Action Plan

on Youth Drinking and on Heavy Episodic Drinking (Binge Drinking)

(2014-2016)

Endorsed by

the Committee on National Alcohol Policy and Action (CNAPA)

on 16 September 2014

1 – Introduction

1.1. - The challenge of alcohol related harm

According to WHO, alcohol is the third leading risk factor for disease and mortality in Europe. Alcohol related harm includes a wide range of consequences, including long term damage like liver cirrhosis, cardiovascular diseases and cancer, addiction, violence and damages from falling, as well as costs to society, through reduced work efficiency or costs to health care system and unemployment. Alcohol consumption can also cause damage to others, from children in families with alcohol disorders to third parties harmed from alcohol related traffic accidents. The costs of harmful and hazardous alcohol consumption are high, and all parts of the society must be invited and encouraged to take part in the work on reducing alcohol related harm.

According to a 2010 report[1], the societal costs of alcohol consumption in the EU for 2010 were estimated at €155.8 billion. The major share of this amount is caused by premature deaths (€45.2 billion), costs to the health system (€21.4 billion), and costs caused by absenteeism and unemployment (€11,3 and €17,6 billion). In addition, costs of alcohol-related crime in Europe were estimated at €33 billion per year in 2006. In 2004, over four million disability-adjusted life-years (DALYs) – years of life lost due to either premature mortality or to disability – were attributed to alcohol, corresponding to 15% of all DALYs in men and 4% of all DALYs in women.[2] In a Europe that is still facing the challenges from the economic crisis, reducing alcohol related harm is important in contributing to a healthy work force and reducing costs for health care services, in line with the strategic aims of the Europe 2020 Strategy.

Reducing alcohol related harm has a value in its own – a better and healthier life. Alcohol may cause serious harm and it can be linked to more than 60 different types of diseases and conditions, among them injuries and cardiovascular diseases. Also, according to the conclusions of the International Agency for Research on Cancer (IARC) there is a causal link between alcohol and cancer of the oral cavity, pharynx, larynx, oesophagus, liver, colon, rectum and the female breast. The most recent IARC report of 2014[3] points at the rising burden of cancer that could be reduced by implementing evidence-based strategies such as modifying and avoiding risk factors e.g. alcohol. Over two-third of all alcohol-attributable deaths occurring amongst the 20–64 year old population of the European Union[4] occur in the 45–64 year olds. In addition, alcohol causes several perinatal conditions attributable to the mother's drinking during pregnancy and also injuries, particularly assault injuries.

Harm to others can be identified based on records - those of deaths and hospitalizations (e.g. attributed to traffic injuries because of driving under the influence of alcohol), child abuse or neglect

[1] http://amphoraproject.net/w2box/data/AMPHORA%20Reports/CAMH_Alcohol_Report_Europe_2012.pdf

[2] Alcohol in Europe: A public health perspective; Peter Anderson and Ben Baumberg, 2006

[3] WHO, International Agency for Research on Cancer. World Cancer Report (2014)

[4] In all Member States except for Cyprus and Malta

cases involving a caregiver's drinking, and domestic and other assaults; or be based on survey reports - including negative effects on co-workers, household members, other relatives and friends, strangers, and on the community as a whole.[5]

About 25% of the difference in life expectancy between Western and Eastern Europe for men aged 20–64 years in 2002 could be attributed to alcohol, largely, but not exclusively, as a result of differences in heavy episodic drinking patterns. Drinking patterns and the level of alcohol related harm varies largely through Europe, within countries and within regions. This underlines the need to look at national challenges when developing policies to reduce alcohol related harm. At the same time, some challenges remain the same and have cross border effects.

There is a need to address also the socio-economic gradient of alcohol related harm. Although the burden of alcohol related harm varies between groups within EU countries and regions, in general the lower socioeconomic groups experience higher levels of alcohol related harm than higher socioeconomic groups when they have the same consumption.[6]

1.2 – EU policy development supporting the reduction of alcohol related harm

Reducing alcohol related harm contributes to achieving the objectives set out in the Europe 2020 Strategy[7] by contributing to increased employment, through reduction of the number of people of working age incapacitated through alcohol, and will also contribute to the target of poverty reduction – as alcohol abuse is a significant contributor to poverty. This work is also consistent with the need to invest in prevention in order to support the development of more sustainable health systems as highlighted in the 2013 Social Investment Package and accompanying staff working document of the Commission on investing in health.[8] Further action on alcohol is already foreseen in the context of the Commission's proposals for a Third Programme of Action in the Field of Health and for the Horizon 2020 research programme.

In 2011 the UN General Assembly – with EU support – adopted a political declaration on prevention and control of non−communicable diseases (NCDs). The declaration acknowledged that chronic diseases constitute a major challenge for development in the 21st century and requested WHO to lead and take global action. Alcohol being a risk factor for many chronic diseases including cancer and linked to communicable diseases, like HIV, hepatitis and tuberculosis, must be in the focus of these targeted actions.

[5] http://pubs.niaaa.nih.gov/publications/arh342/135-143.htm

[6] WHO, Alcohol and inequities, WHO 2014

[7] http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2010:2020:FIN:EN:PDF

[8] http://ec.europa.eu/health/strategy/docs/swd_investing_in_health.pdf

In its conclusions on Alcohol and Health of 2009[9], the Council among others considered that there is a need to provide counselling and support for children, adolescents and young people and/or families affected by alcohol-related harm and invited the Member States to make use of the most effective measures to provide regulation and enforcement in the area of alcohol policy at national level. The Council also invited the Commission to define priorities for the next phase of the Commission's work on alcohol and health after 2012.

