

Lessons from 20 years of European alcohol policy

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Amsterdam

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1. Background
2. Why no mandated warning labels?
3. Why is advertising not banned?
4. Why is a minimum price not introduced?
5. Why do GPs not give advice?

1. Background

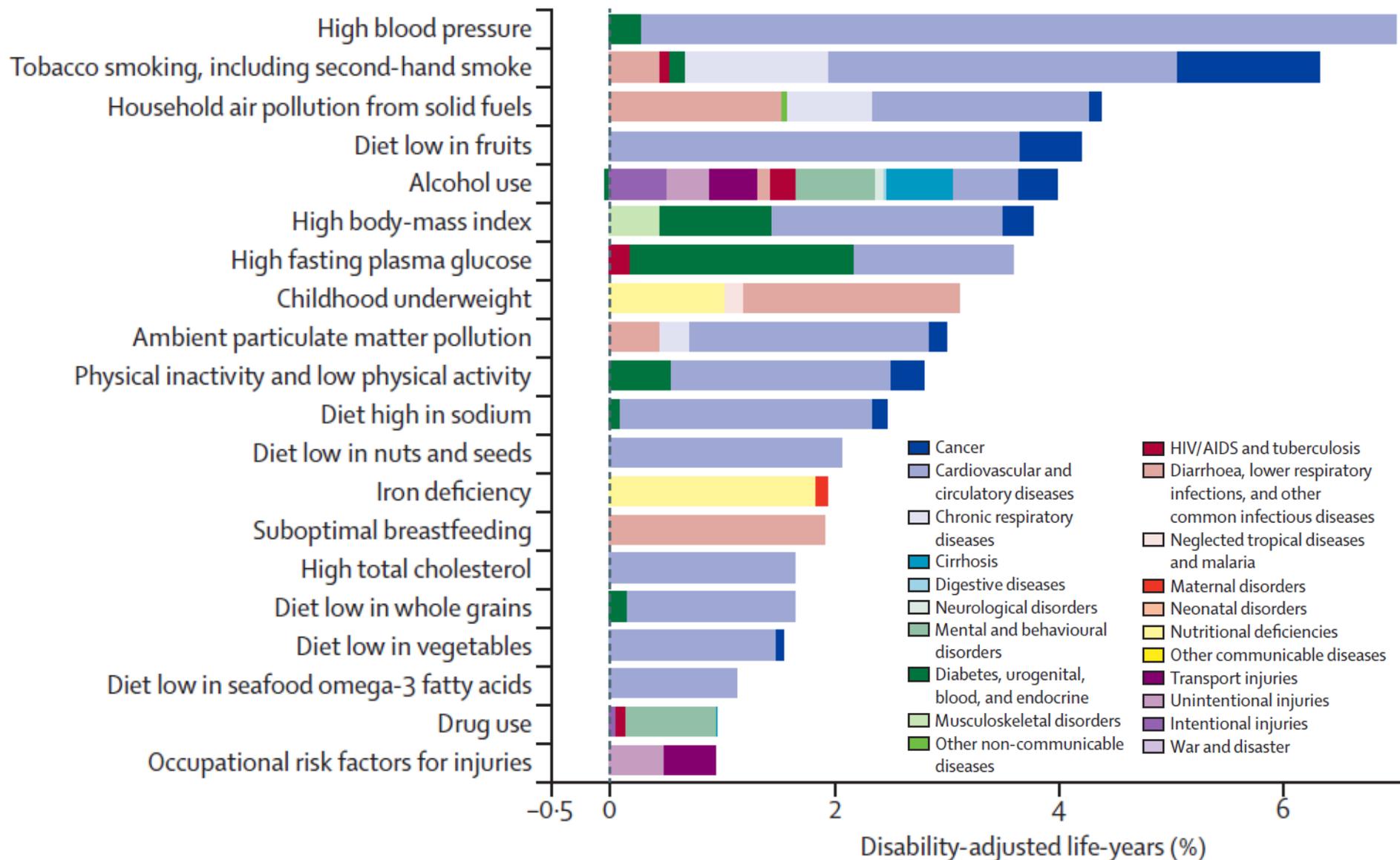
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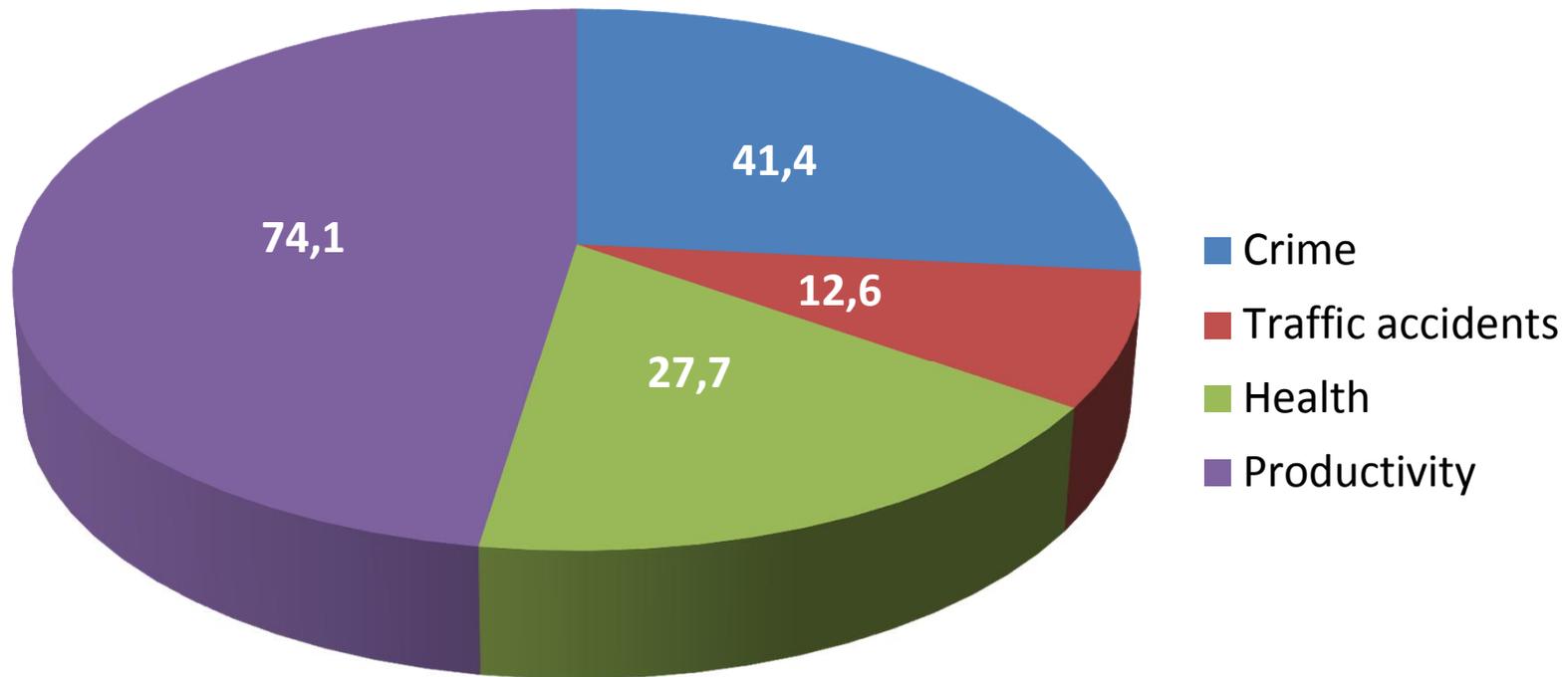
5. Why do GPs not give advice?

