

Alcohol in the EU: The Basics

Europe is the heaviest drinking region in the world - its alcohol consumption is twice that of the global average. Over one fifth of the European population ages 15 and older engage in binge drinking at least once a week. Alcohol was recently identified as the “most important cause of death in young adulthood”,¹ and the third leading risk factor for disease and death, after low birth weight and unsafe sex. Globally, the European Region has the highest proportion of ill-health and early death due to alcohol consumption.^{2,3,4,5}

The issue of alcohol consumption is a complex one. Alcohol is part of Europe's culture and everyday life in many countries; it is considered a means of socialising, relaxing, celebrating life events, and is often part of the local food culture. However, imprudent or excessive alcohol consumption can cause addiction and ill health. Alcohol consumption can endanger one's own life or that of others through risky behaviour, such as causing traffic accidents. In addition, it plays a role in fostering aggressive conduct and sexual violence, as well as being linked to unsafe sex and unwanted pregnancy. Alcohol consumption during pregnancy can harm the foetus and lead to negative outcomes for children during childhood. Excessive alcohol consumption also impacts countries economically; it puts pressure on emergency care resources and impacts individuals' productivity in the workplace.

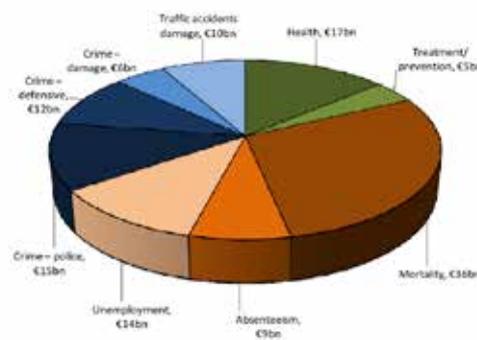


Figure 1: Cost of alcohol in EU, 2003¹⁰⁰

Despite Europe's position as the region with the highest level of alcohol consumption in the world, large cross-national variation exists within it. However, alcohol habits in Europe are changing. Countries that have typically had high level of wine consumption, like Italy and France, are now experiencing a rise in beer consumption, for example. Another notable trend in Europe relates to young adults. They now consume alcohol with less frequently than their parents and grandparents; yet, when they do drink, they drink more excessively than previous generations.⁶

Alcohol-Related Disease: Why Gender Matters

Historically, women have consumed alcohol with less frequency and in smaller quantities than have men. However, over time, the changing societal role of women and lessening of social taboos have led to a rise in the frequency and level of alcohol consumption among women. Increasingly, young women in Europe are engaging in binge drinking (discussed in more detail below).^{7,8} A 2016 analysis in the UK indicates that the gender gap in alcohol consumption has narrowed considerably as have sex/gender differences in the risks of alcohol-induced behaviour and health issues.^{9,10,11}

Women have different drinking patterns than do men, and alcohol affects women and men differently. For women, alcohol consumption is in many ways more dangerous than it is for men, so women are particularly vulnerable to alcohol's harmful effects. Women also appear to become addicted to alcohol more quickly than do men. Women—who on average have a smaller body size, higher body fat, and lower water content than the typical male—experience double the alcohol concentration in their blood stream compared to men when drinking the same amount of alcohol. The manner in which men and women's bodies metabolise alcohol also varies. Women are therefore more at risk even when they are drinking less alcohol than men. Moreover, alcohol-related health issues present sooner in women than in men. Overall, women are more susceptible to alcohol dependency, liver cirrhosis, and tissue damage than are men.^{12,13}

Alcohol consumption is related to over 60 diseases and health issues. Women do not need to consume as much alcohol as men to run the same risk for certain diseases. High levels of alcohol consumption is linked to an elevated risk of conditions like acute pancreatitis, cardiovascular disease, breast cancer, liver cancer, liver cirrhosis, and various mouth and throat cancers.

