

## Don't bottle out – why the EU needs a comprehensive alcohol strategy

### European Chronic Disease Alliance position on the need for EU action to help Europeans reduce alcohol consumption

#### Overview

The European region has the highest rate of alcohol consumption in the world. A range of national and EU policies have been introduced since 1990 to reduce consumption but these efforts have not been comprehensive. In the 1990s the first EU interventions on alcohol focused on excise taxes. The EU has also introduced legislation to restrict television advertising of alcohol to children but a proposal to introduce health information labeling on alcohol products was rejected by the European Parliament in 2011. In 2006, the EU launched an Alcohol Strategy aimed at fostering the coordination of actions led by national governments and other relevant stakeholders to reduce alcohol-related harm in the EU. The strategy expired in 2012 and was replaced in 2014 by a more limited action plan that will run until the end of 2016.

**The European Chronic Disease Alliance (ECDA) calls on the EU to take comprehensive action to help Europeans reduce their alcohol consumption without any further delay.**

The harmful and hazardous use of alcohol has a major impact on public health as it leads to over 60 chronic diseases. It also generates outstanding healthcare and social costs related to the treatment of alcohol-related diseases, public order, labour and productivity.

#### I. Introduction: The scale of the problem

The European region is the biggest per capita consumer of alcohol in the world with an average consumption amongst all 15 year olds and older of 10.9 litres of pure alcohol annually. The average consumption per capita for drinkers is 16.8 litres of pure alcohol and for the latter group the prevalence of heavy episodic drinking is 22.9%.<sup>1</sup> In the EU, annual consumption per capita ranges from 5.7 litres in Italy to 16.9 litres in Lithuania.<sup>2</sup>

<sup>1</sup> WHO 4th Global Status Report on NCDs, chapter 2, p. 26:  
[http://apps.who.int/iris/bitstream/10665/148114/1/9789241564854\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/148114/1/9789241564854_eng.pdf?ua=1)

<sup>2</sup> Ibid. P. 27

### *Social burden*

Harmful use of alcohol is responsible for over 60 chronic diseases including several cancers, cardiovascular (CVD), kidney, liver and respiratory disease. It also exacerbates infectious diseases such as viral hepatitis and tuberculosis (TB).

It is estimated that 5.1% of the global burden of disease is caused by harmful alcohol use. CVD, cancer and gastro-intestinal diseases (especially liver cirrhosis) account for over a third of this figure.<sup>3</sup> In the EU, the burden of alcohol-related harm is much higher. In 2004 13.9% (95,000) of all premature deaths in men and 7.7% (25,000) of premature deaths in women were due to harmful alcohol consumption.<sup>4</sup> Alcohol was also responsible for 15% of all DALYs (Disability Adjusted Life Years) in men and 4% of all DALYs in women.<sup>5</sup> Premature death rates have traditionally been highest in south-eastern and central Europe but the past decade has seen a stark increase in liver cirrhosis rates in other parts of the EU notably the UK and Ireland.

Almost all the harm from alcohol is caused by heavy drinking, defined as drinking at least 60g of alcohol per day for men and 40g per day for women.<sup>6</sup>

A standard drink measurement is defined as 10g of alcohol in most EU countries. However, the real number of drinks consumed in one serving will depend on the alcohol by volume and the actual size of the measure.

Type of alcohol	Alcohol by volume	Amount	Grammes of alcohol	How many (10 g of alcohol) drinks?
Light beer	3%	330ml can	7.8	0.8
Beer	5%	330ml can	13	1.3
White wine	12%	125 ml glass	11.8	1.2
White wine	12%	Half a bottle (375ml)	35.5	3.5
Red wine	13.5%	125 ml glass	13.3	1.3
Red wine	13.5%	Half a bottle (375ml)	39.9	4
Vodka	40%	50 ml shot	15.8	1.6
Whisky	43%	50 ml shot	17	1.7

<sup>3</sup> Ibid. P 23

<sup>4</sup> Rehm J et al, Alcohol Policy in Europe, chapter 2, AMPHORA project [http://amphoraproject.net/w2box/data/e-book/Chapter%2020-%20AM\\_E-BOOK\\_2nd%20edition%20-%20July%202013.pdf](http://amphoraproject.net/w2box/data/e-book/Chapter%2020-%20AM_E-BOOK_2nd%20edition%20-%20July%202013.pdf)

<sup>5</sup> Ibid.

