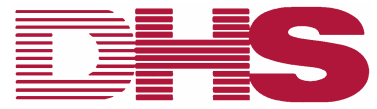


German Centre for
Addiction Issues



D-59003 Hamm, Postfach 1369
D-59065 Hamm, Westenwall 4
Phone: +49 (23 81) 90 15-22
Fax: +49 (2381) 90 15-30
eMail: farke@dhs.de
Internet: www.dhs.de

Final Report

Pathways for Health Project (PHP) on drinking and driving, binge drinking, health warnings and labeling for alcoholic beverages

01.01.2006 – 30.06.2007

AGREEMENT NUMBER 2005321

Contents

- 1. Introduction**
- 2. Project Evaluation**
- 3. Meetings, Sessions and Presentations**
 - 3.1 First Coordination meeting in Berlin
 - 3.2 Second Coordination meeting in Paris
 - 3.3 PHP Presentation at the Bridging the Gap meeting in Barcelona
 - 3.4 PHP session at the Helsinki Bridging the Gap conference
 - 3.5 Presentation of the PHP results at the Scientific Symposium in Tutzing, Germany
- 4. Innovative Projects, Practices and Programmes**
 - General project analyses
 - Examples of innovative projects, programmes and practices
- 5. HP Source**
- 6. Reports**
- 7. Recommendations and Conclusions**
- 8. Website**
- 9. Delphi Report**
- 10. Liaising with other alcohol related projects**
- 11. Dissemination of the results**
- 12. Conclusions**

Annexes

1. Introduction

The Pathways for Health Project – which was carried out by the German Centre for Addiction Issues (DHS) – is co-financed by the European Commission and the governments of Finland, France, Germany and Portugal. The project included partners in 30 European countries as well as the European Youth Forum, TISPOL (a working group committee of operational Traffic Police Officers from European member countries of the ‘European Traffic Police Network’), the European Transport Safety Council (ETSC) and CRIOC, a Belgian consumer association.

The umbrella project ‘Pathways for Health’ (PHP) supported the Council Conclusions of 5 June 2001 on a Community strategy to reduce alcohol-related harm, the Council Recommendation of 5 June 2001 on the drinking of alcohol by young people, and the Council Conclusions on alcohol and young people of 2 June 2004, and the 2005 work plan for the Community Action in the field of public health which included the following three topic areas:

- Innovative actions focusing on drink driving countermeasures and their effects;
- Innovative and cross-sector awareness raising activities, involving a number of different actors, to improve synergy and coordination of campaigns and consumer information activities to reduce under-age drinking, especially binge-drinking; and
- Best practice on information to the public, including consumer information and, in particular, health warnings labelling.

The PHP project in partnership with existing networks (e.g. the Alcohol Policy Network of the Bridging the Gap project) and utilizing a standard methodology was an efficient way to cover all three topics. The umbrella project had the following objectives:

- A 15-20 page review of the evidence for effectiveness or public health importance;
- A Data base and an inventory of examples of innovative and best practice and experience, including relevant laws and regulations throughout the countries of Europe; and
- A 3-5 page summary of practical recommendations as to what could be done at European and Member State level.
- A website with innovative projects, programmes and practices from all countries which filled in the questionnaire for each topic

The main aim of the project was to support the European Commission and the Member States in the implementation of effective measures to reduce the harm done by alcohol.

During 2006, the time schedule of the project was revised, following a delay in signing the project contract, which resulted in a delay in starting some of the work packages. The project had received confirmation of a six month extension until the end of June 2007.

2. Project Evaluation

A process evaluation was undertaken, given that the focus of the project was primarily to raise understanding (review of evidence), to gather examples of best practice (data base) and to make practical suggestions (recommendations) for effective measures to tackle drink driving, binge drinking and health warning/labelling.

The following methods were used during the evaluation process:

Focus group: A focus group was organised with five senior participants in the project.

Email survey of project participants: Those responsible for gathering the examples of best practice were surveyed via email with a limited number of questions. The results are based on six people who responded.

Questionnaire with Senior Project Personnel: Detailed responses to key questions were received from Project management and Project consultant.

Observation: The evaluator attended the PHP meeting in Paris and the brief meeting in Helsinki.

Discussion: The evaluator had informal discussions with many participants during the course of the project.

Documentation: The different project documents

The evaluation of the Pathways for Health Project was positive and it reflected very clearly the difficulties and positive impressions of the project tasks. The project documents (recommendations, reports, etc.) will complement the existing documents on alcohol which were produced during previous projects.

The collection of the examples of best practice was one of the most time consuming parts of the project. After some problems at the beginning of the data collection, it ran very well afterwards. The data collection also showed that the programmes varied in their contents, and also the quality of the evaluation differed from country to country.

Finally, the PHP was assessed as a very important project which is linked to other projects like the Bridging the Gap project and the Building Capacity project. The project aimed to share experiences and to hear other views from those who were not directly linked to the alcohol policy field.

Accompanying Documents

Evaluation report Pathways for Health Project (PHP) [Annexe 2/1]

3. Meetings, Sessions and Presentations

Two coordination meetings were planned during the project. These meetings were important for exchange of information between all experts and project partners. During the project the management recognized the need for a further coordination meeting, so all project partners were invited to an extra PHP session to discuss the objectives and the developments of the project during the Bridging the Gap conference in Helsinki in November 2006.

3.1 Coordination meeting in February 2006 Berlin

The first coordination meeting took place in Berlin, 7th-8th February 2006. This kick off meeting was mainly fixed to start the project. Participants included associated partners, funding partners and experts from the alcohol policy area. From the German Ministry of Health the Federal Drug Commissioner Mrs. Bätzing gave the opening remarks. Mrs. Renström-Tornblom from DG SANCO presented the Commission's expectations of the project and its current actions in the alcohol policy area. The other co-funding partners France, Portugal and Finland were represented by Dr. Martin (Ministry of Health France), Dr. Ribeiro (Ministry of Health Portugal) and Mrs. Varamäki (Finnish Centre for Health Promotion).

Key presentations were made by Professor Mittelmark (University of Bergen), Dr. Anderson (Independent Consultant), Mrs. Vanhaevre (CRIOC) and Mr. Farke (DHS). All presentations of the plenary session are available at the DHS website (http://www.dhs.de/web/dhs_international/pathways.php).

Press coverage of the meeting was excellent, and interviews were recorded for TV and radio stations.

Group work

During the meeting, working groups were convened for each of the three topics, binge drinking, drinking and driving, and health information and labelling. In the group sessions expectations, definitions of the terms and project structures were discussed, based on prepared background material. The objectives of each working group were to agree to common definitions and decisions on the project procedure. The methods of the data collection and the questionnaires were discussed and agreed during the second part of the group work.

