EUROPEAN COMMISSION
HEALTH & CONSUMER PROTECTION DIRECTORATE-GENERAL

Directorate C - Public Health and Risk Assessment
C2 - Health information

PEER REVIEW MEETING
LUXEMBOURG, 11 APRIL 2006

INTRODUCTION

1. In attendance: Marie Choquet, Chris Day, Alicia Rodriguez Martos, Morten Gronbaek, and Jacek Moskalewicz ('peer reviewers'), Ben Baumberg and Peter Anderson (report authors), Maria Renstrom, Milena Stoimenova, Julio Barrera, Julie Dedrich, and Knut Johan Rognlien (Commission staff) and chaired by John F. Ryan (Head of Unit C2 – Health Information, directorate C – Public Health and risk assessment)).
2. [These minutes also incorporate written comments from Karl Mann (KM) and Robin Room (RR), as well as written comments provided by participants of the meeting]
3. JR explained the background to the meeting, and the unusual nature of the process for this tender report since normally public health reports are not the subject of peer review. Following questions from several of the reviewers, he explained the procedure of nominating independent reviewers, and at their request told participants which stakeholder group had nominated them. Two reviewers had been nominated as independent experts by the alcohol industry, two reviewers from the members of the EU Alcohol and Health Working Group, and one reviewer by both parties.

   It was stressed that the Commission treated all the reviewers present as independent and would not place a different emphasis on comments dependent on which stakeholder group nominated the reviewer. It was agreed that the Commission should circulate the full list of invited reviewers to all participants for transparency. It was also noted that only factual errors would be amended for the final report; other comments expressed at this meeting would be appended to the report as an Annexe and published alongside it.

GENERAL COMMENTS

4. All the reviewers without exception felt that the report in general was both important and impressive, and had covered the field comprehensively and accurately despite being given a relatively limited amount of time to complete the work. Several reviewers expressed the belief that this report would be valuable for EU Member States in developing action to tackle alcohol-related harm, as well as reflecting favourably on DG SANCO, with RR stating that the background, analysis, summaries of the literature and conclusions included in the report reached a high

standard in terms of scientific integrity and balance, offering the best available base for discussions in Europe about an alcohol strategy and policies.

TITLE AND STRUCTURE

5. Several reviewers felt that the title 'Alcohol in Europe' was misleadingly broad, as there are several areas that are not covered by the report, in particular the treatment of those suffering from alcohol dependence. Furthermore, several reviewers noted that while the report is a comprehensive view of alcohol from a health perspective – which most reviewers did not disagree with *per se* – it therefore omits views of alcohol from other perspectives (particularly with respect to pleasure and taste, and for those not drinking at levels that are damaging to their health).
6. MC noted that the report focused only on one substance and did not take into account a global approach of "health" (WHO definition including wellbeing), neither a global approach of "substances" (psychotropic substances) nor "behaviour" (risk taking behaviour). MC noted that the report did not mention: (a) the positive aspects of alcohol that most citizens experienced in daily life; (b) the replacement of alcohol (if not available for economic or social reasons) by other substances, especially tobacco, cannabis and psychotropic medicines; and (c) alcohol consumption, especially "binge drinking" as a risk taking behaviour.
7. It was felt that the report should more clearly define the scope of its content, by changing the broad title to something more focused.

   The authors agreed to change the title to 'Alcohol in Europe: a public health perspective'.

CHAPTER 1

8. Several reviewers (MC and JM) said that there were non-English sources available in their countries that were not reviewed in the report (a problem they felt was common to all international reports). AR felt that problem did not apply in the case of Spain, and was unlikely to be a problem for most countries given the continued use of 28 national country experts from the Commission-co-financed Bridging the Gap (BtG) project.

   The authors made clear that the extensive stakeholder consultation process with NGOs, Government representatives and alcohol industry representatives had produced many references from individual countries throughout the writing of the report. Furthermore, each country's representative within the BtG project had checked information provided by international organizations to ensure reliability. The authors agreed that the evidence base is biased towards English-language research, but felt that their efforts had minimised the extent of this as far as possible given the resource constraints.

9. CD noted that the only weakness in the report was the lack of detail in certain technical areas, although this was accepted as being necessary for the purpose of writing a summary report. The Commission responded that this report aimed to bring together the various strands of alcohol research, and that in future they may call for further tenders for detailed reports on specific alcohol issues.
10. JM noted that it would have been desirable to have an overall synthesis combining the individual chapter findings.

