

Outlook on the future

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Purpose



What next:

1. We know what the ***problem*** is
2. We know ***what can be done*** about it
3. Where is the ***Commission*** leading us?
4. Where is the ***WHO*** leading us?
5. What do ***we*** have to do?

1. We know what the problem is:

1. The **amount** of alcohol consumed on an occasion and over a life time **matters** for health
2. Alcohol effects **us** - the middle aged and the middle class - and is also **our** problem
3. There is a disproportionate amount of damage amongst the disadvantaged

1. ***We know what the problem is:***
4. Alcohol harms third parties
5. Alcohol affects our **children** and can damage brain development during adolescence

2. We know what can be done about it:

- 1. Alcohol is *not* an **ordinary** commodity, damages third parties, and, amongst other things, requires government **intervention** to address market failures**
- 2. School-based educational programmes **will not change** alcohol-related harm**
- 3. Managing the **price, availability and marketing** of alcohol **will change** alcohol-related harm**

3. What are country concerns?

1. Alcohol has become more affordable, and some countries have recently put up taxes
2. Some countries have minimum pricing regulations
3. Cross border issues impair the impact of country policies

3. What are country concerns?

1. Countries want to strengthen advertising regulation
2. Need increased social awareness of the problem

4. Where is the Commission leading us?

We have learnt that the **long-term objectives** of the Commission approach are to:

- facilitate a **change in attitudes** towards alcohol, such that being drunk or drinking heavily is no longer socially acceptable, similar to tobacco, where smoking has become less and less socially accepted
- push the limits of effectiveness of **partnership** approaches, while using supplementary public intervention at national and local level to ensure that real results are achieved

4. Where is the Commission leading us?

We have learnt that DG SANCO considers that the balance of evidence shows cumulative effect of marketing on young people's knowledge, attitudes and behaviour

3. Where is the Commission leading us?

We have commented that insufficient attention is placed on national policy development and on cross border and transnational that impede the development and implementation of country based policies

We are seeing the EU Forum start work:

We have learnt that the overall objective of the Forum is to provide a ***common platform*** for all interested stakeholders at EU level willing to step up actions aimed at reducing alcohol harm, through addressing:

- ***under age drinking***
- ***information on effect of harmful drinking***
- ***responsible drinking/promote behavioural changes***
- ***consumer information***
- ***commercial communication***

75 commitments so far received:

main areas targeted:

- develop **information and education** programmes on the effect of harmful drinking (28)
- better cooperation/actions on responsible **commercial communication** and sales (26)
- develop **information and education** programmes on responsible patterns of consumption (19)

75 commitments so far received:

We have noticed the mismatch between the content of these commitments and what the evidence tells us works

Roles in partnerships?

We have also learnt from the public health view, that the ***business of business is business***, and that producers and retailers should consider how best they can manage their products to reduce alcohol-related harm

This also means that ***it is just not governments*** that can manage the price of alcohol to reduce harm

Health in all policies?

- New EU health strategies and action programmes
- Single market and trade rules
- Consumer protection
- Agriculture reforms
- Health in and out of work
- Social policies
- Justice
- But ... The real world?

4. *Where is the WHO leading us?*

An important milestone has been the January 2008 Executive Board decision to recommend the May 2008 World Health Assembly to adopt a resolution that calls for the preparation of a ***draft global strategy*** to reduce the harmful use of alcohol to submit to the Assembly in **2010**. It is proposed that the strategy be based on all evidence and best practices, with special emphasis on an **integrated approach** to protect at-risk populations, young people and those affected by harmful drinking of others.....

Where is the WHO leading us

- **Member States** are urged to strengthen their own national responses using evidence on effectiveness and cost-effectiveness of strategies;
- **The WHO secretariat** is requested to collaborate and consult with Member States as well as with intergovernmental organizations, health professionals, nongovernmental organizations and economic operators on ways they could contribute to reducing the harmful use of alcohol.

Where is the WHO leading us

We have expressed concern of the public health implications of collaboration between the WHO secretariat and economic operators, particularly in low income countries who are developing alcohol policies

5. What do we have to do?

1. Raise awareness and increase political commitment

- A written alcohol policy or strategy
- Build a strong base of public awareness and support

2. Reduce the public health impact of illegally and informally produced alcohol

- Community mobilization
- Enforcement and control

3. Community action to reduce the harmful use of alcohol

- Increase recognition of alcohol-related harm in communities
- Mobilize against the selling of illicit and potentially contaminated alcohol

4. Pricing policies

- Use of tax changes to influence price
- Tax is only one component of the retail price of alcoholic beverages

5. Address the availability of alcohol

- Limits on hours and days of sale
- Regulations on sellers and the density of outlets

6. Address marketing of alcoholic beverages

- Stronger controls and bans on volume of alcohol advertising
- Stronger controls on content of alcohol advertising

