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European Alcohol Policy Alliance

European Report on Alcohol Policy

A Review

2016



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Disclaimer: This document is based primarily on data from the WHO Global status report on alcohol and health (2014), where data in the above mentioned Status Report was not available, the WHO Global Health Observatory data repository (Global Information System on Alcohol and Health - GISAH) was used. WHO data was cross-referenced with Swiss Ministry of Health Database, data as retrieved in August 2016. Data for drink driving was supplemented by information from the European Transport Safety Council (ETSC). Information regarding low risk drinking guidelines was acquired through the European Commission, Joint Action on Alcohol Related Harm (RARHA).

Data presented in this report reflects the state of play as of August 2016, as collected from the data sources listed below.

World Health Organisation (WHO) Global Status Report on Alcohol and Health (2014)

Global Information System on Alcohol and Health – GISAH, as retrieved August 2016, from:
<http://apps.who.int/gho/data/node.main.A1119?lang=en>

Swiss Ministry of Health Database, data as retrieved August 2016, from:
<http://www.bag.admin.ch/themen/drogen/00039/10172/12019/index.html?lang=en>

Joint Action on Alcohol Related Harm (RARHA) WP 2 PPP Emanuele Scafato:
<http://www.rarha.eu/Resources/Guidelines/Lists/Guidelines/Attachments/2/WP5%20Background%20paper%20Low%20risk%20guidelines%20ISS.pdf>

European Transport Safety Council (ETSC):
<http://etsc.eu/wp-content/uploads/Drink-Driving-in-the-EU-ETSC-Ilyas-Daoud.pdf> and <http://etsc.eu/wp-content/uploads/Drink-Driving-in-the-EU-ETSC-Ilyas-Daoud.pdf>

Colour coding of the countries was undertaken by the authors, in accordance with the criteria indicated in respective policy briefs.

ABOUT THE REPORT

The primary goal of this report is to compile existing data on alcohol policies across Europe and present them in an easy and accessible format. These policy briefs do not aim to provide an evaluation of alcohol policies. The enforcement of policy measures has not been investigated in this report whilst the enforcement of policy measures is crucial to successful implementation. The extent to which policies are enforced in Member States is outside the scope of this report and has not been measured.

The context of alcohol policies in Europe

Alcohol policies in Europe are driven by actions by local, regional, national governments, the European Union (EU) and the World Health Organisation (WHO) as well as other United Nations agencies.

In 2006, the European Union published an EU Strategy to support Member States in Reducing Alcohol Related Harm¹. Its goal was to coordinate actions to reduce alcohol related harm in the EU. The Strategy composed of five priority themes which were relevant in all Member States and for which action at EU level has an added value. These are: protect young people, children and the unborn child; 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 on the impact of harmful and hazardous alcohol consumption, and on appropriate consumption patterns; develop and maintain a common evidence base at EU level.

The implementation of the Strategy was assessed in 2009 and 2013.

In 2014, on the request of the European Commission, the Committee on National Alcohol Policy and Action (CNAPA)² prepared an Action Plan on Youth Drinking and on Heavy Episodic Drinking 2014-2016³. It is designed to contribute to achieving the objectives of the EU Strategy to support Member States in Reducing Alcohol Related Harm.

In 2010, the World Health Assembly approved a resolution endorsing a Global Strategy to Reduce the Harmful Use of Alcohol⁴. The resolution urges countries to strengthen national responses to public health problems caused by the harmful use of alcohol. The Global Strategy to reduce the harmful use of alcohol represents a collective commitment by WHO Member States to reduce the global burden of disease caused by harmful use of alcohol.

In September 2011, the European Action Plan to Reduce the Harmful Use of Alcohol 2012–2020 was endorsed by all 53 Member States in the WHO European Region. The action plan is closely linked to the 10 action areas of the global strategy to reduce the harmful use of alcohol adopted by the World Health Assembly in May 2010. Additionally, the WHO Global NCD Action Plan (2013) outlines targets and most effective policy measures to reduce alcohol related harm.

The EU and WHO strategies and action plans provide guidance on how to prevent and reduce alcohol related harm.

1 Communication from the Commission to the Council, the European Parliament, the European Economic and Social Committee and the Committee of the Regions An EU strategy to support Member States in reducing alcohol related harm (COM/2006/0625)

2 CNAPA is composed of representatives from the national governments, who meet few times a year to share information, knowledge and good practice on reducing harmful alcohol consumption. Functioning of CNAPA was established by the EU Alcohol Strategy in 2006, CNAPA meetings are organised by the European Commission.