Risk factors for disability adjusted life years, world, 2010



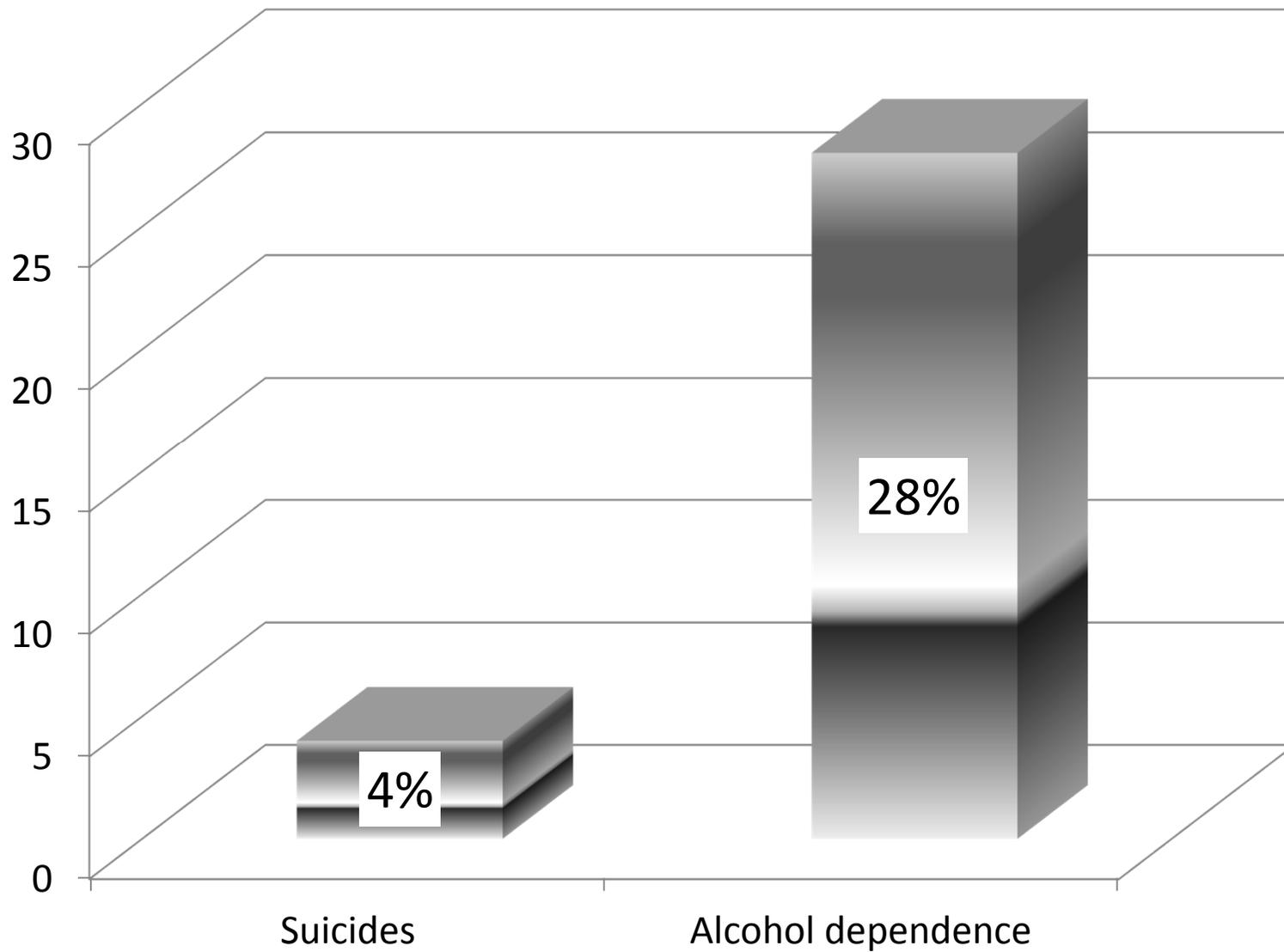
Source: Lim et al 2012

Social costs due to alcohol EU 2010 (€155 billion)