The Council Conclusions of 2011 on closing health gaps within the EU[10] drew attention to the contribution of alcohol related harm to health gaps between and within Member States and welcomed the EU alcohol strategy in this context. They highlighted Member States' commitment to accelerate progress in addressing unhealthy behaviours, including harmful use of alcohol, that lead to increased incidence of non-communicable chronic diseases, and called on Member States and the Commission to implement effective policies and programmes to address alcohol related harm.

In its Conclusions[11] of 2012 on Healthy Ageing across the Lifecycle, the Health Council invited the Member States and the Commission to promote strategies for combating risk factors, including alcohol related harm. Aspects highlighted in the Council's discussion included the importance of political initiatives to tackle alcohol related harm across the EU, the need to address alcohol related harm across the life cycle and issues of EU dimension that call for attention at EU level.

The endorsement of the WHO Global Alcohol Strategy[12] in 2010 by 193 States and the WHO European action plan on alcohol 2012-2020[13] in 2011 by 53 European States including EU Member States also underlined the need for keeping the reduction of alcohol related harm high on the EU political agenda and the strong commitment of the national governments for action.

The need to reduce alcohol related harm interlinks with other EU policies, both within the health domain - e.g. mental health, injury prevention, illicit drug use - and beyond - e.g. youth health, road traffic safety, occupational safety and health. In the EU strategy to support Member States in reducing alcohol related harm[14], attention was drawn to the need of improving coherence between policies that have an impact on alcohol-related harm.

There are clear indications that policy measures can be implemented towards alcohol related harm that could decrease premature death in a relatively short period of time and, by consequence, would avoid social costs and would give further impetus to productivity.

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[9] http://ec.europa.eu/regional_policy/cooperate/baltic/pdf/empl_council_conclusions_01122009.pdf

[10] http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52011XG1209(01)&from=EN

[11] http://www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/lsa/134097.pdf

[12] http://www.who.int/substance_abuse/alcstratenglishfinal.pdf?ua=1

[13] http://www.euro.who.int/__data/assets/pdf_file/0008/178163/E96726.pdf

[14] http://ec.europa.eu/health/ph_determinants/life_style/alcohol/documents/alcohol_com_625_en.pdf

Addressing the main risk factors that determine population health in order to help increase people's employability and enable them to stay longer in the working life is also part of "Investing in Health"[15] Staff Working Document, which emphasises the importance of investing in disease prevention and health promotion as an asset that yields a handsome rate of return, as focusing on disease prevention can be a way to reduce high long-term treatment costs and to improve health outcomes by avoiding premature deaths and chronic diseases.

Already in 2006, the Commission adopted a comprehensive strategy to support Member States in reducing alcohol related harm. The Strategy covers five priority themes:

- Protect young people, children and the unborn child;
- Reduce injuries and deaths from alcohol-related traffic accidents;
- Prevent alcohol-related harm among adults and reduce the negative impact on the workplace;
- Inform, educate and raise awareness on the impact of harmful and hazardous alcohol consumption, and on appropriate consumption patterns;
- Develop, support and maintain a common evidence base.

Structures to implement and support the Strategy have been introduced. Firstly, the Committee for National Alcohol Policy and Action (CNAPA) was established in order to ensure the coordination between national and EU alcohol polices, and to contribute to further policy development in the area of reducing alcohol-related harm. In line with its mandate to contribute to shaping the future of the strategic approach to alcohol related harm at EU level, the CNAPA has been and will remain committed to make its voice heard through several ways. These contributions comprise the opinion given by CNAPA members in the context of the evaluation of the EU strategy in 2012[16], the implementation of the Joint Action on reducing Alcohol Related Harm and reflections on the views of Member States on the future of the EU alcohol policy.

Secondly, to ensure stimulation of concrete stakeholder-driven action on the ground, the European Alcohol and Health Forum (Forum or EAHF) was established. The Forum consists of stakeholders, mainly industry and health NGOs who make commitments to work to reduce alcohol related harm. In addition, the Strategy underlines the need for cross-sectorial initiatives, e.g. to reduce alcohol related harm in the work place and from drink driving.

Besides these structures the implementation of the EU strategy has also been supported by networking and good practice exchanges in several international conferences funded by the Commission.

[15] http://ec.europa.eu/health/strategy/docs/swd_investing_in_health.pdf

[16] http://ec.europa.eu/health/alcohol/docs/report_assessment_eu_alcohol_strategy_2012_en.pdf

According to the first progress report on the implementation of the Strategy produced by Commission services in 2009[17], the Strategy contributed to raising Member States' interest in developing a national strategy, supported the revision of already existing national strategies and called for a multi-stakeholder action in the EU. The report also concluded that the evidence base continued to be refined. Furthermore, there had been a steady convergence of national actions towards good practices across the EU Member States.

The external evaluation of the Strategy carried out in 2012 confirmed the pertinence of the comprehensive approach of the existing Strategy, as well as of its priority themes. It also underlined the potential of the existing tools. It, nevertheless, made clear the need to improve the functioning of these tools and target their action to ensure a gain in efficacy.

2 – The Action Plan on Youth Drinking and on Heavy Episodic Drinking (Binge Drinking)

As highlighted before, a number of Council conclusions acknowledged the importance, and called for continuation, of the work to reduce alcohol related harm.

To respond to this need to revive the alcohol policy in the EU, the Commission in 2011 launched a reflection process with CNAPA to determine future strategic priorities. An important outcome of this process is the Joint Action launched in January 2014 that aims to develop a set of complementary tools to support both the development of evidence and Member State policies – and, potentially, greater approximation of approaches to tackle alcohol related harm.

