Alcohol policy and young people in EU

In my presentation of 15-20 minutes I will first give a short historical background on the status alcohol policy issues have had within the European Union. After that I will take a closer look on the issue of young people and alcohol and on how the EU and member states try to keep these two apart. Finally I will try to give a short review on the recent developments of alcohol policy and young people within the EU.

On the way to community alcohol policy

If we first look at alcohol issues within the EU we can conclude that even today the EU has no practice of any coherent preventive alcohol policy. Given that a public health mandate was not explicit until 1993, it is not surprising that one does not find a trace of preventive alcohol policy development before the 1990s. One can, however, locate other frames of reference to the harmful effects of alcohol consumption even earlier.

Before the 1980s, alcoholic beverages were regarded at the EU level as normal commodities without any considerations of their public health consequences, and alcohol was mostly discussed from the perspective of the common agricultural policy or as a tax harmonisation issue. The first time alcohol was treated as a potential target of regulation motivated by public health aims was in 1981 in a Council resolution that adopted the second programme of the EEC for consumer protection and information.

Alcohol abuse was referred to in its own right for the first time in a Council resolution in 1986, which stated that the increase in alcohol abuse is causing serious concern for public health and social welfare (Official Journal C 184/02, 29.05.1986). On the other hand, this resolution also highlighted the economic importance of alcoholic beverages and concluded that a joint initiative is advisable in the field of prevention of alcohol abuse.

Beyond the Council resolution, in the 1980s, attempts were made to establish a unified blood alcohol concentration (BAC) limit for drunk driving under the auspices of traffic safety policy. The resolution and call for action sought a common BAC limit, and a Commission proposal for a Council directive was presented in 1988, but it was stalemated in the Council.

In 1987 alcohol-related problems were also dealt with within the context of the Europe against Cancer programme initiated in 1987.

One indicator of public health expansion during the late 1980s was the establishment of a public health unit within the Commission. However, its work in the area of public health could not be justified for its own sake, but strictly in terms of economic considerations related to the single European market.

In addition to political actions, the trend towards a greater recognition of alcohol-related problems after the Maastricht Treaty in 1993 included increased attention to producing information about alcohol and alcohol-related problems. The programme for community action on health promotion, information, education and training for the 1996-2000 period included the promotion of the examination, assessment and exchange of experience and the support for actions concerning measures to prevent alcohol abuse and related social and health problems. In 1996, the Commission also established a working group on alcohol as a forum for sharing experiences on alcohol-related problems and preventive alcohol policy.

Until the late 1990s, public health policy was addressed within Directorate-General (DG) V of the Commission, dealing with employment, industrial relations and social affairs. The public health unit of the EU was located here, and this unit, Public Health and Safety at Work, was a sub-directorate containing five units. Alcohol was largely handled within the unit of health promotion, health monitoring and injury prevention. In 1999, in the newly created DG Health and Consumer Protection (SANCO), alcohol is mostly handled in Unit G 3 Health promotion, health monitoring and injury prevention.

EU policies are not simply the outcome of bargaining between member states. The EU institutions themselves play an important part in shaping the type and content of policy. The nature of policy intervention of the EU is determined in part through the legal basis for action as well as earlier precedents in the same area. Health and public health interventions fall almost exclusively under inter-state co-operation. It can further be observed that SANCO, and DG V before it, has been engaged almost exclusively in the production of recommendations, and its opinions set goals in relation to issues but they are not binding in any way. Although the legal basis for making public health policy set out in the treaties is largely restricted to encouraging trans-state co-operation, the Commission's public health sector has identified alternative venues for political action. In their

article from 1999 Caroline Sutton and Sven Nylander identified four venues that are common within the public health sector when constructing of European phenomena, namely supporting the accumulation of European knowledge, the support to developing interest groups, the building of public opinion, and the construction of practical competence.

Alcohol policy and young people

If we then take a close look at alcohol policy and young people in the member states and the EU level we can note that there is a broad and expanding consensus within that alcohol and young people should be kept apart. A good indicator on this is the fact that most, almost all EU member states have legal age limits on both off- and on premise sales of alcohol.

These legal age limits have been gathered in the ECAS Study and from the WHO-EURO:s Alcohol Control database and if you notice any errors in this table please inform me of those after this session so we can get correct and up-to-date information.

As you can see there still are considerable differences in the age limits between the countries and in a broader international perspective, for instance when comparing with the United States, where the age limit is 21, the age limits in Europe are still pretty low.

The trend during the past few decades has been towards higher age limits. A good example of this is Denmark where legal age limits for off-premise sales of alcoholic beverages were introduced as late as in 1998. A contributing factor to the introduction of age limits were the 1995 ESPAD study that showed that the Danish youngsters were among those consuming most alcohol and also regards to binge drinking the Danes were, together with the Brits and the Finns, those who drank the most. After the introduction of a 15 year age limit in 1998, a decision which was by the way much debated in the Danish parliament, the Danes have this year again made their legal age limits more strict. Now the legal age limit for off-premise sales of alcohol is 16 years.

