

Response to Request for Research
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Alcohol Policy: Public Consumption, Outlet Licensing, and Age Limits
A comparative analysis of EU drinking laws.

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Executive Summary

This report examines alcohol control policies related to public consumption of alcohol, licensing of alcohol outlets, and minimum drinking ages, all for low-ethanol beverages such as beer, in the 15 older European Union nations.

Scientific research has demonstrated that *comprehensive* government alcohol policies are effective in reducing alcohol-related harms. The regulation of drinking outlets, drinking locations, and minimum drinking age are considered among the most cost-effective and easily enforced alcohol policy options. The definition of what constitutes an alcoholic beverage worthy of regulation is a key issue. *It makes no difference what beverages a person is consuming; what matters is how much ethanol those beverages contain and how much total ethanol a person ingests.*

The overwhelming majority of EU nations require licenses for the sale of alcoholic beverages of any kind. On-premise licenses are most common; more than half of the nations require a license for off-premise sales of beer, and many do not issue licenses to kiosks. Successful alcohol licensing systems are comprehensive, combining administrative hurdles to receiving a license with effective enforcement and significant sanctions for violating the law. Effective policing of illegal sales to minors reduces future violations of licenses. Almost all nations have minimum drinking ages; about half at 16 years and half at 18 yrs. Public consumption of alcohol is generally regulated somewhat loosely and primarily at the local level; although, public intoxication, which often leads to injury and violence, is taken more seriously.

Introduction

This report examines alcohol control policies related to public consumption of alcohol, licensing of alcohol outlets, and minimum drinking ages, all for low-ethanol beverages such as beer, in the 15 older European Union nations. Source material has been drawn from many sources, but the most important clearinghouse for alcohol health and policy information in Europe is the World Health Organization. A number of WHO reports are listed in the bibliography of this report and relevant joint European resolutions are included in the appendices.

Alcohol consumption is the third largest health risk factor in developed countries and in 1999 accounted for at least 55,000 deaths of young people aged 15-29 years in Europe (Gutjahr, Gmel et al. 2001; Rehm, Gmel et al. 2001; WHO 2002; WHO 2004). The effects of alcohol consumption on public health are similar to those of cancer and heart disease (WHO 2002). Alcohol consumption is linked to over 60 negative health outcomes (Gutjahr, Gmel et al. 2001). Average drinkers, those who do not engage in overtly risky behaviors such as binge drinking, are collectively responsible for the largest share of alcohol's burden on society. Alcohol problems are highly correlated with per capita consumption and reductions in per capita consumption produce decreases in alcohol-related problems. Alcohol beverage sales, and thus per capita consumption, are price-sensitive. Government action to control the supply and demand of alcohol is one of the most important strategies in minimizing the harm caused to society by alcohol consumption. Scientific research has demonstrated that *comprehensive* government alcohol policy programs are effective in reducing alcohol-related harms (WHO 2004). The regulation of drinking outlets, drinking locations, and minimum drinking age have all

been demonstrated to be effective in reducing drinking and related harms. *They are also among the most cost-effective and easily enforced alcohol policy options* (Österberg 2004).

Comprehensive alcohol policy is most effective. “A policy mix which makes use of taxation and control of physical access, supports drink driving countermeasures, and which invests broadly in treatment of alcohol use disorders and particularly in primary care, advertising restriction and public awareness campaigns, is, based on all the research evidence, likely to achieve success in reducing the level of alcohol consumption problems” (WHO 2004); see also (Edwards 1994; Österberg 2004).

Definition of Alcoholic Beverage

Alcohol legislation requires clear definitions of what constitutes an alcoholic beverage and what the different regulatory categories of alcoholic beverage are. If the definition of alcoholic beverage is set too high in terms of ethanol content, significant alcohol consumption may be left unregulated, and the harm resulting from that consumption will remain unaffected by alcohol policy initiatives.

