

**A POLICY ON ALCOHOL FOR EUROPE AND ITS COUNTRIES
REDUCING THE HARM DONE BY ALCOHOL –
BRIDGING THE GAP PRINCIPLES**

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ADVOCACY FOR THE PREVENTION OF
ALCOHOL RELATED HARM IN EUROPE

A POLICY ON ALCOHOL FOR EUROPE AND ITS COUNTRIES¹

REDUCING THE HARM DONE BY ALCOHOL² - BRIDGING THE GAP³ POLICIES

I. REDUCTION IN DRINKING DRIVING

1. Recognizing the heavy burden that drinking and driving⁴ places on premature mortality, harm to people other than the driver and economic costs to society;
2. Effective legislative, executive, administrative and other measures necessary to reduce drinking and driving should be implemented;
3. Drinking driving policies should take into account the following principles:
 - ☞ A maximum blood alcohol concentration limit of 0.5 g/L (and breath equivalent) should be introduced throughout Europe with immediate effect; a lower limit of 0.2 g/L should be introduced for novice drivers and drivers of public service and heavy goods vehicles, with immediate effect; countries with existing lower levels should not increase them;
 - ☞ Reducing the maximum blood alcohol concentration for all drivers to 0.2g/L would significantly further reduce the harm done by drinking and driving;
 - ☞ Unrestricted powers to breath test, using breathalysers of equivalent and agreed standard, should be implemented throughout Europe;
 - ☞ Common penalties for drinking and driving, with clarity and swiftness of punishment, should be introduced throughout Europe; penalties should be graded depending at least on the BAC level, and should include license penalties, license suspensions, fines, prison sentences, ignition locks and vehicle impoundment; all drivers on European roads with a BAC level greater than 0.5 g/L should have an unconditional license suspension for a minimum period of 6 months;
 - ☞ Driver education, rehabilitation and treatment schemes, linked to penalties, including the return of suspended licenses, need to be strengthened and implemented throughout Europe for drinking and driving offenders, including those with evidence of dependence on alcohol, based on agreed evidence based guidelines and protocols; and
 - ☞ Existing designated driver campaigns should be evaluated for their impact in reducing drink driving accidents and fatalities before financing and implementing any new campaigns.

¹ This document was prepared by Peter Anderson, policy advisor to Eurocare on behalf of the Alcohol Policy Network of the Bridging the Gap project. The document was discussed at the first meeting of the network, June 2004 in Warsaw, and subsequently revised by members of the Network and finalized during October 2004. The document was subsequently updated and revised during the third meeting of the Network, May 2006 in Barcelona.

² Alcohol is responsible for a wide range of harm, which can be reduced by alcohol policies (for example, increases in alcohol taxes reduce deaths from cirrhosis of the liver and drink driving fatalities). This is what is meant by a policy to reduce the harm done by alcohol. This is not the same as harm reduction policies (for example safer drinking glass design to prevent injuries in fights), whose limited and targeted purpose is to reduce harm in specific situations, without necessarily reducing alcohol consumption.

³ The Bridging the Gap project is co-financed by the European Commission, Norwegian Policy Network on Alcohol and Drugs (ACTIS), IOGT-NTO Sweden, and the Government of Norway, in partnership with the European Cultural Foundation, the European Public Health Alliance, the European Youth Forum and the World Health Organization.

⁴ Notwithstanding that drinking can be an important cause of boat, plane and train accidents in some communities, attention is placed on drinking and driving in this policy since alcohol related road accidents far outweigh other alcohol related transport accidents in the Community as a whole.

II. EDUCATION, COMMUNICATION, TRAINING AND PUBLIC AWARENESS

1. Recognizing that education and information approaches can be effective in countering the marketing practices of the commercial alcohol industry and in mobilizing public support for alcohol policy measures;

2. Although, in general, it is difficult to show long-lasting effects of school based education in reducing the harm done by alcohol, effective and impartial⁵ education, communication, training, school, college and university-based programmes, and other alternative forms of education, including culture and the arts, informal youth based initiatives, and the role of parents should be implemented, based on the best evidence available, to empower and enable all people to make healthy choices and to raise public awareness;