3 For more information, please visit: http://ec.europa.eu/health/alcohol/docs/2014_2016_actionplan_youthdrinking_en.pdf

4 Global strategy to reduce harmful use of alcohol, for more details please visit: http://www.who.int/substance_abuse/activities/gsrhua/en/

Trends in Alcohol Consumption Levels



Europe is the heaviest drinking region of the world with 10.9 liters of pure alcohol per person (15+ years). This is nearly twice the world average and drinking patterns vary considerably across the region.

On average, adult per capita consumption decreased between 1990 and 2010 overall in the EU28, Norway and Switzerland by 12.4%. This was mainly due to a reduction in consumption in southern European countries that started before 1990. The central-western and western country groups also showed an overall decline in consumption. The largest decline in consumption between 1964 and 2014 was observed in southern Europe, notably in France (23.95l to 11.50l) and Italy 17.75l to 7.56l of pure alcohol per capita (+15 years). In the same period a number of countries have increased consumption, namely Finland (3.10l to 8.80l), Norway (3.70l to 6.06l), Poland (6.16 to 10.71) and the UK (7.53 to 10.37) of pure alcohol per capita (+15 years). Economic development, cultural changes, availability and affordability of alcohol and the level and effectiveness of alcohol policies are all relevant factors in explaining differences and historical trends in alcohol consumption and related harm.

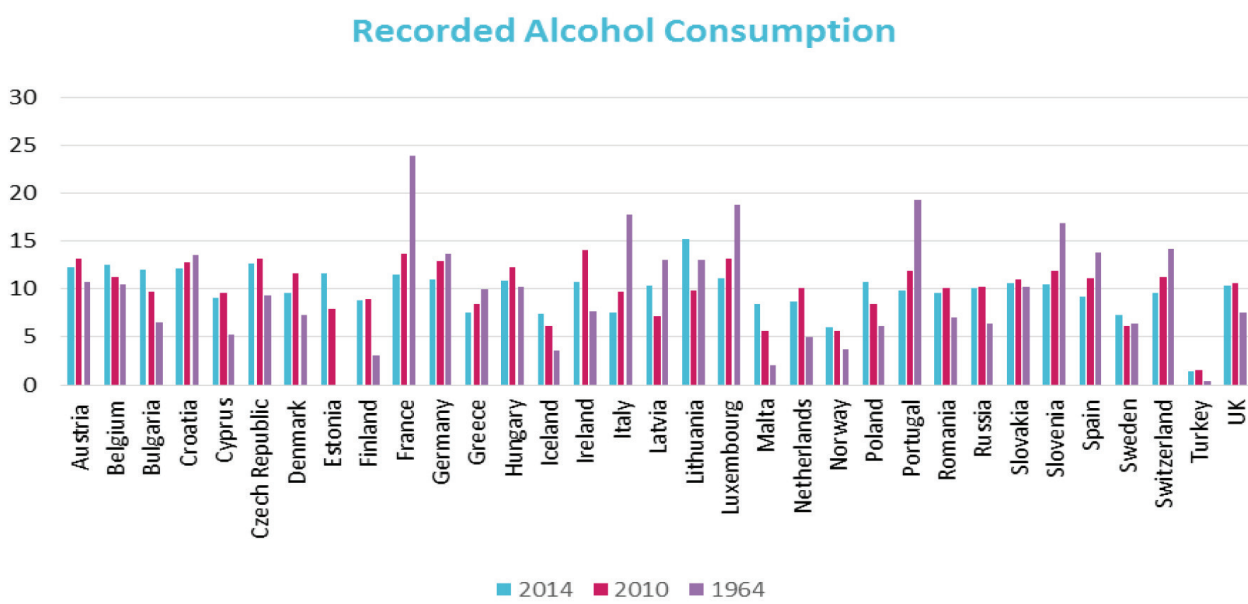


Table source:

1. Total alcohol consumption (recorded 3 years' average + unrecorded per capita 15+ consumption (in liters of pure alcohol))
2. Recorded alcohol consumption, WHO Global Health Observatory Data Repository (European Region)

Alcohol Related Harm



Alcohol causes harm by:

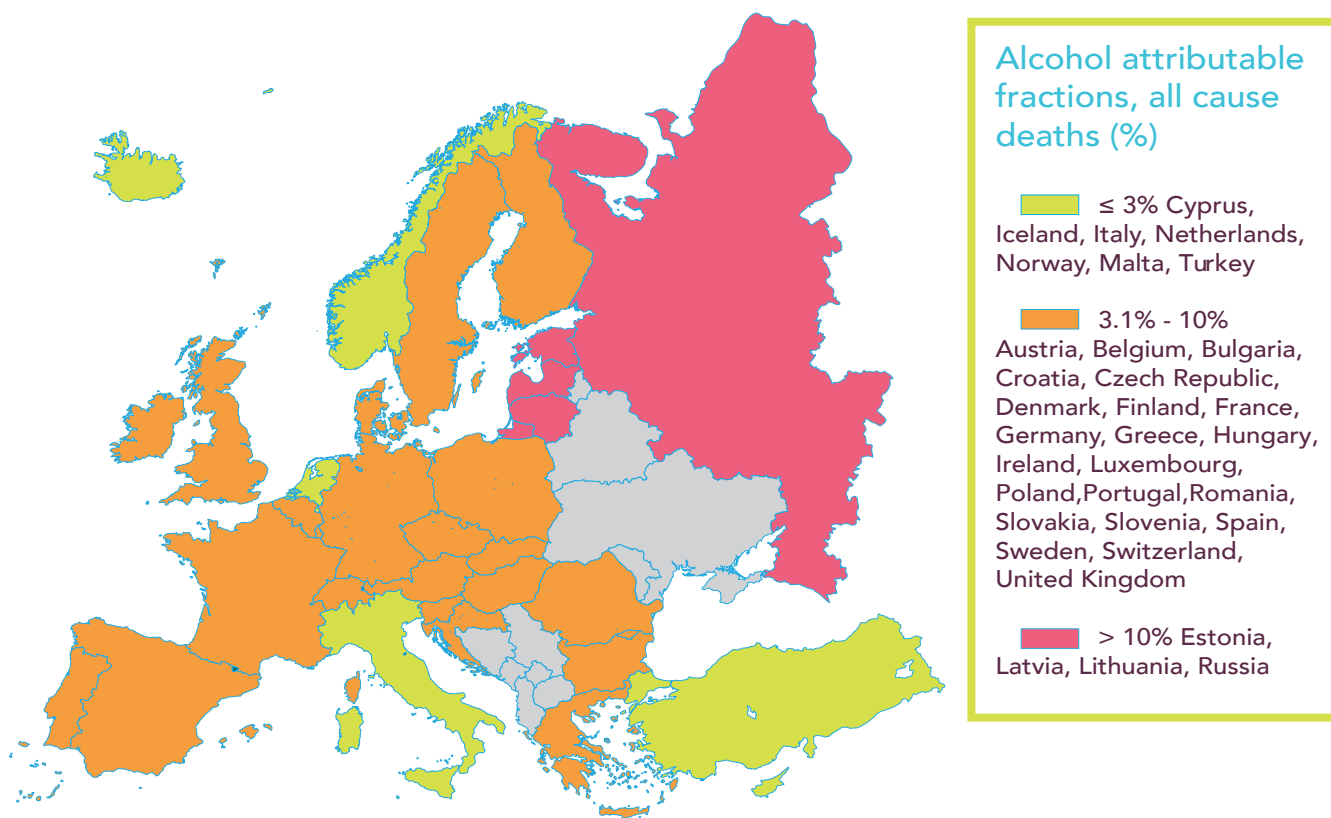
- ▶ having a toxic effect on organs and tissues in our bodies
- ▶ intoxication (being drunk), leading to a lack of physical coordination, lost consciousness, problems with cognition, perception, etc.
- ▶ developing a dependence on alcohol

Drinking alcohol is associated with a risk of developing more than 200 different types of diseases, including cancers, liver disease, cardiovascular diseases, many gastrointestinal conditions, immunological disorders, lung diseases, skeletal and muscular diseases, reproductive disorders and pre-natal harm, including increased risks of prematurity and low birth weight.

In addition to individual and environment risks factors, alcohol-related harm is determined by at least two dimensions of drinking:

- ▶ the amount (volume) of alcohol consumed
- ▶ the pattern of drinking (i.e. binge drinking or drinking occasionally with meals)

For most diseases and injuries causally impacted by alcohol, there is a dose–response relationship. This means that the more you drink - the greater your risk.