Alcoholic beverages are almost universally defined in terms of alcohol content by volume (ABV). This refers to the ratio of ethanol to other ingredients in the beverage. The average definition of an alcoholic beverage in the countries in this report is 1.6% ABV (WHO 2004). It is extremely important to recognize the difference between an alcoholic beverage and the amount of alcohol contained in a beverage. *It makes no difference what beverages a person is consuming; what matters is how much ethanol those beverages contain and how much total ethanol a person ingests.* Whether the ethanol was created by fermentation or distillation, or made from grain, potatoes, berries,

or honey, the resulting psychoactive chemical is the same. For this reason it is common to use the more technical term *ethanol* when referring to the alcohol in a beverage, since it is the chemical that has an effect on the human body, not the drink that contains it.

Policies aimed at encouraging people to drink beer or wine instead of vodka, for example, are not concerned with vodka being inherently more dangerous than beer or wine; the rationale for such legislation is that a person drinking the same volume of liquid ingests much more ethanol drinking vodka than drinking the same volume of milder drinks. (It is important to note that policies of this nature have had little success. When people are encouraged to drink more mild alcoholic beverages, they generally do so *in addition* to the other alcohol they were already consuming (Whitehead 1976; Simpura, Paakkanen et al. 1995)).

Another important set of terms that requires clarification defines the two main categories of alcohol sales licensing: *off-premise* and *on-premise*, also referred to as *off-license* and *on-license*. Off-premise sales refers to alcohol sold for consumption somewhere other than the point of sale. For example, a supermarket that sells beer or a liquor store that sells wine and vodka are both engaged in off-premise (off-license) sales. A café, pub, or restaurant that sells beer, wine, or mixed drinks by the glass or bottle for consumption at the same location is engaged in on-premise (on-license) sales.

Summary of Legislation in Older EU Member States

Table 1 provides an overview of national legislation in the older EU member nations regarding minimum legal drinking ages, off-premise licensing, and restrictions on alcohol consumption in public spaces.

Table 1 Summary of Legislation of Low-ethanol Beverages

Country	Age limit off-premise (beer)	Age limit on-premise (beer)	Drinking prohibited in parks and streets.	Off-premise licensing for low-ethanol drinks	On-premise licensing for low-ethanol drinks
Austria	16	16	VOLUNTARY	NO	NO
Belgium	none ¹	16	-	YES	YES
Denmark	15	18	PARTIAL	NO	YES
Finland	18	18	PARTIAL	YES	YES
France	16	16	NO	YES	YES
Germany	16	16	NO	NO	NO
Greece	17	17	NO	NO	NO
Ireland	18	18	VOLUNTARY	YES	YES
Italy	16	16	VOLUNTARY	YES	YES
Luxembourg	none ²	18	NO	YES	YES
Netherlands	16	16	VOLUNTARY	NO	YES
Portugal	none	16	NO	NO	YES
Spain	16	16	VOLUNTARY	NO	NO
Sweden	18	18	VOLUNTARY	YES ³	YES
United Kingdom	18	18	VOLUNTARY	YES	YES

Sources: (Österberg and Karlsson 2002; WHO 2004)

NOTES: “Voluntary” indicates that decisions on restrictions are left to municipalities to decide or depend on voluntary restrictions imposed by the alcohol beverage industry. “Partial” indicates that only some beverages are restricted.

¹ For sales

² Recommended age 16. High fines for “irresponsible” serving of young people.

³ In Sweden, beer above 3.5% ethanol by volume can only be sold in state Systembolaget liquor stores. For other responses, beer is considered to have around 4.5% ethanol by volume.

Public Spaces

Existing Regulation

All people have the right to a family, community and working life protected from accidents, violence and other negative consequences of alcohol consumption.

European Charter on Alcohol, 1995 (see Appendix A)

“The two overall aims of restricting alcohol consumption in different settings are to ensure a safe public environment for leisure-time and sporting events, and to minimize or avoid accidents and loss of production in workplaces” (Rehn, Room et al. 2001).