<sup>6</sup> Rehm J, Shield K, Rehm M et al. (2012b) *Alcohol consumption, alcohol dependence, and attributable burden of disease in Europe: potential gains from effective interventions for alcohol dependence*. Toronto, ON: Centre for Addiction and Mental Health.

It has been suggested that there are some beneficial effects from the consumption of alcohol at low levels, particularly with respect to the prevention of ischemic heart disease<sup>7</sup> and the risk of developing chronic kidney disease.<sup>8</sup> However, the adverse effects of alcohol consumption substantially outweigh any benefits. Premature deaths from alcohol-attributable cancers alone outweigh all the benefits of alcohol consumption for ischemic heart disease, stroke and diabetes.<sup>9</sup>

**Table 1. Alcohol-attributable premature deaths in the EU 2004 by sex and main causes**

<b>Detrimental effects</b>	<b>Men #s</b>	<b>Women #s</b>	<b>Men %</b>	<b>Women %</b>
Cancer	17,358	8,668	15.9%	30.7%
Cardiovascular disease (other than Ischemic heart disease)	7,914	3,127	7.2%	11.1%
Mental and neurological disorders	10,868	2,330	9.9%	8.3%
Liver cirrhosis	28,449	10,508	26.0%	37.2%
Unintentional injury	24,912	1,795	22.8%	6.4%
Intentional injury	16,562	1,167	15.1%	4.1%
Other detrimental	3,455	637	3.2%	2.3%
<b>Total detrimental</b>	<b>109,517</b>	<b>28,232</b>	<b>100.0%</b>	<b>100.0%</b>
<b>Beneficial effects</b>				
Ischemic heart disease	14,736	1,800	97.8%	61.1%
Other beneficial	330	1,147	2.2%	38.9%
<b>Total beneficial</b>	<b>15,065</b>	<b>2,947</b>	<b>100.0%</b>	<b>100.0%</b>

Source: AMPHORA project

### *Economic burden*

Alcohol-related harm is extremely costly for the EU and Member State economies. The most recent estimate from 2006 suggested that harmful alcohol consumption costs the EU economy between €125 billion and €155 billion in tangible costs each year.<sup>10</sup> These include the treatment of alcohol-related disease, lost working years and production and social costs comprising social welfare payments and policing costs. This is more than the total projected annual benefit of €120 billion for the EU economy from the proposed Transatlantic Trade

<sup>7</sup> BHF 20 January 2015 Researchers explore Link Between Heart Failure and Alcohol Consumption <https://www.bhf.org.uk/news-from-the-bhf/news-archive/2015/january/alcohol-and-heart-failure>

<sup>8</sup> Koning SH, Gansevoort RT, Mukamal KJ, Rimm EB, Bakker SJ, Joosten MM; PREVEND Study Group. Alcohol consumption is inversely associated with the risk of developing chronic kidney disease ; *Kidney Int* doi:10.1038/ki.2014.414, January 15th, 2015 (advanced access)

<sup>9</sup> See Rehm J et al, footnote 4

<sup>10</sup>Alcohol in Europe a public health perspective: [http://ec.europa.eu/health/archive/ph\\_determinants/life\\_style/alcohol/documents/alcohol\\_europe\\_en.pdf](http://ec.europa.eu/health/archive/ph_determinants/life_style/alcohol/documents/alcohol_europe_en.pdf)

and Investment Partnership.<sup>11</sup> Further intangible costs, such as pain and suffering, were estimated to be €270 billion annually.<sup>12</sup>

These costs exceed Member State tax receipts from alcohol products and the contribution of the alcohol export industry to the EU economy.<sup>13</sup> In 2013 the contribution to the EU's net trade balance from the export of spirits from the EU was €8.9 billion. Wine exports contribute €6.4 billion and beer exports €3 billion annually. According to a 2010 study of the EU alcohol market commissioned by DG TAXUD total duty receipts in the EU27 amounted to €30.6 billion in 2007.<sup>14</sup>