A man who drinks six standard drinks daily is 13 times more likely to develop cirrhosis of the liver compared to a non-drinker; while a woman who drinks four standard drinks daily has the same cirrhosis risk as a man who drank six. Heavy drinking also puts women at an elevated risk of injuries and death from car accidents, falls, self-harm, and unsafe sex.¹⁴

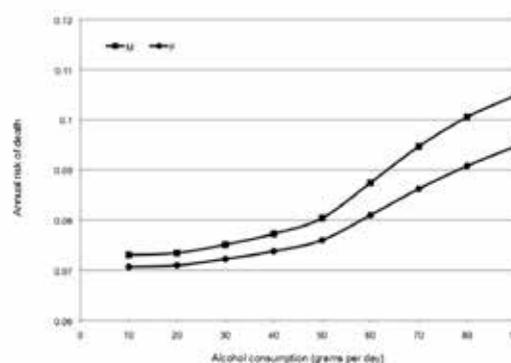


Figure 2: Absolute annual risk of death from alcohol-related disease¹⁰¹

Alcohol and Breast Cancer

The relationship between alcohol and cancer is strong; for example, about 20% of breast cancer deaths in the EU are attributable to alcohol. However, many women are unaware of this link. One standard alcoholic drink taken daily increases the risk of developing breast cancer by 9%; while 3-6 drinks daily, raises it by as much as 41%. Furthermore, estimates show that the risk of breast cancer might increase by as much as 10% for each additional drink women drink daily.^{15,16}

The Dangers of Binge Drinking in Young Women

There is no universally accepted definition of binge drinking. According to the Institute of Alcohol studies in the UK, “drinking surveys normally define binge drinkers as men consuming at least eight, and women at least six standard units of alcohol in a single day, that is, double the maximum recommended ‘safe limit’ for men and women respectively.”¹⁷

Rates of youth drinking and binge drinking, as well as society’s acceptance of these trends, are increasing throughout the EU. Easy access to alcohol, coupled with other behavioural and social factors, has led to increased rates of youth drinking in both males and females. Significant variation exists throughout the EU in binge drinking among youths and young adults. According to the 2015 *European School Survey Project on Alcohol and Other Drugs* (ESPAD), the variation in alcohol use for children as young as 13 years old ranged from 14% to 72% across 35 European countries.^{18,19}

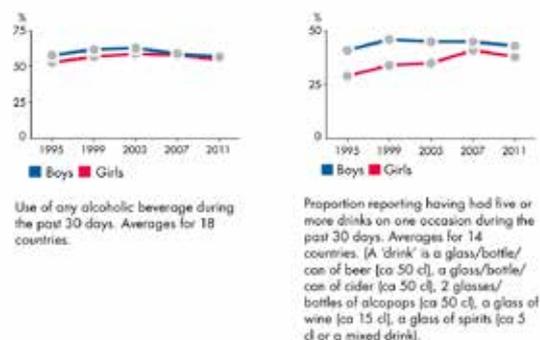


Figure 3: Alcohol consumption trends by gender for ESPAD survey of 15 and 16-year-old students^{15,16}

In 2015, ESPAD surveyed 96,046 15- and 16-year-olds. The survey showed that “heavy episodic drinking” in the previous 30 days had increased in young girls, rising from an average of 30% in 1995 to 33%. In this same time span, young boys have seen a decrease in the average rate of heavy episodic drinking from 42% in 1995 to 38% in 2015 (see Figure 4). Alarmingly, the average gender gap in binge drinking has shrunk from 12% in 1995 to 5% in 2015. In Monaco, girls have significantly higher binge drinking rates in the previous 30 days than do boys at 32%, compared to 21%. In other countries—such as Denmark, Austria, Ireland, Belgium, and Estonia—there is no gender gap in student binge drinking.²⁰