In October 2013 the Commission proposed CNAPA the idea of an Action Plan as a mean to strengthen the work in some specific areas of harmful alcohol consumption. Based on the Commission's proposal for topics such as youth and binge drinking, several discussions led to a decision specifying youth drinking and heavy episodic (binge) drinking as the two main objectives of the Action Plan and set its length for a two-year duration. This Action Plan has been developed in CNAPA through written consultations, phone conferences and meeting of an ad-hoc working group. Replying to the strong unanimous interest expressed by the representatives of all Member States present at the High Level CNAPA meeting in 2012[18] for continued EU work on alcohol either through a new strategy or in continuation of the current strategy, at the same time the Commission expressed its commitment to keep working on future development of the EU alcohol policy in close cooperation with CNAPA. The Forum has also been invited to comment and suggest actions to the Action Plan that the Forum stakeholders can commit to.

The Action Plan will complement existing activities implemented under the umbrella of the EU strategy to support Member States in reducing alcohol related harm and contribute to the comprehensiveness of the implementation of the EU alcohol policy. Together with the Joint Action to

[17] http://ec.europa.eu/health/archive/ph_determinants/life_style/alcohol/documents/alcohol_progress.pdf

[18] http://ec.europa.eu/health/alcohol/docs/ev_20121031_sr_en.pdf

support Member States in taking forward work on common priorities in line with the EU alcohol strategy, it is part of is the EU work on alcohol related harm.

However, as the Action Plan is considered complementary to the Strategy - the five priority themes and their relevant aims of which are still valid - all stakeholders are encouraged to apply a comprehensive approach and continue the work in line with the Strategy in parallel to the Action Plan (through e.g. the Joint Action on Reducing Alcohol Related Harm and other tools supporting the achievement of the goals of the Strategy not included in the Action Plan).

2.1. Main objectives

A Council Recommendation[19] pointed out already in 2001 that changes in drinking patterns amongst adolescents, in particular the increase in binge drinking and heavy drinking among minors, are of particular concern. The Recommendation encouraged Member States and other stakeholders concerned to develop mechanisms designed to address the problems caused by alcohol abuse among young people. Despite positive trends in some Member States since then, these concerns are still relevant. This Action Plan is reflecting on and in line with this Council Recommendation.

The main objectives of the Action Plan are to address alcohol related harm among youth, and on heavy episodic drinking (binge drinking), and thus to support achieving the goal of the Strategy to reduce alcohol related harm. These two focus points represent in all Member States common concerns that significantly contribute to alcohol related harm with long-term consequences. The Action Plan focuses on six specific areas aimed at mobilising further concrete actions in the framework of the EU Strategy, in order to address the most acute challenges and to support the main goal of the Strategy.

2.1.1 Youth Drinking

The age group considered as youth in this Action Plan includes the unborn child, children, adolescents and young adults up to the age of 25. This is to ensure targeted actions protecting children, embracing the various legal age limits throughout the EU and harmful and hazardous use among youth that are above the legal age limit. This consideration is also in line with research showing that the brain is not fully developed until the mid-twenties, and thus is more vulnerable to alcohol. It is highly important to protect youth from the harm caused by alcohol and this requires a broad range of actions targeting different age groups among the youth.

First, there is a need to focus on protecting the unborn child and the baby. Drinking alcohol by women when trying to become pregnant, during pregnancy and breastfeeding, poses a risk for serious damage to the fetus and the baby, including a higher risk of miscarriage but also possible harm that may follow the child for the rest of its life. Exposure to alcohol during pregnancy can impair brain development of the fetus and is associated among others with intellectual deficits that become apparent later in childhood. As high-risk consumption is increasing among young women in most Member States and as alcohol consumption impacts on the fetus already at the start of the

[19] http://europa.eu/legislation_summaries/public_health/health_determinants_lifestyle/c11564_en.htm

pregnancy, awareness raising interventions with the aim to reduce exposure to alcohol during pregnancy are of key importance.

Secondly, the children must be shielded from alcohol related harm caused by others.

Thirdly, there is a need to prevent and minimise the consumption of alcohol by adolescents until they reach the drinking age limit.

Policy goals for children and adolescents below the legal age limit for purchase of alcohol include:

- Delaying the age of first use of alcohol
- Reducing and minimising amounts of alcohol consumed among adolescents who may drink
- Reducing harm suffered by children in families with alcohol problems

Last but not least, there is a need to prevent as far as possible harmful and hazardous drinking among youth over the age limit. Young adults tend to be the heaviest drinking age group and in many countries heavy drinking has increased among young women in particular. The report "Assessment of young people's exposure to alcohol marketing in audio-visual and online media"[20] indicates that children and adolescents have greater vulnerability to alcohol than adults and there is increasing evidence of the impact of drinking on young people's health, both short and long term, including the increased likelihood of being in a risky situation when drunk.

Furthermore, young people are particularly at risk of short term effects of drunkenness, including accidents and violence. The share of alcohol-related deaths - mainly due to accidents, violence and suicide - among young people is disproportionate, with 25% of male mortality and 10% of female mortality in the 15-29 age group related to harmful alcohol consumption.

All EU countries have legal age limits for purchase of alcohol varying from 16 years to 21 years. In some countries, the age limit varies according to types of beverages or between on and off premises. Setting an age limit is not enough; it must be applied and enforced. In some cases cross border trade presents a challenge for age limit enforcement, for example when alcoholic beverages are purchased over the internet or when products purchased abroad are imported by travellers. As heavy users of new media young people are at particular risk of exposure to the advertising of alcohol beverages via digital media, including targeted advertising and cross- border advertising.

