



Rapporteur's report

European Debate on Evidence-based Alcohol Policy – Fifth European Alcohol Policy Conference Stockholm 18-19 October 2012

This conference presented the results of the European AMPHORA project (Alcohol Public Health Research Alliance), and introduced the AMPHORA manifesto and a short video summary outlining the main policy recommendations. World-ranked alcohol researchers from the AMPHORA project and other leading initiatives presented their work and led discussions amongst an audience of 150 academics, clinicians and policy experts, as well as participating in a press conference about the results.

The AMPHORA project results are laid out in detail in the AMPHORA ebook, available on the project website (<http://www.amphoraproject.net/>), along with the manifesto document and video, all of which should be distributed widely.

Conference presentations and discussions brought up a number of enduring themes, including: differing policy priorities between countries; how to invigorate politicians; mobilising civil society; regular monitoring of alcohol-related harm; recognising young people's needs; implementing the responsibilities of WHO, NGOs, and the alcohol industry; speaking with one voice; and, ensuring that good science drives improved alcohol policy.

AMPHORA best buys

AMPHORA scientists described three best buys to reduce alcohol-related harm. These are: increasing the relative price of alcohol, restricting availability of alcohol, and banning alcohol advertising. Some of the AMPHORA findings were innovative: for example, the finding that, if the European Union used the same criteria for other carcinogenic substances, governments would be forced to restrict exposure to alcohol to no more than one drink a year. In the EU, 14% of all premature deaths are alcohol-related; about 120,000 EU deaths a year amongst those aged 15-64 years. Sadly the current recession appears to increase the risk of heavy drinking among those adversely affected by it, with an increased risk in associated harm, such as suicide.

Differing policy priorities between countries

Policy priorities differ between different countries. Indeed, there are multiple 'Europes' each with on-going structural and cultural changes. Yet, their diversity is not reflected in a diversity of alcohol solutions tailored to country and local community needs. Most alcohol solutions are based on attempts to get stricter government policy, i.e. a central "top down" approach.

Between 1880 and 1920, the Temperance Movement had a strong interest in local solutions as well as central solutions, including lobbying governments about the harmful effect of policy promoting free trade agreements on alcohol. A rather poignant observation considering that the single market rules in the EU can undercut public health interests.

The alcohol industry may well favour central solutions because these mean that they have just central government to influence through lobbying. However, if central government devolves some responsibility for action against the harm done by alcohol to local organisations, they also need to devolve power and resources to ensure effectiveness.

Invigorating politicians

Policy-making is the remit of politicians, but how are they influenced? There is a lack of transparency about this process. “Everybody in public health needs to better understand the rules of governmental processes”. We all need to be more involved in the public debate, and more advocacy is needed. Health costs are reduced by reducing alcohol harm. Right now, the strongest political focus driving policy in the EU is on recovering from the recession. Given this, alcohol scientists need to show politicians that good alcohol policies help them achieve that recovery. Politicians need good data and strong evidence to give them confidence in a recommended policy area, and they need support from us when they make a decision that moves a country’s alcohol policy forward.

Mobilising civil society

We have got to have the public on side before change is sustainable. Mikhail Gorbachev’s attempt to reduce Soviet Union drinking problems failed in part because in the end “The changes were not popular, not respected and not obeyed”. If there is no social movement pushing for change and influencing the public, then strict alcohol policies will be weakened over time by the pressure of market forces, market interests and the ideology of consumer sovereignty.

AMPHORA scientists found that the stricter a country’s alcohol policy, the more likely that lower levels of alcohol use were defined as problematic by the public. The public should be informed to make their own decisions about whether or not they drink alcohol and how much, provided that they cause no harm to others. They need to clearly understand the risks alcohol poses to health. Examples include warning labels on alcohol packages, or that every woman is encouraged to look at an online breast cancer risk calculator and calculate her own risk from continuing to drink alcohol in her current pattern, versus reducing that pattern or abstaining.

Regular monitoring of alcohol-related harm

AMPHORA found that meaningful, regular monitoring and surveillance for alcohol-related fatal and non-fatal harm is not done. This is accompanied, of course, by a lack of regular surveys on the public’s view about alcohol and alcohol policies.

At the March 2012 media launch of the WHO document “Alcohol in the European Union: consumption, harm and policy approaches”, no recent data was available to the authors on the alcohol-attributable burden of disease and the only available data was from 2004⁽¹⁾. Such a time lag is completely unacceptable if monitoring and surveillance are to help design morbidity and quality of life indicators to

¹ Anderson P, Moller L & Galler G (2012) Alcohol in the European Union: consumption, harm and policy approaches. Copenhagen, Denmark, World Health Organization.

be embedded in alcohol policy, help monitor and measure the impact of policy, act as an early warning system, and act as a comparator to benchmark against other countries.

Recognising young people's needs

Youth are often talked about and often not consulted. It should not be forgotten that although binge or heavy drinking is high among youth, the proportion that does not drink heavily is even higher. Views from both drinking and non-drinking youth should be sought to better understand their needs and policies that will work for them. Young binge drinkers often drink in order to get drunk; however both they and young safer drinkers and abstainers may appreciate more opportunities for socialising where alcohol is not the focus. AMPHORA found that exposure to online alcohol advertising increased the risk that 14-year-olds will start binge drinking, with a dose-response effect, and results also indicated that youth would probably not oppose a ban on advertising.

Implementing the responsibilities of WHO, NGOs, and the alcohol industry

The WHO has developed a 2010-2025 "Global strategy to reduce the Harmful Use of Alcohol".⁽²⁾ A 2011 WHO Technical Working Group on non-communicable disease targets⁽³⁾, advise setting targets of 10% relative reduction in per capita consumption of alcohol, and 10% relative reduction in the prevalence of heavy episodic drinking. Surveys suggest that three quarters of the alcohol sold is drunk by heavy drinkers. This observation is consistent with the advised targets.

