euros.

The survival of local industry in a number of regions of Europe is largely thanks to the alcohol industry and their large exports to important markets such as the USA or Asia, for example Scotland with Scotch Whisky or the Charentes region or industrial tourism with large number of visitors to wineries, distilleries and breweries all over Europe .

In the EU 15 (figures for the EU 25 are not available at Eurostat), the *drinks industry employs* directly 842 000 persons and indirectly 2 723 000 persons (in HORECA sector, transport industry, advertising industry, agriculture, etc) and *generates* 75 billion euros in excise duties and tax revenue.

## 2.3 EVALUATING ALCOHOL-RELATED HARM

Alcohol-related harm is largely related to alcohol misuse. It is widely recognised that the irresponsible levels and patterns of drinking by individuals that can lead to individuals' alcohol-related harm.

Despite its important social role, alcohol can be and sometimes is misused. Alcohol misuse can have considerable negative consequences, directly or indirectly harming the safety or well-being of the drinker and/or other members of society and contributing to the burden of disease across Europe. Long term excessive consumption increases significantly the risk of many chronic health consequences, such as cirrhosis, to name one. Risky drinking patterns such as drinking to intoxication and binge drinking are important variables for the risk of chronic harm and a key variable in relation to the risk of many acute adverse consequences of drinking such as impaired driving. In addition, alcohol misuse can be related to a number of social costs and negative economic consequences, such as reduced productivity, and can impact on an individuals' family and social life.

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***Socio-economic impact from misuse requires full and complete assessment***

In early 2005, the European Commission will produce a *Report on the health and social consequences of inappropriate use of alcoholic drinks* in the Member States as well as in EEA countries. This report should summarize the available information on alcohol at European level (economic factors, health and social problems, health promotion, prevention and treatment, alcohol policies) and describe options for action.
TAG members are not disputing the fact that there are socio-economic impacts resulting from alcohol misuse. However, it is difficult to truly assess them and we urge caution in the methodologies used. WHO published in 2003 the *International guidelines for estimating the costs of substance abuse*. The use of these guidelines will aid the comparison of results among different studies. However, there are still a number of methodological problems which undermine the robustness of the estimates and limit the applicability of cost estimation studies (Single and Easton, 2001).

Indeed, despite the efforts underway to develop international guidelines for estimating the cost of alcohol misuse, there remains a lack of consensus regarding the appropriate methodology to employ. The WHO guidelines are advocating a "cost-of-illness" (COI) methodology which basically compares the situation of current alcohol use with a hypothetical situation in which there is no alcohol use. Many economists reject the methodology used in such studies, suggesting that rather than the somewhat artificial counterfactual of no alcohol use, studies should be in the form of economic evaluations of specific policy initiatives, for example the costs and benefits of a comprehensive alcohol policy compared with no such policy (Godfrey, 2002). This would involve estimating the costs of policy initiatives and the change in alcohol-related consequences related to different patterns of consumption given the different policy alternatives. The COI methodology has also been criticized for including indirect costs such as productivity costs. Another more conservative methodology, developed by the US economist William Manning, limits the estimates to external costs born by persons other than the individual misusing alcohol (Manning et al., 1989). Indirect productivity costs from alcohol-related morbidity and premature mortality are generally excluded on the grounds that a worker who dies or becomes ill as a result of alcohol misuse can be replaced by an otherwise unemployed person. Even among those who employ a COI approach, there are differences regarding the valuation of premature mortality caused by alcohol misuse (e.g. "the human capital", "demographic" and "willingness-to-pay" approach). The COI method also ignores the benefits in the form of the alcohol industry creating jobs, revenue and favourable trade.
In addition, independent of the method employed, there are significant sources of error in the bottom-line estimates of total economic costs caused by alcohol misuse. These errors arise from:

- incomplete data (e.g. data on the cost of specific alcohol-related problems such as absenteeism, job turnover, lower productivity due to impairment, etc);


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- a large number of assumptions are involved not only in the estimation of the mortality and morbidity attributable to alcohol but also in arriving at estimates of health care costs, productivity cost, law enforcement and criminal justice costs;
- changes in the epidemiological data base; and
- uncertainty deriving from the valuation attributed to lost productivity which can not be measured directly. Researchers use mathematical and statistical methods to estimate such costs, but recognise that this is imprecise.

Given these uncertainties in the bottom-line estimates of overall socio-economic costs, their use should be limited. Cost estimation studies are best utilized to help identifying what aspects of alcohol misuse involve the greatest economic costs, what specific problems are most likely to occur and in what demographic or geographic groups. This helps to appropriately target interventions in those areas of greatest need. In addition, these studies are also useful in identifying information gaps, research needs and desirable refinements to national statistical reporting systems (Single and Easton, 2001).

***Focus on reducing risky drinking occasions and episodes of intoxication***

Both the volume of alcohol consumed and an individual's drinking patterns are important determinants of the risk of harm. However, the conventional wisdom of attempting to get all members of the community to reduce their overall average population alcohol consumption, regardless of their current level of consumption is now seriously questioned. This approach to reduce alcohol-related harm by reducing the consumption of all drinkers was fuelled by the depiction of a "prevention paradox" which states that moderate drinkers produce more alcohol-related problems than heavy drinkers purely because they are more numerous. Therefore, it was argued that there is more to gain by persuading all moderate drinkers to drink less than by targeting heavy drinkers. However, on closer analysis of the data, it was discovered that most alcohol-related harm is associated with intoxication (Stockwell, 1996). Therefore, a targeted approach to reduce risky drinking occasions and episodes of intoxication would be more effective than initiatives to persuade all moderate drinkers simply to drink less.

The risk associated with alcohol intoxication can also depend on the individual circumstances, situations, and particular behaviours like drink-driving or an aggressive environment where violence is encouraged or tolerated.

***Targeted approach to modify behaviour***

Differentiating between patterns of socially acceptable, beneficial drinking and patterns of harmful drinking is essential when addressing the issue of alcohol-related harm. These patterns of behaviour provide strong support for the principles of a harm-minimisation approach targeted at risky drinking, which aim to educate the consumer to act responsibly and make informed decisions about his or her drinking behaviour. It also reinforces the need for public policy on alcohol to be implemented in a way that will suit

national, regional or local needs, context and political culture, and to develop targeted alcohol-related programmes focussed on the Member States or regions.

The need for a targeted policy is also highlighted by the observation that women are at greater risk of harm related to alcohol misuse than men. Women should be given advice that they should not be consuming as much as men on a regular basis. This would clearly include the need for specific advice on limiting or eliminating alcohol consumption when pregnant.

The need for a targeted approach has been recognised in the 2002 WHO World Health Report, which indicates that "there is increasing evidence that patterns of drinking are relevant to health, as well as volume of alcohol consumed, binge drinking being hazardous".

It is important to note, when discussing a Community Strategy for alcohol-related harm, that we have insufficient data on the impact of the new Member States on overall consumption and drinking patterns for Europe.

### 2.4 THE COMPLEXITY OF THE ALCOHOL-RELATED HARM IN EUROPE

There is a cultural complexity to alcohol consumption across Europe. Patterns of drinking, volume of consumption and alcohol-related harm vary by region and Member State.

Before attempting to formulate an effective European alcohol policy, it is important to first evaluate and understand the cultural complexity of alcohol consumption patterns and the consequences of inappropriate or excessive alcohol consumption in Europe.

It is well established that there is a north-south gradient in drinking patterns within Europe. In Southern Europe the prevalent wine culture means that people are more likely to drink frequently, with meals, whereas in Northern and Eastern Europe, consumption is often confined to the weekend or a celebration (Demers et al, 2001 [WHO report]).

This frequency of drinking does not however reflect the pattern of overall consumption. The European Comparative Alcohol Study (ECAS) confirmed that whereas regular, daily drinking is most common in Southern Europe, the quantity consumed per drinking occasion remains highest in Northern Europe (Norström et al, 2001). An equivalent North-South trend in binge drinking was also observed:


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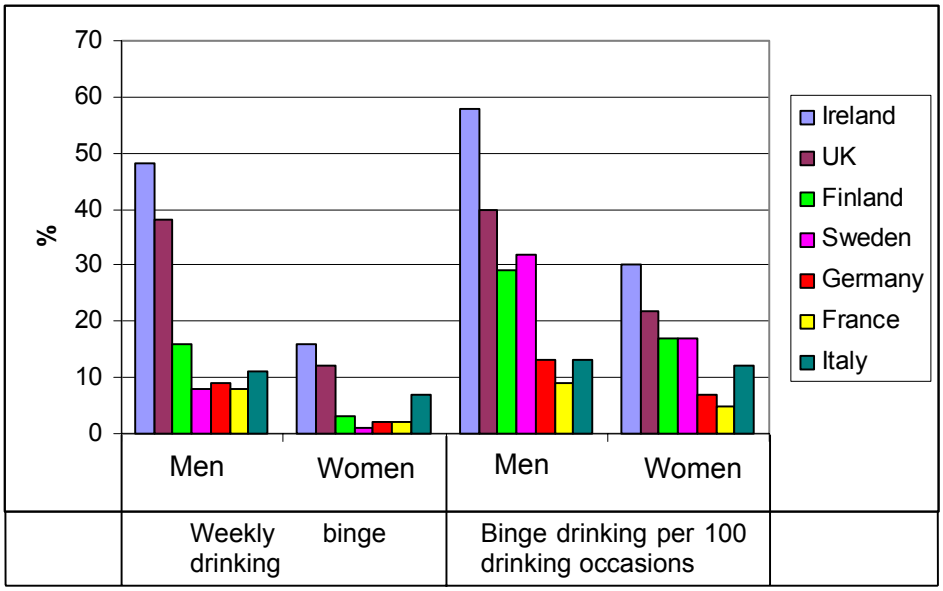


Interestingly, ECAS found that in 2002 Northern Europeans are drinking more than ever, whereas overall consumption in Southern Europe (in the Mediterranean countries) has reduced (Norström et al, 2001).