3. Impartial education, communication and training, should take into account the following principles:

- ☞ Public awareness of alcohol policy issues should be strengthened and promoted using all available communication tools;
- ☞ Broad access to effective and comprehensive school, college and university-based education and on the health risks including the intoxicating and addictive characteristics of alcohol consumption should be provided, based on evidence-based health promotion principles;
- ☞ Public awareness on the health risks including the intoxicating and addictive characteristics of alcohol consumption and on the benefits of reducing hazardous and harmful alcohol consumption should be increased;
- ☞ Public access, in accordance with national law, to a wide range of information on the commercial alcohol industry as relevant to the implementation of alcohol policy should be provided;
- ☞ Effective and appropriate training or sensitization and awareness programmes on alcohol policy to persons such as health workers, community workers, social workers, media professionals, educators, decision-makers, administrators and other concerned persons should be addressed;
- ☞ Education on the harm done by alcohol and what can be done to reduce it should be provided to all involved in the alcohol production, sales and supply chain; and
- ☞ Awareness and participation of public and private agencies and nongovernmental organizations not affiliated with the commercial alcohol industry in developing and implementing intersectoral programmes and strategies for alcohol policy should be promoted.

III. REGULATION OF THE ALCOHOL MARKET

III.1 PACKAGING AND LABELLING OF ALCOHOL PRODUCTS

1. Recognizing the importance of appropriate packaging and labelling⁶ of alcohol products;

2. Effective legislative, executive, administrative and other measures necessary to ensure appropriate packaging and labelling should be implemented;

⁵ Impartial education would preclude, for example, school based education provided by the commercial alcohol industry.

⁶ "packaging and labelling" means each unit container (bottle, can, box or other type of container), text, characters or graphics on the unit container, labels on the unit container, and any outside packaging and labelling, where a number of unit containers can be placed in wrapping or in a box.

3. Packaging and labelling policy should take into account the following principles:

- ☞ Alcohol product packaging and labelling should not promote an alcoholic product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics or health effects, including any term, descriptor, trademark, figurative or any other sign that directly or indirectly creates the impression that a particular alcoholic product is more attractive or healthier than another alcoholic product;
- ☞ Alcohol product packaging and labelling should not promote an alcoholic product by any means, including any term, descriptor, trademark, figurative or any other sign that directly or indirectly appeals to minors⁷;
- ☞ Each unit package of alcoholic products should carry warnings determined by ministries of health, describing the harmful effects of alcohol when driving or operating machinery, and during pregnancy or other appropriate messages, such as the risk of dependence, determined by ministries of health; and
- ☞ Each unit packet and package of alcoholic products and any outside packaging and labelling of such products should, in addition to health warnings, contain information on its alcohol concentration (% by volume), alcohol content (grams of alcohol), calorific value and ingredients that might lead to allergies.

III.2 PRICE AND TAX MEASURES TO REDUCE THE HARM DONE BY ALCOHOL

1. Recognizing that price and tax measures are a highly cost-effective and important means of reducing the harm done by alcohol by all segments of the population, including young people and heavier drinkers;

2. Tax policies and, where appropriate, price policies, on all alcohol products, including wine and wine based products, should be introduced by all Member States and the Community as a whole so as to contribute to the health and economic objectives aimed at reducing the harm done by alcohol;

3. Tax policies and tax levels should take into account the following principles:

- ☞ The price of alcohol should take into account the external costs of consumption, the inadequate knowledge that consumers have about the harm done by alcohol and its dependence producing properties;
- ☞ The price of alcohol should be increased in line with inflation;
- ☞ Taxes should be proportional to the alcoholic content of alcoholic beverages, including all beverage types and with no threshold, with higher alcohol concentration beverages such as liquors and spirits taxed at a disproportional higher level, in view of their high alcohol concentration;
- ☞ Countries should retain the flexibility to use taxes to deal with specific problems that may arise with specific alcoholic beverages, such as designer drinks aimed at young people;
- ☞ Taxes should be increased throughout Europe up to a minimum level. Countries with higher taxation should not reduce their taxation levels; and
- ☞ A proportion of alcohol taxes can be earmarked (hypothecated tax) to fund programmes to reduce the harm done by alcohol.

⁷ "minor" is a person under the age set by domestic law, national law or eighteen years, whichever is the higher, to whom the sale of alcoholic products is prohibited

III.3 ILLICIT TRADE IN ALCOHOLIC PRODUCTS

1. The elimination of all forms of illicit trade in alcoholic products, including smuggling, illicit manufacturing and counterfeiting are essential components of alcohol policy;
2. Effective legislative, executive, administrative or other measures should be implemented to ensure that all unit packages of alcoholic products and any outside packaging of such products are marked to assist in determining the origin of alcoholic products and any point of diversion and to monitor, document and control the movement of alcoholic products and their legal status.

