Directorate-General for Health & Consumers

FIRST PROGRESS REPORT ON THE IMPLEMENTATION OF THE EU ALCOHOL STRATEGY

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Contents

Executive summary

The first EU Alcohol Strategy was adopted by the European Commission in October 2006 in response to the growing recognition of the health impact of harmful and hazardous alcohol consumption in the EU. The Strategy was endorsed by the other EU institutions indicating that a broad consensus has been achieved in the EU on the approach to tackle alcohol related harm. This is the first report to review progress against strategy implementation.

Harmful and hazardous alcohol consumption is the third largest risk factor for ill health in the EU, responsible for 195,000 deaths each year and accounting for 12% of male and 2% of female premature mortality. The estimated economic cost to the EU is in the region of €125 billion. Recently published data indicates that alcohol consumption has remained stable for most Member States between 2002 and 2006, with a trend towards higher consumption in 8 countries.

Since the adoption of the Strategy, there has been considerable activity on the part of the Commission, the Member States and the wider stakeholders to set up the infrastructure for implementation. DG Health and Consumers has focused on developing the appropriate structure for strategy implementation, with the aim to engage, or bring together relevant actors on specific priority topics. The new structures include the Committee on National Alcohol Policy and Action, the European Alcohol and Health Forum and the Committee on Data Collection, Indicators and Definitions. A number of other Community policy areas, such as Transport, have also taken concrete actions that contribute to the priority areas of the Alcohol Strategy. A range of alcohol-focussed projects have been carried out under Community Health Programmes 2003-2008, summarised in Annex 2.

Across the EU Member States there has been a steady convergence of actions towards those identified as good practice. Most Member States now have a written alcohol policy in place. There is a continuous trend towards an age limit of 18 years for selling and serving alcohol, and towards lowered Blood Alcohol Concentration limits for drivers of motorised vehicles. Annex 1 describes the development of policy and action in EU Member States.

Wider stakeholders have been engaged through the new European Alcohol and Health Forum. Members of the Forum include public health NGOs, alcohol manufacturers and producers and health professionals, and membership has grown to over 60. Members have launched over 100 commitments to act to reduce alcohol related harm, and a balanced group of Forum Members has closely explored a range of specific topics; such as marketing communication, national structures for self regulation, and youth. The Forum's Science Group has adopted a scientific opinion on the relationship between marketing communication and the volume and pattern of young people alcohol consumption.

In conclusion, the recent activity makes for a promising start, but more needs to be done by all in the framework of the consensus strategic approach. At the same time, recent developments will continue to shape the implementation of the strategy. The

Science Group's opinion on the influence of marketing and advertising is valuable for developing the next steps on this topic. In addition, the recent financial crisis argues for a greater policy focus on specific aspects of alcohol policy, such as the relationship between alcohol consumption and health inequalities, if health outcomes are to improve.

The next progress report is due in 2012.

1 Introduction

The need to tackle problems related to harmful and hazardous consumption of alcohol first entered the agenda of the European Community in 1986 when the idea of a "joint initiative" at European level was raised for the first time[1]. In 2001, the Council adopted a Recommendation focusing on drinking of alcohol by young people[2], as well as a set of Conclusions which called more clearly for a comprehensive Community strategy to reduce alcohol-related harm[3]. This call was reiterated in Council Conclusions in 2004[4]. Alcohol policy was highlighted as a priority of the first programme of Community action in the field of public health (2003-2008)[5]. By this stage, there was increasing evidence that national alcohol-related public health problems were becoming more widespread across the EU, particularly in relation to young people's drinking behaviour.

In October 2006 the Commission adopted the first EU Alcohol Strategy with its Communication on "An EU strategy to support Member States in reducing alcohol related harm"[6]. The Strategy addresses the adverse health effects related to harmful and hazardous alcohol consumption, and identifies five priority themes for action.

The first priority relates to the protection of young people, children and the unborn child and emphasises the need to address the growing problem of under age drinking and binge drinking among young people, but also to increase protection of children. The Strategy reiterates examples of good practice from the 2001 Council Recommendation including the need to enforce restrictions on sales and action on the availability of marketing likely to influence young people.

The second priority relates to the need to reduce injuries and death from alcohol-related road accidents. The Strategy highlights as good practice the setting and enforcing of a Blood Alcohol Concentration (BAC) maximum of 0.5 mg/ml for drivers of motorised vehicles, and setting a lower limit for inexperienced and professional drivers. It also underlines the importance of awareness raising measures.

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[1] Resolution of the Council and of the Representatives of the Governments of the Member States, meeting within the Council, of 29 May 1986, on alcohol abuse (OJ C 184, 23.7.1986, p. 3).
[2] Council Recommendation of 5 June 2001 on the drinking of alcohol by young people, in particular children and adolescents, 2001/458/EC (OJ L 161, 16.6.2001, p. 38).
[3] Council Conclusions of 5 June 2001 on a Community strategy to reduce alcohol-related harm (OJ C 175, 20.6.2001).
[4] Communication from the Commission on the Health Strategy of the European Community COM(2000) 285 final.
[5] Decision No 1786/2002/EC of the European Parliament and of the Council of 23 September 2002 adopting a programme of Community action in the field of public health (2003-2008) (OJ L 271, 9.10.2002, p. 1-12).
[6] Communication from the Commission of 24 October 2006, "An EU strategy to support Member States in reducing alcohol-related harm", COM(2006) 625 final. Available on: http://ec.europa.eu/health/ph_determinants/life_style/alcohol/alcohol_com_en.htm

The third priority addresses the importance of preventing alcohol-related harm among adults in order to decrease chronic physical and mental ill health across the adult population, giving particular recognition to the impact that alcohol can have on the workplace, and workforce productivity, and the importance of the workplace as a setting for intervention. As good practice, the Strategy emphasises the need to enforce, across settings, existing regulations, codes, and standards (such as licences, server training, restrictions on alcoholic drinks promotions), as well as campaigns to raise awareness, and involving health professionals to advise people at risk.

The fourth priority relates to the need to inform, educate and raise awareness on the impact of harmful and hazardous alcohol consumption, so as to develop knowledge in society about appropriate consumption patterns.

Finally, the fifth priority emphasises a continued commitment to work with partners to develop and maintain a common evidence base at EU level, particularly in relation to the development of health indicators to monitor progress, as well as studies to monitor the effectiveness of approaches.

This report provides a first description of progress against the EU Alcohol Strategy. It outlines key steps taken by the Commission, Member States and other stakeholders to develop actions that address the priorities of the Strategy.

1.1 The response from other Community institutions

In its Conclusions of November 2006[7], the Council welcomed the Alcohol Strategy describing it as "a major step towards a comprehensive and coherent Community approach to tackle the adverse impact of excessive alcohol consumption on health and well being in Europe". The Council agreed with the priority themes of the Strategy and endorsed the actions set out by the Commission to develop a reliable evidence base for consumption and harm, and the impact of policies. The Council invited the Commission to report regularly on the progress of its activities to implement the EU strategy, and the activities reported by Member States, as well as their impact at EU level and within Member States and the response of different stakeholders.

The European Parliament[8] welcomed the Commission's approach to curbing hazardous and harmful alcohol consumption and called for the Commission to formulate ambitious general objectives for the Member States, while not undermining the subsidiarity principle.

[7] Council Conclusions on EU strategy to reduce alcohol-related harm, 30 November and 1 December 2006 (Council document register 16165/06).
[8] European Parliament resolution of 5 September 2007 on an European Union strategy to support Member States in reducing alcohol-related harm (2007/2005(INI)).

The European Economic and Social Committee[9] (EESC) welcomed the Alcohol Strategy but raised concern that it was not sufficiently comprehensive. In particular, the EESC urged the Commission to show leadership and to place greater emphasis on, inter alia, the economic costs associated with alcohol related harm; on the need to reduce children's exposure to alcohol products and their advertising, and the need to recognise alcohol as a psychoactive drug.

In its response, the Committee of the Regions[10] welcomed that there was no intention by the Commission to substitute Community action for national policies, and no indication that new legislation would be developed. Furthermore, it stressed that the Commission should not go beyond the objectives and competences assigned to it under the Treaties.

2 Alcohol and health: trends and developments in the EU

In this section, the alcohol and public health situation as defined for 2006 is reviewed and updated with evidence that has emerged since then.

2.1 The situation in 2006

The Impact Assessment Report[11] that accompanied the development of the Alcohol Strategy estimated the size of the public health impact of alcohol related harm to the EU. The Impact Assessment was able to draw on an up-to-date and comprehensive body of literature, including WHO global and European regional analysis and a specifically commissioned report, "Alcohol in Europe", [12] on the situation of alcohol related harm across the EU.

The 2006 picture, captured by the Commission's Impact Assessment, is one where harmful and hazardous alcohol consumption is the third largest risk factor for ill-health in the EU, after high blood pressure and tobacco. As stated in 2006, harmful alcohol consumption is estimated to be responsible for about 195,000 deaths each year in the EU[11], and these are still the most up-to-date figures. In 2006, alcohol was estimated to be a net cause of 7 % of all ill-health and early death in the EU based on the WHO's Global Burden of Disease Study[13]. This study measured the health impact of harmful alcohol consumption in terms of life-years lost due to death or disability

[9] Opinion of the European Economic and Social Committee on the 'Communication from the Commission to the Council, the European Parliament, the European Economic and Social Committee and the Committee of the Regions — An EU strategy to support Member States in reducing alcohol related harm' (2007/C 175/19).

[10] Opinion of the Committee of the Regions on an EU strategy to support Member States in reducing alcohol-related harm (2007/C 197/08).

[11] Summary of the Impact assessment (SEC (2006) 1360). Available on: http://ec.europa.eu/health/ph_determinants/life_style/alcohol/documents/alcohol_com_625_a1_en.pdf

[12] Anderson P. and Baumberg B. (2006), Alcohol in Europe. A public health perspective. Institute of Alcohol Studies, London.

[13] The WHO's Global Burden of Disease Study is available on: http://www.who.int/topics/global_burden_of_disease/en/

(Disability-Adjusted Life Years), and found that it accounted for 12% of male and 2% of female premature deaths under the age of 75 years.

Data available in 2006 estimated that alcohol consumption deaths and ill health were due to a wide range of conditions, including an estimated 10,000 deaths per year due to road traffic accidents, 27,000 deaths as a result of alcohol related accidents, 2,000 homicides, 10,000 suicides, 45,000 deaths from liver cirrhosis, 50,000 cancer deaths, of which 11,000 are female breast cancer deaths, and 17,000 deaths due to neuro-psychiatric conditions. Alcohol is also linked to 200,000 episodes of depression which alone account for 2.5 million life-years lost to death and disability (Disability-Adjusted Life Years).

The total tangible cost of alcohol to EU societies was estimated, in 2006 based on 2003 figures, to be €125 billion, equivalent to 1.3% GDP (which is in the same order of magnitude as the cost for tobacco)[12]. Data from the UK found that 8-14 million working days were lost due to harmful alcohol consumption, and that it caused up to 25% of workplace accidents (and 60% of fatal accidents).

2.2 The situation in 2009

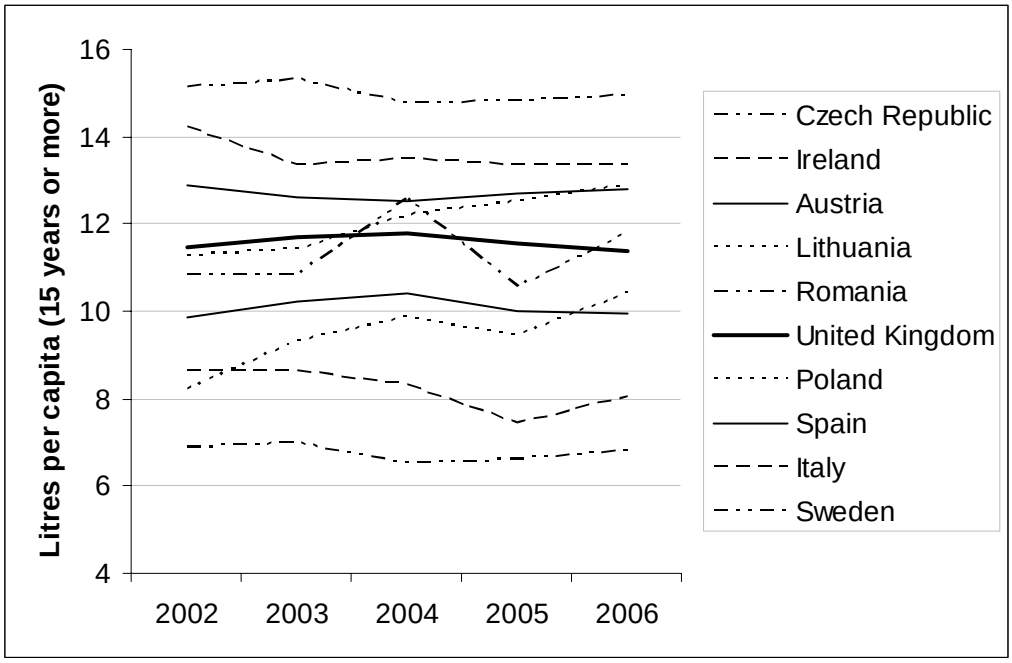
So what has changed since the launch of the EU Alcohol Strategy in 2006? Collecting reliable, comparable and exhaustive data across the EU on alcohol consumption levels and patterns and on various types of alcohol-related harm involves some challenges and time-lag. Moreover, three years is a relatively limited window of time in which to observe substantial policy-attributable changes in alcohol related health outcomes given the time delay in the development of health conditions such as cirrhosis, cancers, and cardiovascular disease. The full extent of the health impact of alcohol policies and behaviours is likely to take several years to become fully apparent. For long term clarity of monitoring against the priorities of the Strategy, the Commission has created a Committee on Data Collection, Indicators and Definitions, described in section 3.4.

However it is possible to redraw the public health picture so as to take into account new information on behaviours, as highlighted through consumption trends or surveys published since 2006. An updated picture should also include a summary of new knowledge that is relevant for national and European policy makers, as gleaned through recent studies. This will allow that any new policy directions are considered on an up-to-date evidence base, and remain embedded in the current social and economic realities in EU.

New data collected by the WHO shows trends in aggregate alcohol consumption up to and including 2006. This data shows that consumption across the EU has remained more or less stable for most Member States between 2002 and 2006. A trend towards higher levels of recorded alcohol consumption (increase in the order of 9% or more) is evident in eight countries. The increase has been steep in some countries, for instance 40% in Estonia, 33% in Latvia and 25% in Poland from 2002 to 2006. In contrast, in Luxembourg and Malta the level of recorded alcohol consumption dropped by some 9% from 2002 to 2006. The long-term decreasing

trend in alcohol consumption in Mediterranean countries, such as France, Italy and Spain, seems to have levelled off in the early 2000s. Figure 1 shows trends in alcohol consumption in selected EU Member States.

Figure 1: Recorded alcohol consumption in selected EU Member States, 2002-2006



Since 2006, new information is available that refines the pattern of alcohol consumption within different age groups across the EU. The most recent report of the European School Survey Project on Alcohol and other Drugs study (ESPAD), based on a survey carried out in 35 countries in 2007, indicates that heavy episodic drinking ("binge-drinking") increased in young people, and particularly among girls between 2003 and 2007. At national level, the picture is that some countries with traditionally low rates of binge drinking, such as Malta and Portugal, are now seeing greater prevalence of this behaviour. Conversely, the ESPAD study indicates that those countries, such as Sweden and Finland, with higher levels of binge drinking activity are seeing a decline.

Recent studies have cast light on the role played by alcohol affordability (a function of both the price of alcohol, and consumer ability to pay – based on incomes). For example, a recent study undertaken by RAND Europe[14], financed by DG Health and Consumers, indicated that alcohol affordability is rising. The same study also found a positive relationship between affordability and consumption of alcohol; and between consumption and cirrhosis of the liver, traffic injuries and traffic deaths.

[14] RAND Europe (2009), The affordability of alcoholic beverages in the European Union. Understanding the link between alcohol affordability, consumption and harms. Available on http://ec.europa.eu/health/ph_determinants/life_style/alcohol/documents_rand_en.pdf

Evidence has been published since the EU Alcohol Strategy that supports the hypothesis that alcohol is a key factor in the development of social and health inequalities between the EU Member States. For example, the "Closing the Health Gap in the European Union" report[15] found huge variability in alcohol harm in the EU, particularly between the EU10 and the rest of the region. For example, it found that overall alcohol-attributable mortality of men in Estonia is over 11 times higher than of Dutch men. Within the broad all cause mortality figures are some dramatic inequalities for specific conditions: for example, there were found to be 80 times more alcohol-attributable liver cirrhosis deaths among Hungarian women than among Greek women.

Macro economic evidence relating to health and social inequalities has been pulled together for the WHO Commission on Social Determinants of Health, which published its report in 2008[16]. The WHO Commission concluded that reducing health inequalities has a positive impact on the health of society as a whole.

It is unclear how the recent global financial crisis will impact on harmful consumption of alcohol in the long term. Reduced household spending, as a result of lower disposable income, may result in a reduction in alcohol consumption. On the other hand, greater job insecurity or widespread job losses, combined with cuts in health and social services, may lead to unhealthy coping responses, deterioration of physical and mental health and, ultimately, social exclusion.