Correspondingly, the extent of the alcohol-related harm also varies considerably between European countries, and displays the same pattern of increased problems in Northern Europe compared with Southern Europe (Norström et al, 2001).

**Young people and alcohol**

Harm minimisation measures should focus on reducing acute consequences on young people deriving from risky drinking patterns, i.e. binge-drinking and drinking to intoxication, as well as preventing sales to underage people.

When addressing alcohol and young people in this chapter, we are addressing both illegal purchase/consumption by those under legal drinking age, as well as binge drinking by young adults who are over the appropriate legal drinking age.

The impact of alcohol on young people is a serious concern that is shared by members of the beer, wine, spirits and cider industry, in particular the reported increase in binge drinking patterns in some European Countries (Donaldson et al, 2001 [The Annual Report of the Chief Medical Officer of the Department of Health (England and Wales)].

This concern is also shared by the European Commission which adopted in June 2001 a Recommendation on “drinking of alcohol by young people, in particular children and

adolescents". It was presented as a first step in the development of a more comprehensive approach across the EU to reduce alcohol-related harm among young people. A Report on the implementation of this Recommendation in all EU 25 countries should be prepared by the Commission no later than June 2005 and TAG intends to present a submission.

***Need to focus on binge drinking and drinking to intoxication***

The statistics around drinking patterns in young people raise the question of an agreed definition of binge drinking. Although this term is frequently used, there is still no clear agreement on what exactly is meant[5]. In simple words "binge drinking" implies drinking a large quantity of alcohol in a short period of time, usually with the specific aim of getting drunk within that short time period.

Despite the lack of an agreed definition - which makes it difficult to compare data between countries and to identify trends over time - the issue of concern is the consequence of binge drinking on the young population. Binge drinking is associated with adverse consequences, in particular, acute ones such as injuries from road accidents, problems of violent behaviour, alcohol-related suicide, poor school and work performance and unplanned and unprotected sexual activity. Although it is clearly important to discourage young persons from developing long-term heavy drinking patterns (which can lead to chronic diseases in the future), the major problems of concern are the acute consequences which constitutes the main cause of death for young people in Europe (Rehm et al., 2001). Drinking patterns play a major role in determining levels of acute alcohol problems (Single et al., 1996, Roche, 1997). This indicates that the most efficient approach to the prevention of alcohol problems among

[5] Different definitions are used across the world to define binge drinking. According to WHO, binge drinking is defined as a pattern of heavy drinking, usually five drinks consumed in one single occasion. The US National Institute on Alcohol Abuse and Alcoholism (NIAAA) agreed in 2004 that for study purposes, a "binge" is a pattern of drinking that brings blood alcohol concentration to 0.08 percent or above. The UK charity Alcohol Concern defines binge drinking as 64 grams of alcohol in a single session for men and 48 grams for women. In Australia, the National Drug Research Institute defines binge drinking as more than 60 grams of alcohol in a day (not a single session) for men or 40 grams in a day for women, which is lower that the US definition. Another grams-based definition found in research literature is the consumption of half the recommended weekly intake in a single session (Webb, 1996). Grams-based definitions have been criticised as they ignore a number of factors that can influence the way in which a given amount of alcohol affects an individual (e.g. body weight, height, the time period over which the alcohol was consumed, whether or not food was consumed with the alcohol) (De Jong, 2003).

young people would be to reduce risky drinking patterns such as binge drinking, drinking to intoxication and drinking in particular situations (e.g. drink-driving).

More research is now required to gain a better understanding of the patterns of binge drinking behaviour, the associated health risks and the motivation behind such drinking patterns.

***Drinking patterns among young people in Europe***

Young people are clearly a group that requires particular focus and attention. As with adults, there are a number of cultural differences in young people's drinking patterns across Europe. There are a limited number of studies available that allow comparisons between drinking patterns among young people in Europe.

To date, the most detailed large-scale international youth survey relating to alcohol consumption is the ESPAD study (Hibell, 2000). This study surveyed the pattern of alcohol consumption among 15-16 years-old in 30 countries throughout Europe.

However, it is important to note that a number of large countries in Europe are not covered by the ESPAD study (e.g. Germany, Spain). Additional information for those countries is provided by the WHO-supported Health Behaviour in School-aged Children (HBSC) survey (Currie, 2000, 2004). This study examines alcohol consumption among young people aged 11, 13 and 15 years old in 35 countries throughout Europe and North America.

These studies show that the pattern of alcohol consumption among young people varies considerably between European countries, reflecting different drinking cultures.

The ESPAD study showed that in 1999, regular alcohol consumption (i.e. alcohol consumption ten times or more in the past 30 days) varied from 1% to 25% across European countries. The highest proportion of young people drinking on a regular basis was found in Denmark, UK and Ireland, while the lowest proportion was found in the Scandinavian countries such as Finland, Sweden and Norway. The southern Mediterranean countries such as Portugal, Italy and France were situated around the mean (Hibell et al., 2000).

In addition to regular alcohol consumption, the ESPAD study also evaluated the levels of drunkenness (defined as drinking to intoxication, three times or more during the last 30 days) and binge drinking (defined as consumption of 5 or more drinks in a row, three times or more during the last 30 days). The proportion of young people reporting drinking to intoxication and binge drinking in 1999 also varied from 1% to 37%. Within Europe, the ESPAD research identified a significant North-South gradient concerning the proportions of drunkenness and binge drinking (Figure 1). Teenagers in Northern Europe


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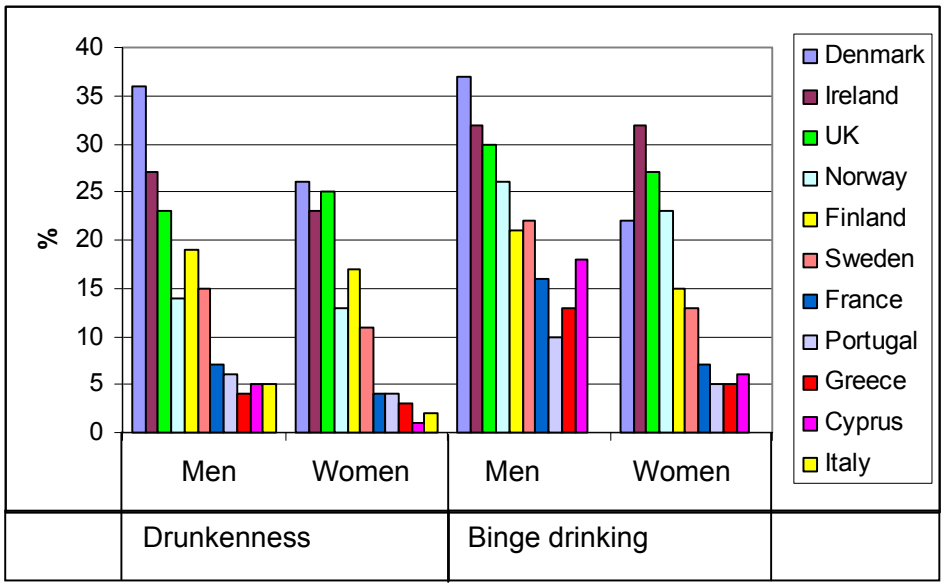
were far more likely to report binge drinking and drunkenness than teenagers in Southern Europe (Hibell et al, 2000).

**Figure 1.** Proportion of young people reporting drunkenness and binge drinking (three times or more during the last 30 days) in Europe in 1999.




The data from the 2001/2 HBSC study support the findings that the lowest levels of drunkenness are reported in the Southern European countries, in sharp contrast to those from the Northern European countries (Currie, 2000, 2004). The HBSC study included in 2001/2 some countries not participating in the ESPAD study: Germany and Spain. In Germany, the proportion of young people reporting frequent drunkenness was similar to the proportion reported for the Northern European countries while Spain showed low levels of drunkenness similar to the other Southern European countries.

***Trends in drinking patterns among young people in Europe***

Some general trends in alcohol consumption by young people over the past few years can be seen through comparisons of two successive ESPAD surveys (1995 and 1999, pending results for 2003) (Hibell et al, 2000).

However, it should be emphasized that the 1995 and 1999 ESPAD surveys do not provide a complete picture of trends in drinking behaviour across Europe. While

information is available for the majority of countries in Northern and Eastern Europe much less information is available for the countries in Southern Europe.

The comparison of 1995 and 1999 ESPAD studies indicates that regular consumption of alcohol, together with drunkenness and binge drinking, is increasing in Eastern European countries, in certain Scandinavian countries, such as Norway and Denmark, and in the United Kingdom and Ireland.

In contrast, regular consumption is clearly decreasing in Italy and Cyprus or remains stable in Portugal. Drunkenness is decreasing in Italy or remains stable as in Cyprus and Portugal.