III.4 TRAVELLERS ALLOWANCES WITHIN THE EUROPEAN UNION

1. Recognizing the failure of an upward harmonization of alcohol taxes within the European Union resulting in a cross-border disparity in alcohol taxes, and recognizing that the standard guidance for individuals to carry across European Union borders without paying excise tax in the country of residence is currently 10 liters of spirits, 20 liters of intermediate products, 90 liters of wine and 110 liters of beer (overall equivalent to about 270 bottles of wine), resulting in a substantial increase in alcohol consumption in some countries that is not reflected in official statistics;
2. Effective legislative, executive, administrative and other measures should be implemented to progressively reduce the personal allowance to about one seventh of the current limit, the equivalent of 40 bottles of wine (a 40 day supply for a heavy drinker, which is equivalent to the current allowance of tobacco which represents a 40 day supply of 20 cigarettes a day).

III.5 RESTRICTIONS ON THE AVAILABILITY OF ALCOHOL

1. Recognizing that reducing the number and density of outlets, including availability in supermarkets and general retail stores, changing the location of outlets and reducing the days and hours of opening can all reduce the harm done by alcohol;
2. Countries that regulate outlets through number and density, location and hours and days of sale should not relax their regulations; countries without such regulations or with very liberal regulations should consider introducing them or strengthening them.
3. Measures to manage the availability of alcohol should take into account the following principles:
 - ☞ Impact assessments on health and the social environment should be undertaken when opening new or changing existing outlets.

III.6 SALES TO MINORS

1. Recognizing that alcohol consumption, the harm done by alcohol and binge drinking amongst young people is increasing at an alarming rate;
2. Effective legislative, executive, administrative and other measures necessary to restrict sales to minors should be implemented;
3. Measures to restrict sales to minors should take into account the following principles:
 - ☞ The sales of alcoholic products to persons under the age set by domestic law, national law or eighteen years, whichever is the higher, should be prohibited;

- ☞ All sellers of alcoholic products should place a clear and prominent indicator inside their point of sale about the prohibition of alcohol sales to minors and, in case of doubt, request that each alcohol purchaser provide appropriate evidence of having reached full legal age;
- ☞ Within supermarkets and other general retail stores, alcoholic products should be placed in a section clearly separated from the sale of other products that might appeal to minors, such as sweets, snacks, toys, or soft drinks;
- ☞ The distribution of free alcoholic products (including brand related paraphernalia such as t-shirts, ashtrays, glasses, caps, etc.) should be prohibited to minors; and
- ☞ Penalties against sellers and distributors, such as withdrawal of license or temporary and permanent closures, in order to ensure compliance with relevant measures should be implemented.

III.7 ALCOHOL ADVERTISING, PROMOTION AND SPONSORSHIP

1. Recognizing that a comprehensive ban on advertising, promotion and sponsorship would reduce the harm done by alcohol, and that self-regulation is an ineffective mechanism to reduce the harm done by alcohol;
2. Effective legislative, executive, administrative and other measures necessary to strictly regulate advertising, promotion and sponsorship of alcohol products through statutory controls should be introduced both within and across borders;
3. Regulation of advertising, promotion and sponsorship should take into account the following principles:
 - ☞ All forms of alcohol advertising, promotion and sponsorship that promote an alcoholic product by any means that are false, misleading or deceptive or likely to create an erroneous impression about its characteristics, health effects, or hazards should be prohibited;
 - ☞ All forms of alcohol advertising, promotion and sponsorship that promote an alcoholic product to minors should be prohibited;
 - ☞ Appropriate health warnings or safety messages should accompany all alcohol advertising and, as appropriate, promotion and sponsorship;
 - ☞ The use of direct or indirect incentives that encourage the purchase of alcohol products (sales promotion) should be prohibited;
 - ☞ Expenditures by the alcohol industry on advertising, promotion and sponsorship should be disclosed to relevant governmental authorities;
 - ☞ All alcohol advertising, promotion and sponsorship on radio, television, print media and, as appropriate, other media, such as the internet, where not part of a comprehensive ban, should be restricted to information about the product only, with messages and images only referring to the origin, composition, means of production, and patterns of consumption;
 - ☞ Technologies and other means necessary to regulate cross-border advertising, promotion and sponsorship should be developed;
 - ☞ Countries which have a ban on certain forms of alcohol advertising, promotion and sponsorship have the sovereign right to ban those forms of cross-border alcohol advertising, promotion and sponsorship entering their territory and to impose equal penalties as those applicable to domestic advertising, promotion and sponsorship originating from their territory in accordance with their national law; and