Accompanying Documents

List of participants Berlin [Annexe 3/1]

Presentations:

Pathways for Health Project on Drink Driving, Health Warnings and Labelling for Alcoholic Beverages First Meeting – EU Project Proposal (Dr. P. Anderson) [Annexe 3/2]

Pathways for Health Project on Drink Driving, Health Warnings and Labelling for Alcoholic Beverages First Meeting - Overview (Mr. W. Farke) [Annexe 3/3]

Health Warnings and Labelling - Consumer rights (Mrs. I. Vanhaevre) [Annexe 3/4]

Health Promotion Capacity Mapping (Prof. M. Mittelmark) [Annexe 3/5]

Expectations of the project and some general information (Mrs. M. Renstrom) [Annexe 3/6]

Press releases:

1. Europäisches Gemeinschaftsprojekt:

Welche Maßnahmen sind erfolgreich bei Alkohol im Straßenverkehr, Rauschtrinken oder Hinweise auf alkoholischen Produkten? [Annexe 3/7]

2. Europa ertrinkt im Alkohol – Rauschtrinken hat sich etabliert [Annexe 3/8]

3. Alkohol im Straßenverkehr – (k)ein Kavaliersdelikt [Annexe 3/9]

4. Warnhinweise wirken – Gesundheitsinformationen auf alkoholischen Getränken [Annexe 3/10]

3.2 Second Coordination meeting in June 2006 in Paris

The second coordination meeting took place 21st-22nd June 2006 in Paris and was hosted by the French Ministry of Health, Société Française d'Alcoologie (SFA) and the Association National de Prévention de l'Alcoolisme (ANPAA).

The main presentations focussed on the topics binge drinking, drink driving and labelling (http://www.dhs.de/web/dhs_international/pathways.php). During the meeting the questionnaires to document innovative practices, projects and programmes were revised and agreed. Based on a specific example of a project from Cologne, data collection was planned to start after the Paris meeting. The meeting also discussed and agreed the broad content of the data to be collected for the laws, regulations and infrastructures. This will be hosted on the HP-Source website (<http://www.hp-source.net/>).

All participants agreed to a short PHP session during the Helsinki BtG conference in November 2006.

Main newspapers and magazines published press releases about the topics discussed at the Paris meeting, in particular labelling, because of the new French initiatives and laws on labelling.

Group work

The project partners had different tasks during the first group work sessions. First of all the structure of the reviews were discussed and determined. Secondly, the participants collected and discussed ideas for the first drafts of the recommendations, which would be presented at the PHP session during the Helsinki BtG conference.

Accompanying Documents

List of participants [Annexe 3/11]

Presentations:

Alcohol in Europe (Dr. P. Anderson, Mr. B. Baumberg) [Annexe 3/12]

Bridging the Gap project (Dr. P. Anderson) [Annexe 3/13]

Binge Drinking - What is it about and what has an impact? (Dr. A. Hope) [Annexe 3/14]

Health Warning and Labelling (Dr. D. Martin) [Annexe 3/15]

Pathways for Health (Dr. A. Rigaud) [Annexe 3/16]

PHP-Current Stage of the Project (Mr. W. Farke) [Annexe 3/17]

Effective Measures on Drink Driving in the EU (Mr. F. Goodwin) [Annexe 3/18]

Enforcement of Drink Driving in Europe (Mr. E. Greif) [Annexe 3/19]

Next Steps PHP (W. Farke) [Annexe 3/20]

3.3 PHP Presentation during the Bridging the Gap meeting in May 2006 in Barcelona

During the third Bridging the Gap meeting, 11th-13th May 2006 in Barcelona, the PHP was presented during the plenary session. Afterwards the participants had the opportunity to discuss the main topics in group work. The aim was to introduce the Alcohol Policy Network into the main topics of the project and to involve, motivate and support the members of the APN in their tasks of identifying innovative practices and completing the infrastructure questionnaires.

Accompanying Documents

Presentation [Annexe 3/21]

3.4 PHP session during the Helsinki Bridging the Gap conference in 2006

During the Helsinki Bridging the Gap conference, the PHP met on 19th November 2006 to be updated on the progress of the project, to be informed about the completed examples of best practices, and to comment on the draft project recommendations. 30 examples of best practices from 7 countries had been received at the time of the Helsinki conference. In addition quality elements for the innovative projects, programmes and practices were presented. The PHP members also discussed the first outline of the draft recommendations.

Accompanying Documents

Presentation [Annexe 3/22]

3.5 Presentation of the PHP results during the Scientific Symposium in 2007 in Tutzing

Every second year the scientific board of trustees of the German Centre for Addiction Issues (DHS) carry out a scientific symposium in Tutzing, Bavaria. These conferences have been held under specific topics. This year, the main topic of the conference was devoted to alcohol in Germany and Europe. During the conference, the impact of alcohol policy measures were presented and discussed. In an extra seminar, the results of the PHP project were presented together with the European projects PHEPA and ELSA. The participants of the seminar included Members of Ministries of Health, NGOs and alcohol industry.

Accompanying Documents

Presentation [Annexe 3/23]

4. Innovative Projects, Practices and Programmes

One of the main tasks was the collection of innovative projects, practices and programmes all over Europe. During the first project period, one questionnaire for each topic was developed. These questionnaires were discussed and modified during the project meetings. The period of data collection was started in September 2006 and was finished in May 2007. The project management decided that data collection will be continued after the project deadline because the website should not lose its ongoing relevance.

During the project, it emerged that the data collection itself needed more time than the project management had planned, because the responses to submit questionnaires in the first few month was very reserved. Several reminders were necessary before more project partners sent their completed questionnaires. In many cases, personal contact helped to get the information about the projects. This procedure lengthened the period of the data collection, but, in the end, more than 99 projects were sent by the project countries. The consumer organisation CRIOC supported the data collection by sending the questionnaires to their member organisations in several European countries. The innovative projects which were filled in by the organisations were included in the whole data collection and analyses. The descriptions of the projects are available in the documentation and on the website within all the innovative projects, practices and programmes (http://www.dhs.de/web/dhs_international/php-project.php). This website was developed especially for the innovative projects, practices and programmes and it includes all the projects which were collected during the project period. It is also linked to the BtG website which contains the country reports.

Accompanying Documents

Documentation drinking and driving [Annexe 4/1]

Documentation binge drinking [Annexe 4/2]

Documentation consumer information and labelling [Annexe 4/3]

Report: Labelling & health warnings on containers of alcoholic beverages [Annexe 4/4]

Web address:

http://www.dhs.de/web/dhs_international/php-project.php

http://www.dhs.de/web/dhs_international/pathways.php

4.1 General project analyses

The following graphs give a general overview of the projects and which countries responded.

Figure 4.1 shows all countries which sent projects and practices. In comparison with the labelling projects, there is a surplus of binge drinking and, in particular, drinking and driving innovative projects.

