



Alcohol policy implementation in the European Region

A 2015 update





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Update with 2015 data

Abstract

Alcohol consumption in the European Region is the highest in the world, contributing to ill health and premature mortality from noncommunicable diseases. This report provides an update on implementation of the *European action plan to reduce the harmful use of alcohol 2012–2020*, as reported by designated national experts in 38 WHO European Region Member States, including 26 European Union countries. The action areas with the largest increases in the overall level and scope of alcohol policy formulation and implementation were community and workplace action, and drink–driving policies and countermeasures.

Keywords

Alcohol Drinking - adverse effects
Alcohol Drinking - prevention and control
Alcohol-Related Disorders - prevention and control
Alcoholism - prevention and control
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Abbreviations

EC	European Commission
EU	European Union

Introduction

The WHO European Region has the highest level of alcohol consumption in the world and the greatest proportion of total ill health and premature death related to alcohol (1). Alcohol is an important risk factor for the development of noncommunicable diseases, which are a major cause of premature mortality in the Region (2). In addition to damaging the health of the drinkers themselves, the harmful use of alcohol has far-reaching effects. Road crashes caused by drink-driving, violence, accidents, sexual assault, child abuse and child neglect are only some examples of how harmful alcohol use impacts society at large. Survey research has indicated that harm caused by others' drinking is prevalent and, given the range of harm experienced, the economic and social costs are significant (3).

Reducing the impact of the harmful use of alcohol is important to reduce inequalities in health and contribute to sustainable development within societies (4). The United Nations has recognized the impact of alcohol on health and development (5) by highlighting the topic in sustainable development goal 3.5: [to] strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol. In the light of the significant health consequences of harmful alcohol consumption, the WHO Regional Office for Europe has been a leader in terms of providing policy advice for reducing alcohol-related harm.

Europe has a long history of developing frameworks for effective alcohol policy. In 1992, the Member States in the Region were the first to adopt an action plan specifically aimed at tackling the harmful use of alcohol, the *European Alcohol Action Plan 1992–1999* (6). The initial action plan was updated in 2000 by the *European Alcohol Action Plan 2000–2005* (7), and later in 2006 in the *Framework for alcohol policy in the WHO European Region* (8). In 2006, reflecting the importance of reducing the harmful use of alcohol for member states of the European Union (EU), the European Commission (EC) launched its Communication on an EU strategy to support member states in reducing alcohol-related harm, which focused on five priority areas: protecting young people and the unborn child; reducing the impact of alcohol-related road crashes; preventing alcohol-related harm among adults and a negative impact on the workplace; raising the awareness of hazardous and harmful alcohol use; and developing a common evidence base at the EU level (9).

The need for governance of alcohol policy was further recognized in WHO's *Global strategy to reduce the harmful use of alcohol*, endorsed by the Sixty-third World Health Assembly in 2010 (10), which presents a range of evidence-based policy options and interventions (11). Continuing the Region's strong commitment to promoting cost-effective policies to reduce the harm caused by alcohol, the Regional Committee endorsed the *European action plan to reduce the harmful use of alcohol 2012–2020* at its 61st session in 2011. The action plan primarily serves as a tool for implementation of the global strategy, mirroring the 10 target areas in the global strategy but with a focus on the European context (12). It incorporates themes and interventions from the *European strategy for the prevention and control of noncommunicable disease 2012–2016* (13) and *Health 2020. A European policy framework and strategy for the 21st century* (14). The action plan recognizes that while efforts have been made to combat harmful alcohol use, there remains considerable room for improvement, and that reducing alcohol-related harm requires an integrated and coordinated effort not only within a country but also between Member States. The policy options included in the action plan are those that are evidence-based and proven to be cost-effective (15). They are grouped into the following 10 action areas:

- leadership, awareness and commitment
- health services' response
- community and workplace action
- drink–driving policies and countermeasures
- availability of alcohol
- marketing of alcoholic beverages
- pricing policies
- reducing the negative consequences of drinking and alcohol intoxication
- reducing the public health impact of illicit alcohol and informally produced alcohol, and
- monitoring and surveillance.

This report presents the progress on implementation of the action plan in 38 of the 53 Member States in the Region, as reported by national experts. The aim is to provide an overall summary of the perceived progress made by countries in the Region and the EU between 2010 and 2015 in the 10 action areas.

Sources of data

The current report presents data collected from the WHO global questionnaire on progress in alcohol policy. WHO distributed the questionnaire to all Member States in the Region in 2015. It aimed to gather information, as reported by national experts, about implementation of the global strategy and related regional strategies and action plans since 2010 and to identify successes, obstacles, gaps and challenges in the formulation and implementation of alcohol policy. Data were collected between December 2015 and February 2016. Thirty-eight WHO Member States in the Region and 26 of the 28 EU member states (Bulgaria and Luxembourg did not participate) participated in the survey.

Survey questions on policy developments were grouped into the 10 action areas, with an additional section covering overall policy development. Whereas some questions asked respondents to report on the status of policies (that is, the establishment, modification or discontinuation of policies), the majority of questions used a rating scale (somewhat decreased, substantially decreased, largely the same, somewhat increased, and substantially increased) to measure perceptions of change in the level of activity or comprehensiveness of government policy. For the purpose of presenting these data in this report, the two decrease categories have been merged, as have the two increase categories.

In addition to categorical variables, indicating changes in alcohol policy, the questionnaire also contained free-text questions where national experts could outline the major achievements and barriers to policy implementation. These submissions generated qualitative data on perceived achievements and barriers for each action area that were then analysed and grouped into themes. Owing to the design of the questionnaire, this report largely presents progress using subjective measures based on national expert opinions rather than using objective measures.

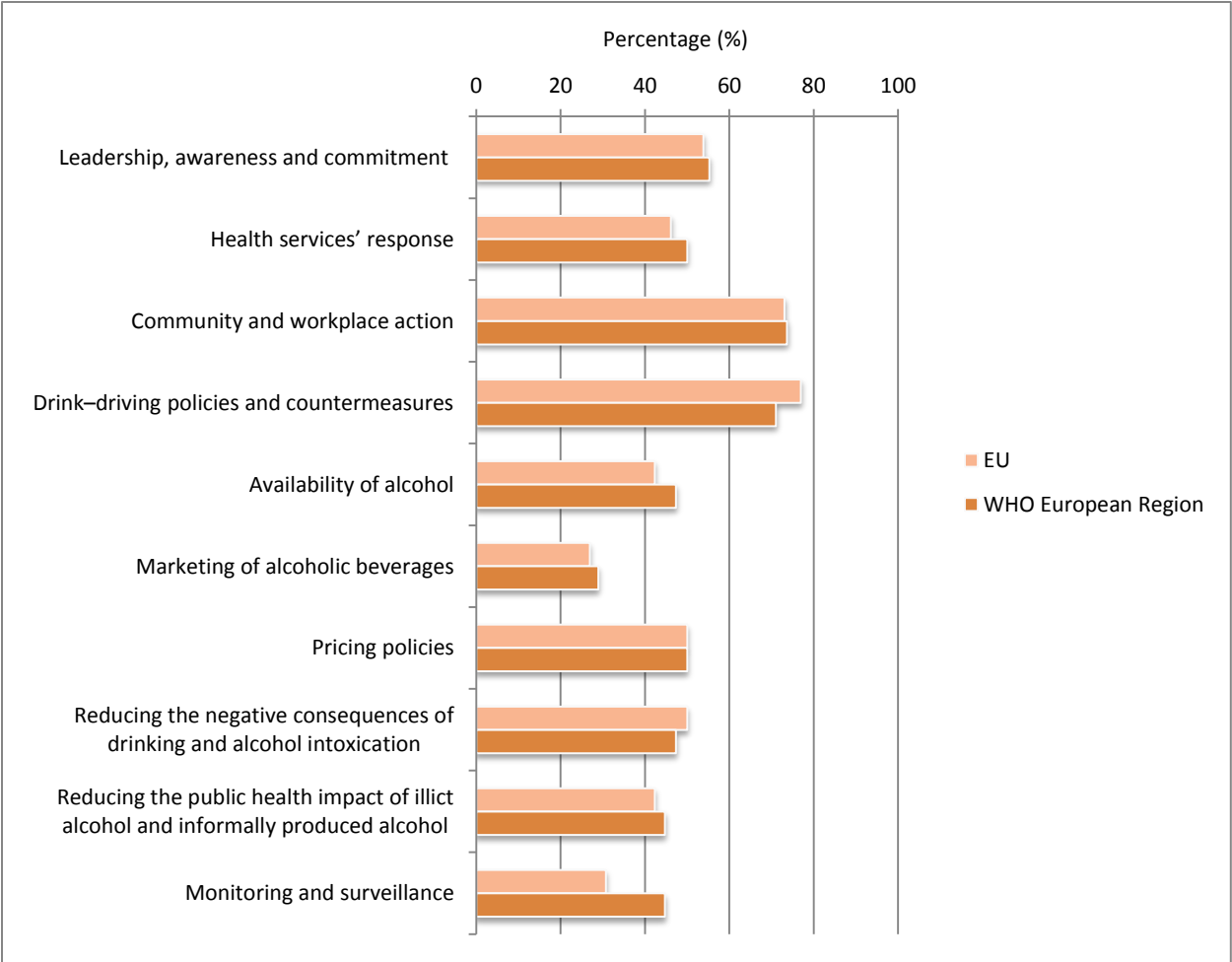
This report updates and complements the *Status report on alcohol and health in 35 European countries (16)*, published in 2013. In the 2013 report, data from the third joint EC/WHO survey on alcohol and health were presented in relation to the existence of alcohol policies in the 10 action areas, as well as the development of such policies (becoming stronger or weaker).