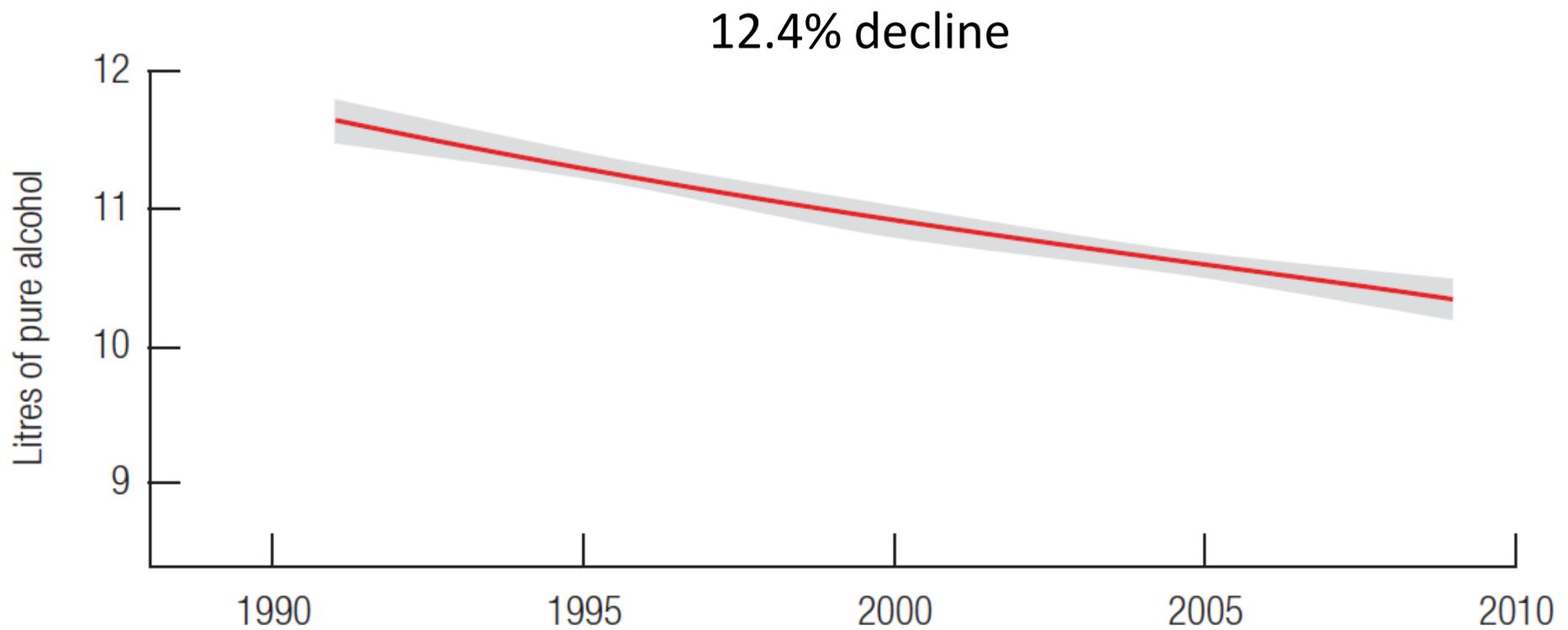


Source: Rehm et al 2012

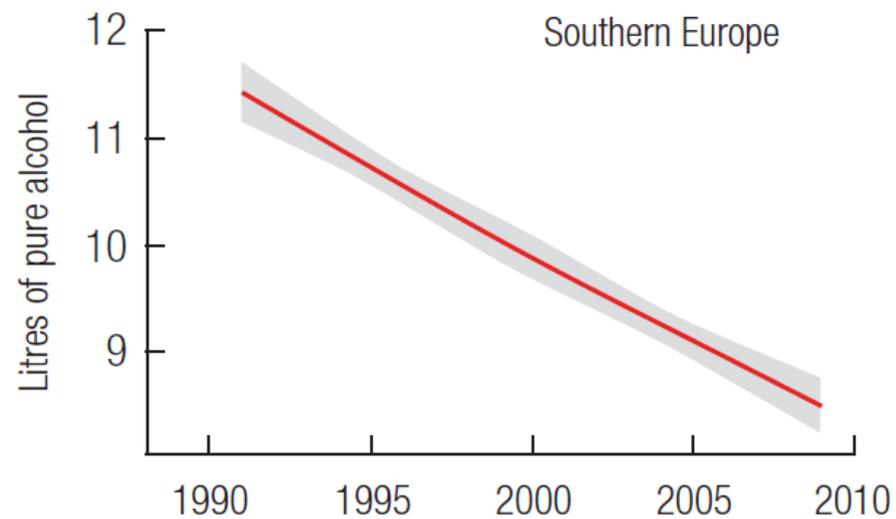
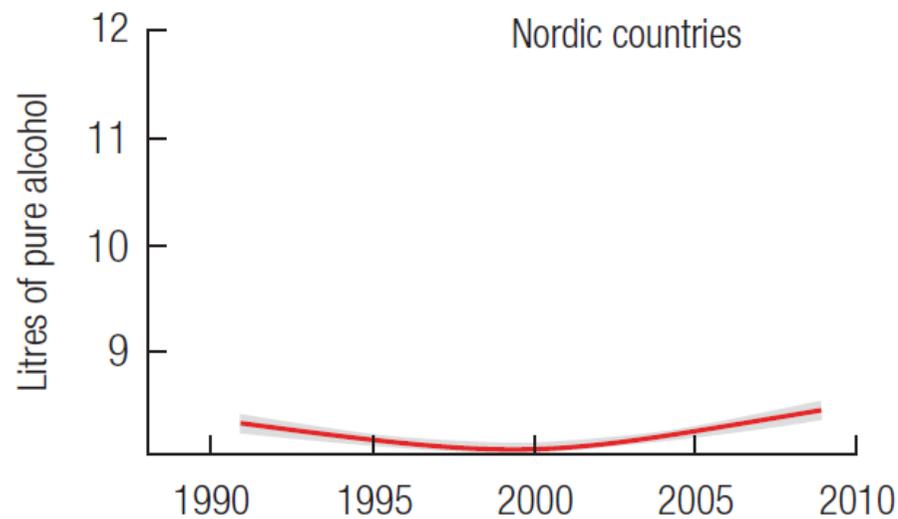
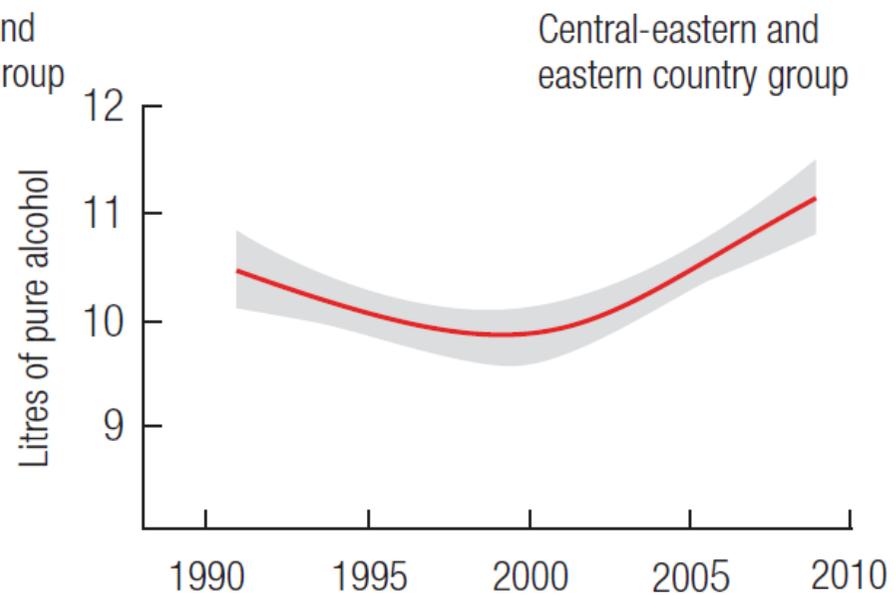
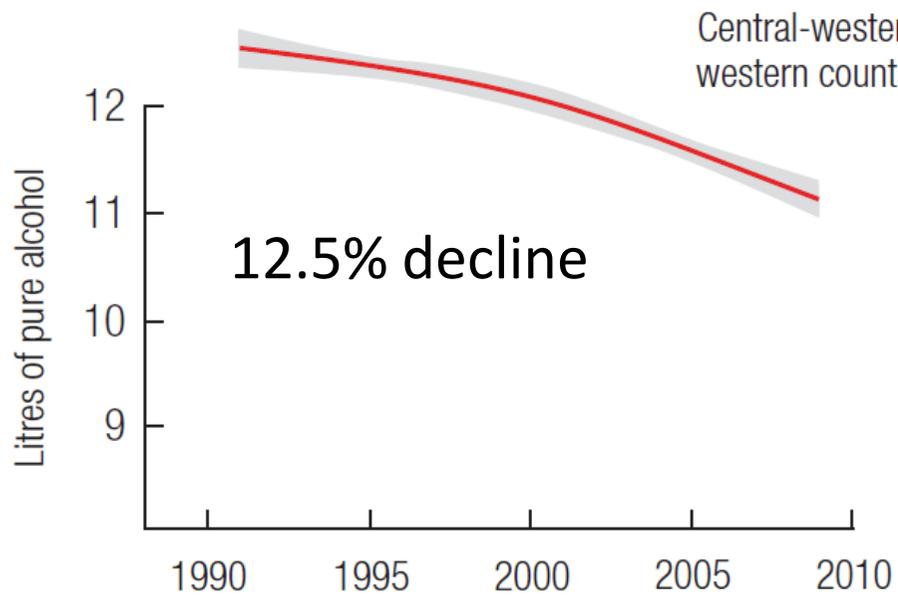
Associations of a more than 3% rise in unemployment with death rates, EU, 1970-2007



Source: Stuckler et al 2009



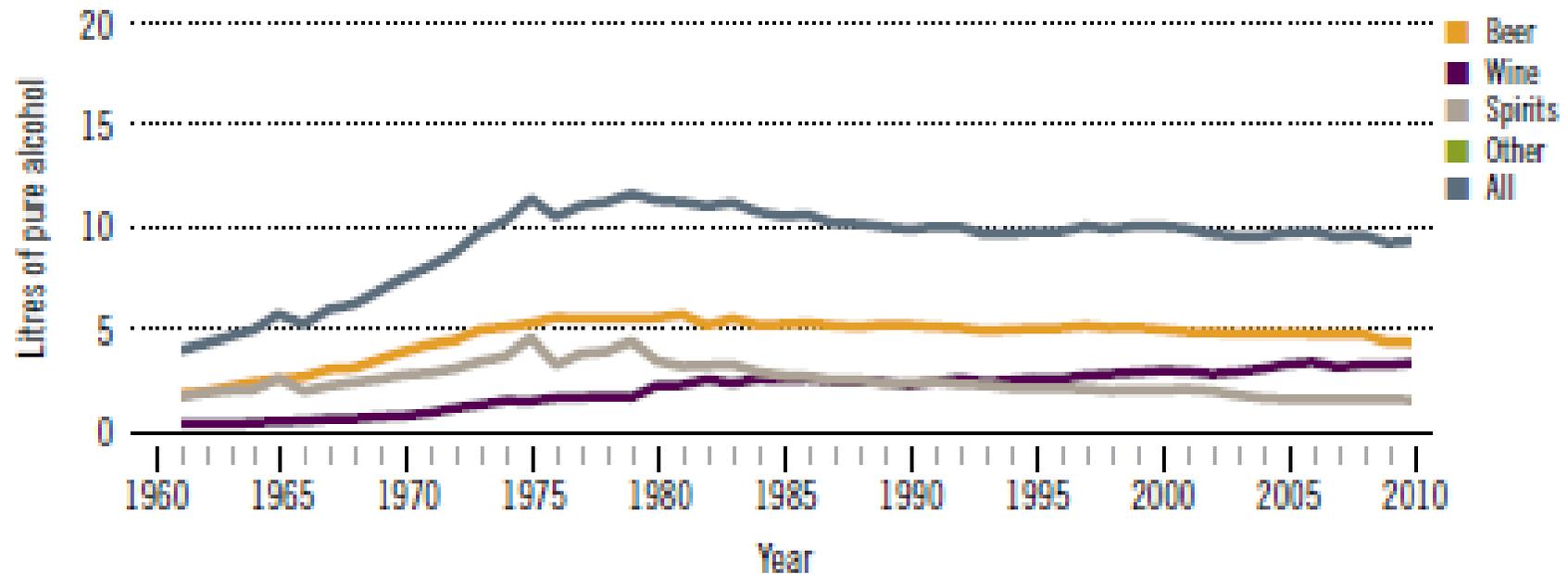
Trends in adult per capita consumption, EU, Croatia, Norway and Switzerland, 1990-2010



ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

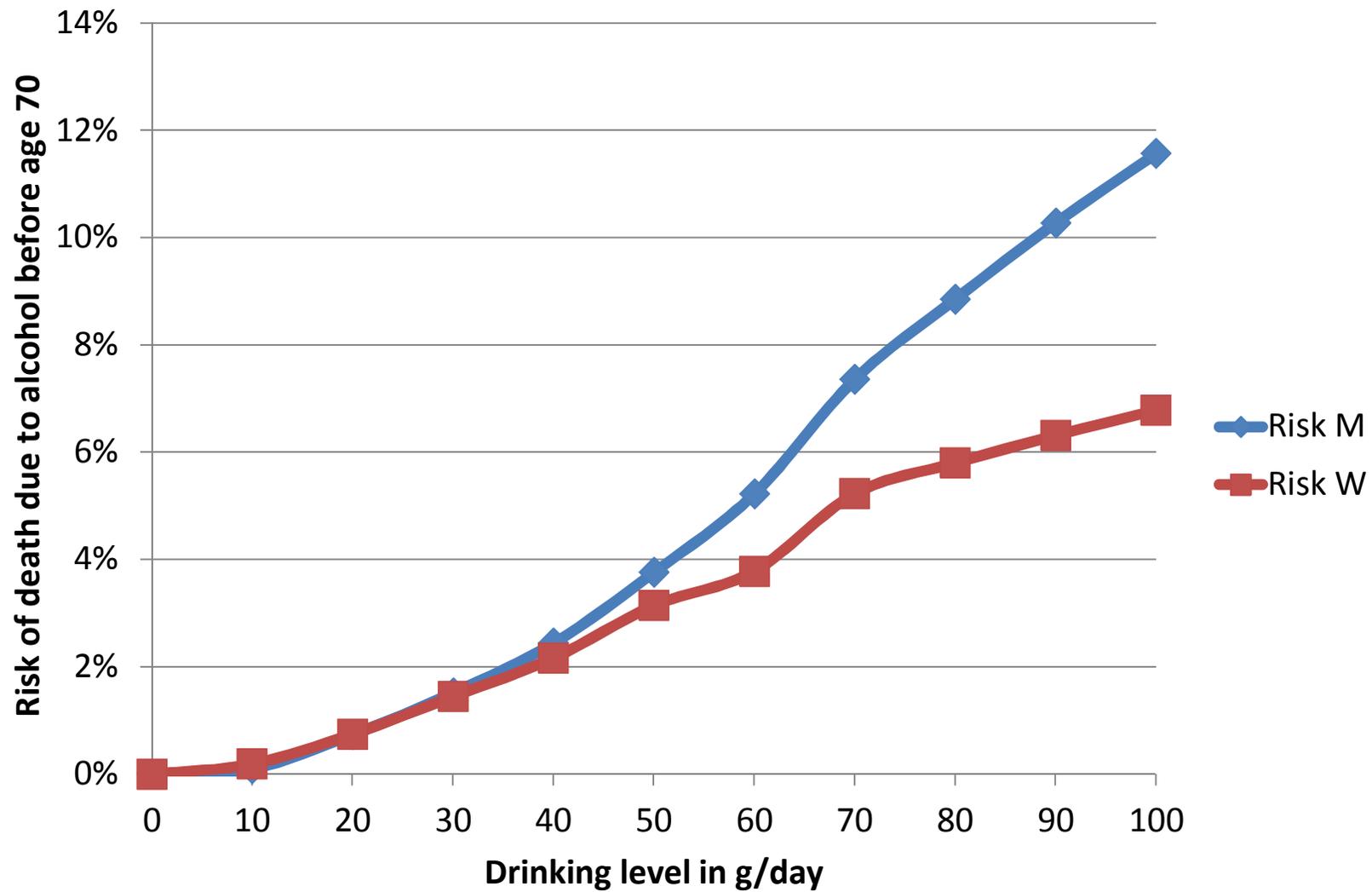
Recorded alcohol per capita (15+) consumption, 1961–2010