11. AR noted that there is some confusion in the attempt to avoid the term 'standard drink', reflecting the confusion in the wider literature on this point. Despite correctly avoiding the term 'standard drink' in this chapter, the definition of binge-drinking both here and in other chapters (esp. chapter 4) include 'number of drinks on a single occasion'. Furthermore, the WHO's 2004 definition of binge-drinking was 5+ drinks while the AUDIT tests asks about 6+ drinks. AR felt that an attempt to provide some equivalence of this in grams would add clarity here. MC noted that the 'objective' binge-drinking measures (of a certain number of drinks) does not take into account different tolerances to alcohol, which is especially important in the case of young girls who are likely to be drunk on lower levels of alcohol than 5-6 drinks.

    The authors felt that providing some equivalence of definitions in grams was a good suggestion, but also noted that existing data is very confused on this point. The authors drew attention to the Recommendation in chapter 10 that these definitions of a 'standard drink' should be internationally standardized in grams of alcohol.

EDITORIAL COMMENTS

12. AR suggested that the terms (p27) 'levels of drinking' and 'categories of drinking' appeared to overlap, and suggested combining these two sections.

CHAPTER 2

13. In response to the authors' presentation that noted that there was some debate over the inclusion of this chapter within the report, several reviewers (JM and MG) stressed that they felt that this chapter was important.
14. JM further suggested that this chapter could have been developed into the synthesis (see comments under chapter 1) by describing the recent convergence in drinking levels and types, the various responses in different sections of Europe, and the more recent increases in consumption in Eastern Europe and the Nordic countries.
15. MG noted that it would have been interesting to further develop the history of the temperance movements by looking at the different impact of those that were religious versus those that were union-based. MG further noted that the particular history of Denmark explains why it is sometimes shown to be similar to the other Nordic countries in later chapters, while on other issues it is closer to central European countries.

CHAPTER 3

16. AR asked whether Government payments (e.g. for sickness leave, or disability allowances) were included.

    The authors made clear that these costs were not included as they fall in the category of transfer costs (moving money from one group in society to another, rather than actual losses to society as a whole), and are therefore excluded from most studies. However, following comments on the importance of this from other reviewers, it was agreed that this should be communicated more clearly in the final report.

17. MG noted that these cost estimates were both very thoroughly done and often very crude, and he was therefore happy that there was a wide confidence interval expressed in this chapter.

18. MG suggested that it would have been interesting to look at time-trend analyses for purchasing-power adjusted levels of spending on alcohol in different countries.

    The authors noted that they had conducted this analysis, with the results briefly summarised on the last sentence on p56. However, they felt that further results from the analysis were not of sufficient interest to be covered in any detail (although further investigation of the primary data on which these are based would be interesting).

19. MG and MC noted that it would be interesting to compare these costs to other public health issues beyond tobacco (e.g. illicit drugs), as well as to compare the cost estimates within different EU countries.

    The authors noted that the estimates were not sufficiently precise to enable country comparisons at this stage, but that the recommendations in Chapter 10 were similarly based on recognition that this would be valuable information.

20. MG noted his appreciation that an effort was made to include the study from Denmark, despite the fact that this report was not available in English.

    The authors noted that the cost review had also included studies written in French, German and Spanish, as well as information provided by BtG project country representatives in several other languages (such as Slovenian and Slovakian) based on a standardised form.

21. MC noted that the social cost evaluation focuses on negative rather than positive effects. MG felt that it would be more appropriate to look at costs relative to a situation of light consumption rather than relative to no consumption at all, as this would focus on the more important individuals who drink too much alcohol, and would also get around the problem of accounting for the health benefits. CD instead argued that it was necessary to quantify the health benefit and to note the impossibility of quantifying the other social benefits. He further noted that as long as this is clearly stated in the report, there is no more that the report's authors can do given the lack of primary research evidence.

22. AR noted that the cost of absenteeism related to alcohol in Spain has been evaluated at €728.54 million, which together with the estimated cost of lost productivity (€1,731.33 million) makes €2,459.87 million *(Portella, E., Ridao, M., Carrillo, E., Ribas, E., Ribó, C., Salavt, M. El alcohol y su abuso: Impacto Socioeconómico. Madrid, Editorial Médica Panamericana, 1998)*

23. CD noted the evidence showing an association between per-capita consumption and the numbers of heavy drinkers; MG noted that he was not familiar with the entire evidence base, but that it appeared to be of limited use in the Danish case in terms of the stability of levels of consumption in the face of an increasing affordability of alcohol.