7. Drink-driving policies and countermeasures

- Low limit for blood alcohol concentration
- Consistent and visible enforcement using random breath-testing

8. Harm reduction

- Manage licensed premises
- Active and ongoing enforcement of existing laws and regulations

9. Health-sector response

- Screening and brief intervention programmes
- Treatment supported by comprehensive alcohol policies

10. Cross border issues

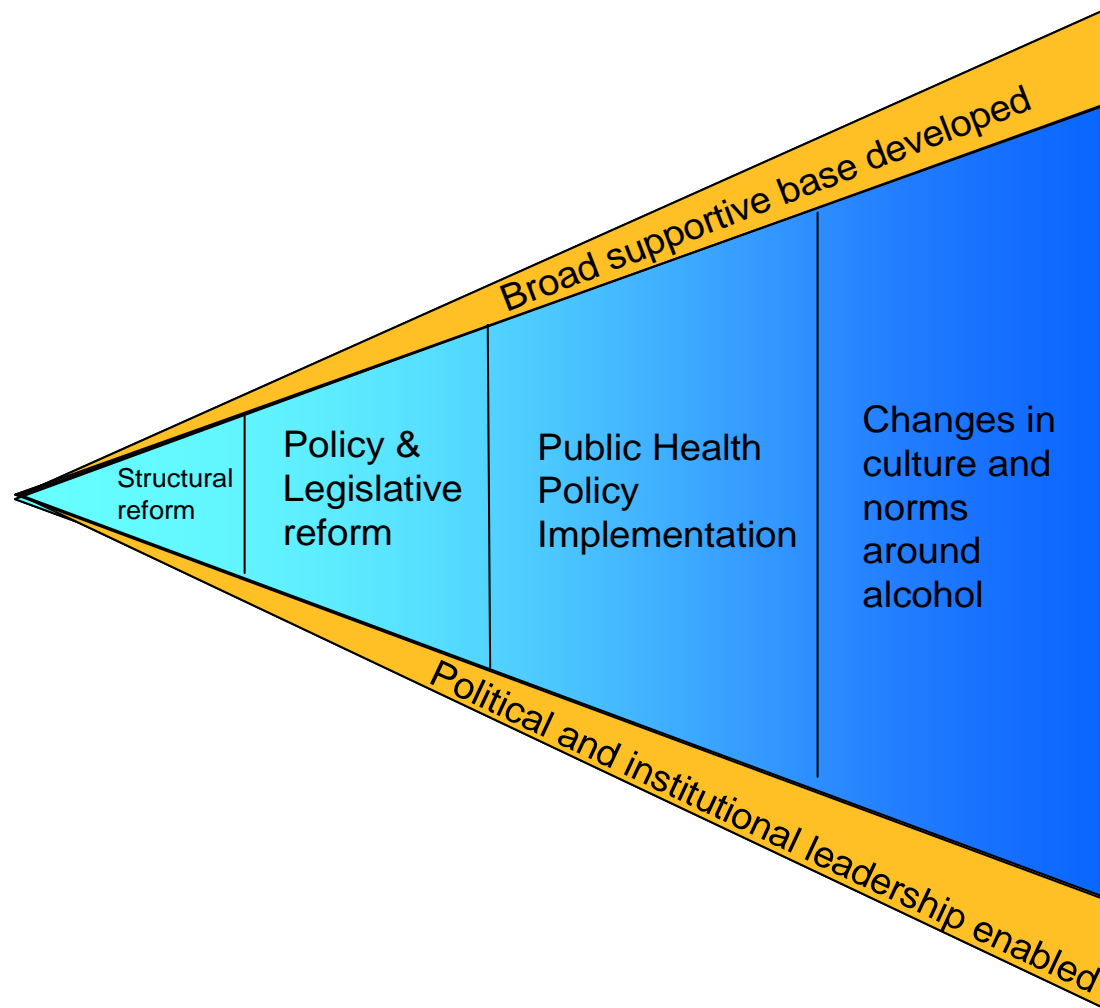
- Ensure that policy of one country does not weaken policy of another country
- Develop framework for common policies across countries