2.1.2 Heavy Episodic Drinking (Binge Drinking)

A broad range of alcohol consumption patterns create significant public health, safety and social problems. "Hazardous drinking" refers to a level of consumption or pattern of drinking that is likely to result in harm should present drinking habits persist. One of the key characteristics of hazardous drinking is the presence of heavy drinking occasions. Heavy episodic drinking (also called binge drinking or risky single-occasion drinking) refers to drinking to intoxication. WHO define heavy

[20] http://ec.europa.eu/health/alcohol/docs/alcohol_rand_youth_exposure_marketing_en.pdf

episodic drinking (drinkers only) as the proportion of adult drinkers (15+ years) who have had at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days. This definition, referring to binge drinking as well as heavy episodic drinking, will be used in this Action Plan.

Heavy episodic drinking is the most important indicator for acute consequences of alcohol use, in particular all types of intentional and unintentional injuries, and ischaemic heart disease and sudden death.

All age groups and both genders are affected by heavy episodic drinking. It disproportionately affects men. Young people between the age of 15 and 29 years are particularly vulnerable to fatal alcohol related injuries. In developed regions such as Europe, heavy episodic drinking contributes to health gaps between more and less well-off countries.

The negative effects of heavy episodic drinking are felt widely in the society, whether through anti-social behaviour, disorder, property damages and violence in public places, domestic violence, or absenteeism and low productivity in the workplace.

Heavy episodic drinking has been a significant problem in Europe, and may cause serious damage, e.g. intoxication, accidents and even death. The phenomenon occurs in all countries and regions, and should be effectively addressed. Most alcohol is drunk in heavy drinking occasions.[21]

Heavy episodic drinking has both long term consequences such as an increased risk of alcohol related diseases or dependency problems, and the more immediate increased risk of being exposed to violence, including sexual violence, and accidents, including traffic accidents.

Heavy episodic drinking among young people is still significantly increasing in some Member States, while other Member States see a decreasing tendency. According to the 2011 ESPAD report[22], there is no clear geographical pattern in binge drinking of youth but Nordic countries have relatively small proportions and are among the countries that have seen a decrease. Still, in 2011, more than 40% of young Europeans declared binge drinking at least once a week. Young people also have easy access to alcohol, as reported by 81 % of young people surveyed in 2011.

Heavy episodic drinking is one of the most important indicators for acute consequences of alcohol use, such as injuries. This phenomenon disproportionately affects men, who outnumber women four to one in weekly episodes of heavy drinking.

2.2 Main actors and competences

The Action Plan identifies several types of stakeholders that have an important role to play in reaching the aforementioned main objectives: the 28 EU Member States plus Norway and Iceland, the European Commission, health and consumers NGOs, research institutes and economic operators.

[21] http://www.who.int/substance_abuse/publications/global_alcohol_report/msbgsruprofiles.pdf

[22] http://www.espad.org/Uploads/ESPAD_reports/2011/The_2011_ESPAD_Report_FULL_2012_10_29.pdf

Their active participation, where appropriate, in the six identified areas for action is the key to a successful Action Plan.

National authorities play a major role in drawing up regulatory frameworks as regards alcohol policies. National as well as regional and local authorities are also considered key actors in coordinating health initiatives across a given Member State. This work is supported by the coordination activities of CNAPA, where exchange of experiences aims at ensuring spreading of best practises and, and when appropriate, at approximation of responses.

The European Commission will be specifically responsible for facilitating the implementation and follow up of the Action Plan. Firstly, the Commission's main task will be to continue providing support and coordination through CNAPA, and to further facilitate the exchange of information and guidance on best practice. Secondly, the Commission will ensure an effective and heightened utilisation of the existing instruments at its disposal, such as the Health Programme and the Horizon 2020 programme, as well as continuing to implement health aspects in other EU policies such as transport, education, agriculture, etc.

Other stakeholders will in line with their competences also play a role in helping to reduce alcohol related harm in the areas of the two main objectives of the action plan.

Health, education or other relevant organisations, including NGOs, can introduce effective methods in their daily routines to help detect and address alcohol related problems, develop, implement and organise prevention and awareness raising campaigns, projects for increased and better treatment, research projects and regular events. They play an important role in dissemination of information and in advocacy for evidence based approaches. Their expertise and network can also help in monitoring and reporting back on national, regional and local developments and activities.

The role of the alcohol beverage industry, including the hospitality sector and advertising industry, can be helpful in prevention activities in particular through initiatives that reduce the negative consequences of drinking and intoxication, such as management policies relating to responsible serving, training of hospitality sector staff, to preventing and managing intoxicated drinkers, and to ensuring that alcohol is not available to those under the legal age of purchase.[23]

Consistent with the evidence on where the alcohol industry, including the hospitality sector and the advertising industry, can play a helpful role in prevention activities, as already described. CNAPA would wish to see industry (in particular from the European Alcohol and Health Forum) contributing to this Action Plan at EU level in areas including:

- the reduction of alcohol content (in accordance with specific EU or national legislation)

- supporting independent monitoring to strengthen the protection of young people from exposure to alcohol advertising, including from new media,

- providing consumer information, including voluntary labelling,

[23] http://www.who.int/substance_abuse/msbalcstragegy.pdf

and at national and local level

- through initiatives on staff training to prevent serving to intoxicated drinkers and to people below the legal age of purchase

- through consumer information where information messages and campaigns are defined and supported by public authorities or independent bodies

- through supporting multi-stakeholders programmes to ensure better enforcement of age limits.

In addition, universities and research institutes could also make authoritative contributions to the Action Plan. Researchers specialised in fields related to alcohol consumption can help to identify topics of concern, undertake cutting edge research, and contribute to the scientific evaluation of policy and actions, and to the dissemination of data.

