



## **Joint Statement: Tackling alcohol related harm requires better actions**

### **Why the public health community is disappointed with the European Parliament resolution on EU Alcohol Strategy**

On the 10<sup>th</sup> March Members of the Environment Public Health and Food Safety (ENVI) Committee in the European Parliament (EP) adopted a resolution calling on the European Commission to develop a new EU Alcohol Strategy. The resolution is scheduled for vote in the April EP Plenary.

The public health community is delighted that the European Parliament acknowledges the urgent need to tackle alcohol related harm, however it is disappointed with the text of the resolution it is planning to adopt.

Europe is the heaviest drinking region in the world – Europeans drink more than twice as any other region. Alcohol contributes towards 4% of the world's disability adjusted life years, or years lost due to alcohol-related injury or death. This is approximately the same proportion as tobacco<sup>1</sup>. Alcohol is a risk factor in some 60 diseases such as cancer, liver cirrhosis cardiovascular disease among many others and is often found to be a risk factor in co-morbidities.<sup>2</sup> Furthermore the social cost of alcohol in the EU is calculated to be around 155.8 billion EUR on a yearly basis<sup>3</sup>

In order to effectively target alcohol related harm, the EU should build on the knowledge of the World Health Organisation's (WHO) Best Buys- a recognised set of well established, effective and

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<sup>1</sup> Rehm, J. And R. Room, *The global burden of disease attributable to alcohol, tobacco and illicit drugs, in Preventing Harmful Substance Use: The evidence base for policy and practice*, T. Stockwell, Gruenewald, P., Toumbourou, J. and Loxely, W., Editor 2005, John Wiley&Sons Ltf, Chechester, UK

<sup>2</sup> WHO, Europe (2013) Status Report on Alcohol and Health in 35 European Countries

<sup>3</sup> Rehm, J. et al (2012) Interventions for alcohol dependence in Europe: A missed opportunity to improve public health

cost effective public health interventions for alcohol policy. WHO recommends actions in areas of price, marketing and availability<sup>4</sup>, regrettably the current text of the resolution does not include actions in these areas.

What is even more disappointing is that the EP ENVI committee has failed to acknowledge the right of consumers to know what is in their drinks. All the amendments regarding alcoholic beverages labelling have been rejected: this will continue a paradoxical situation in the EU, where consumers can tell what is in their bottle of milk but not in alcoholic cocktail, wine or beer.

Mariann Skar- Eurocare Secretary General commented: *“We are pleased that the European Parliament acknowledges the need to tackle alcohol related harm, however we would like to encourage it to recommend cost- effective measures to address alcohol. It is also incredibly puzzling why the Committee that is supposedly protecting public health keeps on rejecting proposals that would allow consumers to make informed choices about their drinks. One has to wonder whether they are protecting consumers or the industry?”*

*“It is regrettable that that the ENVI Committee did not address advertising and labelling, for which there are legislative tools at the European level to achieve better results. The alcohol industry increasingly targets their promotional activities to extend their market. Labelling is intended to provide the consumer with information—such as ingredients and nutritional values, but also warn about the product’s health risks. There are examples of leadership from Member States: for example, since October 2006 the French Code of Public Health requires a warning label on alcohol packaging relating to drinking in pregnancy. Claims that the EU would be encroaching on national competences in these instances are simply inaccurate and misleading,”* pointed out Peggy Maguire, President of EPHA and Director General of the European Institute of Women’s Health.

Professor Sir Ian Gilmore, past President of the Royal College of Physicians and Chair of the European Alcohol and Health Forum Science Committee said *“The Science Group of the European Alcohol and Health Forum studied the impact of marketing on young people and concluded that marketing has the effect of both encouraging earlier uptake of drinking and increasing consumption. It is therefore disappointing that the ENVI committee did not support effective actions to limit young*

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<sup>4</sup> [http://www.who.int/nmh/publications/who\\_bestbuys\\_to\\_prevent\\_ncds.pdf](http://www.who.int/nmh/publications/who_bestbuys_to_prevent_ncds.pdf)

*people's actual exposure to marketing through the internet including social media or to assist member states to enforce national marketing regulations."*

In addition, the European Parliament resolution appears to be detached from developments at Member State level. For instance, Minimum Unit Pricing (MUP) on alcohol was approved by the Scottish Parliament and is under consideration in Ireland, Estonia with other countries expected to follow suit. Unfortunately, the Members of European Parliament (MEPs) chose not to address the issue of pricing and fiscal measures, which are regarded as the most effective to tackle alcohol related harm.