    The authors firstly noted that this issue is discussed in more detail at the end of chapter 6. Beyond this, though, the authors noted that the evidence for policy options presented in chapter 7 concentrates on the extent to which the policy affects levels of harm. In the case of price, the evidence shows that price affects levels of harm in all drinkers, but particular young people and heavier drinkers (who are also the main focus of policy interventions).

24. JM noted that the productivity costs of premature mortality – which form the largest part of the social cost – are greatly overestimated as they miss out the savings from

resources that would otherwise have been consumed. Given that we consume almost all of what we produce, this would probably have the effect of reducing these costs to only a few percent of the estimate presented.

The authors partly accepted this point and drew attention to the discussion of this matter under point 1 on p66. However, the authors further pointed out that the small number of studies that have estimated the effect this would have on premature mortality costs suggest a reduction of only 30-35% of the premature mortality cost figure. Furthermore, the premature mortality costs themselves are less than one-third of the total cost estimate, so the sensitivity of the total estimate to this particular assumption should not be overstated.

25. JM noted that it would be useful for policymakers to have access to an estimate of the impact of alcohol on Government finances.

26. JM felt that the variations between studies shown in Table 3.1 suggest that the methodology of the studies is weak and can produce only inaccurate results.

    The authors did not disagree with this point in general, although they pointed out that those studies shown on this table to be methodologically strong produced much more similar results than those with weaker methodologies. The authors also agreed that further research should be done to develop economic contributions to policymaking, and referred to several of the research recommendations in chapter 10. The authors finally noted that those previous reviewers working on this type of study have felt that this method was the best one possible given the resource and time constraints.

EDITORIAL COMMENTS

27. MG suggested changing Figure 3.1 into a graphical form that is more easily comprehensible.

28. MG noted that there are two 'Table 3.1's in this chapter.

29. JM noted that Poland has recently been allowed to become a wine producing nation as well (p48).

30. JM noted that champagne production in France is mistakenly discussed under spirits production on p49.

31. JM noted that table 3.1 (p51) states that 'Slovenia' is a medium-export of beer, but it is likely this is an error and should read 'Slovakia'.

CHAPTER 4

32. MG noted that he found this chapter very enjoyable, while two reviewers stressed the importance of this chapter (MC due to the context within the whole report, AR due to the fact that it undercuts simple stereotyping (e.g. north-south gradients) of drinking in young people).

33. AR noted that the interpretation of the proportion of drinking occasions with meals depends on the frequency of drinking, in that those from Spain will drink more often with meals in absolute terms than those in Sweden will (as they drink much more frequently). AR further noted that drinkers in Spain will usually eat snacks when drinking even when not drinking with meals.

Regarding the first point, the authors made clear that this is explained within chapter 4. Regarding the second point, the authors noted that this was an interesting observation, but that there is no available data on this issue to take the matter further. They also noted that having snacks while drinking may also be found in other EU countries.

34. AR noted that whilst drinking to drunkenness is more frequent amongst the younger population and that whilst daily drinking is more frequent amongst the older population, drinking to drunkenness has been increasing amongst the whole population.

35. MC asked whether there is any comparative or trend data on the proportion of people who fall in different drinking categories?

    The authors answered that there is a lack of good comparative data on this topic, and that this unfortunately precludes any trend analysis here.

36. MC felt that it was not true to say that adult patterns of drinking are replicated in young people across Europe, given the changing youth trends in several EU countries and several examples where youth and adult drinking patterns do not match (e.g. UK, Sweden, France).

    The authors replied that this chapter tried to achieve a balance between stressing the changing patterns of drinking in young people on the one hand, and in showing the continued diversity of youth drinking patterns in Europe on the other. The authors further noted that while there were differences between Figure 4.14 (of young people's binge-drinking) and Figure 4.11 (of adult binge-drinking), there was a degree of association between the two (and that this association is even stronger for young adults aged 18-30, as described elsewhere in chapter 4)

37. MC noted that cultural desirability (p111) could explain both large and small gaps in alcohol consumption between the genders.

38. MC noted that whilst measuring "binge drinking" by "number of drinks on a single occasion" seems a more "objective" way of measuring acute alcohol consumption than "drunkenness", there can also be a high memory bias for binge drinkers. In addition, the level of "5 drinks and more" is not efficient for everybody, especially not for girls of the South of Europe. MC felt that drunkenness was a better measure, even if it is more "subjective", but people can remember that they were drunk and girls can be drunk (and so at risk) after only 2 or 3 drinks.