- ☞ A proportion of the total expenditure by the alcohol industry on advertising, promotion and sponsorship can be considered for earmarking to fund independent public health programmes to reduce the harm done by alcohol.

IV. REDUCING HARM IN DRINKING AND SURROUNDING ENVIRONMENTS

1. Recognizing that drinking and surrounding environments can impact on the harm done by alcohol;
2. Effective legislative, executive, administrative and other measures necessary to improve drinking and surrounding environments to reduce the harm done by alcohol should be implemented;
3. Measures to improve drinking and surrounding environments should take into account the following principles:
 - ☞ Urban planning, community strategies, licensing regulations and restrictions, transport policies and management of the drinking and surrounding environments should ensure that all peoples, and in particular local residents, are free from the injurious, noxious and polluting effects, including noise pollution, that result from alcohol intoxication;
 - ☞ Introduction and strengthening of alcohol sales and licensing laws which prohibit the sales of alcohol to minors and intoxicated persons;
 - ☞ Adequate policing and enforcement of alcohol sales and licensing laws;
 - ☞ Effective and appropriate training for the hospitality industry and servers of alcohol to reduce the harmful consequences of intoxication, harmful patterns of drinking and the risk of drinking and driving; and
 - ☞ Server training programmes can be backed up by civil liability for subsequent alcohol related accidents, including drinking driving accidents to increase their effectiveness.

V. INTERVENTIONS FOR INDIVIDUALS AND FAMILIES

V.1 INTERVENTIONS FOR HAZARDOUS AND HARMFUL ALCOHOL CONSUMPTION AND ALCOHOL DEPENDENCE

1. Recognizing the heavy burden that hazardous and harmful alcohol consumption and alcohol dependence place on the health care sector, individuals, families and societies, and recognizing that brief interventions for hazardous and harmful alcohol consumption are amongst the most cost effective of all health sector interventions;
2. Effective legislative, executive, administrative and other measures necessary to promote the widespread delivery of interventions for hazardous and harmful alcohol consumption and alcohol dependence should be implemented;
3. The following principles should be taken into account:
 - ☞ Appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices to promote reductions in hazardous and harmful alcohol consumption and adequate treatment for alcohol dependence should be developed, disseminated and implemented;
 - ☞ Effective programmes aimed at promoting the reduction in hazardous and harmful alcohol consumption, in such locations as educational

institutions, health care facilities and workplaces⁸ should be designed and implemented;

- ☞ The identification and management of hazardous and harmful alcohol consumption should be included in national health and education programmes, plans and strategies, with the participation of health workers, community workers and social workers as appropriate; and
- ☞ Programmes for diagnosing, counselling, preventing and treating hazardous and harmful alcohol consumption and alcohol dependence should be established in statutory and non-statutory health care facilities, specialized centres and rehabilitation centres.

V.2 INTERVENTIONS AND ASSISTANCE FOR FAMILY MEMBERS OF PEOPLE WITH ALCOHOL DEPENDENCE

1. Recognizing that harmful alcohol consumption and alcohol dependence can harm the health, safety and development of family members;
2. Effective legislative, executive, administrative and other measures necessary to promote the widespread delivery of support and help for the family members of people with harmful alcohol consumption and alcohol dependence should be implemented;
3. The following principles should be taken into account;
 - ☞ A comprehensive community-based system which includes close cooperation between the police, social workers, the courts and judicial system, non-governmental organizations and professional diagnostic and counselling services for family members who suffer alcohol-related violence, should be developed;
 - ☞ Children of parents with harmful alcohol consumption and alcohol dependence should be a high priority for psychosocial assistance and programmes to prevent social exclusion; and
 - ☞ Programmes for diagnosing and counselling adult family members of people with harmful alcohol consumption and alcohol dependence should be established in health care facilities, specialized centres and rehabilitation centres to prevent and help with emotional and psychological disorders.

