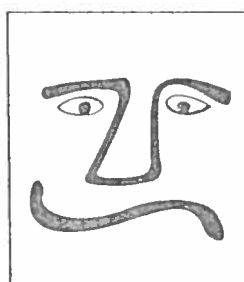


**STATEMENT OF
NON-GOVERNMENTAL ORGANISATIONS**

**to the
WHO CONFERENCE ON
HEALTH, SOCIETY AND ALCOHOL**



**Paris
December 1995**

Summary

The tragedy and costs associated with alcohol use are faced on a daily basis by voluntary and non-governmental organisations concerned with alcohol problems. Representing a diversity of views about alcohol and providing a wide range of prevention services, we unite on the basis of our common experience of alcohol problems which pose a public health disaster. We welcome the initiative of the WHO Regional Office for Europe to hold the conference Health, Society and Alcohol at ministerial level to promote the furtherance of the European Alcohol Action Plan.

We call upon the representatives of national governments to:

- declare their commitment to sustained action to reduce alcohol-related harm;
- promote a positive image of non-drinking;
- promote effective regulation of drinking in relation to transport safety;
- see that all policies on alcohol production and consumption are consistent with the principles of the Action Plan and subsidies for the production and promotion of alcohol are restricted to those which reduce production;
- take account of the public health interest in international trade agreements.

We express concern at the rising levels of harmful consumption by young people in many European countries; and the increasing levels of alcohol-related harm, due to deregulation, in countries of Eastern and Central Europe resulting in declining life expectancy and rising levels of morbidity.

Recognising the strong relationship between total alcohol consumption and prevalence of alcohol-related problems, reduction in overall consumption of alcohol is central to the prevention of alcohol-related harm.

We believe that a comprehensive approach to the prevention of alcohol-related harm should pay attention to six key areas:

- **Price and alcohol taxes.** Alcohol should not be a cheap item in the shopping basket and excise duties should be adjusted to protect public health and social well being.
- **Drink-driving.** Countermeasures should include:
 - the adoption of a legal limit of BAC of 20mg% and certainly no higher than 50mg%;
 - vigorous enforcement of random breath testing;
 - prohibition of the sale of alcohol on motorways.
- **Alcohol Advertising.** Should be restricted and alcohol TV advertising should be banned. International governmental agreements should ensure that national public health policies in relation to advertising are not undermined by the international media.
- **Treatment.** All people who experience drinking problems should have the right to free access to treatment and support services in the community in which they live.
- **Workplace.** All employer and trades union associations should develop alcohol policies to discourage alcohol impairment and consumption at work and safeguard the employment of those who seek help for their drinking problem.
- **Publicity Campaign.** Governments should subject alcohol to a campaign at least as vigorous and high profile as that directed at illicit drugs and support education and training programmes for appropriate professional workers.

The European Alcohol Action Plan provides a framework for the prevention of alcohol harm. We urge governments to recognise the need to extend the plan beyond the year 2000.

Preamble

The tragedy and costs associated with alcohol use throughout Europe are faced on a daily basis by non-governmental organisations working in the field of alcohol problems. In the climate of rapid social change and commercial deregulation, unregulated alcohol marketing and use represent a Pandora's box of troubles that we can ill afford to unleash either here or in the Developing World via an unfettered alcohol trade.

Loss of life on the roads, violence in the home and on the streets, absenteeism and lost productivity in the workplace, and heavy demands on health services — are only some of the problems associated with alcohol use with which we are all too familiar in our daily work.

As non-governmental organisations working on alcohol problems, representing a diversity of views about alcohol and providing a wide range of services in the prevention and alleviation of alcohol-related harm, we unite on the basis of our common experience of alcohol problems which pose a public health disaster to welcome national and international initiatives to reduce the social and health harm associated with alcohol use. NGO's recognise that alcohol and other drugs constitute a serious potential threat to human life and dignity and to the well-being and proper functioning of a just and equitable society.

This conference provides the opportunity for the representatives of national governments to:

Declare their commitment to the need for clear, consistent and sustained action to reduce alcohol-related harm in the European region of WHO

Recognise the need for partnership with the voluntary and non-governmental sector in order to:

- raise public awareness about the nature of, and attitudes to, alcohol use;
- provide information, education and assistance to problem drinkers, their families and employers;
- encourage support for, and advocacy of, appropriate alcohol control measures;
- to encourage the acceptance by the peoples of the European region that the prevention of alcohol problems is everybody's responsibility and all have a part to play in their alleviation.

