

Alcohol in Europe: the EU alcohol forum

Nick Sheron

Drinking in Europe

Analysis of Neolithic pottery has shown that alcohol has been brewed for at least 10,000 years. Binge drinking, sexual excess and vomiting feature in the *Epic of Gilgamesh* – among one of the earliest works of literature (around 4000 BC). In Europe, the Celtic devotion to feasting and drunkenness was noted by Caesar and was contrasted with the Roman habit of regular wine drinking by the Venerable Bede in the 8th century.

Alcohol plays an important part in the social and cultural life of many Europeans and cultural differences in the way alcohol is consumed persist to this day. In southern Europe, for example, the majority of drinking occurs with a meal, whereas in northern Europe the opposite remains the case – although patterns are changing and harmonising as a result of globalisation.¹ The ‘civilised’ southern European drinking pattern is by no means free of problems. Between 1950 and 1980 southern Europe had six times the number of deaths related to liver cirrhosis than northern Europe; a number which fell to around double by 2001 as overall alcohol consumption in the south declined.² Alcohol misuse does not only affect the drinker as the ‘passive’ consequences of binge drinking can be extreme. Alcohol is responsible for over half of all violent crime and domestic violence and is implicated in around half of the 2,000 European homicides in similar proportions in both northern and southern Europe.³ The proportion of drunk drivers is over five times higher in France, Spain, Italy, Greece and Cyprus than in the UK or Finland.⁴ The myth of a peaceful Mediterranean wine-drinking café society is exactly that, an alcohol industry PR myth. With 200,000 annual deaths, alcohol is the third leading risk factor for death and disability in the European Union (EU) ahead of obesity and four times that of illicit drugs.⁵ Proportionally, the burden of ill health is shouldered by young people with 13,000 EU deaths – 25% of young male deaths and 10% of young female deaths.⁶ The tangible social cost of alcohol is estimated at €79–220 billion in 2003, comparable with that of tobacco of €98–130 billion in 2000.² The intangible costs of pain, suffering and loss of life are estimated at a further €270 billion.² Overall, alcohol is the net cause of 7.4% of all ill health and early death in the EU.²

Alcohol strategy in the EU

In 2006, the EU Commission published a strategy with five priority themes:

- to protect children and young people
- to reduce road deaths and injuries
- to prevent harm in adults and reduce negative impacts on the workplace
- to inform and educate the population
- to develop and maintain an evidence base.

With parallels to the 2004 UK Alcohol Harm Reduction Strategy there is no new funding attached and a key component of the strategy will be the ‘willingness [of the alcohol beverage chain] to become more pro-active in enforcing regulatory and self-regulatory measures.’⁷ The mechanism for the delivery of this new willingness on the part of the alcohol industry will be an alcohol and health forum, and the Royal College of Physicians (RCP) has been involved in the negotiation process leading up to the charter establishing this forum.⁶

The EU alcohol forum

The forum has representatives from the alcohol industry and from both European and national health non-governmental organisations (NGOs). It is based on the existing EU diet platform and is being personally driven by Robert Madelin, Director General for Health and Consumer Protection (DG SANCO). The whole process has some similarities with the World Trade Organization General Agreement on Tariffs and Trade negotiations in which member countries make both offers and requests until agreement can be reached. In this case, forum members must commit to specific actions to reduce alcohol-related harm. The forum will comprise an independent peer review science board and a health monitoring group, and will set up task forces to examine specific issues such as the irresponsible promotion of alcohol. Concerns have been expressed over the risks inherent in this process, perhaps the most important being that of appearing to sanction industry involvement in EU health policy. A previous World Health Organization ministerial declaration stated, ‘Public health policies concerning alcohol need to be formulated by public health interests, without interference from commercial interests.’⁸

Nick Sheron

MD FRCP, Head of Clinical Hepatology, Southampton General Hospital

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The alcohol industry has colossal financial resources compared with the NGOs, and there is no transfer of resources from industry, leading to worries that ineffective approaches favoured by industry will become de facto EU policy. To combat similar problems in the UK, the Portman Group has recently handed over resources and educational functions to the Drinkaware Trust – a fully independent body with industry representation. The alcohol industry already has a hugely powerful lobby on EU policy through some member states and within the industry a small minority of respected voices are making the very obvious point that the escalating wave of alcohol deaths sweeping many member states, notably the UK, cannot be good for long-term business. For example, it is only a matter of time before the Treasury realise that the public are ready for increases in alcohol taxation to combat alcohol-related harm. The monitoring process within the forum is detailed and open, and the combination of this and the experience of the current DG SANCO mean that empty promises are likely to be exposed.

There has been scepticism that a self-regulatory approach can ever work – in the words of Peter Anderson, the co-author of the recent definitive study of alcohol-related public health issues in Europe:

There is no scientific evidence whatsoever that tests the effectiveness of self-regulation or shows that it works, but there is considerable documentation and experience that shows that it does not work.²

While there are undoubtedly limitations to the EU alcohol strategy, and to the voluntary nature of the alcohol forum, given the absence of alternatives the health lobby may be better served by using this opportunity to constructively and robustly engage

in open dialogue within the forum. The very real alternative is that professional industry propagandists with purely short-term commercial, as opposed to any humanitarian, interest will be left unscrutinised and unopposed.

References

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