VI. IMPLEMENTING POLICIES

1. Each European country (and, where relevant, local community, municipality and region within a country), and the European Union as a whole, should develop, implement, periodically update and review comprehensive multisectoral alcohol policy strategies, plans and programmes;
2. When developing and implementing comprehensive multisectoral alcohol policy strategies, plans and programmes, the following principles should be taken into account:
 - ☞ Country and European (and where relevant local community, municipal and regional) coordinating mechanisms or focal points for alcohol policy should be established or reinforced and financed⁹;

⁸ Special attention should be paid to the alcohol industry, whose employees are at particular risk of harmful alcohol consumption and alcohol dependence, and which was one of the first industries to implement successful workplace programmes.

⁹ Where mechanisms, structures or organizations currently exist, these should not be replaced, but rather strengthened or redefined as appropriate.

- ☞ Effective legislative, executive, administrative and/or other measures in developing appropriate policies for preventing and reducing the harm done by alcohol, and the harm done by other people's drinking should be adopted and implemented;
- ☞ The setting and implementing of public health policies with respect to alcohol policy should be protected from commercial and other vested interests of the alcohol industry;
- ☞ Cross-border cooperation in the formulation of proposed measures, procedures and guidelines for the implementation of policies, plans and programmes to reduce the harm done by alcohol should be adopted;
- ☞ Cooperation, as appropriate, should be made with competent international and regional intergovernmental organizations and other bodies to achieve the implementation of policies, plans and programmes to reduce the harm done by alcohol, including the European Commission and the World Health Organization;
- ☞ The effective implementation of policies, plans and programmes to reduce the harm done by alcohol should be adequately financed; and
- ☞ For the purpose of effective alcohol policy, legislative action or the implementation of existing laws should be used to deal with criminal and civil liability, including compensation where appropriate.

VII. RESEARCH, SURVEILLANCE AND EXCHANGE OF INFORMATION

1. Research and research programmes, surveillance, and exchange of information at the local, regional, country and European levels in the field of alcohol policy should be developed and promoted;

2. Principles should include:

- ☞ The initiation, promotion and encouragement of transparent and independent research that addresses the determinants and consequences of alcohol consumption, the harm done by alcohol, the effectiveness of policies and programmes to reduce the harm done by alcohol, and the effectiveness of strategies and approaches to implement effective policies and programmes to reduce the harm done by alcohol;
- ☞ The promotion and strengthening of training and support for all those engaged in alcohol policy activities, including research, implementation and evaluation;
- ☞ A system for the epidemiological surveillance of alcohol consumption and related social, economic and health indicators should be established;
- ☞ Cooperation should be made with the European Commission and World Health Organization in the development of general guidelines or procedures for defining the collection, analysis and dissemination of alcohol-related surveillance data;
- ☞ Establishment of programmes for regional, country, and European surveillance of the magnitude, patterns, determinants and consequences of alcohol consumption and the harm done by alcohol. Alcohol surveillance programmes should be integrated into regional, national, and European health surveillance programmes so that data are comparable and can be analysed at the regional, country and European levels, as appropriate;
- ☞ Alcohol surveillance and exchange of information between regions and countries should be established;
- ☞ The exchange of publicly available scientific, technical, socioeconomic, commercial and legal information, as well as information regarding practices of the alcohol industry should be promoted and facilitated;

- ☞ Annual reports of the alcohol industry for shareholders should include reports on how the alcohol industry has minimized the harm from its products in terms of production, marketing and sale, and any infringements of existing laws, regulations and codes of practice;
- ☞ An updated database of laws and regulations on alcohol policy and, as appropriate, information about their enforcement, as well as pertinent jurisprudence, and cooperation in the development of programmes for regional, country and European alcohol policy should be established and maintained;
- ☞ Updated data from regional, country and European surveillance programmes should be maintained; and
- ☞ A Europe wide system to regularly collect and disseminate information on alcohol production, manufacture and the activities of the alcohol industry which have an impact on alcohol policy activities should be established and maintained.