European Drinking Cultures

Whilst European drinking cultures are probably becoming more homogeneous, it is still the case that there are distinct variations in the nature as well as the prevalence of alcohol problems throughout Europe. Consequently policies and programmes must be sensitive to the needs of those States where, for example, the pattern of episodes of heavy drinking is associated with the effects of acute intoxication; to wine producing States where regular excessive consumption gives rise to a higher prevalence of adverse chronic effects on health and to those communities, predominantly Islamic, where abstinence is the norm.

Whilst it is important to recognise this cultural diversity, it should not be exaggerated. Solidarity of purpose should be the guiding and motivating factor in tackling alcohol problems at a European level. It is clear that alcohol-related problems constitute the most important drug problem in Europe.

There is particular concern at the already high and increasing levels of alcohol-related harm in countries of Central and Eastern Europe and the former Soviet Union, a region perceived by the international drinks industry as a primary growth area. While much of this region has had high levels of consumption and harm historically, present increases appear to be related to the deregulation of the economy and the dismantling of controls on the sale and consumption of alcohol, a trend which is strongly related to rising levels of mortality and morbidity.

In some Eastern European countries, for example, rising alcohol consumption is associated with declining average life expectancy, and the level of alcohol harm is such that it must be having an adverse impact on economic productivity and development.

In many European countries there is concern at rising levels of harmful alcohol consumption by young people, and this issue also needs to be addressed.

However, alcohol-related problems are not limited to the European region. Increasingly, policies in regard to the production, availability and marketing of alcoholic beverages are international in scope, and policies for the prevention and management of the adverse consequences of alcohol use must also take into account the international dimension, especially the trade policies of the European Union. We have a responsibility to prevent the export of European alcohol problems to the developing world with their sparse, inadequate and overstretched social and health care systems.

The Need for Policy

It is clear that alcohol can and does have a wide range of adverse consequences not just for the drinkers themselves but also for those around them and for society at large. The World Bank estimates that globally there are around 2 million alcohol-related deaths per annum, 5 per cent of total deaths, and that alcohol-related disease affects between 5 and 10 per cent of the world's population. These figures are substantially higher in heavy consuming groups and countries such as in Europe where, for example, alcohol is directly implicated in 20 - 40 per cent of admissions to general medical units and on average up to 10 per cent of deaths are estimated to be alcohol-related. Between 20 - 40 per cent of admissions to psychiatric units are for alcohol-related diagnoses: for men in Europe, an alcohol problem is probably one of the most common causes of psychiatric admissions.

For much of Europe, however, the most prevalent and important problems relating to alcohol consumption are both social and medical in nature. The social problems in which alcohol is implicated include family disruption and conflict, crime - particularly violent crime and public disorder. It is established that parental alcohol problems are an important cause of child abuse and neglect and violence against women. The effects on the children include emotional and behavioural problems such as depression, difficulty in forming relationships, poor school performance and anti-social behaviour.

The link between alcohol and violent crime is such that changes in national alcohol consumption are frequently reflected in the rate of violent crime. A similar relationship has also been demonstrated for suicide.

Across Europe, there is a strong relationship between alcohol and accidents. In the Union, for example, around 1 in 5 road traffic deaths are alcohol-related.

Altogether, and also taking into account alcohol-impaired safety and performance in workplaces, the economic as well as the human costs of alcohol-related problems are likely to be extremely high across most of the European continent.

The Basis of Alcohol Policy

Alcohol policy should not be predicated on the assumption that so-called "moderate" consumption, however defined, is the norm across the whole of society.

On average in Europe, for example, more than 1 in 10 men and 1 in 5 women are non-drinkers. The proportions range from 2 per cent of men and 6 per cent of women in Denmark to 24 per cent of men and 36 per cent of women in Ireland. The proportions are probably even more varied outside the European Union. Additionally, substantial proportions of Europeans are infrequent consumers.

At the other end of the spectrum, the heaviest 20 - 30 per cent of consumers probably account for 60 - 80 per cent of total alcohol consumption. High proportions of heavy drinkers have alcohol problems. For this reason alone, effective action to reduce the levels of alcohol-related harm will necessarily result in reduced levels of national alcohol consumption.