2.3 Areas for action

As part of the continuing work under the EU Alcohol Strategy, this Action Plan highlights actions that can be taken in the immediate future by Member States, the Commission or actors across the society to step up work to protect children and young people and to reduce harm from heavy episodic drinking (binge drinking). The action areas listed below, along with the related actions and operational objectives, reflect a portfolio of options that Member States can consider for implementation and adjust as appropriate, taking into account the national circumstances such as cultural contexts and national public health priorities, as well as resources, capacities and capabilities. The Action Plan covers only part of the priorities and aims of the 2006 EU Alcohol Strategy and does not reduce the importance of further development of comprehensive public health policies on alcohol at EU and national levels.

The six areas for action are:

- Reduce heavy episodic drinking (binge drinking)
- Reduce accessibility and availability of alcoholic beverages for youth
- Reduce exposure of youth to alcohol marketing and advertising
- Reduce harm from alcohol during pregnancy
- Ensure a healthy and safe environment for youth
- Support monitoring and increase research

2.3.1 Reduce heavy episodic drinking (binge drinking)

Heavy drinking occasions and intoxication can occur in all settings, including the home as well as serving establishments. Actions targeting public drinking environments are fundamentally important to reduce social harms related to intoxication. Opportunities to address heavy episodic drinking also exist within workplace health and safety promotion and within wider injury and violence prevention.

Provision of adequate information for those who might detect hazardous and harmful use among consumers, such as health personnel is important. They need to be enabled to share their knowledge in the form of general information, brief interventions and various information materials. A similar approach applies for those who might detect alcohol use among underage or hazardous and harmful use among young people in various educational settings (primarily teachers in schools and higher education).

Ensuring relevant information and enhanced knowledge about alcohol related harm, calls for action from all stakeholders, Member States and the Commission. Rules on health warnings also contribute to increased understanding that alcohol may cause harm.

2.3.2 Reduce accessibility and availability of alcoholic beverages for youth

According to the "Eyes on Ages" report[24], enforcement of age limits includes the whole chain of supervision, sanctions and communication used to uphold the laws on age limits for selling and serving alcoholic beverages to under age.

To ensure that minors are protected from alcohol related harm, it's important to make sure that those who are under age are not able to buy alcohol. To accomplish this one must ensure compliance with national rules in Member States. Pricing measures are also an important tool to reduce the availability of alcohol for youth as it is strongly supported by evidence that youth are very sensitive to changes in price.[25]

2.3.3 Reduce exposure of youth to alcohol marketing and advertising

According to the Science Group report of the European Alcohol and Health Forum, it can be concluded from the studies reviewed, that alcohol marketing increases the likelihood that adolescent will start to use alcohol, and drink more if they are already using alcohol.[26] The impact is statistically significant although, on average, not large.

Marketing and advertising for alcoholic beverages must not target and should not expose children and young people, and should not encourage heavy episodic (binge) drinking. Advertising must be in compliance with the Audio-Visual Media Services Directive and with national regulation in Member States. Effective enforcement and self-regulatory measures also play an important role in this context.

[24] http://ec.europa.eu/health/alcohol/docs/eyes_on_ages_report_en.pdf

[25] http://www.euro.who.int/__data/assets/pdf_file/0003/160680/e96457.pdf

[26] http://ec.europa.eu/health/ph_determinants/life_style/alcohol/Forum/docs/science_o01_en.pdf, "Does marketing communication impact on the volume and patterns of consumption of alcoholic beverages, especially by young people? - a review of longitudinal studies"

2.3.4 Reduce harm from alcohol during pregnancy

Alcohol can cause a range of permanent physical and neurocognitive abnormalities known as Fetal Alcohol Spectrum Disorders (FASD), including specific diagnoses of Fetal Alcohol Syndrome (FAS), partial FAS, and neurodevelopmental disorder-alcohol exposed (ND-AE).

The protection of the unborn child is especially important, as FASD are a serious consequence of alcohol use and may affect the child, family, society and health system for many years. Further work is needed in the form of awareness-raising, education and counselling.

Protection of the unborn child also include encouraging Member States and stakeholders to implement labelling schemes to inform consumers about the risks related to alcohol consumption.

2.3.5 Ensure a healthy and safe environment for youth

The propensity for alcohol-related harm in drinking environments makes drinking venues key areas for interventions. Encouraging relevant stakeholders to develop alcohol-free environments for children and young people is also important, e.g. encouraging universities to provide alcohol-free environments for students to socialise.

Children and young people should be in a healthy and safe environment which is free from the harmful influence of alcohol ensuring that they do not consume alcohol, and when they are of age, they do not develop harmful and hazardous alcohol consumption. This must include seeing alcohol related harm as a question of health in all policies, and work must be done across policy areas. It is also important to focus on early identification and brief interventions targeting families and youth.

Successful interventions can help to prevent risky behaviour, protect the health of young people who socialize in drinking environments, and prevent the broader impacts on communities and society that can follow a night out. Such interventions include responsible beverage service training for staff, increased surveillance and sanctions.

2.3.6 Support monitoring and increase research

Knowledge on consumption, alcohol related harm and policy development is crucial to reduce the negative effects of alcohol consumption. Through monitoring and research the development in consumption can be followed, in order to have an overview of the challenges and how to best address them. Monitoring and research must deliver knowledge to support policy making.

To know what challenges we are facing, to know which areas to address and to make sure that knowledge is available to support policy making, it's essential to collect and spread information on consumption, policies and alcohol related harm.

The EU Alcohol Strategy launched in 2006 highlighted the need to carry out regular comparative European surveys, especially to monitor trends in young people’s drinking habits. The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) has supported the European School Survey Project on Alcohol and Drugs (ESPAD) and has since 2013 scaled up cooperation with it.