POST-AMBLE

The partners of the 27 countries¹⁰ of the European Bridging the Gap project,

Determined to give priority to the right to protect European public health and social welfare,

Determined to give priority to reduce the health, social and economic burden caused by alcohol,

Recognizing that alcohol is no ordinary commodity,

Recognizing that the harm done by alcohol is a European problem with serious consequences for public health and social welfare that calls for the widest possible international cooperation and the participation of all European countries in an effective, appropriate and comprehensive international response,

Recognizing that scientific evidence has unequivocally established that, whereas alcohol can bring benefits to the consumer, it is a cause of premature death, disease and disability, as well as of accidents, violence and intentional and unintentional injuries to both the user and people other than the user,

Recognizing that alcohol consumption is responsible for 7.4% of the total annual burden of ill-health and premature death in Europe, the third most important risk factor, after smoking and raised blood pressure, and a net percentage taking into account any potential benefits from alcohol,

Recognizing that in Europe violent deaths and deaths related to alcohol consumption dominate premature mortality amongst young men and account for more than 25% of all premature deaths,

Recognizing the compelling evidence of the strong relationship between individual and population consumption and risk of harm; and the evidence that overall reductions in consumption would not have adverse effects on deaths or illness from coronary heart disease,

Concerned about the increase in the use of alcohol, binge drinking¹¹ and the harm done by intoxication amongst young people, particularly in public settings, such as cafés, pubs and bars, and public places,

Concerned that alcohol consumption is likely to increase following economic development in new Member States and increased earning capacity of women and young adults,

Concerned about designer drinks¹² marketed to young people,

¹⁰ The partners represent governmental, non-governmental, health professional and research organizations from Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, Turkey and the United Kingdom.

¹¹ "binge drinking" means a pattern of heavy drinking that occurs during a single occasion, commonly defined as six alcoholic drinks (60g of alcohol) consumed on a single occasion.

¹² "Designer drinks" includes flavoured alcoholic drinks and pre-mixed spirits, manufactured with an alcoholic strength commonly ranging from 1.2% to 5.5% made from any alcoholic base, which are traditionally sold in 27.5 and 33cl bottles often designed to appeal to young people. Also known as alcopops and ready-to-drinks.

Concerned about the impact of all forms of advertising and promotion¹³ and sponsorship¹⁴ aimed at encouraging the use of alcohol products¹⁵,

Recalling Article 3 of the European Community Treaty which states that the activities of the Community shall include a contribution to the attainment of a high level of health protection,

Recalling Article 95 of the European Community Treaty, which states that the Commission, in its proposals concerning health, safety, environmental protection and consumer protection, will take as a base a high level of protection, taking account in particular of any new development based on scientific facts,

Recalling Article 152 of the European Community Treaty, which states that a high level of human health protection shall be ensured in the definition and implementation of all Community policies and activities. Community action, which shall complement national policies, shall be directed towards improving public health, preventing human illness and diseases, and obviating sources of danger to human health,

Recalling the programme of European Community Action in the field of Public Health (2003-2008) which should contribute to ensuring a high level of human health protection in the definition and implementation of all Community policies and activities, through the promotion of an integrated and inter-sectoral health strategy and to encouraging co-operation between Member States in the areas covered by Article 152 of the Treaty,

Recalling the Recommendation of the Council of the European Union of 5 June 2001 on the drinking of alcohol by young people, in particular children and adolescents (2001/458/EC), which, amongst other issues, stresses that (a) producers do not produce alcoholic beverages specifically targeted at children and adolescents; and (b) alcoholic beverages are not designed or promoted to appeal to children and adolescents,

Recalling the Conclusions of the Council of the European Union of 5 June 2001 on a Community strategy to reduce alcohol-related harm (2001/C 175/01), which stresses the need for a co-ordinated range of Community activities in all relevant policy areas, and a high level of health protection in the definition and implementation of Community activities, in fields such as research, consumer protection, transport, advertising, marketing, sponsoring, excise duties and other internal market issues,

Recalling the Conclusions of the Council of the European Union of 1 June 2004, which reiterated the importance of its 2001 Recommendation and Conclusions and recalled its invitation to the Commission to develop a strategy, which, as of 2006, is under preparation,

¹³ "advertising and promotion" means any form of commercial communication, recommendation (including product placement) or action with the aim, effect or likely effect of promoting an alcoholic product or alcohol use either directly or indirectly.

¹⁴ "alcohol sponsorship" means any form of contribution to any event, activity or individual with the aim, effect or likely effect of promoting an alcoholic product or alcohol use either directly or indirectly.

