



# THE AMPHORA MANIFESTO ON ALCOHOL

## **Who we are**

We are 71 scientists from 33 organizations from 14 European countries who present this manifesto to the European Debate on Evidence-based Alcohol Policy, the Berzelius symposium 87, and the fifth European Alcohol Policy Conference which met in Stockholm in October 2012.

**We prepared this manifesto, because we are deeply concerned that each year 120,000 European Union citizens aged 15-64 years die from alcohol, and that these preventable deaths go on, year in, year out, without sufficient political action to reduce them.**

## **We need to reduce the European Union's drinking problem**

In the European Union, we like our alcohol and we have a long history of drinking. But, we also have a drinking problem: we drink more than twice the world's average. For the last ten years, our consumption has got stuck at an annual recorded consumption of around 11 litres of pure alcohol per person aged 15 years and older. This works out at a little under 30g of alcohol per person per day, equivalent to 800ml of normal strength beer.

**We do not regard that we live in a reasonable or just society that allows 1 in 8 of the deaths that occur in our economically productive years (15-64 year olds) to be due to alcohol, or that costs each and every one of us some €311 a year in terms of lost productivity, and costs to the health, welfare and criminal justice systems.**

These are financial costs that we could all well do without, particularly in times of economic downturns. And, actually, they are an underestimate, because they do not include all the costs that alcohol burdens people other than the drinker – if these were added in, then the costs to each one of us could well double.

**We also do not regard that we live in a fair society, when the harm done by alcohol disproportionately affects disadvantaged people.**

For every gram of alcohol consumed, deprived people, no matter how measured, are more likely to die than well-off people.

## **What needs to be done to reduce the European Union's drinking problem**

**We regard the arguments as compelling that all European consumers should be adequately informed about the risks of alcohol, including legally required health information labelling, determined by ministries of health.**

To put it simply, the more we consume over a lifetime, the more we consume on an occasion and the greater the number of such occasions, the greater the risk of negative health outcomes stacking up. Averaging it all out, the lifetime risk of dying from an alcohol-related cause increases pretty much in a straight line with the amount of alcohol consumed, is similar for both men and women, and there is no level without risk. The lifetime risk of dying from an alcohol related cause is about 1 in 100 when drinking one large glass of wine (175ml) a day. This risk increases 14 fold to about one in seven when drinking a 750ml bottle of wine a day.

**We regard the arguments as compelling that all European consumers should be adequately warned that alcohol causes multiple diseases and medical conditions, including cancer, through legally required warning labels on all beverage containers, determined by ministries of health**

Alcohol causes more than 200 different diseases and conditions. It is an intoxicant causing intentional and unintentional injuries, interpersonal violence, homicide, suicide and drink-driving fatalities; it increases the likelihood of risky sexual behaviour, sexually transmitted diseases and HIV infection; it is a potent teratogen being a cause of low birth weight, cognitive deficiencies and foetal alcohol disorders; it is neurotoxic to brain development, leading to structural changes in the hippocampus in adolescence and reduced brain volume in middle age; it is a dependence-producing drug, similar to other substances under international control; it is an immunosuppressant, increasing the risk of tuberculosis, HIV/AIDS and pneumonia; it is classified by the International Agency for Research on Cancer as a carcinogen causing cancers of the mouth, larynx, oesophagus, liver, colo-rectum and female breast; although it is overwhelmingly toxic to the cardiovascular system, light to moderate use of alcohol can be protective for ischaemic diseases, an effect, though, that is wiped out by just one heavy drinking occasion per month; there is also an increased risk of cardiovascular diseases with heavy drinking.

**We regard the evidence as compelling that the price of alcoholic beverages should be increased immediately through taxation throughout the European Union, and for all products including beer and wine.**

In their joint brief for the 2011 UN high level meeting on non-communicable diseases, both the World Economic Forum and the World Health Organization concluded that the first of three 'best buys' to reduce alcohol related harm was to make it more expensive. In the overwhelming majority of case wherever and whenever it has been studied, when alcohol becomes cheaper, more is consumed and more harm ensues. When it becomes more expensive, less is consumed and less harms result. And, heavy drinkers and people dependent on alcohol also drink less when the price goes up. Alcohol taxes are good in the sense that they reduce the need for employment taxes and create much needed government revenue that can be used to offset all the other stresses facing the European Union.

**We regard the arguments as compelling that a minimum price per gram of alcohol should be accepted as a legitimate alcohol policy measure in EU member states, and for all products including wine.**

A minimum price per gram of alcohol is an equitable way of reducing harm and gets over the problem of selling alcoholic beverages that are cheap relative to their alcohol strength, and thus often consumed by young people to get drunk. Canadian jurisdictions have introduced minimum pricing systems for some years, contributing to public health, without frictions arising in business or trade. Jurisdictions of the United Kingdom have introduced or plan to introduce a minimum price per gram of alcohol.

**We regard the common arguments put forward against price increases as invalid.**

Concern is expressed that if the price of legal alcohol goes up, then more people will brew or distil their own alcohol, or try to get hold of illegal alcohol; whilst this is clearly important in some parts of the world, it is not so important in the European Union. When prices differ between neighbouring jurisdictions, consumers do cross nearby borders to purchase cheaper alcohol. But, it is important to note that sometimes responses to price differentials can make matters worse. For example, in 2004, when Estonia joined the European Union, Finland dropped alcohol taxes by one third as a disincentive for consumers to buy cheaper alcohol from Estonia. However, the consequence was that between 2003 to 2005, deaths for liver diseases caused by alcohol increased by 52%, and government revenues dropped by 29%. The more socially deprived were disproportionately burdened. Finland has since raised taxes and consumption and harm have dropped. Thus, lowering excise duties to solve cross-border shopping does not seem to be the solution. Rather, it would seem better to have lower indicative levels for private import, as the high amount that consumers can bring in for private consumption can be a threat to jurisdictions that have higher excise duties to protect public health.