The legal age limits for buying alcoholic beverages are a good example of an individual alcohol control measure that has been kept and even made stricter during the last few decades in Europe. In addition to the development in Denmark also in Portugal a council resolution that was passed in November 2000 introduced a legal age limit of 16 years of age for off-premise sales of alcoholic

beverages. Subsequently, most European countries have currently in force legal age limits for buying alcoholic beverages both on and off the premises. The legal age limits ranges typically from 16 to 20 years of age. There are also all kinds of exceptions to the rules and considerable differences in how strictly the age limits are enforced.

Another area, apart from age limits, where young people and alcohol are tried to be kept apart is concerning the contents in television broadcasts.

At the EU level the content in television broadcasts is regulated by a Council directive (Council directive 89/552/EEC) ensuring free movement of television broadcasts, also called the "Television without frontiers" directive. The main objective of this directive approved in October 1989, was to create the necessary conditions for free movement of TV broadcasts within the single market, to guarantee certain general interest, such as the promotion of cultural diversity, and to protect the consumers and especially minors.

The directive also includes some restrictions concerning alcohol advertising in broadcast media. Article 15 in the directive states that advertising for alcoholic beverages shall comply with the following criteria:

- it may not be aimed specifically at minors or, in particular, depict minors consuming these beverages,
- it shall not link the consumption of alcohol to enhanced physical performance or to driving,
- it shall not create the impression that the consumption of alcohol contributes towards social or sexual success,
- it shall not claim that alcohol has therapeutic qualities or that it is a stimulant, a sedative or a means of resolving personal conflicts,
- it shall not encourage immoderate consumption of alcohol or present abstinence or moderation in a negative light, and
- it shall not place emphasis on high alcoholic content as being a positive quality of the beverages.

Alcohol policy as a part of the EU's public health policy

If we then look how alcohol policy has been developed as a part of the EU:s public health policy we soon find out that even here young people have been in a key position.

The first case of alcohol policy being processed as public health policy in the EU was the case of 'alcopops', or designer drinks. In the summer of 1995 these types of beverages hit the market in the UK, and shortly thereafter found their way into other European markets. The fact that these very drinks with curious names and fancy labels seemed to be aimed at a very youthful market resulted in demands for action at the European level by interest organisations and the European Parliament, and the alcopops issue was also raised within the Council.

A declaration by the European Parliament called upon the Commission to introduce European-wide guidelines for the promotion, marketing and retailing of alcopops and designer drinks, to enforce regulatory control of the promotion, marketing and retailing of these products, and to examine ways of taxing such drinks at the same rate as distilled spirits.

During the process, the subject of discussion shifted away from alcopops towards alcohol consumption by youth and children, and later on even the concepts of alcopops and designer drinks disappeared from the draft of the Council recommendation. The final Council recommendation was accepted on June 5, 2001 a few months after the ministerial conference on alcohol and young people held in Stockholm. The recommendation dealt with the drinking of alcohol by young people, in particular children and adolescents, and encouraged member states to foster a multi-sectoral approach to educate young people about alcohol and to increase young people's involvement in health-related policies and actions (Council Recommendation 2001/458/EC). It was also recommended that should action be taken against the illegal sale of alcohol to minors and that proof of age should be required. It furthermore included codes of conduct for the alcohol industry and trade with the recommendation not to target alcoholic beverages in marketing, advertising and sponsoring specifically on children and adolescents.

On the same day the above mentioned Council recommendation was accepted, the Council also made a Conclusion on a Community Strategy to reduce alcohol-related harm (Council Conclusion 2001/C 175/01). In this conclusion the Council "underlines the desirability of developing a comprehensive Community strategy aimed at reducing alcohol-related harm comprising, in particular, the following elements:

- Further development of comparative and comprehensive information together with relevant high-quality research, and an effective monitoring system of alcohol consumption, alcohol-related harm, and policy measures and their effects in the European Community.

- A co-ordinated range of Community activities in all relevant policy areas; a high level of health protection shall be ensured 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, while fully respecting Member States' competencies.
- Strengthened co-operation and exchange of knowledge between Member States.
- International co-operation, in particular with and within the World Health
- Organization" (Council Conclusion 2001/C 175/01).

In 2002 the European Parliament and the Council adopted a programme of community action in the field of public health for the years 2003-2008. The programme shall complement national policies and aim to protect human health and improve public health. The general objectives of the programme are

- to improve information and knowledge for the development of public health,
- to enhance the capability of responding rapidly and in a coordinated fashion to health treats, and
- to promote health and prevent disease through addressing health determinant across all policies and activities.

For information and guidance, the following areas of work have been identified as priority areas for 2003: cross-cutting themes, health information, health treats and health determinants. Under health determinants alcohol, alongside with tobacco and drugs has been mentioned. With regard to alcohol the work plan for 2003 will establish a network of expert organisations to support the implementation of the Council Recommendation on the drinking of alcohol by young people and to contribute to further development of a Community strategy to reduce alcohol-related harm. Also a conference on alcohol, health and society is to be held in 2005.