Excessive alcohol consumption takes a toll on younger people; alcohol-related deaths account for up to 25% of deaths for people aged 20-39 years in Europe.^{21,22} Alcohol-related hospitalisations of women have risen by over 30% between the 2008-09 and 2014-15 periods, and the number of alcohol treatment referrals for women has risen during this time as well.²³ Young women—particularly in Eastern Europe—are seen by the alcohol industry as a potential growth market. The industry targets them by promoting alcohol products that are marketed as “healthy” (the marketing of alcohol to women is discussed below).²⁴

The Danger of Alcohol Consumption in Older Women

Research on drinking among older people remains limited.²⁵ Yet, older women are particularly vulnerable to alcohol problems as they are more likely than men to outlive their partners, experience other losses, become frail, and/or be financially dependent. These circumstances can result in loneliness and depression.²⁶

As discussed above, women are biologically more susceptible to the adverse effects of increased alcohol consumption compared to men. Older women have less lean muscle mass and lose more as they age, increasing their vulnerability to the effects of alcohol. As people age, the liver enzymes that process alcohol and medicines become less efficient, and central nervous system sensitivity to such products is increased.²⁷

The interaction between alcoholism and depression in older women remains a neglected area that urgently needs to be studied further. Generally, older women drink less than older men or may abstain from alcohol consumption altogether. However, alcohol abuse by older women often remains hidden. For example, supermarket delivery services make it easier for older women to stay at home and can contribute to the isolation associated with alcohol dependency. Social care workers, health professionals, or family members are less likely to identify risky alcohol consumption and drinking issues among older women than they are in younger demographics. In addition, older women are less likely than older men to seek specialised addiction treatment, making it difficult to prevent addiction, and identify and support addicts.²⁸ Evidence indicates that an increase in alcohol dependency in older populations is taking place. For example, in 2014 the UK saw a 65% increase on the previous five years in the number of older women enrolling in treatment for alcohol dependency.²⁹

Interaction of Alcohol with Medicines

The issue of how alcohol consumption interacts with medicines, particularly in older women, who are more likely to take medication, is an important one that deserves more consideration. Over-the-counter (OTC) and prescription medicines, when combined with alcohol consumption can become particularly dangerous.

In older women, this combination can result in confusion, falls, and self-neglect, as well as leading to the loss of independent living. It is therefore strongly recommended that older women reduce their alcohol consumption to lower levels than those of younger women and older men.³⁰

Alcohol and Pregnancy

The EU Alcohol Strategy prioritises the protection of young people and unborn children from harm. Drinking alcohol during pregnancy is the leading known cause of birth defects and child developmental disorders. These defects are likely underreported, so the true extent of alcohol-related harm during pregnancy is as yet unknown. Nevertheless, many women continue drinking throughout their pregnancy. In Europe, the highest rates of alcohol consumption for this group are in Ireland where 60.4% of pregnant women consume alcohol during their pregnancy, a figure which is six times the global average.^{31,32,33}

Alcohol is much more dangerous to the unborn child than to the mother. When a pregnant woman drinks alcohol, it passes from the mother to the baby via the placenta. Within minutes, the baby's blood alcohol level reaches that of the mother. As the unborn child's liver is not fully developed, life-long damage to the health of the child can result. The most serious conditions are Foetal Alcohol Spectrum Disorders (FASD), and Foetal Alcohol Syndrome (FAS), which are caused by the mother drinking alcohol during pregnancy.^{34,35} It is important that women know that FASD is preventable by abstaining from alcohol consumption during pregnancy.