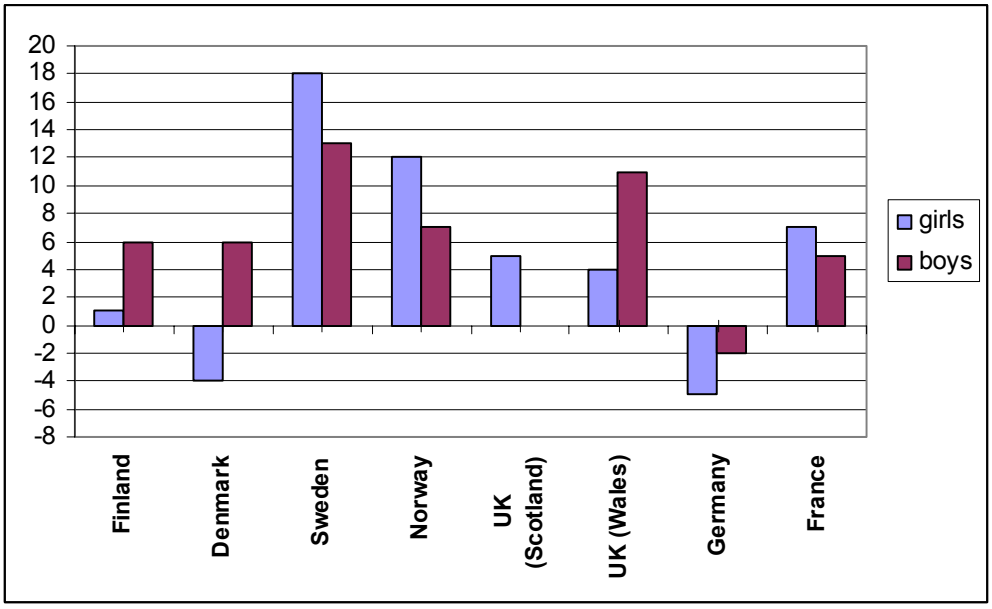
No trends in binge drinking are available from the ESPAD study for the majority of the Southern European countries (i.e. Italy, Cyprus, Greece and France) except for Portugal where a moderate tendency towards an increase in this type of consumption was recorded.

Although France is not part of the ESPAD study 1995, the data from two IREB surveys (IREB, 2003) showed a decrease in the regular consumption and drunkenness between 1996 and 2001. These two IREB studies used the same definition of drunkenness and regular consumption as the ESPAD study and confirm the downward trends in regular consumption and drunkenness in the Southern Europe. Similar results have been obtained for Spain, who also did not participate in the ESPAD study (Vives et al., 2000).

Trends in drinking behaviour among young people can also be obtained from comparison of three HBSC studies carried out in 1994, 1998 and 2001. Nevertheless, a direct comparison with the ESPAD data is not possible since the definitions of regular consumption and drunkenness are different.

A comparison between HBSC surveys carried out in 1994 and 1998 revealed the frequency of episodes of drunkenness increased among 15-year-olds in the majority of participating countries (Figure 2 - only Western Europe is represented; confidence intervals are such that only differences of more than 2% are to be considered as reliable). The only significant decreases were found among girls in Denmark and Germany.

**Figure 2**. Trends (1994-1998) in the frequency of episodes of drunkenness in 15-year-old (increase/decrease in %).




However, the data collected by HBSC survey in 2001/2 and published in 2004 did not confirm these trends. The picture is quite different between 1998 and 2001/2 (Figure 3). Overall, the frequency of drunkenness decreased or remained stable. Only in Germany the frequency of drunkenness increased significantly for both sexes, while in Portugal and Ireland an increase was observed only among girls.


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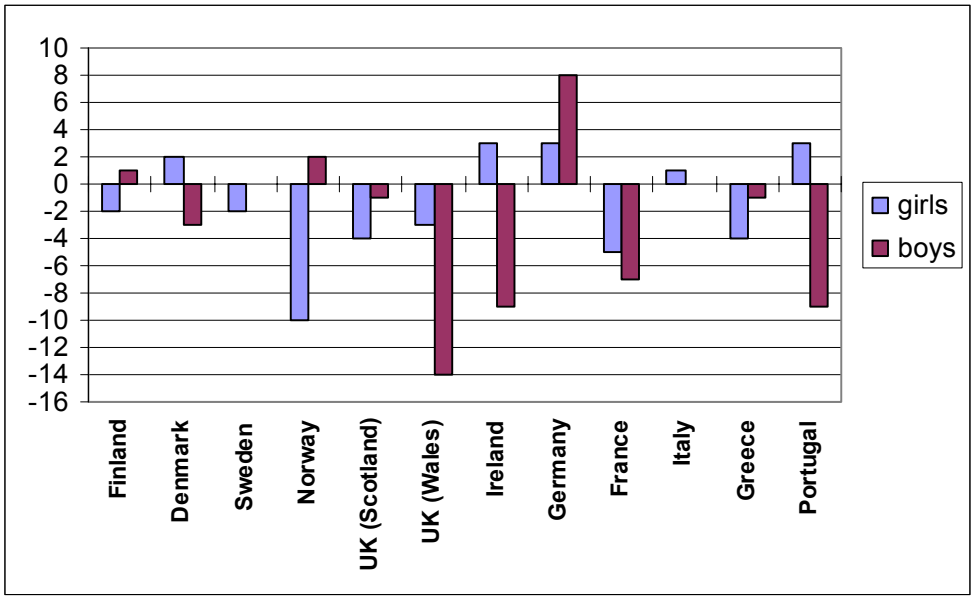
**Figure 3**. Trends (1998-2001/2) in the frequency of episodes of drunkenness in 15-year-old (increase/decrease in %).




The figures from the ESPAD and HBSC studies indicate that although alcohol consumption by young people is an issue that needs to be addressed, this problem again varies by country, and within countries. What is clear is that the issues are greater in some countries than others. Moreover, the evidence indicates that young people most at risk from high levels of alcohol consumption and binge drinking do not necessarily come from countries where the overall alcohol consumption of alcohol is the highest. Trends between 1998 and 2001/2 appear to differ from those identified from 1994 to 1998. Overall, the frequency of drunkenness observed between 1998 and 2001/2 remained stable or decreased.

***"Ready-to-drink"***

Finally, in relation to young people, the draft strategy prepared by the Commission suggests that the alcoholic beverage industry should "stop producing and marketing products that are attracting or targeting young people, like 'Alco-pops'". In the draft strategy, as elsewhere in the over-all debates on alcohol consumption, there is widespread use of terms such as 'alco-pops', 'ready-to-drink' and 'designer drinks" without specifically defining each of these products and how they are to be differentiated. It would be helpful for stakeholders to know and understand exactly what the Commission means by each of these types of products and how each is to be distinguished.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For instance, 'Ready-to-Drink' drinks could be defined as pre-mixed products that are responsibly produced and marketed beverages, the packaging, pricing, alcoholic content and promotion of which is clearly aimed at those above the legal age of purchase. This has been acknowledged in the Conclusions of the 2003 US Federal Trade Commission which says that "the Commission's investigation found no evidence of targeting underage consumers in marketing of flavoured malt beverages". At the same time, if, by "Alco-pops," the Commission means products that are irresponsibly produced and packaged, and then marketed to underage consumers, then, of course, TAG supports any measures to remove these products from the market place, particularly as they occupy a small percentage of the total drink market.

Pre-mixed beverages are innovative products that appeal to a broad group of consumers. Many advocates in general debate on alcohol-related harm adopt a tone that these types of products are inherently bad and consideration needs to be given to removing them from the marketplace. Yet, there is a lack of evidence which justifies singling out this form of beverage from others. Issues around alcohol-related harm and young people are complex and while greater understanding is needed on young people's drinking behaviour, we need to be cautious not to over-simplify these issues.

**Alcohol policies across Europe**

No single approach to alcohol policy is likely to succeed uniformly across Europe. To reduce alcohol-related harm effectively, flexible alcohol policy strategies are therefore essential.

The clear cultural differences in drinking patterns throughout Europe, and across all age groups, have a great deal of significance when considering what can be reasonably expected of an effective European alcohol policy. No single approach is likely to succeed uniformly throughout every country in Europe.

Although it is desirable to have the shared common goal of reducing alcohol-related harm, effective alcohol policy should be implemented in a way that is flexible and can be adapted to national requirements, in particular taking into consideration local political and social cultures. This would include identifying how the responsibilities can be divided between the EU, national legislation and local implementation.


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# 3. COMPREHENSIVE COMMUNITY APPROACH: DEVELOPING EFFECTIVE ALCOHOL POLICY

## 3.1 MORE TARGETED APPROACH TO ALCOHOL-RELATED HARM

### 3.1.1 Different approaches to alcohol policy

An alcohol policy simply aiming to reduce *per capita* consumption of alcohol is unlikely to be an effective strategy in reducing alcohol-related harm and may have a negative impact on people's behaviour.

The components of effective alcohol policy should provide a multi-faceted approach that encourages people to adopt a responsible attitude towards alcohol consumption, combined with the appropriate level of legislation and enforcement.

There is a long held view by public health authorities or NGOs from the temperance movement that reducing alcohol-related harm can only be achieved by reducing the overall consumption of alcohol at the population level. The central assumption for a population-based approach to alcohol policy is that a fixed and predictable relationship exists between the level of *per capita* alcohol consumption across populations and the incidence of problems within that population.

This simplistic approach therefore assumes that reducing the level of *per capita* alcohol consumption will lead to a reduction in the incidence of problems. However, there are increasing data to show a more complex relationship between the volume of alcohol consumed by the overall population and the level of alcohol-related problems (Rehm et al, 1999; Hemström et al, 2001; Stockwell et al, 1994, Single et al 1995; Midanik et al, 1994). Moreover, cultural influences can also significantly impact on behaviour related to drinking (Norstrom et al, 2001; Rossow, 2001; Ramstedt 2001).

In those countries that have vigorously pursued a population-based approach (e.g., Finland, Sweden), for example through high taxation and restriction on access to alcohol, the prevalence of harmful drinking is higher compared with Southern European countries that have not pursued such an approach (Hemström et al, 2001). Indeed, the quantity of alcohol consumed per occasion and the number of heavy drinking occasions are higher the Northern Europe compared with Southern Europe. In addition the prevalence of social alcohol related-harm is highest in these Northern countries and lowest in Southern Europe (Hemström et al, 2001).

Some countries like the Netherlands and the UK have now clearly opted for a targeted approach to reduce alcohol-related harm. The "Alcohol Harm Reduction Strategy for England" adopted in 2004, states "The strategy has the objective of reducing the harms caused by alcohol use in England. It recognises that there are both benefits and costs to

alcohol misuse and, therefore, does not aim to cut alcohol consumption by the whole population. Instead it focuses on the prevention, minimisation and management of the harms caused by alcohol misuse[6]."