A Eurobarometer survey[17] of EU citizen's awareness and attitudes towards alcohol issues was carried out in late fall 2006. The survey is the first of its kind, and serves as baseline for monitoring trends in a further survey planned for autumn 2009. Key findings from 2006 indicate that three quarters of EU citizens or more support various policy measures to be implemented across the EU, including a minimum 18-year limit for selling and serving alcoholic beverages, a ban on alcohol advertising that targets young people, warnings on alcohol bottles and advertisements to alert pregnant women and drivers, and lowering the maximum BAC permitted for young drivers to 0.2 g/l. As regards pricing policies, two in three citizens say that higher prices would not impact on their own alcohol purchases and believe that higher prices would not discourage alcohol consumption among young and heavy drinkers.
Box 1 describes citizens' attitudes to alcohol policy initiatives.

Box 1: Highlights of Eurobarometer Survey 2007

- **44%** of EU citizens believe that public authorities have to intervene in order to protect individuals from alcohol related harm
- **77%** agree to put warnings on alcohol bottles and adverts with the purpose to warn pregnant women and drivers of dangers of drinking alcohol
- **73%** agree to lower blood alcohol level (0.2 g/l) for young and novice drivers
- **80%** agree that random police alcohol checks would reduce alcohol consumption before driving
- **87%** agree that selling and serving alcohol to people under the age of 18 years should be banned
- **76%** agree that alcohol advertising targeting young people should be banned

[15] Zatonski E. (ed.), Closing the Health Gap in the European Union (2008).
[16] WHO Commission on Social Determinants of Health, Closing the Gap in a Generation (2008).
[17] European Commission (2007) "Attitudes towards Alcohol". Special Eurobarometer. Available on: http://ec.europa.eu/public_opinion/archives/ebs/ebs_272b_en.pdf

3 Implementation of the EU Alcohol Strategy

3.1 Developing the structures to translate strategy into action

The EU Alcohol Strategy calls for multi-stakeholder and multi-sector action at the EU, Member State and local level, as well as internationally alongside the World Health Organization. Within the EU, the central actors are the Member States, where the major competence in alcohol policy lies. In addition, the EU Alcohol Strategy emphasises the fundamental importance of involving all stakeholders if widespread public health benefits are to be achieved. This is based on the rationale that alcohol related harm is a multi-faceted problem that needs a concerted societal response. An important early task in Strategy implementation was therefore to put in place the appropriate structures and mechanisms through which diverse actors can meet, develop trust and agree on actions in a co-ordinated way.

The structure put in place by the Commission to implement the strategy is based on four main pillars:

- Strengthened coordination and policy development between Member States and the European Union level, through the Committee on National Alcohol Policy and Action.
- Stimulation of concrete stakeholder-driven action on the ground, through the European Alcohol and Health Forum.
- Development of reliable, comparable and regularly updated data on alcohol consumption, drinking patterns and alcohol-related harm, as well as on common indicators and definitions, through the Committee on Data Collection, Indicators and Definitions.
- Mainstreaming the reduction of alcohol-related harm into other Community policies.

Figure 2 describes the structure for action that has been set up following the Strategy's adoption in 2006 in order to develop close, co-operative working with Member States, and to engage key stakeholders (such as public health civil society organisations and economic operators) and support work at all levels: Community, national, local.

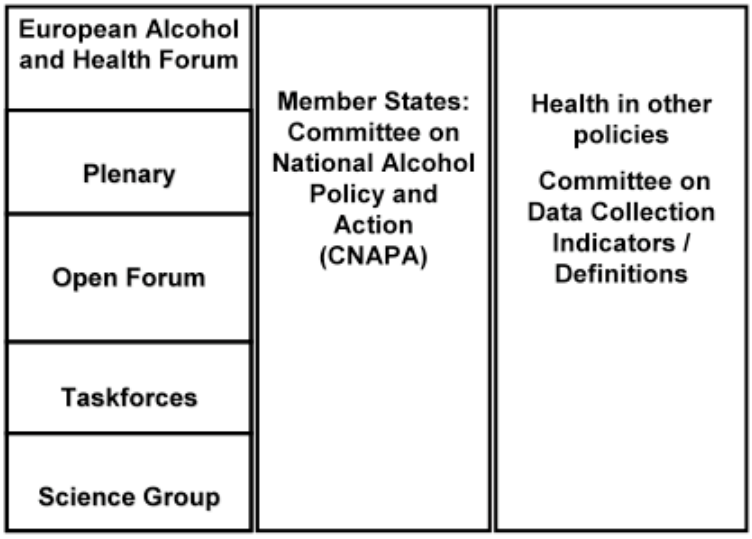


Figure 2: New structure in place since the adoption of the EU Alcohol Strategy (2006)

3.2 Progress by Member States

Member States have the main responsibility for national alcohol policy. The EU Alcohol Strategy places actions within Member States centre stage in the reduction of alcohol related harm across Europe. This section presents an overview of the development of alcohol policies and activities in EU Member States since the launch of the Strategy in 2006. The aim is to report progress made in Member States against the priorities and examples of good practice as identified in the EU Alcohol Strategy.

To play a major role in the implementation of the Strategy and in order to improve the transfer of ideas, knowledge and to share approaches and experiences between EU Member States the Committee on National Alcohol Policy and Action (CNAPA) was set up in 2007. The Committee comprises representatives nominated by EU Member States, Norway and Switzerland, and the World Health Organization as an observer. The mandate of the group was agreed in April 2008[18], and, to date, the Committee has met 5 times.
Box 2 gives an overview of major discussion topics in the Committee.

Box 2: Discussion topics in the CNAPA

- The Committee on National Alcohol Policy and Action (CNAPA) has met 5 times since it was set up in November 2007. The Committee is an opportunity for Member States to share policy developments at national level, and to explore new approaches together.
- Topics discussed in the Committee include:
    - Labelling of alcoholic beverages
    - Drinking limits and their communication to the population
    - Pricing and affordability of alcoholic beverages
    - Monitoring alcohol policy at national level

The main sources of information include a baseline survey of Member States activity carried out by Commission services in early 2007, and a subsequent follow up survey carried out by the WHO Regional Office for Europe in 2008, in cooperation with DG Health and Consumers. Updates on Member States' alcohol policies presented in the meetings of the Committee on National Alcohol Policy and Action have served as a source of additional information. A more thorough overview, including examples of good national practice, is in Annex 1.

3.2.1 Alcohol Strategy development at Member State level since 2006

A number of Member States have been consolidating or revising their strategic thinking in relation to alcohol policy over the last three years. At the time of the launch of the EU Alcohol Strategy, 15 Member States had adopted a national action plan or had a coordinating body for alcohol policy in place. In early 2008, almost all EU Member States had a written alcohol policy in place, with the newest national

[18] Mandate, Rules of Procedure and Work Plan. Available on: http://ec.europa.eu/health/ph_determinants/life_style/alcohol/documents/committee_mandate_en.pdf

strategies to be found in the Slovak Republic (2006) and Italy (2007). Ten Member States have introduced or revised their alcohol strategy since the launch of the EU strategy in October 2006. The EU Strategy has contributed to raising Member States' interest in developing a national strategy and has supported the revision of national strategies in Poland (2006) and Portugal (2009). Bulgaria and Malta are currently developing national strategies on alcohol. In Germany and Ireland, revisions of national strategies are being planned.

Table 1: Status of National Strategies on alcohol in EU Member States

Status of National Strategies on alcohol in EU Member States		
National strategy adopted or revised 2006 or later	8	Cyprus, Finland, Italy, Latvia, Netherlands, Poland, Slovak Republic, UK
National strategy revised before 2006	8	Czech Republic, Germany, Ireland, Lithuania, Portugal, Romania, Spain, Sweden
No national strategy on alcohol or strategy at sub-national level only	11	Austria, Belgium, Bulgaria, Denmark, Estonia, France, Greece, Hungary, Luxembourg, Malta, Slovenia

3.2.2 Protect young people, children and the unborn child

The EU Strategy highlights the changing pattern of alcohol consumption among young people, leading to a higher prevalence of binge drinking and related harm. Recent data, discussed in section 2.2, supports the hypothesis that this problem is broadening across the EU Member States. Recent international policy development is contributing to an adjustment in the perception of young people towards one of victims of addictions, such as harmful alcohol use or drug consumption. Increasingly, organisations are calling for greater prevention and treatment services for addicts.

Setting and enforcing age limits

Since 2006, the general trend towards revising age restrictions for selling and serving alcoholic beverages upwards towards age 18 has continued. For example in 2009, Malta raised the minimum age from 16 to 17 years, and France raised to 18 the minimum age for selling, whether on or off-premises, or offering in public places any type of alcoholic beverages.

More than half the EU Member States now have a minimum age for selling or serving of any types of alcoholic drinks set at 18 years (or higher). For the remainder, five countries (GR, IT, LU, MT, PT) implement a lower limit throughout – or no limit at all –

while six (AT, BE, DE, DK, NL, UK) have a mixture of 16 and 18-year limits (typically 16 for beer and wine, and 18 for distilled spirits).

An essential component of age restrictions concerns the effectiveness of enforcement. Observing age limits has been at the core of a range of community action and server training initiatives carried out in Member States, sometimes in broad cooperation between stakeholders. Annex 1 gives some examples of these actions.

Protecting children and young people from commercial pressure to drink

Another approach to protecting children and young people from commercial pressures to drink consists of restricting advertising, sponsorship, sales promotion and other forms of marketing communication. Since the adoption of the EU Alcohol Strategy, the Television without Frontiers (TWF) Directive[19] has been amended into the Audiovisual Media Services Directive (AVMS)[20] in order to cover on-demand audiovisual media services, including those available on the internet. The AVMS Directive stipulates that commercial communications for alcoholic beverages on television and in other audiovisual services "shall not be aimed specifically at minors and shall not encourage immoderate consumption of such beverages".

As regards commercial communications promoting alcoholic beverages, the current situation in all Member States is a mix of statutory and self regulation. However, the last three years, has seen a trend in Member States for tighter restrictions on television advertising at times when children are likely to be watching. Broadcasting times under which alcoholic beverages may be advertised are restricted in 16 Member States. Finland (2007), Lithuania (2008) and the Netherlands (2009) are the most recent to have introduced a television watershed which prohibits alcohol advertisements between specified times in the early morning and in the evening. Annex 1 contains examples of statutory restrictions on the placement of advertisements in EU Member States in 2009.

Protecting the unborn child

The surveys of Member States actions indicate that awareness raising-activities on the risks of alcohol use during pregnancy are on the rise and that a wide variety of initiatives are taking place. Almost half of Member States have now deployed campaigns or other information activities to raise awareness of the risks of alcohol use during pregnancy. Activities are being carried out by national health services or health NGOs, targeting pregnant women, health professionals or the general population. Box 6 in Annex 1 gives examples of recent or on-going projects.

France passed a bill to introduce a mandatory warning on all alcohol products about the risks of alcohol use during pregnancy, to take effect in 2007. To date France is

[19] Council Directive 89/552/EEC of 3 October 1989 on the coordination of certain provisions laid down by law, regulation and administrative action in Member States concerning the pursuit of television broadcasting activities (OJ L 298, 17.10. 1989, p. 23).
[20] Directive 2007/65/EC of the European Parliament and of the Council of 11 December 2007 amending Council Directive 89/552/EEC (OJ L 332/27, 18.12.2007, p. 27).

the only EU Member State to mandate such a warning, although similar measures continue to be discussed in other countries.

Reducing harm from adults' alcohol use

Counselling and support is available in most Member States for children and/or families affected by harmful alcohol use but the extent and form varies greatly from one country to another. For many Member States the harm experienced by children due to adults' alcohol use appears to be a topic that still receives relatively little coverage at national level.

As examples of Member State action, awareness raising campaigns around this theme were launched in 2009 in Denmark and in Finland. The Danish Campaign, "When mother and father drink", addresses a taboo area and provides support for children and advice on how to seek help. The Finnish campaign, launched in March 2009, "In the company of children", draws attention not just to parents' alcohol use but to the alcohol behaviour and attitudes of all adults as influences in children's lives.

3.2.3 Reduce injuries and deaths from alcohol related road traffic accidents

Substantial progress has been made in Member States in relation to drink-driving countermeasures since the adoption of the EU Alcohol Strategy in 2006. The surveys show that the number of Member States reporting awareness-raising activities has almost doubled since then. Almost all countries now implement national drink-driving campaigns.

Furthermore there is evidence that the good practice set out in the Commission Recommendation[21] of 2001 on BAC levels for driving, for (i) the adoption of a 0.5 g/l or lower maximum and (ii) a lower limit for inexperienced and professional drivers, is gradually being implemented across the EU. Most recently, Cyprus (2006) and Luxembourg (2007) have lowered the maximum to 0.5 g/l. Only three Member States (UK, Ireland and Malta) continue to permit a higher level. Roughly half of Member States, most recently Germany and Luxembourg in 2007, have set a 0.2 g/l or zero level for inexperienced drivers or certain groups of professional drivers.

As far as citizens' awareness of BAC limits is concerned, however, gaps remain. The Eurobarometer survey found that in 2006 almost half of the respondents were unaware of the permitted BAC level in their country. The lowest levels of awareness were reported in countries with the highest permitted BAC levels.

The application of random breath testing (RBT) for surveillance of drink-driving, an example of good practice stated in the EU Strategy, has become more widespread in the EU since 2006. Examples of recent moves in this domain include the introduction of mandatory alcohol testing for drivers in Ireland (2006) and penalising refusal to take a test with imprisonment and loss of driving permit in Spain (2007). In Ireland,

[21] Commission Recommendation of 17 January 2001 to Member States on the maximum permitted blood alcohol content (BAC) for drivers of motorised vehicles, 2001/116/EC (OJ L43, 14.2.2001).

results of the introduction of RBT were reflected in a decrease in road fatalities of 25% between 2006 and 2008.

Other drink-driving countermeasures on the rise since the launch of the Strategy include prohibitions or restrictions on the sale of alcoholic beverages in petrol stations or similar motorway services. For example, France has recently extended the time-based ban on the sale of alcohol in petrol stations (sale will be prohibited from 6 p.m. to 8 a.m.) and banned the sale of refrigerated alcoholic drinks in petrol stations. In addition, the use of alcolocks, devices that prevent the vehicle from being started unless the driver passes a breathalyser test, has spread widely within the EU since 2006. Alcolocks have now been introduced as a safety measure in commercial or public service transport or as a component in rehabilitation programmes in roughly one third of Member States.

3.2.4 Prevent alcohol-related harm among adults and reduce the negative impact on the workplace

At the time of the launch of the EU Alcohol Strategy, it was estimated that over 58 million adults (15% of the population) in Europe consume alcohol at levels where the risk of short or long term harm is increased, and that 23 million (5% of men, 1% of women) are dependent on alcohol in any one year.

A broad range of actions are being deployed in Member States to reduce the overall burden of alcohol-related harm among adults and in the workplace. The impact of alcohol on health ranks high as a topic for nation-wide awareness-raising activities in Member States. The use of screening and brief advice in primary health care to prevent and reduce hazardous and harmful alcohol use is gaining ground although there is still way to go before brief advice on lower-risk drinking is administered systematically in health care across the EU.

Most Member States report that prevention and counselling on alcohol is available in many work places, and about a third of Member States have carried out nation-wide awareness-raising activities on the impact of alcohol in the work place in the last few years.

3.2.5 Awareness-raising on a broad range of topics

Nearly all Member States have carried out national awareness raising activities since the EU Alcohol Strategy was adopted. The most widely addressed topics are drink driving, drinking by the young and the impact of alcohol on health. Drink driving, in particular, has been the focus of considerable awareness raising attention since 2007. The number of campaigns around the risks involved in alcohol use during pregnancy, and the impact of alcohol on work performance has also risen in Member States since the strategy was adopted.

In comparison, there is indication that the harm experienced by children due to parents' alcohol use may have been less widely addressed. According to the update

survey, various kinds of social harms have been addressed in awareness-raising activities in roughly half of the countries. The changing level of Member State activity under specific topics between the surveys is shown in Table 2.

Table 2: Topics for nation-wide awareness-raising activities in EU Member States

	Baseline survey 2007	Update survey 2008
Targeting young people, children, parents	24	24
Alcohol and pregnancy	10	12
Impact of alcohol on health	19	20
Children in families with alcohol problems	5	- - -
Social harms	- - -	14
Impact of alcohol on working performance	7	8
Drink-driving	13	23

3.3 Working with stakeholders across sectors

The EU Alcohol Strategy calls for multi-stakeholder action at the EU, Member State and local level. The rationale is that encouraging healthy lifestyles cannot remain solely the responsibility of public policy, and the health sector. Economic operators, for example, can bring considerable influence to bear in shaping the social environment to support healthy lifestyles, whether in relation to ensuring a responsible approach to labelling, selling, marketing communication or, ultimately, in raising awareness about the harmful consumption of their products.

