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At its Board meeting in Mondorf-les-Bains on 16 June 2007, the CPME adopted the following resolution: **Comments of the Standing Committee of European Doctors regarding the communication on an EU strategy to support Member States in reducing alcohol related harm.** (referring to CPME 2007/029 Final EN/FR)

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## **Comments of the Standing Committee of European Doctors regarding the communication on an EU strategy to support Member States in reducing alcohol related harm.**

The Standing Committee of European Doctors warmly welcomes the efforts of the *European institutions* to reduce the harmful effects of alcohol on health and society. The European Commission published in October 2006 a communication on *an EU strategy to support Member States in reducing alcohol related harm* which was followed by council conclusions on the subject. These activities reflect the growing awareness *in Europe* of the negative impacts of alcohol on the health and social welfare of individuals and the emerging willingness of societies to reduce these problems.

*The CPME refers to its statement on Reducing the Global Impact of Alcohol on Health and Society (approved in October 2006) and wishes to make the following contribution to the actions needed from the EU member states and the Commission to reduce alcohol related harm. The comments below are presented according to the structure of the Commission communication. Suggested policies and actions are presented with **bold** text.*

### Case for action

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.

### *Protect young people, children and the unborn child*

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. Both schools and parents/families have a responsibility in forming young people’s attitude towards 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 underage drinking cannot be tackled in isolation from the wider society.

Exposure to alcohol during pregnancy can impair brain development and be associated with intellectual deficits that become apparent later in childhood.

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

- **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.**
- **School-based life-skills training should be introduced as a preventive measure against alcohol abuse.**

*Reduce injuries and deaths from alcohol-related road traffic accidents*

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.

- **The CPME firmly believes that a strict “no drink and drive” policy should be promoted.**
- **The CPME suggests as a general rule that in all EU MS, the allowed maximum concentration of alcohol in the blood when driving should be no more than 50mg/100ml.**
- **The CPME acknowledges that some member states have introduced lower maximum alcohol limit for drink driving and encourages the attitude that drinking and driving should not be mixed.**

*Prevent alcohol-related harm among adults and reduce the negative impact on the workplace*

Alcohol causes indirect damage to individuals who do not consume it themselves. Domestic violence and abuse are often consequences of excessive use of alcohol. 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.

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.

- **In order to limit the availability of alcohol Member states shall have the right to restrict imported amounts of alcohol by individual persons since it cannot be considered an ordinary consumer commodity.**
- **Member states shall have the right to limit promotional activities of alcohol products.**
- **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**

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**the recovery process and avoid stigmatization of the patients. Screening, brief interventions and adequate treatment must be provided for people with excessive and harmful drinking habits and specialised treatment must be available for alcohol dependent patients.**

*Inform, educate and raise awareness on the impact of harmful and hazardous alcohol consumption, and on appropriate consumption patterns*

- **Health authorities shall collect reliable data and evidence from studies about alcohol use and harms caused by alcohol. This information of the health effects of alcohol must be widely available. Education is vital in ensuring that the population understands the issue and supports restrictive policies.**
- **Attaching warning labels to packaging shall be encouraged.**

*Develop, support and maintain a common evidence base*

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.

1. **Health professionals shall discuss their patients' alcohol usage with them and use the information acquired accordingly.**
2. **Alcohol as a cause of an acute incident or a chronic illness should always be stored in patient records.**
3. **Responsible behaviour towards alcohol in children and adolescents below the age of 16 should be promoted.**