



Preventing Alcohol-Related Harm – WHO Initiatives FACT SHEET

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“The impact of the harmful use of alcohol on others besides the drinker is a very strong argument for taking effective action to reduce the burden of alcohol problems” (WHO, 2006, p.1).

Tackling Alcohol-Related Harm

The World Health Organisation (WHO) Regional Office for Europe has promoted an evidence-based approach to alcohol policies since the 70's, and has sponsored numerous reviews and supporting material to help Member States in developing them.

1992-1999: European Alcohol Action Plan

The WHO Regional Office for Europe was the first to develop a Region-wide action plan to combat the consequences of alcohol consumption, due to the leading position of Europe as an alcohol consumer.

The main ambition of this first European Alcohol Action Plan (EAAP) was to reduce significantly the health-damaging consumption of alcohol in the Member States (MS) through actions aiming at reducing overall alcohol consumption and tackling high-risk behaviour. Each Member State had an outlined action plan covering key areas such as public policies, settings that promote health, primary health care, support systems and international cooperation with a support network provided by the WHO.

Created in 1994, this network consisted of national counterparts and was created with the purpose of exchanging experience, planning and evaluating activities, but most importantly – providing support for actions developed at national and regional levels.

The Action Plan incorporated nine action areas: policies in the MS, consensus with intergovernmental organisations, preventive practices in the alcohol and hospitality

industries, settings that promote health, community action, safer alcohol drinking, healthcare systems, the social welfare system and the criminal justice system.

According to the EAAP 2000-2005, the main results of the implementation on the previous EAAP are:

- Over half of the MS developed a country alcohol action plan that was implemented with the support of a coordinating body.
- Successful legislative measures including stricter rules on alcohol marketing, tax increases, stricter drink-driving regulations were adopted.
- Young people and young drink drivers were the main target of the programmes.
- Per capita consumption decreased by more than 25% in Italy, Poland and Spain. However, 11 countries had higher values than in 1992.

1995: European Charter on Alcohol

Member States adopted the Charter in 1995 at the WHO European Conference on Health, Society and Alcohol in Paris. The Charter encourages the development of comprehensive national policies adapted to the differing socio-cultural, legal and economic environments of each state.

According to the Charter, this should be done by implementing five ethical principles and goals promoting and protecting the health and well-being of people:

1. All people have the right to a family, community and working life protected from accidents, violence and other negative consequences of alcohol consumption.
2. All people have the right to valid impartial information and education, starting early in life, on the consequences of alcohol consumption on health, the family and society.
3. All children and adolescents have the right to grow up in an environment protected from the negative consequences of alcohol consumption and, to the extent possible, from the promotion of alcoholic beverages.
4. All people with hazardous or harmful alcohol consumption and members of their families have the right to accessible treatment and care.
5. All people who do not wish to consume alcohol, or who cannot do so for health or other reasons, have the right to be safeguarded from pressures to drink and be supported in their non-drinking behaviour.

1998: Health 21

Health 21 is a health-for-all policy framework for the 21st Century, based on the idea that health is a fundamental human right, as well as a precondition for well-being and quality of life. The overall objective being to achieve full health potential for all, the

framework laid out 21 targets to improve health in Member States.

The 12th target, *Reducing harm from alcohol, drugs and tobacco*, envisions the significant reduction of adverse health effects from the consumption of addictive substances such as tobacco, alcohol and psychoactive in all MS by the year 2015.

2000-2005: European Alcohol Action Plan

In 1999, the WHO Regional Office for Europe discussed the possibility and necessity to develop another Action Plan to prevent the increase of alcohol-related harm.

The overall objectives of the new European Alcohol Action Plan were to:

- generate greater awareness of, provide education in, and build up support for public health policies for the prevention of alcohol-related harm;
- reduce the risk of alcohol-related problems that may occur in a variety of settings such as at home, at the workplace, in community or drinking environment;
- reduce both the breadth and depth of alcohol-related harm such as fatalities, accidents, violence, child abuse and neglect, and family crises;
- provide accessible and effective treatment for people with hazardous and harmful alcohol consumption and those with alcohol dependence;
- provide greater protection from the pressures to drink for children, young people and those who choose not to drink alcohol.

The WHO Regional Office for Europe had an active role in supporting the Action Plan in five key areas:

- advocate the protection of health and identify alcohol-related policies and practices that harm health;
- provide a focus for information on health through its alcohol-related monitoring and evaluation systems and cooperate with its major partners such as the European Commission;
- give support to Member States in the development of effective alcohol policies, using its research and science base;
- provide evidence-based tools and guidelines for turning alcohol policies into action;
- provide leadership, technical support and coordinated action through collaborative networks across Europe.

2001: The Stockholm Declaration on Young People and Alcohol

The Stockholm Declaration was endorsed at the Regional Committee in Madrid in September 2001 and is complementary to the European Charter on Alcohol (it reaffirms its principles) and the second European Alcohol Action Plan by putting an

emphasis on the need for special measures to target youth.

WHO's EAAP 2000-2005 identified the need to provide supportive environments at home, in educational institutions, at the workplace and in local communities, and to protect young people from the pressure to drink, therefore reducing alcohol-related harm. Young people are more vulnerable to harm caused by alcohol compared to other age groups.

The declaration set out a set of targets that should have been achieved by 2006 (for example to reduce the number of young people who start drinking alcohol, to reduce the pressure to drink in relation to marketing activities, to ensure/ increase the access to counseling, etc.). These targets had to be reached through a mix of effective alcohol policy measures in four areas:

- Providing protection
- Promoting education
- Supporting environments
- Reducing harm

2002: European Alcohol Information System

The European Alcohol Information System was established to collect, analyze and distribute alcohol-related information that is relevant to the Action Plan. Seven data sets were developed per country as well as comparisons on situations and policies between countries.

Bibliography, References & Links

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- WHO Regional Office for Europe (2001): Declaration on Young People and Alcohol: http://www.euro.who.int/AboutWHO/Policy/20030204_1 [accessed 22 March 2010]
- Further information on the AER Alcohol Peer Reviews is available at: <http://www.aer.eu/main-issues/health/alcohol-prevention/aer-alcohol-peer-reviews.html>