Data refer to litres of pure alcohol per capita (15+).



Trends in adult per capita consumption,
Netherlands, 1961-2020.

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Risk of dying prematurely (up to age 70) due to alcohol consumption in European Union

Source: Rehm 2014

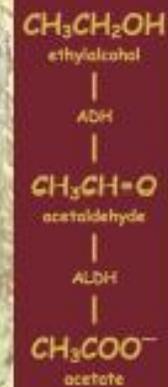
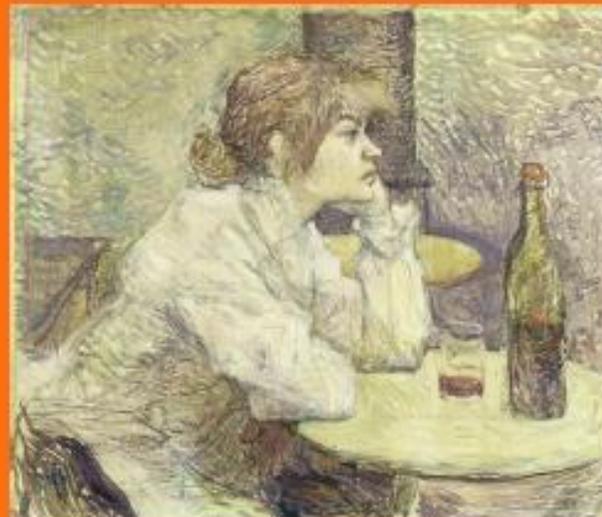
WORLD HEALTH ORGANIZATION
INTERNATIONAL AGENCY FOR RESEARCH ON CANCER



*IARC Monographs on the Evaluation of
Carcinogenic Risks to Humans*

VOLUME 96

Alcohol Consumption and
Ethyl Carbamate

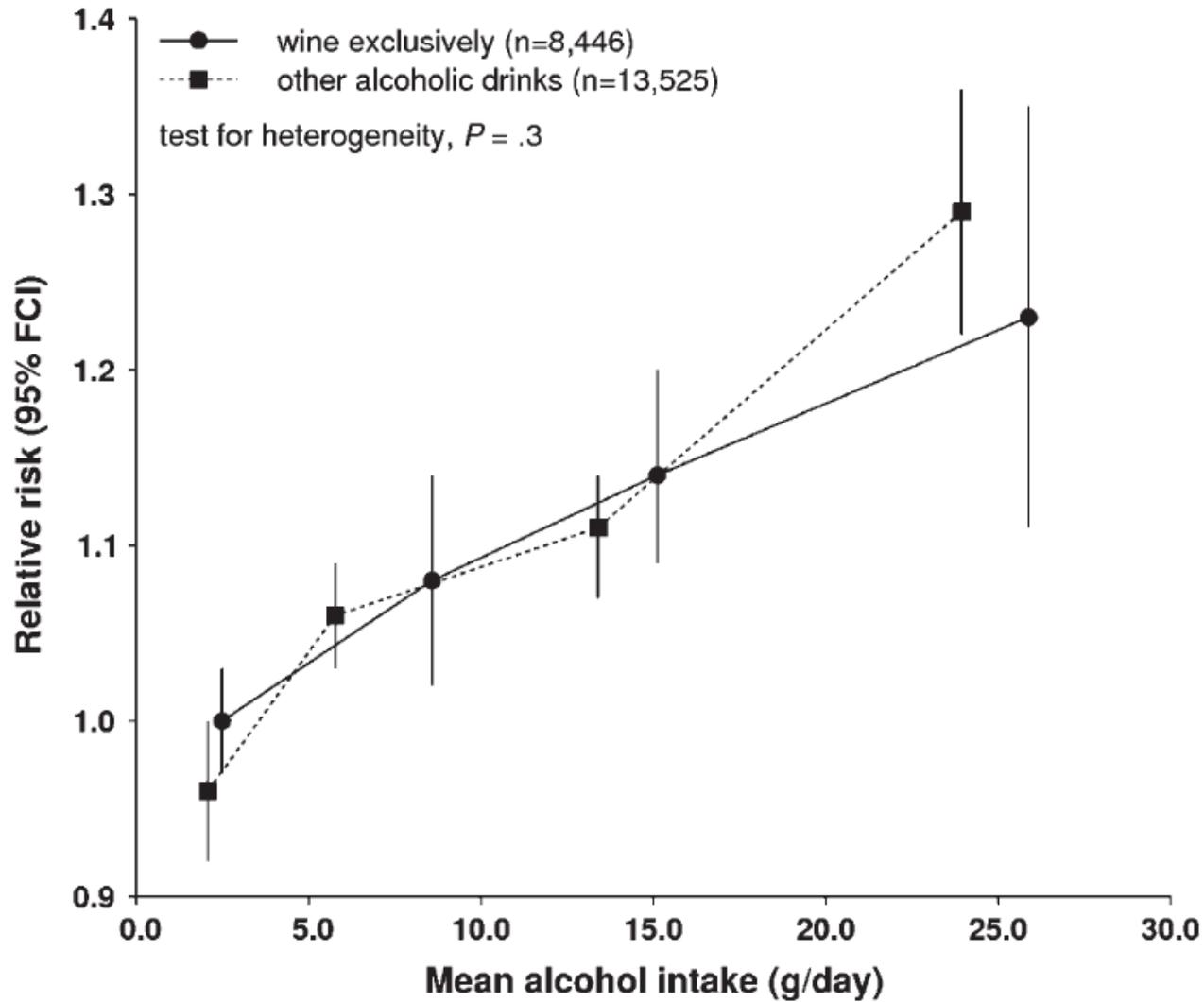


LYON, FRANCE
2010

International Agency for Research on Cancer:

Alcohol is a causal agent for cancers of:

- Oral cavity, pharynx, and larynx
- Oesophagus
- Liver
- Colon
- Rectum
- Breast