The Joint Action on Reducing Alcohol Related Harm (RARHA) being carried out in 2014-2016, will mobilise Member States to produce a baseline for comparative monitoring of drinking levels, patterns and alcohol related harms across the EU.

The Commission in coordination with CNAPA will ensure that appropriate assessment and reporting of this Action Plan will be carried out and published in due time after the end date of the Action Plan.

A single European information system on alcohol and health covering EU Member States (as well as the entire WHO European region (EUSAH/EISAH)) has been developed in partnership between the Commission and WHO since 2007. In order to ensure consistency in data gathering, when selecting progress indicators for monitoring developments under this Action Plan preference should be given to indicators already identified in the context of the European action plan to reduce the harmful use of alcohol 2012-2020.

AREA FOR ACTION 1: REDUCE HEAVY EPISODIC DRINKING (BINGE DRINKING) Main priority: to reduce heavy episodic drinking (binge drinking) and its negative consequences including harm to others in all age groups				
Operational objective	**Options for Action**	**Responsible parties**	**Indicator(s)**	**Data collection and assessment mechanisms**
Encourage health related information including alcohol related risks on alcoholic beverages to help consumers make informed choices	Commission report concerning the application of the requirements to provide information on ingredients and nutrition information to alcoholic beverages (as requested in Regulation (EU) No 1169/2011)	EC	EC Report	not applicable
	Based on the Commission report concerning the application of the requirements to provide information on ingredients and nutrition information to alcoholic beverages, discussion on and exchange of best practices in CNAPA on health warnings and nutrition labelling on alcoholic beverages	MS, EC	Quantity and quality of relevant topics discussed	CNAPA meeting reports
Encourage knowledge about health and social harm from heavy episodic drinking in relevant services and subgroups	Raise awareness of the general public and relevant services on health and social harm from heavy episodic drinking	MS	Quantity and quality of national events, publications, information material, percentage of (targeted) population	CNAPA members' reports to EC

			reached	
Ensure knowledge about health and social harm from heavy episodic drinking among youth	Develop and integrate information on alcohol related harm in academic curricula for professionals working with young people	MS	Quantity and quality of produced/adjusted curricula	CNAPA members' reports to EC
	Develop and implement training and educational programs to increase awareness of health professionals about health and social harm from heavy episodic drinking among youth	MS	Quantity and quality of programmes No. of professionals trained	CNAPA members' reports to EC
	Promote and develop community actions among young people group (students, universities, local communities, vulnerable groups)	MS	Quantity and quality of programmes	CNAPA members' reports to EC
Strengthen regulations and measures to minimize sale and serving practices and environments that promote heavy drinking and intoxication	Promote and introduce standards for server training programmes, e.g. for those involved in selling and serving alcoholic beverages	MS	No. of MS where server training is introduced/promoted	CNAPA members' reports to EC
Support and implement fiscal and pricing policies to	Discussion on and exchange of best practices in CNAPA on fiscal and pricing policies to discourage	MS, EC	Quantity and quality of	CNAPA meeting reports

discourage heavy episodic drinking	heavy episodic drinking		relevant topics discussed	
Promote and ensure implementation of Screening, Early Identification and Brief Intervention in all relevant subgroups and settings	Consider using the results of the EU-funded projects BISTARS and ODHIN to revise national objectives concerning the implementation of screening and brief interventions in health care and social services	MS	Number of Member States where implementation of screening and brief intervention has expanded beyond primary health care	CNAPA members' reports to EC

AREA FOR ACTION 2: REDUCE ACCESSIBILITY AND AVAILABILITY OF ALCOHOLIC BEVERAGES FOR YOUTH **Main priority: to prevent consumption among under age and harmful and hazardous use among young people**				
Operational objective	**Options for Action**	**Responsible parties**	**Indicator(s)**	**Data collection and assessment mechanisms**
Promote, ensure and enforce adequate level of controls in on- and off-premises particularly for legal age check	Use effective enforcement measures to reduce availability of alcoholic beverages to underage people	MS	No. of (legal and other administrative) interventions adopted or	CNAPA members' reports to EC ESPAD

			strengthened Age of first drinking No. of law enforcement officers or other relevant civil servants trained	
	Introduce on voluntary basis 25 years' or higher reference age for age controls	MS	No. of MSs with 25 or higher age as reference age for age controls	CNAPA members' reports to EC
	Discussion on and exchange of best practices in CNAPA on distance sales, sales from automated tills, vending machines, and implementing automated control measures for face-to-face sales to prevent the purchase of alcohol by minors	MS, EC	Quantity and quality of relevant topics discussed	CNAPA meeting reports
Support multi-sectorial approaches to ensure compliance with national regulations	Deliver national information campaigns to raise awareness of national legislation among sellers of alcoholic beverages and the general public	MS	Quality and quantity of mass media campaigns, information programmes No. of MSs	CNAPA members' reports to EC ESPAD

			carrying out Alcohol Awareness Day/Week	
	Promote multi-stakeholder programmes including economic operators, police, and local authorities to ensure better enforcement of age limits	MS	Quality and quantity of multi-stakeholders agreements % of alcohol law compliance during inspection activities	CNAPA members' reports to EC

AREA FOR ACTION 3: REDUCE EXPOSURE OF YOUTH TO ALCOHOL MARKETING AND ADVERTISING **Main priority: to protect the most vulnerable age groups from exposure of alcohol marketing and advertising**				
Operational objective	**Options for Actions**	**Responsible parties**	**Indicator(s)**	**Data collection and assessment mechanisms**
Ensure that all marketing and advertising is in compliance with the Audio-visual Media	Study on exposure of minors to alcohol advertising on linear and non-linear audio-visual media services and other online services based on the Audio-visual Media	EC	EC report	not applicable

