ALICE RAP Policy Paper Series

Policy Brief 1.

ALCOHOL – THE NEGLECTED ADDICTION

AR Policy Paper 1

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ALICE RAP (Addictions and Lifestyles in Contemporary Europe – Reframing Addictions Project) is the first major Europe wide project studying addictions as a whole and their influence on wealth, health and stealth. The aim of this five year €10 million co-financed EU project is to stimulate and feed scientific evidence into a comprehensive public dialogue and debate on current and alternative approaches to addictions.

The AR Policy Paper series aims to provide succinct evidence briefs for decision-makers and advocates working on key addiction-related issues. This first paper focuses on alcohol. Many assessments point to the fact that the European Union has a drinking problem and that alcohol is the Union's number one drug and addiction problem. Consumption has remained high and static over the last ten years. The AR Policy Paper makes the case for why the time is right for national and European policy action. Drawing on regional and global initiatives and active discussions in many EU member states about alcohol (e.g. UK Government's alcohol strategy, which proposes introducing a minimum price per gram of alcohol), this Policy Paper identifies a wide variety of actions that could make a difference and help put public health interests over and above trade or commercial interests.

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The European Union's drinking problem

The European Union has a drinking problem: we drink more than twice the world's average. For the last ten years, our consumption has got stuck at an annual consumption of around 12-13 litres of pure alcohol per person aged 15 years and older. This works out at a little under 30g alcohol (equivalent to 800ml of normal strength beer) per person per day. No wonder that amongst 15-64 year-olds, about one in eight of all deaths are due to alcohol. Alcohol is not just killing us, but costing us too. On top of spending on drinking, alcohol costs Europe about €300 a year for every man, woman and child in terms of lost productivity, and costs to the health, welfare and criminal justice systems – costs we could well do without in times of economic downturn. In fact, these costs are a huge underestimate, because they do not include all the costs of burdens that alcohol places on people other than the drinker (such as family, friends and colleagues) – if these were added in, then the costs to each one of us could well double.

Many assessments throughout the European Union show that alcohol is not only our favourite drug, but also our most dangerous drug. In this brief, we will show that, for individuals and societies, what matters is the number of grams of alcohol that are consumed, both on average over time, but, particularly, during a drinking occasion. The harm done by alcohol is compounded by deprivation and exacerbates inequalities – for every gram of alcohol consumed, deprived people, no matter how this is measured, are more likely to be harmed and to die than non-deprived people. The brief will show, fortunately, that there are many effective and cost-effective ways that provide incentives to individuals to reduce the number of grams consumed. It will also show that we are all in it together – how much drinking goes on in our environments and social networks influences our own drinking. For too long, there has been a limited focus on young people and the need for more education. But, important though these might be, they are not going to solve the problems – in sheer absolute numbers, it is the middle-aged, and especially men, that die from alcohol. Nor should it be underestimated how difficult it can be to change - alcohol fools our brains into believing that we get far more benefit from each drink than we do. Finally, there are a whole host of forces stacked up against us in making change easy. In this brief, we conclude by considering how these forces can be better aligned to improve, rather than damage health.

Grams of alcohol matter

For each of us, the number of grams of alcohol that we consume, both on average and more so in a drinking occasion, matter for our health. To put it simply, the more we consume over a lifetime, the more we consume on an occasion and the greater the number of drinking occasions, the risk of negative health outcomes simply stacks up. Averaging it all out, the risk

increases pretty much in a continuous straight line, is similar for both men and women, and there is no drinking level without risk. At the drinking level of a 750ml bottle of wine a day (80g pure alcohol), the lifetime risk of alcohol killing a drinker is about one in seven. This drops to about one in 100 for one large glass of wine (175ml, 20g pure alcohol) a day.

