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**TEXTS ADOPTED**  
*Provisional edition*

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**Alcohol strategy**

**European Parliament resolution of 29 April 2015 on Alcohol Strategy (2015/2543(RSP))**

*The European Parliament,*

- ó having regard to the question to the Commission on EU Alcohol Strategy (O-000008/2015 ó B8-0108/2015),
  - ó having regard to Regulation (EU) No 282/2014 of the European Parliament and of the Council of 11 March 2014 on the establishment of a third Programme for the Union's action in the field of health (2014-2020) and repealing Decision No 1350/2007/EC<sup>1</sup>,
  - ó having regard to its resolution of 8 March 2011 on reducing health inequalities in the EU<sup>2</sup>,
  - ó having regard to Article 168 of the Treaty on the Functioning of the European Union, which states that the Union shall only complement the Member States' action on public health issues,
  - ó having regard to the 2011 Annual report of the EU Platform on Diet, Physical Activity and Health,
  - ó having regard to its resolution of 5 September 2007 on a European Union strategy to support Member States in reducing alcohol-related harm<sup>3</sup>,
  - ó having regard to the conclusions of the Employment, Social Policy, Health and Consumer Affairs Council meeting of 1-2 December 2011 on closing health gaps within the EU through concerted action to promote healthy lifestyle behaviours,
  - ó having regard to Rules 128(5) and 123(2) of its Rules of Procedure,
- A. whereas the misuse of alcohol is the second-largest lifestyle-related cause of disease in some Member States, and alcohol addiction is a risk factor for over 60 chronic diseases, including alcoholic liver disease (ALD), alcoholic chronic pancreatitis and almost all other

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<sup>1</sup> OJ L 86, 21.3.2014, p. 1.

<sup>2</sup> OJ C 199 E, 7.7.2012, p. 25.

<sup>3</sup> OJ C 187 E, 24.7.2008, p. 160.

digestive diseases, cancer, diabetes, cardiovascular diseases, obesity, Foetal Alcohol Spectrum Disorders (FASD) and neuropsychiatric disorders such as alcohol dependence;

- B. whereas the competent authorities in the Member States are best prepared to work out individually tailored policies to prevent people from abusing alcohol;
- C. whereas there is a causal relationship between the abuse of alcohol and a whole range of mental and behavioural disorders, other non-transmissible diseases and injuries;
- D. whereas the social costs directly and indirectly attributable to the misuse of alcohol were estimated at EUR 155,8 billion in Europe in 2010, of which the majority (EUR 82,9 billion) lie outside the healthcare system;
- E. whereas the abuse of alcohol causes 3,3 million deaths worldwide each year, or 5,9 % of deaths; whereas roughly 25 % of all deaths in the 20-39 age group can be attributed to alcohol abuse; whereas these deaths often follow accidents, acts of violence or liver disease;
- F. whereas approximately 5 to 9 million children live in families which are adversely affected by alcohol consumption;
- G. whereas not all alcohol consumption has the same consequences, as it very much depends on the pattern of consumption, including what is consumed and how; whereas drinking patterns and trends vary greatly among regions of the European Union, with significant subregional patterns of consumption and health effects linked to harmful use of alcohol across the EU; whereas social, cultural, geographical and economic variations in the EU countries make it necessary to distinguish among different consumption patterns and trends;
- H. whereas a policy to reduce alcohol-related harm and support responsible alcohol consumption, tailored to specific local and regional situations, would result in a reduction in healthcare and social spending related to the direct and indirect effects of alcohol-related harm, such as alcohol addiction, chronic diseases, mortality and domestic violence, as well as alcohol-related costs; whereas a policy for reducing alcohol-related harm should involve not only the health sector but also relevant stakeholders, including associations supporting people suffering from alcoholism, and should be fully consistent with the principles of subsidiarity and Health in All Policies, while ensuring significant improvements in public health;
- I. whereas abusive and harmful alcohol consumption can lead to alcohol addiction, which needs to be tackled via increased attention and support within the healthcare systems of the Member States;
- J. whereas it should be emphasised that some groups are more likely to exhibit wrong behaviours related to alcohol consumption, among them young people. with alcohol-related deaths accounting for around 25 % of all deaths in young men aged between 15 and 29, and one in every 10 deaths among young women; whereas excessive alcohol consumption among young people is a practice which is becoming more widespread in the Member States, involving particular methods of consumption such as binge drinking; whereas, as a rule, a man's liver processes alcohol many times faster than a woman's, which means that women will become chronic alcoholics much more quickly and by drinking smaller quantities of alcohol;