Alcohol consumption during pregnancy endangers the infant's physical and mental health and is associated with a wide spectrum of disorders:^{36,37,38,39}

- Behavioural problems (including increased risk of distractibility, low attention span, and slow reaction times)
- Birth defects (in the heart, brain, and other organs)
- Learning disabilities (including intellectual disabilities)
- Low birth weight
- Facial birth defects
- Pre-term birth, miscarriage, or stillbirth
- Sleeping and sucking problems
- Speech and language delays
- Vision or hearing problems

There is currently no scientific consensus about the level of drinking during pregnancy at which damage occurs to the unborn child.⁴⁰ Because the amount of alcohol required to cause foetal damage is still under debate, most public health guidelines recommend total abstinence by women while pregnant.⁴¹

The UK Chief Medical Officer advises that "women who are pregnant or trying to conceive should avoid alcohol altogether. However, if they do choose to drink, to minimise the risk to the baby, we recommend they should not drink more than 1-2 units once or twice a week and should not get drunk."⁴² Such messages can be confusing for some women, especially since 'the unit' measure is not clearly defined and open to interpretation.

France has led the way with an example of good practice. Since October 2006, the French Code of Public Health requires a warning label on alcohol packaging: "consumption of alcoholic beverages during pregnancy even in small amounts can seriously damage the child's health."⁴³ The warning is accompanied by an easy to grasp visual logo (see Figure 5).

Slovenia has more recently launched some campaigns taking a stance against the consumption of alcohol during pregnancy and in favour of awareness of consequences of alcohol consumption. The message "no safe amount of alcohol, no safe alcoholic beverage and no safe time to drink alcohol during pregnancy" was the focus of Foetal Alcohol Syndrome Day in 2014 and 2015.⁴⁴

The best advice to give women is to stay away from alcohol when planning to become pregnant and during pregnancy.

Figure 19. Heavy episodic drinking (five or more drinks on one occasion) during the last 30 days by gender: 25-country trend 1995-2015 (percentage)

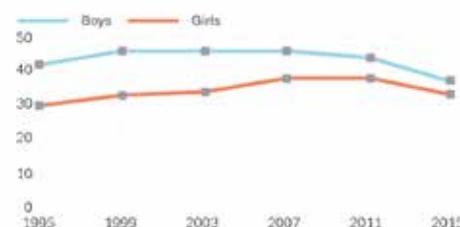


Figure 4: Heavy episodic drinking during the last 30 days for 15 and 16 year olds in 25 European countries from the 2015 ESPAD Report¹⁰³



**Zéro alcool
pendant la grossesse**

Figure 5: Alcohol consumption during pregnancy warning label in France¹⁰⁴

Alcohol and Violence

According to the World Health Organization (WHO), alcohol has been involved in 40% of violent interpersonal attacks in Europe.⁴⁵ In the UK, 60% of murders are committed under the influence of alcohol.^{46,47} A *Eurobarometer* survey found that EU citizens (95% of respondents) cite alcoholism as the most frequent cause of domestic violence against women, out of 12 given causes.⁴⁸ The risk of rape is as much as twice as high in cases when perpetrators have been drinking.⁴⁹ According to WHO Europe, up to 45% of women have experienced intimate partner violence, and 71% of these victims said that alcohol was the main cause of the violence. Further, 22% of respondents said they consumed alcohol to cope with violence. Overall, research shows that domestic abuse is more likely to occur if one partner in an intimate relationship has issues with substance abuse.^{50,51,52}

Alcohol-related violence varies by gender and age; younger individuals and women are more likely to be victims than are older people and men. Throughout Europe, the relationship between alcohol and murder is strongest among male perpetrators of violence compared to female ones. Women are at greater risk of being the victim of intimate partner violence due to alcohol than are men,⁵³ and alcohol consumption makes women particularly vulnerable to sexual assault and violence.⁵⁴

As women catch up with men with regard to alcohol consumption, alcohol-related violence in women is increasing. For example, a UK police survey found that the number of women arrested for being drunk and disorderly is rising; increasing more than 50% from 2002 to 2007. In 2006, another UK survey found that 9% of people aged between 18-34 years had been assaulted by an intoxicated woman, while 41% had witnessed such an assault.⁵⁵