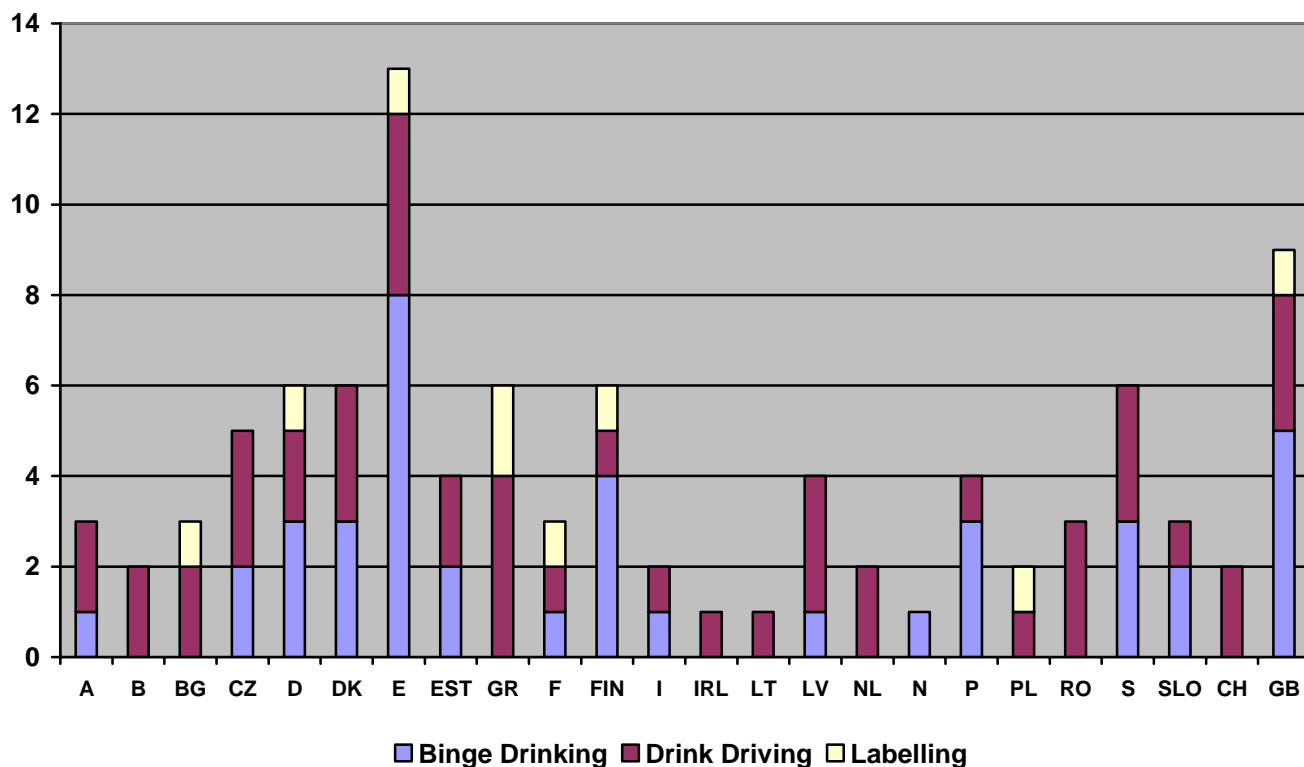


Figure 4.1: All countries which submitted innovative projects, programmes and practices (in absolute numbers).

Figure 4.2 shows that most of the projects are implemented on national level.

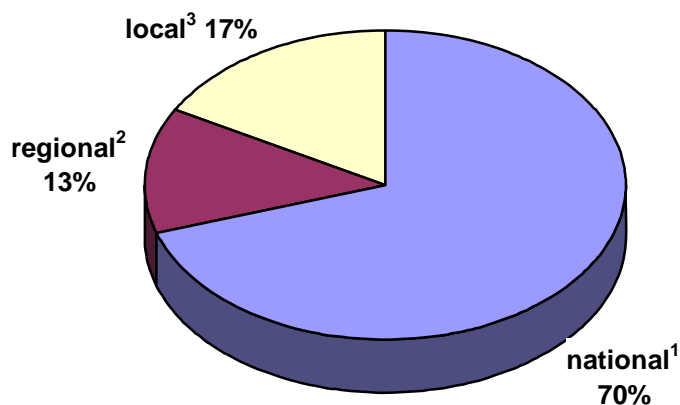


Figure 4.2: Levels of the innovative projects, practices and programmes; ¹countrywide measures and campaigns, ²projects which were implemented in one or more regions within country; ³projects which were implemented in municipalities or in one or more communities.

Figure 4.3 shows that most of the projects are information campaigns or are projects with educational elements.

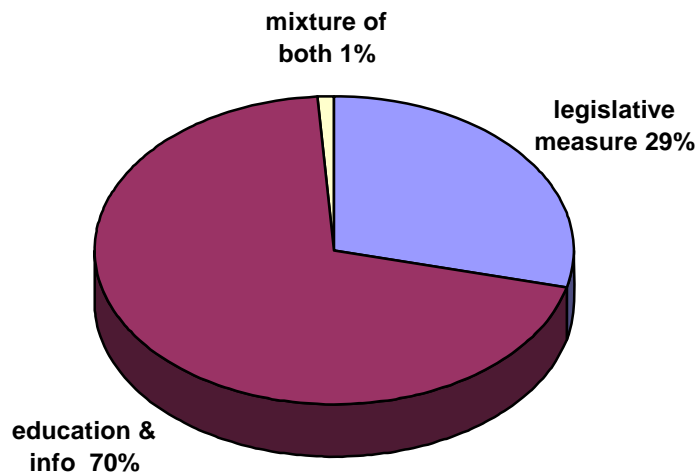


Figure 4.3: Type of the collected projects.

Figure 4.4 shows that most of the innovative projects and programmes as well as practices are funded by governments. The figure also shows that most of the alcohol industry funded projects are for drinking and driving measures.

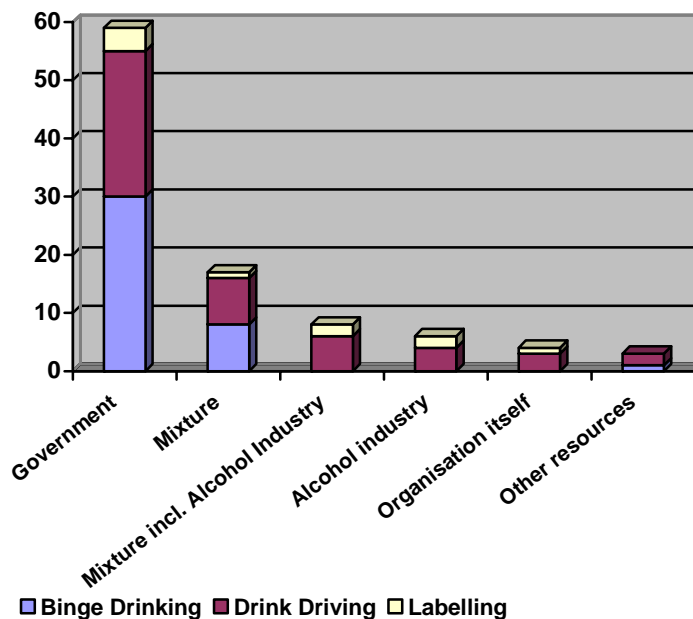


Figure 4.4: Funding Partners and the topics (absolute numbers)

Figures 4.5, 4.6 and 4.7 describe the proportion of funding for each topic. For the topic binge drinking, 78% of the projects were funded by the government (fig. 4.5). The alcohol industry was involved in more than one fifth of the drinking and driving projects. Twenty one per cent of the projects were funded if the categories alcohol industry and mixture including alcohol industry are added together (fig. 4.6). Approximately half of the small number of few activities for the topic labelling were financed by the alcohol industry (fig. 4.7).