## II. Current EU regulatory and soft policies on alcohol

*“Alcohol policies still do not reflect the gravity of the health, social and economic harm resulting from the harmful use of alcohol; they fail to be properly integrated within overall health, social and development policies; and they fail to provide adequate capacity to ensure policy coherence and “joined-up” action between different government departments and sectors and at all levels of jurisdiction.”*

*WHO European action plan on alcohol 2012-2020*

Research suggests that high prices,<sup>15</sup> restrictions on the advertising of alcohol products and health information measures are effective in reducing consumption. However, despite the disease and social burden of alcohol-related harm, EU action to counter it has been limited.

EU regulation has focused on **excise taxes** as established in Council Directive 92/83/EEC, which defines the different categories of alcohol products, and Council Directive 92/84/EEC, which lays down minimum harmonized excise rates for alcohol.<sup>16</sup> EU Commission efforts to update them in line with inflation and evolving research on consumption patterns have been blocked for many years<sup>17</sup>. In several EU Member States certain products are taxed at zero or near zero rates.<sup>18</sup>

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<sup>11</sup> TTIP The Economic Analysis Explained, EU Commission, September 2013: [http://trade.ec.europa.eu/doclib/docs/2013/september/tradoc\\_151787.pdf](http://trade.ec.europa.eu/doclib/docs/2013/september/tradoc_151787.pdf)

<sup>12</sup> See footnote 11, p. 2

<sup>13</sup> Spirits Europe, June 2014: EUROPEAN SPIRITS MIX A COCKTAIL FOR EXPORT SUCCESS, [WWW.SPIRITS.EU](http://WWW.SPIRITS.EU); COMITE EUROPEENS DES ENTREPRISES VINS, [HTTP://CEEV.EU/IMAGES/CEEV\\_PRESS\\_RELEASE\\_TRADE\\_POLICY\\_031013\\_FINAL.PDF](http://CEEV.EU/IMAGES/CEEV_PRESS_RELEASE_TRADE_POLICY_031013_FINAL.PDF) BREWERS OF EUROPE DECEMBER 2013, THE CONTRIBUTION OF BEER TO THE EUROPEAN ECONOMY: [HTTP://WWW.EY.COM/PUBLICATION/VWLUASSETS/EY\\_-\\_THE\\_CONTRIBUTION\\_MADE\\_BY\\_BEER\\_TO\\_THE\\_EUROPEAN\\_ECONOMY/\\$FILE/EY-THE-CONTRIBUTION-MADE-BY-BEER-TO-THE-EUROPEAN-ECONOMY.PDF](http://WWW.EY.COM/PUBLICATION/VWLUASSETS/EY_-_THE_CONTRIBUTION_MADE_BY_BEER_TO_THE_EUROPEAN_ECONOMY/$FILE/EY-THE-CONTRIBUTION-MADE-BY-BEER-TO-THE-EUROPEAN-ECONOMY.PDF)

<sup>14</sup> Study analysing possible changes in the minimum rates and structures of excise duties on alcoholic beverages, London Economics, May 2010

[http://ec.europa.eu/taxation\\_customs/resources/documents/common/publications/studies/min\\_rates.pdf](http://ec.europa.eu/taxation_customs/resources/documents/common/publications/studies/min_rates.pdf)

<sup>15</sup> Sassi F et al, OECD Health Working Paper No. 66 The role of fiscal policies on health promotion, December 2013: <http://www.oecd-library.org/docserver/download/5k3twr94kvzx.pdf?expires=1421925565&id=id&acname=guest&checksum=F9E11435E70DEC2E5B02A4E85188CDD4>

<sup>16</sup>

[http://ec.europa.eu/taxation\\_customs/resources/documents/taxation/excise\\_duties/alcoholic\\_beverages/rates/excise\\_duties-part\\_i\\_alcohol\\_en.pdf](http://ec.europa.eu/taxation_customs/resources/documents/taxation/excise_duties/alcoholic_beverages/rates/excise_duties-part_i_alcohol_en.pdf)