3.3.1 The European Alcohol and Health Forum

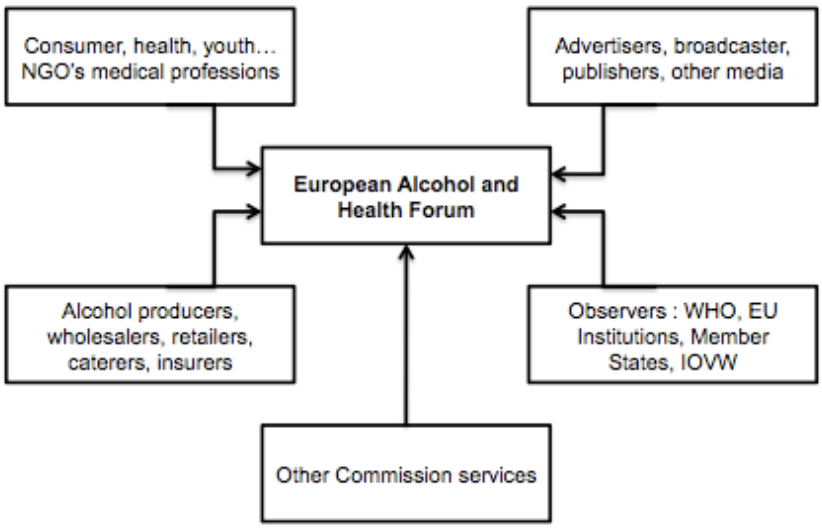
The EU Alcohol Strategy called for the creation of a European Alcohol and Health Forum[22] as a key mechanism to develop common approaches across diverse European level stakeholders. The Forum initiative mirrors the Commission's approach to working with stakeholders in the field of obesity, nutrition and physical activity policy, and the setting up of the EU Platform for Action on Diet, Physical Activity and Health.

The Forum was established with a Charter signed in June 2007 by 50 founding members[23]. In joining the Forum, members agree to support the aims of the EU Alcohol Strategy and to develop actions to reduce the harmful consumption of alcohol across the EU. Members must make commitments to this process, and agree to monitor their commitments in a robust and transparent way. Members commit to

[22] http://ec.europa.eu/health/ph_determinants/life_style/alcohol/Forum/alcohol_forum_en.htm
[23] Charter establishing the European Alcohol and Health Forum (June 2007). Available on: http://ec.europa.eu/health/ph_determinants/life_style/alcohol/documents/Alcohol_charter2007.pdf

develop concrete actions at all levels, from the European to the local level, and these should all aim to protect European citizens from the harmful use of alcohol. Figure 3 describes the range of stakeholders active in the Forum.

Figure 3: Participation in the European and Alcohol Health Forum



As its Charter states, the Forum is not intended to replace or subsume other activities, and those who participate in the Forum may engage outside its auspices in other actions to reduce alcohol related harm. Although the Forum is a platform for developing action and not to develop policy, the Commission hopes that its work could inspire or provide input for further policy development in this area.

To date there are 61 Forum members including health and consumer NGOs, family and youth organisations, medical associations, producers, wholesalers and retailers of alcoholic beverages, the catering and hospitality sector, the advertising industry, the media, road safety organisations and social insurers. An up-to-date list of Forum Members can be accessed on the DG Health and Consumers website[24].

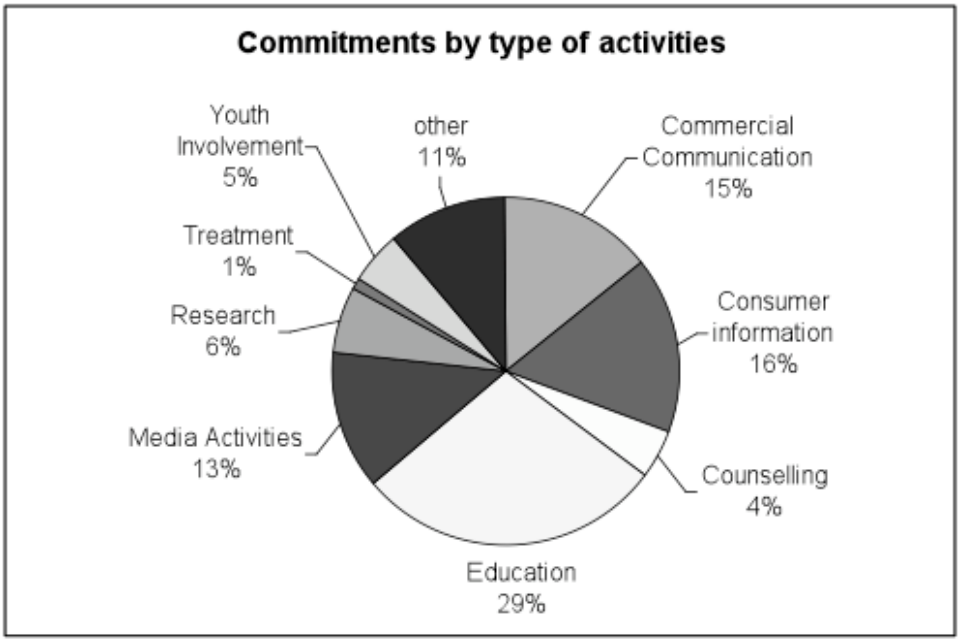
The Forum is now generating interest and activity for public health objectives in relation to alcohol, leading to a shared understanding of public health objectives and building trust between stakeholders. The initiative is supporting economic operators to step up their actions to promote responsible drinking, which has led to some notable progress. Of these, Pernod Ricard's decision to introduce the French pictogram pregnancy warning on the back label of all of its spirits and wine brands distributed within the EU (as well as in Norway, Switzerland, Croatia and Macedonia) should be highlighted as an example.

[24] http://ec.europa.eu/health/ph_determinants/life_style/alcohol/Forum/docs/forum_members_en.pdf

An overview of Forum Members' commitments

By the end of August 2009, 115 commitments for concrete action have been made within the Forum process by the members of the European Alcohol and Health Forum. Of the 115 commitments, 38 are EU wide actions, while 53 are being carried out in one Member State only. The commitments are spread across the priority areas identified in the Charter establishing the European Alcohol and Health Forum. Figure 4 provides some indication of the nature of the commitments in terms of the activities involved.

Figure 4: Commitments by Type of Activity (April 2009, 108 commitments)



The Forum has had some, albeit still limited, success in encouraging partnerships between different actors. Most joint initiatives are between members belonging to the same category of stakeholders (such as alcohol producers), and there are to date no actions at the Forum level involving both economic operators and NGOs. Some Forum members have established cross-sector multi-stakeholder action at national level (involving, for example, alcohol producers, medical professions and public authorities).

A number of stakeholders have introduced commitments designed to build and strengthen the effectiveness of self regulation systems at national and local level. For example, by working to develop and disseminate codes of responsibility, by monitoring compliance, by empowering local level producers to enforce codes and guidelines or by raising awareness of responsible practice among employees. These actions have been supported by work in the Forum's Taskforce on Marketing Communication to map the state of existing systems, including the content and level of acceptance surrounding codes, and the state of national self regulation structures.

Examples of commitments to develop information and education programmes are presented in box 3. Further detail and analysis of commitments is available in summary reports on the Health and Consumers DG's web-page[25,26], and the database of commitments can also be searched on-line [27]. Currently, Forum members report on the implementation of their commitments. Reports are published (currently for 91 out of 115 commitments), together with commitments, on the public data base. The reporting template follows guidelines set out in the 'Monitoring Commitment' which is part of the Forum Charter.

By the end of 2009, the Forum will begin a process to develop its monitoring approach, an exercise similar to that already carried out by the EU Platform for Action on Diet, Physical Activity and Health[28].

Box 3: Examples of commitments aimed at developing information and education programmes on responsible patterns of consumption

- Self-help trainings for young people across Europe on healthy lifestyles, with a particular focus on alcohol (ReLeaf)
- European Alcohol Data Map: a compilation of English language and trans-European surveys which include questions on alcohol consumption and related matters (Institute of Alcohol Studies)
- Becoming 'drinkaware': developing a set of online and printed tools that promote positive attitudes and behaviours towards alcohol, whilst challenging established drinking beliefs and myths (Alcohol Beverage Federation of Ireland - ABFI)
- Explore opportunities with the United Kingdom's National Union of Students (NUS), local authorities and police to extend the UK "Best Bar None" programme to other UK regions and /or other EU Member States. This programme aims at encouraging premises to display a responsible attitude towards the sale of alcohol and rewarding that effort and it operates in partnership with local police forces and councils (Brown-Forman)
- Placement of a responsible drinking message on all of Pernod Ricard's advertising in the EU-27 countries (Pernod Ricard SA)

The Forum Taskforces

The Forum has created two Taskforces comprised of interested Members to further approaches in relation to youth and also to marketing communication. The Taskforce on Youth-related aspects of alcohol [29] – which came to the end of its mandate in the spring of 2009 – has debated good practice approaches and actions with a potential to address under age drinking, drink driving, educating and empowering young people, promoting responsible selling and serving, and protecting young people from the consequences of alcohol abuse by others. The Taskforce had four meetings in which it reviewed examples of actions in each of these areas and established a number of conclusions and recommendations. As far as ways to get messages across to young people is concerned, the Taskforce has concluded with the need for

[25] List of Commitments by Forum Members, April 2009. Available on: http://ec.europa.eu/health/ph_determinants/life_style/alcohol/Forum/docs/overview_commitments_en.pdf
[26] Commitments made by members of the EAHF. Summary Report, April 2009. Available on: http://ec.europa.eu/health/ph_determinants/life_style/alcohol/Forum/docs/report_commitments_en.pdf
[27] The database of commitments can be accessed at http://ec.europa.eu/eahf/index.jsp
[28] EU Platform for Action on Diet, Physical Activity and Health Annual Report 2009. Available on: http://ec.europa.eu/health/ph_determinants/life_style/nutrition/platform/docs/eu_platform_2009frep_en.pdf
[29] Mandate, Rules of Procedure and Work plan. Available on: http://ec.europa.eu/health/ph_determinants/life_style/alcohol/Forum/docs/alcohol_taskfmandate_en.pdf

an easily accessible resource that can capture initiatives across the EU. The Health and Consumers DG intends to create a preliminary resource for such a clearing house by the end of 2009.

The Taskforce on Marketing Communication[30] looked at a range of initiatives related to the regulatory framework and practice of marketing and communication activities. In terms of protecting young people from messages that might encourage them to consume harmful levels of alcohol and, on the other hand, ways to reach young people in education and awareness campaigns around harmful consumption, the group discussed watersheds and threshold principles, which are being adopted by some economic operators, for example the European Spirits Association setting the standard that advertisements for spirits only be placed in media where the share of minors is below 30%.

As a first, baseline step the Taskforce has sought to map the current capacity for self regulation within Member States[31]. This exercise has highlighted the difficulty of gathering information in this area, across the different alcohol sectors (wine, spirits, beer) and along the value chain of each sector (such as production, retail, serving). Based on what information gathering has been achieved, the mapping exercise shows that self regulation systems in Europe are at varying stages of development.

In some countries, such as the UK, Spain, Germany, Greece, Ireland, Italy, the systems are – according to the existing degree of detail – almost fully implemented. This contrasts with others, such as Latvia, Malta and Lithuania where the systems appear to be at a very early stage. In these latter countries, identifying progress over the coming months/years will be relatively straightforward. For the more advanced countries, however, there may now be a rationale for developing a more nuanced classification of the maturity of the system than we currently have, in order to capture on-going developments as well as the need to obtain a picture of the effectiveness of the self regulatory systems.

The mapping exercise has also highlighted the fast changing nature of the self regulation picture at national level, suggesting that considerable activity is going on. In a number of Member States self regulatory organisations have been set up since the adoption of the EU Alcohol Strategy, most recently in Bulgaria in July 2009.

Summaries of all meetings held under both Taskforce processes, including meeting agendas, presentations and participation, and reports, can be accessed on the Commission's Public Health website[32].

3.3.2 Working with stakeholders at national level

Overall there are indications that stakeholder action and partnerships between the actors, have been strengthened at national level since the Strategy was adopted. For example the UK Government entered into an agreement with the alcohol industry in 2007 under which alcohol producers in the UK will indicate the alcohol content in a

[30] Mandate, Rules of Procedure and Work Plan. Available on: http://ec.europa.eu/health/ph_determinants/life_style/alcohol/Forum/docs/alcohol_tasfkcommandate_en.pdf
[31] http://ec.europa.eu/health/ph_determinants/life_style/alcohol/Forum/docs/regulation_en.pdf
[32] http://ec.europa.eu/health/ph_determinants/life_style/alcohol/Forum/alcohol_forum_en.htm

package in terms of "units"[33]. In the UK, the Government has asked producers of alcoholic beverages to voluntarily place on the containers either the French pictogram or a text conveying the advice of the UK's Chief Medical Officers: *"Avoid alcohol if pregnant or trying to conceive."*

In Austria, the Federal Ministry of Health established a national level Alcohol Forum in 2007 to formulate recommendations on effective measures, with the primary aim of protecting children and young people. The Forum brings together officials form various Ministries, experts, youth work, trade unions, chambers of commerce as well as retailers and producers of alcoholic beverages.

3.4 Working across policies at European level

A Health in All Policies approach is essential for alcohol policy, given the impact of wider policies, such as taxation, transport and employment, on alcohol consumption and alcohol-related harm. The approach was underlined in the Commission's Health Strategy, "Together for Health" adopted in 2007.[34] The Council, in its Conclusions of 2006 on Health in All Policies, called for broad societal action to tackle health determinants, in particular unhealthy diet, lack of physical activity, and the harmful use of alcohol and tobacco[35]. This section describes developments in other Community policies with relevance for the reducing alcohol related harm since October 2006. Key developments, since the adoption of the Strategy, are highlighted in Box 4.

Transport and road safety

The Commission has worked for a number of years to improve transport and road safety across the EU, and actions since the adoption of the EU Alcohol Strategy are consolidating these efforts. For example in 2001, the Commission adopted a White Paper "European transport policy for 2010: time to decide[36]" as well as a Recommendation on maximum permitted blood alcohol concentration (BAC) for drivers of motorised vehicles[37] which suggested a maximum BAC, 0.5 mg/ml. In 2004 the Commission adopted a Recommendation on enforcement in the field of road safety[38], which identified the application of random breath testing as best practice to enforce drink-drive legislation. Also in 2004 the Commission, launched the European Road Safety Charter[39]. The signatory organisations to the Charter commit to undertake concrete actions to increase road safety. Around 20% of the 1300 or so of these commitments, relate to drink-driving.

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[33] Equivalent to 10 ml or 8 grams pure alcohol (http://units.nhs.uk/).
[34] White Paper "Together for Health: A Strategic Approach for the EU 2008-2013", COM(2007) 630 final.
[35] Council Conclusions on Health in All Policies (HiAP), 30 November and 1 December 2006, Doc. 15487/06 (Presse 330).
[36] White Paper " European transport policy for 2010: time to decide", COM(2001) 370.
[37] Commission Recommendation of 17 January 2001 to Member States on the maximum permitted blood alcohol content (BAC) for drivers of motorised vehicles, 2001/116/EC (OJ L43, 14.2.2001).
[38] Commission recommendation of 6 April 2004 on enforcement in the field of road safety, 2004/345/EC (OJ L 111/75, 17.4.2004).
[39] http://www.erscharter.eu

Following the adoption of the EU Alcohol Strategy, these efforts have continued and intensified. The survey carried out in 2008, indicated that the maximum BAC limit of 0.5 mg/ml is now mandatory in 24 Member States (in some of them, the limit is lower, i.e. 0.2 or 0.0 mg/ml). Since 2001, a reduction in road deaths has been achieved: from 54,000 people killed in road traffic accidents in 2001, to 39,000 people killed in 2008.

In 2008, the Commission adopted a proposal for a Directive to facilitate "cross-border enforcement in the field of road safety"[40]. As part of these efforts, the Commission has co-financed a study on the use of alcolocks in 5 Member States. The Commission supported a campaign, started in 2007, which held the first "European Night Without Accident", an initiative that aims to avoid consumption of alcohol and drugs by young people when going out[41]. In 2009 the action will be held in 25 Member States. Another new and promising initiative that the Commission is supporting in this area is called "Clean Parties", and is an action led by young people who organise parties without alcohol.[42]

The Commission intends that the next European Road Safety Action Programme (2011-2020) will focus will focus *inter alia* on driving under the influence of alcohol and other psychoactive substances.

Excise duties

Pricing policies are regarded by some Member States as a key policy lever to mitigate the (health) harm caused by the hazardous and harmful consumption of alcoholic beverages[43]. The levying of excise duties on alcoholic beverages is an important instrument that Member States have at their disposal to influence consumer prices. Member States are free to set the levels of excise duties within the framework of the Community legislation. Directive 92/84/EEC prescribes minimum excise rates on the various product categories (on wine the minimum rate is zero)[44]. Above these, Member States are free to set their national rates at levels they consider appropriate, with a view to e.g. health objectives. In 2006 the Commission proposed to increase the minimum levels in order to compensate for the inflation from 1993 to 2005 (31%)[45]. The required unanimity in the Council has not been achieved.