Summary of efforts to implement the European action plan to reduce the harmful use of alcohol

Compared with 2010, the overall level and scope of national-level alcohol policy formulation and implementation were reported to have increased in 65% of the countries in the Region and 60% of the EU countries. All but one of the remaining countries reported that the level and scope had not changed between 2010 and 2015 (32% of the countries in the Region and 40% of the EU countries).

National experts were asked to estimate the scope and intensity of government policy in all of the 10 action areas of the action plan compared with 2010. The areas where the most countries reported an increase in the scope and intensity of government policy were community and workplace action, and drink-driving policies and countermeasures (Fig. 1). Although the most cost-effective policy measures have been found to be restricting the availability of alcoholic beverages, implementing pricing policies such as increased taxes, and implementing bans on alcohol advertising (16), half (or fewer) of the countries reported an increase in the scope and intensity of policy in these action areas. Similar trends were reported among the EU countries.

Fig. 1. Proportion of countries reporting a substantial or somewhat increase in the overall scope and intensity of governmental policies and activities, by action area



Leadership, awareness and commitment

The achievements and barriers in the area of leadership, awareness and commitment are shown in Box 1.

Box 1. Leadership, awareness and commitment

Policy achievements	Policy barriers
Overall in the Region, the most common positive change reported was implementation or amendment of a national alcohol action plan. This was followed by legislation focusing on the areas of harm reduction, availability of alcohol, advertising, server licensing and drink-driving. Increased resources (financial, projects, services, dedicated bodies) were also noted as a step forward.	The most common barrier to progress was in the area of government support, either through lack of prioritization or political instability in countries. This was followed by insufficient funding and resistance from the alcohol industry.

The overall scope and intensity of government policies and activities in the area of leadership, awareness and commitment compared to 2010 are described below.

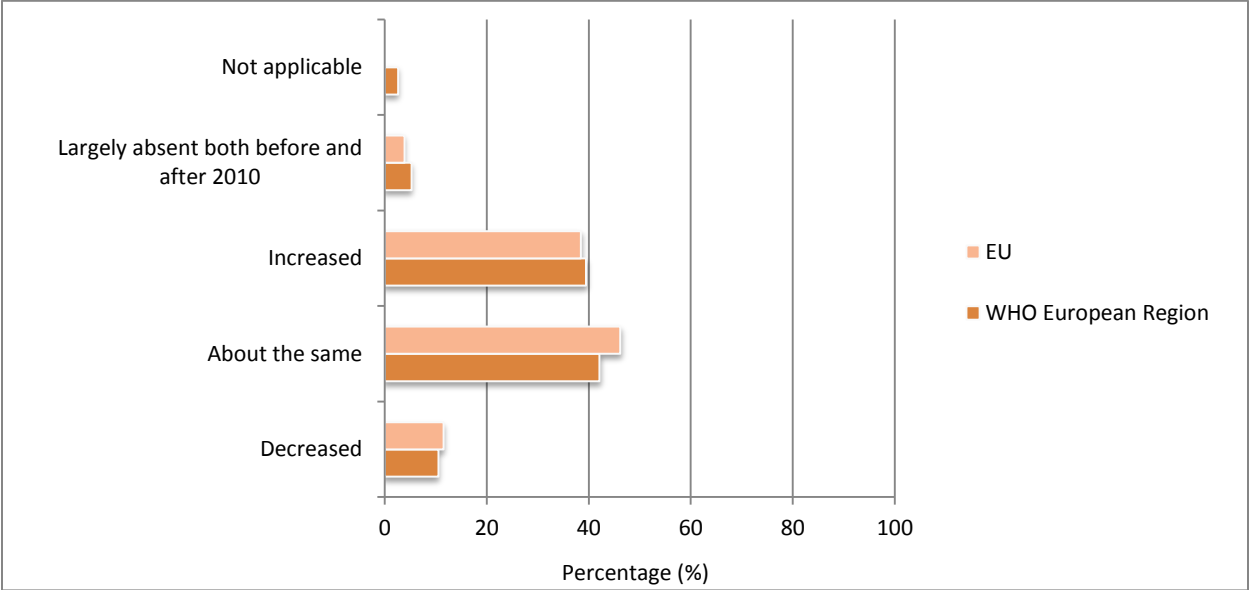
Positive developments were seen in the area of development of a national alcohol policy. More than half of the 38 countries in the Region and the 26 EU countries reported that a comprehensive national policy had been developed since 2010. Combined with countries that had adopted a written national alcohol policy prior to 2010 that was still in force, 66% of the countries in the Region and 62% of the EU countries had written national policies in 2015. Furthermore, as of 2015, written national policies were being developed in five countries in the Region, including two EU countries.

Around half of the countries noted that the level of coordination in the formulation and implementation of alcohol policy between different sectors of government was similar to that in 2010 (47% of the countries in the Region and 58% of the EU countries), whereas 50% of the countries in the Region and 42% of the EU countries noted that the level had substantially or somewhat increased since 2010. While 24% of the countries in the Region and 27% of the EU countries had established or appointed new institutions or agencies responsible for following up alcohol policy, 42% of the countries in the Region and 42% of the EU countries already had such arrangements in place prior to 2010. Nationwide public awareness programmes were introduced in 37% of the countries in the Region and 38% of the EU countries; in 18% of the countries in the Region and 23% of the EU countries, such programmes had been introduced prior to 2010.

The current allocation of resources for alcohol policy implementation at the national level was perceived to be about the same as in 2010 in 42% of the countries in the Region and 46% of the EU countries. In addition, 39% of the countries in the Region and 38% of the EU countries reported that the allocation of resources had either substantially or somewhat increased compared to 2010 (Fig. 2).

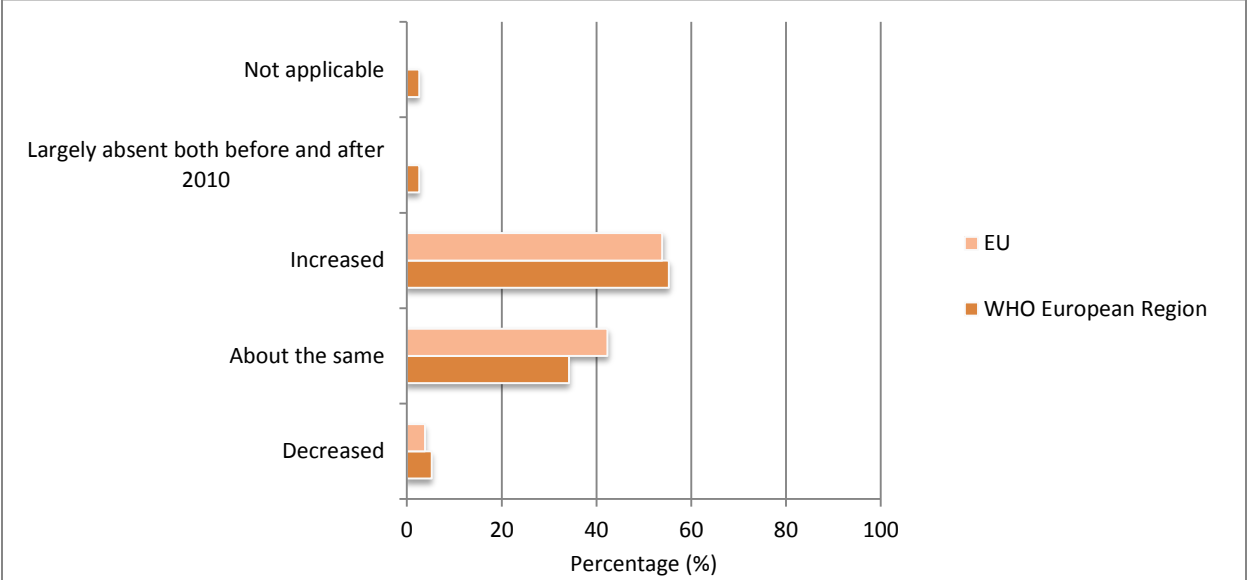
Compared to 2010, 45% of the countries in the Region and 38% of the EU countries reported that harm to others from someone else's drinking is taken into consideration to a greater extent in the formulation and implementation of alcohol policy.

Fig. 2. Allocation of resources for implementation of alcohol policies at national level in 2015 compared with 2010¹



In the area of leadership, awareness and commitment, the overall scope and intensity of government policies and activities was largely perceived as the same or as having increased (Fig. 3), while only a few countries reported a regression in this policy area.

Fig. 3. Overall scope and intensity of government policies and activities in the area of leadership, awareness and commitment in 2015 compared with 2010



¹ Fig. 2–20 reflect the reports by the 38 countries in the Region and 26 EU countries responding to the questionnaire.

