

Speech 17 June 2004.

EUROCARE conference: *Alcohol policymaking in the context of a larger Europe: Bridging the cap.*

Minister, chairman, ladies and gentlemen,

First of all I would like to thank Eurocare for inviting World Health Organization to participate in this conference which is of great importance. Unfortunately, the Regional Director of the World Health Organization, Dr Danzon had other commitments these days and he asked me to pass best wishes to Eurocare and to all participants for this important event on alcohol policymaking.

It is just over 4 years ago that we launched the second European Alcohol Action Plan and 3 years since we met in Stockholm at the WHO Ministerial Conference on Young People and Alcohol.

During these years we have been working implementing the decisions taken and we are now in the phase where we have to evaluate our efforts and take the decision for a possible third European Alcohol Action Plan.

Basically what we have managed - is to move alcohol up on the public health agenda of Europe. Many countries have developed their own Alcohol Action Plans and we know that many countries have used the recommendations developed by the WHO for their own action plans.

The European Region of WHO, is the region with the highest alcohol intake worldwide and alcohol is the main disease burden of disease among developing countries with low mortality. *The world health report 2002* presented figures by attributing 16% of total death in central Europe to alcohol. There is evidence that both the volume of alcohol consumed and the drinking pattern are relevant to health. It is still doubtful if some alcohol products are more harmful than others, but there is a close dose-response relationship between alcohol consumption and morbidity/mortality.

The development of alcohol policies in the European Region continues to make progress, but still half of the 52 WHO Member States in Europe have not yet adopted a national alcohol action plan. Policy changes over the past few years have shown convergence on some alcohol policy measures. Specific policy efforts to reduce drink-driving illustrate effective policy measures at country-level, whereby many countries have lowered their blood alcohol limits and increased enforcement. The regulatory

provisions for alcohol-free environments have also been increased in many countries to ensure greater public safety and safer workplaces. Measures to regulate alcohol advertising have had mixed responses: some countries have introduced restrictions while many others have eased them. In general, western European countries have moved towards stricter alcohol control policies. Especially the southern European countries have reduced per capita consumption levels and they have lowered alcohol related harm to a greater degree than many of the countries in the central or eastern part of the Region.

Weaknesses in policy effectiveness still remain. The enforcement of codes, regulations or legislation is a critical factor in policy effectiveness. External pressures from the alcoholic beverage industry, commercial marketing and illegal trade militate against further progress. The lack of a collective willingness to recognize the seriousness of alcohol problems and the wide-ranging damage caused by alcohol in society is a further obstacle.

There is increasing evidence showing the effect of different alcohol policies, where pricing, taxation are shown to be effective. Unfortunately, the most recent trend in Europe is that prices are decreasing and in many European Union Member States more liberal rules for cross border sale have forced Member States to substantially decrease taxation. The effects of the most recent 45% decrease in spirit taxation in Denmark and Finland are not yet evaluated, but initially spirits sale went up with 40% and in both countries the level has stabilized at a 20% increase.

The impact of alcohol advertising is difficult to measure, but researchers have found that exposure to repeated high-level alcohol promotion results in pro drinking attitudes and increases the likelihood of heavier drinking. The huge increase in sale of ready to drink products during the last 3-5 years and the intensive marketing of these products indicates a relationship between advertising and behaviour. During the recent years the amount of alcohol advertising has increased. Young people and adolescents have become the group that is targeted more heavily by advertising. There is no indication that the Member States have changed the restrictions on alcohol advertising during the last years. The European Union has through harmonisation of the market made some Member States to be less restrictive with regards to laws on alcohol advertising and marketing.

Harmonization of taxes at a high level, provisions to reduce smuggling, agreements to abolish duty free sale for tourists, ban on advertising, standards for testing alcoholic beverages, health warning, etc are efficient policy measures that could be implemented in a coordinated way through Europe.

And the reason for adopting an international convention on alcohol products is that alcohol is not an ordinary commodity.

Before this conference Eurocare facilitated the establishment of a NGO network on alcohol policy. WHO welcome this network and we look forward to cooperate in the future work of the network.

Furthermore, WHO and the European Commission have established a good cooperation particularly in light of a possible common evaluation of the European Alcohol Action Plan, the Stockholm Declaration and the European Council Recommendation on the drinking of alcohol by young people and it is our hope that we will use the data for the development of a future European Strategy on alcohol.

Thank you.