¹⁵ Different countries have different definitions of an alcohol product. In this document, "alcohol products" means any product that contains more than 1.2% alcohol by volume which is manufactured to be orally consumed. It is proposed that countries with a definition of a higher concentration reduce it to 1.2%, and countries with a definition of a lower concentration maintain that definition.

Recalling the 1995 European Charter on Alcohol of the World Health Organization (see Annex), which states that all people have the right to a family, community and working life protected from accidents, violence and other negative consequences of alcohol consumption,

Recalling the 2001 Stockholm Declaration on Young People and Alcohol of the World Health Organization, which states that public health policies concerning alcohol need to be formulated by public health interests, without interference from commercial interests,

Recalling resolution EUR/RC55/R1 of the European Region of the World Health Organization, which endorses the framework for alcohol policy in the WHO European Region, as a framework for strategic guidance and policy options for Member States,

Recalling the preamble to the Constitution of the World Health Organization, which states that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition,

Recalling resolution WHA57.16 of the World Health Organization, which urges Member States to promote strategies to reduce the adverse physical, mental and social consequences of harmful use of alcohol,

Recalling resolution WHA58.26 of the World Health Organization on public health problems caused by harmful use of alcohol,

Recalling Article 12 of the International Covenant on Economic, Social and Cultural Rights, adopted by the United Nations General Assembly on 16 December 1966, which states that it is the right of everyone to the enjoyment of the highest attainable standard of physical and mental health,

Recalling that the Convention on the Rights of the Child, adopted by the United Nations General Assembly on 20 November 1989, provides that Parties to that Convention recognize the right of the child to the enjoyment of the highest attainable standard of health,

Concerned of the conflict of interest, that alcohol, whereas a threat to public health, also, as a commodity, falls under the rules for free market competition and common agricultural policy,

Determined that agreements of the World Trade Organization, the General Agreement on Trade in Services (GATS) and proposals for a Directive on Services in the Internal Market of the European Community do not undermine the implementation of effective alcohol policy,

Recognizing the need to be alert to any efforts by the commercial alcohol industry¹⁶ to undermine public health-oriented alcohol policy¹⁷ efforts and the need to be informed of activities of the alcohol industry that have a negative impact on alcohol policy efforts,

¹⁶ "commercial alcohol industry" means commercial alcohol manufacturers, wholesale distributors and importers of alcohol products, retailers and the hospitality and pub industry and the social aspects organizations set up and funded by the commercial alcohol industry.

¹⁷ "alcohol policy" means a range of supply, demand and harm reduction strategies that aim, through laws, rules and regulations, to improve the health of a population by reducing the harm done by alcohol.

Recognizing that the alcohol industry needs to be accountable for its actions, giving accurate information about its products, warning about the consequences of its products, and supplying its products in ways that minimize harm,

Recognizing that countries that have put into place evidence based alcohol policies to protect the health and welfare of their citizens have the right under the principles of proportionality to protect their existing alcohol policies, even when these are more stringent than other European countries,

Recognizing that comprehensive multisectoral measures and responses to reduce hazardous and harmful alcohol consumption at the local, regional, country and European levels are essential so as to prevent, in accordance with public health principles, the incidence of diseases, premature disability and mortality due to alcohol consumption and other people's drinking,

Recognizing the need to develop, implement and evaluate alcohol policies and programmes that are socially and culturally appropriate to the circumstances and perspectives of different communities, countries and target groups,

Emphasizing the special contribution that nongovernmental organizations¹⁸ and other members of civil society not affiliated with the alcohol industry, including health professional bodies, women's, youth, consumer, cultural and care groups, and academic and health care institutions, can have for alcohol policy efforts locally, nationally and internationally and the vital importance of their participation in local, national and international alcohol policy efforts,

Recognizing that every person should be informed of the health consequences, addictive nature and mortal threat that can be posed by alcohol consumption and of the effective legislative, executive, administrative or other measures that should be taken at the appropriate governmental level to protect all persons from exposure to the harm done by other people's drinking,

Recognizing that strong political commitment is necessary to develop and support at the local, regional, national and international levels, comprehensive multi-sectoral measures and coordinated responses, taking into consideration:

- a. the need to take measures to protect all persons from the harm done by other people's drinking, such as traffic accidents and violence;
- b. the need to take measures to reduce the harm done by alcohol, and to promote and support reductions in hazardous and harmful alcohol consumption and dependence on alcoholic products;
- c. the need to take measures to promote the participation of indigenous individuals and communities in the development, implementation and evaluation of alcohol policy programmes; and
- d. the need to take measures to address gender-specific risks when developing alcohol policy strategies,