Particularly local governments are able to use policies to prevent alcohol-related harm in public places (Österberg and Simpura 1999; Anderson and Baumberg 2006). Few nations completely ban alcohol consumption in public places, although laws forbidding public drinking to the point of intoxication are more common. Since legislation in this area is so diffused, complete statistics are difficult to compile. However, there are common trends. It is common to ban alcohol at specific times and places, such as for “risk matches” at soccer stadiums, when hooliganism is expected. Some nations restrict alcohol consumption near schools and child-care facilities. After rates of teenagers regularly getting drunk jumped from 22% to 44% in Spain in recent years, the government moved to impose heavy fines for drinking in the streets. In Madrid, Barcelona and Toledo, people drinking in the streets face fines of up to 1,500 EUR. These drinking patterns in Spain center on alcopops such as whisky and coke and have been observed across Europe.

Impact

Alcohol plays a major role in crime. Assaults and homicides have a high level of alcohol involvement, with up to 85% of such crimes involving alcohol in some places (Klingemann 2001). Alcohol is also a major contributor to accidents and violence of all kinds (Holder and Edwards 1995; Felson, Berends et al. 1997; Holder 1998; Gorman, Speer et al. 2001; Klingemann, Gmel et al. 2001; Room and Nordiska nämnden för alkohol- och drogforskning. 2002). In places where public intoxication has been decriminalized, police often still shoulder responsibility for rounding up drunks and delivering them to treatment. Some communities have had success with community and charitable organizations organizing transportation to detoxification centers for drunks (Anderson and Baumberg 2006). Youth are a major target of public drunkenness regulations, with the goal being to stop bad habits from starting young.

Youth are more influenced by incidental circumstances such as group size, group pressure, and opportunities to drink than by their beliefs or knowledge about alcohol. Therefore, interventions focused on actual drinking situations, such as police or parents intervening when youth drink in public, may be more effective than educational campaigns (Knibbe, Oostveen et al. 1991). Places where existing laws regarding public drunkenness and underage drinking are not well enforced naturally have higher rates of these problems.

Problems related to public intoxication as people leave licensed establishments are widespread, particularly in the UK, but also elsewhere in Europe. Reducing violence and crime related to these situations has been achieved by increasing availability of transportation late at night, training police officers to diffuse situations early through non-

confrontational methods, and coordination between alcohol licensees and police (Marsh 1992).

WHO recommendations for restrictions on drinking in public places focus on 1) controlling alcohol at major public events, 2) prohibiting alcohol at under-age sporting events, and 3) ensuring that family-based treatment programs are widely available so that people engaging in public intoxication behavior receive proper treatment (WHO 2002).

Off-Premise Licensing of Low-ethanol Beverage Outlets

Existing Regulation

[A strategy of the Charter is to] [p]romote health by controlling the availability [of alcohol], for example for young people, and influencing the price of alcoholic beverages, for instance by taxation.

European Charter on Alcohol, 1995 (see Appendix A)

Table 2 presents a summary of licensing regulations and requirements. For each country the minimum ABV percentages above which licenses are required are listed. An entry of “none” indicates that no alcohol-specific license is required. A dash indicates missing data.

Table 2 Summary of Licensing Regulations

Country	Min ABV for license (on-premise/off-premise)	Issuing body	Requirements	Period of license
Austria	none/none	-	No criminal record, hygiene (food license)	-
Belgium	0.5/0.5	Federal	Fee; additional license for over 22% ABV	1 yr.
Denmark	none/2.8	Municipality	No criminal record	8 yrs.
Finland	2.8/2.8	Province	500 EUR fee + annual control fee; off-premise sale over 4.7% restricted	-