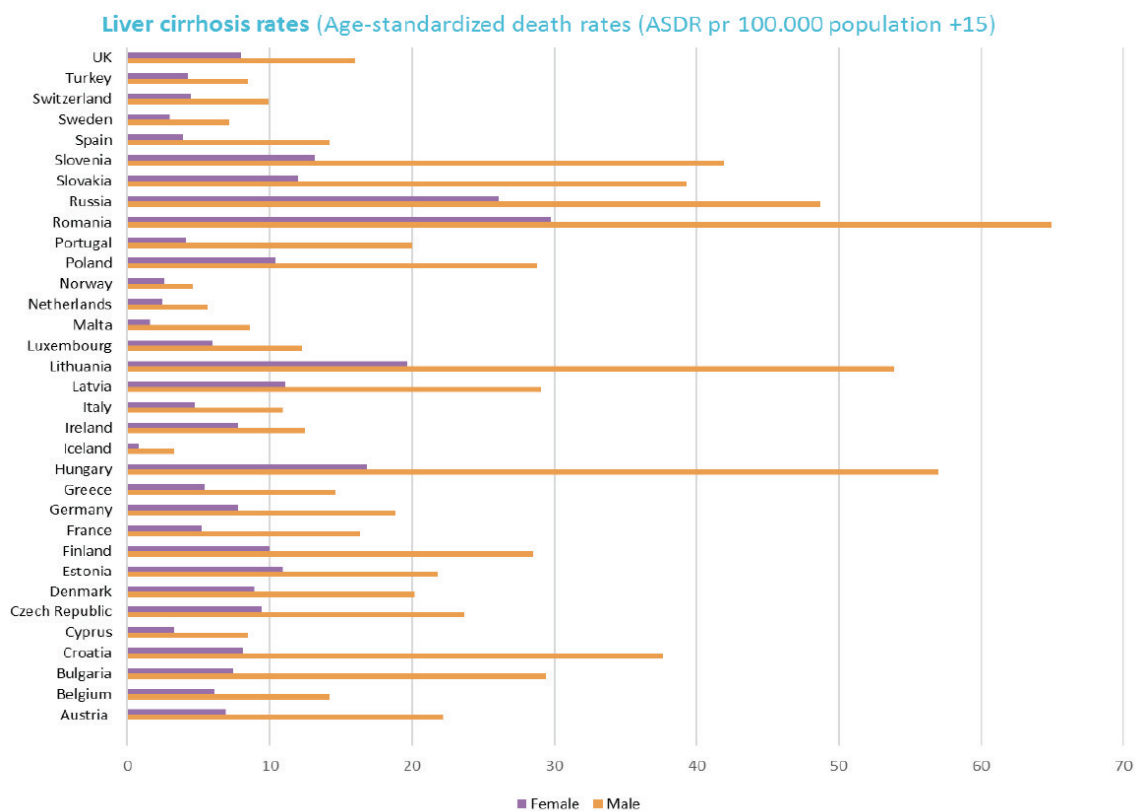
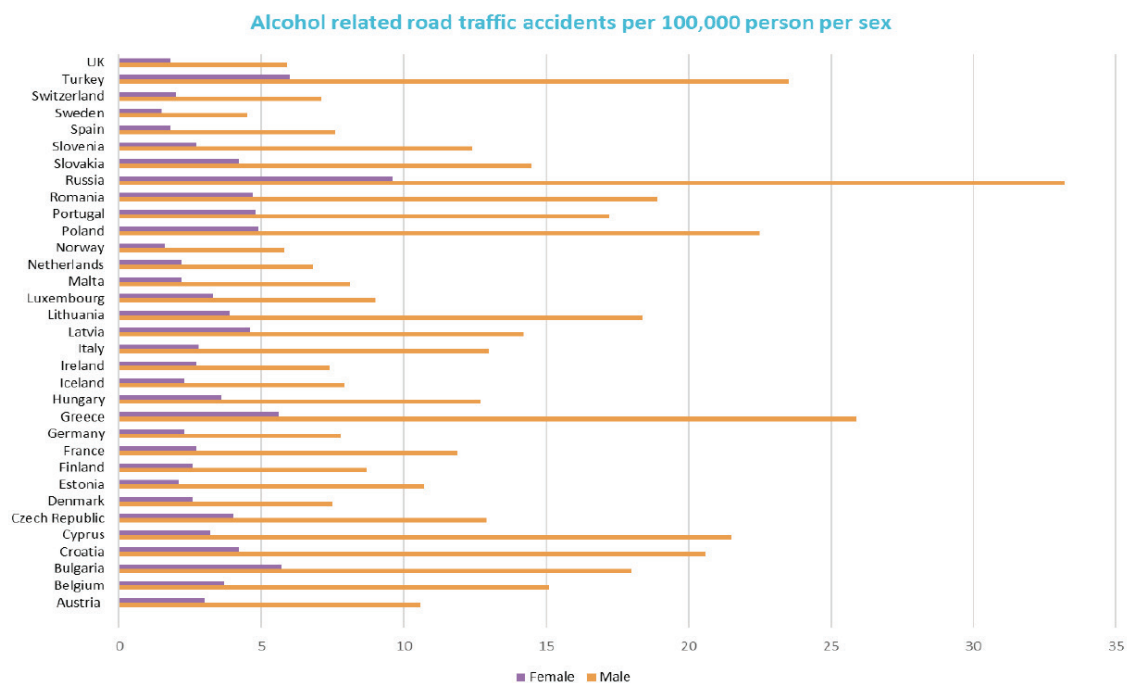