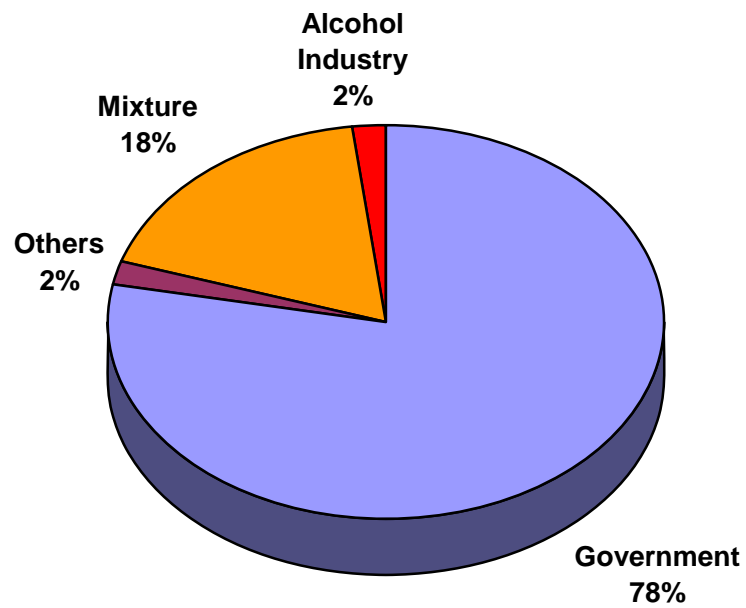


Figure 4.5: Funding Partners of programmes under the topic Binge Drinking (n=40)

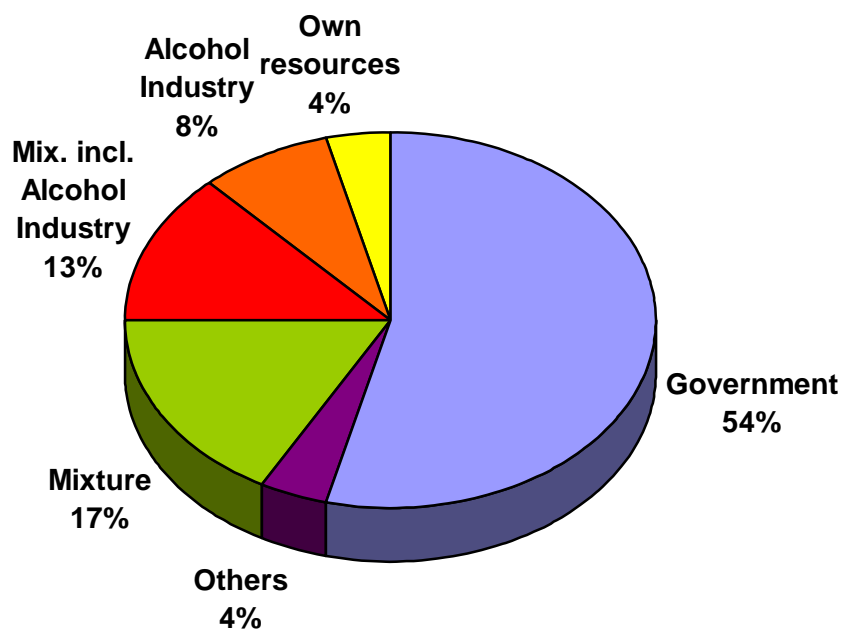


Figure 4.6: Funding Partners of programmes under the topic Drinking and Driving (n=48).

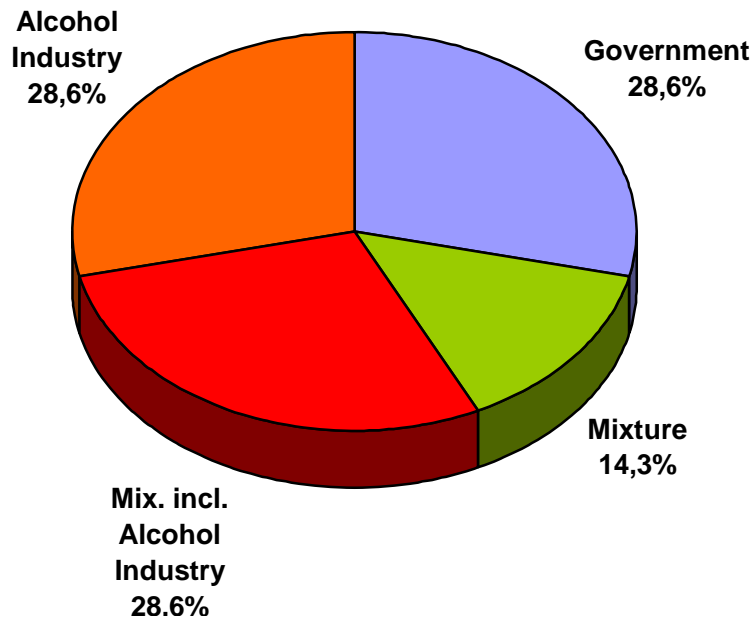


Figure 4.6: Funding Partners of programmes under the topic Consumer Information and Labelling (n= 7).

One of the most important quality elements of the assessment of innovative projects should be the evaluation of the measure. During the analyses of the collected projects it was recognized that the evaluation methods differed and were on very different levels. All in all, 50% of the projects were evaluated and 39% were not. 11% of all projects have not finished their evaluation yet. So more than two third of all projects were evaluated or the evaluation will be finished soon. The Figures 4.7, 4.8 and 4.9 shows the proportion of the situation of the evaluation for each topic.

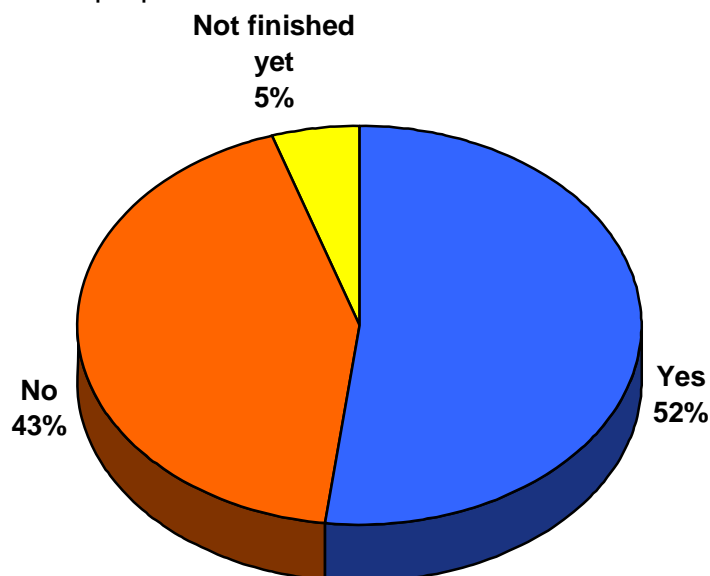


Figure 4.7: Evaluation of the topic Binge Drinking (n=40)