Marketing to Women

Following the example of the tobacco industry, the alcohol industry increasingly targets their promotional activities at women with the aim of increasing the size of their market. Around 2.2% of their new products are aimed at women, compared to 1.1% at men. For instance, in the UK, the Coors beer brand has a department focusing on development and marketing towards women with the aim to create “a world where women love beer as much as they love shoes.”^{56,57}

Recently, alcohol advertising has targeted women by marketing certain alcoholic beverages to women, such as alcopops (alcoholic coolers or spritzers), spirits, and wine. These products typically have a high alcohol content. Products historically targeted at and consumed by men, such as beer, are increasingly being marketed to women. Currently, about 25% of beer consumption can be attributed to women.^{58,59}

Alcohol marketing to women uses a variety of techniques such as TV programme sponsorship, fashion blogs, social media, and special events like girls’ nights in/out. Companies promote alcohol to increase brand awareness and to get female customers to personally connect with the product. Alcohol advertisements target women using images of female socialising, comfort, luxury, and feminine product design and packaging. For example, the Baileys brand has even sponsored the Baileys Prize for Women’s Fiction in an effort to appeal to women through literature.^{60,61}



Figure 6: Female-targeted beer advertisement in the NL¹⁰⁵



Figure 7: Female-targeted vodka cocktail inspired by perfume bottles¹⁰⁶

Alcohol companies are developing products specifically for women such as fruit-flavoured beer to deal in order to improve the taste and smell of the beverage, factors which as thought to make beer unappealing to women. Heineken published an advertisement for its drink Wieckse Rosé in *Pink Magazine* that encouraged increased funding for breast cancer research and awareness, despite the strong link between alcohol consumption and breast cancer.^{62, 63}

“Light” products appeal to women who are conscious of their weight and calorie consumption. Famous actresses are deployed as spokeswomen for various female-targeted alcoholic beverages in order to portray drinks as glamorous and sophisticated.

Different techniques are employed to target various subsets of women through clever marketing strategies appealing to younger and older women. For example, to appeal to younger women, companies are depicting attractive men in sexually suggestive advertisements. Other advertisements depict women mimicking historically male behaviour while enjoying beer in order to show that women can “keep up with the boys.”^{64,65}

Policy Intervention: Pricing, Taxation and Labeling

Alcohol is a major contributor to the EU economy. In 2001, alcohol excise duties alone amounted to €25 billion in the EU-15.⁶⁶

Research indicates a strong link between alcohol consumption and price. In 2008, when Finland introduced a ban on volume discounts for beer, consumption did not decline. Market prices for single cans of beer were lowered to match the cost of a can in a pack rather than increasing the cost of the packs. The result was that individual cans of beer became 40%

cheaper, thus encouraging consumption, especially among young people.⁶⁷ Thus, policies targeting alcohol pricing must be designed and revised carefully in order to affect change on consumption patterns.

Studies suggest that the most effective alcohol policy is to control alcohol pricing and availability, institute strict drink-driving laws, and support interventions for people with drinking issues.⁶⁸ Alcohol pricing can be controlled via taxation.

As alcohol has become increasingly affordable, many public health experts recommend introducing minimum alcohol pricing on the basis that low prices encourage over-consumption.⁶⁹ An analysis of research conducted by the Institute of Alcohol Studies in the UK shows that alcohol consumption will decrease as the price increases; a 1% price increase is estimated to reduce alcohol consumption by 0.5%.⁷⁰

Labelling provides the consumer with information such as ingredients and nutritional values, but can also be used to warn consumers about the product's health risks. In Regulation No 1169/2011 on the Provision of Food Information to Consumers in 2011, the European Parliament exempted alcoholic beverages containing more than 1.2% by volume from the obligation to include an ingredient list or nutritional information on product labels. The European Commission has yet to produce a required report on the application of this regulation and what it could mean with respect to alcohol. The issue of labelling has yet to be resolved at the European level.⁷¹