The Alcohol Policy Strategy adopted by the Dutch Government on 19 December 2000 says in Chapter 2 about the "The positioning and goal of the alcohol prevention policy", that the aim is the "promotion of moderation for alcohol consumption and limitation of risks due to alcohol-related problems in specific situations" (§ 2.2 for "Policy on stimulants/Alcohol Policy). The Paragraph 2.3 "Goals, primary target group and target figures for alcohol prevention policy", starts by saying "It is clear from the previous statement that the alcohol prevention policy is not aiming at countering moderate alcohol consumption or at forbidding the consumption of alcohol all together. The policy therefore aims at reducing the number of problematic alcohol consumers or at increasing the number of individuals drinking moderately (which does not mean at all to incite non-drinkers to start consuming alcohol)".

### 3.1.2 Targeted harm reduction

In the long term, the most effective harm reduction strategies will be those that bring about a sustained reduction in risky drinking behaviour.

Advocacy for the benefits of a population-based approach to alcohol policies that focuses on alcohol consumption or alcohol abstinence stems back to 1975, with the publication of the WHO-sponsored: *Alcohol control policies in public health perspective* (Bruun et al, 1975). Over the past 25 years there has been increasing support for the development of more targeted approaches that minimise the harm related to alcohol consumption. This debate is often confused by the end-points selected to evaluate the success of these strategies. For example, overall alcohol consumption or alcohol abstinence are used as indicators or surrogate markers for harm and harm reduction.

A range of data, including the ECAS survey data and national survey data from Canada, Australia and the US, have identified that it is the number of heavy drinking occasions, rather than overall alcohol consumption, that can more accurately predict alcohol-related harm (Stockwell et al, 1994, Midanik et al, 1994; Single et al 1995; Hemström et al, 2001). In addition, the potential health benefits from moderate alcohol consumption for populations at increased risk of cardiovascular disease is an important finding that should be considered in policy and prevention programmes development. In developed countries, cardiovascular disease is the leading cause of death. This should lead to increased attention to prevention measures that focus on

[6] Chapter 3, p.21

avoidance of intoxication rather than attempting to persuade light to moderate drinkers to reduce their level of consumption (Roche, 1997).

TAG believes that the most effective approach may be to target measures to the general population but these measures should focus on the avoidance of intoxication and other behaviours likely to cause problems rather than focusing on aggregate levels of consumption per se. Programmes focusing on reducing aggregate levels of alcohol consumption clearly restrict reasonable freedom of choice for the majority of people whose drinking patterns seldom, if ever, become hazardous.

This is not to say that programs specifically targeted at high-risk drinkers such as early identification and intervention programmes, should not be supported. These would undoubtedly result in reductions in alcohol problems.

The ECAS study also showed that drinking patterns change slowly, over decades (Norström et al, 2001). The study authors therefore suggest that it may be difficult to see how short-term preventative policy measures could successfully change drinking behaviour, and advocate further research into the effects of different alcohol-related harm policies on drinking patterns.

We now need to identify methods of reducing harm, independent of *per capita* alcohol reduction, with the potential to have a long-term positive impact on drinking behaviour. When specifically addressing risky drinking patterns, it is essential for us to understand the motivation of individuals with these patterns of drinking. For example, harmful drinking in under 18s is often highly correlated with other types of high-risk and delinquent behaviour (Flood-Page et al 2000).

Continued biomedical and socio-economic research into drinking patterns and their relationship with particular outcomes will provide a better understanding of the most detrimental patterns of drinking, and how these can be targeted effectively.


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## 3.2 AN EVIDENCE-BASED ASSESSMENT OF THE AVAILABLE ALCOHOL POLICY STRATEGIES

In order to strike an effective balance between the traditional population-based strategies and the more targeted harm-reduction strategies, it is important to evaluate their previous success in an evidence-based fashion.

The most effective strategies for achieving sustained harm reduction are likely to be a combination of effective enforcement of legislation, a focus on attitudes and behaviour as well as a modification of the drinking context.

For the development of effective alcohol policies in Europe, it is essential to facilitate the exchange of best practice research amongst all stakeholders, in particular to identify indicators of effectiveness and methods to monitor progress. It will also be important to ensure that these policies are based upon robust research evidence and sound data.

In order to strike an effective balance between the traditional population-based strategies and the more targeted harm-reduction strategies, it is important to evaluate their previous success in an evidence-based fashion.

### 3.2.1 Taxation and pricing

TAG members accept that alcohol has always been taxed differently from other products, but that of itself does not mean that taxation is appropriate per se. From a public health perspective (i.e., harm reduction), taxation is not the most effective way nor the most sustainable tool to target harmful drinking patterns.

***Taxation is not a sustainable public health instrument***

It has been a long held view by the Public Health Community that the most effective way to reduce alcohol consumption, and therefore alcohol-related harm, at the population level is to restrict its availability and increase its cost through tax-induced price increases. Yet, a recent report from the Commission on the rates of excise duty applied on alcohol and alcohol beverages clearly states that “most of the Member States, in their replies to the questionnaire, have indicated that health policy considerations do not influence the level of the rates (…). Public health objectives are predominant in determining the duty levels for only one Member State (Sweden). For other high taxing countries (for instance Finland, the UK and Denmark), this has become less of an issue today than it was in the past. In explaining this, the UK observed that there is conflicting scientific evidence on the benefits and risks of alcohol consumption”.

Moreover, it is important to assess whether continued rises in alcohol pricing through tax increases is an effective and sustainable component of alcohol policy. This assessment

is needed in the light of the statement made in the Second Report published by the Irish Strategic Task Force on Alcohol[7] (p,22), where the Task Force recognises "that the effect of increases in alcohol taxes can be short lived. Therefore to sustain a reduction of overall consumption and related harm, it is necessary that taxes on alcohol products continue to increase". In addition, the assumption that a reduction in per capita alcohol consumption will ultimately result in a reduction in alcohol-related harm needs to be seriously questioned.

***Influence of changes in taxation on alcohol consumption***

Alcohol consumers react to changes in the price of alcoholic beverages to varying degrees in different countries (so called price-sensitivity). A range of studies (Godfrey et al, 1989; Österberg 1995; Chaloupka et al 2002) have found that price responses also vary considerably for different types of alcoholic beverage, for example, the demand for beer is generally less price responsive than the demand for wine or spirits. There can also be differences in the gender response to taxation (Chaloupka and Wechesler, 1996). Most importantly, the evidence as to whether changes in price will affect those with abusive alcohol drinking patterns more than light to moderate drinkers is inconclusive (Manning et al, 1995).

The data from the ECAS project showed that there is not a clear relationship between price and per capita alcohol consumption (Leppänen, 1999). According to these data, alcohol consumption is relatively price inelastic in the Southern European countries (Italy, Portugal, France, Spain and Greece) and Austria, while in Northern European countries such as Finland, Norway, Sweden, Denmark, UK and Ireland there is an association between changes in alcohol prices and changes in alcohol consumption.

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[7] Health Promotion Unit Department of Health and Children Ireland – September 2004 - www.healthpromotion.ie

A more recent study funded by the EU Commission[8] examined trends in alcohol consumption over the last 30 years in all the Member States and reasons for these trends (e.g. changes in taxation). The study concluded that it is not possible to state that taxation rates directly influence consumption, since there are a number of other factors which could also influence it (e.g. GDP, the level of the population of drinking age, the unemployment rate).

However, assuming that other factors stay constant over time, there are a number of initial conclusions possible:

- Generally speaking, beer consumption has not changed as a result of duty rate changes, except in the UK and Spain, with some changes recorded in Greece.
- In those countries where duty is charged, still wine consumption has in general not changed as a result of duty rate changes.
- In all Member States where data are available, sparkling wine consumption has changed when the duty rate changes.
- In most Member States (except for Greece, Italy, Luxembourg, Portugal), spirits consumption changes when duty rate changes.
- Cider consumption does not change when rates change.

In conclusion, it is difficult to draw any firm conclusions on this issue as the choice of the consumer for a certain product category depends on a variety of factors, one of which is the price, which in its turn is a function of the duty level applicable. The extent to which duty levels affect consumer choice to drink will differ from one Member State to another, and tends to be more important in Member States where duty is high and constitutes a bigger proportion of the price,.

***Increased taxation drives production & consumption outside of regulation***

It is important also to note that high taxes drive the production and consumption of alcohol outside of regulation, such as illegal home production and smuggling across borders. Indeed, the unrecorded consumption levels have gradually increased in high-tax countries (Northern Europe) from 1 litre in the 1980s to 2 litres the second half of the 1990s, while there has been a slight decrease in low-tax countries (Southern Europe) (Leifman, 2001). In Finland, Sweden, Denmark, Norway and UK this has resulted in the highest levels of unrecorded alcohol consumption (Leifman, 2001, Swedish Harsted Report, August 2004).

[8] Study on the competition between alcoholic beverages", 2001: http://www.europa.eu.int/comm/taxation_customs/com_2004_223_en.pdf

***Taxation does not reduce risky drinking behaviours***

The effectiveness of tax-induced price increases as an approach to reduce alcohol misuse is not conclusive. For example, in countries such as Finland, Norway, Sweden, Denmark and the UK, where strict regulations are enforced and alcoholic beverages are particularly heavily taxed, the overall participation levels in abusive drinking behaviour are the highest in Europe (Hemström et al, 2001; Hibell, 2000).

Moreover, unjustified tax-induced price increases may simply lead to alterations in purchasing patterns (Gruenwald and Treno 2000)

***Taxation is not a tool for a targeted approach***

Although taxation distinguishes between consumers and non-consumers, it does not distinguish between responsible and irresponsible drinkers. Optimal alcohol pricing should reflect a trade-off between the reduction in the welfare of non-abusive drinkers, and social and health benefits from the reduction in consumption by abusive drinkers.