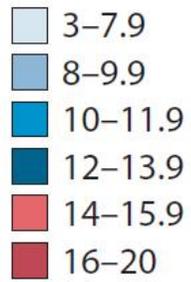


Relative risk of breast cancer by alcohol consumption

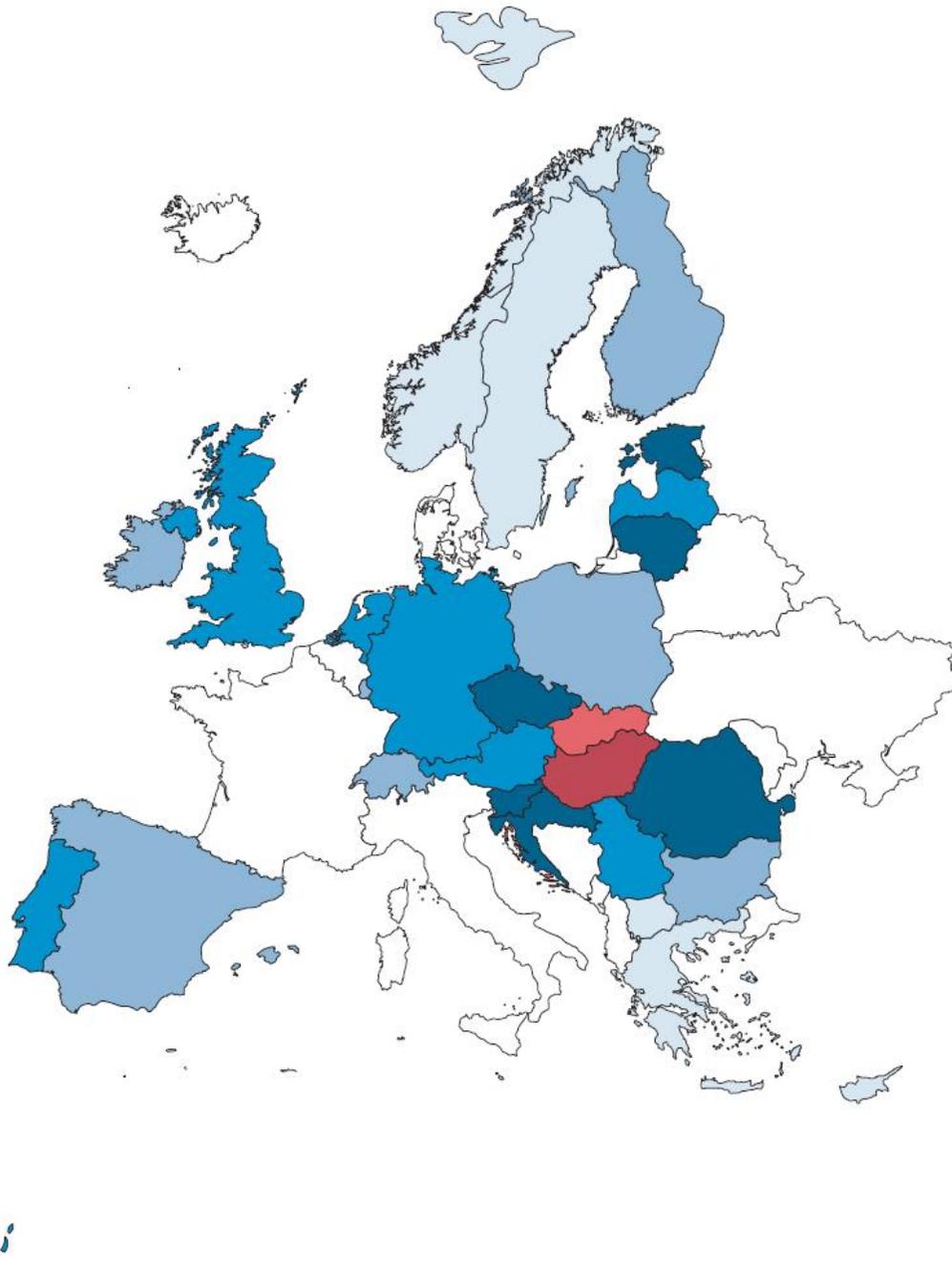
Source: Allen et al 2009

4% of all male cancer deaths and
3% of all female cancer deaths in
EU are due to alcohol

Alcohol-attributable
cancer deaths
per 100 000 people



No data
available



- The Margin of Exposure (MOE) compares a toxic threshold of a substance with the exposure of the substance.
- The European Food Safety Authority judges MOEs for carcinogens above 1,000 as low priority for public health when based on human data.
- This means that provided that the dose consumed is 1,000 times less than the toxic threshold, this is acceptable for public health exposure (it does not mean that the consumption is completely safe).

The toxic threshold of alcohol for human cancer is about 50g alcohol (5 drinks a day). [This is based on animal studies in which 10% develop cancer from the equivalent dose].

Using European Food Safety Authority guidelines on exposure to carcinogens in food and drinks, exposure should be no more than one thousandth the toxic dose, which works out at 50mg ethanol a day, about 20g alcohol (2 drinks) a year.

EU adults who drink alcohol on average consume about 30g (3 drinks) a day, 600 times more than the exposure level set by the European Food Safety Authority guidelines.



EnjoyHeinekenResponsibly

Established 1847

VINEYARD CREEK



- vintage 2006 -

SHIRAZ

13% alc./vol
130 ml alc./litre

750 ml



5 010106 113127 >

per 125ml

KCal
85

ALCOHOL INCREASES THE RISK OF BREAST CANCER

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The impact of alcohol marketing in digital media on subsequent youth alcohol consumption was studied amongst 6,651 students with a mean age of 14 years from Germany, Italy, the Netherlands and Poland in a longitudinal setting.