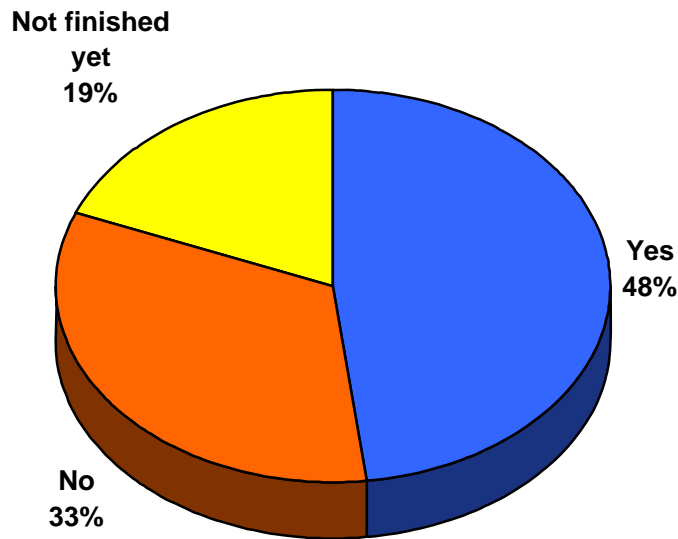


Figure 4.8: Evaluation of the topic Drinking and Driving (n=48)

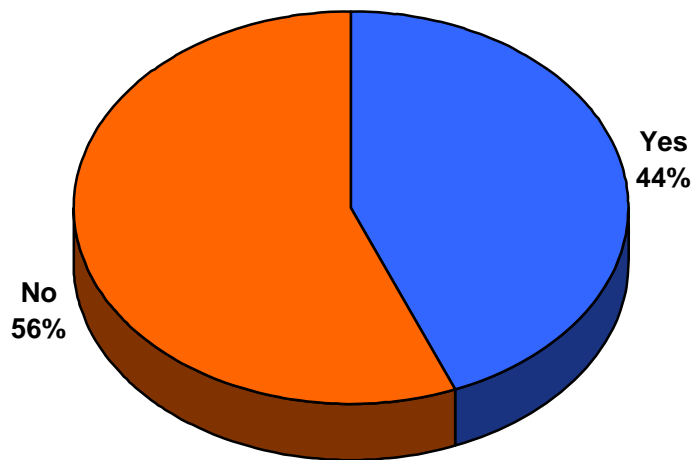


Figure 4.9: Evaluation of the topic Consumer Information and Labelling (n=9)

It also was analysed which types of evaluation were used for the projects. For the analyses three categories were created: The first category is called *outcome evaluation*. Under this topic are all projects collected, which had a concrete impact on the consumption rate or rate of road accidents or changed the attitude of the target group. The second category includes all other types of evaluation methods (for example process evaluation) which were used for the projects. The third category was all projects which have not yet had any evaluation results available. Table 1 shows the proportions of the evaluation types under the three topics. Most of the results of outcome evaluation were done under the topic drinking and driving.

Topic	Outcome evaluation	Other types of evaluation	No evaluation results available
Binge Drinking (n=40)	12%	48%	40%
Drinking & Driving (n=48)	31%	31%	38%
Labelling (n=9)	11%	33%	56%

Table1: Proportion of the types of evaluation among the three topics; Please note that only the information given by the questionnaires was used for this analysis.

4.2 Examples of innovative projects, programmes and practices

The following tables describe two innovative practices for each topic which were selected from all collected projects and measures. The projects which contained educational and informative parts fulfilled most of the criteria of the quality elements, which helped to assess the implemented measures. These quality elements are described in the documentation which is attached in annexes xx. The quality elements were developed for education programmes and campaigns only. The legal regulations – one for each topic – are also listed in the table. Detailed information about the innovative projects, practices and programmes is included in the attached documentation (see below). Further information is also available on the DHS website (http://www.dhs.de/web/dhs_international/pathways.php).

Binge Drinking:

Country	Description of the measure	Results
France	<p><u>Legal regulation:</u> Tax on RTD (premix, alcopops); in 1996 the government and the Parliament reacted adopting a special tax (2.29€/l) on RTD (premix, alcopops). In 1998 for discriminatory reasons (Conseil d'Etat, EC), the definition of beverage has been changed but not the level of taxation; after launching by the industry in 2003 of new products called "malternatives" (Smirnof Ice, Diageo – Boomerang, Inbev), since 2005 a new tax (11€/dl of pure alc.) was adopted in the frame of the law of Public Health; it concerns beverages with a content of alcohol vol. <1,2%-12%> and with more than 35g of sugar/litre which masks the taste of alcohol and incite to a larger consumption;</p>	<p>Drop in sale: 40%; producers and distributors recognize the risk of deceit; producers had to modify the receipts of their products which become less attractive; this legislation also contributes in awareness of public and parents about the risk by consuming these "easy to drink" beverages for boys and girls;</p>

UK	<p><u>Education and Information:</u> altn8; it aimed to reduce levels of drunkenness and other alcohol related harm, such as assaults and accidents and injury; a long term aim is to reduce the impact that binge drinking will have on the acute trusts and secondary healthcare services; solution focused education campaign</p>	<p>that the altn8 solution is a realistic and achievable practice for the target audience, and that the levels of self-reported behaviour change and self reported cognitive change are encouraging; in addition, over xmas there was a campaign in partnership with the fire and rescue service handing out bottles of water with the altn8 message on them; we have seen a 49% reduction in accidental house fires during December 2006; the project management invested also a significant proportion of the funding into radio commercials that, according to the evaluation, yielded low recognition rates; the most successful vehicles for conveying the message were posters and point of sale merchandise such as stickers and tip cards; www.bsafblackpool.co.uk</p>
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Drinking and Driving:

Country	Description of the measure	Results
Germany	<p><u>Information and Education:</u> A Peer Project at driving schools; young people will be informed about the factors which are responsible for drinking and driving conflicts and to develop alternatives to driving under the influence of drugs and alcohol; to reduce the rate of alcohol and drug related accidents; to decrease in a long-term period the rate of conspicousness at the road traffic caused under the influence of addictive substances, such conspicousness can be infringements as well as criminal acts; two days of training for the peer-educators, the peer-educators are students of humanities and social science, who have basic knowledge of psychology and education; the main task of the peer-educators is to present a lesson (60 up to 90 min.) with topic the alcohol and drugs in road traffic; the main element of the lesson is the discussion with the student drivers about the topic alcohol and drugs in road traffic; regular coordination meetings of the peer-educators;</p>	<p>main results of the qualitative analysis: The peer-educators have to be very flexibel during their presentations in the driving schools; the cooperation between the project management, the peer-educators and driving schools was excellent; the manual of the training programm for the peer-educators has to be modified; main results of the quantitative analysis: Only one person from the intervention group (n=189) were picked up by the police, because he had drunk alcohol and drove his car; in the control group (n=189) 8 people were registered with drink driving; in addition the student drivers in the intervention group were well informend about drugs and alcohol in the road traffic; they were also much cleare in the dication making process to drive their car without alcohol; Christoph, M.E. & Heckmann, W. (2005). Das PEER-Project an Fahrschulen in Sachsen-Anhalt. Magdeburger Reihe, Band 18. Magdeburg: Erich-Weinert-Buchhandlung, ISBN: 3-933999-18-9;</p>

Ireland	<p><u>Legal regulation:</u> Mandatory Alcohol Testing; <i>this means that "Gardai (police) can establish road checkpoints for random breath testing at which all drivers will be required to submit to a preliminary test"</i>;</p>	<p>since the introduction of Mandatory Alcohol Testing (MAT) on 21 July 2006 fewer road deaths have been recorded for every month, with one exception; in the eleven months since MAT there have been 80 fewer road deaths recorded (from 354 down to 274); this represents a 23% reduction (www.rsa.ie); an analysis by the Road Safety Authority reported that the prevention of 80 road deaths resulted in a financial savings of €176 million, based on previously published cost calculation methodology; the authority also suggested that 600 serious injuries have been prevented over the same period using an estimate, an average of 8 serious injuries for every 1 fatality on Irish roads;</p>
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Consumer information and labelling:

Country	Description of the measure	Results
France	<p><u>Legal regulation:</u> Alcohol and Pregnancy: a legal proceeding to improve consumer information; to enforce the law (consumer code) and to make aware on risk in alcohol consumption when pregnant; a new law that obliges the industry to inform of the danger of alcohol consumption specifically targeted to women and that promotes prevention;</p>	<p>the change in law was the result of a long lobbying process which included legal proceedings; after that the developments were very fast: the Ministry of Health undertakes to improve information towards pregnant women; a law was adopted in February 2005 on labelling and in order to promote information in schools, special training for health professionals and regular campaigns in media; since October 2006 a warning label on packaging is compulsory: a pictogram or a message saying that <i>"consumption of alcoholic beverages during pregnancy even in small amounts can seriously damage the child's health"</i>;</p> <p>www.cubitus.senat.fr/seint/payet_anne_marie01009n_2005.html and www.finances.gouv.fr/ggccrf/03_publications/bid/etiquetage.htm and http://www.legifrance.gouv.fr/WAspad/UnArticleDeCode?commun=CSANPU&art=L3322-2</p>

Bulgaria	<p><u><i>Information and Education:</i></u> Consumer Surveillance of Alcoholic drinks – vodka and whisky made in Bulgaria; the purpose was to get an objective independent picture of the situation in the food and drinks market in Bulgaria; to disseminate the results among the Bulgarian consumers, giving them tools for making their purchasing decisions and to be aware of the dangers and determining their approach and attitude.; to alert the state bodies and agencies about the realities on the market and to press them to take actions; the main elements are setting a team, planning, determining sampling and test methodology, taking samples, testing analysis of the results, report, dissemination, assessment of the results;</p>	<p>a full picture of the contents and the labelling of the Bulgarian brands of vodka and whisky was obtained, especially the contents of methyl alcohol, as well as numerous examples of misleading, missing or incorrect information on the labels; the results were made public and were presented to various Governmental bodies; the head of the state body for control of drinks was reprimanded and an ordinance, concerning the information on the labels was approved;</p>
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5. HP Source

The main objective was to map the infrastructures for a range of alcohol policy and prevention measures across the domains related to drinking and driving and packaging and consumer labeling, and those policy measures that could reduce binge drinking, including prices, availability and access, and drinking environments in nine categories of politics, policies and programmes and priorities; evaluation; monitoring and/or surveillance; knowledge development; implementation; information dissemination for public health professionals; programmes and strategies including laws and regulations; professional workforce; and funding in as many Member States as possible. To increase the validity of the infrastructure data, the concept of pedigree was used to both allow for verification of the accuracy of the data, and to provide links to key documents. In the common meaning of the term, a pedigree is a formal, usually written, record of the history of an ancestral line. In the present sense, pedigree refers to written and publicly available records that substantiate the origins of infrastructures, policies and practices that will be documented.

The data base was divided into two sections, one that largely dealt with alcohol policy, such as taxes, availability and commercial communications <http://www.hp-source.net/dataoutput.html?module=btg1>, and one that dealt with the prevention of the harm done by alcohol, largely programmes such as drinking and driving, consumer labeling and drinking environments <http://www.hp-source.net/dataoutput.html?module=btg2>.

Completing the HP source data was the most difficult part of the project, and eighteen countries managed to complete the database to some extent.

Country	Completed Infrastructures database to some extent
Austria	
Belgium	Completed infrastructures database.
Bulgaria	Completed infrastructures database.
Cyprus	
Czech Republic	Completed infrastructures database.
Denmark	Completed infrastructures database.
Estonia	Completed infrastructures database.
Finland	Completed infrastructures database.
France	Completed infrastructures database.
Germany	Completed infrastructures database.
Greece	
Hungary	
Ireland	Completed infrastructures database.
Italy	
Latvia	Completed infrastructures database.
Lithuania	Completed infrastructures database.
Luxembourg	
Malta	Completed infrastructures database.
The Netherlands	Completed infrastructures database.
Norway	Completed infrastructures database.

Poland	
Portugal	
Romania	Completed infrastructures database.
Slovakia	
Slovenia	
Spain	Completed infrastructures database.
Sweden	
Switzerland	
Turkey	Completed infrastructures database.
The United Kingdom	Completed infrastructures database.

A good example of a completed database is that of Bulgaria. For example, when looking at the alcohol policy module,

<http://www.hp-source.net/report.html?mode=COUNTRY&area=&module=btg&country=39>, and clicking on the law of alcohol in relation to the availability of alcohol, brings up a description of the law on selling to minors, which states that

The sale of alcohol beverages shall be prohibited:

1. to persons below 18 years of age;
2. to persons in drunk state;
3. on the territory of the kindergartens, schools, hostels for students, medical establishments;
4. at sport events; and
5. at public events, organised for children and students.

<http://www.hp-source.net/report.html?mode=DOCVIEW&module=btg&docid=1642&country=39>.

When looking at the prevention of the harm done by alcohol module for Bulgaria, <http://www.hp-source.net/report.html?mode=COUNTRY&area=&module=btg2&country=182>, and clicking on consumer labeling for the law on wine and alcoholic beverages, the law states that, for example, prohibited is the packing (bottling) and sale of rakiya and other alcoholic beverages in plastic packing <http://www.hp-source.net/report.html?mode=DOCVIEW&module=btg2&docid=2130&country=182>.

It is recognized that HP-Source is not always an easy database both to complete and access data, and further investment is needed to strengthen its user friendliness, and to provide more support to those who are entering data. To this end, a review meeting of HP-Source is being convened by the University of Bergen during 11-12th October 2007.

Web address:

<http://www.hp-source.net/>

6. Reports

Three reports have been prepared, one for each of the topics drink driving, binge drinking and consumer information and labelling. Each report is based on systematic reviews of the current literature and describes the relevant problem and reviews and summarizes the evidence of the impact of policy and programme measures to reduce drink driving and binge drinking and the evidence for the impact of consumer information and labelling in reducing hazardous and harmful alcohol consumption.

The **drink driving** report noted that more than 1 in 3 road traffic fatalities in the European Union are estimated to be due to alcohol. These drink-driving deaths are not equally split between genders, with 15,000 male deaths compared to 2,000 deaths for females. Of these 17,000 deaths, some 10,000 are for people other than the driver. Looking only at damage to property, the cost of alcohol-related traffic accidents in the EU has been estimated to be €10bn in 2003. The report noted that drink driving countermeasures are among the most heavily researched strategies to reduce alcohol-related problems. Establishing a maximum blood-alcohol level (BAL) for driving is a well-established and widely diffused drinking-driving countermeasure. Over the years, the level specified as maximum has been lowered in a number of countries, and is as low as zero or 0.2g/l in a number of countries, and 0.5g/l or lower in most countries in Europe. Both establishing a BAL and lowering it are effective in reducing drinking-driving casualties. Setting lower BALs (including a zero level) for young or novice drivers is additionally effective in reducing drink driving casualties. There is also convincing evidence that both intensive random breath testing, where police regularly stop drivers on a random basis to check their BAL, and sobriety checkpoints, where all cars are stopped and drivers suspected of drinking driving are breath-tested, reduce alcohol-related injuries and fatalities. On the other hand, the report found no evidence for an effective impact from school-based education courses in reducing drinking and driving, or for designated driver programmes, in reducing alcohol-related motor vehicle-related injuries.

