

Factsheet n°3 – Alcohol

Facts and Figures

- Alcohol consumption contributes to 3 million deaths each year globally.
- More than 10.3 million disability-adjusted life-years (DALYs) were attributable to alcohol use in 2016, either because of premature death or due to living with a disability.¹
- Harmful use of alcohol is responsible for 5.1% of the global burden of disease.
- Alcohol is the n°1 risk factor for premature mortality and disability among those aged 15 to 49 years.
- In the 20-24 age group, every fourth death was caused by alcohol.²
- Disadvantaged and especially vulnerable populations have higher rates of alcohol-related death and hospitalization.
- Even moderate consumption of alcohol increases the long-term risks of certain heart conditions, liver diseases and cancers.³
- Other public health problems are closely linked to alcohol consumption like injuries and domestic violence.⁴

AIM Recommendations

- ***Reduce availability of alcohol at the point of sale.***

Easy access to alcoholic beverages should be prevented, especially for vulnerable groups like minors. Reducing the availability of alcohol is the first WHO “best buy” in the fight against non-communicable diseases. This could be achieved through different policies: reducing the permitted hours and days for alcohol sales, setting separate points of sales for alcohol, to which minors would not have access, reducing the number of establishments allowed to sell alcohol by introducing licence requirements, enforcing a minimum age for purchase and consumption, bans of drinking in public, etc.⁵

¹ Figure from 2016, WHO, [Status report on alcohol consumption, harm and policy responses in 30 European countries](#), 2019, xi.

² *Idem.*

³ In 2016, alcohol-attributable deaths were largely due to cancer (29% of alcohol-attributable deaths), liver cirrhosis (20%), cardiovascular disease (19%) and injury (18%). (See WHO, [Status report on alcohol consumption, harm and policy responses in 30 European countries](#), 2019, xi.

⁴ [WHO figures](#)

⁵ WHO, [Fact sheet on alcohol consumption, alcohol-attributable harm and alcohol policy responses in European Union Member States, Norway and Switzerland](#), 2019, p.2.

- ***Increase the price of alcoholic beverages.***

AIM calls on the European Commission, the European Parliament, and the Council to keep the objective of price increases in all EU regulations, including the foreseen update on the rules on structures of excise duty.

Increasing the price of alcohol is one of the most cost-effective alcohol policies available.⁶ Pricing policies have also been identified by WHO as second “best buy” in the fight against non-communicable diseases. Regulating prices through increased taxation or the establishment of Minimum Unit Pricing has proved to reduce overall consumption and associated harm.⁷ Price control also has the potential to help reduce inequities and protect vulnerable populations, especially young people. It can influence preferences and discourage binge-drinking.

As WHO underlines in its latest report, pricing policies are effective both in reducing harm and in delaying the age at which adolescents and young adults start drinking. The report encourages specific taxation (on basis of alcohol content) as a more powerful instrument. Other types of taxation (unitary or ad valorem) could encourage manufacturers to produce stronger products, which could result in increased consumption.⁸ Specific taxation is also likely to have the biggest effect on the reduction of health inequalities.⁹ Alcohol duties are also listed as an effective measure in that report. AIM agrees with WHO in asking Member States to levy duties on all forms of alcoholic beverages, including wine.¹⁰

“[By] requiring non-alcoholic beverages to be sold at a lower price, banning below-cost selling and volume discounts, and implementing an additional levy on specific alcoholic products (...)”, Minimum Unit Pricing (MUP) has the potential to reduce alcohol consumption among harmful drinkers and thus decrease alcohol-related mortality and hospitalisations. Indeed, it only increases the prices of the cheapest products, which are those most consumed by heavier drinkers.¹¹ In countries like Australia, the introduction of the MUP has led to a decrease in alcohol-related assault offences, alcohol-related ambulance attendances, alcohol-related emergency department presentations and Alcohol-related road traffic crashes (to cite but a few).¹² MUP therefore has the potential to improve public health by reducing alcohol-related harm while reducing the burden of that harm on healthcare systems.

- ***Protect children and adolescents from exposure to alcohol marketing both on- and off-line.***

AIM calls on the EC to make a legally binding proposal of marketing regulation so as to efficiently protect children. Legally binding measures are needed to minimise the exposure of children and youth to alcohol marketing, regardless of whether the advertising is directly aimed at them or not.