Additional Sources Rehm J., Gmel G., Rehm M.X., Scafato E., Shield K.D. What alcohol can do to European societies. In: Anderson P, Braddick F, Reynolds J & Gual A, editors. Alcohol Policy in Europe: Evidence from AMPHORA. 2nd ed. The AMPHORA project. 2013

Alcohol Related Harm

There are challenges in measuring and reporting alcohol-related morbidity and mortality according to World Health Organisation (WHO). Reporting on these indicators is significantly influenced by the organisation and functioning of the health system in each country. The best estimate is that about 138,000 people, aged 15-64 years, die prematurely from alcohol in any one year.

The data on alcohol-attributable fractions – together with the overview of liver cirrhosis and road traffic accidents – give a picture of alcohol-related harm in European countries. Hungary, Lithuania, Romania, Russia and Slovenia have a high rates of liver cirrhosis. Croatia, Cyprus, Greece, Poland, Russia and Turkey have a high number of accidents on the road.

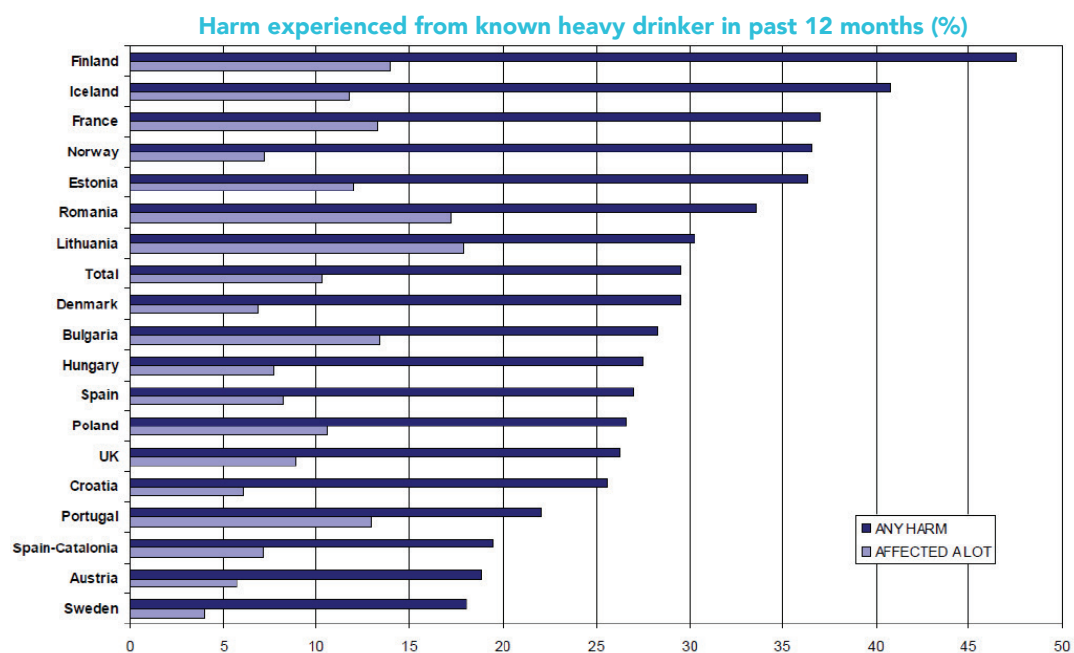
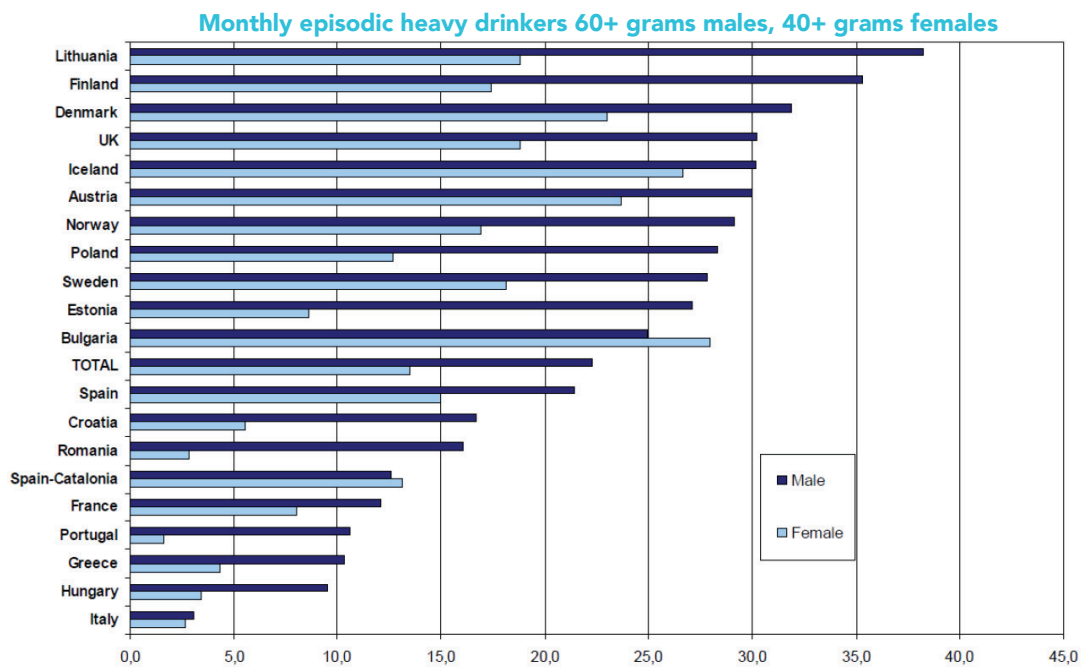