The public health community, encompassing health advocacy groups, patients and health professionals would like to call on MEPs to consider the inclusion of the above highlighted points in the plenary vote in April. Due to the size of the problem and the universal impact of alcohol on human health a set of concrete and decisive actions are needed. Addressing the issue of alcohol related harm through effective policies as recommended by WHO and encouraged by the EU public health community will offer measurable health system savings and will have the long-term effect on enhancing growth and productivity in Europe by preserving EU citizens' wellbeing.

The Commission is then expected to publish an action plan on alcohol related harm in September, followed by the development of the new EU Alcohol Strategy once the next Commissioner for Health is in office.

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EUROCARE (The European Alcohol Policy Alliance) is an alliance of non-governmental and public health organisations with around 50 member organisations across 23 European countries advocating the prevention and reduction of alcohol related harm in Europe. [www.eurocare.org](http://www.eurocare.org)

EUROPEAN PUBLIC HEALTH ALLIANCE (EPHA) is a change agent – Europe’s leading NGO advocating for better health. We are a dynamic member-led organisation, made up of public health NGOs, patient groups, health professionals, and disease groups working together to improve health and strengthen the voice of public health in Europe. [www.eph.org](http://www.eph.org)

THE EUROPEAN ASSOCIATION FOR THE STUDY OF THE LIVER (EASL) attracts the foremost hepatology experts as members and has an impressive track record in promoting research in liver disease, supporting wider education, and promoting changes in European liver policy. [www.easl.eu](http://www.easl.eu)

THE EUROPEAN LIVER PATIENTS ASSOCIATION (ELPA) aim is to promote the interests of people with liver disease. It was established in 2005 and has 30 members from 24 countries [www.elpa-info.org](http://www.elpa-info.org)

THE UNITED EUROPEAN GASTROENTEROLOGY (UEG) is a professional non-profit organisation comprising all of the major European societies with an interest in disease of the digestive system. UEG is the most comprehensive organisation of this kind in the world, and its affiliated member societies represent over 22.000 European specialists. [www.ueg.eu](http://www.ueg.eu)

EUROPEAN CHRONIC DISEASE ALLIANCE (ECDA) 10 not-for-profit European organisations, representing over 100,000 health professionals and patients, have joined forces to put the case for immediate political action to reverse the alarming rise in chronic diseases which affects more than a third of the population of Europe – over 100 million citizens. [www.alliancechronicdiseases.org](http://www.alliancechronicdiseases.org)

INTERNATIONAL DIABETES FEDERATION EUROPEAN REGION (IDF- EUROPE) is the European chapter of the International Diabetes Federation (IDF). We are umbrella organization representing 70 diabetes organizations in 47 countries across Europe. We are a diverse and inclusive multicultural network of national diabetes associations, representing both people living with diabetes and healthcare professionals. [www.idf-europe.org](http://www.idf-europe.org)

EUROPEAN SOCIETY OF HYPERTENSION (ESH), leader in the field of hypertension and cardiovascular prevention. Founded in 1989, the Society is committed to excellence in research, education and clinical practice in hypertension and cardiovascular prevention with the aim of reducing hypertension-induced morbidity and mortality. [www.eshonline.org](http://www.eshonline.org)

EUROPEAN SOCIETY OF CARDIOLOGY (ESC) represents more than 80 000 cardiology professionals across Europe and the Mediterranean. Its mission is to reduce the burden of cardiovascular disease in Europe [www.escardio.org](http://www.escardio.org)

THE ROYAL COLLEGE OF PHYSICIANS (RCP) was founded in 1518 as a professional body of physicians whose membership now spans 80 countries including 24 Member States of the European Union. The RCP aims to improve the quality of patient care by continually raising medical standards through education and training for physicians and working with government, the public, patients and other professions to improve public health and healthcare. The College has a long history of raising awareness of the health damage caused by alcohol and has played a crucial role in the debate surrounding government alcohol policy since its first comments on the gin epidemic in 1725 [www.rcplondon.ac.uk](http://www.rcplondon.ac.uk)