    The authors agreed that there were many difficulties in measuring binge drinking and drunkenness, but for the purposes of the chapter could only report the findings of existing surveys, whilst discussing and pointing out the difficulties. Box 10.1 highlighted the need for more research and clarification in this area.

39. MC felt less certain that the harmonization between European countries in youth binge-drinking measures was important than is presented on p120.

    The authors responded that much care had been paid to accurately representing the trends in youth binge-drinking and drunkenness in Europe, including Figures 4.15-4.16 as well as Tables 4.2-4.4 that show the trends in individual countries across Europe. The authors further note that the particular comments on p120 explicitly say that the harmonization observed is between the EU10 and the EU15, rather than claiming that there has been a harmonization in binge-drinking across all the individual countries of the EU.

40. MC noted that there have been large increases in cannabis rather than alcohol use in France in recent years. It was felt that a focus on one problem only (alcohol) may offer a misleading picture of trends in young people in Europe.

    The authors agreed with this point (and also cited the discussion of drug use within new youth cultures at the end of chapter 4), but noted that it would take a separate project to look at the link between alcohol and drugs across Europe.

41. MC suggested mentioning the countries where consumption levels in young people were decreasing (which are interesting in their own right), as the report currently only mentions those countries where it is increasing (p108).

    The authors responded that the report does not mention any particular countries specifically on p108, and already draws attention to the existence of countries where binge-drinking did not rise ("For the vast majority of these countries…, the change has been a noticeable size of more than 2%. However, this rise was not seen everywhere in Europe, with a small number of countries even showing a fall in this period"; p108) as well as naming two groups that did not see a rise in binge-drinking on p109 (boys in Austria and Wales). Additionally, the sole purpose of Tables 4.2 – 4.4 is to show patterns of binge-drinking and drunkenness in individual countries, rather than simply describing general trends.

42. JM noted the repeated surveys in Poland that are not available to non-Polish speakers.

    The authors explained the process by which country-level data were obtained, where the data originated with international institutions and were then checked by country counterparts of the BtG project. However, it was noted that certain omissions will continue to occur until the creation of a European monitoring centre on alcohol, as recommended in chapter 10.

43. JM noted that the problems with the EPIC study make it totally useless when trying to compare drinking habits in Europe, and this should be stressed more strongly.

44. JM noted that the need to mix drinking and eating in Poland (with an alcoholic often popularly defined as drinking without eating) does not necessarily mean that drinking is integrated into eating – it may meant that eating is instead integrated into drinking routines.

45. JM noted that insufficient attention was given to the question of unrecorded consumption in the report, which is of particular importance in the contemporary EU.

    The authors responded that these issues were already covered in the report (both when discussing the alcohol economy on p54-6, and when discussing European alcohol taxation on p355-7).

46. KM noted felt that the analysis of sub-groups could have been more detailed, in particular for men and women (where physically consequences and the development of dependence differ, with implications for service planning) and the age of first alcohol consumption (due to the pronounced neurobiological vulnerability to alcohol in the juvenile brain). MG and MC also felt that more emphasis could have been placed on young people's drinking, in particular looking at risk factors for alcohol debut and intoxication.

47. MC noted that the causes of alcohol use and harmful use and MG noted that the risk factors for young people starting to drink were not covered by this report. It was felt

that better understanding of these causes could lead to new avenues for prevention, and that these should be considered in a separate report.

48. MC felt that there should have been a more detailed analysis of the abstainers and level I drinking populations (Table 4.1), whereas the report focussed more on level III and IV drinking populations.

    The authors disagreed with this comment and noted that the report covered the whole range of drinking populations in terms of their descriptions and risks.

49. MG noted that Table 4.1 showed that a large proportion of the population were in the light to moderate drinking groups, suggesting that another approach to reducing harm may be needed which focuses on high risk individuals, namely those who have an intake above specified drinking limits.

    The authors noted that Chapter 7 described the evidence of the impact of a wide range of approaches in reducing the harm done by alcohol, which also included approaches to those drinking above specified limits (for example brief advice to hazardous and heavy drinkers).

50. MG felt that alcohol dependency could have been covered in more detail, in particular the estimates of the numbers of people who are dependent on alcohol in each society.

    The authors agreed that this was an issue of considerable importance, but noted that comparative studies of levels of alcohol dependence in different countries were beset by considerable problems. Even an explicitly harmonized study (the ESEMeD study) was considered insufficient as the basis to present comparative information without further work (a decision taken after discussion with the ESEMeD study authors).