Harm to Others

Alcohol related harm is determined by the volume of alcohol consumed and in particular the pattern of drinking. The pattern of heavy episodic drinking varies largely across Europe (as seen below) but it is of especially concern in Northern and Eastern Europe as it is often linked to accidents and injuries.

The harms done by people’s drinking to others involve both socioeconomic consequences and substantial health problems, such as alcohol-related injuries, mental health impacts, domestic abuse, child neglect and Fetal Alcohol Spectrum Disorders (FASD).

The individuals affected may be a spouse or partner, child, relative, friend, neighbor, co-worker, or a stranger as in road accidents.



Additional Sources Jacek Moskalewicz, Parpa, Poland – slides RARHA Policy Dialogue 6.9.2016, Preliminary results

Monitoring policy developments across Europe



All European countries have a number of laws and regulations addressing alcohol. The majority of European countries have a written national policy document, which can contribute to set priorities, show commitment and allocate resources and shape a country's alcohol policy.

The following countries currently do not have an alcohol specific written strategy or national action plan:

Austria, Bulgaria, Denmark, Estonia, Hungary, Luxembourg, Malta, Turkey.

Only about half of the European countries, have prepared a comprehensive report on the alcohol situation in their country. The following EU Member States have not provided data on alcohol consumption to the WHO database for 2014: Cyprus, Estonia, Hungary, Latvia, Netherlands and Romania.

According to WHO Global Status report on NCDs 2014 the three indicators of the global framework for monitoring progress towards attaining targets are:

- 1.Total (recorded and unrecorded) alcohol consumption per capita (15+ years).
- 2.Age-standardised prevalence of heavy episodic drinking (60 gr or more of pure alcohol on at least one occasion in the previous 30 days) among adolescents and adults.
- 3.Alcohol-related morbidity and mortality among adolescents and adults.

The Joint Action on Alcohol Related harm (RARHA) 2014-2016 recommends the following indicators to monitor harm (see SEAS image).

Standardised European Alcohol Survey - SEAS



Additional Sources Jacek Moskalewicz, PARPA, Poland – slides RARHA Policy Dialogue 6.9.2016, Preliminary results

Availability

Physical availability of alcohol refers to the ease and convenience with which alcohol can be obtained.

In many European countries, the access to alcohol increased over the last decades. The increased access means that alcohol is sold in a wider range of retail premises and for longer trading hours enhancing the accessibility to and, visibility of alcohol as well as facilitating the promotion of alcohol.

Regulating the physical availability of alcohol by placing restrictions on the eligibility to sell and purchase alcoholic beverages is one mechanism for controlling and reducing alcohol-related harm.

Governments can control alcohol distribution and sales through monopoly systems, licensing, restricting hours and days of sale as well as regulating the density of establishments.

