

Conclusions of the EU Roundtable on an Integrated Approach to Alcohol Related Harm



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Making Sense of Alcohol



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Three EU Roundtable meetings on an Integrated Approach to Addressing Alcohol Related Harm were held in Brussels in November 2011, May 2012 and January 2013, and MEP Nessa Childers (S&D, IE) chaired the third Roundtable. The concept of the Roundtable was initiated during discussions with the European Commission and other stakeholders active in this area (including physicians, patients and families affected by alcohol related harm) with the aim of bringing together likeminded stakeholders for an exchange of views on alcohol consumption, alcohol use disorders (AUDs), and the policy measures needed to reduce alcohol related harm. The EU Roundtables on an Integrated Approach to Alcohol Related Harm were facilitated by Lundbeck.

SIGNED (IN ALPHABETICAL ORDER)



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ALL THE SIGNATORIES OF THESE CONCLUSIONS:

Support the renewal of the EU alcohol strategy and believe that it should encompass an integrated approach to addressing alcohol related harm for Europe, which would entail provisions to encourage the prevention, early diagnosis and treatment of alcohol use disorders (AUDs) and support the individuals and families suffering from the harmful effects of excessive alcohol consumption.

Although National Alcohol Strategies and the EU Alcohol Strategyⁱ have made progress in addressing alcohol related harm, the problem of excessive alcohol consumption and the negative effect it has on those suffering from AUDs, on their families and to society as a whole, remains an overwhelming public health challenge that should be tackled through targeted, evidence-based policy measures.

In light of:

- The overwhelming social stigma of people suffering from AUDs and related harm, which results in extremely worrying levels of under recognition, detection and treatment of AUDs;
- New data published in 2012 on alcohol consumption and the value to society and individuals of reducing alcohol consumption to address the burden caused by alcohol in Europeⁱⁱ;
- Data on preventionⁱⁱⁱ;
- Data on the low diagnosis^{iv} and treatment rates^v of alcohol dependence in Europe;
- Available data which estimates the social costs attributable to alcohol at €155.8 billion in Europe in 2010ⁱⁱ;
- Scientific evidence showing that alcohol is a small molecule that easily penetrates the brain^{vi} and affects the individuals' motivational / reward system in a way that can lead to dependence^{vii viii ix};
- The Global status report on alcohol and health^x that shows that alcohol is also a major risk factor for more than 60 major types of diseases and injuries and a component cause in 200 others, including alcoholic liver disease (ALD), neuropsychiatric disorders and AUDs such as alcohol dependence, cardiovascular diseases (CVDs), Fetal Alcohol Spectrum Disorders (FASD), cancer, diabetes;

All signatories agree that an integrated policy approach to addressing alcohol related harm should include the following components:

DATA COLLECTION

An integrated and comprehensive approach to alcohol policy interventions rests on sound evidence. Data on alcohol consumption, its burden and the related direct and indirect costs across the EU must therefore be improved. There is a need for standardised condition coding and data collection systems in order to improve the ability to compare, disseminate and replicate studies across the EU^{xi xii xiii}. In addition, effective monitoring systems to assess the impact of existing policies are needed.



PREVENTION

There is a clear need to increase efforts to prevent excessive alcohol consumption as it is the second leading risk factor for disease burden in Europe^v, and AUDs are the leading cause of disability in men^{xiv}. Evidence also suggests that the earlier people start drinking the higher the risk of developing AUDs^{xv}. Policies should therefore aim to “delay” the drinking starting age.

TAXATION AND PRICING: Taxation on alcohol products and other pricing measures, in particular minimum unit pricing (MUP), should be supported and encouraged as they serve to deter the consumption of alcohol, and therefore reduce rates of consumption^{xvi}.

ADVERTISING: The monitoring of the alcohol industry’s advertising practices (including displays in private settings such as night clubs, online advertising and in social media) and compliance with relevant national codes of conduct applying to the alcohol industry should be closely monitored. A total ban on advertising and sponsorship of alcohol brands (i.e. sport events and festivals) should be implemented.