France	1.2/1.2	Federal	to state store. Density of licenses ⁴	Permanent
Germany	none/none	-	Hygiene, no alcoholism (food license)	-
Greece	-/-	Municipality	-	Permanent
Ireland	0.5/0.5	District court	250-3800 EUR fee (depends on turnover)	1 yr.
Italy	0.1/0.1	Municipality	Small fee (e.g. 35 EUR in Florence); 150m ² business	Permanent
Luxembourg	1.01/1.01	Municipality	Max 30 EUR annual fee on-license; off-license 62- 250 EUR + annual 50 EUR fee; ratio of outlets to population (target 1/500 max)	Annual
Netherlands	0.5/15	Municipality	15m ² ; no sales through a window; 16-300 EUR fee; no mixed on-license/off- license sales.	-
Portugal	0.5/none	Municipality	Business license only for off-premise.	Permanent
Spain	none/none	-	Some municipalities regulate the number of outlets.	-
Sweden	3.5/3.5	Municipality	Under 3.5% beer requires only food license. Off- premise sale of over 3.5% restricted to state store.	-
United Kingdom	0.5/0.5	Court	Citizens/police may object to license issuance; 44 EUR fee.	3 yrs.

Source: (Österberg and Karlsson 2002)

In Italy and the Netherlands, minimum size restrictions are placed on businesses applying for licenses (150m² minimum); whereas, in Luxembourg beer may be sold from kiosks.

Some nations, for example the UK, restrict the sale of alcohol at petrol stations

(Österberg and Karlsson 2002). Other nations, such as Finland and Sweden, allow low

⁴ No new on-premise licenses are issued. They must be purchased from previous holders on the open market.

alcohol beer to be sold in grocery stores; in these cases, the definition of the establishment has to do with the nature of the establishment, not necessarily the size of the establishment.

Austria and Germany do not have separate licenses for the sale of alcohol, but they do require general licenses to engage in any retail activity, particularly retail sales of food. This is not the most appropriate approach in terms of public health, since alcohol ought to be considered a special commodity (Babor 2003; WHO 2004), not lumped with other retail goods. In some cases in Austria and Germany, local governments may impose sanctions of businesses engaged in or contributing to activities considered dangerous to the community, but this type of regulation is sporadic and uncoordinated.

In many nations, licensed sale of alcoholic beverages is restricted in other ways. For example, sales may be restricted to certain hours of the day (both for on-premise and off-premise), to certain days of the week (e.g. no sales on Saturday or Sunday), to certain places (e.g. not at sporting events), or the ratio of alcohol outlets to population or geographic density of outlets may be restricted.

Hours of sale: Belgium, Denmark, Finland, Ireland, Netherlands, Spain, Sweden, and UK

Days of sale: Netherlands, Spain, Sweden

Places of sale: Finland, France, Ireland, Netherlands, Spain, Sweden

Density of outlets: France, Luxembourg, Spain, Sweden

Impact

Alcohol sales licensing means that anyone who wants to sell alcoholic beverages (as defined by each nation) must apply for and receive a license from their city, provincial, or state government. This refers to licenses specifically for the sale of alcohol, not a simple business license. Conditions for receiving an alcohol sales license can include that the seller have no criminal record, that the location for sales is considered appropriate, or that

numerous other alcohol sales outlets do not exist in the same area. Licenses can be suspended or revoked for violations of alcohol control regulations or the conditions required to receive a license.

Successful alcohol licensing systems are comprehensive, combining administrative hurdles to receiving a license with effective enforcement and significant sanctions for violating the law. It is important that licenses not be issued automatically to anyone who applies, but rather that receiving a license requires demonstrating that the requirements have been fulfilled as well as the payment of a substantial fee (Babor 2003; WHO 2004). Effective policing of illegal sales to minors reduces future violations of licenses (Preussera, Williams et al. 1994).

Restrictions on alcohol sales on the weekend have been shown to reduce alcohol violence and domestic disturbances (Grube and Nygaard 2001; Österberg and Karlsson 2002). Many studies have demonstrated links between geographic/population alcohol outlet density and social problems such as violence, traffic accidents, sexually transmitted diseases, and poverty (Scribner, MacKinnon et al. 1994; Scribner, MacKinnon et al. 1995; Scribner, Cohen et al. 1998; Scribner, Cohen et al. 2000; Zhu, Gorman et al. 2004)

An additional licensing strategy not seen in Europe, but present in Australia and the United States is the imposition of cover-charges and banning of free admission for women when cover charges are being applied to on-license establishments. Legislation of this type has been shown to reduce so-called “pub-hopping” and thus reduces violent confrontations between groups of young men moving from pub to pub (Felson, Berends et al. 1997).