Of concern was the AMPHORA finding that the work of NGOs did not appear to have a major influence on alcohol policy.

The CEO's of 13 world producers of beer, wine and spirits issued a press release⁽⁴⁾ on October 10th 2012, following their own report outlining their support of the WHO Global Strategy to Reduce the Harmful Use of Alcohol. The press release stated:

"Building on their longstanding commitment to public health, the world's leading producers of beer, wine and spirits have agreed to a new series of actions in five key areas that are designed to strengthen and expand existing efforts to reduce the harmful use of alcohol. Ten targeted actions over the next five years include:

- *Reducing underage drinking, via enforcement of current laws and encouraging governments to introduce and enforce minimum purchase ages*
- *Continuing to strengthen and expand marketing codes of practice that are rooted in our resolve-not-to-engage in marketing that could encourage excessive and irresponsible consumption, with a particular focus on digital marketing*
- *Making responsible product innovations and developing easily understood symbols or equivalent words to discourage drinking driving, consumption by pregnant women and underage youth*
- *Reducing drinking driving by collaborating with governments and non-governmental organizations to educate and enforce existing laws*
- *Enlisting the support of retailers to reduce harmful drinking and create 'guiding principles of responsible beverage alcohol retailing' "*

² WHO (2010). Global strategy to reduce the harmful use of alcohol. Geneva, World Health Organization. Available at: http://www.who.int/substance_abuse/msbalcstrategy.pdf

³ Targets to monitor progress in reducing the burden of noncommunicable diseases. Recommendations from a WHO Technical Working Group on Noncommunicable Disease Targets. Available at: http://www.who.int/nmh/events/moscow_ncds_2011/twg_targets_to_monitor_progress_reducing_ncds.pdf

⁴ Global Beer, Wine and Spirits CEOs Back New Initiatives to Reduce Harmful Use of Alcohol. Available at: http://pernod-ricard.com/files/fichiers/Presse/Documents/2012-10-10_ICAP_VUK.pdf

These actions are geared more to support the alcohol industry's image, to delay or stop implementation of strict alcohol policies and to reduce competition, rather than, as judged by the evidence, being effective in reducing the harm done by alcohol. Instead, the industry should attend to issues it has direct control over such as ensuring that young people are not exposed to commercial communications and that alcohol is removed from the market by developing and promoting beverages with lower alcohol content.

In particular the industry should not be a partner in alcohol policy development or implementation because their prime interest and responsibility is to be profit driven organisations that make returns to their shareholders. This is supported by the AMPHORA finding that "the more comprehensive a country's alcohol policy, the lower the alcohol consumption; academia's involvement in policy-making leads to more strict and comprehensive policies, and alcohol industry involvement leads to weaker policies".

However the industry does produce alcohol, and, consequently, we need to better understand the industry's structure, between-company relationships, lobbying effectiveness, public relations strategies, public health activities, and research funding. For that matter, the industry needs to better understand what science has to say about alcohol and alcohol policy.

Speaking with one voice

And what about us? Conference delegates span a variety of views, ranging from those that believe there is a need for a harm-reduction approach for heavy drinkers and for those suffering alcohol use disorders, to those that felt strongly that people should be encouraged to live sober lives, and every viewpoint in between. A (disputed) comment was that Northern Europeans wonder why Southern Europeans "can't be more like us", and vice versa. These views are not mutually exclusive, but what is important is that we share and discuss evidenced-based messages and disseminate those that are most likely to reduce alcohol-related harm. Conferences like this help to achieve that aim.

Ensuring that good science drives improved alcohol policy

Many alcohol scientists appear frustrated that good science is not being used more to inform alcohol policy. One statement was that policy, science and work to help affected people should all link up. One objective we all share is the need to decrease the suffering of individuals.

This brings us back to the need to recognise and respond to diversity, learn from each other and to have access to a good monitoring system. We need to be able to inform the public about alcohol risk. We need to better understand the industry and ensure that they understand and stick to their role as business actors, rather than getting involved in health policy making. It is not enough to have good intentions or to have the belief that "we have done the science – on to the next research project". It is progress toward shared goals of reducing alcohol-related harm that counts.

"We need a plan" – one that recognises that we are up against extremely powerful corporate interests, which are better resourced and have better access to policy makers than academia. The plan could borrow from the industry approach. Alcohol science almost certainly needs a strong advocacy arm. The plan would comprise a long-term vision and five-year strategy for approval by a governance board with representatives from major research and NGO groups. The first one or two goals and targets of the strategy should be measurable, achievable and be the easiest. Change is a long-term activity that takes

time, and our field needs to accept that we can't achieve everything at once. It has taken anti-tobacco organisations about 40 years to get to where they are now, although we do not want to or need to wait that long.

Of course, a lot of thinking is influenced by the success of the tobacco control model. But is it an exact fit for alcohol? It would be if the goal was to eliminate the use of alcohol in society entirely. However, if the vision is that all drinkers drink less to reduce harm, or abstain, the end point is less clear-cut and more difficult to explain to society, media and politicians. Additional activities may need to be in place. Local strategies could use the Mayor Bloomberg model targeting unhealthy foods. And, although it was not mentioned at the conference, the Ralph Nader "safer car" model from the 1960s and 70s provides alternative ways of looking at the role of the industry; i.e. mandated industry responsibility.

What happens next? To quote from one of the last speakers at the conference, we now need to devote more time to advocacy strategy and how to enhance it in Europe, and to develop and offer assistance, such as an advocacy toolkit. Advocacy strategy could be the topic of a new conference.

Professor Ross McCormick

Conference rapporteur