Health services' response

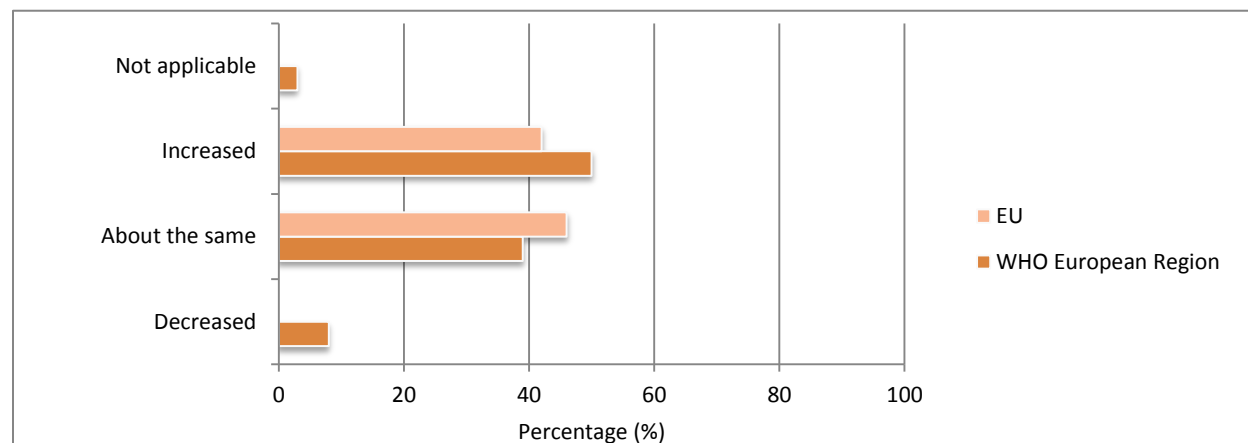
The achievements and barriers in the area of health services' response are shown in Box 2.

Box 2. Health services' response

Policy achievements	Policy barriers
The most common positive change among countries in the Region was increased or improved treatment for those with alcohol-related issues. This was followed by increased or better guidelines and training of staff, for example on service provision or targets.	The most common barrier to progress was financial constraints. Insufficient political commitment and coordination of services were also mentioned as common challenges in this action area.

Within the area of health services' response, the most promising development was in the use of screening and brief interventions for hazardous and harmful drinking in primary health care and other settings. In 2015, 58% of the countries in the Region and 65% of the EU countries reported that the level of support for screening and brief intervention increased somewhat or substantially compared to 2010, while approximately one third of countries reported no change. In addition to providing brief interventions to individuals who are drinking at harmful levels, it is important to provide treatment services for those who are identified as having an alcohol use disorder. Fig. 4 shows that, in regard to treatment services, 39% of the countries in the Region and 46% of the EU countries reported that their capacity was about the same as in 2010, whereas 50% of the countries in the Region and 42% of the EU countries reported that their capacity had substantially or somewhat increased since 2010.

Fig. 4. Capacity for provision of treatment services for alcohol use disorders in the health system in 2015 compared with 2010

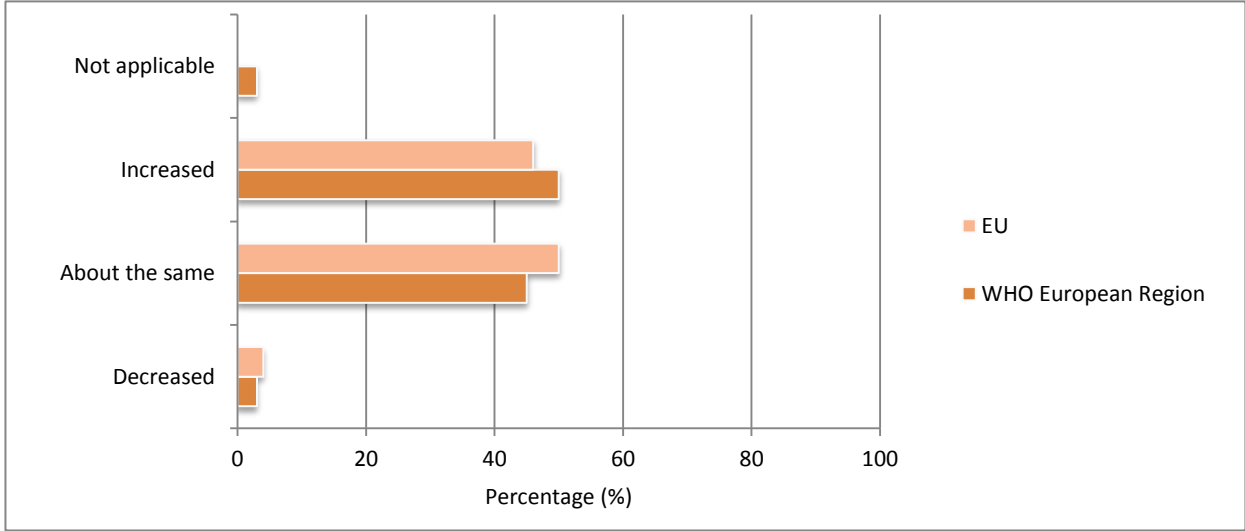


A majority of countries (74% of the countries in the Region and 81% of the EU countries) reported that they had a system for registration and monitoring of alcohol-attributable morbidity and mortality, with regular reporting mechanisms. Of these, approximately three fifths reported that the systems were established before 2010.

The extent of harm caused by exposure to alcohol in pregnancy is believed to be widely underreported (17), and ensuring that affected children are identified and supported with the appropriate interventions is essential. Country experts were asked to report on the current capacity for prevention of fetal alcohol syndrome and identification of, and interventions for, individuals and families living with fetal alcohol syndrome. Forty-five percent of the countries in the Region and 50% of the EU countries reported no change in this area compared to 2010, whereas 32% of the countries in the Region and 31% of the EU countries reported that capacity had increased somewhat or substantially. Only one country reported a regression in this area; three countries (8%) reported that to a large extent they had no such capacity either before or after 2010.

In the area of health services’ response, half the countries in the Region and 45% of the EU countries reported that the scope and intensity of government policies and activities had increased (Fig. 5).

Fig. 5. Overall scope and intensity of health services’ response in 2015 compared with 2010



Community and workplace action

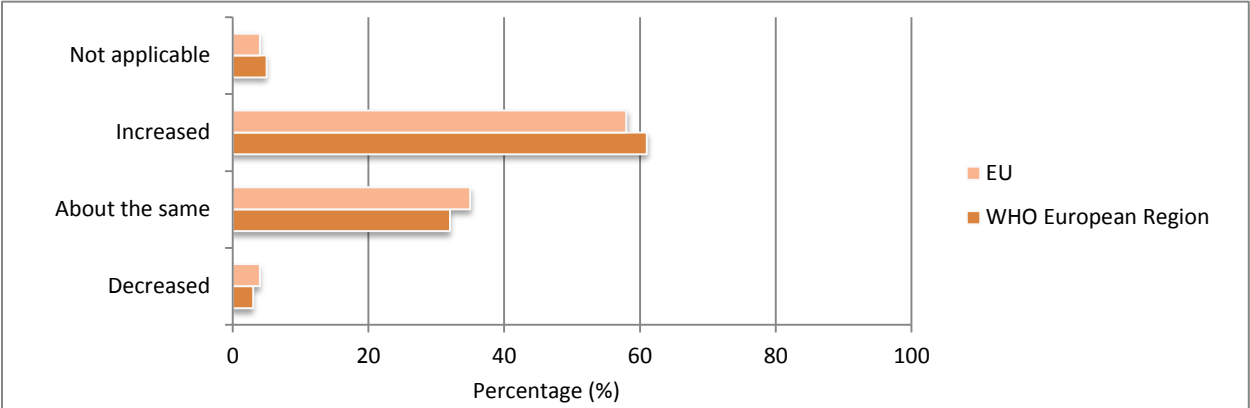
The achievements and barriers in the area community and workplace action are shown in Box 3.

Box 3. Community and workplace action

Policy achievements	Policy barriers
The most commonly reported tools for achieving progress in this action area were more surveys and dedicated monitoring systems. More money, research and coordination between different sectors have also aided progress.	Financial constraints, lack of political commitment and inadequate monitoring systems were the most frequently mentioned barriers to progress.

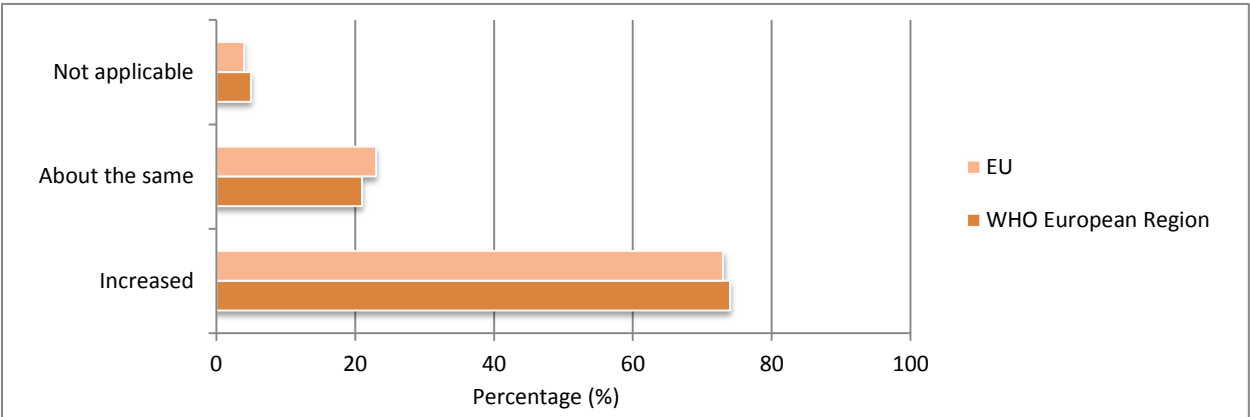
Of the 10 action areas, the highest reported increases in action taken were in community and workplace action together with drink-driving policies and countermeasures. Compared to 2010, 63% of the countries in the Region and 69% of the EU countries reported that the level of implementation of community-based interventions had substantially or somewhat increased. Developments were also noted in the capacity of communities to prevent the sale of alcohol to, and consumption by, underage drinkers. Fig. 6 shows that 61% of the countries in the Region and 58% of the EU countries reported a substantial or somewhat increase in capacity compared to 2010.