Age Limits on Consumption of Low-ethanol Beverages

Existing Regulation

All children and adolescents have the right to grow up in an environment protected from the negative consequences of alcohol consumption and, to the extent possible, from the promotion of alcoholic beverages.

European Charter on Alcohol, 1995 (see Appendix A)

Refer to Table 1 on page 7 for a summary of minimum drinking ages.

Age limits on alcohol, like all other alcohol policies, are almost always determined by alcohol content, not by some other definition of beverage type such as source of alcohol (brewing or distilling), combination with some other flavor, or packaging. Age limits are generally imposed on the sale of alcohol and the public consumption of alcohol. In some nations, such as Germany and Ireland, consumption of alcohol by minors in private, when in the company of a guardian, is legal. Restrictions are also common on young people being in bars at all unless accompanied by a guardian. For example, in Ireland a person under 15 years of age cannot be in a pub without a parent or guardian and in France and Portugal the same limit is 16 years of age. In the UK, a pub must have a special Children's Certificate for accompanied minors under 14 to enter a pub; minors are not allowed in pubs after 9 p.m.

European Council Recommendation 2001/458/EC recommends strict enforcement of underage drinking laws, especially the checking of IDs. There is general concern in the EU over underage drinking patterns, particularly binge drinking and drinking away from the home without parental supervision (EC 2001).

Impact

Alcohol is the drug of choice for young people (Grube and Nygaard 2001). The most effective policies for reducing youth drinking are taxation or price increases, increases in

the minimum drinking age, and so-called “zero-tolerance” policies for offenses such as drunk-driving (Grube and Nygaard 2001).⁵ Higher minimum drinking ages significantly reduce drunk-driving accidents. The age a person begins drinking has been linked to the prevalence of later alcohol-related health problems. The earlier a person begins to drink, the more likely they are to suffer negative outcomes including alcohol addiction, accidental injury (burns, motor vehicle injuries, falls, drowning) (Chou and Pickering 1992; Kraus, Bloomfield et al. 2000; WHO 2001). There is no evidence that alcohol consumption has any benefits for young people (WHO 2001). The belief that teaching children to drink at home at a young age will result in more responsible drinking later on has also not been supported by scientific studies. Alcohol-related problems are just as prevalent in nations with a tradition of youth drinking at home, all other factors being equal (Holder 1998).

⁵ Zero-tolerance means that any blood alcohol content discovered in a breath test of a minor results in severe punishment, such as the revocation of driving privileges.

Conclusion

After decades of increasing liberalization in European alcohol policy, particularly during the initial EU enlargement into Scandinavia, concerns over problem drinking, particularly among youth, are leading to an increase in alcohol regulation. Particularly the three areas considered in this report, licensing, public intoxication, and age limits have received increasing scrutiny from researchers and governments alike. A consistent picture of increasing homogenization of drunkenness-oriented drinking patterns across European youth has emerged. The World Health Organization and other concerned groups have outlined comprehensive approaches to combating this epidemic. Thoughtful restrictions on the granting of alcohol licenses, enforcing licensing restrictions, enforcing bans on sales to minors, and policing of public drunkenness behavior are all part of a comprehensive policy regime likely to decrease negative outcomes for all levels of society.

Appendix A: European Charter on Alcohol, 1995

Source: http://www.euro.who.int/AboutWHO/Policy/20010825_2

Ethical principles and goals

In furtherance of the European Alcohol Action Plan, the Paris Conference calls on all Member States to draw up comprehensive alcohol policies and implement programmes that give expression, as appropriate in their differing cultures and social, legal and economic environments, to the following ethical principles and goals, on the understanding that this document does not confer legal rights.

1. All people have the right to a family, community and working life protected from accidents, violence and other negative consequences of alcohol consumption.
2. All people have the right to valid impartial information and education, starting early in life, on the consequences of alcohol consumption on health, the family and society.
3. All children and adolescents have the right to grow up in an environment protected from the negative consequences of alcohol consumption and, to the extent possible, from the promotion of alcoholic beverages.
4. All people with hazardous or harmful alcohol consumption and members of their families have the right to accessible treatment and care.
5. All people who do not wish to consume alcohol, or who cannot do so for health or other reasons, have the right to be safeguarded from pressures to drink and be supported in their non-drinking behaviour.