The **binge drinking** report noted that binge drinking is now commonly used in describing a single drinking session intended to or actually leading to intoxication, in other words getting drunk. Sometimes it is also referred to as episodic heavy drinking, which has been defined as a drinking occasion that includes consumption of at least 60g of alcohol, although other definitions (such as 5 or more 'standard drinks') have also been used. The report found that people who binge drink are at increased risk of a wide range of health and social harms, but the relationship is not categorical (being at risk with binge drinking; being not at risk with no binge drinking). Instead, the risk increases with both the frequency of drinking and the amount drunk per drinking occasion. The report found one fifth of the adult EU population (80 million people) currently binge drink (defined as five or more drinks on an occasion, 50g alcohol) at least once a week and that binge drinking (defined as six drinks, 60g alcohol, on an occasion) is the average pattern of drinking for 15-16 year olds on their last drinking occasion. Thus, it is inevitable that it is difficult to separate the consequences of binge drinking from the consequences of regular heavy drinking, and it is inevitable that the policy measures that reduce harmful drinking will also reduce binge drinking. In fact, such policy measures are likely to have a greater impact in reducing binge drinking than any prevention programme specifically targeted at reducing binge drinking.

The report on **consumer labeling and information** noted that alcohol is a ubiquitous toxin that can harm almost any system or organ of the body leading to more than 60 different acute and chronic disorders. Alcohol can also exacerbate pre-existing mental and physical disorders, adversely interact with other prescribed and illicit drugs in the body, and contribute to a wide range of social problems. Further, it found that there is wide individual variation in the toxic effects of consuming a given amount of alcohol. Further the effects of alcohol show no threshold below which alcohol can be regarded as entirely risk free. Therefore, the adverse effects of alcohol are highly unpredictable, and lead to the conclusion that there is no scientific means of identifying what is a “safe” or “sensible” level of alcohol consumption for any one individual. The report found that, despite high rates of support and awareness in jurisdictions that have implemented warning labels, no direct impacts of warning labels on consumption or alcohol-related problems have been found. This finding of lack of an impact on behaviour contrasts with the experience from tobacco, but this may reflect the nature of the warning labels, where recent research suggests that the introduction of more graphic and larger warnings for cigarettes has impacted on behaviour. Despite the present limited evidence for an impact of alcohol warning labels, the report noted that there is a body of research to inform how the impact of warning labels could be enhanced, and consumer protection principles would suggest, that, where there is a risk to health in consuming alcoholic beverages, and, in particular, during pregnancy, when taking medication or when driving or operating machinery, consumers should be informed about the risks, a measure supported by three quarters of the European Union population.

Printed versions of the reports are being delivered to the project partners and the European Commission. Additional copies can be ordered from the DHS office. Electronic copies of the reports can be downloaded from the PHP website (http://www.dhs.de/web/dhs_international/pathways.php).

Accompanying Documents

Report on Binge Drinking [Annexe 6/1]

Report on Drinking and Driving [Annexe 6/2]

Report on Consumer Information and labelling [Annexe 6/3]

Web address:

http://www.dhs.de/web/dhs_international/pathways.php

7. Recommendations and Conclusions

Three series of conclusions and recommendations have been prepared, one for each of the topics drink driving, binge drinking and consumer information and labelling. The drafts of the documents were discussed during the second meeting in Paris and the session in Helsinki. The final versions were revised by the project partners during the last phases of the project.

The recommendations and conclusions contain measures which can be implemented at national as well as international levels to reduce alcohol related harm. They are based on the evidence collected in the reviews (section 6 above), and, when relevant, the examples of innovative projects, practices and programmes (section 4 above).

For **drinking and driving**, a maximum blood alcohol concentration limit of 0.5 g/L is recommended for introduction throughout Europe; countries with existing lower levels are recommended not increase them. Eventually, a lower limit of 0.2g/L should be introduced for all drivers. It is recommended that a lower limit of 0.0 g/L should be introduced for young drivers and drivers of public service and heavy goods vehicles. It is recommended that unrestricted powers to breath test, using breathalysers of equivalent and agreed standard, should be implemented throughout Europe. Finally, existing designated driver campaigns should be evaluated for their impact in reducing drink driving accidents and fatalities before financing and implementing any new campaigns.

To reduce **binge drinking**, it is recommended that minimum tax rates for all alcoholic beverages should be increased in line with inflation; should be at least proportional to the alcoholic content of all beverages that contain alcohol; and should at least cover the external costs of alcohol as determined by an agreed and standardized methodology; further, Member States should be able to retain the flexibility to use taxes to deal with specific problems that may arise with specific alcoholic beverages, such as those that prove to be appealing to young people. It is recommended that the sales of alcoholic products to persons under the age set by domestic law, national law or eighteen years, whichever is the higher, should be prohibited and enforced. A range of increasingly severe penalties against sellers and distributors, such as withdrawal of license or temporary and permanent closures, should be implemented in order to ensure compliance with relevant measures. It is recommended that urban planning, community strategies, licensing regulations and restrictions, transport policies and management of the drinking and surrounding environments should work to minimize the negative effects that result from alcohol intoxication, particularly for local residents. Finally, it is recommended that educational programmes should not be implemented in isolation as an alcohol policy measure, or with the sole purpose of reducing binge drinking, but rather as a measure to reinforce awareness of the problems created by binge drinking and to prepare the ground for specific interventions and policy changes.

With regard to consumer information and labelling, it is recommended that health messages and warnings on alcohol product packaging and labelling should be part of an integrated strategy to provide information to consumers about alcohol and should be part of integrated policies and programmes to reduce the harm done by alcohol; thus, effective legislative, executive, administrative and other measures necessary to ensure appropriate packaging and labeling should be implemented, with precise and

consistent, but culturally sensitive health messages and warnings across the European Union. It is recommended that each unit package of alcoholic products should carry rotating warnings determined by ministries of health, or appointed public health bodies, describing the harmful effects of alcohol when driving or operating machinery, and during pregnancy or other appropriate messages, such as the risk of dependence. Finally, it is recommended that all messages or warnings should be pre-tested throughout Member States and the Union as a whole before being implemented, and should be re-evaluated over time as part of an ongoing strategy to reduce the harm done by alcohol.

Printed versions of the reports are being delivered to the project partners and the European Commission. Additional copies can be ordered from the DHS office. Electronic copies of the reports can be downloaded from the PHP website (http://www.dhs.de/web/dhs_international/pathways.php).

Accompanying Documents

Recommendations and Conclusions on Binge Drinking [Annexe 7/1]

Recommendations and Conclusions on Drinking and Driving [Annexe 7/2]

Recommendations and Conclusions on Consumer Information & labelling [Annexe 7/3]

Web addresses:

http://www.dhs.de/web/dhs_international/pathways.php

8. Website

The PHP website on the DHS website is divided into two parts. The main website contains background information and all documents which were produced during the PHP project (http://www.dhs.de/web/dhs_international/pathways.php). All documents are downloadable. The website with the innovative projects, programmes and practices is interactive and contains all projects which were collected during the time period of the project (http://www.dhs.de/web/dhs_international/php-project.php). The data collection will be continued after the deadline of the PHP project. For further information, every country presentation also has also links to the Bridging the Gap (BtG) website with the country reports.