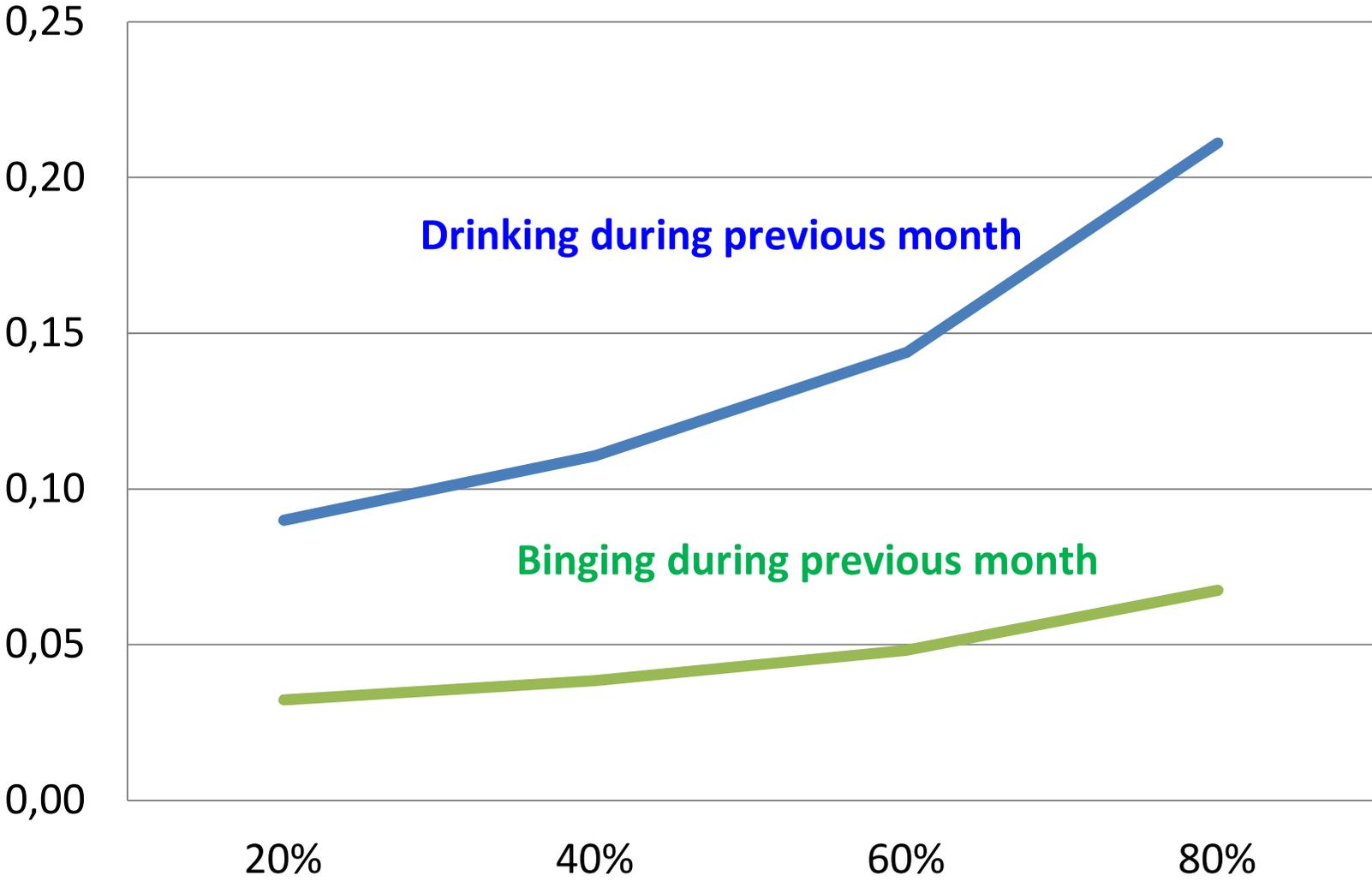


Source: De Bruijn et al 2014

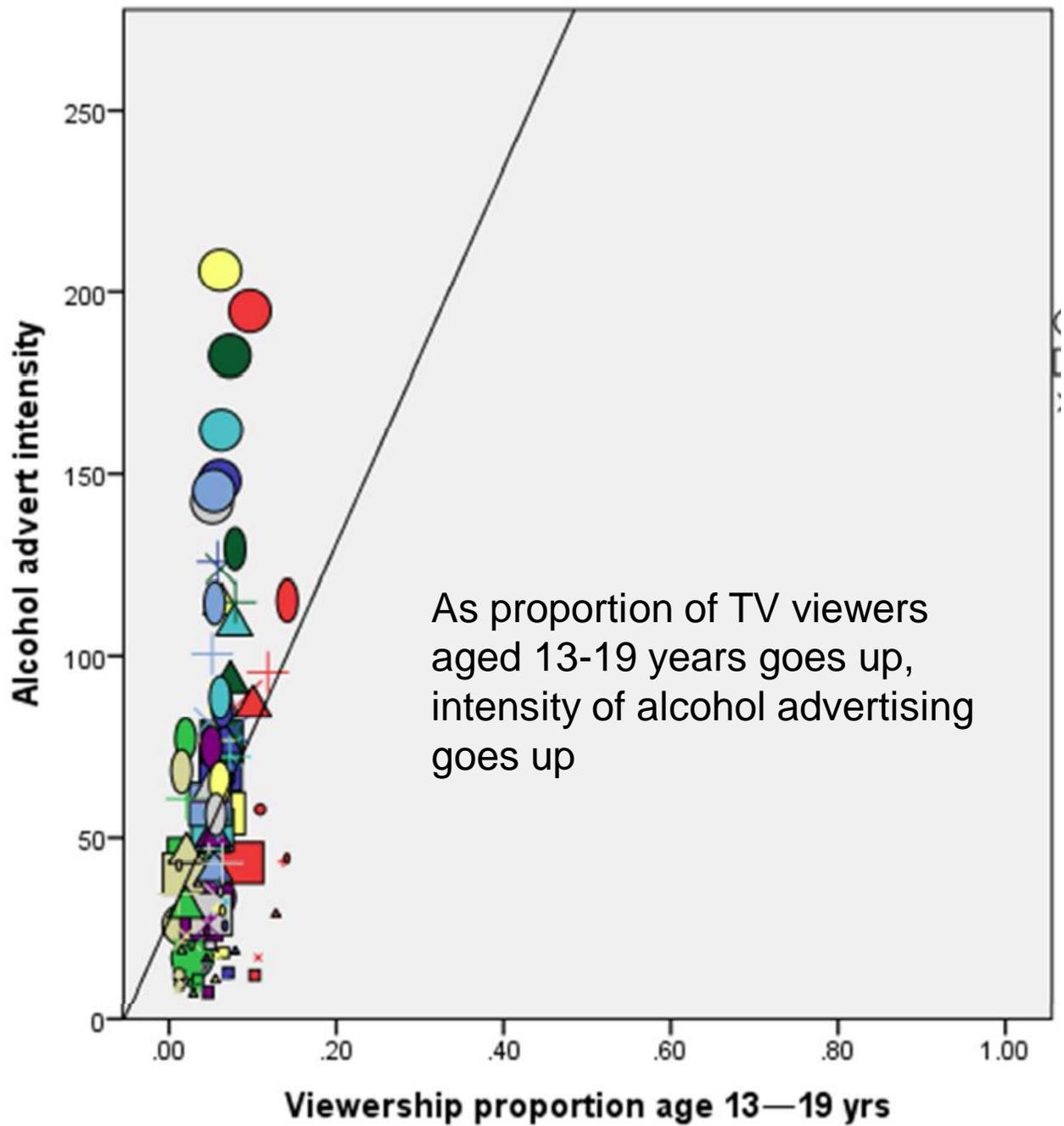
Nearly one third of students reported using a social media site which contained alcohol advertisements, and two thirds reported noticing alcohol advertisements on an internet page.

In the Netherlands, exposure to high levels of alcohol marketing compared to low levels of exposure increases the relative chance of recent drinking by 58% 14 months later, and the relative chance of recent binge drinking by 52% 14 months later.

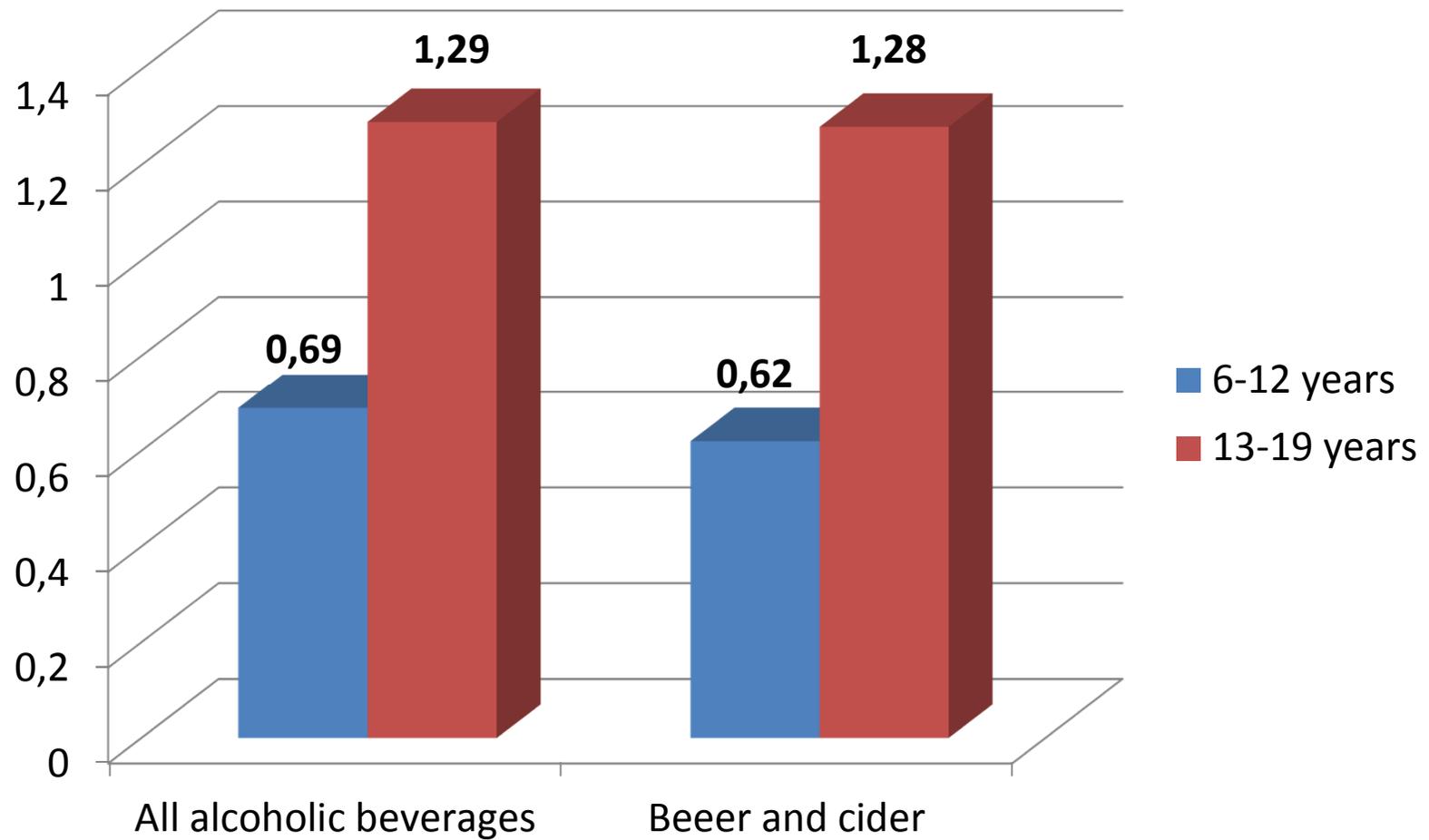
Impact of marketing on young people's drinking in Netherlands



Source: De Bruijn et al 2014



Incidence rate ratios for being exposed to alcohol adverts compared with adults by age group, NET



Advertising (EU) : Finland in 2015

Alcohol advertising with

digital games and gaming apps in consoles, tablets and mobile phones will be **banned**