Ten strategies for alcohol action

Research and successful examples in countries demonstrate that significant health and economic benefits for the European Region may be achieved if the following ten health promotion strategies for action on alcohol are implemented to give effect to the ethical principles and goals listed above, in accordance with the differing cultures and social, legal and economic environments in each Member State:

1. Inform people of the consequences of alcohol consumption on health, family and society and of the effective measures that can be taken to prevent or minimize harm, building broad educational programmes beginning in early childhood.
2. Promote public, private and working environments protected from accidents and violence and other negative consequences of alcohol consumption.
3. Establish and enforce laws that effectively discourage drink-driving.
4. Promote health by controlling the availability, for example for young people, and influencing the price of alcoholic beverages, for instance by taxation.
5. Implement strict controls, recognizing existing limitations or bans in some countries, on direct and indirect advertising of alcoholic beverages and ensure that

- no form of advertising is specifically addressed to young people, for instance, through the linking of alcohol to sports.
6. Ensure the accessibility of effective treatment and rehabilitation services, with trained personnel, for people with hazardous or harmful alcohol consumption and members of their families.
 7. Foster awareness of ethical and legal responsibility among those involved in the marketing or serving of alcoholic beverages, ensure strict control of product safety and implement appropriate measures against illicit production and sale.
 8. Enhance the capacity of society to deal with alcohol through the training of professionals in different sectors, such as health, social welfare, education and the judiciary, along with the strengthening of community development and leadership.
 9. Support nongovernmental organizations and self-help movements that promote healthy lifestyles, specifically those aiming to prevent or reduce alcohol-related harm.
 10. Formulate broad-based programmes in Member States, taking account of the present European Charter on Alcohol; specify clear targets for and indicators of outcome; monitor progress; and ensure periodic updating of programmes based on evaluation.

Appendix B: Council Recommendation 2001/458/EC: Drinking of alcohol by young people

Source: <http://europa.eu/scadplus/leg/en/cha/c11564.htm>

There is statistical evidence of changes in drinking patterns amongst adolescents which are of particular concern. In particular, there has been an increase in binge drinking and heavy drinking among minors. This recommendation aims to encourage the Member States and the players concerned to develop mechanisms designed to address the problems caused by alcohol abuse among young people.

ACT

Council Recommendation 2001/458/EC of 5 June 2001 on the drinking of alcohol by young people, in particular children and adolescents [Official Journal L 161 of 16.06.2001].

SUMMARY

General approach

The purpose of the recommendation is to sensitise all levels of society to the dangers of alcohol abuse among young people, including manufacturers and retailers of alcoholic beverages, as well as parents. It also addresses the different aspects of the problem, from irregular binge-drinking to alcohol dependency among young people.

Via this recommendation, the Council encourages a common approach to this problem within the Community.

Strategies of the Member States

The recommendation lays down the basic criteria for the Member States' strategies to address this problem. The main point is to sensitise all players and particularly young people to the problems linked with alcohol consumption and to develop health promotion tools. This approach focuses on the different areas concerned -- schools, sport centres, youth movements, etc.

According to the recommendation, the key features of these strategies should be:

- promote research into all the different aspects of problems associated with alcohol consumption by young people with a view to identifying and evaluating measures to deal with them;
- ensure that general health promotion policies targeted at all the groups concerned (children, adolescents, parents, teachers, etc.) should include the alcohol issue;
- foster a multisectoral approach to educating young people about alcohol involving, as appropriate, the education, health and youth services, law enforcement agencies, non-governmental organisations, the media, etc.;

- encourage the production of advisory materials for children, adolescents and parents;
- increase young people's involvement in youth health-related policies and actions;
- develop specific initiatives addressed to young people on the dangers of drink-driving;
- take action as a matter of priority against the illegal sale of alcohol to under-age consumers.

