

Reducing the harm caused by alcohol: a coordinated European response

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Introduction

The enjoyable effects of alcohol have paved the way for the mass consumption of a drug which places a huge burden on European health resources and has a devastating effect on some individuals, their families and their communities. Controlling alcohol consumption is notoriously difficult and governments have attempted to tread the line between satisfying the public and limiting harm.

There are parallels to the controls imposed on nicotine consumption but, in reality, there are certain aspects about alcohol that make the decisions in this area more challenging. These include the well-publicised occasional beneficial effects. The purpose of this conference was to bring together healthcare workers from multiple disciplines and many countries to bring to light the problems caused by alcohol, the difficulties faced with controlling it, and to make a concerted effort to get agreement on a charter that would provide recommendations to governments about the issues of alcohol control.

With alcohol use permeating many societies absolutely, a problem arises in detecting 'problem drinkers'. Many alcohol misusers come into contact with the medical profession with unrelated problems.^{1,2,3} The World Health Organization has identified that the medical profession needs to improve the identification of these individuals, offer them more non-stigmatising assistance and attempt to reduce their alcohol consumption.⁴ To succeed in this aim it is important that healthcare professionals are equipped with information regarding the burden of the physical and financial problem.

The burden of alcohol

Alcohol consumption is slowly falling across Europe but the levels here are still the highest in the world and the rate of decrease is slowing.⁵ The variation in traditional drinking culture is converging, and eastern European countries that have recently joined the European Union (EU) have increasing spirit consumption with binge drinking patterns.

The consequences of alcohol consumption depend on the volume, pattern and type of beverage con-

sumed. For almost all alcohol-related diagnoses there is a positive correlation between the amount ingested and the disease. For cancers this is a linear relationship. For gastrointestinal and liver disease, this is exponential.

There is no doubt that the public perception of alcohol and health has been skewed by an overrepresentation of the health benefits. This may also extend to healthcare professionals. It is therefore imperative to put the pros and cons of alcohol consumption into context. There are more than 70 different disease outcomes in ICD-10 (international classification of diseases, 10th revision) that are identified as related to alcohol; the health effects can be acute or chronic and social harm vastly outweighs the health harm. In contrast, there are three ICD-10 outcomes that have a beneficial link to alcohol and the benefits are restricted to certain age groups and patterns of drinking.

Estimations of the contribution of alcohol to mortality in Europe are striking: 45,000 deaths from cirrhosis, 50,000 from cancer (11,000 female breast cancer), 27,000 from accidents and 10,000 suicides.⁵ In total, the mortality attributed to alcohol has been estimated to equate to one year of life lost for every 64 years lived in Europe. A staggering 15% of deaths before the age of 64 are caused by alcohol and 35% of the difference in death rates across Europe is attributable to levels of alcohol consumption.⁶

Of course, any mortality statistics will vastly underestimate the negative effect of alcohol on society as a whole. There may be as many as 200,000 episodes of alcohol-induced depression annually in Europe. It is also estimated that 50% of violent crimes are alcohol-related along with 40% of murders and 10,000 traffic deaths. Alcohol has also been implicated in one in six cases of child abuse.⁵

There are specific problems in the young population who drink. Socialisation difficulties, sexual problems and injuries are more frequent but there are also permanent effects on brain development.^{7,8} The young will lose a greater number of life years to disease and hence the associated harm is proportionally higher, and it is well recognised that drinking patterns of young people mirror the pattern of the wider society.

When considering the burden of alcohol it is important to recognise that changes in drinking patterns lead to measurable health benefits. There may be a lag of up to 15 years for certain alcohol-induced cancers but the incidence of cirrhosis drops within a year.⁹ Given that cirrhosis takes many years to develop, this may initially seem surprising. The likely explanation is that abstinent cirrhotic patients remain well compensated but can progress over a few months to decompensated cirrhosis if they continue drinking. This potential for change sends a powerful message. Particularly compelling is the evidence that certain cancers are avoidable.

Having emphasised the breadth and the depth of alcohol-related harm in Europe and the relative inactivity at a government level to control the problem, it is important to highlight potential changes that could have an impact on a Europe-wide level. The conference organisers targeted three main areas for change:

- the cost of alcohol
- the availability of alcohol
- the advertising of alcohol.

The cost of alcohol

There is a remarkably close link between the price of alcohol and levels of consumption.¹⁰ Since 1960 the price of alcohol has halved relative to income and there has been a reactive doubling in the average consumption per person. Although there is little difference in alcohol consumption across social classes, alcohol-related death rate increases with rising deprivation.¹¹ As such, it should be the poorest members of society that would benefit most from restrictions.

Evidence supporting an increase in price comes from Finland. In March 2004 the Finnish government reduced alcohol excise duty by an average of 33% in order to reduce cheap imports. The consequence of this was an immediate 17% increase in sudden deaths involving alcohol (equating to eight additional alcohol-related deaths per week).¹² A 10% rise in UK alcohol prices could produce a 7% male and 8.3% female decrease in cirrhosis mortality with a 29% male and 27% female decrease in deaths from alcohol-related causes. The increased revenue from taxation, in theory, could be ring-fenced to fund alcohol treatment strategies.