- K. whereas alcohol-related harm tends to be linked to a variety of factors, such as socio-economic level, cultural background and drinking patterns and parental and peer influence, as well as the extent and level of implementation and enforcement of appropriate policies in this area; whereas the vulnerabilities within one society can sometimes be as different as the vulnerabilities between different societies;
- L. whereas in some regions of Europe the artisanal production of alcoholic drinks is a cornerstone of local tourism;
- M. whereas advertising and marketing impact on alcohol consumption levels, particularly among young people; whereas the implementation of Directive 2010/13/EU on audiovisual media services is essential for the effective protection of the physical, mental and moral development of children and minors; whereas there is a correlation between starting drinking at an early age and the likelihood of adult alcohol-related problems; whereas the most effective tools to prevent excessive alcohol consumption by young people are education, information and prevention campaigns; whereas, therefore, the Commission should begin without delay to devise a new European alcohol strategy that will help restrict excessive alcohol consumption, and the public should be informed by an awareness-raising campaign of the adverse effects of alcohol consumption on health;
- N. whereas the World Health Organisation (WHO) highlights the need for further knowledge and action on topics such as the relation between alcohol consumption and the unborn child, alcohol and the elderly, the impacts on socially disadvantaged people, and alcohol-abuse-related social exclusion;
- O. whereas the different social, cultural, geographical and economic factors within the European Union create habits and trends in alcohol consumption which vary even locally, creating differing attitudes towards drinking;
- P. whereas a clear distinction between responsible and harmful alcohol consumption is needed; whereas responsible alcohol consumption is compatible with a healthy way of living;
- Q. whereas around one traffic accident in four can be linked to drink-driving, and at least 5 200 people are killed in alcohol-related road incidents in the EU each year; whereas drink-driving remains the second-biggest killer on EU roads;
- R. whereas many EU citizens, especially young people, are insufficiently informed about the health dangers of harmful alcohol consumption and addiction, and whereas prevention and raising of awareness are therefore essential within the new European alcohol strategy; whereas early identification and counselling of people with harmful patterns of alcohol consumption have proved effective; whereas there is a great deal of room for improvement with regard to the protection of minors from alcohol advertising;
- S. whereas Regulation (EC) No 178/2002 of 28 January 2002<sup>1</sup> concludes that food is to be deemed unsafe if it is considered to be injurious to health;
- T. whereas different age groups display different drinking patterns, which to date have not been studied proportionately;

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<sup>1</sup> OJ L 31, 1.2.2002, p. 1.