Figure 9: Female-targeted labels¹⁰⁸

Mandating warning labels on alcoholic beverages has been politically difficult to achieve in some European countries, though some progress is being made. In February 2012, for instance, Ireland's National Substance Misuse Strategy Steering Group published a report that recommended that labels containing health warnings about drinking during pregnancy be put on alcohol products sold in Ireland. Three years later, the *Public Health (Alcohol) Bill 2015* established a three-year plan for implementing such labelling in Ireland.^{72,73,74}

Economic Impact of Alcohol Consumption

Alcohol consumption has an impact on performance in the workplace, which can negatively affect the economy. Additionally, harmful alcohol use and binge drinking may increase the risk of absenteeism, low productivity, and inappropriate behaviour in the workplace.⁷⁵

There is little information on the true cost of alcohol consumption to society. However, the National Social Marketing Centre in the UK attempted to quantify this cost in the 2006-07 fiscal year. Annually, alcohol is estimated to cost the UK £55.1 billion, with the largest share of this cost (£22.6 billion) stemming from crime and violence, as well as lost income due to unemployment. *Figure 11* depicts the full breakdown of this estimated total cost.⁷⁶

It is crucial therefore that European Member States work to reduce the overconsumption of alcohol not only due to the negative impact that it has on the health of individual citizens, but also due to the substantial cost that it represents to the economy of the European Union as a whole.

Drink Driving

In the EU, drink driving results in 17,000 accidents and 10,000 deaths annually. Of these 17,000 accidents, there is a large gender difference: 15,000 accidents are typically attributed to men and about 2,000 to women. Women are disproportionately affected, however, as alcohol-related motor vehicle injuries account for 30.2% of alcohol-related injuries to women, compared to only 7.9% of injuries for men.⁷⁷ In the EU, alcohol causes 30-40% of driver deaths, and 25% of all road traffic deaths.⁷⁸ It is estimated that 1% of drivers (those who are over the legal limit to operate a vehicle) are responsible for 25% of road deaths in Europe.⁷⁹ Furthermore, it is estimated that about 4% of all kilometres driven in Europe are driven under the influence of alcohol.⁸⁰

Drink driving among women is rising, reflecting women's changing alcohol consumption habits. In 2014, UK statistics showed that there was a 16% increase in drink driving convictions for women while there was a 24% decrease for men.⁸¹ Nearly one-third of convictions of women for drink driving were for women under the age of 30. Anti-drink driving campaigns have historically targeted men. As a result, women tend to report that they would be more willing to drive under the influence of alcohol since they often believe that they are less likely to be detected than men.⁸² These changing statistics indicate that public health approaches need to be modified to be gender-sensitive.⁸³

In recent years, individual countries have been introducing alcohol interlock programmes to target the core 10% of drink drivers who do not respond to traditional methods of prevention. These drivers account for nearly two-thirds of drink driving accidents. The alcohol interlock is a device that requires the driver to blow into it, as they would a breathalyser, before a car will start. Drivers with a blood alcohol level (BAC) above the legal limit will not only know that they are unsafe to drive, but they will be physically unable to do so. Countries including Belgium, Denmark, Finland, France, the Netherlands, Poland, and Sweden have had great success with their alcohol interlock programmes. These programmes are more effective than traditional methods like license suspension in reducing the rate of recidivism.⁸⁴



Figure 8: Alcohol warning label in the US¹⁰⁷

Policies Tackling Alcohol Consumption

EU Alcohol Strategy (2006-2012)

Following the Council Recommendations, the EU Commission initiated the European Alcohol Strategy, which was supported by the stakeholders of the European Alcohol and Health Forum. The Strategy identified the following 5 priority themes considered relevant in all member states:⁸⁵

- Protect young people, children, and unborn children
- Reduce injuries and death from alcohol-related road accidents
- Prevent alcohol-related harm among adults and reduce the negative impact on the workplace
- Inform, educate, and raise awareness about the impact of harmful and hazardous alcohol consumption, and about appropriate consumption patterns
- Develop and maintain a common evidence base at the EU-level