[40] Proposal for a Directive of the European Parliament and of the Council facilitating cross-border enforcement in the field of road safety, COM(2008) 151 final.
[41] www.ryd.be
[42] http://www.voitureandco.com/UPLOAD/rubrique/pages/87/87_rubrique.php
[43] RAND Europe (2009), The affordability of alcoholic beverages in the European Union. Understanding the link between alcohol affordability, consumption and harms. Available on: http://ec.europa.eu/health/ph_determinants/life_style/alcohol/documents_rand_en.pdf
[44] Council Directive 92/84/EEC of 19 October 1992 on the approximation of the rates of excise duty on alcohol and alcoholic beverages (OJ L 316, 31.10.1992, p. 29-31). Directive 92/83/EEC "on the harmonization of the structures of excise duties on alcohol and alcoholic beverages" defines the products and product categories to be taxed (beer, wine, distilled drinks and intermediate products) and sets out the principles of how to set the excise duty rates for these products.
[45] Proposal for a Council Directive amending Directive 92/84/EEC on the approximation of the rates of excise duty on alcohol and alcoholic beverages, COM(2006) 486 final.

The Commission has recently commissioned a study to analyse possible changes in the minimum rates and structures of excise duties on alcoholic beverages, with a view to revising Directives 92/83/EEC and 92/84/EEC.

Research

Under the activity "Optimising the delivery of health care to European citizens", the European Commission is financing the Alcohol Measures for Public Health Research Alliance (AMPHORA) project[46] as part of the 7th Framework Programme for Research and Technological Development (2007-2013). The aims of the project are to strengthen European research knowledge of the impact of public health measures and interventions to reduce alcohol related harm and contribute to integrated policy making. The project has 33 partners in 14 countries and results will be disseminated through expert and counterpart meetings in 2010 and 2011 and through a European Alcohol Policy conference in 2012.

Another major research project to develop the evidence base is focused on "driving under the influence of drugs, alcohol and medicines" (DRUID)[47]. It is due to end in 2010 and will provide the Commission with recommendations in this field. Funded under the 6th Framework programme, the project has 37 partners in 17 EU countries, as well as in Norway.

Workplace

As highlighted by the Alcohol Strategy, alcohol-related absenteeism or drinking during working hours has a negative impact on work performance, and therefore on competitiveness and productivity. The Commission Communication "Improving quality and productivity at work: Community strategy 2007-2012 on health and safety at work"[48], adopted since the Alcohol Strategy, provides the policy framework for these actions.

Within this framework, the Commission is financing a number of projects, through the European Agency for Safety and Health at Work (OSHA), that take forward the need to reduce the impact of alcohol related harm on the workplace, including the Workplace Health Promotion (WHP) project. This project will develop case studies that tackle mental health at work and the health of young workers health, both of which will look at alcohol issues. Inventories of case studies and good practice[49], as well as of reports and other information products, can be accessed through the Agency's website[50].

[46] www.amphoraproject.net
[47] www.druid-project.eu
[48] Improving quality and productivity at work: Community strategy 2007-2012 on health and safety at work, COM(2007) 62 final.
[49] http://osha.europa.eu/en/good_practice/index_casestudy
[50] http://osha.europa.eu/en/publications/reports

Youth

The Commission has been seeking to promote a focus on youth health since the adoption of its White Paper "A new impetus for European youth" in 2001[51], which emphasised that health should be regarded as a driver for the social inclusion and empowerment of young people.

Since the adoption of the EU Alcohol Strategy, the issue of harmful alcohol consumption has been more closely tied to general youth policy as a result of the concern around young people drinking habits across the EU. This is evidenced by the European Youth Forum's position paper on alcohol related harm[52] in 2007 and the establishment of an Alcohol Policy Youth Network[53] in 2008. The Network joined the European Alcohol and Health Forum in 2009.

In 2009, the Commission has updated its strategic thinking on youth with the Communication on "An EU Strategy for Youth – Investing and Empowering"[54] in which health is highlighted as a main field of action. This emphasis is reiterated in the Commission's first EU Youth Report, also published in 2009[55].

Box 4: Key Commission-wide "Health in all Policies" developments relating to reducing harmful consumption of alcohol in the EU since 2006

Developing the legislative framework

- Commission proposal to increase the minimum levels of excise duty on alcoholic beverages, except wine (2006).
- The Television without Frontiers Directive as amended by the Audiovisual Media Services Directive (AVMS) includes provisions on the protection of minors with respect to all audiovisual commercial communications for alcohol beverages, covering also on-demand audiovisual media services, including those available on the internet (2007). (See section 3.2.2.)
- Commission proposal to facilitate cross border enforcement in the field of road safety (2008).

Increasing knowledge

- DRUID project, driving under the influence of drugs, alcohol and medicines, financed as part of the 6th Framework Programme (2006).
- AMPHORA project, to strengthen knowledge on the impact of measures to reduce harmful alcohol consumption, financed as part of the 7th Framework Programme (2009).

Working with stakeholders

- The first European Night Without Accident campaign aiming at avoiding consumption of alcohol and drugs by young people when going out (2007 and further action planned for 2009).
- Establishment of an Alcohol Policy Youth Network (2008).
- "Clean Parties" initiative for young people (2009).

[51] European Commission white paper: A new impetus for European youth, COM (2001) 681 final.
[52] www.youthforum.org/fr/system/files/yfj_public/strategic_priorities/en/0139-07FINAL.pdf
[53] www.apyn.org
[54] An EU Strategy for Youth – Investing and Empowering. A renewed open method of coordination to address youth challenges and opportunities, COM(2009) 200 final.
[55] EU Youth Report, SEC (2009) 549 final.

3.5 Developing the evidence base

The EU Alcohol Strategy emphasises the need for strong research and information systems to plan and implement effective action at all levels. Both policy development and concrete action need to be based on reliable, comparable and regularly updated data on alcohol consumption, drinking patterns and alcohol-related harms, as well as on common indicators and definitions. This section provides an update of the Commission's actions to further the scientific underpinnings for European alcohol policy development.

The Commission is supporting the development of these systems through a number of channels. Firstly through collaboration with partners such as the World Health Organization on a joint project 2008-2011 to coordinate and develop alcohol data gathering. Secondly, through the creation of two new structures: the Committee on Data Collection, Indicators and Definitions (CDCID), and the Science Group of the European Alcohol and Health Forum. Finally, through the financing of projects under the Public Health Programme, and the 7th Framework Programme managed by DG Research and Technological Development (RTD).

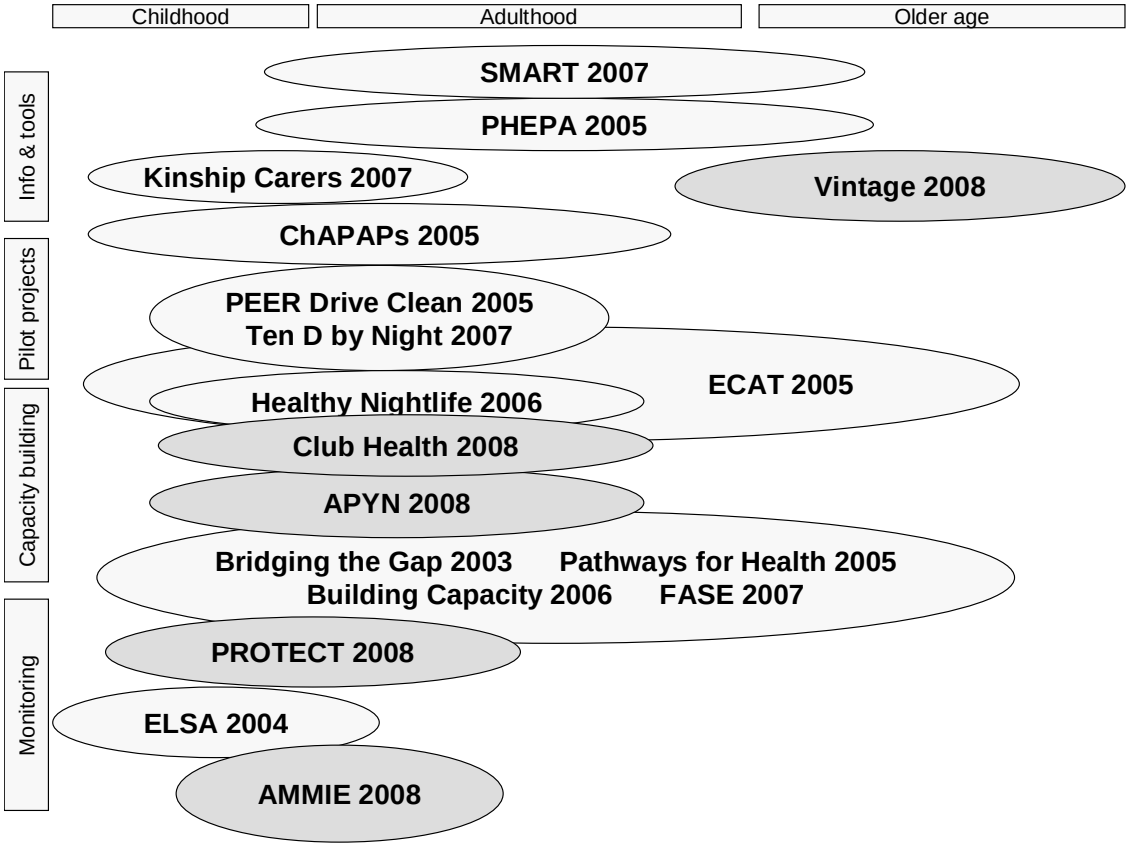
Projects financed as part of the Public Health Programme

A series of projects have supported the implementation of the EU Alcohol Strategy by expanding and updating the knowledge base relating to themes such as drink-driving, binge drinking, the labelling of alcoholic beverages, and approaches targeting drinking environments or monitoring alcohol marketing trends and practices. For example the SMART project, which started in 2007, aims to develop standardised measurement of consumption patterns, drinking contexts and unrecorded alcohol consumption, and to enable on-going monitoring through comparative surveys across the EU.

A further strand of projects has sought to develop networks, by mobilising and developing the capacity of key public health stakeholders. These actions include, for example, support for the establishment of the Alcohol Policy Youth Network in 2008 to promote young people's involvement in policy discussions. The funded projects contribute to a cumulative effort to build knowledge, tools and capacity for sustained action to tackle alcohol-related harm. Figure describes the coverage of alcohol related projects funded by the Public Health Programme across age groups targeted, and across type of intervention.

Pilot projects to develop and test working methods have been carried out on community mobilisation, drink-driving prevention and support for professionals working with children affected by parental substance use. Prevention of risks from alcohol use in older age is an example of a theme that is beginning to emerge. Further information on all projects funded under the Public Health Programme can be found in Annex 2 of this report, or on the web site of the Executive Agency for Health and Consumers (EAHC - http://ec.europa.eu/eahc/).

Figure 5: Alcohol related projects funded by the Public Health Programme



The Forum's Science Group

The Science Group[56] was set up by the European Alcohol and Health Forum in 2008 to provide scientific guidance to the work of the Forum. Members were selected following an Open Call for expressions of interest from scientists. The Forum can request the Science Group to consider the evidence in specific areas. As its first task, the Science Group was asked to consider the evidence around the hypothesis that marketing and advertising of alcohol influences its consumption. The Science Group adopted its unanimous opinion on the impact of marketing communication on alcohol consumption[57] in February 2009. The Science Group's conclusion is that there is a positive relationship between marketing communication and the volume and pattern of young people's consumption of alcohol.

[56] http://ec.europa.eu/health/ph_determinants/life_style/alcohol/Forum/alcohol_science_group_en.htm
[57] Science Group of the EAHF (2009), Does marketing communication impact on the volume and patterns of consumption of alcoholic beverages, especially by young people? Available on: http://ec.europa.eu/health/ph_determinants/life_style/alcohol/Forum/docs/science_o01_en.pdf

Committee on Data Collection, Indicators and Definitions

The establishment and work of the Committee on Data Collection, Indicators and Definitions (CDCID) is related to the fifth priority theme identified in the Alcohol Strategy: developing and maintaining a common evidence base at EU level. The Committee is composed of representatives of the Commission services, World Health Organization and other relevant partners. The Committee is pursuing the development of three key indicators to enable the EU and Member States to monitor overall performance of the Strategy[58]. These are (1) Volume of consumption: total adult per capita consumption of pure alcohol (per year); (2) Pattern of consumption: binge-drinking, defined as intake of 60 grams or more on one occasion, monthly or more often, during the past 12 months; (3) Alcohol-related health harm: alcohol-attributable years of life lost, defined as the sum of all years of life lost prematurely attributable to alcohol. The Committee is also developing indicators for the five priority themes identified in the EU Alcohol Strategy.

3.5.1 Partnership with the World Health Organization

The WHO and the European Commission are currently collaborating to develop a new European Information System on Alcohol and Health (EISAH) for the EU and the wider European Region, through a Direct Grant Agreement signed in 2007. This follows both the adoption of the EU Alcohol Strategy, and the WHO Framework for Alcohol Policy in the European Region, covering the wider European region, adopted in 2006.

The new information system will update and replace the European Alcohol Information System (EAIS) which was created by the WHO European Regional Office in 2002[59]. Moreover, the new system for Europe is also developing alongside the Global Information System on Alcohol and Health (GISAH). This will allow for a combined database with separate platforms for presentation of data at the global, European and EU levels. In addition to EU-specific indicators, the whole range of global indicators will be available for comparative analysis. The WHO participates in the work of the Committee on Data Collection, Indicators and Definitions.

The Member State data showing policy development since 2006 contained in this report has been collected through joint EC/WHO data gathering. The questionnaire for the new EISAH survey on alcohol consumption, harm and policies carried out in 2008 included a set of questions based on the EU alcohol strategy to enable comparison with a baseline survey carried out by Commission services in 2007.

[58] For additional information see the summary report of the meeting: http://ec.europa.eu/health/ph_determinants/life_style/alcohol/Forum/docs/ev_20081204_mi_en.pdf
[59] http://www.euro.who.int/alcoholdrugs/20020611_1

4 Conclusions and the way forward

Since the adoption of the EU Alcohol Strategy there has been a great deal of activity at the Community level, among Member States and on the part of wider stakeholders. At EU level an implementation structure to take forward the Strategy has been developed. The different elements of the structure (CNAPA, Forum, Taskforces, Science Group, CDCID) are generating debate and broader participation, although their direct impact on specific actions on alcohol-related harm is difficult to assess. Action, cooperation and partnerships are being developed through the Public Health Programme, the evidence base continues to be refined and actions are being consolidated and advanced across the different policies at European level. There is no evidence of substantial movement on the volume and patterns of alcohol consumption and related health harms since the adoption of the Strategy, but this was not to be expected at this early stage.

The response from other institutions to the EU Alcohol Strategy indicates that a broad consensus has been achieved. For some, the Alcohol Strategy did not go far enough to protect citizens from harmful consumption of alcohol, for others it is considered to be over ambitious. The Health and Consumers DG believes that it is appropriate now to encourage all actors to do more within the framework of the strategic approach, while at the same time maintaining the consensus.

The last three years have seen a steady convergence in Member States actions on alcohol, as the 2001 Recommendations and the 2006 priority themes are implemented at national level. Age limits are being raised across the EU; BAC limits are being lowered; education and awareness raising campaigns are becoming more widespread, particularly in areas such as drink driving; interest is developing for stronger labelling actions and to explore innovative policy approaches, such as minimum pricing. For some Member States, such as France, the period since 2006 has brought substantial policy initiatives to protect citizens from harmful alcohol consumption. For others, noticeable gaps remain. For example, some Member States have not yet moved towards an 18 age limit for all types of alcoholic beverages, and others have not lowered BAC limits to 0.5. However, these are simple, unequivocal measures that have been shown to be effective.

The Science Group's Opinion on the influence of marketing and advertising on alcohol consumption is important for building consensus on next steps. Although there is no consensus on the precise size of this influence, this justifies a renewed focus from the Member States and wider stakeholders to ensure that systems are in place (whether statutory, co, or self-regulation) that genuinely protect children and young people. In Member States where co and self regulation applies, this calls for stronger engagement between the competent authorities and wider stakeholders to put in place strong and effective self regulatory systems. Established models exist in the EU that can be replicated across the region. Important elements to be considered are the coverage of new media, transparency of decision making, youth participation and audience share thresholds to minimise underage exposure.

The European Alcohol and Health Forum has made a promising beginning; members of the Forum have launched over 100 commitments since it started to operate. Partnerships and other forms of co-operation within and between sectors are tentative but developing, indicating that trust is building. It will be important now to start the process to monitor and evaluate the Forum's actions.

The last few years have seen a proliferation of actions among wider stakeholders. Progress has been made in making the development of self regulatory systems more transparent. This has revealed both genuine progress being made, and it has also highlighted obstacles that must be addressed if these systems are to be effective. For example, the membership of these organisations needs to be opened beyond representatives of the alcohol and advertising industries.