Fig. 6. Capacity of communities to prevent the sale of alcohol to, and consumption of alcohol by, underage drinkers in 2015 compared with 2010



Fifty-eight percent of the countries in the Region and 54% of the EU countries reported that community support for alcohol-free environments and events had increased substantially or somewhat since 2010, while 34% of the countries in the Region and 38% of the EU countries reported that the capacity had remained the same. Just over half of the countries reported that the level of community programmes and policies for subpopulations at particular risk (such as children, adolescents, women of childbearing age, pregnant women, breastfeeding women, indigenous people and other minority groups with low socioeconomic status) had increased. The majority of countries reported that the overall scope and intensity of government policies on community and workplace action had increased substantially or somewhat since 2010 (Fig. 7).

Fig. 7. Overall scope and intensity of community and workplace action in 2015 compared with 2010



Drink-driving policies and countermeasures

The achievements and barriers in the area of drink-driving and countermeasures are shown in Box 4.

Box 4. Drink-driving and countermeasures

Policy achievements	Policy barriers
The most commonly reported achievement was changes in legislation, including lowering the blood alcohol concentration limit for driving. In addition, many countries reported changes to penalties for drink-driving, notably rehabilitation and educational classes, and public awareness campaigns.	The most frequently reported barrier to progress was financial constraints, followed by societal attitudes towards alcohol.

For the majority of countries, the legal blood alcohol concentration limit while driving for the general population had not changed (84% of the countries in the Region and 92% of the EU countries). Two countries in the Region (5%) and one EU country (4%) had lowered the limit. There was, however, more movement in regard to lowering blood alcohol concentration limits for professional and novice drivers. Twenty-one percent of the countries in the Region had lowered the limit for professional drivers and 21% had lowered the limit for young and novice drivers, while 27% of the EU countries had lowered the limit for professional drivers and 23% had lowered the limit for young and novice drivers.

Regarding the enforcement of the legal blood alcohol concentration limit, increases in the scope and intensity of sobriety checkpoints and/or random breath-testing programmes were reported by 53% of the countries in the Region and 54% of the EU countries. In addition, 16% of the countries in the Region and 12% of the EU countries had introduced the administrative suspension of driving licences for drink-driving offences since 2010, while in 71% and 77%, respectively, such a system was in place prior to 2010. Sixteen percent of the countries in the Region and 19% of the EU countries had introduced ignition interlocks for drink-driving offences, while 74% and 69%, respectively, had not introduced these measures. Only in two countries, both in the EU, was this system implemented prior to 2010.

Mandatory driver-education programmes for drink-driving offences had been introduced in 13% of the countries in the Region and 15% of the EU countries after 2010, in addition to the 47% and 54%, respectively, where such measures were already in place. In 11% of the countries in the Region and 15% of the EU countries, mandatory counselling and/or treatment programmes for drink-driving offences had been introduced; in 29% and 31%, respectively, these programmes were established before 2010. Since 2010, 32% of the countries in the Region and 35% of the EU countries had introduced high-intensity national mass media campaigns, targeting specific situations such as holiday seasons, or specific audiences, such as young people. In 50% of the countries in the Region and 58% of the EU countries such campaigns had taken place before 2010 (Fig. 8).

Overall, the scope and intensity of government policy and activities in the area of drink-driving was reported to have increased by 71% of the countries in the Region and 77% of the EU countries (Fig. 9)

Fig. 8. Introduction of administrative suspension of driving licences, ignition interlocks, mandatory counselling and/or treatment and mandatory driver-education programmes between 2010 and 2015 (% of countries)

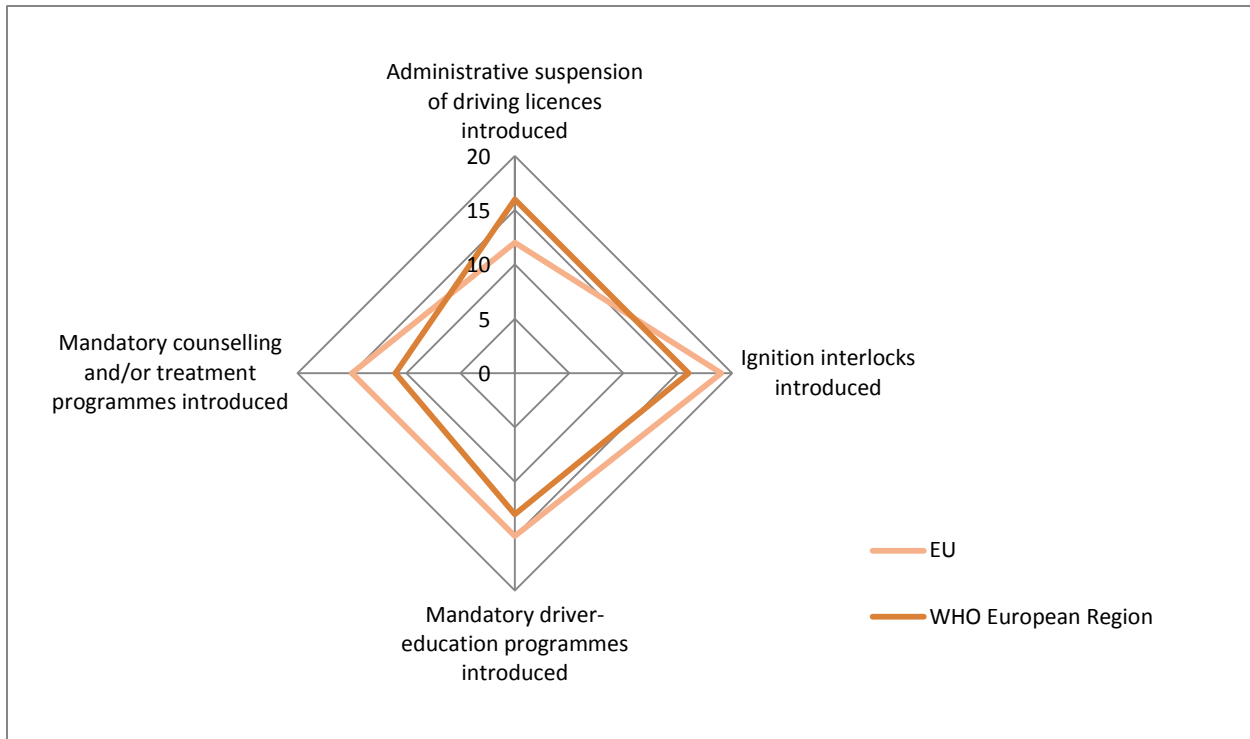
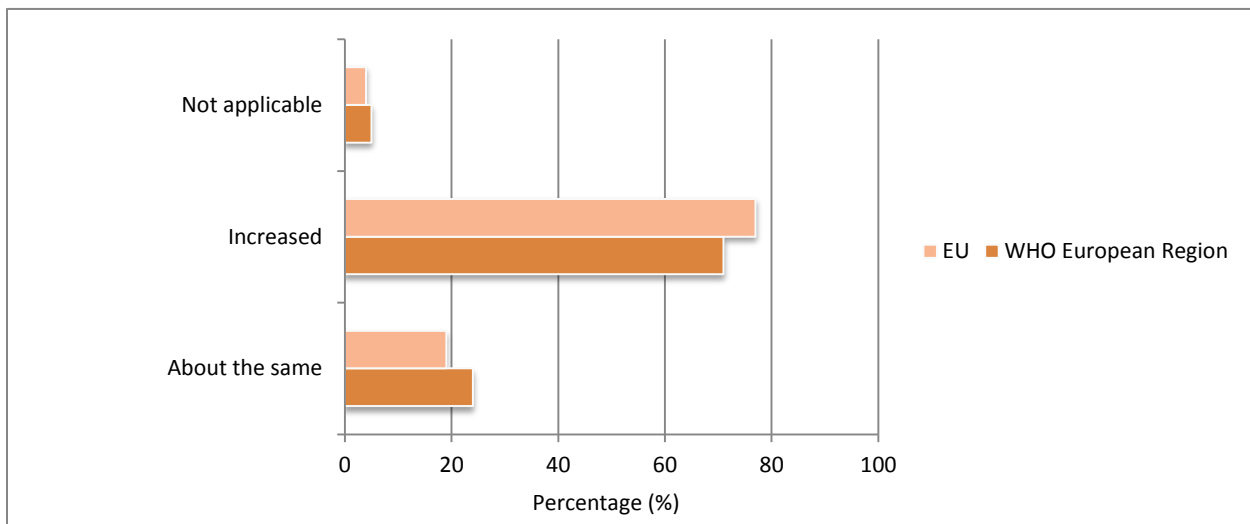


Fig. 9. Overall scope and intensity of drink-driving policies and countermeasures in 2015 compared with 2010



Availability of alcohol

The achievements and barriers regarding the availability of alcohol are shown in Box 5.

Box 5. Availability of alcohol

Policy achievements	Policy barriers
Most reported policy achievements concerned changes in legislation, affecting age limits and the times/places of alcohol sales. Penalties for violating these laws have been introduced, particularly for vendors selling to under-aged drinkers.	There was no single prominent barrier that prevented countries from introducing policies to restrict the availability of alcohol. However, some countries reported challenges related to changes in legislation, which made it more difficult to control harmful drinking. Examples included beer not being classified as alcohol, as well as restrictions on the use of mystery shoppers.