- U. whereas Regulation (EU) No 1169/2011 of 25 October 2011 on the provision of food information to consumers<sup>1</sup> excluded beverages with an alcoholic content over 1,2 % of volume from two of its provisions, namely the ingredients list and the nutritional labelling requirements; whereas, given the nature of alcohol-related risks, comprehensive information regarding alcoholic beverages is nevertheless necessary;
- V. whereas under Regulation (EU) No 1169/2011 the Commission was required to produce by December 2014 a report evaluating whether alcoholic beverages should in future be covered by the requirement to provide information on energy value, and the reasons justifying possible exemptions, as well as a legislative proposal, if appropriate, that would determine the rules for a list of ingredients or a mandatory nutrition declaration for those products;
- W. whereas the EU Alcohol Strategy has been successful in supporting Member States' actions to reduce alcohol-abuse-related harm, in particular through the sharing of best practices in areas such as the protection of young people, reducing alcohol-abuse-related road accidents, awareness-raising education on alcohol consumption, and a common database and monitoring at EU level, as well as in enhancing the coordination between the Commission and Member States which ultimately led to the development of the Action Plan on Youth Drinking and Heavy Episodic Drinking (2014-2016) by the Committee for National Alcohol Policy and Action (CNAPA);
- X. whereas the involvement of a wide range of stakeholders, within the European Alcohol and Health Forum (EAHF) and beyond, has fostered the development of concrete and measurable actions to reduce harm related to alcohol abuse at local level throughout the European Union;
- Y. whereas the third Programme for the Union's action in the field of health (2014-2020) promotes the uptake of validated best practice for cost-effective prevention measures focused on the key risk factors, including the abuse of alcohol;
- Z. whereas the external evaluation of the Strategy carried out in 2012 confirmed the relevance and usefulness of the approach of the existing Strategy and its priority themes;
1. Notes that at the meeting of CNAPA held on 22 October 2013 the Commission announced its intention to work in close cooperation with Member States to develop a European Action Plan to Reduce Alcohol-Related Harm; notes the adoption in September 2014 of an Action Plan on Youth Drinking and on Heavy Episodic Drinking (Binge Drinking) (2014-2016), and calls on the Commission to monitor its implementation by Member States;
  2. Calls on the Commission to provide guidance on combating alcohol-related harm and to continue its work of supporting the competent authorities in the Member States where this brings added value, while respecting the principles of subsidiarity and proportionality;
  3. Emphasises that reducing the health, security and socio-economic problems caused by alcohol would require action on the extent, patterns and contexts of alcohol consumption, as well as on the wider associated social determinants, by such means as education and the launching of information campaigns;

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<sup>1</sup> OJ L 304, 22.11.2011, p. 18.

4. Calls on the Commission to begin work immediately on the new EU Alcohol Strategy (2016-2022) with the same objectives, updating the regulatory framework so as to assist national governments in dealing with alcohol-related harm, to support monitoring and the collection of reliable data, to encourage prevention and health promotion and education, early diagnosis, improved access to treatment, continuous support to those affected and their families, including counselling programmes, to reduce traffic accidents caused by drink-driving and to better differentiate within drinking patterns, behaviours and attitudes towards alcohol consumption;
5. Considers that the current EU Strategy to support Member States in addressing alcohol-related harm should be renewed in basically the same format, and with the same objectives i.e. to address alcohol-related harm at Member State level, to be action- oriented, and to foster a participative multi-stakeholder approach;
6. Urges the Commission to produce immediately the report required in Regulation (EU) No 1169/2011 by December 2014, evaluating whether alcoholic beverages should in future be covered by the requirement to provide information on ingredients and nutritional content while considering in particular the impact on SME and artisanal production;
7. Urges the Commission to immediately ask the European Food Safety Authority (EFSA) to re-evaluate the use of acetaldehyde as a flavouring substance in alcoholic and non-alcoholic beverages;
8. Stresses the need for at least the calorie content of alcoholic beverages to be clearly stated on labels as soon as possible, and calls on the Commission to come forward with the corresponding legislative proposal at the latest in 2016;
9. Calls on the Commission to start immediate work on a new EU Alcohol Strategy for the period 2016-2022, taking into account the CNAPA Action Plan and the conclusions of the independent evaluation of the EU Alcohol-related Harm Strategy, so as to ensure an enduring impact for the results obtained so far and to continue to support national governments in addressing alcohol-related harm in the long term;
10. Stresses that complementarity between legislation and codes of conduct on protecting minors from the negative consequences of hazardous alcohol consumption is necessary to ensure the effective protection of minors; calls on the Member States to strictly enforce the existing national legislation on age limits on alcohol consumption and to evaluate the need for further legally binding requirements to ensure the effective protection of minors;
11. Calls on the Member States to implement policies and treatments within their healthcare systems that reduce alcohol addiction in individuals;
12. Calls on the Member States to increase their efforts to educate the general public, particularly minors and pregnant women, on the harmful effects of alcohol consumption and, where required, to legislate accordingly;
13. Recognises the differences in consumption patterns among the Member States and the cultural aspects of responsible alcohol consumption;