Finally, it is also important to consider that the national markets across Europe have varying levels of alcohol taxation, and will each react differently to changes in price regulation and taxation.

In conclusion, TAG members believe that there are other more effective measures than increased taxation to reduce alcohol-related harm.

### 3.2.2 Physical availability

The evidence is inconclusive as to whether restricting access to alcohol is an effective approach to reducing alcohol-related harm.

Historically, limiting the physical availability of alcoholic beverages has been included as part of alcohol policy in a number of countries, controlled through the establishment of state monopoly or Licensing laws. There are many aspects to this strategy including, for example, minimum alcohol purchasing age laws, limiting hours and days of retail sale, and reducing the density of retail outlets. These different approaches have varying degrees of success.

There are certainly a number of regulations, such as strict enforcement of a minimum purchasing age, that have been effective at reducing underage alcohol consumption (Grube 1997; Wagenaar et al, 2000).

However, other regulations, including limiting hours and days of retail sale and reducing the density of retail outlets have met with varying degrees of success, particularly with regards to the effectiveness of their universal application across Europe.

Increases in availability have not always been associated with an increase in alcohol consumption and alcohol-related harm. For example:

- A series of five Norwegian studies have showed that where there is already some availability of alcohol, the increase of number of outlets has little effect on overall consumption and alcohol-related harm (Hauge and Amundsen, 1994, Mäkelä *et al.,* 2002).
- In Sweden, alcohol outlets were closed until February 2000 in an effort to reduce sales, consumption and problems. With EU harmonization looming, an experimental situation was created in which the impact of liberalizing restrictions of hours of sale was assessed. Over the course of 17 months, stores in certain counties were allowed to open on Saturdays. Although alcohol consumption increased, however, indicators of harm directly related to alcohol consumption did not (Norström and Skog, 2003).
- There was hardly any overall effect in terms of changes in total alcohol consumption and alcohol-related harm (e.g. arrests for drunkenness, drink-driving, assaults) in the general population during experiments with Saturday closing and opening carried out in Norway and Finland (Leppänen, 1979, Hauge and Nordlie, 1984, Irgens-Jensen, 1984, in Mäkelä *et al.,* 2002).
- Mixed results have also been found in studies investigating the effects of extended tavern closing hours in Britain on health and drinking-driving statistics (Raistrick, 1999).
- In Ontario, there has been an increase in alcohol availability over recent years, but the overall alcohol consumption has actually reduced (Smart and Mann, 1995).

The relationship between alcohol availability and alcohol consumption or alcohol-related harm is highly complex and depends upon the local context (geographical distribution of outlets, activities associated with drinking, the current saturation of markets themselves) (Stockwell and Gruenewald, 2001). Markets in developed countries are often “saturated” and the impact of availability policies on consumption of alcohol may be as heterogeneous as patterns of availability themselves (Rehm, 1999, Stockwell and Gruenewald, 2001). For these reasons, regulation of physical availability should be considered at local level.

As with taxation, in Nordic countries such as Norway and Sweden where the focus has been on limiting the physical availability of alcohol, e.g. by reducing the number of alcohol retail outlets, there has been a slow but consistent increase in recorded and unrecorded consumption since the 1950s (Leifman, 2001). In Sweden, for instance, it is assumed that 1 out of 3 drinks consumed are unrecorded. On the other hand, the decline in alcohol consumption in the Mediterranean countries which has been recorded


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since the 1970s can not be explained in terms of changes in the availability of alcohol (Allamani, 2001; Osterbeg and Karlsson, 2003).

### 3.2.3 Enforcement of existing laws

Effective and timely enforcement of existing legislation has been demonstrated to reduce alcohol-related harm, in particular when supported by measures to promote responsible consumption and to help consumers make an informed choice.

A degree of societal control, both at a national and local level, should be integral to any effective alcohol policy, in particular strict enforcement of rules governing the sale to and the consumption of alcohol by young people (below the legal minimum age). Such legal enforcement should also go hand-in-hand with information, reminder and awareness campaign initiatives.

***Drink-driving***

Strict and fast court decisions are also key to the enforcement of the legislation. For example, although the UK has the highest BAC limit (0.08%), it has one of the best records (together with Sweden) for alcohol-related road traffic death and injuries. The Commission itself recognizes that this is due to strong enforcement of the legislation by the police, combined with a statutory one year suspension of the perpetrators' driving license. Strict enforcement of the road safety rules by police forces, combined with information campaigns, have also shown impressive results in France, with a 20.9% decrease in deaths and 20.3% decrease in injuries due to alcohol-related road accidents in 2003 compared to 2002.

In the Australian state of New South Wales, anti-drink-driving measures have been extremely successful, with the strict enforcement of random breath-testing (Homel et al, 1988). This programme resulted in an immediate reduction in alcohol-related fatal crashes by 36%, with a sustained 24% decrease over the next 5 years. Twenty-three studies of Unrestricting Breath Testing and selective testing found a decline of 22 % (range 13-36%) in fatal crashes, with slightly lower decreases for non-injury and other accidents (Schults et al, 2001).
Other effective measures include administrative license suspensions, where the driver's license is immediately removed by the police when a BAC above the limit is found (Ross, 1992, McKnight and Voas, 2001), and graduated driving licensing provisions for young drivers (Begg, 2000, Ulmer, 2000, Mayhew, 2000).

Drink-driving counter measures have been shown to be more effective when supported by information, reminder and awareness campaigns such as the BOB campaign (see section 4.3) or mass media campaigns (Elder et al, 2004) and brief interventions (if possible, directly at the point of emergency care).

***On- and off-trade***

Another successful legislative measure is the enforcement of laws prohibiting the service of alcohol to intoxicated patrons. In the state of Michigan, USA, a 10% reduction of drink-driving arrests was observed following the enforcement of laws prohibiting service of alcohol to already intoxicated patrons of bars and restaurants (McKnight & Streff, 1994).

Additional measures include a stricter control by the administration on bars and retail shops on serving underage customers, and for a breach of the rules to be associated with license suspension. In the Netherlands, the number of controls in bars and retail shops increased significantly between 2003 and 2004. Last summer the Food and Consumer Product Safety Authority organised two national age limit checking initiatives. In total 518 premises were checked and 44 fines were given to those providing alcohol to underage drinkers. Besides these two national campaigns, the authorities are investigating regular checking of retail premises. For the last 6 months, 3800 premises were checked, 247 of which were fined. These controls are contributing to a reduction in the accessibility of alcoholic products for underage drinkers.

Similarly, in the UK, from the beginning of July 2004 to the end of August, police and trading standards officers carried out sting operations against more than 1,700 licensed premises, charging over 4,000 people with fixed penalty notices and confiscating alcohol from more than 9,500 adults and juveniles. The Home Secretary, David Blunkett said in a press release that the "figures show that a co-ordinated blitz delivers real results. They are a credit to the police forces and their partners - this extra effort (…) has made significant progress in tackling underage and binge drinking and alcohol-fuelled disorder". He recognized the good work done by many in the alcohol industry, for example, the development by the industry itself of a proof-of-age card, in the absence of a national identity card as a tool to help retailers and bar staff to check the age of their customers.

### 3.2.4 Alcohol promotion and consumer communication

TAG recognises the importance of responsible marketing and innovation.

Accurate and balanced information on alcohol consumption is important for helping individual consumers make healthy, informed choices on their patterns of alcohol consumption. This includes education, public services messages as well as alcohol labelling, packaging, marketing, promotion and advertising.

Over recent years there has been an increasing consumer choice for alcoholic products. Alcohol marketing strategies are primarily undertaken to compete for, and hopefully


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increase a product / company's particular share in this competitive marketplace (Johnson, 1985, Gius et al, 1996, Lee and Tremblay, 1993, Nelson, 1997). Consequently, it is important that advertising of alcohol is permitted under the principles of free-trade. Media campaigns for beer, wine and spirits are directed to the adult population, which is ensured through audience profiles provided by the broadcaster (and publicly available).

Members of the European beer, wine, cider and spirits industry do not and will not seek to have underage young people as consumers. In addition, close attention to alcohol promotion and consumer communication is especially important for sending the right message about drinking. This is complicated by the difficulties of regulating in an increasingly global community, particularly with the availability of the internet.

The beer, wine, spirits and cider industries actively implement self-regulation of their marketing activities, through the adherence to clear codes of regulation, in virtually all EU Member States. This process undergoes regular review and evaluation of effectiveness. Recent actions have been taken to further strengthen self-regulation and these are outlined in Section 5. In addition, the drinks industry has been increasingly using its brand advertising to carry messages about responsible drinking.

**Assessing the impact of alcohol advertising**

Alcohol advertising does not increase over-all consumption, and has minimal influence on young people's perceptions of alcohol compared with peers, family, personality and environment.

***Impact on consumption?***

There have been several studies investigating the relationship between advertising and alcohol consumption, particularly in young people. A review of the literature indicates that there has been no conclusive evidence that advertising significantly affects overall levels of alcohol consumption (Fisher 1993, Calfee and Scheraga, 1994, Nelson, 2001).

Studies from the US showed that when a total ban on advertising was introduced, alcohol consumption remained the same (Smart and Cutler, 1976). A further study looked at the reintroduction of alcohol advertising in a different state and again concluded that there was no change in alcohol consumption (Makowsky and Whitehead, 1991). In a 4-year econometric study evaluating advertising of the beer, wine, spirits and cider industry in France, Germany, the Netherlands, Sweden and the UK, advertising was not found to have a significant effect on alcohol consumption (Calfee and Scheraga,1994).


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There is also evidence that advertising responds to trends in consumption, rather then leading them. Market data analysis has shown that increases in advertising expenditure are actually preceded by increases in aggregate consumption, not vice versa (Fischer, 1995, Henry, 1996).

Furthermore, the increase in overall advertising expenditure is a result of the wider variety overall of broadcasters and media. In fact expenditure on advertising for alcoholic beverages represents the same percentage of overall advertising expenditure for all products as it did before.