EDITORIAL COMMENTS

51. MC suggested presenting the different participating countries in major surveys within Box 4.1 (on the major comparative surveys in Europe), as they differ from survey-to-survey and year-to-year.
52. MG noted that several Figures in this chapter do not have legends, including the Figure on p95 where the numbers in the legend are not explained in the Figure.
53. AR suggested the inclusion of the article by van der Forst in Addiction (100:1464-1476) about the influence of parental education on young people's drinking, esp. with reference to p106 where there is some discussion of how peer and parental effects relate.
54. AR noted some problems with the Spanish data due to errors at the Spanish Ministry of Health. In particular, 19% on p110 should read 24%.
55. AR noted that the description of el botellon could be improved, as it suggests that it is simply meeting outdoors, whereas the defining features of this are the numbers of young people (400+ in most definitions), the volume of noise (e.g. listening to music) and the extension of this until the early hours of the morning (2-3am).
56. AR noted that in Spain, 47.5% 14-18 year-olds drink in outdoor public places, 81% in public places (bars, discos, etc.), and 28.6% at friends' homes.
57. AR noted that p92 includes a reference to 'chapter 4', which is presumably an error as this is the current chapter.

58. JM noted that the study by Martin Bobak suffers from several methodological flaws that are not mentioned in the report (e.g. being restricted to a 40+ population).

59. JM noted that Figure 4.3 is unclear due to the male/female split.

CHAPTER 5

60. MG noted that the issue of drinking patterns was covered well within this chapter, but that certain interactions of patterns and consumption levels should be detailed, in particular the fact that the cardioprotective effect of alcohol only exists in those who drink small amounts steadily (rather than binge-drinkers). JM noted that there was some possible confusion as to whether 'volume consumed' referred to annual volume or single-occasion volume. AR noted that family violence tends in Spain tends to be associated with consistent heavy drinking rather than single-occasion intoxication. JM accepted this, but stressed that it is necessary to explicitly say this in the report as there is some possible confusion in the current form.

61. The authors noted the complexity in this debate, and that many studies deal with the issue poorly. It was explained that one of the better recent studies (Wells et al 2005) showed that volume, frequency and patterns of consumption were all independently related to violence. It was finally noted that the current view was reached after extensive debate both internally and with a number of reviewers.

62. MG noted that whilst the consequences of drinking and not drinking can be estimated by studying population attributable risk in different countries, the "direct" influence of alcohol on alcohol-related disease, measured as alcoholic cirrhosis, pancreatitis and alcohol intoxication in different registers is only the tip of the iceberg. A large number of diseases in which alcohol is scientifically proven as a causal co-factor is not included in these estimations. Hence, the effect of alcohol on upper digestive tract cancer, breast cancer, colon cancer, osteoporosis, hip fracture, and a large number of other somatic diseases is not fully included in data shown on Table 5.1, which leads to an underestimation of damage. The same could be said about the apparent beneficial effects of alcohol. Also, population attributable risks could have been estimated as a result of not drinking for cardio-vascular disease, diabetes and gallstones.

    The authors noted that Table 5.1 was taken from the World Health Organization's Comparative Risk Assessment (CAR) Study, which calculated relative risks from epidemiological studies as a basis for calculating population attributable risks and thus the positive and negative contributions of different disease groups to disability adjusted life years. Currently, the CAR Study provides the best available estimates of population attributable risks.

63. MG noted that this chapter did not include much discussion on the effect of different beverage types (rather than the alcohol itself), particularly for all-cause mortality. MG further noted that there is a disagreement between Harvard and European groups on this issue, and that this issue is only of limited importance, but that it would be good to add another sentence or two on this issue.

64. MG noted that while the British Regional Heart Study shows the need to account for decreasing consumption with age, in Denmark there is a greater stability of consumption across the life-course than in the UK. MG suggested instead focusing more attention on the over-estimation of risk due to the misclassification of alcohol intake as a one-point (rather than continually changing) measure.

The authors responded that epidemiological studies should try to account for changing alcohol consumption with age, and, that where they had done so, for example the British regional Heart Study, had found less of a protective effect of alcohol consumption.