Only one country had introduced a system for licensing the retail sales of beer, wine and spirits since 2010. Over 60% of the countries in the Region and EU countries already had a licensing system for these beverages as well as for cider, alcopops and ready-to-drink beverages, before 2010. Twenty-six percent of the countries in the Region and 27% of the EU countries reported that they had no licensing system for beer, wine (26% and 31%, respectively), spirits (21% and 27%, respectively) and cider, alcopops and ready-to-drink beverages (29% and 31%, respectively).

Regarding regulations governing the density of on- and off-premise outlets, around one third of countries reported that they had no such regulations. In 50% of the countries in the Region and 62% of the EU countries, no changes had been made to regulations on density for either on- or off-premise outlets. Three countries in the Region, none belonging to the EU, had fewer regulations, and one EU country had more regulations regarding the density of on-premise alcohol outlets. Two countries in the Region (5%) and none in the EU had fewer regulations on the density of off-premise alcohol outlets compared to 2010, while two countries (5% of the countries in the Region and 4% of the EU countries) had more regulations.

Thirty-four percent of the countries in the Region and 38% of the EU countries had made no changes to the existing regulations regarding the days permitted for the sale of alcoholic beverages, and 50% and 50%, respectively, had no regulations either before or after 2010. As regards the hours of sales, 47% and 54% of the countries in the Region and EU, respectively, had made no changes to their regulations since 2010. Compared to the data on days of sale, a smaller proportion of countries had no regulations on hours of sales either before or after 2010 (18% of the countries in the Region and 23% of EU countries).

A few countries had made changes in regard to the minimum legal age for purchasing beer, wine or spirits. For on- and off-premise sales of beer, 13% of the countries in the Region and 15% of the EU countries had introduced more restrictive age limits (Table 1). Stricter on- and off-premise age limits had been introduced for wine in 16% of the countries in the Region and 15% of the EU countries. Thirteen percent of the countries in the Region and 12% of countries in the EU had introduced a stricter age limit for on-premise sales of spirits, while 16% and 15%, respectively, had introduced stricter limits for off-premise sales.

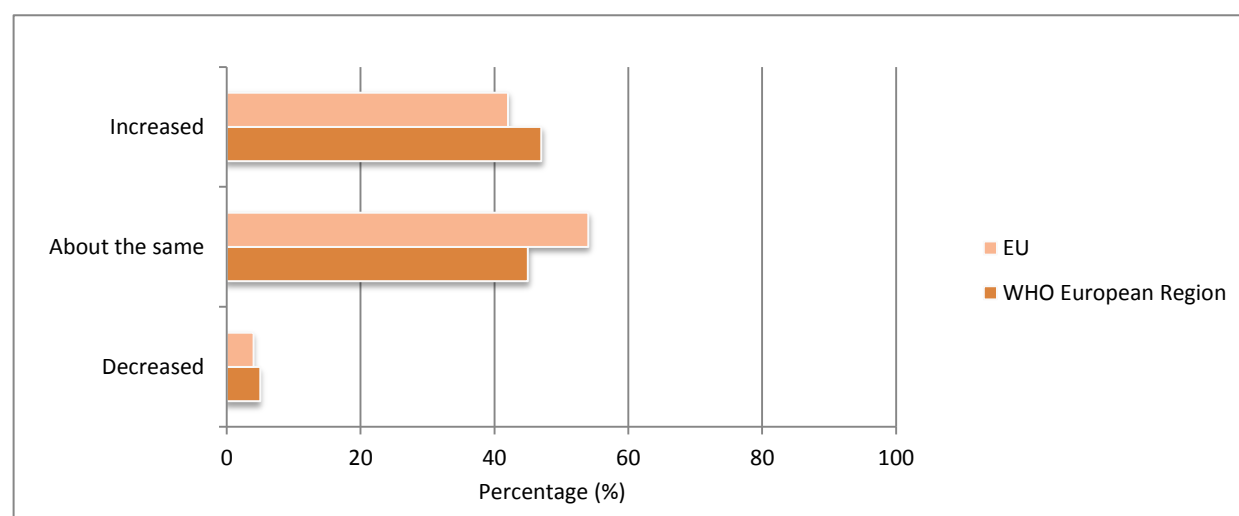
Table 1. Changes to legal minimum age for purchase of beer, wine and spirits

Greater restrictions on minimum legal age	WHO	EU
	European Region	
For on-premise purchase of beer	13%	15%
For off-premise purchase of beer	13%	15%
For on-premise purchase of wine	16%	15%
For off-premise purchase of wine	16%	15%
For on-premise purchase of spirits	13%	12%
For off-premise purchase of spirits	16%	15%

Of the participating countries in the Region, 42% reported that the scope and intensity of policies to prevent alcohol sales to those below the minimum legal age were about the same as compared to 2010, while 53% reported an increase. Of the participating EU countries, 54% reported no change compared to 2010 and 46% reported that the scope and intensity of such policies had increased. The scope and intensity of policies to prevent sales to intoxicated persons were reported to be about the same as in 2010 by 66% of the countries in the Region and 77% of the EU countries; 18% and 15%, respectively, reported an increase, while 13% and 8%, respectively, reported that they had no such policies either before or after 2010.

Forty-five percent of the countries in the Region and 54% of the countries in the EU reported that the overall scope and intensity of government policy and activities on the availability of alcohol were about the same as in 2010. In contrast, 47% and 42%, respectively, reported that the overall scope and intensity had increased (Fig. 10).

Fig. 10. Overall scope and intensity of policies on availability of alcohol in 2015 compared with 2010



Marketing of alcoholic beverages

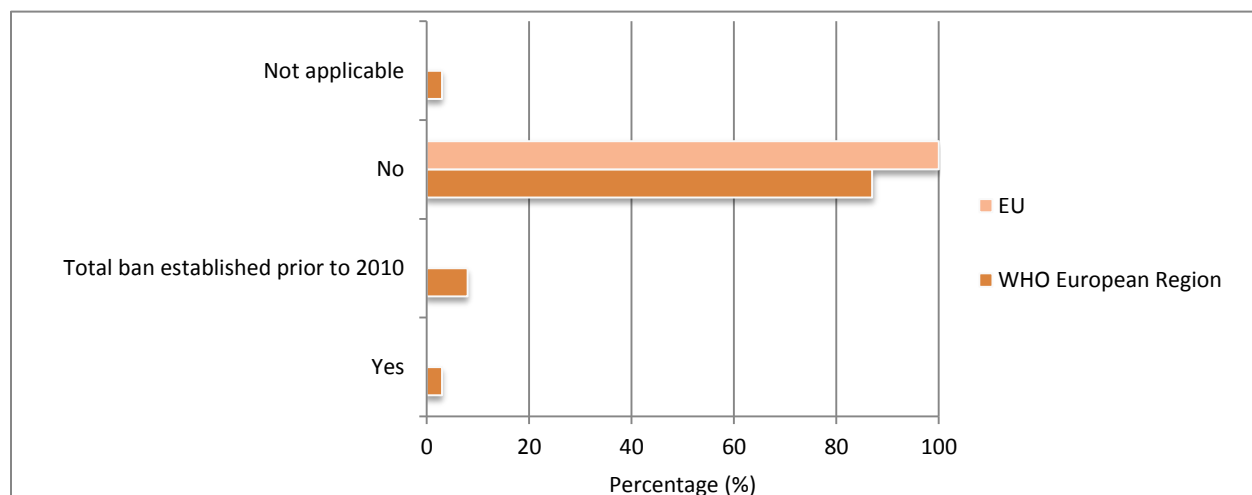
The achievements and barriers in the area of marketing of alcoholic beverages are shown in Box 6.

Box 6. Marketing of alcoholic beverages

Policy achievements	Policy barriers
The most common positive change was to legislation regulating the advertising of alcohol, including restrictions on targeting young people and on the placing of advertisements, for example, at public events or in social media.	The most important barrier reported was lack of political commitment and disagreement within governmental organizations.

With regard to strict marketing regulations, one country had introduced a total ban on alcohol marketing (Fig. 11). Three countries already had a total ban before 2010, meaning that in total, 11% of the countries in the Region have a complete ban on alcohol marketing.