Services Directive and with national regulations and voluntary codes	Services Directive's restrictions (2010/13/EU)			
Limit the exposure of youth to alcohol marketing through the internet and new media, including sponsoring	Discussion on and exchange of best practices in CNAPA on addressing alcoholic product placement and sponsorship on various media (TV, cinema internet) taking account of young people's exposure	MS, EC	Quantity and quality of relevant topics discussed	CNAPA meeting reports
	Discussion on and exchange of views in CNAPA on alcohol marketing via new media and its impact on young people	MS,EC	Quantity and quality of relevant topics discussed	CNAPA meeting reports
	Use existing legislation and co-regulation to reduce the exposure to advertising to which young people are exposed to through media	EC, MS	The number of countries that has strengthened their existing legislation or co-regulation to reduce exposure of young people to alcohol	CNAPA members' reports to EC

AREA FOR ACTION 4: REDUCE HARM FROM ALCOHOL DURING PREGNANCY

Main priority: to prevent Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Spectrum Disorders (FASD) and provide appropriate care for affected children and families				
Operational objective	**Option for Actions**	**Responsible parties**	**Indicator(s)**	**Data collection and assessment mechanisms**
Encourage that information about the danger of alcohol during pregnancy, the breast feeding phase and infant age is widely available	Integrate alcohol related harm to the unborn child into information based prevention programs in schools and targeting the general public	MS	No. of MSs integrating alcohol harm of the unborn child in prevention programs	CNAPA members' reports to EC
	Initiate research to develop and validate feasible methods for assessing reliably the incidence of FASD at population level	MS	No. of MSs initiating research	CNAPA members' reports to EC
	Ensure that containers of alcoholic products carry a warning message determined by public health bodies describing the harmful effects of drinking during conception and pregnancy	MS	No. of MS requiring information on risks related to alcohol use on alcoholic beverage containers Awareness of pregnant	CNAPA members' reports to EC

			women and their partners Level of drinking before and during pregnancy	
	Introduce and/or promote comprehensive awareness-raising activities and education for the public at large, and young women in particular	MS	No. of MSs and events/education activities	CNAPA members' reports to EC
	Deliver brief interventions and information before and during pregnancy on the need to avoid alcohol before and during pregnancy and breast feeding period	MS	No. of MSs delivering brief interventions and information No. of women giving up drinking alcohol during pregnancy	CNAPA members' reports to EC
Encourage knowledge about alcohol related birth defects and developmental disorders such as FAS and FASD among health care professionals, and among personnel within social	Develop programs to enhance knowledge of health care professionals such as inclusion of promoting health prevention, awareness-rising, screening and brief intervention as compulsory modules in the curriculum for medical degrees, and continuous education and training	MS	No. of MSs with special programs targeting health care professionals	CNAPA members' reports to EC

services and schools			Lower level of consumption during pregnancy No. of trained professionals	
	Promote greater awareness amongst healthcare professionals of FASD and referral systems in order to improve the diagnosis and management of children born with FASD	MS	Quality and quantity of awareness raising activities No. of MSs with relevant activities	CNAPA members' reports to EC
	Support development of clinical guidelines and exchange of good practices in CNAPA for the prevention, diagnosis and treatment of FASD [27]	MS, EC	Quality and quantity of clinical guidelines Quantity and quality of relevant topics discussed	CNAPA members' reports to EC CNAPA meeting reports

[27] http://www.who.int/substance_abuse/publications/pregnancy_guidelines/en/

Encourage counselling and appropriate care and treatment for at-risk and affected children and families	Initiate provision of adequate diagnosis and treatment for children with FAS/FASD including early detection and referral mechanism to relevant structures	MS	No. of children diagnosed and treated with FAS/FASD No. of MSs with effective early detection/referral mechanisms	CNAPA members' reports to EC
	Develop adequate support for children with FAS/ FASD and their families outside the health sector, including pre-school and school programmes	MS	No. of MSs with adequate pre-school/school programmes	CNAPA members' reports to EC
	Ensure adequate support for rehabilitation centres for pregnant women with alcohol dependence	MS	No. of MSs providing adequate support	CNAPA members' reports to EC

AREA FOR ACTION 5: ENSURE A HEALTHY AND SAFE ENVIRONMENT FOR YOUTH **Main priority: to limit exposure of youth to harm caused by alcohol in all relevant settings**				
Operational objective	**Options for Actions**	**Responsible parties**	**Indicator(s)**	**Data collection and assessment mechanisms**

Promote alcohol free activities and environments for youth	Discussion on best practices and exchange of views in CNAPA on preventive interventions for youth living in families with alcohol and substance abuse	MS, EC	Quantity and quality of relevant topics discussed	CNAPA meeting reports
	Develop methods to improve the identification of particularly vulnerable groups	MS	No. of adequate methods identified	CNAPA members' reports to EC
	Encourage the provision of alcohol-free leisure venues for youth , e.g. Youth Cafes, alcohol-free music, dance and sports venues	MS	Quality and quantity of relevant initiatives	CNAPA members' reports to EC
	Develop and support the implementation of health promotion actions in the workplace for young people, also including risk of alcohol	MS	No. of MSs where alcohol is included in workplace health promotion targeting young people	CNAPA members' reports to EC
Provide support to children and families with alcohol related problems	Encourage programmes to support children from families with existing and potential alcohol problems (e.g. through educational centres)	MS	Quality and quantity of relevant initiatives	CNAPA members' reports to EC
	Strengthen and disseminate evidence base for	MS	New evidence	CNAPA members'