65. CD noted that the section on liver disease (p151) should include a paragraph on how obesity has an important effect on whether heavy drinkers get liver disease, which some have suggested explains the considerable rise in liver disease in the UK. CD suggested that a sentence be added saying "recent studies have suggested that increased body mass index (BMI) and blood glucose may independently increase the risk of a heavy drinker developing advanced alcoholic liver disease (Naveau et al Hepatology 1997: 25; 108-111 and Raynard B et al Hepatology 2002: 35; 635-638)."

66. CD also suggested adding the following to the end of the previous sentence: "There has also been a suggestion that wine drinkers have a lower risk of alcohol induced cirrhosis than spirit or beer drinkers (Becket et al Hepatology 2002: 35; 868-875)."

67. CD noted that recent evidence shows that the genetic associations are weak (for organ damage rather than drinking), with the only known genetic determinants being irrelevant outside Oriental populations. CD further suggested correcting the third paragraph on p168 to "variants of the genes ADH2, ADH3 and ALDH2 substantially (although not completely) protect carriers from developing alcohol dependence by making them uncomfortable or ill after drinking alcohol (Reich et al 1998). The genes encode alcohol dehydrogenase and aldehide dehydrogenase respectively, two of the key liver enzymes involved in the metabolism of alcohol to its final end produce acetate."

68. AR noted that there is no explanation in the report of why Mediterranean populations have higher risk for liver disease (p151 Figure 5.3) but a lower risk on p159. A sentence should be added explaining that small steady consumption is worse for the liver but better for the heart, which explains this pattern.

69. MC noted that the title of the chapter suggests that all the material within it refers to a causal relationship, but this is not true for all of the evidence presented. MC also suggested that in France, tobacco was related to the same social consequences that alcohol is associated with elsewhere (e.g. violence), reflecting the fact that this is due to confounding factors (e.g. family life) rather than any causal relationship.

    The authors suggested changing the chapter title to 'Alcohol and individuals' to avoid making the above implication.

70. MC noted that the chapter is talking solely about 'heavy daily intake of alcohol' rather than alcohol consumption per se, and suggested making clear the scope of this chapter.

    The authors responded that this was not the case, since the chapter was reviewing and describing a very large number of epidemiological studies and meta-analyses that described dose response relationships across the whole range of alcohol consumption from zero consumption upwards.

71. KM noted that there could have been a greater focus on biological mechanisms in this chapter, but – given the generally detailed and comprehensive review within this chapter and the overall scope of the report – KM felt this was a minor problem.

72. MG felt that breast cancer should be emphasised more as it is the most frequent cause of death in younger women, and that the dose-response relationship (if true, as seems

to be suggested by recent meta-analyses) is of particular importance when considering developing sensible drinking messages.

73. MG noted that most recent research suggests that abdominal obesity is the most detrimental to health, and that there should therefore be a discussion on the link between alcohol and waist-hip ratio distributions within the discussion of alcohol and obesity.

74. MG also noted that several recent studies show that alcohol is associated with lung cancer even in non-smokers, suggesting a causal relationship.

    The authors noted that they had seen these studies, but that previous reviewers had suggested removing the section on alcohol and lung cancer as, in the reviewers' opinion, it was currently still too contentious.

EDITORIAL COMMENTS

75. AR noted that only the male lowest risk of drinking (p131 and p160) is mentioned in the text. The authors responded that these are the combined figures but after some discussion, agreed to check the Corrao (2000) paper to check for gender-disaggregated values.

76. JM noted that the box on p153 suggested that a number of 80 year olds were drinking six drinks per week. The authors responded that the box instead refers to lifetime drinking exposure, but agreed to clarify this and add a further point on the risk in younger women.

CHAPTER 6

77. JR suggested that the title of this chapter should also be changed, possibly to 'the burden of alcohol in Europe'.

78. MC noted that the use of numbers of students on p220 may be misleading given the small percentages involved.

    The authors noted that there were problems with presenting both numbers and percentages, in that large numbers of people who represent small percentages may still represent large absolute levels of harm. This is why the authors had decided to present both numbers and percentages alongside each other in the report.

79. MG noted that there appeared to be a discrepancy between the terminology used for the negative effect of alcohol on mortality ('deaths caused') and the positive effects ('deaths delayed').

80. AR noted that nuisance and harassment (p205) are also problems in Spain rather than just the Nordic countries, although the problems of *el botellon* have tended to be reported in newspapers rather than scientific journals.