14. Stresses the need for an EU-wide information campaign warning pregnant women not to consume alcohol, and calls on the Commission to examine the effect of labelling on this issue and come forward with corresponding legislative proposal at the latest in 2016;
15. Urges the Member States, which are primarily responsible in this area, to draw up, implement and evaluate public health policies aimed at reducing the harmful use of alcohol and putting in place strict regulations on the marketing of alcoholic beverages, particularly to minors;
16. Calls on the Commission to consider EU-wide labelling alerting consumers to the dangers of drinking and driving;
17. Calls on the Commission to evaluate and, if necessary, reform the role and functioning of the EAHF, in order to ensure that its membership is truly representative of all relevant stakeholders, in a balanced manner, with proper representation of economic operators and NGOs, and to work on encouraging and supporting their participation to the Forum and their commitment to developing concrete and effective actions to reduce alcohol-related harm and supporting targeted actions which are relevant at the national, regional and local levels;
18. Calls on the Commission to introduce further operational improvements to the current EU Strategy implementation, such as: extending EAHF membership to all relevant stakeholders; increasing interaction with CNAPA at EU level; promoting good practices for designing, monitoring and evaluating commitments; collecting better indicators providing an objective, up-to-date and realistic picture of drinking patterns and alcohol-related harm; and supporting targeted actions which are relevant at local levels, on a basis of full respect for the fundamental EU Treaty rules;
19. Stresses that the new EU Alcohol Strategy should not set new targets, but should, rather, support those already agreed as part of the WHO's European action plan for 2012-2020 to reduce the harmful use of alcohol;
20. Notes that a new EU strategy can be valuable in offering Member States evidence-based options for action, as it is the responsibility of national, regional and local authorities to use the most suitable approach to reduce alcohol-related harm; urges the Commission to continue with the valuable role it is playing in fostering good research and sharing evidence;
21. Reiterates the importance of a strong political commitment from the Commission, Parliament, the Council and the Member States to increasing efforts to prevent alcohol-related harm and providing an adequate evidence-based policy response which reflects the severe and diverse health and socio-economic impacts of alcohol-related harm and its interrelations with other risk factors;
22. Recalls the importance of measurable and rigorous policy goals and adequate multiannual mechanisms to monitor progress to ensure effective implementation of the Strategy across Member States; stresses the need to monitor the implementation of alcohol-related national legislation;
23. Calls on the Commission and the Member States to actively support the improvement of indicators, reliable data collection, comparability and timely analysis with regard to alcohol consumption and its health and social consequences, to allocate appropriate resources to

reduce the burden due to alcohol misuse and the direct and indirect costs to society of alcohol-related harm, and to promote the effective integration of relevant data into EU and national alcohol policies using a common evidence basis;