This is so, because alcohol is a cause of some 250 or so different diseases and conditions. Alcohol is an intoxicant causing all kinds of intentional and unintentional injuries, such as interpersonal violence, suicide, homicide, drink–driving fatalities or falls; it increases the likelihood of risky sexual behaviour, and therefore sexually transmitted diseases, including HIV infection; it is a potent teratogen being a cause of low birth weight, cognitive deficiencies and foetal alcohol disorders, with mental and physical consequences; it is neurotoxic to brain development, leading to structural changes in the hippocampus in adolescence and reduced brain volume in middle age; it is a dependence-producing drug, similar to other substances under international control; it is an immunosuppressant, increasing the risk of infectious diseases, such as tuberculosis, HIV/AIDS and pneumonia; it is classified by the International Agency for Research on Cancer as a carcinogen for a multitude of cancers including those of the oesophagus, liver, colo-rectum and female breast. Although alcohol is overwhelmingly toxic to the cardiovascular system, the relationship with ischaemic heart disease and ischaemic stroke is a little more complex. While, on average, light to moderate drinking can be protective for ischaemic diseases, heavy drinking is not. Some of this protection is due to the fact that low to moderate alcohol is a proxy measure for overall better health and social capital, and all of it totally disappears when drinkers report as little as just one heavy drinking occasion per month. There is no protective effect seen at all for younger people.

When all of these harms are added up at the societal level, we find that alcohol causes 1 in 8 of all deaths amongst 15-64 year olds. These patterns of risk work across the whole European Union, but are considerably worse in the eastern part of Europe.

What can we do?

Given that it is grams of alcohol that matter in terms of harm for individuals and societies, as well as harms to people other than the drinker, what can be done to make it easier for individuals, and, particularly, heavier drinkers - and, thus, societies - to drink less?

Price and availability:

There are many things that can be done, but, as both the World Health Organization and the World Economic Forum concluded in their joint brief for the 2011 UN high level meeting on non-communicable diseases, the two most important best buys for evidence-based alcohol policy were making it more expensive and making it less available (the third was banning advertising, and this is touched on below). Wherever and whenever it has been studied, the conclusions about availability are consistent, simple and obvious. When alcohol is easier to get, more alcohol is consumed and more harm results; when alcohol is more difficult to get, less is consumed and less harm results. So, reducing the number of outlets, the days and hours of sale, and the number of grams of alcohol in a packaged drink saves lives. Also, where alcohol is placed in

supermarkets is important. If it is easy to put it in the supermarket trolley, more is put in. If it is more difficult, less is put in.

The conclusions about price are also consistent, simple and obvious. Wherever and whenever it has been studied, when alcohol becomes cheaper, more is consumed and more harm ensues. When it is more expensive, less is consumed and less harms result. And, heavy drinkers and people dependent on alcohol are not a stubborn group – they also drink less when the price goes up.

However, managing the price of alcohol is a little complicated, for a number of reasons. First, it is the affordability of alcohol compared with other goods that matters. So, if price stays the same, but incomes go up, consumption goes up. Or, if price stays the same and the relative price of other goods in the shopping basket goes up, consumption goes up. Second, concern is expressed that if the price of legal alcohol goes up, then more people will brew or distil their own alcohol, or try to get hold of counterfeit or illegal alcohol; whilst this is clearly important in some parts of the world, it is probably not as important in the European Union. In any case, where it has been studied, the health benefits of a price increase outweigh any harm that might result from increased illicit production and consumption. Third, alcohol prices differ between neighbouring jurisdictions, which does lead to some consumers crossing nearby borders to purchase cheaper alcohol. But, this is much less of an issue than imagined. It is also important to note that ill-thought through policy responses can make matters worse. In 2004, when Estonia joined the European Union, Finland dropped alcohol taxes by about one third to act as a disincentive for consumers to buy cheaper alcohol from Estonia. However, the consequence was that sudden alcohol-caused deaths jumped up immediately by 17% (government revenue fell by the same amount). And it was the more deprived who were penalized, with the vast majority of the increase in deaths occurring amongst poorer as opposed to richer consumers. The damaging effects came from Finnish alcohol. Fortunately, the government quickly noticed the perverse consequences of the tax change, and put the price back up, with a resultant drop in consumption and harm. Fourth, alcohol is not normally taxed per gram, which would be a rational way to reflect that, for health, it is the number of grams of alcohol that matter; in some countries, alcohol is not subject to an excise tax at all (for example, wine in a number of European countries), meaning that there is no pay back to compensate at all for these health costs. Fifth, a tax increase is not normally followed by an equivalent price increase, with producers and retailers responding and modifying the retail price in different ways. Sometimes the price goes up more than would be expected. Other times, and more commonly, the price goes up less than expected, meaning that producers and retailers have the capacity to absorb some of the price that would have resulted from a tax increase. This raises a more important issue, in that producers and retailers have considerable scope for manipulating the price of alcohol as they wish, with some retailers selling alcohol even below the cost of producing it, to boost sales.