Country	Licensing	State monopoly on retail sales	Opening hours and days, off-premises
Austria	No	No	No
Belgium	Yes	No	No
Bulgaria	Yes	No	No
Croatia	No	No	No
Cyprus	Yes	No	Yes
Czech Republic	No	No	No
Denmark	No	No	No
Estonia	Yes	No	Yes
Finland	Yes, for beer No for wine & spirits	Yes, wine & spirits	Yes, 0900 - 2100 hrs
France	Yes	No	No
Germany	No	No	No
Greece	No	No	No
Hungary	No	No	No
Iceland	Yes	Yes	Yes
Ireland	Yes	No	Yes
Italy	Yes	No	Yes, not allowed on petrol stations along motorways 2200 - 0600 hrs
Latvia	Yes	No	Yes
Lithuania	Yes	No	Yes
Luxembourg	Yes	No	No
Malta	Yes	No	Yes
Netherlands	Yes	No	No
Norway	Yes	Yes, wine, spirits & beer above 4.7% ABV	Yes
Poland	Yes	No	No
Portugal	Yes	No	Yes 0800-2359 hrs
Romania	Yes	No	No
Russian Federation	Yes	No	Yes
Slovakia	Yes, spirits only	No	No
Slovenia	No	No	Yes
Spain	Yes	No	No
Sweden	N/A	Yes, for alcoholic beverages above 3,5% ABV	yes
Switzerland	No	No	No
Turkey	Yes	No	No
UK	Yes	No	Yes, subject to local licensing policy

Alcohol monopolies



The Alcohol Monopoly started in Sweden in the mid-1800 and from 1955 the local companies were merged to form a single, national Systembolaget company governed by the Swedish Alcohol Act under contract with the Swedish Government.



In Norway, Vinmonopolet was established in 1922 as a private enterprise under government control and from 1939 has been fully owned by the Ministry of Health and Social Affairs. In 2016 the Norwegian government decided to allow farm-sales of certain beverages that fall outside the scope of the EEA-agreement. These products may be sold to the public at the place of production.



In Finland, the first stores were opened in 1932 and fully owned by the government. Today Alko Inc. is an independent limited company wholly-owned by the Finnish Government and administered and supervised by the Ministry of Social Affairs and Health.



Vínbúð, the Icelandic alcohol monopoly was founded in 1961 and is a governmental enterprise with 46 stores. It is Iceland's sole legal vendor of alcohol for off-premises consumption, though in practice, most bars and restaurants will not prevent you from leaving with purchased drinks. High licensing fees make this an expensive option however, and alcohol is always at least twice as expensive outside the Vínbúð.

The products sold by the monopolies are all sold in a non-discriminatory fashion; this means promotions of individual products or producers are avoided, while the product range is one of the most comprehensive in the world. The retail sale of alcohol through a state owned monopoly excludes private profit motives from the retail market. The existence of a state-owned monopoly allows the state to retain control over the number of outlets as well as over opening hours. Customer surveys regularly conducted by the Nordic alcohol monopolies show that the monopolies have strong public support and provide an appreciated service.



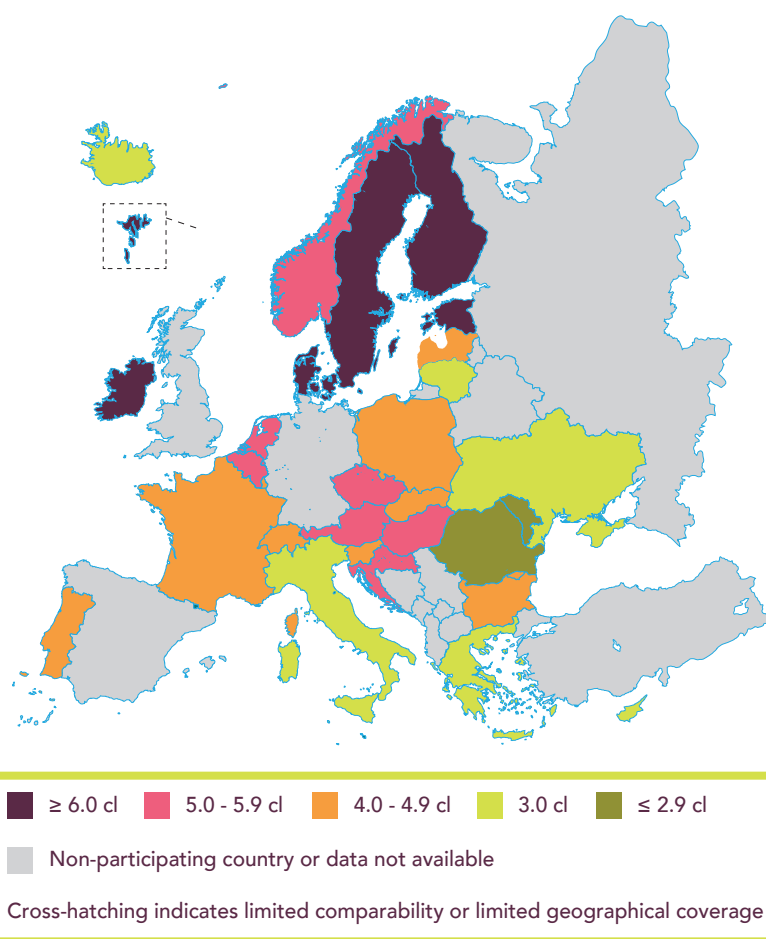
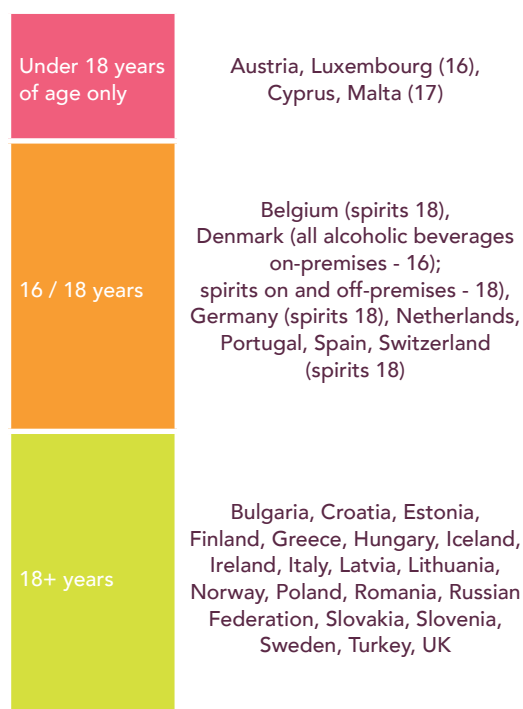
Age