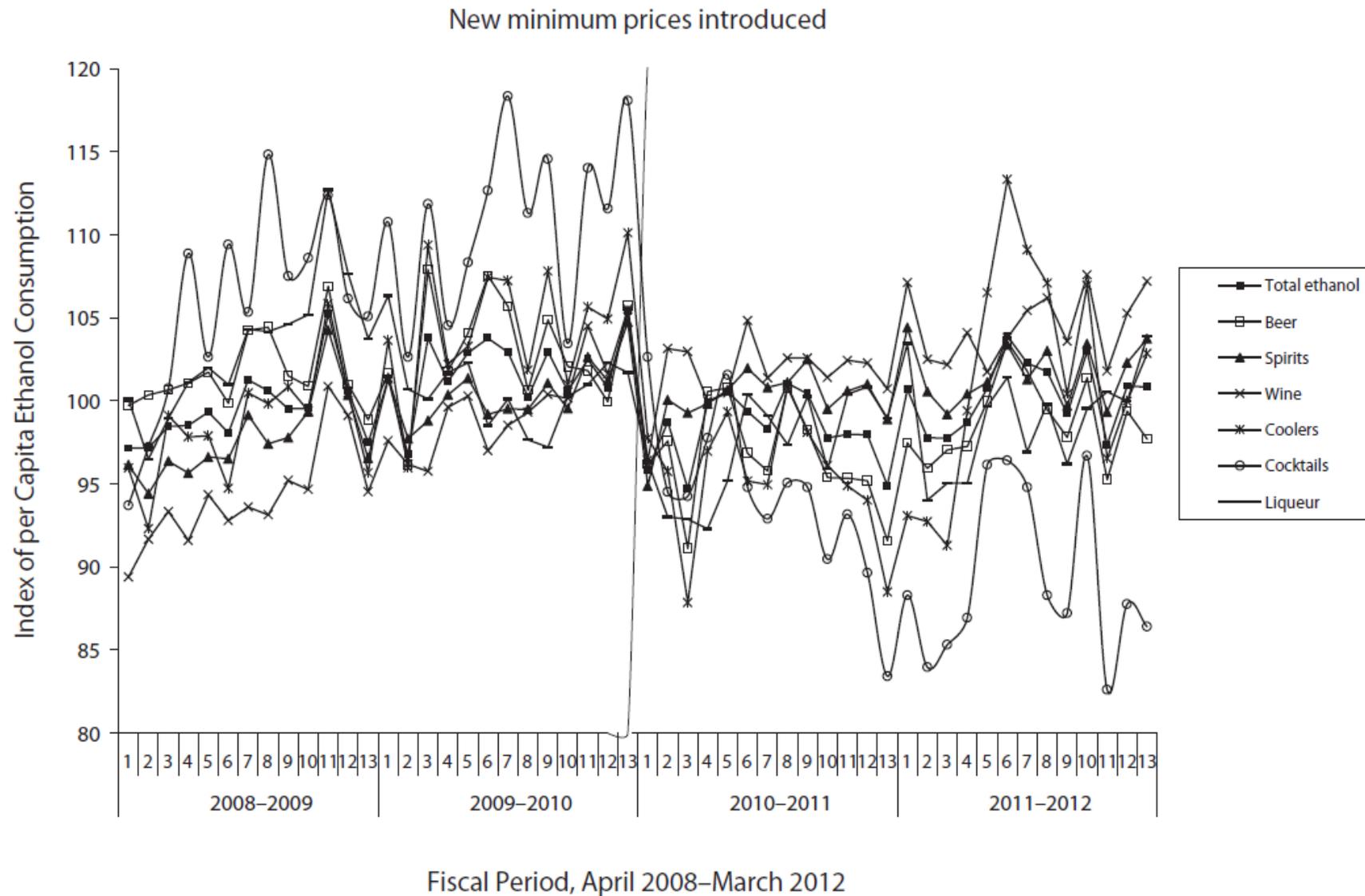
product placement in video games will be **banned**

all kinds of competitions and prizes (both online and offline) will be **banned** (“Like us and win tickets to the next match/concert”)

allowing people sharing their stories, photos or videos in official company pages will be **banned**

producing and making available viral marketing (videos) intended to be shared online will be **banned**

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Impact of 10% increase in minimum price of alcohol in Saskatchewan, Canada

Source: Stockwell et al 2012

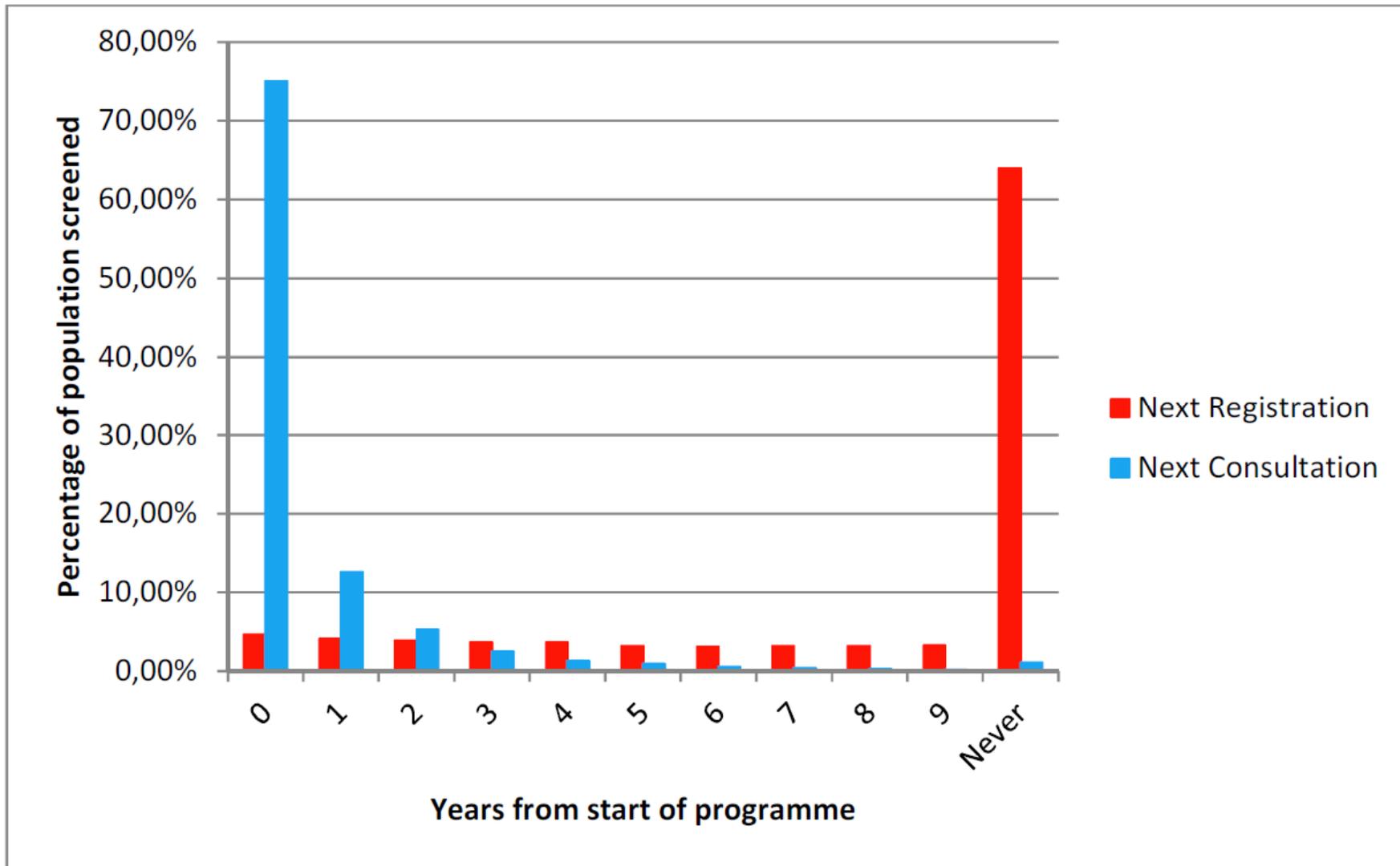
A study in British Columbia in Canada found that a 10% increase in the minimum price of alcohol led to a 3% decrease in acute alcohol caused deaths and a 8% decrease in chronic alcohol caused deaths.

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- Across the EU, commonly, less than 5% of those who could benefit are offered screening and advice in primary health care settings.