	preventive interventions for youth living in families with alcohol and substance abuse		built up during the action plan	reports to EC
	Facilitate early detection at local level and improve local cooperation among professional groups dealing with children who suffer neglect or mistreatment in families with alcohol/substance abuse	MS	No. of children detected	CNAPA members' reports to EC
Reduce alcohol related traffic accidents	Establish lower BAC levels for young drivers and professional drivers for public transport services for children	MS	No. of MSs lowered BAC level(s) in 2014-2016	CNAPA members' reports to EC
	Enforce systematic police controls through alcohol testing	MS	No. of offenses recorded % of positive alcohol tests	CNAPA members' reports to EC
	Develop structures for cooperation between police, municipalities and transport authorities in particular to provide brief intervention and referral to treatment for drink drive offenders	MS	Quality and quantity of relevant initiatives No. of drink drive offenders referred to treatment	CNAPA members' reports to EC

	Awareness raising programmes specifically targeting young drivers	MS	Quality and quantity of relevant programmes	CNAPA members' reports to EC
Ensure counselling and appropriate care and treatment for the drinker, the partner and children in families with alcohol problems	Promote a family perspective in all alcohol treatment and care	MS	No. of MSs with effective early detection/ referral mechanisms	CNAPA members' reports to EC
	Ensure adequate support and treatment for the drinker, partner and children in families with alcohol problems in alcohol treatment centres	MS	No. of families treated	CNAPA members' reports to EC
	Ensure support and counselling for the children and partner in alcohol treatment centres even if the drinker not yet wants alcohol treatment	MS	No. of partner and children supported	CNAPA members' reports to EC
	Support the development of alcohol treatment methods directed towards the whole family: the drinker the partner and the children	MS	No. of MSs with programs for professionals in treatment centres	CNAPA members' reports to EC
	Initiate research to develop and validate methods assessing how many children are living in families with alcohol problems	MS	No. of relevant research initiatives	CNAPA members' reports to EC

	Initiate methods for assessing the physical and psychological health consequences for children living in families with alcohol problems	MS	No. of MSs with research programmes	CNAPA members' reports to EC
	Integrate alcohol related harm done to children in families with alcohol problems into information based prevention programs in schools and targeting the general public	MS	No. of MSs with such relevant prevention programmes	CNAPA members' reports to EC
	Develop adequate special support for children in families with alcohol problems outside the health sector, including pre-school and school in the period where the family is under treatment	MS	No. of MSs with relevant support programmes	CNAPA members' reports to EC

AREA FOR ACTION 6: SUPPORT MONITORING AND INCREASE RESEARCH **Main priority: to maintain and reinforce a common knowledge base**				
Operational objective	**Options for Actions**	**Responsible parties**	**Indicator(s)**	**Data collection and assessment mechanisms**
Make data on alcohol related harm available as basis for policy making	Through the Joint Action, develop a standardized comparative survey on alcohol use, including heavy episodic drinking	MS, EC	Availability of the survey	JA RARHA reports
	Ensure regular harmonized monitoring and reporting of the ECHI core indicators on alcohol	EC	Regular reports on ECHI	ECHI

			indicators	
	Discussion, exchange of views and best practices in CNAPA on monitoring, alcohol indicators, data collection and dissemination/evaluation of research (involving WHO)	MS, EC	Quantity and quality of relevant topics discussed	CNAPA meeting reports
	Discussions in CNAPA on alcohol findings, particularly relating to youth drinking and heavy episodic drinking, and their dissemination to all relevant statutory, community and voluntary sector organisations	MS, EC	Quantity and quality of relevant topics discussed	CNAPA meeting reports
	In collaboration with WHO and other relevant parties, continue developing further the existing indicators and implement appropriate data collection mechanisms	EC	No. of indicators changed/added	WHO reports
	Develop approaches with CNAPA and other relevant parties such as WHO and OECD for more effective dissemination and better use of knowledge, in particular on cost-effectiveness of public health policies on alcohol, accumulated in EU funded projects, through collaborative and commissioned work	EC, MS	Quality and quantity of relevant initiatives	CNAPA meeting reports
	Strengthen capacity in alcohol survey methodology and comparative analysis and develop a standardised approach for monitoring drinking levels and patterns, including heavy episodic drinking, and alcohol related	MS, EC	JA RARHA reports, policy briefs documenting	JA RARHA reports

	harms across the EU		consensus seeking	
	Preparation of a Tool Kit of good practices on transferable interventions based on evidence of effectiveness in influencing alcohol attitudes or behaviours and guidance for health policy planners' on the use of information approaches, as part of wider public health policies on alcohol	MS, EC	Availability of the tool kit	JA RARHA reports
	Based on science and experience, seek consensus on the use of low risk drinking guidelines, and work towards more aligned messages to the general population, subgroups and intermediaries	MS, EC	Availability of JA RARHA reports, policy briefs documenting consensus seeking	JA RARHA reports
Target EU research funding at knowledge gaps already identified and to topics that need to be studied at European level	Support research on cross-border internet/on-line sale of alcohol, in particular on non-compliance on alcohol regulation such as age limits	MS, EC	No. of relevant studies initiated/supported	CNAPA meeting reports CNAPA members' reports to EC
Monitoring of the action plan	Prepare a summary report on the national achievements in 2014-2016 based on the Action Plan	MS	Availability of CNAPA members' reports to EC	CNAPA members' reports to EC
	Prepare a summary report on the EU achievements in	EC	Availability of	EC report

	2014-2016 based on the Action Plan and the CNAPA members' reports to EC		EC report	