Public demand exists: *Eurobarometer survey (2007)*

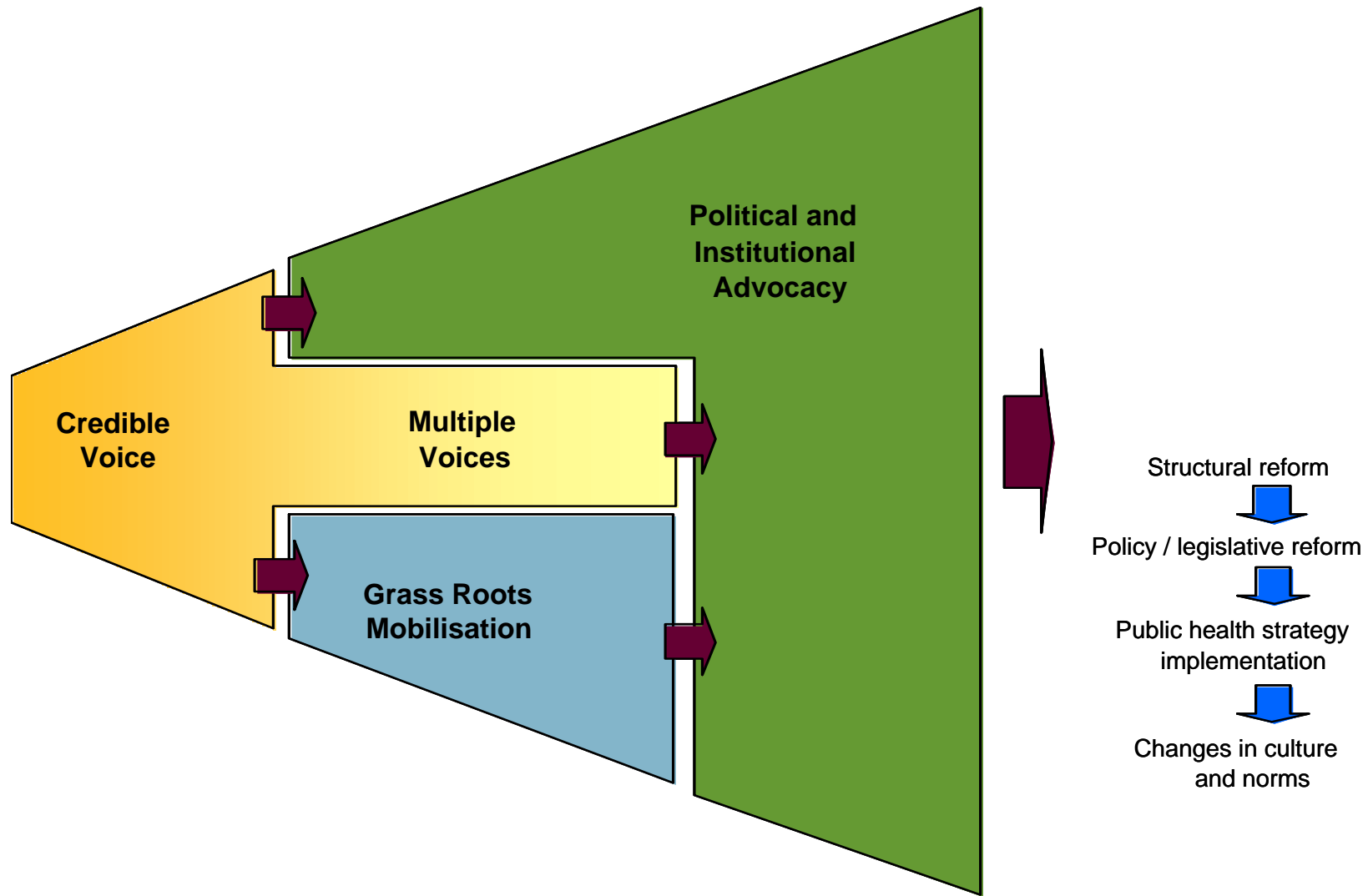
Citizens support action to address alcohol harm:

- **87% agree** that selling and serving alcohol to people under the age of 18 years should be banned
- **80% agree** that random police alcohol checks would reduce alcohol consumption before driving
- **77% agree** to put warnings on alcohol bottles and adverts with the purpose to warn pregnant women and drivers of dangers of drinking alcohol
- **76% agree** that alcohol advertising targeting young people should be banned
- **73% agree** to lower blood alcohol level (0.2 g/l) for young and novice drivers
- **44%** of EU citizens believe that public authorities have to intervene in order to protect individuals from alcohol related harm

Change is achievable: how it might happen over 5-10 years



Short Term: 2 – 3 Year Outcomes	Medium Term: 4 - 5 Year Outcomes	Long Term: 10 Year Outcomes
<ul style="list-style-type: none"> ● Agreed national strategies on alcohol ● Alcohol on the agenda of critical, influential civil society groups ● Increased call by the public for government action and reduced tolerance for alcohol-related harm ● Early intervention and support available for heavy drinkers, dependent drinkers and families 	<ul style="list-style-type: none"> ● Established political leadership and accountability for alcohol policy ● Implemented public health strategies on alcohol ● Policies reflect public health approach, particularly in the areas of pricing and availability 	<ul style="list-style-type: none"> ● Norms around drinking no longer support heavy drinking ● Indices of alcohol-related harm reduced ● Per capita consumption in EU reduced



The outlook is changeable...

- There is a significant growing **need**
- The **opposition** is fierce
- It is a battle for **hearts and minds**
- The **case** for action is strong
- **Opportunities** for change exist – political, professional and public
- Acting alone is **not** a solution

YOU – WE – CAN DO IT TOGETHER