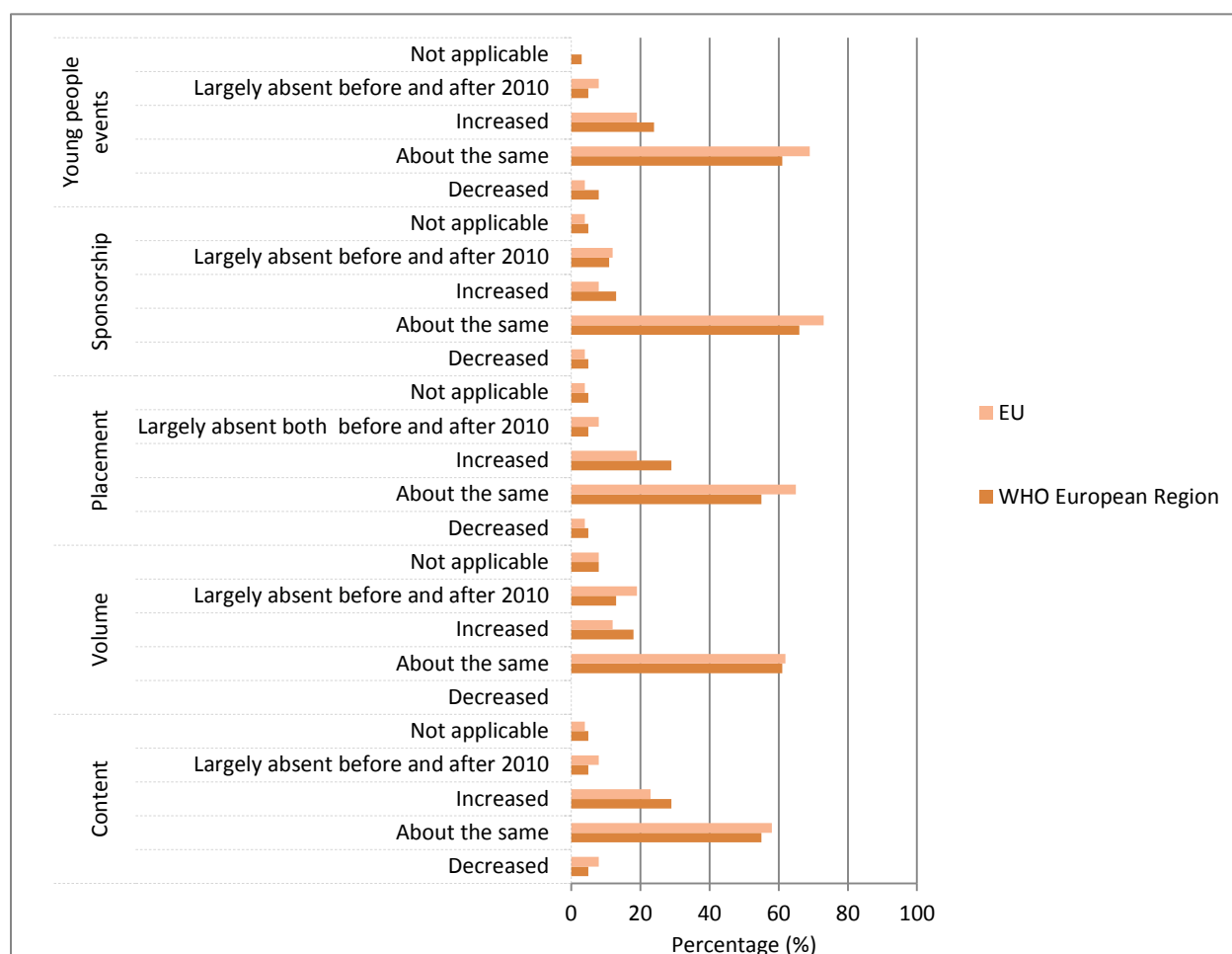
Fig. 11. Introduction of total ban on marketing since 2010



In general, few changes were noted to regulations on alcohol marketing. The majority of the countries in the Region and in the EU reported that the regulations were about the same as in 2010 (Fig. 12). The area in which the highest proportion of countries reported an increase in the level of statutory regulations was the content of marketing (29% of the countries in the Region and 23% of the EU countries noted that regulations had substantially or somewhat increased).

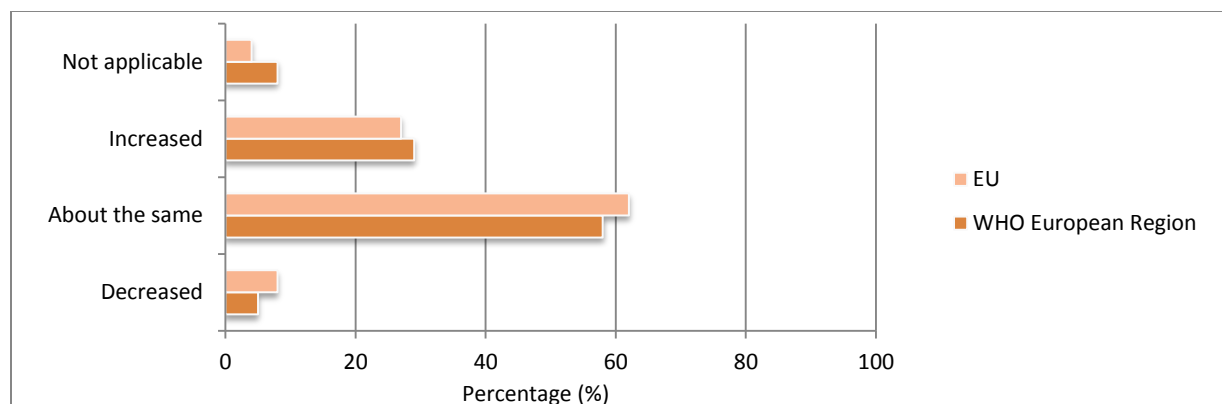
An increasingly important platform for alcohol marketing is social media. Fifty-three percent of countries in the Region and 58% of the EU countries reported no change in regulations compared to 2010. Twenty-one percent of countries in the Region and 15% of EU countries reported increases in social media regulations as against 18% and 19%, respectively, which reported that social media regulations were to a large extent non-existent before and after 2010. Eighteen percent of the countries in the Region and 12% of the EU countries reported increases in the level of administrative systems for infringements of marketing restrictions. Similarly, 16% of the countries in the Region and 12% of the EU countries reported increases in the level of systems for monitoring the content and placement of alcohol marketing and the exposure of audiences.

Fig. 12. Changes to regulations in different areas of alcohol marketing since 2010



The overall scope and intensity of government policies and activities on alcohol marketing were reported as being about the same in more than half of the countries in both the Region and the EU (Fig. 13). Around one third (29% and 27%, respectively) reported an increase in this area. Two countries, both members of the EU, reported regression in this area.

Fig. 13. Overall scope and intensity of government policies and activities on the marketing of alcoholic beverages in 2015 compared with 2010



Pricing policies

The achievements and barriers in the area of pricing policies are shown in Box 7.

Box 7. Pricing policies

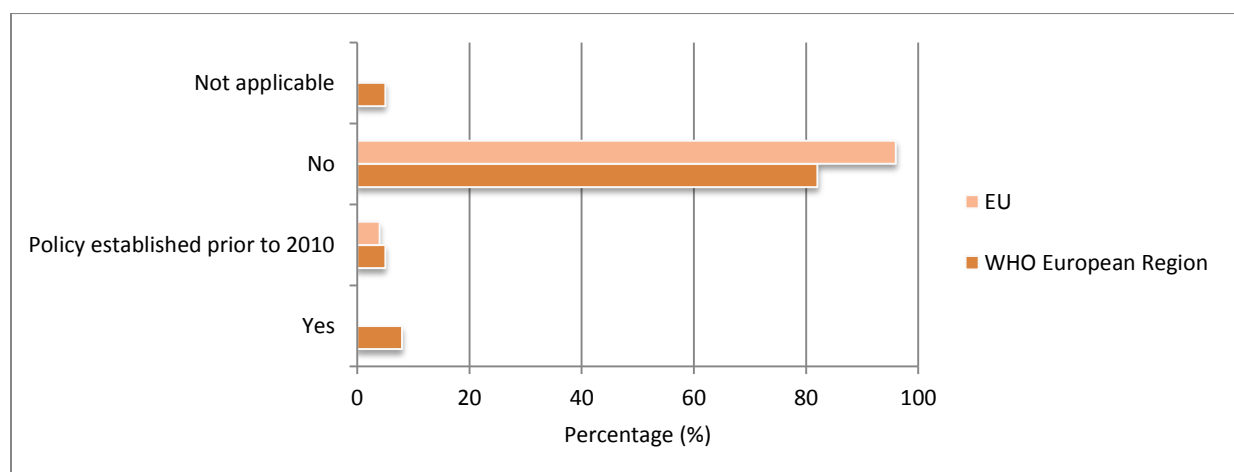
Policy achievements	Policy barriers
The most commonly reported achievement was legislation on excise duty, followed by taxation of alcoholic beverages.	There was no one aspect that stood out as a significant barrier to progress. Reported barriers included legislation, resistance from the alcohol industry, lack of political commitment, and attitudes of both health professionals and society at large.

Compared to 2010, 71% of the countries in the Region and 77% of the EU countries reported that the level of excise duty on alcohol had substantially or somewhat increased, whereas 26% and 23%, respectively, reported that the level was about the same. Thirty-two percent of the countries in the Region and 19% of the EU countries reported that they had introduced a system for adjusting excise duty in relation to the level of inflation and income since 2010. One country already had such a system in place before 2010, meaning that a total of 34% countries in the Region and 23% of countries in the EU now adjust excise duty according to inflation and income.

Few countries (13% of the countries in the Region and 12% of countries in the EU) reported that there had been increases in restrictions on the use of direct or indirect price promotions, discount sales, sales below cost and flat rates for unlimited drinking or other types of volume sales since 2010. Three fifths of countries reported that these levels were about the same; 16% of the countries in the Region and 23% of countries in the EU reported that such bans or restrictions were largely absent both before and after 2010.