In order to reduce alcohol problems and thus to protect health, the goal of alcohol policy should be to encourage a reduction in drinking and support non-drinking. In view of the increasing speed, complexity and inter-relatedness of social life, and the possibility of errors having serious and wide ranging repercussions, there is also a clear need to encourage alcohol-free norms when and wherever requirements of safety and efficiency are concerned, most obviously in workplaces and transport systems.

The Principles of Alcohol Policy

NGO's recognise fundamental principles underlying effective and appropriate strategies for the reduction of alcohol-related harm:

- Alcohol is not just a commodity like any other: it is a powerful, psycho-active drug and adverse effects can arise not just from dependence but also acute intoxication and long term regular consumption.
- There is no good evidence that in general one type of alcoholic beverage is less hazardous than any other. Fermented beverages should therefore be treated as essentially equivalent to other alcoholic beverages and not simply as an agricultural product.
- There is no such thing as risk-free drinking. All that can be said is, the less alcohol, the less risk.
- Although those who are habitual heavy drinkers experience particularly severe problems as individuals, in relation to the total impact on society a very high proportion of the harm is caused by levels of consumption which are often regarded as "moderate", and by acute intoxication.

It follows from these considerations that preventative measures cannot be targeted exclusively at the heaviest consumers in the population and those presently experiencing alcohol-related harm. This is not just because of the above but also because of what is the most important consideration of all, which is that there are societal as well as individual causes of alcohol problems.

In particular, there is a strong relationship between the drinking culture of any society, its total consumption of alcohol and the prevalence of alcohol-related harm. Thus, reduction in overall consumption of alcohol is central to the prevention of alcohol-related problems. Inexpensive alcohol made widely available with minimal restrictions is conducive to heavy consumption and thus high levels of harm.

In turn it follows from this that the legal and economic availability of alcohol, its marketing and the methods used to promote its consumption are necessarily matters of public health interest, for they all exert considerable influence on the overall level of consumption and, therefore, of harm related to that consumption.

The Role of National Governments

It is clear that governments cannot avoid having an alcohol policy of some kind. What is necessary is that governments conduct a balanced policy which takes account of the enormous extent of harm related to alcohol as well as economic considerations such as employment in the alcohol industry and the revenue it provides.

We therefore recommend that National Governments and the European Union should:

- Actively support policies to reduce alcohol-related harm. Non- governmental organisations believe that alcohol should be the subject of a campaign at least as vigorous and high-profile as that directed against illegal drugs.
- Address in particular the increasing problem of the combined use of alcohol with other drugs.
- Encourage, financially and in other ways, educational programmes for families experiencing alcohol-related problems.

- Promote a positive image of non-drinking.
- Promote effective regulation of drinking in relation to transport safety.
- See that all future policies on alcohol production and consumption should be assessed in terms of whether or not they contribute to, or are at least consistent with, the principles of alcohol policy outlined above.
- Re-examine policies in regard to subsidies for the production and promotion of alcohol. Subsidies should be restricted to programmes designed to reduce production and, in particular, to prevent surplus production.
- In relation to international trade agreements ensure that:

Specific provisions are included to the effect that controls on the marketing and promotion of alcohol products are not subject to challenge as impediments to trade so long as they are not used as a covert means of discriminating against imported products:

Provision is made for the representation and consideration of public health interests which may be affected by the agreement.

- Recognise the European shortage of comparative information, particularly in regard to social problems related to alcohol consumption and that this shortage of information makes comparisons of one country with another difficult, limits the possibilities of setting realistic targets for reduced levels of alcohol problems and monitoring the success or otherwise of preventative programmes. Consequently in co-operation with appropriate international agencies, governments should encourage and facilitate the improved collection of information about alcohol-related problems particularly in regard to the family, crime and public order, and the workplace, and in regard to the social costs of alcohol problems.

We believe that this comprehensive approach to the prevention of alcohol-related harm should pay particular attention to six key areas:

1 Price and Excise Duties

A fundamental principle of alcohol taxes should be that they are sufficient to cover the direct and indirect costs resulting from the problems caused by alcohol use.

Price is one of the major determinants of alcohol consumption. Consequently, alcohol should not be or become a cheap item in the shopping basket.

Excise duties should not be seen solely as a means of raising revenue but also as a tax which States should be free to adjust in order to protect public health and social well being.