One way to get round some of these issues is to set a minimum price per gram of alcohol sold. This option also has many other advantages, in that, even more than tax increases, which also do the same, introducing a minimum price per gram of alcohol sold targets heavy drinking occasions and heavy drinkers, much more so than lighter drinkers. Some Canadian provinces

have been doing this for years, and with good effect. In The European Union, setting a minimum price per gram of alcohol has not yet happened, although Scotland has a bill in Parliament, and the UK government's alcohol strategy proposes a minimum price per gram of alcohol for England and Wales. All the scientific estimates suggest that introducing a minimum price would have immediate and great effect in improving health and well-being, as well as productivity.

Other measures:
There are a lot of other things that can be done that make it easier for drinkers to drink less. For example, implementing and enforcing tough drink driving laws reduces the amount drunk; the physical and social design of drinking premises can reduce the amount drunk on each drinking occasion, for example, by making premises lighter and more airy, and serving food. Setting a minimum age for buying alcohol seems important, although it is, in effect, much less important than expected - simply because, as young people themselves report, they don't seem to have any difficulty in buying alcohol when below the age limit.

However, there are also things that are often touted, but which, in fact, make little difference to how much is actually drunk. There is a great vogue for community-based programmes, such as awareness-raising on the harms of alcohol amongst youth, promoting local server training and recreational activities as alternatives to drinking alcohol. On the surface some of these seem effective. However, looking deeper, it is not that it is a community programme itself that is important – rather, those community programmes that are effective in reducing the harm done by alcohol are those that simply *implement* existing policies which have a proven positive effect, such as reducing the availability of alcohol at the local level.

There is also a great vogue for more education to children and young people. Young people are, of course, important - the huge structural brain changes that take place during adolescence need to be protected; and, the later the age that young people start to drink, the better their educational achievement, and the less likely they are to end up dependent on alcohol later in life. But, no matter how hard you try, educational and preventive programmes targeted at young people simply do not change their drinking behaviour in any consistent or sustained way. This is hardly surprising given the environment in which many young people live - their parents and the middle aged hardly set a good example.

Like most European adults, children and youth are bombarded by advertising, particularly now through social media and electronic communication outlets, encouraging non-drinkers to start drinking and existing drinkers to drink more. And, no surprise here, when it is studied, the greater the exposure, the greater the likelihood non-drinkers start to drink and the greater the consumption of existing drinkers. Even simply watching a one-hour movie with a greater number of drinking scenes, or viewing simple TV advertisements can double the amount drunk over the hour's viewing period. In many jurisdictions, much emphasis is put on self-regulation of commercial communications and withdrawal of communications that are found to breach self-regulatory codes. However, these approaches are irrelevant, since extensive evidence shows that withdrawn commercial communications simply live on, accessible to all, in social media, which are, in any case, heavily financed by global alcohol producers. It is for these reasons that the third of the best buys proposed by the World Health Organization and the World Economic

Forum, mentioned above, was a ban on advertising.

Whatever policies or programmes are implemented, some drinkers will still get into problems with alcohol. And, here, providing advice and treatment that is cost-effective across the spectrum of problems can improve health. The problem is that only a tiny proportion of those who would benefit from advice and treatment actually get it, and, for too many people, there are too many lost years between the development of a problem, and the offer of some help to deal with it. Drinkers who run into problems with alcohol can also be highly stigmatized – in fact, alcohol dependence seems the most stigmatized mental disorder in many European countries.

Why are we not doing so well?

The fact that the European Union has a drinking problem and that its overall consumption (at more than twice the world's average) has remained static in the last ten years, suggests that we are not doing very well. In this final section, we consider why this is, and what could be done to better align policies and actions that act as real incentives to help us all drink less.