SALE RESTRICTIONS: Measures to restrict alcohol sales, such as age limits (i.e. 18 years old) and controlled opening hours, need to be better implemented and enforced^{xi}.

ALCOHOL LABELLING: Warning labels help establish a social understanding that alcohol is a hazardous commodity. Moreover, they have shown to be effective in raising awareness amongst the general public about the health message that they contain^{xvii}, and visual labelling on products must change regularly to have continuing impact. Alcohol labelling should therefore be improved and extended as effective means to prevent excessive alcohol consumption.

AWARENESS RAISING: The Commission has led a number of successful awareness campaigns in the area of health in the past. A targeted EU initiative focused on the negative effects of excessive alcohol consumption for individuals, families and the society should be considered. Awareness initiatives should aim to:

- reduce stigmatisation of people with an AUD and their families;
- raise awareness of the risks associated to alcohol consumption;
- support services available and how to access them.

Such initiatives also play an important role in supporting national governments’ awareness initiatives with adequate expertise and tailored materials, especially those facing financial constraints in the current economic context. In addition, as civil society organisations working directly with alcohol problems, patient and medical organisations have a key role in awareness raising efforts. Greater support should be provided to them to develop consistent and effective media (including social media) strategies.

VULNERABLE GROUPS: Selected interventions for vulnerable groups, such as the children of people with alcohol related problems and people with mental health disorders, should be researched, implemented and evaluated, with best practice shared across Europe.



DIAGNOSIS, TREATMENT AND CONTINUOUS SUPPORT

There is an urgent need to ensure the early diagnosis and improved access to tailored support, counselling services and treatment for AUDsⁱⁱ. Early detection and access to adequate support services and treatment could save thousands of livesⁱⁱ. Evidence shows that there is a need for a Europe-wide monitoring system to evaluate the prevalence of AUDs and the impact of early detection, treatment and counselling servicesⁱⁱⁱ.

EDUCATION, TRAINING AND GUIDELINES FOR HEALTHCARE PROFESSIONALS: Healthcare professional education is crucial to ensure quality diagnosis and management of AUDs. This should include measures to develop and update relevant guidelines on AUDs, increase healthcare professionals' knowledge and implementation of brief interventions and quality follow up support for people suffering from AUDs and their families.

SCREENING AND EARLY INTERVENTION: Access to reliable screening and diagnostic tools should be available and consistently used by primary healthcare professionals (General Practitioners and other healthcare staff), to help them identify people with alcohol related problems, according to adequate protocols and codes of conduct.

Screening and early detection should be part of continuous care and support to patients. Primary healthcare professionals need to continuously assess alcohol use in patients and refer to appropriate services as appropriate, such as alcohol treatment services and/or mutual aid associations.

Family education programmes are essential to ensure early detection of AUDs. Targeted education programmes should focus on the nature of AUDs, risks, symptoms, and how to communicate and support people with AUDs.

National governments need to:

- strengthen General Practitioners' incentives schemes to screen people who are at risk of having an AUD;
- ensure and support the establishment of standardised screening including a mandatory liver enzymes test (GPT (ALT) for patients between 20 – 60 years old, and recollection of the patient's case history;
- support the implementation of brief interventions beyond the healthcare sector (e.g. education of social services staff, drink-driving interventions by law enforcement officers, etc).

COUNSELLING, SUPPORT AND TREATMENT SERVICES: National governments should prioritise action and resources to ensure improved access to counselling and treatment services in order to successfully address AUDs and meet patients' needs. These should range from brief interventions, primary care, to specialised treatment methods and centresⁱⁱⁱ. There is a need to follow-up and continue to have a support system in place for people living with AUDs and their families, as well as those who have taken part in treatment. Long term recovery and relapse prevention support should be consistently provided to people with alcohol related problems and their families.

INTEGRATED POLICIES

Policy measures in different relevant areas, such as healthcare, employment, justice and education, should be shaped in a consistent and integrated manner. This should include the integration of outcomes from relevant research projects as well as targeted measures for specific settings such as the workplace. Exchange of best practices schemes, including the establishment of a database, should be further developed and implemented in order to inform and support effective policy development and implementation.



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