This principle has particular application to the European Union. Market forces in the form of cross border shopping should not be allowed to undermine tax levels in Member States. The European Union directive on duty paid personal allowances should be reconsidered, personal allowances generally being made comparable with those agreed as special derogations for Finland and Sweden on entry to the Union. The present allowances are largely meaningless, grossly abused and encourage fraudulent importation. They are clearly having and will continue to have an adverse effect on the tax regimes and consequently the level of health protection in some Member States.

In regard to the structure as distinct from the level of alcohol taxation, as normally it is alcohol in the alcoholic beverages which causes harm, and it has not been proved that one beverage is in general inherently less hazardous than any other, there is an obvious case for taxing beverages proportionately to the amount of alcohol they contain.

2 Alcohol and Driving

All counter-measures against drinking and driving should be based on the awareness that drinking and driving are as such incompatible activities and that for all drivers the only sensible and acceptable blood alcohol is zero.

We believe that Governments should adopt countermeasures against drinking and driving which have proved to be effective:

- A low legal limit to ensure alcohol-free driving - preferably 20mg% and certainly no higher than 50mg%.
- Vigorous enforcement of the law by random breath testing to enhance deterrence by increasing the perceived risk of being caught.
- A prohibition on the sale of alcohol on motorways.
- A high profile public education campaign focusing on the anti-social nature of drinking and driving.
- Specific and targeted educational programmes for learner drivers.
- Penalties proportionate to the seriousness of the offence, particularly in cases resulting in death or injury to others.
- Special treatment programmes for drinkers convicted of drink driving offences.

3 Alcohol Advertising and Promotion

Alcohol advertising should be restricted in all European States. In particular, the TV advertising of alcohol should be prohibited and there should be greater control of indirect advertising through such means as sports sponsorship.

Almost all European States exert some form of control on alcohol advertising. There is no TV alcohol advertising in, for example, France, the Russian Federation, Sweden, and Denmark. Countries with partial bans include Portugal, Finland and parts of Spain. Some countries (e.g. Denmark) also ban alcohol advertising in sports stadia, and/or there are restrictions on alcohol advertising in young peoples' magazines (e.g. France, UK).

International governmental agreements on the rules of alcohol advertising in the international media should ensure that Member States' public health policies are not undermined by international media.

4 Treatment of Alcohol Problems

All the people of the European Region who experience drinking problems- from their own or another's consumption - should have the right to free access to treatment and support services in the community in which they live. Early intervention and treatment programmes in primary health care, general practice and social service settings should be encouraged as part of a comprehensive range of services including specific and appropriate services for alcohol-related problems including dependence.

The adoption of common minimum standards for health and social care workers in relation to the knowledge and skills required for the identification and management of alcohol problems should be encouraged.

5 Workplace Alcohol Policies

All places of work are an important setting for health promotion activity and for information and education about the use of alcohol. As with driving, a basic principle is that alcohol and the working environment are incompatible.

All employers, trades unions and employee associations should be encouraged to develop alcohol policies comprising procedures and programmes for all employees and management to discourage alcohol impairment and consumption at work or during working hours, and procedures to safeguard the employment of those who seek help to overcome drinking problems. As Governments are themselves major employers, they should recognise that they have an exemplar role in this context.

6 Publicity Campaigns, Educational and Training Programmes

Governments have a duty to ensure the provision of information material to the population as a whole about the use of alcohol and the problems which arise from acute and chronic intoxication. Educational programmes must be relevant and culturally appropriate for particular groups such as women, young people, workers, the military and different ethnic groups. School settings should be alcohol-free. School-based educational programmes should encourage healthy lifestyles and support non-drinking. Training programmes are required for school teachers, youth workers, social and health workers and all professions which come into contact with alcohol problems.

The European Alcohol Action Plan

The WHO European Alcohol Action Plan provides a framework for the prevention of alcohol harm. NGOs welcome the fact that all European Governments have already endorsed the Plan. However, we urge them to recognise that action to reduce alcohol-related harm will need to continue far beyond the year 2000.

NGOs also urge Governments to recognise that if it is indeed to be an **action** plan they have a vital role to play in providing both leadership and resources, especially as effective action against alcohol harm is always likely to be obstructed and opposed by the beverage industry nationally and internationally.