As WHO underlines, there is growing evidence of the link between exposure to alcohol marketing and harmful alcohol use among young people. Regulation of marketing is recognized by the WHO as the third and last “best buy” in the fight against non-communicable diseases. It is vital to understand that children can be exposed even though they are not directly targeted. Therefore, prohibiting

⁶ WHO, [Status report on alcohol consumption, harm and policy responses in 30 European countries](#), 2019, p.41

⁷ *Idem*, p. 34

⁸ WHO, [Alcohol Pricing in the European Union](#), 2020, p. 3.

⁹ *Idem*, p. 21

¹⁰ *Idem*, p. 22.

¹¹ *Idem*, p. 4

¹² Miller, Peter, [Investigating the introduction of the alcohol minimum unit price in the Northern Territory](#), 2020

sponsorship of sports events and marketing through printed and broadcasted media are key measures, which have already been adopted by some Member States.

New and more targeted marketing techniques on digital media further put young people at risk of exposure. Indeed, as underlined by WHO, “(...) digital marketing may be more powerful and less controllable than traditional alcohol marketing.”¹³ Self-regulation and voluntary commitments to date have failed to solve important health challenges. There is therefore a clear need for legally binding regulation for online marketing to children and young adults. The European Commission has a clear role to play when it comes to that regulation as online marketing crosses borders.

- ***Use new communication tools to raise awareness on the risks related to alcohol consumption, focussing on vulnerable groups.***

AIM calls on the European Commission to study new communication technologies and social media use to identify the most effective ones so as to provide guidance to Member States on efficient communication for public health, also key in the fight against misinformation. Increasing health literacy of the population is key in empowering citizens to make healthier choices. Information on the risks related to harmful alcohol use should be provided to the general population, while paying specific attention to vulnerable groups such as pregnant women or youth. For those actions to be effective, they should involve many actors, from healthcare professionals, media, NGOs, healthcare payers and local communities to decision-makers, and be properly adapted to the target audience. Campaigns and actions to raise awareness should be monitored and evaluated so as to enable their adaptation and improve their efficacy.

- ***Ensure proper screening, early detection and referral when necessary.***

Primary healthcare plays a crucial role in health promotion and disease prevention. It is the first contact point to healthcare systems and therefore has the responsibility to identify people at risk of developing harmful drinking habits (ideally) and those who are already drinking at harmful levels. It also plays a role in fighting stigma and in providing treatment and referring patients to specialized services. The WHO Screening and Brief Interventions (SBIs) for harmful and hazardous alcohol use in primary care settings has proved itself fit for purpose and should therefore be used as a tool to improve screening and provide advice on consumption and behaviour change.¹⁴

- ***Ensure proper labelling of alcoholic beverages.***

Consumers have the right to be informed on the content of the foods and drinks that they consume, including alcoholic beverages. The information allows them to better monitor their diet and adopt healthier habits if they wish, and to be aware of potentially problematic substances. Providing the information on label is vital as the majority of consumers “never or rarely” use off-label information sources to access information on nutrition values and ingredients of alcoholic beverages, as stated in the European Commission’s report on alcohol labels from 2017.¹⁵ The industry’s self-regulatory

¹³ Miller, Peter, [Investigating the introduction of the alcohol minimum unit price in the Northern Territory](#), 2020, p. 32.

¹⁴ WHO, [Status report on alcohol consumption, harm and policy responses in 30 European countries](#), 2019, p.28.

¹⁵ [REPORT FROM THE COMMISSION TO THE EUROPEAN PARLIAMENT AND THE COUNCIL regarding the mandatory labelling of the list of ingredients and the nutrition declaration of alcoholic beverages, 2017, p. 8.](#)

proposal to provide information online is therefore not sufficient, especially taking into account the digital divide which still remains to be bridged. The European Commission should review its Regulation 1169/2011 on the provision of food information to consumers so as to require: a mandatory nutrition declaration also for alcoholic beverages containing more than 1,2 % by volume of alcohol and the provision of information on the bottles in form of labels. Requirements should be the same for all types of alcohol (wine beer and spirits). Labels should also include health warnings, including (but not limited to) those targeting vulnerable groups (e.g. pregnant women and children).¹⁶

- ***Zero-tolerance policies on drinking and driving.***

Member States should enforce strict policies on alcohol use and driving, so as to reduce the number of fatalities linked to alcohol consumption. As WHO states, “even small amounts of alcohol can impair the ability to drive”¹⁷, AIM therefore favours zero-tolerance policies, which, if properly implemented, would have a greater impact on public health. To be efficient, those policies should also be accompanied by actions to raise awareness amongst the general populations on the risks associated with drinking and driving (with a specific focus on youth – see our recommendation on literacy). AIM also recommends to prohibit the marketing and sale of alcohol at gas stations so as to contribute to create alcohol free environments on the roads.