The *European Alcohol and Health Forum* (EAHF), established to help implement the Alcohol Strategy, brought together members from public and private member organisations (see *Figure 5*) who were invited to collaborate on developing a strategy to combat alcohol-related harm. EAHF had various workgroups to focus on the EU Alcohol Policy's Priorities: the Taskforce on youth-related aspects of alcohol, the Taskforce on marketing communication, and the Science Group.⁸⁶ After the implementation period of the Strategy, EAHF has continued to work on addressing these issues. From 2015 to 2017, EAHF has been organizing Work Plan meetings to discuss issues and best practices related to underage drinking, labelling, alcohol and the workplace, and more.⁸⁷

The EU Alcohol Strategy was supported by three collaborative initiatives. The WHO Regional Office for Europe and the Commission carried out joint surveys of trends and developments in alcohol consumption, alcohol-related harm, and alcohol-related policies across the EU.⁸⁸

The Committee for National Alcohol Policy and Action (CNAPA) brought together government representatives to exchange information, knowledge and best practices on reducing alcohol consumption and related harm. CNAPA has continued its work since the end of the implementation period for the Strategy. RAYPRO (*Resource on Alcohol and Youth Projects*) is an online resource for sharing information and best practice in order to reduce alcohol-related harm among youth and children.⁸⁹

A final report on the progress made during the implementation period of the Strategy was published in 2013. Since the launch of the Strategy, there has been great progress in Member States' policy development. Each of the five priority themes has seen development in terms of policy, campaigns, and data collection. However, alcohol-related harm still takes a societal and economic toll on the EU, and there is work that remains to be done to achieve all of the goals of the Strategy.⁹⁰

EU Alcohol Strategy and Young People

The European Council adopted a Recommendation in 2001 *on the Drinking of Alcohol by Young People*. The Recommendation modified by a Council Decision in 2006 and its scope expanded to include the threat to older adults (aged 60+), maternal health, and the link between alcohol, HIV/AIDS, and TB. The European Alcohol Strategy invited the Commission to support Member States to reduce alcohol-related harm through research, policy, and action against marketing and advertising to youth. It discussed concerns with regard to binge drinking and increased drinking among girls.⁹¹ Nevertheless, trends illustrate that drinking among youth, particularly young women and girls continues to increase in Europe.

By the end of 2010, the EU Alcohol Strategy had influenced 15 Member States to strengthen age limit restrictions to address the current trends in drinking. Additionally, in at least 20 Member States, children in families with a history of alcohol problems have been given access to counselling. The same number of states has placed statutory restrictions on alcohol advertising via TV or radio. These restrictions reduce the exposure of young people to inaccurate portrayals of drinking.⁹² Age limit restrictions continue to be strengthened today as it remains one of the most effective intervention strategies. For example, in 2014 the Netherlands raised the purchasing age from 16 to 18 for all alcoholic beverages.⁹³



Figure 10: Participants in the European and Alcohol Health Forum¹⁰⁹

Social Costs of Alcohol in England, 2006-07 (£bn)

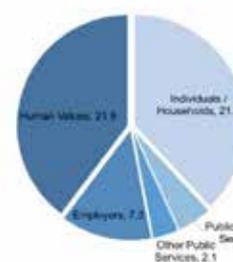


Figure 11: Social Costs of Alcohol in England 2006-07 estimated by the National Social Marketing Centre. Distributed by Institute of Alcohol Studies.

