



## Preventing Alcohol-Related Harm – EU Initiatives **FACT SHEET**

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As harmful and hazardous alcohol consumption can have serious consequences for individuals and the society in terms of complex social problems, public health or economic effects, fighting alcohol-related harm is essential for European countries.

### EU actions to prevent alcohol-related harm

**2001:** Commission Recommendation on the maximum permitted blood alcohol limits (BAC) for drivers of motorized vehicles.

**2001:** the Council adopted a recommendation on the drinking of alcohol by young people, particularly children and adolescents, to discourage the further development of young people's harmful alcohol consumption trends.

**2003-2008:** Community Public Health Programme – specific attention to promoting health through addressing lifestyle related health determinants, with emphasis on alcohol.

**2003-2010:** European Road Safety Action Programme – special focus on improving road users' behaviour, stressing the necessity to discourage alcohol consumption.

**2007:** Partnership cooperation between the Commission and WHO for the creation of a European Information System on Alcohol and Health – to develop and collect data on comparable indicators for monitoring alcohol consumption and related indicators.

## The EU Alcohol Strategy

In 2006, the European Commission adopted a long-awaited comprehensive strategy to support Member States in reducing alcohol-related harm.

**Five priority objectives** were set, aiming to bring added value to the national policies of all Member States:

<p><b>Protect young people, children and the unborn child</b></p>	<p><b>Aim 1:</b> to reduce under-age hazardous and harmful drinking among youngsters  <b>Aim 2:</b> to reduce harm suffered by children in families with alcohol problems  <b>Aim 3:</b> to reduce alcohol exposure during pregnancy, consequently the number of children with FAD</p>
<p><b>Reduce injuries and death from alcohol-related road accidents</b></p>	<p><b>Aim 4:</b> to contribute to reducing alcohol-related road fatalities and injuries</p>
<p><b>Prevent alcohol-related harm among adults and reduce the negative impact on the workplace</b></p>	<p><b>Aim 5:</b> to decrease alcohol-related chronic physical and mental disorders  <b>Aim 6:</b> to decrease the number of alcohol-related deaths  <b>Aim 7:</b> to provide information to consumers to make informed choices  <b>Aim 8:</b> to contribute to the reduction of alcohol-related harm at the workplace, and promote related actions</p>
<p><b>Inform, educate and raise awareness on the impact of harmful and hazardous alcohol consumption, and on appropriate consumption patterns</b></p>	<p><b>Aim 9:</b> to increase EU citizens' awareness of the impact of harmful and hazardous alcohol consumption on health, especially the impact of alcohol on the foetus, on under-age drinkers, on working and on driving performance</p>
<p><b>Develop and maintain a common evidence base at EU level</b></p>	<p><b>Aim 10:</b> to obtain comparable information on alcohol consumption, especially on young people; definitions on harmful and hazardous consumption, on drinking patterns, on the social and health effects of alcohol; and information on the impact of alcohol policy measures and of alcohol consumption on productivity and economic development  <b>Aim 11:</b> to evaluate the impact of initiatives taken on the basis of this Communication</p>

**Source:** Commission Communication: *an EU strategy to support Member States in reducing alcohol related harm* (2006)

**The structure that ensures and supports the implementation of the EU Alcohol Strategy at local, national and EU level consist of three pillars:**

## 1. The European Alcohol and Health Forum

The Forum's objective is to provide a platform for experts from different stakeholder organisations (NGOs, economic operators) and representatives from Member States, EU institutions and agencies who are willing to facilitate and monitor the implementation of the EU Alcohol strategy. It meets twice every year and currently has 61 members.

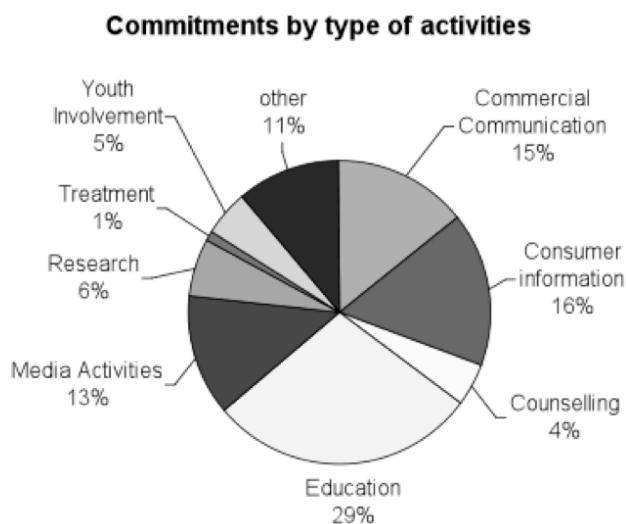
The **priority actions** for reducing alcohol-related harm stated in the Charter establishing the European Alcohol and Health Forum are:

1. Strategies aimed at curbing under-age drinking;
2. Information and education programmes on the effect of harmful drinking and on responsible consumption patterns;
3. Possible development of efficient common approaches throughout the Community to provide adequate consumer information;
4. Actions to better enforce age limits for selling and serving alcohol;
5. Interventions promoting effective behavioural change among children and adolescents;
6. Cooperation to promote responsibility and prevent irresponsible commercial communication and sales.

Forum members make **public personalised commitments** to develop concrete action plans targeted at reducing alcohol-related harm.

*Examples of commitments mentioned in the First Progress Report on the Implementation of the EU Alcohol Strategy (2009):*

- Self-help trainings for Europeans on healthy lifestyles, with a particular focus on alcohol (ReLeaf)
- *European Alcohol Data Map*: a compilation of trans-European surveys, which include questions on alcohol consumption and related matters (Institute of Alcohol Studies).



**Source:** EU 2009 Alcohol Forum Report, p. 21

The Forum can have two task forces active at the same time. Current task forces are *Marketing Communication* and *Youth-Specific aspects of Alcohol*.

## 2. The Committee on National Alcohol Policy and Action

The CNAPA's purpose is to ensure the coordination between alcohol policies at national and EU level, and to contribute to further policy development in tackling alcohol-related harm. Reviewing relevant national and regional policy developments is also part of its role, as well as the identification and dissemination of best practices across the EU. The CNAPA is composed of MS delegates appointed by their Governments.

## 3. The Committee on Alcohol Data, Indicators and Definitions

This Committee was established to ensure that alcohol-related indicators and definitions are comparable, regularly updated, jointly agreed upon and reliable, thus offering an accurate surveillance of the status and trends of alcohol consumption and connected harm.

**Examples of concrete results** mentioned in the First Progress Report on the Implementation of the EU Alcohol Strategy:

- The minimum age for selling/ serving alcohol beverages was raised in Malta from 16 to 17 years and in France to 18. More than half of the MS have set this limit to at least 18 years.
- Tighter restrictions in advertising alcohol: broadcasting times when alcoholic beverages may be advertised are restricted in 16 MS.
- France is the only state that has passed a bill to introduce a mandatory warning on adverse effects of alcohol consumption during pregnancy.
- 2009's Danish campaign "When mother and father drink" and Finnish campaign "In the company of children" raise awareness about the adverse influence of alcohol on children because of adults' alcohol use.
- 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). Road deaths have declined from 54,000 people killed in 2001 to 39,000 deaths in 2008.

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