81. JM felt that it was misleading to present net mortality figures, as the numbers of deaths caused should not be offset by the deaths delayed (in the same way that deaths caused by road traffic accidents are not offset by the DALYs saved due to car use). CD disagreed, in that policymakers will want to know what the net effect is and will combine the figures themselves even if this is not presented in the report. Instead, he felt that the report successfully presented the health benefits of alcohol and discussed the weaknesses of the estimates clearly. AR noted that it is important to stress the importance of age when presenting figures on alcohol and mortality.

The authors noted that at a previous peer-review meeting organised by the Commission, Jürgen Rehm had noted that the estimate that he had helped develop for the WHO's Global Burden of Disease study was likely to be a large overestimate of the cardioprotective effect of alcohol. The authors noted that the health benefits of alcohol were commonly discussed, and that they felt it was therefore important to present the best summary of the problems with these estimates that is available. Finally, the authors agreed to stress the larger net negative effect of alcohol before the age of 70 in the main summary of the report.

EDITORIAL COMMENTS

82. MG: the headlines may benefit from being changed as it is difficult to tell one from the other.

83. MG: There also appears to be an error on p205 – the authors quote Figure 4.9, but it should be 5.8.

84. AR: the first sentence of the 2nd para on p195 could be removed as also appears on 2nd para of the following page.

85. General: there is a label missing from Figure 6.4 (for Neuropsychiatric conditions), and the colours in the graph are ordered differently to the legend.

CHAPTER 7

86. MG felt that this chapter was very important, as it provides a policy toolkit for individual EU Member States to consider.

87. MC also felt that this was a very important chapter and that the authors gave a good overview of policies, based on the Babor et al publication. It is important to emphasize, however, that, if some policies are "cultural independent", others can be "cultural dependent", especially because the fact that consumption patterns and associated factors are so different from one country to another.

    The authors noted that whilst the chapter had used the Babor et al publication as source material, the chapter went far beyond the Babor et al publication, with a much wider and more extensive range of source material. The main use of the Babor et al publication was to reproduce and update the summary tables, since these were a systematic and clear way to present a synthesis of the complex material covered in the chapter. Despite the fact of cultural variability (which in terms of drinking patterns seems to be getting less), the surprising fact is that many policy measures have a similar impact across many different cultures (for example drinking and driving measures or brief advice for hazardous and harmful alcohol consumption).

88. CD asked whether there is any evidence on unit labelling and sensible drinking messages?

    The authors replied that only Australia has pursued this policy to a significant level, and there was insufficient evidence available to know whether or not this has changed behaviour. The authors further noted that consumer groups are keen for this information to be presented on labels as a consumer right, reflecting similar discussions as covered in the report under 'Warning Labels'. It was also noted that the Commission is also part-funding a separate project that will be investigating the evidence base and best practice on this issue.

89. MC noted that some policy measures (e.g. simple and short term) are easier to evaluate than others, and it is important to avoid restricting the scope of alcohol policy to only those policies that are simply constructed and easy to evaluate. This is particularly true when we try to use a scientific 'evidence-based' approach, as we ignore policies with a long-term aim. MC proposed to change the title of this chapter to "the effectiveness of simple and short term alcohol policy".

    The authors partly agreed with the point that it is easier to evaluate simple and short term policy measures, but strongly disagreed with the argument that it was impossible to evaluate policies with long-term aims, and strongly disagreed that the chapter only focussed on simple and short term measures. Evaluation methods such as Realist Evaluation or Theories of Change have much to offer the evaluation of complex policies and social processes over time. This reflects the fact that any policy aiming to produce change in the long-term must have some effect in the short-term (even if not on the primary variable of interest), which enables it to have the desired effect. The authors went on to draw attention to the growing evaluation literature on primary prevention such as that presented in Chapter 7 on the Strengthening Families Programme. The authors regarded the title of the chapter, the "effectiveness of alcohol policy", as appropriate.

90. MC noting that some of the outcome criteria were global and others individual wondered what the impact of these criteria would be on the outcome of policy measures.

    The authors noted that the impact of the different global and individual policy measures were well summarized by the World Health Organization's CHOICE model in figures 7.13 to 7.15.

91. AR felt that there should be further comments on product placement within the discussion on advertising.

92. AR noted that there is evidence from Sweden on responsible serving measures that show their impact on levels of harm such as violence when combined with community action and law enforcement (Addiction (2002) 97: 901-907; Prev Sci (2004) 5: 221-229; and Health Policy (2005) 72: 265-278).

93. MG noted that the recent raising of the legal purchase age (to 16) in Denmark had appeared to have little effect on drinking in 14-15 year olds due to the easy availability of alcohol from parents.