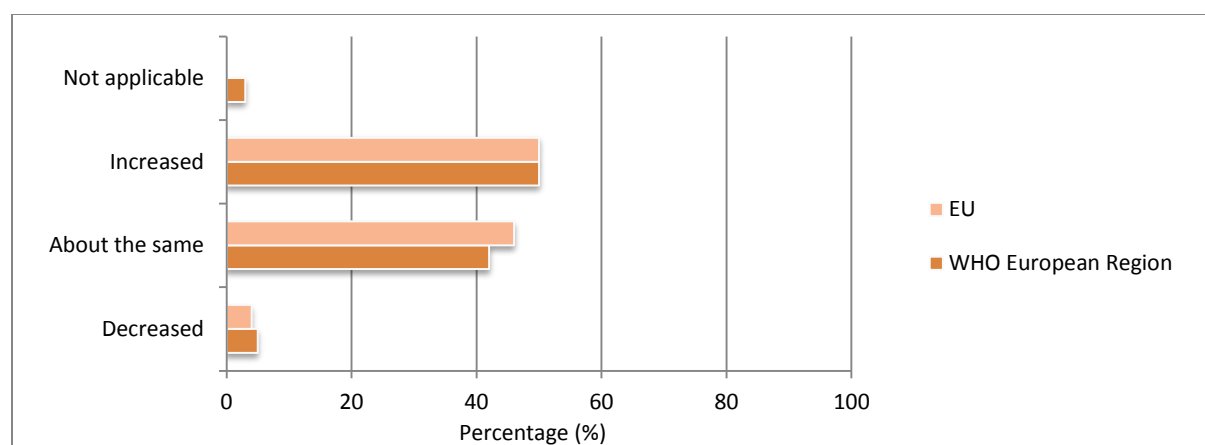
Since 2010, three countries had introduced minimum unit pricing (Fig. 14). Two countries already had minimum unit pricing in place before 2010, meaning that 13% of the countries in the Region (including one EU country) have such a policy.

Fig. 14. Introduction of minimum unit pricing for alcoholic beverages since 2010



The overall scope and intensity of government policies and activities on the pricing of alcoholic beverages increased in half of the countries both in the Region and in the EU. Forty-two percent of the countries in the Region and 46% of the EU countries reported that the scope and intensity of policies and activities were about the same in 2015 compared to 2010, while 5% and 4%, respectively, reported a regression in the this area (Fig. 15).

Fig. 15. Overall scope and intensity of government policies and activities on pricing of alcoholic beverages in 2015 compared with 2010



Reducing the negative consequences of drinking and alcohol intoxication

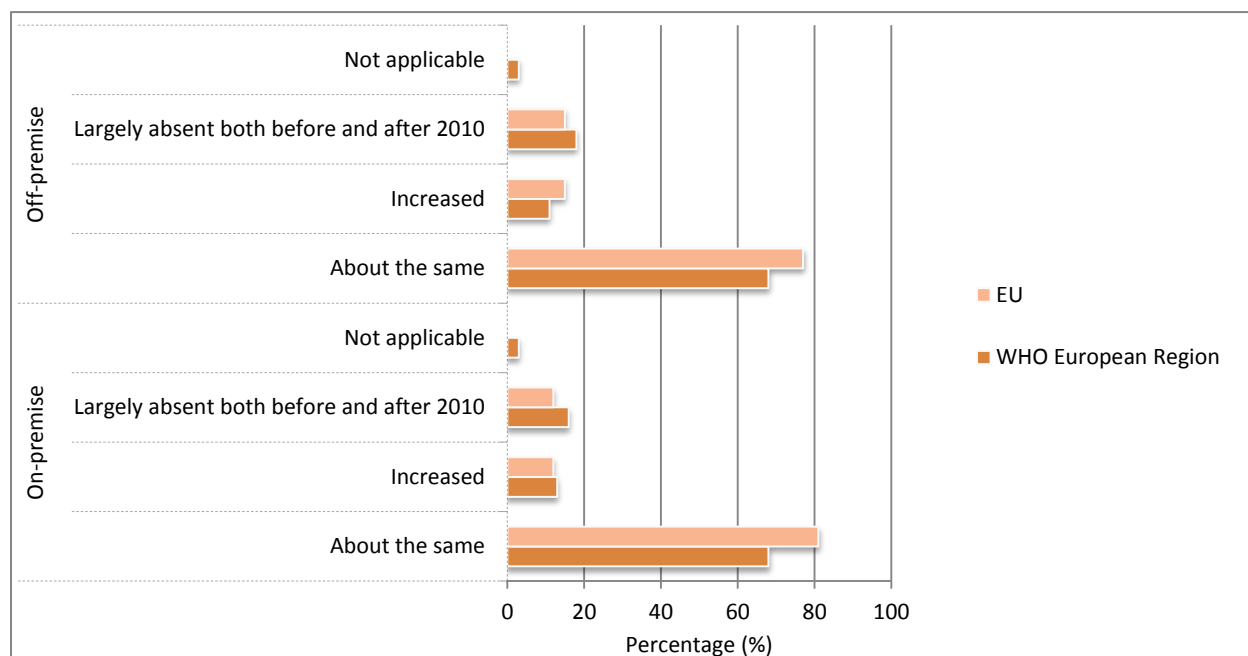
The achievements and barriers in the area of reducing the negative consequences of drinking and intoxication are shown in Box 8.

Box 8. Reducing the negative consequences of drinking and intoxication

Policy achievements	Policy barriers
The most commonly reported achievement was in the area of public awareness, followed by training. Countries also reported advances in treatment and penalties for breaking the law.	There was no one barrier that prevented progress across countries. Difficulties were reported in the areas of enforcement of legislation, financial resources, resistance from stakeholders, legislation, political commitment and societal attitudes towards alcohol and training.

The majority of countries reported that the level of laws against serving alcohol to intoxication on- and off-premises was about the same in 2015 compared to 2010 (Fig. 16). In addition, 45% of the countries in the Region and 46% of the EU countries reported no changes between 2010 and 2015 in the level of training for staff in relevant sectors to prevent, identify and manage intoxicated and aggressive drinkers. An increase was reported in 39% of the countries in the Region and 42% of the EU countries. In 15% of the countries in the Region and 8% of the EU countries, there was almost no training for staff either before or after 2010.

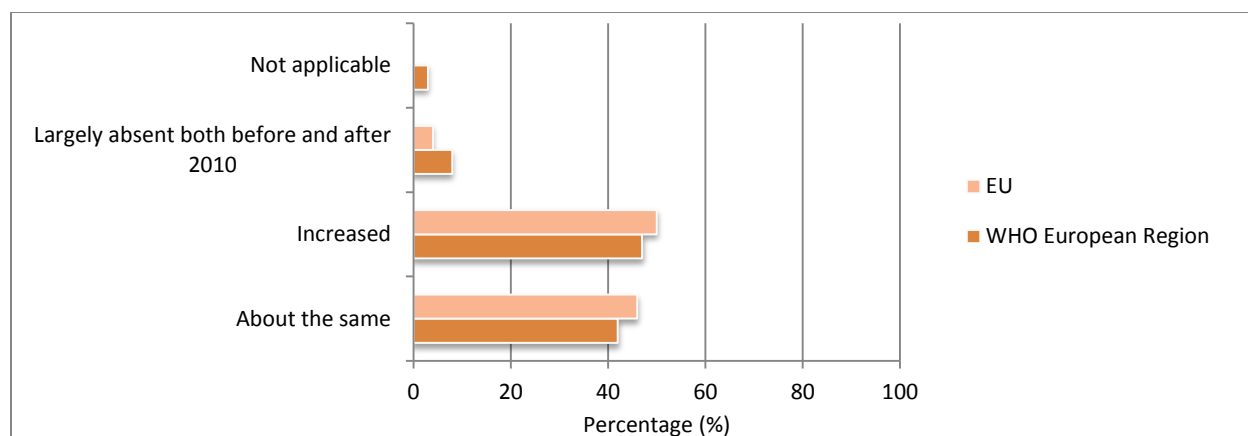
Fig. 16. Level of laws against serving to intoxication on- and off-premises in 2015 compared with 2010



Mandatory labelling of alcoholic beverages to indicate harm related to alcohol is almost non-existent in the Region, especially in EU countries: 76% of the countries in the Region and 95% of the EU countries lack such a policy. Four countries (11%) in the Region introduced mandatory labelling before 2010 and another four countries (11%) introduced it after 2010. One EU country implemented mandatory labelling prior to 2010, and another introduced it after 2010.

The overall scope and intensity of government policies to reduce the negative consequences of alcohol were reported as about the same compared to 2010 in 42% of the countries in the Region and 46% of countries in the EU. Increases were reported by 47% and 50%, respectively, whereas four countries in the Region (8%) and three countries (4%) in the EU reported no activities in this area either before or after 2010 (Fig. 17).

Fig. 17. Overall scope and intensity of government policies and activities to reduce the negative consequences of drinking and intoxication in 2015 compared with 2010



Reducing the public health impact of illicit alcohol and informally produced alcohol