World Health Organization Global Strategy to Reduce the Harmful Use of Alcohol

In May 2010, the 193 Member States of the WHO adopted *the Global Strategy to Reduce the Harmful Use of Alcohol*. This strategy guides countries and the WHO Secretariat on ways to reduce the harmful use of alcohol. Various aspects of the Strategy relate to young people and to women, specifically to pregnant women.^{94,95}

The WHO calls for the following measures:

“Special attention needs to be given to reducing harm to people other than the drinker and to populations that are at particular risk from harmful use of alcohol, such as children, adolescents, women of child-bearing age, pregnant and breastfeeding women, indigenous peoples and other minority groups or groups with low socioeconomic status.”⁹⁶

Policy options and interventions should support “initiatives for screening and brief interventions for hazardous and harmful drinking at primary health care and other settings; such initiatives should include early identification and management of harmful drinking among pregnant women and women of child-bearing age”. Furthermore the Strategy states that reducing “the impact of marketing, particularly on young people and adolescents, is an important consideration in reducing harmful use of alcohol.”⁹⁷

World Health Organization European Action Plan to Reduce Harmful Use of Alcohol (2012-2020)

The WHO Action Plan addresses ten action areas and was endorsed by 53 states in 2011. These action areas expand upon the EU Alcohol Strategy’s goals by looking at how improvements in health services, marketing practices, pricing, and alcohol availability practices can help to reduce harmful use of alcohol.⁹⁸

A recent WHO Europe report demonstrates the progress achieved since the introduction of the Action Plan in 1990. A key finding was that while some individual European countries witnessed decreased mortality that is attributable to alcohol consumption, overall progress in the European region has been scant. The standardised alcohol-attributable mortality rate in 2014 was actually higher it was in 1990. However, alternative interventions have promise for countries yet to see improvement. For instance, health care system interventions to treat alcoholism are seen as an effective alternative to public health marketing campaigns.⁹⁹

Steps for Policy Action

1. Support and improve existing EU data collection to track alcohol consumption and its impact on women's health by employing a life-course approach.

Annually collect data, disaggregating by sex/gender and age, in order to fully understand trends in alcohol consumption. At the EU-level, set up a robust comparable monitoring system to track alcohol consumption and misuse trends across the Member States.

2. Increase awareness of the major issues surrounding alcohol consumption in Europe, including how they relate to sex/gender, and in particular the alarming trends in youth alcohol consumption and binge drinking.

Alcohol consumption, including binge drinking in young girls and women, is on the increase. Make women and the public health community aware that alcohol consumption has disastrous consequences for women's future health. Develop effective alcohol cessation campaigns targeted at girls and young women as a priority in all EU countries. Special treatment centres focusing on women and their specific problems are needed.

3. Tackle alcohol consumption in women before, during, and after pregnancy, offering women support rather than blame.

Alcohol consumption during pregnancy constitutes a major health challenge for both mothers and their unborn children. It can cause major health issues, including birth defects and Fetal Alcohol Syndrome.

Implement new strategies for intervention by improving health services, marketing practices, and pricing, as advised under the World Health Organization's European Action Plan.

The WHO European Action Plan for Reducing the Harmful Use of Alcohol 2012-2020 details the areas in which action is especially needed. Over the next few years, particular focus should be devoted to implementing the Plan at local, national and European levels focusing on alternative (rather than traditional) interventions. Attention should be devoted to the improvement of health services and resources for alcohol misuse. Successful strategies like the implementation of interlock programmes to prevent drink driving should be utilised.

4. Increase understanding of the damage that excessive alcohol consumption causes to both men and women. Consider different patterns, causes, and mechanisms as to why men and women drink. Develop a comprehensive gender-sensitive strategy for prevention, diagnosis, and treatment.

Fund research into prevention, diagnosis, and treatment of alcohol-related preventable diseases to better understand how women and men are differently affected by alcohol consumption. Develop effective gender-sensitive guidelines and interventions to counteract alcohol consumption in women.

5. Address the danger of alcohol consumption, alcohol use, and medicine-taking in older people.

Currently, there is little awareness about the hidden danger of alcohol consumption in older people. Develop guidelines to address alcohol consumption and medicine-taking in the next stage of the EIP—Action Plan for Healthy Active Ageing.

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