The recent financial crisis has brought some changes to the wider social and economic environment in the EU that argue for a greater policy focus on specific aspects of alcohol policy over the next few years if health outcomes are to improve. In particular, the link between alcohol use and wider socio-economic issues, such as social and health inequalities, has been brought more sharply into focus. It is now timely to explore alcohol policy levers that target people who fall into the lowest socio-economic groups. At the same time, the current economic climate requires a renewed focus on a healthy workforce for the EU, particularly if the targets set by Lisbon are to be met. The harmful use of alcohol contributes to a substantial loss of productivity. A particular emphasis on the EU Alcohol Strategy's third priority, and new ways to support people in the workplace are needed.

As set out earlier, this report is intended to give an early view of progress and developments of the Alcohol Strategy launched in 2006. The next progress report is due in 2012.

ANNEXES

Annex 1: Development of alcohol policy and action in EU Member States 2006-2009

This annex presents an overview of the development of alcohol policies and activities in EU Member States since the launch of the EU Strategy on alcohol-related harm in 2006.[1] It provides a more comprehensive description of activities in Member States that are summarised in section 3.2 of the Progress Report. Main sources of information include a baseline survey of national alcohol policy and action carried out by Commission services in 2007 (reflecting the situation as on 1 January 2007[2]) and a joint survey carried out by the Commission and the WHO Regional Office for Europe in early 2008 (reflecting the situation as on 31 December 2007, referred to below as the WHO/EC update survey).[3] Updates on Member States' alcohol policies presented in the meetings of the Committee on National Alcohol Policy and Action in 2007-2009 have provided additional information. Further information on latest developments has been sought from other sources as well.

The overview starts by looking at the development of national strategies to reduce alcohol-related harm at a general level. No attempt is made to give an exhaustive description of alcohol policy and action in individual Member States. The purpose is to highlight steps taken by Member States over the past years to adapt their strategies to the changing demands of the alcohol situation.

This annex contains specific sections relating to the following priority areas of action identified in the Strategy: protecting young people, children and the unborn child; reducing injuries and deaths from alcohol-related road traffic accidents; preventing alcohol-related harm among adults and reducing negative impact on the workplace. The aim is to grasp the progress made in Member States, giving special attention to good practices identified in the EU Alcohol Strategy.

The fourth priority theme, raising awareness among EU citizens of the impact of harmful and hazardous alcohol consumption, is essentially a tool for advancing the aims under the first three priority themes. In the overview below, information, education and awareness raising activities are therefore examined in the context of the other themes. Progress against the fifth priority theme, development of a common evidence base to inform the development of effective actions on alcohol at EU, national and local level is addressed in the body of the Progress Report.

[1] Communication from the Commission of 24 October 2006, "An EU strategy to support Member States in reducing alcohol-related harm", COM(2006) 625 final.
[2] Norway and Switzerland, being represented in the Committee on National Alcohol Policy and Action, are included.
[3] The joint EC/WHO survey was addressed to National Counterparts of the WHO Regional Office for Europe and to members of DG SANCO's Committee on National Alcohol Policy and Action. No response was obtained from Greece and Luxembourg.

1 National strategies to reduce alcohol-related harm

Policies and interventions to reduce alcohol-related harm do not operate in isolation from other policies, and in general a whole spectrum of measures at multiple levels is needed for substantial result.[4] Drawing up and updating national strategies is considered essential for ensuring sustained multi-sectoral response to the challenges of reducing alcohol-related harm and for facilitating contributions from the civil society and wider stakeholders.[5]

At the time of the launch of the EU Alcohol Strategy, fifteen Member States had adopted a national action plan or had a coordinating body for alcohol policy in place. It was noted in the Strategy that a wide range of measures were implemented by Member States to reduce harmful and hazardous alcohol use. Some good practices that had led to positive results were identified and presented in the Communication in order to facilitate their dissemination.

At the moment most EU Member States have a written alcohol policy in place. [6] The most recent ones to adopt a written policy include the Slovak Republic (2006) and Italy (2007). More than half of EU Member States have introduced or revised their alcohol strategy in the years 2000, and one third have done so since the launch of the EU Strategy in October 2006. The EU Strategy has contributed to raising Member States' interest in developing a national strategy and has supported the revision of national strategies in Poland (2006) and Portugal (2009). Bulgaria and Malta are currently developing national strategies on alcohol. In Germany and Ireland, revisions of national strategies are being planned.

[4] Babor T. et al. Alcohol: No ordinary commodity. Research and public policy. Oxford University Press, 2003. Evidence for the effectiveness and cost-effectiveness of interventions to reduce alcohol-related harm. WHO Regional Office for Europe, 2009.

[5] In its conclusions on the EU Alcohol Strategy (16165/06) the Council calls upon Member States to foster a multi-sectoral approach and to strengthen coordinated national strategies or action plans that provide support for measures tailored to domestic circumstances. See also: Handbook for action to reduce alcohol-related harm. WHO Regional Office for Europe, 2009.

[6] Alcohol may also be addressed in the framework of broader health promotion or substance use strategies. In Slovenia, the National Health Care Plan, adopted in 2000 and revised in 2008, provides the broader framework for alcohol policies outlined in the Law on Reduction of Alcohol Consumption, passed in 2003. In Denmark, responsibility for substance use prevention and treatment was decentralised from the regional government to municipalities in 2007. At national level in Denmark alcohol is addressed in the Health Promotion Action Plan currently under discussion in Parliament. In France, the Government action plan to combat substance use and addictions 2008-2011 covers illicit drugs, alcohol and tobacco (www.drogues.gouv.fr). According to information gathered by the EMCDDA (www.emcdda.eu.int), strategies/policies that address both illicit and licit psychoactive substances are in place in several Member States, including Cyprus, Czech Republic, France, Germany, Romania and Spain. (EMCDDA Annual Report: Selected issues, 2006.)

Table 1 summarises the status of strategies at national level in 2009.

Table 1: Strategies on alcohol in EU Member States, Norway and Switzerland in 2009		
National strategy adopted or revised 2006 or later	10	Cyprus, Finland, Italy, Latvia, Netherlands, Norway, Poland, Slovak Republic, Switzerland[7], UK
National strategy revised before 2006	8	Czech Republic, Germany, Ireland, Lithuania, Portugal, Romania, Spain, Sweden
No written strategy or strategies at sub-national level only	11	Austria, Belgium, Bulgaria, Denmark, Estonia, France, Greece, Hungary, Luxembourg, Malta, Slovenia
	29	

1.1 Development and updating of national strategies

Official adoption of a policy document contributes to the recognition of the public health relevance of alcohol problems and towards stronger structures for coordination of policies. Some respondents of the WHO/EC update survey of 2008 considered the introduction of a written alcohol policy to have been among the most effective alcohol policy measures in their respective countries over the past 10 years. Examples included the introduction of the first National Alcohol and Health Plan in Italy in 2007. The summary presented in box 1 illustrates a gradual move in Italy towards a higher profile and a more comprehensive alcohol policy framework.

Some Member States have officially adopted alcohol strategies at sub-national level only.[8] In Belgium, alcohol issues are addressed in the Flemish-speaking Community in a policy document covering alcohol, tobacco and illicit drugs, and in the French-speaking Community in the framework of a broader health promotion policy. A first step towards a common approach was taken in a declaration signed in June 2008 by the competent Health Ministers, setting out common objectives and concrete measures concerning age limits, advertising, and drink driving among other topics.

A process towards an integrated national policy on alcohol is underway in Austria. Each of the nine states forming the Federal Republic has its own alcohol legislation, policy and competent authorities. In fall 2007, the Federal Ministry of Health

[7] Switzerland's first National Alcohol Programme for 2008-2012 aims to reduce problem consumption, dependence, harm to others than the drinker, to social life and economy. Priority areas of action are alcohol use by youth, alcohol-related violence and accidents, and sports. Along with traffic, work and pregnancy, sports is considered a situation where alcohol use should be avoided. (www.alkohol.bag.admin.ch).

[8] Alcohol policies in the UK are a combination of overarching strategies and strategies specific to England, Wales, Scotland and Northern Ireland. Scotland is an example of development towards a policy designed to respond more clearly to regional needs. The Scottish Government launched in March 2009 a Framework for Action to reducing alcohol-related harm that comprises legislative measures (for instance pricing, age limits) designed to effect change in the short term and long-term efforts to change the drinking culture. (Changing Scotland's Relationship with Alcohol: A Framework for Action. The Scottish Government, 2009.)

established an Alcohol Forum to formulate recommendations on effective measures, with the primary aim of protecting children and young people. The forum brings together officials form various Ministries, experts, youth work, trade unions, chambers of commerce as well as retailers and producers of alcoholic beverages. As a result of its work, the Forum presented 37 recommendations for concrete action.

Box 1: Development of the alcohol policy framework in Italy in the years 2000[9]

Legislative framework till 2000 ▪ Provision of treatment and rehabilitation services. ▪ BAC limit for driving, use of RBT. ▪ Licensing for production and sale. ▪ Age limit for serving alcohol (16 years). ▪ Restrictions on advertising.	**Framework law on alcohol and alcohol-related problems 125/2001** ▪ Adequate availability of prevention, treatment and rehabilitation services. ▪ Alcohol was prohibited in most work places. ▪ BAC limit for driving was reduced, sale of alcohol along highways was restricted. ▪ Yearly budget: education and prevention EUR 1 million, monitoring and research EUR 0,5 million each. ▪ National Committee on Alcohol. ▪ Yearly progress report to Parliament. ▪ Yearly national Alcohol Prevention Day organised in April since 2001.
The 3rd National Health Plan 2006–2008 ▪ Endorsed by agreement between the State and the Regions in 2007. ▪ Aims: to promote healthy life styles and prevent chronic illnesses. ▪ Addresses nutrition, physical exercise, smoking, alcohol. **Developments 2007–2008** ▪ Sale of alcohol in discos prohibited after 02:00 by law in 2007. ▪ State-Region agreement in 2007 on mandatory BAC and drugs control for public transport and for work involving high risk for community safety. ▪ 1st National Conference on Alcohol, organised by the Ministry of Health & the National Committee in October 2008.	**The 1st National Alcohol and Health Plan 2007–2009** Part of the National Health Plan.Objectives: ▪ Increased awareness of alcohol-related risks. ▪ Reduced high risk consumption. ▪ Reduced share of consumers among under 18s. ▪ Reduced risk of alcohol-related problems in the family, workplace, and drinking environments. ▪ Reduced alcohol-related violence, child abuse and family problems. ▪ Accessible and effective treatment to at risk consumers and persons with alcohol dependency. ▪ Dissemination of methods for early identification of persons at risk, increasing ability of problem drinkers to control their behaviour. ▪ Protecting from pressures to drink children, young people and those who choose to abstain.

[9] Osservatorio Nazionale Alcol CNESPS, Centro Nazionale di Epidemiologia, Sorveglianza e Promozione della Salute, Istituto Superiore di Sanità (http://www.epicentro.iss.it/temi/alcol/alcol.asp).

Although far from being the only one, France is an example worth mentioning as regards the development of a comprehensive and goal-oriented approach. Alcohol policy in France is set in the framework of the Public Health Act (2004) that addresses alcohol as a key determinant of health and sets as targets a reduction of average alcohol consumption and of binge drinking, a raise in the onset age of alcohol use and a reduction in the rate of women who consume alcohol during pregnancy. To reach these targets a range of measures are being deployed. France mandated in 2005 a warning on alcohol containers on the risks of drinking during pregnancy, with implementation from 2007 onwards. A bill passed in 2009 will raise the minimum age for selling and serving alcoholic beverages to 18 years throughout (previously 16 years for beer and wine). Price promotions conducive to heavy drinking will be regulated (for instance, during “happy hours” also non-alcoholic drinks will have to be offered at reduced price) or prohibited (in the case of "open bars" offering unlimited drinks for a fixed entrance fee). Drink-drive countermeasures will be stepped up too (see below section 3). Policy measures have been supported in France by a range of information campaigns, including a recent campaign targeting binge drinking by the young (www.boiretrop.fr).

1.2 Policies tailored to national needs

National alcohol strategies are by definition meant to adjust the mix of policies and interventions to the cultural and political realities of individual countries. Yet there are also commonalities. When asked to indicate what have been the most effective alcohol policy measures in their respective countries over the past 10 years, European policy experts mentioned a whole range of measures, ranging from the introduction of a first written alcohol strategy to information campaigns on specific topics. There was, however, a small group of "top policies", as shown in table 2, with dink-driving legislation mentioned the most often, followed by taxation/pricing policies, age limits and other restrictions on selling and serving alcoholic beverages.

Table 2: Expert views effective alcohol policies at national level

"Top policies"	Number of mentions
Drink-drive legislation	11
Taxation and pricing policy	8
Age limits	6
Sales and serving restrictions	5
Licensing/monopoly	3
Effective enforcement	3
Information/awareness raising activities	3

Taxation and pricing policies are used to regulate the affordability of alcoholic beverages. Affordability has been demonstrated to have a relationship to overall alcohol consumption and alcohol-related harm such that with increased affordability, both consumption and harms tend to increase. Alcoholic beverages have become more affordable in most EU Member States since the mid-1990s, in part due to increased income levels, in part due to falling relative prices. Also the real value of excise duties on alcohol has decreased across the EU.[10]

In the WHO/EC update survey, respondents were asked to characterise price trends for beer, wine and spirits in relation to overall trends in consumer prices in their respective countries. Price trends were reported to be mostly decreasing in several countries. Explanatory factors mentioned by the respondents included rise in disposable income, steep rise in other consumer prices, lowered level of alcohol taxation or failure to raise alcohol tax to adjust to changes in consumer prices, and price competition in the retail sector.

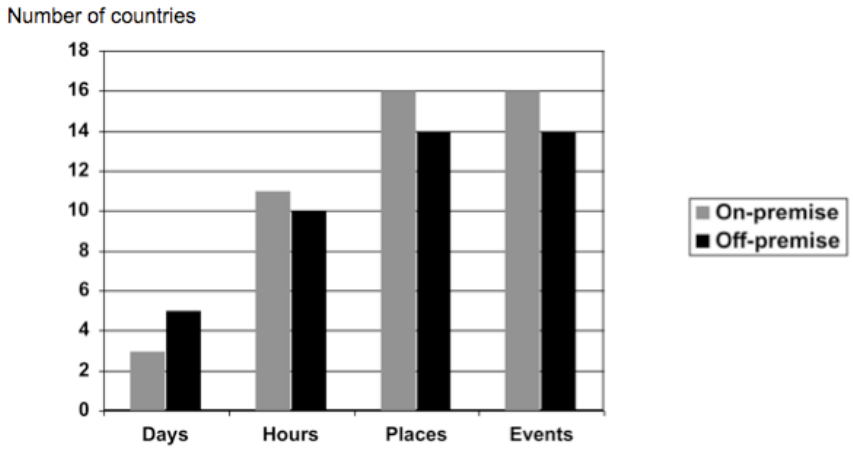
Member States may use price policies to control discount pricing, for instance, or to ensure that non-alcoholic beverages are available at a competitive price. Almost half of the Member States restrict some types of price promotions for alcoholic beverages. A proposal to set a minimum price on the alcohol contained in a bottle or other container is currently being developed in Scotland and is being discussed as a possible additional policy option in the UK. Examples of price policies are presented in box 2.

Box 2: Examples of current price policies in EU Member States	
Austria	Federal law requires on-premise establishments to offer at least two non-alcoholic drinks below the price of the cheapest alcoholic drink. (2002)
Finland	Alcohol Act forbids discounts based on volume: the unit price must be the same for single and multiple packages. Price promotions that are valid for less than two months cannot be advertised outside the point of sale. (2007)
Germany	The Apple Juice Act, part of the Restaurant Licensing Act, requires catering establishments to offer at least one non-alcoholic drink at the same price as the cheapest alcoholic drink. (2001)
Ireland	Intoxicating Liquor Act prohibits happy hour sales in on-premise establishments. (2003)
Slovenia	Sellers of alcoholic beverages are required to offer at least two different sorts of non-alcoholic beverages at the same or lower price as the cheapest alcoholic drink. (2003)

[10] RAND Europe (2009), The affordability of alcoholic beverages in the European Union. Understanding the link between alcohol affordability, consumption and harms. Available on: http://ec.europa.eu/health/ph_determinants/life_style/alcohol/documents_rand_en.pdf

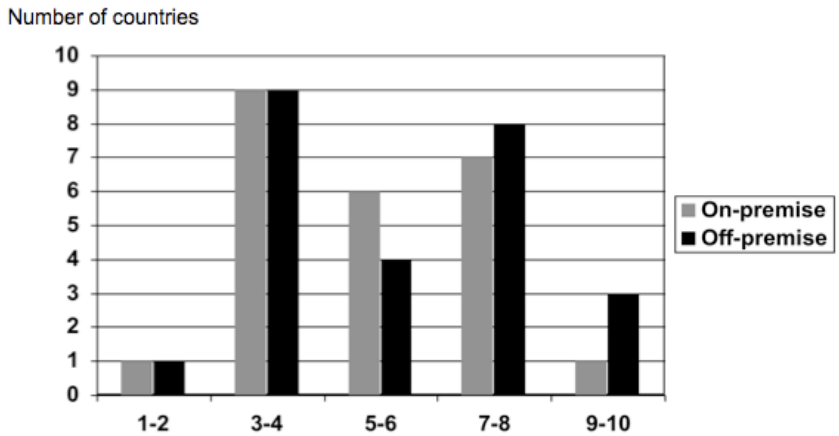
More than half of Member States have a licensing system for on-premise and off-premise sale of alcoholic beverages, beer, wine and spirits included, as shown in figure 1.