Actions concerning the industry

In cooperation with the producers and the retailers of alcoholic beverages and relevant non-governmental organisations, the Member States are encouraged to establish effective mechanisms in the fields of promotion, marketing and retailing:

- to ensure that producers do not produce alcoholic beverages specifically targeted at children and adolescents;
- to ensure that alcoholic beverages are not designed or promoted to appeal to children and adolescents. Particular attention should be paid to the use of styles (motifs, colours, etc.) associated with "youth culture" , the images used, the promotion of ideas associated with alcohol consumption (implications of social success, sexual or athletic prowess, featuring of children in drink promotion campaigns and sponsoring of alcoholic drinks (sponsoring of sporting or musical events, sport merchandising, etc.);
- to ensure the possibility of examining and recalling products which do not respect the principles mentioned above;
- to develop, as appropriate, specific training for servers and sales persons;
- allow manufacturers, promoters, etc. to get pre-launch advice;

The Commission's role

In cooperation with the Member States, the Commission is invited to:

- support the Member States in their efforts to implement this recommendation notably by providing relevant data and by facilitating the exchange of information and good practices;
- promote further research at Community level on the attitudes and motivations of young people in regard of alcohol consumption and monitoring of ongoing developments;
- make full use of all Community policies, particularly of the [programme of action in the field of public health](#) , in order to address the matters covered in this recommendation.

CONTEXT

Studies carried out in recent years in some Member States indicate disquieting changes in the drinking patterns of children and adolescents. The studies show an increase in binge

drinking and heavy drinking among minors, a lowering of the age of first contact with alcohol and increasing consumption by young girls. This is a disturbing trend in view of the serious consequences of excessive alcohol consumption on the health of young people and on their social well-being.

Appendix C European Alcohol Action Plan (Excerpt)

Source: <http://www.euro.who.int/document/E67946.pdf>

Summary

The meaning of drinking alcohol varies, and for many people having an alcoholic drink is part of social life. The harm that can be done by alcohol extends beyond the individual drinker to families and communities across the whole population. Alcohol products are estimated to be responsible for 9% of the total disease burden within the Region. They are linked to accidents and violence and are responsible for a large proportion of the reduced life expectancy in the countries of the former Soviet Union. Reducing the harm that can be done by alcohol is one of the most important public health actions that countries can take to improve the quality of life.

Since 1992, the European Alcohol Action Plan (EAAP) has provided a basis for the development and implementation of alcohol policies and programmes in Member States. The aim of EAAP for the period 2000–2005 is to prevent and reduce the harm that can be done by alcohol throughout the European Region.

The overall objectives are to:

- generate greater awareness of, provide education in, and build up support for public health policies that address the task of preventing the harm that can be done by alcohol;
- reduce the risk of alcohol-related problems that may occur in a variety of settings such as the home, workplace, community or drinking environment;
- reduce both the breadth and depth of alcohol-related harm such as fatalities, accidents, violence, child abuse and neglect, and family crises;
- provide accessible and effective treatment for people with hazardous and harmful alcohol consumption and those with alcohol dependence;
- provide greater protection from the pressures to drink for children, young people and those who choose not to drink alcohol.

The ten strategies set out in the European Charter on Alcohol provide the framework for EAAP during the period 2000–2005. The Action Plan indicates what should be achieved (outcomes) and how that can be achieved (actions). Each Member State is encouraged to implement the actions most likely to reduce the harm that can be done by alcohol in that country.

The WHO Regional Office for Europe will play an active role in supporting the Action Plan in five key areas:

- (a) advocate the protection of health and identify alcohol related policies and practices that harm health;

- (b) provide a focus for information on health through its alcohol-related monitoring and evaluation systems and cooperate with its major partners such as the European Commission;
- (c) give support to Member States in the development of effective alcohol policies, utilizing its research and science base;
- (d) provide evidence-based tools and guidelines for turning alcohol policies into action;
- (e) provide leadership, technical support and coordinated action through collaborative networks across Europe.

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