24. Urges the Member States to strengthen efforts to protect young people from alcohol-related harm, in particular by strictly enforcing national legislation on the age limit and ensuring responsible advertising;
25. Calls on the Commission and the Member States to invest in education in order to stress the effects on health and society of harmful alcohol consumption while promoting moderation and responsibility in the consumption of alcoholic drinks;
26. Stresses that public money should not be used to promote the consumption of alcohol, with the exception of promotion measures covered by Regulation (EU) Nos 1144/2014 and 1308/2013;
27. Stresses the need for the Member States to restrict alcohol sales for those under the legal age for alcohol purchase by conducting regular control measures, in particular in the vicinity of schools; calls on the Commission to properly address the cross-border sale of alcohol on the internet; calls on the Commission and the Member States to conduct campaigns to raise awareness of the dangers of binge drinking, especially for under-age people, and to make further efforts to reduce traffic accidents related to drink-driving;
28. Urges the Commission to closely monitor the implementation of Directive 2010/13/EU on audiovisual media services and to consider its revision with respect to the marketing of alcohol to young people and alcohol sponsorship so as to reduce the exposure of young people to marketing of alcoholic beverages;
29. Calls on the Member States and the Commission, and on all other relevant stakeholders, to review and strengthen awareness campaigns targeting harmful alcohol consumption, especially by pregnant women, and the impact of alcohol on the unborn child;
30. Calls on the Commission and the Member States to consider concrete measures to restrict alcohol consumption, particularly among minors and those suffering from serious conditions, chronic illnesses or severe dependencies linked to alcohol consumption;
31. Calls on the Commission to maintain in its strategy financial support for effective and science-based projects addressing alcohol-abuse-related harm and the understanding of the underlying causes of alcohol abuse, under the new Health Programme and the Horizon 2020 Programme; calls on the Commission to ensure that its financial support is only addressed to projects with a scientifically sound methodology and objective operator;
32. Calls on the Member States, the Commission and other stakeholders to diversify their information campaigns concerning the dangers of alcohol consumption for the various age groups, as well as the way in which people drive and the effects of drinking and driving, to adapt such campaigns to the various age groups and to pursue them more vigorously;
33. Calls on the Member States to implement awareness and education measures targeting young people as part of their strategies to prevent abuse and spread best practices;

34. Calls on the Member States to build on the WHO Alcohol Strategy and to improve the early detection of harmful alcohol consumption in primary care, by promoting screening and ensuring adequate support services for the treatment of alcohol use disorders and related chronic conditions;
35. Stresses that the rules operated by the respective authorities in the Member States must contribute to raising awareness of the consequences of alcohol abuse, to making treatment accessible and affordable to those suffering from disorders linked to overconsumption of alcohol, and to put in place screening programmes and short interventions in cases of harmful and dangerous alcohol consumption; calls on the Member States to cooperate in order to find solutions to assist those suffering from disorders, chronic illnesses or severe dependencies related to alcohol consumption, to help them care for themselves and end their dependency;
36. Regrets that key alcohol addiction services have been cut in certain Member States;
37. Calls on the Member States and all other relevant stakeholders to continue, intensify and/or develop policies and actions promoting healthy lifestyle behaviours, including proper nutrition and sport and healthy recreational activities, while recognising that moderate enjoyment of alcoholic beverages is a significant component of cultural life in many Member States and need not conflict with a healthy lifestyle;
38. Calls on the Member States to carefully consider the appropriateness of introducing national policies aimed at preventing the sale of very cheap alcohol, provided such measures ensure the effective protection of health and pay due regard to the principles of proportionality and subsidiarity and to the forthcoming opinion of the Court of Justice of the European Union on the compatibility of the Scottish Government's minimum pricing policy with EU law;
39. Urges the Member States to examine their existing legislation and initiatives relating to consumer information and appropriate drinking culture, in order to educate on and raise awareness of the consequences of harmful alcohol consumption and to reduce alcohol-abuse-related harm; in particular, recommends Member States to monitor alcohol advertising and its effect on young people and to take appropriate action with a view to limiting their exposure to it;
40. Calls on the Commission to assess existing European legislation in regard to the need to improve consumer information on alcohol, ensuring that consumers are aware of alcohol and calorie content without imposing barriers to the single market; stresses the importance of clear, concise and effective information on the effects of alcohol consumption and its health risks; calls on the Commission to consider adopting an EU-wide label containing a warning to consumers about the dangers of alcoholic drinks during pregnancy and when driving;
41. Calls on the Commission and the Member States to devise appropriate strategies and intensify controls in order to tackle the problem of alcohol counterfeiting, as well as illegal and black-market sales of alcohol, which have particularly negative effects for the most disadvantaged sections of society and for young people, and to protect geographical indications within the Union and globally through international trade agreements;
42. Instructs its President to forward this resolution to the Commission.