Figure 1: Restrictions on the sale and serving of alcoholic beverages, examples.



Member States also have a range of detailed regulations concerning hours and places of sale, age limits and prohibitions to sell or serve to intoxicated persons. Improved enforcement of current regulations and standards is emphasised in the EU Alcohol Strategy as one important line of action. In the WHO/EC update survey, some respondents considered enforcement of existing regulations to be among the most effective alcohol policy measures over the past 10 years. According to the survey responses, the level of enforcement of sales regulations varies from one country to another, as shown in figure 2.[11]

Figure 2: Enforcement of sales regulations, 0 = not enforced, 10 = fully enforced.



[11] Respondents were asked to rate on a scale of 0 to 10 the level of enforcement of on-premise and off-premise sales restrictions, restrictions regarding the marketing of alcoholic beverages, as well as the drink-drive BAC limit.

Enforcement of sales regulations can be supported by providing training for sellers and servers of alcoholic beverages. Such training schemes are in place in almost half of Member States. In some Member States training for license holders is compulsory as part of the national licensing system. In some countries projects have been carried out in co-operation between authorities and economic operators to develop server training with the aim of decreasing binge-drinking and underage drinking. In most cases, training focussed on age limits is organised on a voluntary basis by economic operators, including initiatives carried out as commitments in the context of the European Alcohol and Health Forum. Examples of training approaches are presented in box 3.

Box 3: Training of sellers and servers – Examples
Training provided by the industry on a voluntary basis – UK Industry Social Responsibility Standards state that there should be training for staff in upholding the law with regard to the sale of alcohol.[12]
Training organised by municipalities – Poland Municipalities organise courses on compliance with the law on the sale and serving of alcohol, with thousands of salespersons participating yearly.
Training as part of the national licensing system – Netherlands The Alcohol Licensing and Catering Act sets as a precondition for an alcohol license that the license holder and their staff pass an official exam that covers responsible serving of alcohol, illicit drugs, weapons, dealing with aggression and safety issues more broadly. The Exam Commission is appointed by the Ministry of Health and the local licensing bodies only accept certificates issued by this body. Training institutions are free to design training for the exam and license applicants are free to choose a training provider.

1.3 Awareness-raising on a broad range of topics

Nation-wide awareness-raising activities are deployed widely in Member States: nearly all have carried out some awareness-raising activities over the past three years. As shown in table 3, drink driving, drinking by the young and the impact of alcohol on health are the most widely addressed topics. There are clear signs that drink driving has received increased attention during the past years. Awareness-raising activities around the risks involved in alcohol use during pregnancy and the impact of alcohol on work performance have been carried out in fewer Member States. Harm experienced by children due to parents' alcohol use has been

[12] Following a recommendation in the Alcohol Harm Reduction Strategy for England 2004, the Social Responsibility Standards for the Production and Sale of Alcoholic Drinks in the UK were launched in 2005. The standards complement the regulatory framework by drawing together existing codes and good practice into a single set of standards. Fifteen trade associations, producers as well as off-license and on-license sectors, have signed up to the standards.

addressed in but a few countries, although this topic was covered in the baseline survey only.

Table 3: Nation-wide awareness-raising in EU Member States		
	Baseline survey 2007	**Update survey 2008**
Targeting young people, children, parents	24	24
Alcohol and pregnancy	10	12
Impact of alcohol on health	19	20
Children in families with alcohol problems	5	- - -
Social harms	- - -	14
Impact of alcohol on working performance	7	8
Drink-driving	13	23

Information on campaigns focussed on social harms was gathered in the update survey only. For instance in Poland, a nation-wide campaign launched in 2009 draws attention to interpersonal violence, public nuisance and drink-driving. With the slogan "Stop in time" (www.wyhamujwpore.pl) the campaign encourages alcohol users to take a self-test for alcohol-related harm and provides a web site and three million booklets to support work at local level.

Although most Member States are addressing similar themes, differences exist in the extent and duration of awareness-raising activities, in synergistic linkages with other types of activities and in continuity over a longer period of time. Awareness-raising activities in the German, Flemish and French-speaking communities of Belgium are described in box 4 to illustrate variation.

A nationwide campaign on alcohol and illicit drugs, funded by the Federal Ministry of Social Affairs and Health was launched in Belgium in April 2009 as part of a move toward an integrated national strategy on substance use. Targeting the general public and professionals both, the campaign aims at correcting misconceptions – for instance: "At least with alcohol, there is no risk of overdose". The campaign uses advertisements on TV and internet and offers posters and brochures free of charge for use by prevention professionals.[13]

[13] http://www.infordrogues.be/ida/index.html

Box 4: Awareness-raising activities in Belgium

The German-speaking community

"0 Promile unter 16" [Zero per mille under 16 years] 2006 – 2008

- Social marketing activities in secondary schools.
- Partnership of bars and restaurants to enhance observance of age limits (16 years for beer and wine, 18 for spirits).
- Survey of drinking habits and risky behaviours carried out in secondary schools, results used to inform the development of an action plan on alcohol.
- Various materials used to foster attitude change including the brochure *"Prost, mein kind?"* [Cheers, my child?] and *"Alkohol macht mehr kaputt als du denkst"* [Alcohol does more harm than you think].

The Flemish-speaking community

"Alcohol. Bekijk het eens nuchter" [Alcohol. Take a sober look]

- Long-term awareness-raising campaign of the Flemish Association for Alcohol and other Drug Problems VAD, funded by the Flemish community.
- New theme in 2008: *"Feest!"* [Let's party!] draws attention to party-related nuisance. Website directed at municipalities and prevention workers offers tips and ready-to-use materials for raising awareness, informing about responsible alcohol consumption and organizing healthy and safe festivals (www.bekijkheteensnuchter.be/feestpartners/) Action around parties is seen as a possible first step towards more comprehensive local action.
- *"Fantmobiel"* [Phantmobile] is a small caravan that can be borrowed by prevention workers. With the picture of a large pink elephant, the campaign's emblem, as an eye catcher and equipped with interactive tools and education materials the caravan has been used in festivals and other events.
- A comprehensive work plan for implementing alcohol prevention campaigns at local level was developed in the project ECAT, funded under the Community Public Health Programme. With funding from the Flemish government the project has since been extended to five cities (one in each Flemish province). The approach involves: a quick scan method for community analysis to identify drivers of problematic alcohol use and community strengths; mobilisation of local stakeholders; activities focussed on specific target groups; participant evaluation and assessment of visibility.

The French-speaking community

"Jeunes et Alcool" [Young people and alcohol], a campaign initiated by the NGO "Univers Santé", created by the University of Louvain-la-Neuve in 2000.
- Brings together nine NGOs to address young people's drinking habits, commercial practices directed to young people, and the culturally anchored image of alcohol.
- The group works by: gathering information and monitoring commercial practices, increasing awareness and working in all environments that concern young people, informing teenagers and questioning politicians, legislators and educators.

A few respondents of the WHO/EC update survey considered awareness-raising activities to have been among the most effective alcohol policy measures in their respective countries over the past years. Dissemination of education and information about alcohol is likely to be of best use when combined with other measures within a comprehensive strategy. Public information campaigns as a component of a wider alcohol strategy in England are described in box 5 as an example.

Box 5: Public information campaigns within a comprehensive alcohol strategy in England	
National strategy	*Safe. Sensible. Social.* Department of Health, 2007.[14] ▪ A sustained cross-government effort. ▪ Foundations laid in Alcohol Harm Reduction Strategy for England, 2004. ▪ Outlines a coordinated approach to support change in drinking culture.
Objectives	▪ Reduction in chronic and acute ill health caused by alcohol. ▪ Reduction in the levels of alcohol-related violent crime, disorder and antisocial behaviour. ▪ Reduction in the number of under-18s who drink and the amount of alcohol they consume.[15] ▪ Reduction in the number of men and women who regularly drink at harmful levels. ▪ Increase in the number of people drinking within the Government's sensible drinking guidelines.
Steps	▪ Sharpened criminal justice for drunken behaviour. ▪ A review of National Health Service alcohol spending. ▪ Public consultation on alcohol pricing and promotion. ▪ Toughened enforcement of underage sales. ▪ Local alcohol strategies. ▪ More help for people who want to drink less. ▪ Trusted guidance for parents and young people. ▪ Public information campaigns to promote a new "sensible drinking" culture.
Awareness-raising: objectives	▪ Most people are able to estimate their alcohol consumption in units.[16] • Most people recall the Government's sensible drinking guidelines and know the personal risks associated with regularly drinking above sensible limits. • Most people are able to recognise what constitutes their own or others' harmful drinking and know where to go for advice or support.
Awareness-raising: activities	<u>Government activities</u>: ▪ "Know Your Limits" campaign targeting 18–24-year-old binge drinkers (2006) ▪ Drink-drive campaign "THINK!" (2006). ▪ Advice on alcohol and pregnancy: "Avoid alcohol while pregnant or trying to conceive" (2007). ▪ Social marketing campaign to create a culture where it is socially acceptable for young people to choose not to drink (planned). <u>Alcohol industry activities under agreement with the Government</u>: ▪ Provision of government guidelines on lower-risk drinking at point of sale. ▪ Provision of information on product labels to support lower-risk drinking: alcohol content in units and government drinking guidelines (2007). ▪ Information activities of the Drinkaware Trust, established as an independent charity in 2007 (www.drinkaware.co.uk).

[14] www.dh.gov.uk
[15] The minimum age for selling and serving alcohol in England is 18 years, except 16 years for serving beer or wine.
[16] One UK "unit" contains 10 ml or 8 grams pure alcohol (http://units.nhs.uk/).

2 Protecting young people, children and the unborn child

Protecting young people, children and the unborn child from harm from alcohol is one of the priority areas for action identified in the EU Strategy. Specific aims concern reducing exposure to alcohol during pregnancy, reducing the harm suffered by children in families with alcohol problems, curbing under-age drinking and reducing hazardous and harmful drinking patterns among young people. Good practice around these topics includes setting and enforcing restrictions on sales, on availability and on marketing likely to influence young people, socially responsible business practices in the alcohol beverage chain, and broad community-based action to prevent harm and risky behaviour, involving teachers, parents, stakeholders and young people themselves.[17]

2.1 Protecting the unborn child

Awareness raising-activities on the risks of alcohol use during pregnancy are on the rise and a wide variety of initiatives are taking place in Member States. Some initiatives have been carried out within national health services or by health NGOs while others have been initiated by alcohol producers as part of corporate social responsibility activities, notably in the context of the European Alcohol and Health Forum. Examples of activities of the public health sector are presented in box 6.

Box 6: Awareness-raising on the risks of alcohol during pregnancy, examples

Actor/s	Target group/s	Activities
Sweden National Public Health Institute	Midwives, Family welfare centres	Part of a nationwide project to curb risky drinking 2004-2010: information, tools, training, and network meetings.[18]
Belgium Centre for the education of patients (NGO)	Pregnant women, health professionals	Campaign 2005-2007 comprising TV & radio spots and web site www.alcooletgrossesse.be Information and recommendations, sources of in-depth information and guidance on where to turn for advice and support.
Italy Istituto Superiore di Sanità and Ministry of Health in collaboration with Eurocare and the Italian Society of Alcohology SIA	Obstetricians, gynaecologists, women of child-bearing age, especially those pregnant or planning pregnancy	Campaign 2007-2008 "In gravidanza non bere" [Don't drink if you are expecting a child], carried out as part of the governmental national campaign "Sai cosa bevi? Più sai meno rischi" [Do you know what you drink? The more you know, the less you risk.] Booklet and other materials mailed to the National Health System units, to Prevention Departments, to Alcohol services and to gynaecological services. Further information in www.epicentro.iss.it/alcol

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

[18] http://www2.fhi.se/templates/Page____9086.aspx

For instance in Belgium, a nationwide campaign targeted to health professionals is being launched following recommendations issued in March 2009 by the Superior Health Council regarding alcohol and pregnancy. Based on the available scientific evidence, the Health Council recommends abstention to women who are planning pregnancy, abstention during pregnancy and preferably abstention during breast feeding. General practitioners, gynaecologists and midwives are considered to be in key position to disseminate the recommendations. Besides the information campaign, the federal Ministry of Social Affairs and Health is also funding work to develop guidelines for early identification and brief advice for hazardous alcohol use before, during and after pregnancy.

The pictogram warning about the risk from alcohol to the unborn child, required on alcohol containers in France by a law passed in 2005 is the most widely known recent measure to inform the general public.[19] As part of a wider strategy that also encompasses provision of information to pregnant women by health services and training of health care professionals, the implementation of the law in 2007 was accompanied by a nationwide media campaign.

Surveys conducted in France before and after the introduction of the warning label show a trend towards increased awareness about the risks of alcohol during pregnancy, although this may be attributable more to the publicity surrounding the introduction of the measure than to the warning label alone.[20] In international research, behavioural impacts have been demonstrated for tobacco warning labels but warnings placed on alcohol containers have, to date, mainly contributed to increased awareness of the messages conveyed. Due to the limited reach of warnings placed on containers, it has been suggested that similar warnings be displayed also in establishments serving alcohol and on alcohol advertisements.[21] Legislation requiring warnings on alcohol advertisements is currently in place in several EU Member States (described further in section 2.5).

The French pictogram is used also elsewhere in the EU on a voluntary basis. For instance Pernod Ricard decided in December 2006 to place a pictogram warning on the back label of all of its spirits and wine brands distributed in the EU. All brands of the company are expected to carry the pictogram by the end of 2009. In the UK, the Government has asked producers of alcoholic beverages to voluntarily place on the containers either the French pictogram or a text conveying the advice of the UK's Chief Medical Officers: "Avoid alcohol if pregnant or trying to conceive."

At the moment France is the only EU Member State in which a warning on alcohol and pregnancy is mandatory on alcohol containers. Legislation to introduce similar warnings on alcohol containers continues to be discussed in several Member States.

[19] The French law provides for the warning to be presented either as text – "The consumption of alcoholic beverages, even in small quantities, may have serious consequences for the child's health" - or as pictogram, although only the latter seems to be used in practice.
[20] Guillemont J. et al. Labelling on alcoholic drinks packaging: The French experience. Committee on National Alcohol Policy and Action, 17-18 February 2009.
[21] Room R. & Wilkinson C., Warnings on alcohol containers and advertisements: international experience and evidence on effect, Drug and Alcohol Review, 2009, in press.

Advice to pregnant women concerning alcohol use is an area where no common European line exists although the risk from alcohol to the unborn child is the same across the EU. The recommendation of zero alcohol during and even before pregnancy is, however, becoming increasingly common, recently issued by medical authorities in Belgium, the Netherlands and the UK for instance. There is variation between Member States in the availability of counselling for pregnant women with alcohol use disorders or alcohol problems: in some countries counselling or treatment are available sporadically while some may have specialised treatment and support services for pregnant women.

2.2 Reducing harm from adults' alcohol use

Harm experienced by children due to parents' or other adults' alcohol use continues to be a somewhat neglected topic. As shown in table 4, most Member States report that counselling and support is available for children and/or families but the extent and form vary a great deal from one country to another. Information on the various approaches and services available in Member States has been collected by a network of professionals and researchers co-funded by the European Union. The network's web site (www.encare.info) offers background information, good practices and template materials for awareness-raising. For instance in Scotland, the Scottish Network of Alcohol Practitioners for the Young was launched in March 2009. The network disseminates good practice on how to support children and young people affected by adults' alcohol use.[22]

Table 4: Counselling to children and pregnant women[23]

	Baseline 2007 number of MS	Update 2008 number of MS
Counselling to support children in families with alcohol problems and measures to protect the unborn child.[24]	21	- - -
Counselling to children in families with alcohol problems.	- - -	20
Counselling to pregnant women with alcohol use disorders or alcohol problems.	- - -	19

A range of activities to raise awareness and support capacity building have been carried out in several Member States. Awareness-raising campaigns were launched in early 2009 in Denmark and in Finland, but with a different angle. The Danish campaign, "When mother and father drink" (www.morogfardrikker.dk), addresses a taboo area, the adverse experiences of some 122 000 Danish children growing up in families affected by alcohol problems. Carried out in cooperation between the national broadcasting corporation DR and the National Board of Health, the campaign provides support for children and advice on how to seek help.

[22] http://snapy.org.uk
[23] Norway and Switzerland are excluded from this table.
[24] Excluding warning labels and other awareness-raising activities.

The Finnish campaign, "In the company of children" (www.lastenseurassa.fi), draws attention not just to harm from parents' alcohol consumption but to the way that the behaviour and attitudes of all adults as regards alcohol consumption influence children's lives. The initiative is carried out by the state-owned alcohol retailing company Alko Inc., in cooperation with the National Institute for Health and Welfare and NGOs and will be sustained several years. In the next stage tools for maternity and child health clinics and materials for use in schools will be made available. In the Finnish School Health Survey carried out in 2009 with close to 50,000 teenagers, nearly 14% of the respondents reported experiencing harm or problems due to excessive alcohol use by a close person.

