



CPME/AD/Brd/271006/074/EN

At its Board meeting in Luxembourg on 27 October 2006, the CPME adopted the following resolution: **Statement on Reducing the Global Impact of Alcohol on Health and Society** (referring to CPME 2006/074 EN/FR)

Statement of the Standing Committee of European Doctors on Reducing the Global Impact of Alcohol on Health and Society

The Standing Committee of European Doctors warmly welcomes the efforts of the international community to reduce the harmful effects of alcohol on health and society. A resolution on public health problems caused by harmful use of alcohol was accepted by the World Health Assembly in Geneva in May 2005. The World Medical Association issued in October 2005 a statement on reducing the global impact of alcohol on health and society in its General Assembly in Santiago. The European Commission published in October 2006 a communication on alcohol and health which will be followed by council conclusions on the subject before the end of the Finnish EU Presidency. All these activities reflect the growing awareness of the international community of the negative impacts of alcohol on the health and social welfare of individuals and the emerging willingness of societies to reduce these problems.

Overall 4% of the burden of disease and 3.2% of all deaths globally are attributable to alcohol. There are causal relationships between alcohol consumption and more than 60 types of disease and injury, including traffic fatalities. Beyond the numerous chronic and acute health effects, alcohol use is also associated with widespread negative social, mental and emotional consequences on societies and families.

It has to be recognized that the patterns, context and overall level of alcohol consumption influence the health of the population as a whole. Harmful drinking is among the foremost underlying causes of disease, injury, violence – especially domestic violence – disability, social problems and premature deaths. It is also associated with mental ill-health and contributes to social and health inequalities.

Alcohol cannot be considered an ordinary beverage or consumer commodity since it is a drug that causes substantial medical, psychological and social harm by means of physical toxicity, intoxication and dependence. There is increasing evidence that genetic vulnerability to certain forms of alcohol misuse is a risk factor for some individuals.

Heavy drinkers and those with alcohol-related problems or alcohol dependence cause a significant share of the problems resulting from

consumption. However, in most countries, the majority of alcohol related problems in a population are associated with harmful or hazardous drinking by non-dependent “social” drinkers, particularly when intoxicated.

In order to reduce the harmful effects of alcohol its overall consumption must be brought down. This goal has to be taken into account in all policies in the society. The most effective ways of reducing alcohol consumption are to control its pricing, availability and promotion. Special emphasis ought to be given to alcohol consumption of the under-aged, effects of alcohol consumption on third parties as well as alcohol consumption related to driving.

Under-age drinking

In EU countries, there is a significant increase in consumption in young adults, and in children above 10 years old. Growing scientific evidence has demonstrated the harmful effects of alcohol consumption prior to adulthood on the mental, cognitive and social functioning of youth. There is an increased likelihood of adult alcohol dependence and related problems among those who drink before full physiological maturity. Increasing the age at which young people start to drink and decreasing the level of consumption reduces the risk of becoming dependent on alcohol.

Regular alcohol consumption and binge drinking impairs school performance, may increase participation in crime and adversely affect sexual performance and behaviour. The use of alcohol by children and adolescents is strongly linked to parental and community role models, meaning that reducing under-age drinking and cannot be tackled in isolation from the wider society.

Protection of family members

Alcohol causes indirect damage to individuals who do not consume it themselves. Domestic violence and abuse are often consequences of excessive use of alcohol. Exposure to alcohol during pregnancy can impair brain development and be associated with intellectual deficits that become apparent later in childhood. Great emphasis has to be given to families where children are exposed to social and health problems because of high alcohol consumption patterns of their parents.

Drinking and driving

The risk of road traffic accidents increases with the blood alcohol concentration of the driver. Reducing the overall consumption of alcohol and effective enforcement of limits of blood alcohol levels both contribute to preventing traffic injuries and deaths. Increasing the age of starting to drink also reduces the risk of road traffic accidents.

Alcohol at the workplace

Working under the influence of alcohol augments the occurrence of accidents and injuries and has a negative effect on productivity. Therefore appropriate attention must be given to the availability of information on harms caused by

alcohol. Workplaces should adopt programs for guidance to seek medical help for alcoholism and other alcohol related problems.

Alcohol and health care systems

To tackle the issue of harms caused by alcohol consumption high usage disorders must be effectively screened. Timely interventions to motivate high-risk drinkers to moderate their consumption are also needed. Specialized treatment must be provided for alcohol dependent individuals and proper assistance given to their families. In particular, all parts of the judicial systems (the police, courts and prisons) should recognise the benefit of effective alcohol treatment programmes being provided in ways that address the link between alcohol consumption and crime.

The following policies and actions are needed to prevent and reduce health and society problems related to alcohol:

- **Pricing**

Since price is a highly effective tool for reducing consumption of alcohol overall and especially among youth, minimum tax levels for all alcohol products in the EU shall be implemented.

- **Limits on availability**

Limited times of sale, strictly controlled minimum age of 18 years for purchasing and licence enforcement are to be used.

Surroundings mainly targeted at children such as schools, amusement parks and sports arenas shall be alcohol free.

Member states shall have the right to restrict imported amounts of alcohol since it cannot be considered an ordinary consumer commodity.

- **Intoxicated children**

Children below the age of 16 found intoxicated in a public place shall either be transported home or, when their parents are incapacitated or cannot be reached, to the care of social authorities. If needed, acute health care services must be provided.

- **Restriction of advertising**

Member states shall have the right to limit promotional activities of alcohol products.

Development and marketing of alcohol products that are especially appealing to young consumers shall be discouraged by legislation at the Union level.

- **Drinking and driving**

The CPME acknowledges that some member states have introduced a lower maximum alcohol limit for drink driving and suggests that in all the EU member states the allowed maximum concentration of alcohol in the blood when driving should be maximum 50mg/100ml.

- **Education**

Health authorities shall collect reliable data about alcohol use and harms caused by alcohol. This information of the health effects of alcohol must be widely available. Education alone can not stop drinking and problems caused by alcohol, but it is vital in ensuring that the population understands the issue and supports restrictive policies.

- **Labelling**

Attaching warning labels to packaging shall be encouraged.

- **Acquiring information of alcohol use**

Health professionals shall discuss their patients' alcohol usage with them and use the information acquired accordingly.

- **Alcohol in patient records**

Alcohol as a cause of an acute incident or a chronic illness must always be stored in patient records.

- **Provision of care**

Screening, brief interventions and specialized treatment must be provided for alcohol dependent individuals. Health professionals shall encourage their patients to seek treatment, help them find rehabilitation opportunities and offer continuous support including the follow-up after rehabilitation. The community must support the recovery process and avoid stigmatization of the patients.