**We regard the evidence as compelling that alcohol should be less easy to get in a whole variety of ways.**

This was the second of the three 'best buys' put forward by the World Economic Forum and the World Health Organization. When alcohol becomes easier to get, more alcohol is consumed and more harm results; when alcohol becomes more difficult to get, less is consumed and less harm results. So, reducing the number of alcohol outlets, and the days and hours of alcohol sales, saves lives. Where alcohol is placed in supermarkets also matters. If it is easy to put it in the supermarket trolley, more is put in. If it is more difficult, less is put in.

**We regard the evidence as compelling that all forms of commercial communications on alcohol should be banned.**

This was the third of the three 'best buys' put forward by the World Economic Forum and the World Health Organization. When it is studied, the greater the exposure, the greater non-drinkers are likely to start to drink, and the greater the consumption of existing drinkers. Even simply watching a one hour movie with a greater number of drinking scenes, or viewing simple advertisements can double the amount drunk over the hour's viewing period. Most commercial communications are now done through social media outlets, and, so, bans need to apply to them. Self-regulatory codes do not work. Even if an advertisement is pulled after airing, it is too late and the advertisement often lives on, copied in social media.

**We regard that other measures can reduce the harm done by alcohol.**

There are a lot of other things that can be done that make it easier for drinkers to drink less. For example, implementing tough drink driving laws reduces the amount drunk; the physical and social design and management of drinking premises can reduce the amount drunk on each occasion. Setting a minimum age for buying alcohol seems important, although, in some countries, much less important than expected - simply because, as young people themselves report, they do not seem to have any difficulty in getting alcohol because often minimum age purchase laws are not enforced.

**We regard the evidence as compelling that some initiatives need to be reframed so as to make a difference to how much is actually drunk.**

One of these is education to children and young people. Young people are, of course, important - the huge structural brain changes that take place during adolescence need to be protected; and, the later the age that young people start to drink, the better their educational achievement, and the less likely they are to end up dependent on alcohol later in life. But, unfortunately, the evidence is consistent in saying that, for the most part, current educational programmes targeted at young people do not normally change their drinking behaviour in any consistent or sustained way. This is perhaps not surprising given the environment in which they live - many young adults, parents and the middle-aged

hardly set a good example. In addition, young people are exposed to all sorts of advertising, particularly through social media and electronic communication outlets, encouraging non-drinkers to start drinking and existing drinkers to drink more. Education policy could benefit from incorporating a conceptual shift from influencing attitudes to affect behaviour to looking at the influence of behaviour on attitudes, as well as greater support for educational programmes that involve parents.

**We regard the evidence as compelling that advice and treatment should be better delivered to those who drink too much or who are dependent on alcohol, closing the gap between need and advice and treatment.**

Whatever policies or programmes are implemented, many drinkers will still get into problems with alcohol. For these people, providing advice and treatment to cut down drinking improves health, and to an enormous degree, if enough help can be provided. The problem is that only a tiny proportion of those who would benefit from advice and treatment actually get it, and, for too many people, there are too many lost years between the development of a problem, and the offer of some help to deal with it.

**We are concerned that our governments are not doing enough to reduce the harm done by alcohol.**

By their own admission, many countries themselves say that they have been doing the wrong things. Over the five years 2006-2010, according to a 2012 World Health Organization report, areas of policy that got stronger in European Union countries included more education and public campaigns, and areas that did not get stronger or got weaker included pricing and advertising. This is the wrong way round to what might have made a difference.

**We are troubled that too many governments and governmental bodies do not relate to the alcohol industry, producers and retailers, in a mature and effective way**

Too often, it seems to us, conversations with the alcohol industry are about ineffective strategies, such as simple education or self-regulation of advertising, that are not going to make a difference to people's health. We are convinced that it would be more helpful if the conversations addressed what the industry itself could concretely do to lessen the health burden. One obvious measure is to remove billions of grams of alcohol from the market, not to be consumed by anyone. This can be achieved by reducing the alcohol strength of beverages, in the same way that food and beverage industries are reducing salt content.

**Finally we come back to where we started – it concerns us deeply that 120,000 preventable deaths are occurring each year amongst European Union citizens aged 15-64 years.**

We look to political courage to rectify this, and it is not difficult to address. Already, World Economic Forum and the World Health Organization have shown us the way to go with their best buys: increase price, reduce availability, and ban advertising. And, some jurisdictions are showing courage – for example, Scotland by introducing a minimum price per gram of alcohol and England and Wales preparing to do so, and Finland by drafting a highly effective advertising law.

#### **Preparation of this manifesto**

This manifesto was drafted by the coordinating team on behalf of the chief scientists of the FP7 co-financed AMPHORA project (<http://www.amphoraproject.net/>). All scientists in the project have had the opportunity to comment on the manifesto.

The views expressed in this document do not necessarily reflect the views of the organisations to which the AMPHORA scientists belong.

A video version of this manifesto can be seen at: [www.amphoraproject.net](http://www.amphoraproject.net)