ALCOHOL IN EUROPE
A PUBLIC HEALTH PERSPECTIVE

A report for the European Commission

Peter Anderson and Ben Baumberg
In June 2001, the Council of the European Union, stressed the desirability of developing a comprehensive Community strategy aimed at reducing alcohol-related harm including...
a coordinated range 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.
Next steps - EU

- Finalizing an Impact Assessment of the strategy
- A Communication on Alcohol and Health in 2006 (EU alcohol strategy)
- Finnish Presidency have asked for the Communication
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   Methods, structure and terminology

2. **A brief history of alcohol in Europe**  
   Alcohol in everyday life  
   Drinking through the industrial revolution  
   Mass movements and alcohol  
   The idea of addiction  
   Alcohol in Europe: past and present

3. **The economic impact of alcohol**  
   The alcohol economy  
   The social cost of alcohol in Europe

4. **The use of alcohol in Europe**  
   The population level of drinking  
   Ways of drinking  
   Alcohol and population sub-groups

5. **The impact of alcohol on individuals**  
   Alcohol and social-wellbeing  
   Alcohol and the risk of ill-health  
   Alcohol and the risk of heart disease  
   Is there a risk-free level of alcohol consumption?  
   What determines risk for alcohol-related ill-health?  
   Does reducing alcohol use reduce ill-health?
The report views alcohol policy as “serving the interests of public health and social well-being through its impact on health and social determinants.”

This is embedded in a public health framework, a process to “mobilize local, state, national and international resources to ensure the conditions in which people can be healthy”.
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The present situation of alcohol in Europe does not come from a blank slate, but instead comes from a long history of practices and meanings, that are themselves changing.
Countries have been divided into such divisions as ‘wet’ versus ‘dry’ or ‘temperance’ versus ‘non-temperance’ cultures, often packaging the production, pattern, ‘drunken comportment’ and response to alcohol within these dichotomies.
Views on responsibility

- **Drinkers are not responsible for their actions when drunk**
- **Anyone might become violent after drinking too much**

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Cost of alcohol to Europe

Total tangible costs - €125bn
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100m adults (1 in 3) binge-drink at least once per month.

**Figure 4.11** Binge-drinking in the adult population

5 pints of beer, 1 bottle of wine or 5 shots of spirits on a single occasion. Source: Eurobarometer 2003
More than 1 in 6 (18%) 15-16 year olds have ‘binged’ (5+ drinks on a single occasion) three or more times in the last month.

Figure 4.14  Binge-drinking in 15-16 year old students in Europe Defined as 5+ drinks on a single occasion
Source: ESPAD 2003 (Hibell et al 2004)
Figure 4.16 Trends in binge-drinking in 15-16 year old male students, 1995-2003
5+ drinks on a single occasion 3+ times in last 30 days. Source: ESPAD surveys (Hibell et al. 1996; 2000; 2004). A point above the dashed line means that binge-drinking has increased. Countries in red have seen more than a 2% increase; countries in blue have seen more than a 2% decrease. Countries in black have seen less than a 2% change.
Figure 4.15: Trends in binge-drinking in 15-16 year old female students, 1995-2003.
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Chronic diseases
Acute diseases
Accidents/Injuries
Social Problems
Chronic Social Problems
Biochemical effects
Intoxication and episodic heavy drinking
Volume consumed
Patterns of drinking
Dependence
Patterns of drinking → Volume consumed
Volume consumed → Patterns of drinking
Intoxication and episodic heavy drinking
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Chronic Social Problems → Intoxication and episodic heavy drinking
Intoxication and episodic heavy drinking → Chronic Social Problems
Homicide per 100,000 population

- Northern Europe: 50%
- Central Europe: 55%
- Southern Europe: 61%

Colors:
- Purple: Homicide
- Orange: Attributable to alcohol
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Choosing different policy options

Cost of implementing same policy options per 100 people per year (€) in sub-region A of EU25; Adapted from Chisholm et al 2004

% of all deaths attributable to alcohol in the EU:

- Males
- Females

Age group:
- 0-15
- 15-29
- 30-44
- 45-59
- 60-69

% of all deaths attributable to alcohol in the EU
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Figure 7.1 The impact of 2 education sessions (after baseline and one year later) in the intervention group compared to the control group (no education sessions) on binge drinking in 13-15 year olds. Source: McBride et al. (2004).
Figure 7.4 Assault rates for hotels that closed at 1 am [■] and those that closed at midnight) [●] Perth, WA. Source: Chikritzhs and Stockwell (2002).
Lighting up the brain

Figure 1. Alcoholic beverage pictures task design and stimuli samples.
Lighting up the brain
Figure 3. Blood oxygen level–dependent (BOLD) response signal contrast in the right precuneus/posterior cingulate region during exposure to alcoholic beverage pictures relative to nonalcoholic beverage pictures plotted as a function of drinks consumed per month for adolescents with alcohol use disorder (n=15; r=0.76 [P<.001]).
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The ‘loi Evin’

- No advertising is permitted:
  - when targeted to young people
  - on TV and cinema
- No sponsorship is permitted
- Messages and images should refer only to the qualities of the products
The ‘loi Evin’

• Before the law

Get 27
cest l'enfer.

• After the law

Get 27, la fraîcheur allongée.
The ‘loi Evin’
These ads were judged illegal in France in 2004
Cross border advertising

In 2004, the French Government was taken to court, alleging that the Loi Evin, by prohibiting alcohol advertising on hoardings visible during the retransmission of bi-national sporting events on TV, entail restrictions on the freedom to provide advertising services and television broadcasting services.
Cross border advertising

1. It is in fact undeniable that advertising acts as an encouragement to consumption

2. The French rules on television advertising are appropriate to ensure their aim of protecting public health

3. They do not go beyond what is necessary to achieve such an objective
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