2.3 Multi-stakeholder interventions and school-based education

Besides awareness-raising campaigns targeting young people or parents, multi-stakeholder interventions at community level and school-based education are among the most widely deployed measures for preventing alcohol use and harm among young people, as shown in table 5.

Table 5: Approaches to preventing alcohol use and harm among young people[25]

	Baseline 2007 number of MS	**Update 2008 number of MS**
Activities involving multi-stakeholders community interventions. Major activities including local governments or authorities or a broad number of stakeholders, and targeting young people, children or pregnant women.	24	- - -
Community based interventions/projects involving stakeholders – i.e. NGOs and/or economic operators.	- - -	24
Interventions/projects actively involving young people and the civil society.	- - -	22
Nation wide educational programmes as part of the curriculum – national, regional or local (municipality) educational programmes, excluding small scale actions in one or two classes.	20	- - -
Educational programmes implemented nation wide as part of school curriculum, involving teachers, school children and/or their parents.	- - -	21

[25] Norway and Switzerland are excluded from this table.

2.4 Setting and enforcing age limits

Setting and enforcing age limits for selling and serving of alcoholic beverages is among the most effective measures to curb alcohol use and harm among the young. In more than half of EU Member States the minimum age for selling or serving of all types of alcoholic beverages is currently 18 years (or higher). In the other half policies vary, with some countries implementing a limit lower than 18 years and some a mixture of 16 and 18-year limits. In Austria, the minimum age for selling or serving spirits is 16 years in four and 18 years in five provinces. There are still a couple of Member States where no age limit has been set for off-premise sale of alcohol. Luxembourg (2006) is the latest one to have introduced a 16-years off-sale limit. In Malta, minimum age was raised from 16 to 17 in 2009. In France a bill was passed in 2009 to raise to 18 the minimum age for selling, whether on or off-premises, or offering in public places any type of alcoholic beverages.[26] Raising age limits to curb alcohol use among youth continues to be discussed in several Member States. The overall situation is presented in box 7.

An essential component of age restrictions concerns the effectiveness of enforcement. Raising awareness of the importance of observing age limits among sellers and servers, parents and young people themselves is a common theme in community interventions carried out at local level. In several Member States, mobilisation and training schemes have been set up by economic operators to enhance observance of the age limits by retail and serving personnel.

In the ESPAD survey of 2007, most 15–16 year-old respondents considered it "fairly easy" or "very easy" to obtain alcoholic beverages, with beer (63–95% across Member States) and wine (53–84%) perceived as more readily available than spirits (42–84%).[27] For instance the share of respondents in the UK who considered it easy to get hold of alcoholic drinks was 70% for beer, 67% for wine and 59% for spirits. On the other hand, test purchase schemes where local authorities or police recruit underage purchasers to test observance of age limits have proven an effective way to draw economic operators' attention to the issue.[28]

[26] Loi n°2009-879 portant réforme de l'hôpital et relative aux patients, à la santé et aux territoires.
[27] Hibell B. et al. The 2007 ESPAD Report - Substance Use Among Students in 35 European Countries. The Swedish Council for Information on Alcohol and Other Drugs, 2009. (www.espad.org)
[28] Licensing of alcohol, The Crown Prosecution Service, 2007.

Box 7: Minimum age for selling/serving alcohol in EU, Norway and Switzerland, 2009

	Selling		Serving	
	Beer & wine	**Spirits**	**Beer & wine**	**Spirits**
Austria	**16**	**16/18**	**16**	**16/18**
Belgium	**no limit**	18	**16**	18
Bulgaria	18	18	18	18
Czech Republic	18	18	18	18
Cyprus	18	18	18	18
Denmark	16	**16**	18	18
Estonia	18	18	18	18
Finland	18	20	18	18
France	18	18	**18**	18
Germany	**16**	18	**16**	18
Greece	**no limit**	**no limit**	**16**	**16**
Hungary	18	18	18	18
Ireland	18	18	18	18
Italy	**no limit**	**no limit**	**16**	**16**
Latvia	18	18	18	18
Lithuania	18	18	18	18
Luxembourg	**16**	**16**	**16**	**16**
Malta	**17**	**17**	**17**	**17**
Netherlands	**16**	18	**16**	18
Norway	18	20	18	20
Poland	18	18	18	18
Portugal	**16**	**16**	**16**	**16**
Romania	18	18	18	18
Slovak Republic	18	18	18	18
Slovenia	18	18	18	18
Spain	18	18	18	18
Sweden	20	20	18	18
Switzerland	**16**	18	**16**	18
United Kingdom	18	18	**16**	18

The Netherlands is currently planning to decentralise the supervision of selling and serving of alcoholic beverages to municipalities, considered to be in a better position than the national authority to intervene especially as regards age limits and alcohol-related public nuisance. New legislation being prepared includes temporary suspension of retail sales of alcoholic beverages by supermarkets as a sanction, the possibility for municipalities to adjust the age limit with the closing time of a catering establishment, the possibility to regulate the use of price promotions through a by-law and the possibility to raise locally the minimum age to 18 years (now 16 for beer and wine) for a test period of two years.

2.5 Regulating alcohol advertising

Regulating the advertising and promotion of alcoholic beverages is one policy measure aimed at protecting children and young people. The European Charter on Alcohol, adopted in 1995, an integral part of the Framework for alcohol policy in the WHO European Region, sets as a grounding principle that all children and adolescents have the right to grow up in an environment protected, to the extent possible, from the promotion of alcoholic beverages.[29]

The Council recommended in 2001 that Member States encourage the establishment of effective mechanisms in the fields of promotion, marketing and retailing to ensure that alcoholic beverages are not specifically targeted, designed or promoted to appeal to children and adolescents.[30] The 2006 EU Alcohol Strategy draws attention to enforcement of restrictions on marketing that is likely to influence young people as an effective measure to address worrying drinking trends.

Since the adoption of the EU Alcohol Strategy, the Television without Frontiers (TWF) Directive[31] has been amended into the Audiovisual Media Services Directive (AVMS)[32] in order to cover all audiovisual media services irrespective of the mode of transmission (linear or on-demand). The AVMS Directive includes provisions for the protection of minors stipulating that audiovisual commercial communications for alcoholic beverages on television and or in other audiovisual media services "shall not be aimed specifically at minors and shall not encourage immoderate consumption of such beverages". Additional rules regarding aspects of content prohibited in alcohol commercials, given in the original TWF, are also still in force.[33]

[29] Framework for alcohol policy in the WHO European region, WHO Regional Office for Europe, 2006. Available on: http://www.euro.who.int/document/e88335.pdf

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

[31] Council Directive 89/552/EEC of 3 October 1989 on the coordination of certain provisions laid down by law, regulation and administrative action in Member States concerning the pursuit of television broadcasting activities (OJ L 298, 17.10. 1989, p. 23).

[32] Directive 2007/65/EC of the European Parliament and of the Council of 11 December 2007 amending Council Directive 89/552/EEC (OJ L 332/27, 18.12.2007, p. 27).

[33] According to Article 15, television advertising for alcoholic beverages may not depict minors consuming these beverages; shall not link alcohol consumption to enhanced physical performance or to driving; shall not create the impression that alcohol consumption contributes towards social or sexual success; shall not claim that alcohol has therapeutic qualities or that it is a stimulant, a sedative

All Member States implement the AVMS Directive, either through national legislation or through a self-regulatory code. Apart from that, a range of other legally binding controls on the promotion and marketing of alcoholic beverages exist in nearly all Member States, as do various forms of co-regulation and self-regulation.

Statutory controls on alcohol advertising are the most common regarding television and radio, followed by cinema, print media and billboards (box 8). Controls apply to all alcoholic beverages or to a given type (such as spirits). Regulations may prohibit all alcohol advertising in a given media or restrict its placement (limitations on broadcast time or content type). Although legislation concerning specifically digital media is rare, restrictions on alcohol advertising are in many Member States also applied to advertising on the internet.

Overall there exists in EU Member States a fairly complex array of regulations concerning alcohol advertising that are frequently adjusted. Restrictions on the advertising of alcoholic beverages on television are receiving heightened attention as a measure for protecting children. Eleven EU Member States have prohibited the advertising of spirits, in some cases also of wine and beer, on television. Broadcasting times under which alcoholic beverages may be advertised are restricted in 16 Member States. In most cases advertising for alcoholic beverages is prohibited during prime time. In Ireland the prohibition includes "family breakfast TV time". Finland (2007), Lithuania (2008) and the Netherlands (2009) are the most recent ones to introduce a watershed. In Poland, where television advertising is only permitted for beer, the watershed was pushed from 20:00 to 23:00 in 2009. Examples of restrictions on the placement of advertisements for alcoholic beverages in television programming are presented in box 9.

Besides regulations concerning the placement of advertisements for alcoholic beverages, there are also statutory regulations concerning the content. For instance, in France and Sweden the advertisement is required to focus on the product itself, as opposed to advertisements highlighting users of the product or contexts of use that the audience might wish to emulate. Another type of regulation affecting the content of advertisements concerns insertion of a warning to consumers. Such warnings are currently mandatory on alcohol advertisements in eight Member States. In Estonia, France, Latvia, Lithuania and Slovenia a warning about risk to health is required, in Portugal a caution against drink-driving, and in Poland a three-part notice regarding pregnancy, driving and age limit. In Sweden, print advertisements for alcoholic beverages are required to include one of a series of 11 rotating notices about various types of alcohol-related harm, covering at least 20% of the surface of the advertisement.[34]

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or a means of resolving personal conflicts; shall not encourage immoderate consumption or present abstinence or moderation in a negative light; shall not place emphasis on high alcoholic content.

[34] The notices, in translation, are: Alcohol can damage your health; Alcohol can cause dependence; Alcohol can cause nerve and brain damage; Alcohol can cause damage to the liver and the pancreas; Alcohol can cause stroke and cancer; Every second driver who dies in a single-vehicle traffic crash is under the influence of alcohol; Half of all who drown have alcohol in their blood; Alcohol in connection with work increases the risk of accidents; Alcohol consumption during pregnancy can injure the child; Children who are given alcohol at home drink to drunkenness more often than other children; To begin to drink at an early age increases the risk of alcohol problems.

Box 8: Statutory restrictions on the placement advertising of alcoholic beverages in EU Member States, Norway and Switzerland, 2009

	Television	Radio	Cinema	Print	Billboards	Internet
Austria	**B (s)**	R (s)				
Belgium/Wallonia*	**B (s)**					
Bulgaria	**B (s)**	**B (s)**	**B (s)**	**B (s)**	**B (s)**	
Czech Republic						
Cyprus	R (all)	R (all)				
Denmark	R (all)	R (all)				
Estonia	R (all)	R (all)	**B (all)**	R (all)	**B (w,s)**	
Finland	**B (s)** R (b,w)	**B (s)** R (b,w)	**B (s)** R (b,w)	**B (s)** R (b,w)	**B (s)** R (b,w)	**B (s)** R (b,w)
France	**B (all)**	R (all)	**B (all)**	R (all)	R (all)	R (all)
Germany	R (all)	R (all)	R (all)			R (all)
Greece						
Hungary	R (all)	R (all)	R (all)	R (all)		R (all)
Ireland**	**B (s)** R (b,w)	R (all)				
Italy	R (all)	R (all)	R (all)	R (all)	R (all)	R (all)
Latvia	**B (s)** R (b,w)	**B (s)** R (b,w)	R (all)	R (all)	R (all)	R (all)
Lithuania	R (all)	R (all)	R (all)	R (all)	R (all)	
Luxembourg						
Malta	R (all)	R (all)				
Netherlands	R (all)	R (all)				
Norway	**B (all)**	**B (all)**	**B (all)**	**B (all)**	**B (all)**	**B (all)**
Poland	**B (w,s)** R (b)	**B (w,s)** R (b)	**B (w,s)** R (b)	**B (w,s)** R (b)	**B (w,s)** R (b)	**B (w,s)** R (b)
Portugal	R (all)	R (all)				
Romania	R (all)	R (all)				
Slovak Republic	R (all)	R (all)		R (all)	R (all)	
Slovenia	**B (s)** R (b,w)	**B (s)** R (b,w)	**B (s)** R (b,w)	**B (s)**	**B (s)** R (b,w)	**B (s)** R (b,w)
Spain	**B (s)** R (b,w)		R (all)		R (all)	R (all)
Sweden	**B (all)**	**B (all)**	**B (all)**	**B (s)** R (b,w)	**B (all)**	**B (all)**
Switzerland**	**B (s)** R (b,w)	**B (all)**	R (all)	R (all)	R (all)	R (all)
UK***	R (all)	R (all)	R (all)	R (all)	R (all)	R (all)

b = beer, w = wine, s = spirits – B = total ban in the media, R = restrictions on placement in the media.

*In Belgium statutory restrictions are in place at sub-national level only. **In Switzerland television advertising for beer and wine is allowed on regional channels only. ***Restrictions in UK and Ireland are based on Government/industry agreements.

Box 9: Examples of restrictions on the placement of advertisements for alcoholic beverages on television in EU Member States, Norway and Switzerland, 2009[35]

Country	No advertising for given beverage types	No advertising in given time slots	No advertising in given programmes
Austria	Spirits > 15%	Alcopops before 19:30	Children's prgr***
Belgium/Wallonia*	Spirits > 20%		Children's prgr
Bulgaria	Spirits > 15%	Indirect advertising for spirits before 21:00	Children's prgr
Czech Rep.			
Cyprus			
Denmark			Children's & sports
Estonia		Any alcoholic beverages 07:00 – 21:00	
Finland	Spirits > 22%	Beer & wine 07:00 – 21:00	Children's prgr
France	Any alcoholic beverages		
Germany			Children's prgr
Greece			
Hungary		Spirits 18:30 – 21:30	Children's prgr
Ireland**	Spirits > 25% & alcopops	Beer & wine 06:00 – 10:00	Children's prgr
Italy		Spirits > 21% 16:00 – 19:00	Children's prgr
Latvia	Spirits		
Lithuania		Any alcoholic beverages 06:00 – 23:00	Children's prgr
Luxembourg			
Malta		Any alcoholic beverages 06:00 – 21:00	
Netherlands		Any alcoholic beverages 06:00 – 21:00	
Norway	Any alcoholic beverages		
Poland	Spirits & wine	Any alcoholic beverages 06:00 – 23:00 except in sports	
Portugal		Any alcoholic beverages 07:00 – 22:30	
Romania		Spirits 06:00 – 22:00	Children's prgr
Slovak Rep.		Wine & spirits 06:00 – 22:00	
Slovenia	Spirits > 15%	Beer & wine 07:00 – 21:30	
Spain	Spirits > 20%	Beer & wine before 21:30	Children's prgr

[35] Sources: WHO Alcohol Policy Survey 2008; Overview of TV bans/restrictions for alcoholic beverages in EU-27, STAP, April 2009; Compendium of regulations, self-regulatory standards and industry codes of conducts on audiovisual advertising of alcoholic beverages, Association of television and radio sales houses (egta), April 2009.

Sweden	Any alcoholic beverages		
Switzerland	Spirits on all channels Beer & wine on national TV		
UK**			
*In Belgium statutory restrictions are in place at sub-national level only. **Restrictions in UK and Ireland are mainly based on agreements between the Government and media and/or alcohol industries. ***Restrictions relating to children's programmes typically cover advertising before, during and after.			

Half or more of Member States also regulate alcoholic product placement and sponsorship advertising by alcohol producers. Product placement in television programmes is currently prohibited in several Member States irrespective of the type of products.[36] Where product placement is allowed, restrictions concerning regular alcohol commercials typically also apply to product placement. For instance in France, the ban on alcohol advertising on television also applies to product placement. Even the more restrictive regulations do no prohibit sponsorship as such, just the use of sponsorship for the promotion of alcoholic products. In Slovenia, alcohol producers may direct sponsorship or donations to sporting and youth events but only the company name can be displayed. In Sweden, sponsorship by the alcohol industry is not restricted as long as alcoholic products are not promoted or visible.

2.6 Regulating beverages with a youth appeal

Regulating alcoholic beverages with a youth appeal is another approach to minimising alcohol-related harm. Levying an additional tax on alcoholic beverages perceived to be particularly attractive to young people was a novel policy measure around the turn of the millennium. Following the example of France in 1996, some half a dozen EU Member States introduced a special tax on alcopops or other ready-to-drink mixtures between 2002 and 2006 (box 10). The introduction of a similar levy has been discussed in some other member States. To be compliant with EU regulations, such additional levies need to be non-discriminatory and serve a specific purpose.[37] For instance in France, the revenue is directed to social insurance funds and in Denmark to alcohol problem prevention and treatment services.

[36] Compendium of regulations, self-regulatory standards and industry codes of conducts on audiovisual advertising of alcoholic beverages across EU member states, Association of television and radio sales houses (egta), April 2009.

[37] Council Directive 92/12/EEC of 25 February 1992 on the general arrangements for products subject to excise duty and on the holding, movement and monitoring of such products (OJ L 076, 23.3.1992, p. 1-13).