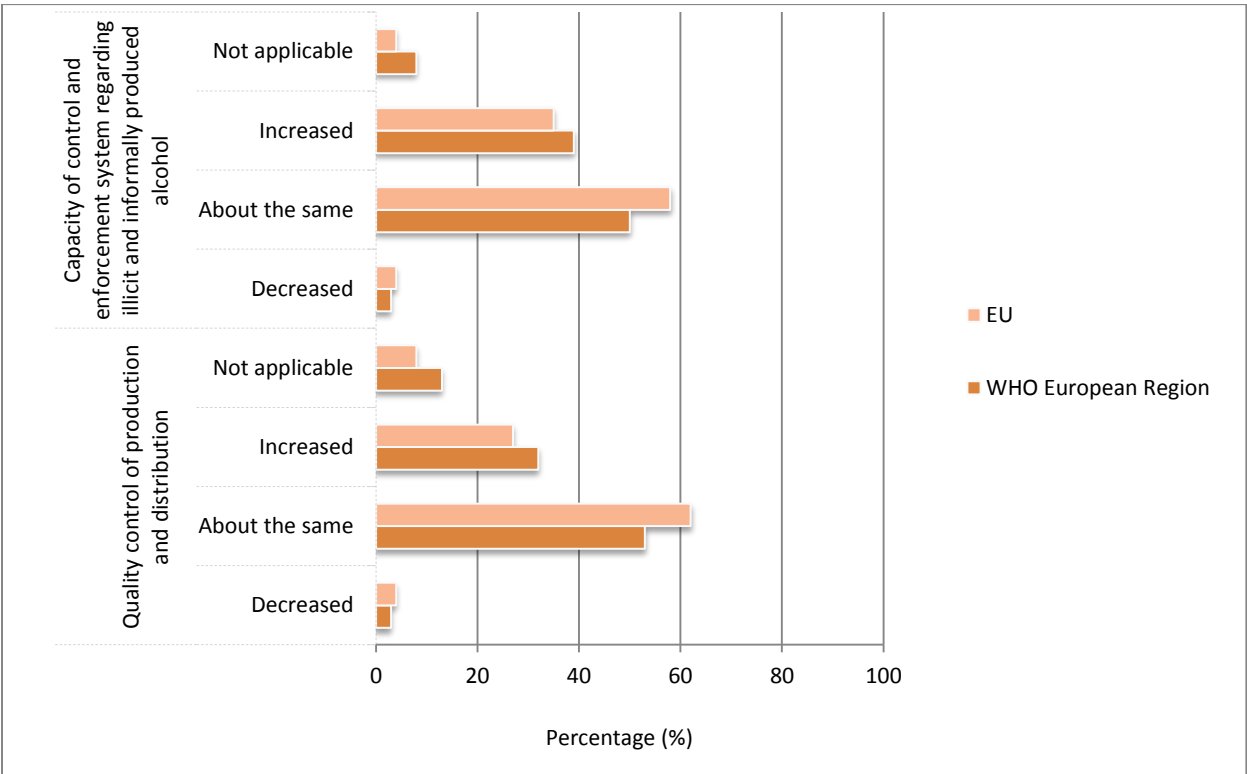
The achievements and barriers in the area of reducing the public health impact of illicit alcohol and informally produced alcohol are shown in Box 9.

Box 9. Reducing the public health impact of illicit alcohol and informally produced alcohol

Policy achievements	Policy barriers
The most commonly reported achievements concerned legislation on the availability of alcohol and taxation, monitoring, coordination of services and penalties for those breaching legislation.	The most common barriers to progress were legislative exemptions from excise duty and lack of coordination of services. Four countries noted that illicit or informally produced alcohol was not a problem in their country.

Compared with 2010, 53% of the countries in the Region reported no changes in the level of quality control with regard to production and distribution of alcohol and 32% reported an increase. Among the EU countries, the figures were 62% and 27%, respectively (Fig. 21). One EU country reported a regression in this area. In addition, the capacity for control and enforcement of regulations relating to illicit alcohol was reported as the same in 2015 compared to 2010 in 50% of the countries in the Region and 58% of the EU countries, while 39% and 35%, respectively, reported an increase in the level of control (Fig. 18). One EU country reported regression in this area.

Fig. 18. Capacity for control and enforcement of regulations relating to informally produced alcohol and the quality control of production and distribution of alcohol in 2015 compared with 2010

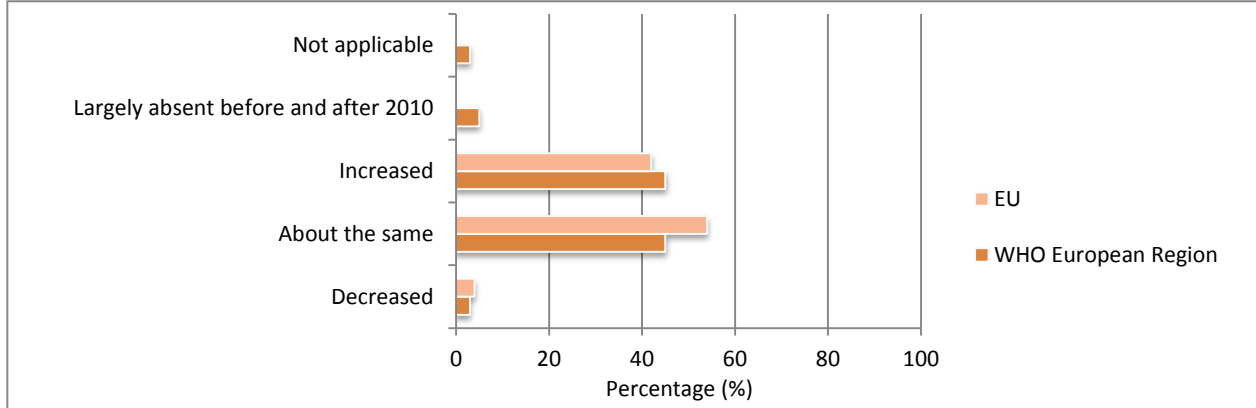


Fifty percent of the countries in the Region and 54% of the EU countries reported that the level of policies to bring informally produced alcohol into the taxation system was about the same as in 2010, whereas 21% and 19%, respectively, reported an increase in this area. About one fifth (21% of the countries in the Region and 23% of the EU countries) responded that the question was “not applicable” to their countries. Furthermore, while 47% of the countries in the Region reported that the level of cooperation and exchange of relevant information on combating illicit alcohol among authorities at national and international levels was the same as in 2010, 39% reported that cooperation had increased. In the EU, the figures were 50% and 42%, respectively.

Forty-seven percent of the countries in the Region and 46% of the EU countries reported that policies on tax stamps for alcoholic beverages were introduced before 2010. Only one country had introduced tax stamps for alcoholic beverages between 2010 and 2015.

The majority of countries reported that the overall scope of and intensity in reducing the public health impact of illicit and informally produced alcohol had either increased or was largely the same as in 2010 (Fig. 19).

Fig. 19. Overall scope and intensity of government policies and activities in the area of reducing the public health impact of illicit alcohol and informally produced alcohol in 2015 compared with 2010



Monitoring and surveillance

The achievements and barriers in the area of monitoring and surveillance are shown in Box 10.

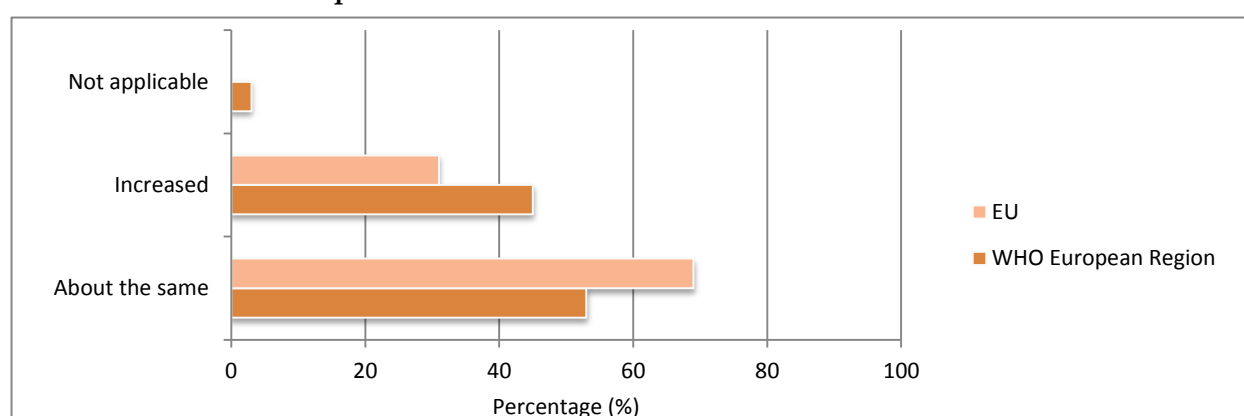
Box 10. Monitoring and surveillance

Policy achievements	Policy barriers
The most commonly reported tools for achieving progress in this action area were more surveys and dedicated monitoring systems. More money, research and coordination between different sectors have also aided progress.	Financial constraints, lack of political commitment and inadequate monitoring systems were the most frequently mentioned barriers to progress.

In total, 53% of the countries in the Region and 50% of the EU countries reported that they had data monitoring and evaluation systems, with 24% and 19%, respectively, reporting that such monitoring systems were established after 2010. In addition, 63% of the countries in the Region and 65% of the EU countries have a data repository for country-level data. Finally, 66% of the countries in the Region and 73% of the EU countries reported having a common set of indicators for the harmful use of alcohol and policy responses.

Over half of the countries in both the Region and the EU reported that the overall scope and intensity of government policies on monitoring and surveillance were the same in 2015 as in 2010, while 45% of the countries in the Region and 31% of the EU countries reported an increase (Fig. 20).

Fig. 20. Overall scope and intensity of government policies in the area of monitoring and surveillance in 2015 compared with 2010



Conclusions

Between 2010 and 2015, the policy options in the *European action plan to reduce the harmful use of alcohol 2012–2020* were implemented to varying degrees. Overall, the areas where the most countries reported an increase in the scope and intensity of government policies and activities since 2010 were community and workplace action, and drink–driving policies and countermeasures. Although the most cost-effective policy measures are considered to be restrictions on access to retail alcohol, higher taxes on alcohol and the enforcement of bans on alcohol advertising (15,18), half of the countries or fewer reported an increase in the scope and intensity of policies and activities in those action areas. There were no clear differences in the level of activities between countries in the Region and the EU countries. This report shows that although countries have increased their efforts in some areas of the action plan since 2010, there has been little movement in the three “best buy” policy areas.

While the data presented in this report give some indication of the level of activity in each of the 10 action areas, the majority of survey questions on which the results are based are subjective measures. The lack of more objective measures of implementation and of information on enforcement of legislation in specific areas, such as drink–driving, minimum purchase age and alcohol marketing, need to be considered as limitations in the report.

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