¹⁸ The European Alcohol Action Plan of the World Health Organization calls on all countries of the European Region to support nongovernmental organizations and self-help movements that promote initiatives aimed at preventing or reducing the harm that can be done by alcohol, including those nongovernmental organizations and networks that have experience and competence in advocating policies at international and country levels to reduce the harm that can be done by alcohol, those nongovernmental organizations and networks that have a specific advocacy function within their remit, such as associations of health care professionals, representatives of civil society and consumer organizations, and those nongovernmental organizations and networks that have a specific role to play in informing and mobilizing civil society with respect to alcohol-related problems, lobbying for policy change and effective implementation of policy at government level, as well as exposing harmful actions of the alcohol industry.

Recognizing that international cooperation, particularly transfer of technology, knowledge and financial assistance and provision of related expertise is needed to establish and implement effective alcohol policy programmes, taking into consideration local culture, as well as social, economic, political and legal factors,

Recognizing that cooperative action is necessary to eliminate all forms of illicit trade¹⁹ in alcohol,

Recognizing that evidence based policy that reduces the harm done by alcohol is a public good,

Recognizing that policies and programmes to reduce the harm done by alcohol require funding commensurate with the size of the problem,

Noting the report on Alcohol in Europe²⁰,

Propose that a Policy on Alcohol for Europe and its countries²¹, addresses the issues previously documented.

¹⁹ "illicit trade" means any practice or conduct prohibited by law and which relates to production, shipment, receipt, possession, distribution, sale or purchase including any practice or conduct intended to facilitate such activity.

²⁰ Anderson and Baumberg (2006). Alcohol in Europe. London: Institute of Alcohol Studies.

²¹ The partners recognize that the policies stated in this document must be developed and implemented according to the circumstances, perspectives, legislative, executive and administrative structures, and interpretation of the evidence appropriate for each country.

ALCOHOL POLICY NETWORK

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ANNEX

WHO EUROPEAN CHARTER ON ALCOHOL

Ethical principles and goals

In furtherance of the European Alcohol Action Plan, the Paris Conference calls on all Member States to draw up comprehensive alcohol policies and implement programmes that give expression, as appropriate in their differing cultures and social, legal and economic environments, to the following ethical principles and goals, on the understanding that this document does not confer legal rights.

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.

WHO EUROPEAN CHARTER ON ALCOHOL

Ten strategies for alcohol action

Research and successful examples in countries demonstrate that significant health and economic benefits for the European Region may be achieved if the following ten health promotion strategies for action on alcohol are implemented to give effect to the ethical principles and goals listed above, in accordance with the differing cultures and social, legal and economic environments in each Member State.

1. Inform people of the consequences of alcohol consumption on health, family and society and of the effective measures that can be taken to prevent or minimize harm, building broad educational programmes beginning in early childhood.
2. Promote public, private and working environments protected from accidents and violence and other negative consequences of alcohol consumption.
3. Establish and enforce laws that effectively discourage drink–driving.
4. Promote health by controlling the availability, for example for young people, and influencing the price of alcoholic beverages, for instance by taxation.
5. Implement strict controls, recognizing existing limitations or bans in some countries, on direct and indirect advertising of alcoholic beverages and ensure that no form of advertising is specifically addressed to young people, for instance through the linking of alcohol to sports.
6. Ensure the accessibility of effective treatment and rehabilitation services, with trained personnel, for people with hazardous or harmful alcohol consumption and members of their families.
7. Foster awareness of ethical and legal responsibility among those involved in the marketing or serving of alcoholic beverages, ensure strict control of product safety and implement appropriate measures against illicit production and sale.
8. Enhance the capacity of society to deal with alcohol through the training of professionals in different sectors, such as health, social welfare, education and the judiciary, along with the strengthening of community development and leadership.
9. Support nongovernmental organizations and self-help movements that promote healthy lifestyles, specifically those aiming to prevent or reduce alcohol-related harm.
10. Formulate broad-based programmes in Member States, taking account of the present European Charter on Alcohol; specify clear targets for and indicators of outcome; monitor progress; and ensure periodic updating of programmes based on evaluation.