The availability of alcohol

Increases in the availability of alcohol leads to increases in consumption. The numbers of licensed and off-licensed premises have increased by 30% and 65% respectively in the last 50 years. Since 24-hour drinking was introduced in November 2005 there has been an increase in alcohol-related admissions to accident and emergency departments in England.¹³ When grocery shops in Finland began to sell beer in 1969 the consumption rose by 50% and in New Zealand, when supermarkets started selling wine in 1990, consumption rose by 16%.^{14,15} In spite of this evidence, a strategy of reducing availability is not a popular political choice as it also affects mild to moderate drinkers.

The advertising of alcohol

In the young and older groups, alcohol advertisements do increase the desire to drink, in much the same way as tobacco advertising increases the desire to smoke.¹⁶ If reduction in alcohol consumption is a real aim, then reduction in the advertising of alcohol would seem to be a rational target. There is some evidence that this would have an impact.

Alcohol intake by 11–15-year-old children closely parallels the increase in advertising expenditure by the alcohol industry in the years 1992 to 2000.⁵ This relationship is weaker for older groups so the control of advertising might be predicted to have its largest impact in young drinkers. The alcohol industry has been allowed to self-regulate but there are many examples where this self-regulation is abused. There is good evidence that the public support stricter regulations with a poll of EU citizens showing that 76% agree that alcohol advertising to young people should be banned.¹⁷ It has been estimated that a ban would cause a reduction of 200,000 deaths or ill-health episodes at a cost of €95 million.

Using pricing, availability and advertising there appear to be modes of controlling alcohol consumption. This is in contrast to public information and education shown on many occasions not to have any significant effect on alcohol consumption or drinking patterns.⁵ Education may, however, have a supplementary role in helping to change attitudes to alcohol and allowing the more unpopular strategies discussed above to be utilised.

Conference programme

■ Alcohol: the European dimension

Robert Madelin, Director-General for Health and Consumer Protection, European Commission
Dr Vladimir Poznyak, World Health Organization

■ The burden caused by alcohol

Professor Jürgen Rehm, University of Toronto and Centre for Addiction and Mental Health, Toronto

■ How can we reduce the burden?

Professor Sir Michael Marmot, University College London

■ Should we ban alcohol advertising?

Dr Peter Anderson, Public Health

■ A co-ordinated response

Dr Richard Yoast, American Medical Association

■ North and South Europe – are we so different?

Dr Antoni Gual, Neurosciences Institute, Clinic Hospital, University of Barcelona

■ Alcohol and the young

Dr Ann Hope, Trinity College, Dublin

■ What can the medical profession do?

Professor Vivienne Nathanson, British Medical Association
Professor Joe Barry, Irish Medical Organisation
Dr Vladimir Poznyak, World Health Organization

■ Agreement of Conference Charter (see Box 1)

Box 1. Key points from the conference charter.

- Although individuals may have a right to consume alcohol responsibly, society has a duty to ensure that the most effective methods are used to protect innocent citizens from the consequences of alcohol consumption. Alcohol is not an ordinary commodity.
- Individual health professionals should be prepared to advocate for comprehensive evidence based policies that promote the health of populations as a whole, and should be aware of non-evidence-based alternatives often promoted by the alcohol industry or their social aspect organisations.
- The price of alcohol should be increased: alcohol taxes, proportional to the alcohol content of beverages, require upward harmonisation across Europe, recognising that countries with higher taxes should not reduce them.
- There should be effective treatment and early intervention for hazardous and harmful drinkers. The provision of this help needs to be supported by extensive training for health and social welfare providers.
- There should be tighter regulation of the drinks industry throughout the supply chain. Throughout Europe, alcohol advertising should not be permitted on television or in the cinema, there should be no sponsorship, particularly of sports, and alcohol advertising and promotional material should carry information on health dangers and state that alcohol can induce dependency.

What can the medical profession do?

This conference highlighted the fact that any professionals dealing with alcohol problems need commitment, unity and the capability to play a long game. The campaign to limit harm from tobacco, which has a more transparent risk:benefit ratio, took 15 years to succeed. There are, however, many social and political obstacles: a lack of commitment to deal with alcohol problems, short-term planning that is swayed by electoral pressures, leadership that rarely sees the harm, fear of public opinion and press accusations of killjoy and ‘health Nazi’. It is important to remember that, although the alcohol industry is worth €45 billion annually to the European economy, this is dwarfed by the €125 billion cost of alcohol-related harm.⁵

The medical profession needs to document and publicise the scale of the problem and take a lead. Through cross-border unity, incremental changes can make large differences over time, and there is good evidence that tackling the problems discussed above will make an impact on millions of people. In addition, simple measures such as increasing taxation, reducing availability and banning advertising could reduce alcohol-related deaths and ill-health episodes by as much as a third.

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