Partly for this reason, Governments must recognise that, as advocated by WHO, what is required is a European movement against alcohol harm, and this cannot be imposed from above: it must necessarily be based on popular understanding, consent and participation. If the people of Europe are given the facts, they will respond. There are already indications in many countries of substantial popular support for counter-measures against alcohol harm, notably drinking and driving. Such trends in public opinion should be further encouraged and to this end we further recommend that all member governments of WHO European Region should ensure that the Alcohol Action Plan and other relevant WHO documents are translated into their national and regional languages and distributed widely.

Role of NGOs

While Governments have a vital role to play, the political reality is that even where public opinion is in favour of measures to reduce alcohol-related harm - such as drinking and driving - Governments are unlikely to act without support from a wide range of NGOs.

In many countries, helping services for people with alcohol problems are provided mainly by NGOs including self-help organisations. Their contribution should be recognised. Building and sustaining a European movement against alcohol harm will require NGOs to make use of their ability to work with a wide range of bodies, to mobilise populations, to provide accessible services and to be flexible in meeting the varied needs of people.

Governments should recognise and offer realistic financial support to non-governmental organisations who have an important and complementary role in the provision of information and education, help and advocacy, while allowing them to retain their independence. Governments should also support and facilitate the recruitment of NGOs in related fields such as maternal and child health, injury prevention, domestic violence prevention and consumer action in the campaign to prevent alcohol-related problems.

NGO Statement Signatories

National Organisations

AICAT (Italy)
AI - Information (Denmark)
Association Nationale de Prévention de L'Alcoolisme (France)
Avholdsfolkets Landsråd (Norway)
Centro Studi Promozione Della Salute (Italy)
Campaign Against Drink Driving (UK)
Det Norske Totalavholdsselskap (Norway)
Deutsche Hauptstelle gegen Suchtgefahren (Germany)
Deutscher Guttempler Orden (Germany)
Dóthian (Republic of Ireland)
Edex Kolektiboa (Spain)
Eek Koguduste Liidu Heategeusfond (Estonia)
Eesti Jalgratturite Liit (Estonia)
Eesti Karskusliit (Estonia)
Eesti Kristlike Arstide Ühing (Estonia)
Eesti Kristlike Haridusselts (Estonia)
Eesti Loodusravi Ühing (Estonia)
Eesti Tervisekasvatuse Ühing (Estonia)
Eluterue Suuna Eest Ühing (Estonia)
Estonian Blue Cross Union (Estonia)
Estonian IOGT (Estonia)
Finnish Association For Healthy Lifestyles (Finland)
Finnish Health Association (Finland)
Fond A-Klinik (Estonia)
Fundacion Vivir Sin Drogas (Spain)
Independent Sobriety Association (Ukraine)
Institute of Alcohol Studies (UK)
Istituto Andrea Devoto (Italy)
International Federation of the Blue Cross (Switzerland)
Institut Suisse de Prévention de l'Alcoolisme et autres toxicomanies (Switzerland)
IOGT Czech Republic (Czech Republic)
IOGT Junior Organisation (Norway)
IOGT Norway (Norway)
IOGT Switzerland (Switzerland)
IOGT Junior Association (Switzerland)
Juvente (Norway)
Keinu Gruppo De Prevencion (Spain)
Latgailian Teachers' Temperance Association (Latvia)
League Against Intoxicants (Norway)
Motorførernes Avholdsforbund (Norway)
NAN Foundation (Russia)
Narcological Association and International Temperance and Health League (Russia)
Norsk Løreravholdslag (Norway)
Nykterhetsrörelsens Landsförbund (Sweden)
Raittiusjärjestöjen-ry (Finland)
Schweizerischer Abstinenter - Verkehrsverband (Switzerland)
Schweizerischer Abstinenterbund (Switzerland)
Schweizerischer Bund Abstinenter Frauen (Switzerland)
Schweizerischer Verband von Fachleuten für Alkoholgefährdeten - und Suchtkrankenhilfe (Switzerland)
Socidrogalcohol (Spain)
Sociedade Anti-Alcoolica Portuguesa (Portugal)
Swedish Youth Temperance Association (Sweden)
Swiss Good Templar Youth (Switzerland)

Tallinna Usaldustelefon (Estonia)
Viimsi Vabakogudus (Estonia)
Welsh Council on Alcohol and Other Drugs (UK)
White Ribbon of Norway (Norway)

European Organisations

EGTYF
EUROCARE
European Federation of Victims of Road Crashes
International Council on Alcohol and Addictions
IOGT International
Réseau Européen de Prévention en Entreprise
World's Women's Christian Temperance Union