***Impact on young people?***

The impact of alcohol advertising on young people has received considerable attention. A substantial body of research has been devoted to the respective roles of family, peers, culture, social forces, media and other significant factors in determining the decisions by young people about whether or not to drink. Peers and family appear to be the most powerful factors in shaping beliefs and attitudes about drinking, and drinking patterns among young people are much more likely to be influenced by the prevailing culture around alcohol, than by advertising (Fischer, 1993, Milgram, 2001, Stockdale, 2001). A critical review of three representatives studies that found a link between advertising and young people drinking concluded that a number of methodological problems make the results of these studies biased and incomplete (Nelson, 2001).

Evidence of this kind has led the US Federal Trade Commission to conclude in 1985 that the literature provides 'no reliable basis to conclude that alcohol advertising significantly affects consumption' and in 2003 to state that "given that many factors influence teen drinking, including individual family, peer and environmental factors, it is not clear that changes in drinking trends can be attributed to changes in advertising."

Nevertheless, members of the beer, wine, spirits and cider industry are not seeking underage young people as consumers. Members of TAG and numerous other alcohol industry groups have therefore made a clear commitment not to target advertising or marketing to those less than 18 years old.


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***Labeling of alcoholic beverages:***

Consumers benefit from accurate, consistent information on alcohol in order to make informed choices

The primary objective of labelling is to provide consumer information, in particular on the brand and alcohol content. The question is whether labels could be used to give moderate consumption guidance to consumers or to inform them on the health risks associated with alcohol consumption in given circumstances, i.e, when drinking & driving, or when pregnant. Only a few governments in Europe have given clear moderate consumption guidelines to their citizens. In order to help consumers apply these guidelines, the industry in the UK is using the back label to indicate "the number of drinking units" contained in a bottle. There is a positive MORI survey from The Portman Group in 2001 showing an awareness level of 89% amongst the general population in the UK on this "unit information".

However, such an initiative would be difficult to implement Europe-wide, as the amount of grams of pure ethanol contained in governmentally defined "standard drinks" are not the same between countries and such an initiative cannot be undertaken by the industry in countries where the Government or other independent, authoritative body has not clearly informed the consumer as to what constitutes "moderate drinking".

With regard to label information on health risks, the issues presented include the limited space offered by the label and the language differences among Member States. Warning labels on alcohol beverages became mandatory in the US in 1989, with the emphasis on the dangers of drinking during pregnancy, alcohol impairment when driving or operating machinery and general health risks. Although there appears to be a good awareness and recognition of warning labels, particularly amongst frequent drinkers, no direct impact on alcohol consumption has been reported (Babor et al, 2003). In addition, warning labels did not increase perceptions of alcohol risk or change alcohol beliefs (Babor et al, 2003), probably because the fact that alcohol misuse is dangerous is already common knowledge.

TAG supports public health measures that improve consumer understanding of the nature and effects of alcohol or that change the behaviour of those people whose drinking patterns may be harmful. However, TAG believes that long term consumer awareness initiatives in support of responsible drinking strategies, as suggested in greater detail below, are likely to be more effective than labeling per se.

### 3.2.5 Modifying the drinking environment

There is increasing evidence to show that changing the drinking environment can reduce risky drinking behaviour. This requires the active involvement of the hospitality and retail industries.

There is growing interest not just in simply regulating the physical availability of alcohol, but also modifying the drinking environment, particularly those environments that are considered high-risk, as an effective approach to minimizing the harm caused by alcohol misuse. This strategy is particularly important with the observation that alcohol consumption is increasingly moving out of the home, and into more public settings, such as pubs and bars. This trend is particularly noticeable in young people and in Southern Europe (Engels et al, 1998). In order to combat street drinking, the Spanish Government adopted a legislation prohibiting the "botellón" phenomenon. However, the Socialist Party vice-spokesman for Madrid, Oscar Iglesias said that despite some 24,000 police interventions between August 2003 and June 2004, the situation is worsening. He called for negotiations with all stakeholders to find sensible solutions to the problem. The Party has urged for preventive measures, notably information campaigns on the risks of alcohol, and alternatives for young people who often drink alcohol in the streets due to a lack of other activities.

Indeed, TAG members believe that there is an important role for the hospitality industry and the retail trade to take, with their help, modifying the drinking environment. For example, by introducing appropriate training of bar staff, door staff and cashiers and by encouraging responsible promotion to the adult population entering in those premises. There have also been calls for a review of the legal liability of those selling alcohol.

There is an increasing body of scientific evidence showing that the relationship between alcohol consumption and aggressive and violent behaviour is not a direct causal link, but rather a complex interaction of biochemical, psychological, situational and cultural factors (Inserm, 2003). The evidence that alcohol does not appear to lead to aggression under non-provocative conditions [Gustafson, 1993, Graham, 1995], provides additional support for the importance of measures designed to improve the management of drinking environments to avoid provocation to violence.

The benefits of modifying the drinking context are supported by an increasing range of evidence, for example, the 'Safer Bars' intervention in Toronto, which introduced good design principles such as padded furniture and compartmentalized space resulted in a significant reduction in severe and moderate alcohol-related aggression (Graham et al, 2004). Other measures that have been recommended to reduce the likelihood of alcohol-related problems occurring include: ensuring a clean, well-maintained environment; encouraging eating with drinking; toughened safety glass; and hiring bar staff that are good at communicating with people (Graham and Howel, 1997).


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***Responsible serving & selling***

Appropriate training for hospitality staff and retailers– training programmes like "RSA" in Ireland, "Serve wise" in Scotland or "Think before you serve" in the Netherlands– are also an important component of this approach. One such programme to train bar staff to recognize and gradually stop serving intoxicated customers has been shown to reduce the likelihood of patrons becoming intoxicated by 50% (Saltz, 1987). A similar program in Oregon, USA, resulted in a 23% reduction in single vehicle night-time crashes after 3 years of initiation (Holder & Wagenaar, 1994).

Another interesting strategy has been to encourage consumers to alternate soft drinks with alcoholic drinks. This has been introduced in Germany, with the 'Apple Juice' law. This law requires bars to offer at least one non-alcoholic drink cheaper than the cheapest alcohol (European Monitoring Centre for Drugs and Drug Addiction Annual Report, 2003). Not unexpectedly, these types of strategies are particularly successful when carried out in combination with appropriate legal enforcement (McKnight and Streff, 1994).

For consumption at home, modifying the drinking environment means that the host of the party knows how to ensure a safe environment for its guests. Programmes have been developed by some SAOs giving guidance for responsible hosting ("Host" in Canada[9]. "Cheers without tears with the "Good Host Checklist" in the UK[10]). It would be useful to further disseminate such initiatives in order to modify the drinking environment in private places.

### 3.2.6 Helping consumers to make an informed choice

Well designed and properly evaluated reminder, awareness and attitudinal programmes can make significant contribution to bringing about a sustained reduction in alcohol-related harm.

***Growing importance of education…***

[9] www.educalcool.qc.ca

[10] www.portmangroup.org.uk

There is growing recognition of the importance of reminder, awareness and attitudinal programmes for children, adults, and health professionals in the development of alcohol policies aimed at harm reduction. Drinking behaviour is often deeply embedded in a person's culture and beliefs, and a change in beliefs is therefore required to have the most beneficial influence on behaviour. In its 2001 report, the WHO called for greater education / awareness of the potential ill effects of drinking.

Such programmes have an important role to play in promoting the knowledge of safe drinking limits and in making intoxication, and other problem causing behaviour, socially unacceptable. Alcohol reminder, awareness and attitudinal programmes, aimed specifically at young people and adolescents, can be effectively delivered through schools and colleges but should also be supported with parent and community-based programmes. It is important to recognise, however, that, whilst reminder, awareness and attitudinal programmes may not be necessarily the corner stone of an efficient alcohol policy, they should be seen as an essential element in a comprehensive alcohol strategy. The literature on the role of awareness and attitudinal programmes has been evaluated by a number of authors (Babor et al, 2003; Cronin, 1996; Foxcroft et al, 2003; McBride 2003). These authors generally agree that, although there is a great deal of literature in this area, the quality of the studies conducted varies considerably. This variability has led some to the view that such programmes have not been entirely effective at changing drinking behaviour, particularly in young people (Babor et al, 2003). However, when assessed, it is critical that we understand the limitations of the programme, and what we can reasonably expect to achieve.

***… setting harm minimisation as the objective***

It has been stated that if such programmes had been reviewed against harm-minimization goals rather than abstinence goals, such programmes may well have shown a greater impact than is currently understood (McBride et al, 2003). Despite the variability in the literature, there have been a number of particularly good examples of effective awareness and persuasion campaigns conducted in recent years. These include the Australian 'Alcohol Harm Reduction Project (SHAHRP)', the American 'Strengthening Families Program' (SFP) and the 'Alcohol Misuse Prevention Study' (AMPS).

The SHAHRP project had an explicit goal of harm minimization, and has demonstrated significant reductions in the level of alcohol consumption and alcohol-related harm. This intervention, which started at age 13, has also shown a shift in attitudes as well as a reduction in overall consumption.

An evaluation of 56 psychosocial and educational interventions in young people concluded that the SFP is an effective intervention over the long-term for the primary prevention of alcohol misuse. There was a consistent pattern of effectiveness across all


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three drinking variables: alcohol consumption, alcohol consumption without permission and first drunkenness (Foxcroft et al, 2003).

Other successful programmes undertaken in the US include the Alcohol Skills Training Programme (ASTP) and the Brief Alcohol and Intervention for College Students (BASICS) programme (Marlatt et al 1995, Baer et al 1992). Both of these studies have demonstrated an overall reduction in high-risk drinking behaviour and its negative consequences.