<sup>17</sup>

[http://ec.europa.eu/taxation\\_customs/resources/documents/taxation/excise\\_duties/alcoholic\\_beverages/COM\(2006\)486\\_en.pdf](http://ec.europa.eu/taxation_customs/resources/documents/taxation/excise_duties/alcoholic_beverages/COM(2006)486_en.pdf)

<sup>18</sup> See WHO country profiles for more information: <http://www.euro.who.int/en/health-topics/disease-prevention/alcohol-use/country-work/country-profiles>

This impasse has led some countries to introduce higher excise rates and minimum unit pricing of alcohol products.<sup>19</sup> Whilst higher taxes are proven to reduce consumption,<sup>20</sup> **minimum unit pricing (MUP)** appears to be more successful in targeting young people as well as the heaviest drinkers who suffer most of the alcohol-attributable harm. There is little impact on drinkers who may derive some benefit from moderate alcohol consumption.<sup>21</sup> So far, the Scottish government is alone in having introduced MUP in the EU. Its legislation is now being challenged by economic operators and has been referred to the Court of Justice of the EU.<sup>22</sup>

The EU has also enacted limited **restrictions on the advertising** of alcoholic products to minors and young people in Directive 2010/13/EC.<sup>23</sup> However, EU-funded research suggests that the very limited provisions of the directive and other voluntary measures undertaken by economic operators have had little or no impact on reducing alcohol consumption amongst this age group.<sup>24</sup> The EU has the legal remit to enact more legislation on advertising, particularly given the cross-border nature of the alcohol market.

Meanwhile, the EU spent €522 million to support the marketing of wine outside the EU from 2009 to 2013. Despite findings of inappropriate use of funds by the European Court of Auditors<sup>25</sup> this budget line was increased by 121% to €1.15 billion for the period 2014 to 2018. The new programme now permits this marketing subsidy to be used for marketing to EU Member States. The UK, which has seen a 40% increase in liver disease in a decade,<sup>26</sup> is on the list of target countries for promotion.<sup>27</sup>

In 2011, the EU adopted a new food labelling directive. Efforts by some MEPs to introduce amendments requiring **health information labelling** on alcohol products were not successful.<sup>28</sup>

Alongside these regulatory efforts the Commission has also pursued “soft” policy initiatives starting with the **2006-2012 EU Alcohol Strategy** and the establishment of the European Alcohol and Health Forum.<sup>29</sup> The strategy focused on raising awareness of alcohol harm, improving the evidence base, protecting children and the unborn child, workplace drinking and road safety.

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[http://www.shaap.org.uk/images/Scottish\\_Government27s\\_Position\\_on\\_Minimum\\_Unit\\_Pricing\\_of\\_\\_\\_\\_Alcohol.pdf](http://www.shaap.org.uk/images/Scottish_Government27s_Position_on_Minimum_Unit_Pricing_of____Alcohol.pdf)

<sup>20</sup> Anderson P et al, Effectiveness and cost-effectiveness of policies and programmes to reduce the harm caused by alcohol, *The Lancet*, June 2009: [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(09\)60744-3/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(09)60744-3/abstract)

<sup>21</sup> Holmes J et al, Effects of minimum unit pricing for alcohol on different income and socioeconomic groups, *The Lancet*, February 2014: <http://download.thelancet.com/flatcontentassets/pdfs/S0140673613624174.pdf>

<sup>22</sup> Case 333/14, *Scotch Whisky Association v Lord Advocate et al*: <http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:62014CN0333&from=EN>

<sup>23</sup> <http://www.ias.org.uk/Alcohol-knowledge-centre/Marketing/Factsheets/Alcohol-advertising-in-the-European-Union.aspx>

<sup>24</sup> ELSA project 2005-2007 <http://www.stap.nl/elsa/>; AMMIE project: [http://eucam.info/wp-content/uploads/2014/04/ammie-eu-rapport\\_final.pdf](http://eucam.info/wp-content/uploads/2014/04/ammie-eu-rapport_final.pdf)