- ***Set an age limit for consuming alcohol so as to efficiently protect children and adolescents.***

Adolescents are at multiple risk from the consumption of alcohol: Lack of experience makes it difficult for young people to assess their own limits and those of others. It is known that peer pressure often has a negative effect on their drinking behaviour. The resulting excessive consumption of alcohol has negative effects on the physical, mental and psychosocial development of young people.

In adolescence, additional behavioural patterns are formed, some of which persist for the rest of their lives. Adolescents who consume alcohol frequently are therefore very likely to continue drinking regularly in adulthood.

An alcohol ban for adolescents should therefore have a double effect: on the one hand, it should protect adolescents acutely from the consequences of excessive alcohol consumption, and on the other, AIM hopes to promote long-term behaviour patterns that favour a healthy and moderate use of alcohol. Prohibition is already implemented in 21 out of 27 EU countries. It is unfortunately not applied to all types of alcohol in some cases. AIM encourages governments to set an age limit for consuming alcohol based on sound scientific evidence. That limit should be set for all types of alcohol, including flavoured alcoholic beverages, which are very popular amongst that age group.

Best practices from AIM members

SVS – Austria

¹⁶ More on labelling: WHO, [Alcohol labelling policies: most countries lagging behind in promoting healthier choices](#) & WHO, [What is the current alcohol labelling practice in the WHO European Region and what are barriers and facilitators to development and implementation of alcohol labelling policy? \(2020\)](#)

¹⁷ WHO, [European action plan to reduce the harmful use of alcohol 2012–2020](#), p. 18

1. Gesunde Lebenswelt Schule

As part of the four-year SVS programme for secondary and higher agricultural technical and vocational schools (14-20 year old pupils), the topic of addiction prevention is dealt with in cooperation with the addiction prevention centres in the federal states. There are offers for teachers and caretakers as well as for pupils. Further documents can be found under the following [link](#).

“[Feel ok](#)” is an internet platform with information and support services for teachers, parents and young people.

2. Dialogwoche Alkohol:

The SVS actively involved in the "Dialogwoche Alkohol", which takes place every two years, with broad information on the homepage and social media for insured persons, activities in schools and with workplace health promotion measures for its own employees.

The aim of the "Dialogwoche Alkohol" is to inform the population about alcohol and to encourage them to think about their own alcohol consumption and to get into conversation: The focus is on raising awareness, dangers, risks and an open culture of discussion on the topic of "alcohol".

Further information can be found under the following link:

<https://www.dialogwoche-alkohol.at/>

VDEK – Germany

1. “Colourful instead of blue”

"Art against coma drinking". This is the slogan of the DAK-Gesundheit's "colourful instead of blue" campaign against alcohol abuse under the patronage of this year's Federal Government Commissioner for Drugs, Daniela Ludwig. Since 2010, more than 100,000 pupils between 12 and 17 years of age have been designing posters under the motto "colourful instead of blue" against so-called coma drinking among young people. With the poster competition, DAK-Gesundheit calls on pupils to visualise the dangers of alcohol. The creative preoccupation with the topic should lead to young people specifically dealing with intoxication drinking - and also encourage their classmates and friends to think about it. Every year, almost 11,000 schools are contacted and invited to participate in the poster competition. In addition, schools can order additional teaching material on the subject of alcohol. "Colourful instead of blue" is integrated into the successful prevention campaign "Aktion Glasklar" on the subject of alcohol abuse among young people and also addresses parents and teachers. An evaluation of "bunt statt blau" shows that participating young people drink less alcohol than comparison groups and rate the campaign positively.

2. Trampoline

The "[Trampoline](#)" project is being carried out in Saxony across all social insurance institutions. It involves the organisation of trampoline courses to promote physical activity, but especially to reach the target group of children from addicted families and to support them emotionally. The "Trampoline" project is being implemented at 5 model locations in Saxony. In terms of content, the children aged 8 to 12 years learn, for example, effective stress management strategies, acquire knowledge about the effect of addictive substances and the effect of addiction on both the person

concerned and the family. A further aim is to strengthen self-esteem. Furthermore, children from families with addiction problems experience psychological relief and are able to influence their situation. The results are secured by means of an evaluation.