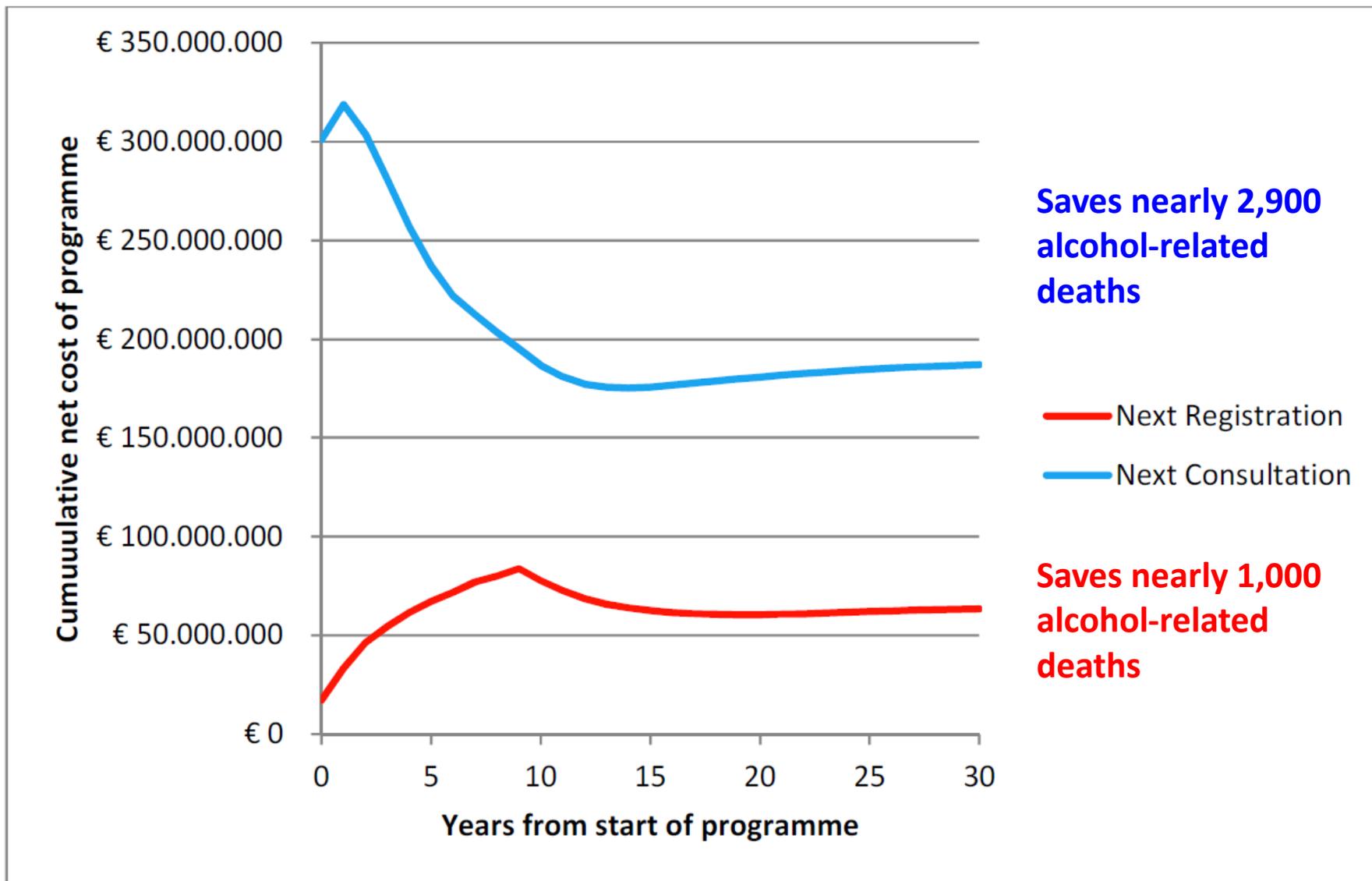
Figure 4.2 - Population coverage of modelled screening programmes

[Netherlands]



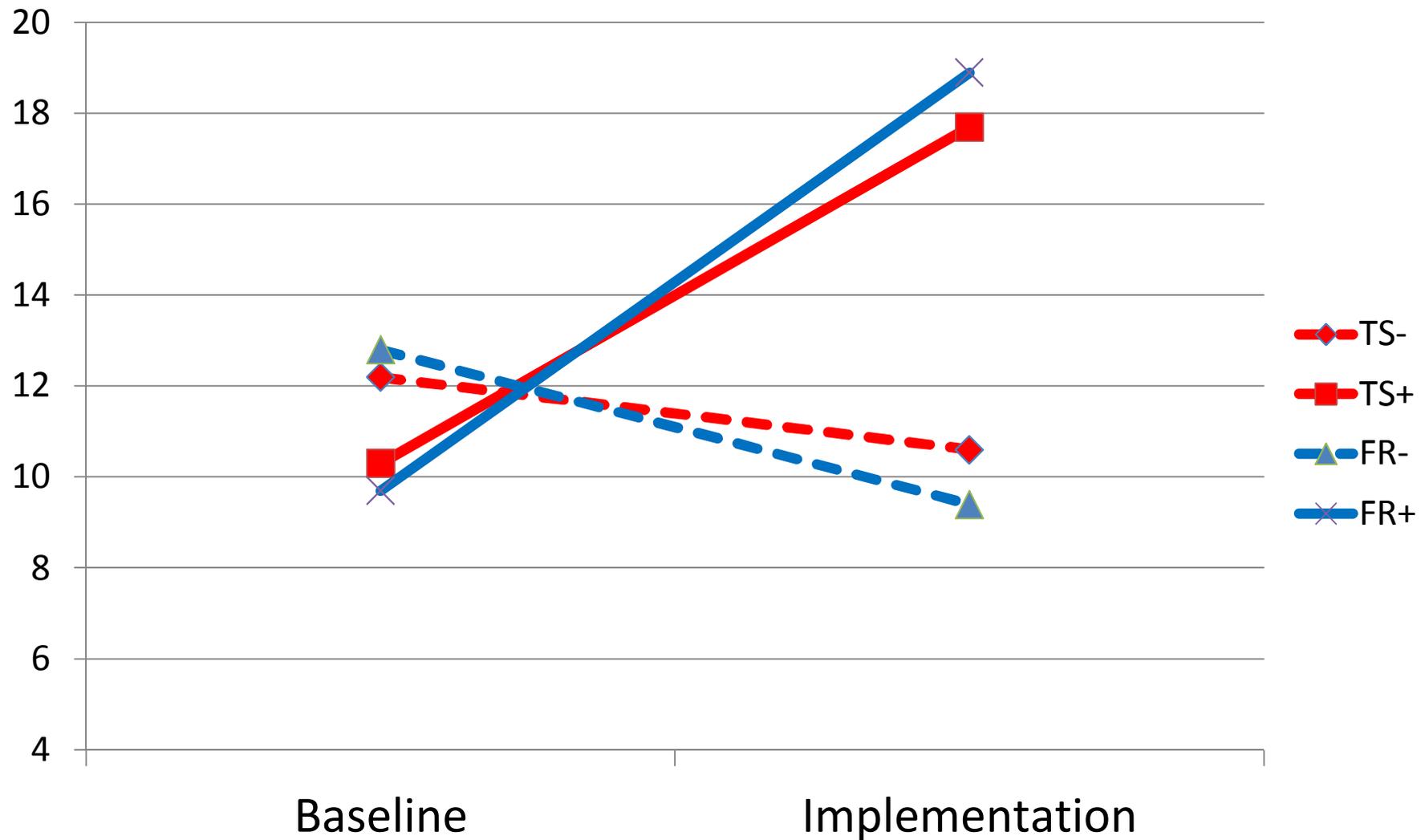
Source: Angus et al 2014

Figure 4.4 - Cumulative net costs of modelled screening programmes (implementation costs and cost savings to healthcare provider) [Netherlands]



Source: Angus et al 2014

Impact of training and support and financial reimbursement on number of heavy drinking patients (per 1,000 consultations) given brief advice in 5 EU countries



Source: Anderson et al 2014

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FEATURE

ALCOHOL AND PUBLIC HEALTH

Under the influence: 1. False dawn for minimum unit pricing

In the first of a series of articles investigating the practices of the alcohol industry, **Jonathan Gornall** reveals its longstanding influence on government policy

“Just how that U turn was achieved is not only a story of the power of lobbying, dubious connections, and the expert dissemination of misinformation. It is also a story of a political system both dependent upon and happy to fraternise with the drinks industry, both outside parliament and within.

How else, for example, could it be seen as acceptable for a serving chancellor of the exchequer to accept the title Beer Drinker of the Year in celebration of his having cut duty on beer, and to pose for a photograph holding a beer named “Pennies from 11,” brewed in his honour?”



FEATURE

ALCOHOL AND PUBLIC HEALTH

Europe under the influence

Carrying on from his investigation into the lobbying activities of the alcohol industry in the UK, **Jonathan Gornall** finds that the industry is using similar tactics to influence Europe's alcohol policy

“Despite these shocking statistics, the European Commission has offered no resistance to the alcohol industry. Worse, under the auspices of its 2007 alcohol strategy it has instead collaborated with industry’s preference for self regulation, building it a voluntary platform from which it can shout loudly about corporate responsibility and voluntary commitments, concepts that have proved largely ineffective in preventing the health harms caused by its products.”

1. Background

Despite the known harms to health, productivity and society, not enough is done – alcohol consumption per person aged 15+ in the Netherlands has stayed more or less static for the last 40 years.

2. Why no mandated warning labels?

Alcohol is a carcinogen - the least we could do is to inform consumers of this through mandated warning labels

3. Why is advertising not banned?

Tobacco advertising is banned. A ban on alcohol advertising would save lives, save money and give a clear message that alcohol is not an ordinary commodity.

4. Why is a minimum price not introduced?

Increasing the price of alcohol saves lives and saves money. Introducing a minimum price per gram of alcohol sold is one of the most effective and robust ways to increase the price of alcohol.

5. Why do GPs not give advice?

There is no excuse - alcohol affects many diseases that GPs have to deal with. Simple programmes of screening and advising save lives, and in some cases, save money.