These examples provide encouraging support for the practical application of well-designed and assessed reminder, awareness and attitudinal programmes as part of an effective alcohol policy. It has been recommended that it is worth considering more culturally focused interventions. It is also recommended that the benefits beyond young people are considered such as, for example, a single community intervention that covers all groups (Foxcroft et al, 2003).

### 3.2.7 Summary of alcohol strategies

We now need to learn from our experiences with the range of approaches discussed here. In particular, the objectives of these alcohol policies need to be widened to incorporate the principles of harm minimisation. This includes the identification of appropriate methodologies and outcome variables, and exploring a broader approach to changing attitudes, cultures and behaviour that encourage excessive or inappropriate drinking. Moreover, it involves an acceptance that complete abstention from alcohol, or even delayed onset of consumption, may not always be achievable or supported by families across all Member States, and that ensuring less harmful drinking behaviour may be a more realistic goal.

The most effective policies are likely to be those that combine strict enforcement of existing legislation with more targeted approaches including awareness and attitudinal programmes, and modifying drinking environment.

The beer, wine, spirits and cider industry has a key role to partner in the development of these policies, and we will discuss its role, both present and future, in the following sections of this document. In addition, research gaps clearly exist, and a co-ordination of knowledge and resources from all stakeholders will be an important aid to the future formulation of effective alcohol policies.


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## 4. ACTION TO DATE

TAG members fully embrace the important contribution that they can make in working with all stakeholders, including the European Commission, to develop and implement strategies to reduce alcohol-related harm.

TAG members share the concern of governments and health authorities over the misuse of alcohol and risky drinking behaviour, in particular in relation to young people. Through Social Aspect Organisations (SAOs), such as TAG, the beer, wine, spirits and cider producers are committed to taking up the challenge put forward by Robert Madelin, Director General of DG Sanco stating that "we not only need your commitment to see a real difference; we need you to do more, to do it better and to do it in partnership with all who share your concern". TAG aims to support the development of SAOs in every country in Europe as national platforms to implement local alcohol policies through joint efforts with all relevant stakeholders from public and private sectors.

Beer, wine, spirits and cider producers, with the support of Social Aspect Organisations, can and do play an important role in 1) helping provide balanced and accurate information to the consumer; 2) responsible advertising/marketing; 3) encouraging responsible alcohol consumption; and 4) contributing to efforts to reduce alcohol-related harm. Review of the actions undertaken by the international, European and national trade associations; SAOs and TAG member companies on the above-mentioned areas is available on the TAG website[11].

### 4.1 RESPONSIBLE MARKETING

Industry efforts to ensure responsible promotion have strengthened significantly in recent years. It is also important to recognise that industry self-regulation co-exists with and complements existing legislation.

***The role of Self-Regulation***

Industry efforts towards self-regulation in order to eliminate inappropriate marketing behaviour, and advertising in particular, have significantly increased in the last decade, with the establishment of numerous independent review mechanisms, and impartial self-

11 See the Review 2004 of the Drinks Industry Initiatives since 2001 to comply with the EU Recommendation on Alcohol and Young People/ www.amsterdamgroup.org

regulatory organisations (SROs). The codes of practice established for self-regulation are based on the International Code of Advertising Practice from the International Chamber of Commerce. The self-regulatory system now includes provision of appropriate advertising and marketing codes, pre-launch services (e.g. copy advice, pre-clearance), enforcement mechanisms, complaints and monitoring and consumer and industry awareness.

***The scope of Self-Regulation***

Aside from advertising, self-regulation should also cover brand naming, packaging, internet promotional activities, sponsorship and point-of-sale promotions. Self-regulation does not develop in a vacuum but co-exists within the context of existing legislation at EU and national level, such as the Directive on Misleading Advertising or the TV Without Frontiers Directive, and Member State alcohol advertising restrictions, which vary considerably across Europe. Self-regulation is certainly not meant to replace legislation. Because they are complimentary, the combination of legislation and self-regulation is generally regarded to be more effective than each approach on its own. Importantly, self-regulation can be more responsive than traditional legislation, is far more readily accessible to the consumer and can deal specifically with the minutiae that fall outside the scope of pure regulation.

Industry members in almost all EU Member States have now developed self-regulatory rules through self-regulatory bodies and /or national sectoral trade associations to govern alcohol advertising[12]. The national advertising self-regulatory organizations are co-ordinated by the European Advertising Standards Alliance (EASA). EASA has a particular role in dealing with cross-border complaints and driving Best Practice initiatives in the way self-regulation is performed, which are based on the Common Principles of Best Practice and Self-Regulation Charter.

***Progress to date***

Overall, there are now relatively few complaints about advertising campaigns for alcoholic drinks. For example, in 2003 the UK Advertising Standards Authority received 230 complaints related to alcohol advertising (out of a total of 14.041 complaints for all advertising ), constituting only 1.6 % of the overall complaints received that year.

For the past year, TAG has been working with the SROs and EASA to monitor the compliance of the TV and Print ads with the codes of conduct in the EU. A total of 1,200

[12] An overview of the legislation, self-regulatory codes and mechanisms in all EU countries have been compiled in the "Canadean Report 2002" commissioned by the Brewers of Europe and is currently being updated with the support of TAG and EASA (results should be available by the end of December 2004 at www.brewerssofeurope.org)

advertisement were assessed between October and December 2002, followed by a further 2,238 individual advertisements from January to September 2003. Of the 2,238 advertisements evaluated in 2003, 43 (1.9%) actually received complaints, of which just eight were upheld. When evaluated in an auditing exercise against the TAG Common Standards and National Codes, no more than 112 (5%) of the ads were considered to be 'unacceptable'. The results of this monitoring are now being used for industry member training and education programmes at a European and national level to ensure the highest advertising standards.

The drinks industry aims to safeguard its rights to make responsible commercial communications by continuously evaluating and improving upon the means and systems of self-regulation in order to ensure efficient consumer information and protection. For example, EASA has been working closely with the new EU Member States, such as Lithuania, Latvia, Estonia and Poland, to establish effective self-regulatory control prior to their inclusion into the EU. Self-regulatory organisations already existed in four of the new Member States prior to accession (Czech and Slovak Republics, Hungary and Slovenia).

Key to this has been the organisation of Self-Regulatory Road Shows in 2003 and 2004 to raise awareness of the issues and the need for higher advertising standards.

TAG has also been working towards the development of a Manual on the Common Standard for Advertising[13] for better training and interpretation of the codes of practice, which has already been implemented across TAG member companies. A similar guideline has also been produced by the Brewers of Europe for their members[14]. In addition, EASA has made a commitment to ensure the liaison between SROs and the drinks industry to use copy advice provided on a draft copy/script of advertisements prior to broadcast or publication by 2005. It is notable that the majority of the advertisements identified in the TAG monitoring project to be in breach/possibly in breach of the codes did not use copy advice.

Despite progress being made, TAG members recognise that this is an on-going process of continual review and improvement and in section 5 further steps are outlined to strengthen the self-regulatory process, both for the development of appropriate standards and the improvement of the proactive role of self-regulation.

We would like to emphasise however, that what advertising self-regulation cannot achieve is the reduction in alcohol related harm. In order to achieve this, other

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[13] Copies available from the TAG secretariat : info@amsterdamgroup.org

[14] Copy can be received through the Brewers of Europe


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instruments have been developed by industry and the majority of Social Aspects Organizations, such as outlined over the following pages.

## 4.2 ENCOURAGING RESPONSIBLE ALCOHOL CONSUMPTION

TAG members are fully committed to proactively promoting responsible consumption of alcohol and discouraging excessive consumption.

Appropriate internal training within the TAG member companies and beyond, as well as in the hospitality sectors is an important component of encouraging responsible alcohol consumption. This not only includes gaining a clear understanding of the law and server/seller responsibilities, but also learning how to deal with difficult situations where they are often required to refuse to serve alcohol.

### 4.2.1 Server and Cashier Training

Well-trained cashiers and bar staff can have a significant impact on reducing alcohol-related harm.

The development of alcohol beverage-specific qualifications and server training programmes are key activities to achieve an increasing level of professionalism in the alcohol retail industry. Server training programmes aim to provide bar staff, managers and other retailers with the knowledge and awareness necessary for the appropriate licensed sale of alcohol. In particular, it is important to train retailers not to sell alcoholic beverages to underage people. Examples include the Responsible Serving of Alcohol (RSA)[15] programme in Ireland, the Scottish "Serve Wise" scheme[16], training schemes developed by the British Institute of Innkeeping[17] and the 'Think…before you serve' programme in the Netherlands[18] and "Sometimes you have to say no" for retailers ("soms moet je nee verkopen")[19].

Most of these programmes cover a wide range of topics such as:

- How to prevent alcohol sales to underage people?
- How to refuse to serve intoxicated customers?
- How to handle difficult customers?
- How to identify signs of increasing intoxication?

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[15] www.failteireland.ie
[16] www.alcohol-focus-scotland.org.uk
[17] www.bii.org
[18] www.svh.nl
[19] pvad@raadndh.nl


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- Facts about alcohol and its effects on the body
- Ways to prevent customers becoming intoxicated (e.g., responsible promotions guidelines)
- Alcohol and the law
- Co-operation with the authorities, especially the Police Forces (to seek advise for security elements)

TAG members have assisted in the development of several server training programmes at a local level. In addition, to promote the development of such training programmes on a large scale across Europe, TAG has been working with HOTREC to produce guidelines that help national associations to develop and implement education programme for bars and retailers (see Section 5).

Server training programmes have also been accompanied by a partnership between the hospitality industry and local law enforcement. For example, in the UK the British Beer & Pub Association is working directly with the Home Office at a regional level to help identify local problems and develop and deliver effective local solutions to crime and disorder[20].

The same applies for the Netherlands, where the HORECA organization, together with the Ministries of Justice and the Interior , have produced guidelines for “going out safer” (“Veilig uitgaan”)

### 4.2.2 Responsible consumption campaigns

TAG members have a long standing experience in running responsible consumption campaigns and are committed to expanding these efforts.