Box 10: Special levies on alcopops and other ready-to-drink mixtures[38]			
Country	**Product types**	**Introduced**	**Beneficiary**
Denmark	Mixtures of beer, wine or ethyl alcohol and non-alcoholic drinks, up to 10% abv.	2005	Prevention activities and treatment services
France	Alcoholic beverages mixed with non-alcoholic beverages, up to 12% abv.	1996, 2004	Social insurance funds
Germany	Ready-to-drink blends of non-alcohol beverages with spirits, up to 10% abv. Applicable also to frozen products, for instance alcoholic ice cream.	2004	Prevention activities
Ireland	Alcopops, up to 10% abv.	2004,2006	Exchequer
Luxembourg	Mixtures of non-alcoholic drinks with beer, wine, other fermented beverages or ethyl alcohol, up to 10% abv. Applicable also to alcoholic powders and gels.	2005	
Malta	Mixtures of beer and non-alcoholic drinks and spirit based flavoured beverages up to 7% abv.		
Switzerland	Spirits-based mixtures containing sugar 50 g/l or more, up to 15% abv,	2003	Social insurance funds and prevention activities
UK	Spirits-based alcopops taxed at the same rate which applies to spirits (previously at a concessionary low rate which applied to low-alcohol wines).	2002	Exchequer

3 Reducing injuries and deaths from alcohol-related road traffic accidents

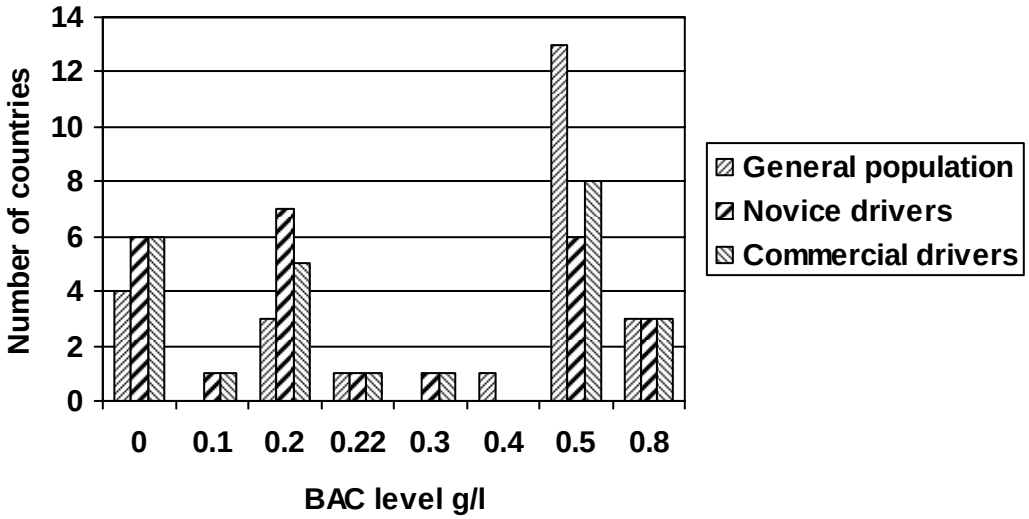
Progress has been made in Member States as regards drink-drive countermeasures. The number of Member States reporting awareness-raising activities has almost doubled since 2007 and there are but a few countries in which national drink-drive campaigns are not carried out. As regards BAC levels for driving, the Commission Recommendation of 2001 for the adoption of a 0.5 g/l or lower maximum and a lower limit for inexperienced and professional drivers is gradually being implemented across the EU.[39] The latest Member States to lower the maximum to 0.5 g/l include Cyprus (2006) and Luxembourg (2007). Only three Member States – Ireland, UK and

[38] Excise duty tables: alcoholic beverages. DG TAXUD, February 2009. FISCALIS project group on the classification of alcoholic beverages, DG TAXUD, April 2005. Prémix & derivés: synthèse documentaire référencée. Institut national des sciences et techniques de la documentation, Mai 2007.
[39] Commission Recommendation of 17 January 2001 to Member States on the maximum permitted blood alcohol concentrations (BAC) for drivers of motorised vehicles, 2001/116/EC (OJ L43, 14.2.2001).

Malta – continue to permit a higher level. Ireland is planning to lower the maximum BAC as part of a comprehensive approach to curbing drink-driving. The overall situation is presented in figure 3.

Roughly half of Member States, most recently Germany (2007) and Luxembourg (2007), have set 0.2 g/l or zero level for young or inexperienced drivers or certain groups of professional drivers. In Germany, legislation in force since August 2007 sets a zero limit for all drivers who have not completed the two-year probation period and for all drivers under 21 years of age. Breach of the zero limit is penalized with a fine, with two penalty points[40] and with an extension of the probation period to four years. The driver is also required to participate in follow-up training which involves additional costs.

Figure 3: BAC levels for driving (g/l) in EU Member States, end of 2007.



Despite awareness-raising activities, EU citizens do not seem too well informed about the BAC limits: in a Eurobarometer survey in fall 2006, just over half of the respondents knew what the permitted BAC level was in their country. The levels of "don't know" answers were highest in the countries with highest permitted levels.

A further Commission recommendation to Member States concerns the application of random breath testing for surveillance of drink-driving.[41] Examples of recent moves in this domain include the introduction of mandatory alcohol testing for drivers in Ireland (2006) and penalising refusal to take a test with imprisonment and loss of driving permit in Spain (2007). In Ireland, results of the introduction of RBT were reflected in a decrease in road fatalities of almost 25% from 2006 to 2008.

[40] In the German penalty point system, in place since 1974, the driving license is withdrawn at 18 penalty points.
[41] Commission recommendation of 6 April 2004 on enforcement in the field of road safety, 2004/345/EC (OJ L 111/75, 17.4.2004).

Drink-drive countermeasures on the rise include prohibitions or restrictions on the sale of alcoholic beverages in petrol stations or similar motorway services, in place in roughly one third of Member States. France has recently extended the time-based ban on the sale of alcohol in petrol stations (sale will be prohibited from 6 p.m. to 8 a.m.) and totally banned in petrol stations the sale of refrigerated alcoholic drinks, by definition intended for immediate consumption.

The use of alcolocks, devices that prevent the vehicle from being started unless the driver passes a breathalyser test, has spread rapidly since 2006. Alcolocks have been introduced as a safety measure in commercial or public service transport or as a component in rehabilitation programmes in roughly one third of Member States.

4 Preventing alcohol-related harm among adults and reducing negative impact on the workplace

Preventing alcohol-related harm among adults and reducing the negative impact in the workplace is the broadest priority theme identified in the EU Alcohol Strategy. It is estimated that 15% or more of the adult population in Europe are hazardous or harmful drinkers, that is, they consume alcohol at levels where the risk of short term or long term harm is increased or harm is already evident. The number of people clinically dependent on alcohol is much smaller, roughly 5% of men and 1% of women.

A broad range of actions are being deployed in Member States to reduce the overall burden of alcohol-related harm in the population and in the society. The impact of alcohol on health ranks high as a topic for nation-wide awareness-raising activities in Member States.

The use of screening and brief advice in primary health care to prevent and reduce hazardous and harmful alcohol use is gaining ground although there is still way to go before brief advice on lower-risk drinking is administered systematically across the EU. At the moment, 19 Member States report that brief intervention is deployed in their health care system. Fourteen Member States report that health professionals are trained at a regular basis in screening and brief advice to reduce drinking.
Introduction of health messages on alcohol containers continues to be discussed in several Member States as a possible additional measure to raise awareness of alcohol-related risks among consumers, also regarding broader sections of consumers than pregnant women. Based on an agreement between the Government and the alcohol industry in 2007, alcohol producers in the UK have started to indicate the alcohol content in a package in terms of "units" (equivalent to 10 ml or 8 grams pure alcohol - http://units.nhs.uk/). The unit content is accompanied by information on the Government guidelines regarding low-risk drinking. Although information on risk levels linked with alcohol intake measured in "units" or "standard drinks" is provided in several Member States, there is no common line regarding definitions. Yet another aspect of the labelling discussion, of increasing importance in view of the need to tackle population obesity, concerns indication of ingredients and nutrition content, of which alcoholic beverages have been exempted under the current EU legislation.

Most Member States report that prevention and counselling on alcohol is available in work places, and almost one in three have carried out nation-wide awareness-raising activities on the impact of alcohol in the work place. Work places remain, nevertheless, a domain with plenty of untapped potential for addressing alcohol use in the broader framework of injury and disease prevention and health promotion.

Work places fall in the category of environments that are considered to be alcohol-free in most Member States, either by statutory decree or by voluntary agreement. According to responses given in the WHO/EC update survey in 2008 regarding alcohol-free public environments, statutory prohibitions or restrictions on alcohol use are most common in education and health care institutions, government offices, public transport and sporting events. Voluntary restrictions, for instance municipal rules of self-regulation, are most common in workplaces and places of religious worship. An overall picture is presented in table 6.

Table 6: Alcohol-free public environments in EU Member States.

	Statutory ban or restrictions	**Voluntary restrictions**	**No restrictions**
Educational buildings	15	7	3
Health care establishments	13	7	5
Government offices	13	7	5
Public transport	15	4	5
Sporting events	13	7	4
Workplaces	12	9	4
Parks, streets etc.	11	7	7
Places of religious worship	6	9	7
Leisure events	6	6	11

Annex 2: Alcohol-focussed projects under Community Health Programmes 2003-2008

Project information	Description
Bridging the Gap Alcohol Policy Network in the Context of a Larger Europe Alliance House Foundation, UK € 1 139 549 (2003) Operational 2004–2006	Networking, collaboration, coordination collaboration, coordination with other multi-annual projects, mapping alcohol policies, advocacy training and tool kits. http://www.ias.org.uk/btg/index.html
ELSA Enforcement of national Laws and Self-regulation on advertising and marketing of Alcohol ELSA Stichting Alcoholpreventie STAP, Netherlands € 429 094 (2004) Operational 2005–2007	Setting up expert network to assess the enforcement of national laws and self-regulation on the advertising and marketing of alcoholic beverages. http://www.stap.nl/elsa/
PHEPA Project on Disseminating brief interventions on alcohol problems Europe wide Department of Health, Government of Catalonia € 369 520 (2005) Operational 2006-2009	Creating a European Platform to share information and experiences, mapping the status of services for brief interventions, adapting clinical guidelines and training programme for implementation of brief intervention in primary health care in Member States. http://www.gencat.cat/salut/phepa/units/phepa/html/en/Du9/index.html
PEER-education-project for young drivers to prevent alcohol and drugs in connection with road use: **Drive Clean!** SPI-Forschung gGmbh, Germany € 674 883 (2005) Operational 2006–2008	Training PEER-educators to inform and educate learner and beginner drivers about the dangers of alcohol and drug consumption in connection with road use. http://www.peer-projekt.de/
PHP Pathways for Health Project on drink driving, binge drinking, health warnings and labelling for alcoholic beverages Deutsche Hauptstelle für Suchtfragen DHS, Germany € 128 527 (2005) Operational 2006–2007	Reviewing evidence for effectiveness, mapping laws and regulations across EU, harvesting best practice and formulating practical recommendations in the three domains covered. http://www.dhs.de/web/dhs_international/pathways.php
ECAT To Empower the Community in response to Alcohol Threats	Developing a structured work plan for implementing alcohol prevention campaigns on a community level, combined with a

Vereniging voor Alcohol en andere Drugproblemen VAD, Belgium € 241 907 (2005) Operational 2007–2008	quick scan method for community analysis, mobilisation of stakeholders and impact analysis. http://www.vad.be/ecat/
ChAPAPs Reducing harm and building capacities for children affected by parental alcohol problems in Europe Katholische Fachhochschule Nordrhein Westfalen, Germany € 687 203 (2005) Operational 2007–2009	Establishing a network of experts, creating a system for documentation and country reports, developing best practice and recommendations and contributing to capacity building among professionals. http://www.encare.info/en-GB/chapaps/
Building Capacity Implementing Coordinated Alcohol Policy in Europe Institute of Public Health, Slovenia € 699 926 (2006) Operational 2007-2009	Building upon previous European projects, the project strengthens and broadens networks, develops an inventory of best practices, develops resources and builds capacity for development of alcohol policy at country, regional and municipal levels, and conducts health and economic assessment of the impact of alcohol policies at the country level. http://www.ias.org.uk/buildingcapacity/index.html
Healthy Nightlife Toolbox Effective Interventions for (Youth) Drug Use in Recreational Settings Trimbos Instituut, Netherlands € 507 431 (2006) Operational 2007-2010	The focus of this project is to reduce harm from alcohol and drug use among young people. The project supports the identification and implementation of effective preventive interventions that address emerging trends in alcohol and drug use in nightlife settings. http://www.hnt-info.eu/
Ten D by Night (Dark, Dance, Disco, Dose, Drugs, Drive, Danger, Damage, Disability, Death) Consepi S.p.a, Italy € 500 000 (2007) Operational 2008–2009	Aims at increasing young people's awareness of driving under influence of drugs or alcohol: dissemination of awareness-raising material, installation of information points in young people's recreational meeting places, administration of questionnaire, performance of anonymous alcohol/substances tests, measurement reaction times in driving. http://www.tendbynight.eu/
SMART Standardizing Measurement of Alcohol Related Troubles Institute of Psychiatry and Neurology, Poland € 261 714 (2007) Operational 2008–2010	Developing standardized comparative survey methodology on heavy drinking, binge drinking, drunkenness, context of drinking, alcohol dependence and unrecorded consumption, as well as standardized methodology of cost-benefit analyses of alcohol policies. http://www.alcsmart.ipin.edu.pl/
Kinship Carers Sharing good practice in supporting kinship carers to prevent substance related harm to young people	Improving the quality of prevention programmes targeting children and young people living with kinship carers, thus preventing harm as a consequence of alcohol or drug use.

Mentor Foundation UK Limited, UK € 699 995 (2007) Operational 2008–2010	http://www.mentorfoundation.org/projects_by_location.php?nav=2-6-17
FASE Focus on Alcohol Safe Environment Stichting Alcohol Preventie STAP, Netherlands € 216 154 (2007) Operational 2008–2010	Collecting best practices in work-place strategies, actions to create safer drinking environments and community mobilisation, including effective alcohol marketing regulations. http://www.dhs.de/web/dhs_international/fase_de.php
Vintage Good health into older age Istituto Superiore di Sanita, Italy € 121 049 (2008) Operational 2009–2010	The project will collate the evidence base and best practices to prevent the harmful use of alcohol amongst older people, including the transition from work to retirement.
PROTECT Alcohol labelling policies to protect young people Centre de Recherce et d'Information des Organisations des Consommateurs CRIOC, Belgium € 102 007 (2008) Operational 2009–2010	The project will assess young people's needs, harvest best practice and seek commitment from stakeholders for measurable best practice and data sharing regarding the consumer labelling of alcoholic beverages.
AMMIE Monitoring Alcohol Commercial Communications in Europe Stichting Alcohol Preventie STAP, Netherlands € 276 525 (2008) Operational 2009–2010	The project originates in discussions in the EAHF Task Force on Marketing Communication around the functioning of self-regulatory systems on alcohol marketing. The project aims at training and supporting NGOs for monitoring alcohol marketing in a systematic fashion across a range of Member States.
Club Health Healthy and safer nightlife of youth Institute for Research and Development 'Utrip', Slovenia € 700.000 (2008) Operational 2009-2012	The project is focussed on building capacity in national and local governments and their institutions to facilitate consistent implementation of strategies in the prevention of youth risk behaviour, increasing safety and health standards in nightlife, raising awareness among discotheque and night club owners regarding their responsibility in protecting the health of young people, as well as education to enable discotheques and night club staff help prevent different harms.
APYN Alcohol Policy Youth Network – Youth Empowerment for a Better Life! € 500 000 (2008)	Established in March 2008, the Alcohol Policy Youth Network aims at assessing young people's views, empowering youth organizations, creating a consultative body, supporting NGOs in implementing actions and building bridges of cooperation also outside of Europe. http://www.apyn.org/

Examples of other projects incorporating alcohol topics	
Elisad Internet Gateway: A qualitative resource for European web sites on drugs, alcohol, tobacco and other addiction TOXIBASE Réseau National d'Information et de Documentation, France € 153 131 (2004) Operational 2005-2006	Project carried out by The European Association of Libraries and Information Services on Alcohol and other Drugs (ELISAD) to develop the Addictions Gateway, a portal to systematically evaluated websites on alcohol and other drugs. http://www.addictionsinfo.eu/
AdRisk Community Action on Adolescent and Injury Risk Kuratorium für Verkehrssicherheit (KfV), Austria € 914 400 (2005) Operational 2006-2008	Producing a comprehensive situation analysis of injury risks among adolescents and developing a European strategy for injury prevention. http://www.kfv.at/department-home-leisure-sports/adrisk/
DYNAMO-HIA Development of a dynamic modeling tool to assess health impact of policies Erasmus Universitair Medisch Centrum, Netherlands € 1 199 996 (2006) Operational 2007–2009	Developing an instrument to quantify the health impact of policies influencing health determinants, such as smoking obesity, and alcohol consumption. http://www.dynamo-hia.eu/root/o14.html

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