<sup>25</sup> European Court of Auditors Special Report 09, 1 July 2014; [http://www.eca.europa.eu/Lists/ECADocuments/SR14\\_09/QJAB14005ENC.pdf](http://www.eca.europa.eu/Lists/ECADocuments/SR14_09/QJAB14005ENC.pdf)

<sup>26</sup> All Party Parliamentary Group on Hepatology report on Liver Disease, March 2014: <http://www.ft.com/intl/cms/s/0/982ed0e4-8a1d-11e4-9b5f-00144feabdc0.html>

<sup>27</sup> *Financial Times*, 2 January 2015: <http://www.ft.com/intl/cms/s/0/982ed0e4-8a1d-11e4-9b5f-00144feabdc0.html>

<sup>28</sup> <http://mx1.sarahludfordmep.org.uk/node/574>

<sup>29</sup> <http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52006DC0625&from=EN>

An independent review of the strategy found that it had had some success in coordinating Member State activities across these areas.<sup>30</sup> Public health organisations welcomed the assessment but emphasized that the focus on self-regulation by economic operators had not been successful in reducing alcohol-related harm.<sup>31</sup> They also pointed out that whilst alcohol related harm is responsible for a significant health, economic and social burden in the EU less than 3% of the budget of the second EU health programme and less than 1% of the budget for health research in FP7 were spent on alcohol-related prevention and research projects.

The strategy ended in 2012 and has been replaced by a 2-year action plan focusing on youth and binge drinking<sup>32</sup> despite requests from EU Member States, Members of the European Parliament (MEPs) and public health organisations that a new and more ambitious strategy be developed.<sup>33</sup>

## Conclusion

Alcohol extracts a high toll on the health of EU citizens and the EU economy. It is astonishing that in 2015 a product that costs us so much is still not a priority for meaningful action at EU or national level. In the new era of better regulation, regulating the marketing, pricing and taxation of alcohol products effectively makes sound economic, social and health sense. If it is worth negotiating TTIP to create €120 billion a year, it is worth tackling alcohol-related harm to save thousands of lives and €155 billion a year.

## III. ECDA recommendations

ECDA calls on the EU and its Member States to implement the following policies by 2020:

### EU:

- Adopt a new, comprehensive, EU alcohol strategy (from 2016)
- Enact legislation requiring health information labels on all alcoholic products sold and marketed within the EU
- Prohibit the cross-border advertising of alcohol products within the EU
- Revise directives 92/83/EEC and 92/84/EEC to increase EU alcohol excise rates
- End all EU-funded marketing subsidies for alcohol products
- Provide more Horizon 2020 and public health funding for research into alcohol-related harm
- Adopt and achieve WHO Global NCD target #2: At least (a) 10% relative reduction in the harmful use of alcohol, as appropriate, within the national context.

### Member States

- Adopt, fund and implement national alcohol strategies
- Enact effective minimum unit pricing policies for alcohol products
- Prohibit the advertising of alcohol products on their territory

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<sup>30</sup> [http://ec.europa.eu/health/alcohol/docs/report\\_assessment\\_eu\\_alcohol\\_strategy\\_2012\\_en.pdf](http://ec.europa.eu/health/alcohol/docs/report_assessment_eu_alcohol_strategy_2012_en.pdf)

<sup>31</sup> [http://www.eurocare.org/library/updates/eurocare\\_alcohol\\_strategy](http://www.eurocare.org/library/updates/eurocare_alcohol_strategy)

<sup>32</sup> [http://ec.europa.eu/health/alcohol/docs/2014\\_2016\\_actionplan\\_youthdrinking\\_en.pdf](http://ec.europa.eu/health/alcohol/docs/2014_2016_actionplan_youthdrinking_en.pdf)

<sup>33</sup> <https://www.theparliamentmagazine.eu/articles/feature/eu-can-and-must-do-more-tackling-alcohol-related-harm>

- Provide resources for brief interventions on alcohol consumption in healthcare settings
- Monitor compliance with all relevant legislation and policy by all stakeholders