By their own admission, for the most part, countries themselves say that they have been doing the wrong things. Over the five years 2006-2010, according to the 2012 World Health Organization report on Alcohol in the European Union, areas of policy that got stronger in European Union countries were primarily more education and more community action, and the policy areas that did not get stronger, or even got weaker, were pricing and advertising. This is simply the wrong way round, given the evidence on what might have made a difference to drinking behaviour and consequent harms. To some extent, of course, these countries were consistent in following the advice that they were given - the European Commission's Communication on Alcohol had a lot to say about the importance of more education, but, hardly anything to say about the importance of price. There has been a lot written about why this is. One suggested reason has been the policy influence of the alcohol industry itself – the EC Communication being well-aligned to the industry's views on alcohol policy. Further, the professional body invited to broker discussion between the alcohol industry and public health actors, the European Policy Centre, has industry's views at heart, having been employed, for example, by the tobacco industry to lobby the European Commission in the industry's commercial interests.

It seems that there are a number of obstacles that need to be overcome, before we can better align policies and actions to promote health and well-being.

Correcting the knowledge gap

First, alcohol is neither viewed as, nor classified legally as, a drug, as are nicotine, and illegal drugs such as cannabis and heroin. Yet, by all its biological and pharmacological characteristics, it is a drug exactly like other drugs under international control. Additionally, most science-based assessments suggest that it is the most harmful of all drugs in terms of its impact on health and well-being in society.

Second, still too many consumers (including policy makers) underestimate alcohol's harm, and do not appreciate that it is simply the number of grams of alcohol, consumed on a drinking occasion and consumed over a lifetime, that matters, irrespective of the type of alcohol. Too many people, for example, do not believe that alcohol causes cancer or think that it is not an important cause of cancer (1 in 14 of all cancers in the European Union are caused by alcohol).

Bold and clear statements need to be made to correct these knowledge gaps amongst policy makers. The policy failures that have left alcohol stuck at its high level of consumption over the last five years, have, for example, resulted in an estimated 600,000 preventable deaths amongst 15-64 year olds.

Guidance and targets for drinking coming out of policy also have to be clear, coherent and consistent, despite the variety of individuals that alcohol policy has to address. The basic message here is that less is better, and that if, as an adult, you want to avoid all problems, don't drink at all. In general, if you do drink, never drinking more than two drinks (20g alcohol) on any one day keeps your life time risk of dying from an alcohol-related condition less than one in 100. For children, we should work to help them delay starting to drink for as long as possible.

Correcting the policy gap

For one part, it seems that society itself has not taken this issue seriously enough. Where it could have done so, civil society, as well as the public health communities and non-governmental organisations which act on behalf of civil society have not risen to the challenge, as they have done, for example, regarding tobacco. Politicians, too, do not seem to have appreciated the gains that they could have achieved. Good alcohol policy has benefits for a whole range of societal concerns, from better productivity and employment, improved personal security and reduced crime, to better health and reduced health care costs, and improved social inclusion and equality.

Realigning policies

Often, within government departments, there are too many competing policies across different sectors that need to be realigned to promote health and well-being. Alcohol policies can bring many competing sectors together with win-win outcomes for all. Introducing a minimum price per gram of alcohol reduces costs and crime, increases employment and productivity, and promotes health and well-being, also cutting health care costs. It even benefits the alcohol industry, which would accrue increased profits. This also brings us to the alcohol industry, both the production and retail sectors, who are often not engaged in reducing alcohol-related harm in any meaningful way. Too often the industry is engaged at too low a level, or expectations for industry engagement are too trivial. They are often only engaged at the level of public relations, such as financing alcohol education in schools or running voluntary codes on advertising content. A frank discussion needs to take place as to how the industry can meet the needs of their shareholders, whilst producing products that result in fewer grams of alcohol consumption. The industries themselves cannot legally set a minimum price per gram of alcohol - this is why governments need to act. But, they can do similarly effective things, by, for example, reducing bottle and can sizes, and reducing the number of grams of alcohol in a range of popular

products - something that some parts of the industry are actually doing, akin to salt and sugar reduction initiatives being led by the food industry. Governments can help set incentives and regulations here by ensuring that taxes are set per gram of alcohol, rather than per type of alcoholic product. The UK government's alcohol strategy, launched during March 2012, illustrates meaningful action by the alcohol industry in removing 8 billion grams of alcohol from the market by 2015, by selling products with a lower alcohol concentration, incentivized by lower taxes on lower alcohol strength beers. The time is right for realigning Europe an alcohol policies to improve the well-being and quality of life of the people of Europe.

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