Web addresses:

http://www.dhs.de/web/dhs_international/php-project.php

http://www.dhs.de/web/dhs_international/pathways.php

9. Delphi Report

The Belgium consumer organisation CRIOC undertook a Delphi survey to identify the differing views on alcohol labelling. The survey is focused on consumer information, and in particular on warning labels on alcoholic beverages. The report started from the working hypothesis that labelling can be understood as one measure in a more general comprehensive approach to reduce alcohol-related harm. Better informed consumers are able to make balanced as well as environmentally and socially responsible choices. Adequate consumer protection should prioritize the improvement of decision-making on health and consumer interests as well as the integration of health and consumer protection interests in all Community policies.

The report aims to facilitate the debate on alcohol labelling in a context of the reduction of alcohol related harm:

- by exposing all the different options and opinions regarding to alcohol labelling as well as the main pro and con arguments for these positions;
- by creating a framework for the debate through a synthesis of the existing opinions in order to make more profound discussions possible;
- by showing the convergent and divergent opinions of the different actors with regard to the various proposal.

The results were not totally unexpected. A large consensus existed on the right of objective consumer information and its importance. However, the definition of what is 'correct' and 'essential' information as well as the measures to be taken to optimise the effectiveness of this information are subject of debate. The results confirm, at least in part, the traditional differences between the different stakeholders. For instance, about the use of health warnings, and on what information should be mandatory, the respondents are much divided.

The report consists of two complementary parts:

1. the processed results of the Delphi survey, for which 200 experts were addressed;
2. the enclosures with the full-text replies of the respondents.

Accompanying Documents

Delphi report [Annexe 9/1]

Web addresses:

http://www.dhs.de/web/dhs_international/pathways.php

10. Liaising with other alcohol related projects

The PHP project is particularly linked with the BtG project, which finished at the end of November 2006. Most of the collaborating and associated partners of the PHP project are also members of the APN, which is also involved in the new project called Building Capacity. Members of the APN are providing the information for the data base of best practices and experiences.

The PHP is also linked to one part of the BtG project which was focussed on alcohol policy and young people. The European Youth Forum was mainly involved in the data collection for the topic "Binge Drinking". There were also connections to the ELSA project on marketing practices (<http://www.elsa-europe.org>). The link to the PHEPA project is included due to the fact that under the topic selective prevention a number of programmes are implemented which contains brief interventions for people with excessive alcohol consumption (<http://www.gencat.net/salut/phepa/units/phepa/html/en/Du9/index.html>).

All in all the documents which were produced during these projects are evident for the further development of an effective alcohol strategy in Europe.

Web addresses:

<http://www.gencat.net/salut/phepa/units/phepa/html/en/Du9/index.html>

<http://www.elsa-europe.org>

11. Dissemination of the results

All documents are available on the PHP-website, I. (http://www.dhs.de/web/dhs_international/pathways.php and http://www.dhs.de/web/dhs_international/php-project.php). The reviews and recommendations are available in an electronic and printed version. The printed version will send to all project partners, the European Commission and all other relevant institutions at country and regional levels.

Web addresses:

http://www.dhs.de/web/dhs_international/php-project.php

http://www.dhs.de/web/dhs_international/pathways.php

12. Conclusions

The advantage of the PHP project lies in the fact that three important topics for alcohol policy are included in one project. So it was possible to focus the interest and discussions among the project partners on these very specific topics. It also shows that there is a need for evidence based information topics, and how the harm done by alcohol related to these topics can be reduced.

Definition problems became evident, when the expert group discussed the term Binge Drinking. At first, several existing definitions made it more difficult to find a common definition which could be accepted by all experts, but the discussions led to a solution which is reflected in the report. In contrast, discussions on drinking and driving were straightforward. Discussions related to consumer information and labelling were influenced by a lack of information by most of the project partners. Clarifications by experts from the field focussed the discussion on important issues for consumer awareness.

The projective objectives contributed to increased information for all topics. This was particularly helped by the involvement of organisations which are not directly linked to alcohol policy. The project partners were informed about consumer information and labelling by CRIOC, a Belgium Consumer organisation. The input from TISPOL and the European Transport Safety Council increased the knowledge of the network partners about drinking and driving issues. The European Youth forum stressed the necessity of the involvement of young people in the development of youth related prevention programmes for binge drinking. The cooperation between all these partners was very constructive and evident for the discussion process during the project.

The data collection of the innovative programmes, projects and practices was difficult and time consuming, but this comprehensive collection of measures gives all project partners and all groups who are interested in the issues detailed information about diverse activities in Europe. Analyses of the projects show that education and information campaigns are the mainly used methods. Every second project was evaluated to some extent, but the level of the evaluation differed extremely. The project management decided to continue the data collection and to update the data base regularly after the formal end of the project.

The reports and recommendations as well as the conclusions should support all NGOs and members of the Alcohol Policy Network and others to broaden their knowledge about the facts under all three topics. This helps them to optimize their strategies to reduce alcohol related harm. All documents which were produced during PHP project and in the other EU funded alcohol policy projects contain evident information about prevalence, consequences, prevention and treatment.

Finally, the PHP project supports the development of effective measures and it helps to reduce the lack of information especially among decision makers at Member State and European level. The results of this project are in line with the Commission's Communication, the Council Conclusions on the EU strategy to reduce alcohol related harm, and the resolution of the European Parliament on the strategy. This means that all information collected about measures to reduce the harm done by alcohol supports the Commission in obtaining information of Member States good practices and activities. The reports show the level of current research and the

recommendations that can be used for concrete action. The reduction of drinking and driving is one of the main aims of the strategy and the resolution. The results of the PHP project showed that beside legal regulations, many education programmes are implemented to reduce drinking and driving. However, most of these programmes are based on the designated driver concept, and much more research is needed to evaluate the impact of these types of measures. The term binge drinking was used in the resolution and the strategy, but there remain many un-clarified points about the definition of the term. This was also shown in the discussions during the PHP project. This is a need for further studies and developments of programmes which tackle with the problem. The project also showed that only a few projects are directly linked to the reduction of binge drinking. Most of the measures and programmes are targeted to the alcohol consumption among young people and adults in general and this includes binge drinking. They were mainly implemented in settings, in which excessive alcohol consumption was observed. All in all, there is a need for further investigations of this problem. The projects, reports and recommendations, together with other Commission documents related to these topics can be considered as a basis for further actions. As the project management expected, only a few measures were collected under the topic labelling and health warnings on containers with alcoholic beverages. The resolution of the European Parliament urges the Commission to initiate comparative studies on the impact and effectiveness of various information and communication means, including labelling and advertising. The outcome for this topic showed that they are some actions in some countries, but, mainly, not well evaluated. Some of the labelling initiatives were funded by the alcohol industry. The available evidence shows that the impact of health warnings is not strong in changing behaviour, but it has to be noted that there is a lack of studies and that the impact of health warnings on containers with alcohol should be seen as a part of a mix of measures to reduce alcohol related harm.