

Greater Manchester Brussels Service

Briefing: EU Public Health – Alcohol-related Harm

Alcohol-related harm is a major public health concern for all European Member States. Europe has the highest proportion of drinkers in the world, the highest levels of alcohol consumption per capita and a high level of alcohol-related harm. Alcohol consumption is accountable for over 15% of all ill health and early deaths among men and about 4% among women. The consequences of harmful and hazardous alcohol consumption also include a considerable number of fatalities on EU roads and a broader social impact such as violence, hooliganism, crime, family problems and social exclusion (source European Parliamentary Research Service).

If you would like the GM Brussels Office to follow any of the issues highlighted in this Policy Briefing please contact a [member of the team](#).

Background

To address these alcohol related concerns the Commission adopted its first EU Alcohol Strategy in 2006. The idea behind the Strategy was to help inform other Member States and to complement their own national alcohol related strategies.

As part of the implementation of the Alcohol Strategy, the Commission also established three stakeholder platforms:

- [EU Alcohol and Health Forum \(EAHF\)](#), a multi-stakeholder platform composed of NGOs and economic operators.
- [Committee for national alcohol policy and action \(CNAPA\)](#) that brings together representatives from national governments to share information, knowledge, and good practice on reducing harmful alcohol consumption.
- [Committee on alcohol data, indicators, and definitions](#) aimed at developing key indicators for monitoring overall performance of the strategy.

The EU Alcohol Strategy came to an end in 2013, but the work of the Committees have continued. An [independent evaluation](#) of the Strategy was carried out in 2013 which results were presented to the EU Alcohol and Health Forum at its [14th Plenary Meeting](#) on 9 April in Brussels.

There were calls from some Member States, including the UK, to update or to extend the Strategy. However the Commission opted not to extend the Strategy, instead they felt that the tools, priorities and objectives already set up by the Strategy were still relevant and therefore the best way forward was to develop an Action Plan to progress some of the work already initiated by the Strategy.

Current Developments

Action Plan on Youth and Binge Drinking

The Action Plan, which will be released in October 2014, will focus on young people and binge drinking. It will be a voluntary initiative setting out the type of actions that can be delivered, the stakeholders that should be involved, and the timelines.

Six Priorities areas will be covered by the new Action Plan:

- Reduce heavy episodic drinking (binge drinking).
- Reduce availability and accessibility of alcoholic beverages to youths.
- Limit the exposure of youths to marketing and advertising.
- Protect the unborn child.
- Ensure a healthy and safe environment for children and young people.
- Monitor and increase research.

The Action Plan will be limited to three years.

Joint Action on Reducing Alcohol Related Harm (RARHA)

The RARHA started on 1 January 2014 and will run for 36 months. The project is aiming at supporting Member States to take forward work on common priorities in line with the EU Alcohol Strategy and strengthen Member States' capacity to address and reduce the harm associated with alcohol. It involves partners from all EU Member States, plus Iceland, Norway, and Switzerland, and there are 32 associated partners and collaborating partners. It is funded under the EU Health Programme 2007-2013.

Drink and Driving – Alcohol Interlock Devices

DG MOVE, the Directorate General responsible for transport in the European Commission, considers drink driving as an important part of its work to improve road safety. Drink driving accounts for 20-28% of all road accidents, deaths, and injuries on European roads. On 15 April 2014 DG MOVE published an independent [study into the prevention of drink driving through the use of alcohol interlock devices](#). At present, alcohol interlock devices in the UK are only available voluntarily in commercial transport. They are already mandatory in other Member States for commercial transport or rehabilitation purposes.

EU Funding

[Horizon 2020](#), the EU framework programme for research and innovation (2014-2020) includes a strong focus on societal challenges facing EU society, including health. Funding may be available for innovative actions on prevention and reduction of alcohol-related public health issues.

[The Third Health Programme \(2014-2020\)](#) is the EU's funding instrument to tackle health issues covered by EU Health Strategy. The programme is structured around four key objectives relating to prevention, cross-border health threats, innovation, and access to healthcare. Under the first objective, there is a specific objective addressing alcohol:

Cost-effective promotion and prevention measures for addressing tobacco, alcohol, unhealthy dietary habits, physical activity.

The total budget available to the Programme for 2014-2020 is EUR 449.4m. Funding is available through grants and tenders based on annual work programmes. [The 2014 Work Programme](#) was published in June. The first deadline for projects will be on 25 September 2014.

The Executive Agency for Health and Consumers has now become the [Consumers, Health and Food Executive Agency \(CHAFEA\)](#) and jointly manages this programme.

United Kingdom

The World Health Organisation (WHO) European Regional Office published an overview of [alcohol consumption and policy to tackle alcohol-related harm in the UK](#). Binge drinking accounts for half of all alcohol consumed in the UK and the Department of Health has a policy to tackle alcohol-related harm and health risks. However, according to the 2009 WHO profile, progress in the UK has been slow.

Future Focus

The Action Plan on Youth and Binge Drinking is set to expire in 2016, leaving the door open for a possible new Strategy in the medium-term.

The political personalities and focus post the European Parliament elections in May 2014 and the appointment of the new Commissioner for Health and Consumer Affairs in Autumn 2014 may determine the future of EU policy on alcohol.

Main EU-level Contacts

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