94. MG noted that there was some evidence presented by a Danish researcher that brief interventions were ineffective.

    The authors noted that this evidence had been widely discredited following strong critical responses in the British Medical Journal.

95. JM noted that there is no discussion of the paradox that Governments often prefer the policy measures that are least effective. CD suggested referring briefly to Marmot's article on 'policy-based evidence'.

    The authors agreed to include a sentence on this.

96. JM noted the importance of public opinion when calculating cost-effectiveness analyses, given the varying costs of enforcement. MC asked if there was a discussion of the culture-dependent nature of alcohol policy.

The authors noted that this issue is covered both in this chapter and in chapter 10. They also pointed out that some policies have been successful in very different contexts from where they originated, such as the drink-driving legislation in France and Spain.

97. JM felt that there should be a discussion of the 'preventive paradox', where most of the problems experienced in a society come from the larger number of relatively low-risk drinkers rather than the smaller number of very high-risk drinkers.

98. AR noted that there is a need for more research on the implementation of brief interventions, which can be difficult to implement in e.g. A&E departments.

99. KM noted that although the evidence base for individually-focused interventions is less well established than for policies that regulate the alcohol market, there are a number of studies that find at least some effect for specific counselling efforts.

    The authors agreed with this, and noted that the impact of counselling and brief advice had been described in chapter 7.

EDITORIAL COMMENTS

100. AR noted that the chapter title here was not the same as in the table of contents.

CHAPTER 8

101. There were no comments on this chapter.

CHAPTER 9

102. JM noted that there appears to be no attention paid to the level of public support for alcohol policy, which is of particular importance in this field (as borne out in the history of alcohol policy measures).

    The authors responded that this topic (in the form of the discussion of public attitudes towards alcohol policy on p374-6) was already covered in the report. The authors further noted that this was the longest possible discussion of the material given the paucity of available research in this area, particularly comparative research.

103. AR noted that there have been certain changes in Spain since the time that the evidence cited in the report was collected, in particular on the perceived chances of being breathalysed (p378) and restrictions on drinking in public places (now forbidden in several municipalities).

104. JM noted that the power of the brewing industry in Poland led to the classification of beer as non-alcoholic for tax purposes (against a previous threshold of 4.5% ABV). This has led to an increase in the average strength of beer to 6% ABV, which has had the effect of increasing per capita alcohol consumption by 1 litre.

105. JM noted that there is much unrecorded consumption in Eastern Europe, with even legal breweries sometimes participating in tax fraud.

106. JM felt it was important to explain that the high levels of policy severity in Poland and the Nordic countries represents a fall from the previous levels, and that this fall has been associated with a rise in consumption and related harm.

107. JM noted that aside from the direct impact of physical availability, there is also an indirect one, in that unrestricted numbers of outlets are difficult to control (i.e. inspect and enforce).

EDITORIAL COMMENTS

108. AR noted that the chapter title here was not the same as in the table of contents.

CHAPTER 10

109. MG felt that the research recommendations were very impressive from a researcher's perspective, and KM felt that the creation of a European Research Institute was an important step. MC asked whether a research question could be added about the problems, contexts and health aspects of lighter levels of drinking, as well as a research question on the 18-25 age group (which is developmentally salient).

110. JM noted that the unintentional consequences of certain policy measures could be developed. In particular, the Polish experience of hypothecated taxes is that they created perverse incentives that damaged public health,

The authors pointed out that their recommendation was only for analysis of the impact of hypothecated taxes, given that there are different experiences from different countries as to their effects.

111. MC noted that it would be desirable to suggest evaluating general risk-reduction programmes in young people, rather than just those that are alcohol-specific. MR noted that it is important to relate alcohol to other risk behaviours.

EDITORIAL COMMENTS

112. AR noted that it would be good to clarify what the abbreviations 'ch' (for chapter) and 'pp' (for pages) are for non-English speakers.

CONCLUSION

113. The group collectively congratulated the report's authors on both the report and the summary.

114. JR noted that the Commission was very happy with this meeting, and thanked the participants for their contributions. The meeting was informed that the comments will be collected into a single document (together with the authors' replies) and that these will be annexed to the report. It was requested that those with further written comments should email these to MR as soon as practically possible in order for them to be included in the annexe. The Commission noted their intention to publish this alongside the EU Health Council on 1-2 June.

The authors further thanked the participants for reading the report so thoroughly, for their helpful comments, and for the constructive approach taken in the meeting.