**On sensible drinking information…**

Consistent and coherent sensible drinking information should help in addressing binge-drinking and drunkenness

There have been, in recent years, an increasing number of industry-sponsored awareness campaigns to promote the sensible drinking message and the need to avoid binge drinking or drunkenness. An important component of this message is better consumer education and information on what alcohol serving measures are and the likely alcohol levels in the blood, based on the number of alcoholic drinks consumed. This includes an understanding of what constitutes moderate consumption based on country or WHO recommendations, using useful tools such as the pocket sized unit

[20] www.beerandpub.com

wheel designed to explain how sensible drinking advice translates into actual drinks in the UK[21], and France[22], or in Ireland with an on-line unit calculator[23]

**On responsible drinking messages, particularly for young people…**

Given the high importance to reduce young people's risky drinking behaviour, programmes that have proven to be effective should be expanded

One particular example of industry-related promotion of the responsible drinking message is the short teaser advert that was shown in cinemas in the UK, promoting anti-drunkenness. These were the first anti-drunkenness adverts to run in UK cinemas. Other examples include the Portman Group's 'if you do do drink don't do drunk' and the Scottish Executive's TV campaign aimed at discouraging binge drinking. Another example is the campaign called "Geniet maar drink met mate"[24] ("enjoy your drink but be moderate") which uses booklets, internet, quiz and leaflets with information about misuse and responsible consumption of alcoholic beverages. The slogan of the campaign has been broadcast in more than 60% of all drinks TV ads in the Netherlands. In Malta, a targeted campaign is run over the summer "fiesta" season in villages. The aim is to discourage the idea that it is "macho" to get drunk by portraying risky drinking as puerile and clownish. Cartoons supporting the campaign are published in youth magazines, cinemas and radio advertising supporting the campaign[25]. In France, Entreprise & Prévention has been running the so called "Soif de Vivre" programme since 1999, which aims to promote responsible consumption and counter alcohol misuse. The campaign materials include CD-ROM, educational kits, videos, posters, comics and a website. Part of the programme is also targeting professionals in the drinks industry, from suppliers to retailers, with the opportunity for them to order education material. More than 2000 professionals are placing an order each year and more than 20,000 people are logging on to the website each month.

**In the work place…**

65% of the European adult population is in employment and therefore targeting awareness campaigns in the workplace can be effective in communicating responsible consumption messages.

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[21] www.portmangroup.org.uk
[22] www.soifdevivre.com
[23] www.meas.ie
[24] http://www.genietmaardrinkmetmate.nl
[25] tsg@waldonet.net.mt


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Appropriate drinking behaviour in the workplace has been similarly targeted in Germany for example, with the information leaflet 'Alcohol at the Workplace? How can I help my colleague', to help with the topic of alcohol dependence.

All TAG member companies have also developed internal policies for their employees, supplying information about alcohol and training of sales persons, fixing strict rules for "company celebrations", delivering moderate consumption or anti-drink-driving messages. Several companies are also providing help and support in a confidential and non-threatening way to any employee who asks for help with a drinking problem. Most of the information is circulated to the employees by intranet or by means of brochures which are given to each employee joining the companies and sometimes forms part of the employment contract.

**For pregnant women…**

While some programmes exist, there is a need for more campaigns at national level reminding and informing pregnant women of the risk of drinking.

In the case of pregnant women, there are potential risks associated with alcohol consumption and pregnancy, as highlighted by research on Foetal Alcohol Syndrome (FAS). Although alcohol consumption is not the only factor contributing to the development of this syndrome, the drinks industry has warned that it is best for mothers not to drink when they start trying to conceive, during pregnancy, or while breastfeeding, (or to drink, at most, very small amounts) and have invited women to seek appropriate advice from their doctor. Scientists have differed over whether absolute abstinences is necessary for pregnant women. In the UK, for example, the Government's advice is to drink no more than one or two units, just once or twice a week. Nevertheless, it is recommended that countries provide more reminders and information for women. Entreprise & Prévention in France and DIFA Forum in Germany, together with local health professionals, have developed information (posters, leaflets) to be displayed in waiting room of general practitioners and gynaecologists.

### 4.3 DRINK-DRIVING

TAG members have valuable experience in contributing to and running initiatives to reduce drink-driving and are committed to expanding these efforts.

The Belgian BOB campaign, first developed in 1995, is a particularly good example of a designated driver campaign. Within its first year, 9 out of 10 Belgians had heard of BOB, and given it their support, rising to 97% of the target population in recent years. Following on from the success in Belgium, TAG, together with the Belgian Road Safety

Institute and Arnoldus (Belgium SAO), has promoted the concept of the Designated Driver in additional countries. For 2004/2005, 12 European countries will be implementing the concept: Belgium, Denmark, France, Ireland, Italy, Malta, Poland, Portugal, Spain, the Czech Republic, the Netherlands, and the United-Kingdom, as part of a pan-European campaign financially supported by the European Commission. A review of the results of the 2003 Pan–European campaign (covering 9 countries) is available on the TAG website.

Each country has adapted the concept to its local needs and culture, which has resulted in a wide variety of campaign elements ranging from billboard and poster advertising, TV advertising and short movies for cinemas, to offering free non-alcoholic beverages in bars for the designated driver. The positive impact of this campaign has been seen throughout Europe. For example, in the Netherlands, 69% of people always make a designated driver arrangement, and 84% have personally been the allocated driver. In Ireland, 25% of people use a designated driver and 45% take a taxi. Indeed, the office of the Vorlichtingsraad (Public Information Authority – an office of the Prime Minister) conducted a survey, the results of which concluded the BOB campaign to be the best governmental campaign ever (in close cooperation with many parties, including industry). In Portugal, since the introduction of the programme in December 2002, positive BAC tests have decreased to 2% and alcohol decreased to the 5$^{th}$ factor contributing to road accidents.

In addition, some SAOs and drinks producers have signed the European Road Safety Charter issued in April 2004 and more are expected to do so in future, as the Charter is open for additional commitments over the next 3 years[26].

### 4.4 AWARENESS CAMPAIGNS FOR YOUNG PEOPLE AND THE CRUCIAL ROLE OF FAMILIES

The family has a key role to play in alcohol education; this can be supported and enhanced through school-based awareness programmes.

The evidence clearly indicates that alcohol education starts in the home. Moderate consumption of alcohol by adult members and initiation of drinking in a family context seem to have positive impacts on future attitudes towards alcohol and drinking behaviour. Parent/family education plays an important role in shaping a young person's attitude towards alcoholic beverages (Miller and Plant, 2003). It is therefore important that public authorities provide the means (information, guidance, etc) for parents and families to provide for the education of their children, and not leave this entirely to school education.

[26] http://www.europa.eu.int/comm/transport/roadsafety/charter_en.htm

In recent years, there has been an increasing amount of focus on alcohol awareness campaigns for young people. In Spain, the industry-funded Fundación Alcohol y Sociedad (FAS) initiated the Alba project in 2001[27]. The Alba project has two objectives: firstly, to investigate and understand the relationship adolescents have with alcohol in Spain (a White Book was published in 2002 and a second one will be issued by the end of 2004); secondly, to develop and execute an associated educational campaign for young people, but also to provide information to parents. This project will be completed in 2004, having covered 300,000 pupils from the age of 12 to 18 years old. The objective of the project is to reduce the number of drinks consumed per month and the overall consumption in this age group as well as to delay onset in drinking. Since the project started in 2001, the number of drinks per month has reduced from 17 to 15. The average age of onset went up from 13.7 to 14.2 years old and the number of drinkers reduced from 64% to 57%. From regular evaluation performed by an external body, better results are found among the groups that have received information about alcohol in classrooms. Education programmes at schools are also running in other countries such as in Denmark with the "Visiting Teacher Programme" and the newly implemented programme "Fryspunkt" (originating from Norway), which is a new interactive teaching programme for colleges, both introduced by industry-funded GODA[28].

Other projects are directed at parents needing information on what to do and say with their children in a given circumstance. These programmes include discussion guide leaflets for parents, currently produced in Malta, Ireland, UK or training schemes like the "GODA's parents Team" in Denmark, which involves parents in parents/teachers meetings.

As awareness and attitudinal campaigns for young people continue to be developed, it will now be important to identify methods to accurately monitor and assess their success. Further details on TAG initiatives are outlined in Section 5.2.2.

[27] www.alcoholysociedad.org
[28] www.goda.dk

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## 5. CONCLUSION – EUROPEAN CHARTER ON ALCOHOL HARM REDUCTION

In order for the Commission to send a strong signal on the importance for all relevant stakeholders to act towards reducing alcohol-related harm, TAG suggests the Commission develops a European Charter on Alcohol Harm Reduction (similar to the European Road Safety Charter). This Charter would be a solemn declaration on the commitment to contribute to reducing alcohol harm. The Charter would be open to all partners to sign up to, including trade organisations, retail and hospitality industry bodies, NGOs, media or any type of community.

Each signatory would get engaged into tangible actions in the key areas for actions which will be identified at the end of the decision-making process concerning the EU Strategy. This Charter would set up a platform that would allow signatories to benefit from best-practice sharing and from an increased visibility for their social responsibility campaigns. Once organisations have signed up to it, they must then comply with the principles and achieve the targets they have selected themselves.

The European Charter on Alcohol Harm Reduction would include:

- Recognition of the key principles of Harm Reduction
- Stakeholders' engagement into action programmes that tackle risky drinking behaviours
- Taking the amended TAG Common Standards on Commercial Communications as a benchmark for national, sectoral or company self-regulation codes of conduct
- Support for actions in the areas of responsible marketing and self regulation on commercial communications

The Commission should strive to get the commitments from the relevant economic actors, including alcohol producers and other related industry sectors such as the retail, HORECA and advertising industries. TAG members would actively support such an initiative by the Commission.


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