World Health Organization (WHO) recommends a minimum legal purchase age as one of the most effective policies for curbing the prevalence of underage drinking.

The ESPAD Study 2015 states that alcoholic beverages were perceived to be easily available in most countries. More than three in four students, aged 15-16 years of age, (78%) stated that alcoholic beverages would be easy to obtain if they wanted to. In the **Czech Republic, Denmark and Greece**, more than 90% of the students reported easy access. The lowest proportions were found in **Moldova (52%), the former Yugoslav Republic of Macedonia (53%) and Romania (60%)**. In most countries, perceptions of availability among boys and girls were rather similar.

The ESPAD Study 2015 also states that alcohol use among adolescents in Europe is still rather high. On average, four in five students (15 - 16 years) reported lifetime alcohol experience and every second student reported alcohol use in the last 30 days. Nevertheless, countries vary to a large extent in the prevalence of lifetime and current use. The Nordic countries **Finland, Iceland, Norway and Sweden** are traditionally among the countries with the lowest rates of current alcohol use. However, low rates can also be found in **Albania, the Faroes, the former Yugoslav Republic of Macedonia, Ireland and Ukraine** and in the **Baltic states Estonia and Lithuania**. In countries with low consumption rates, the prevalence of heavy episodic drinking is also generally low. Conversely, high alcohol use prevalence generally coincides with high rates of heavy episodic drinking. Among the countries with the highest rates are **Austria, Bulgaria, Croatia, Denmark, Hungary, Liechtenstein and Monaco**⁵.

The ESPAD studies observe an overall decrease in lifetime and 30-day use between 1995 and 2015 from 89% to 81% and from 56% to 47%. Changes in heavy episodic drinking have been less pronounced and only observed among boys (42% to 37%), with overall rates declining by one percentage point (36% to 35%) over the past 20 years.



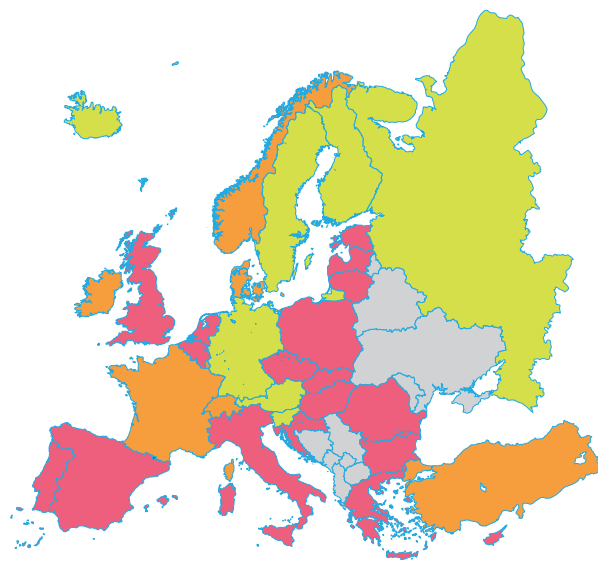
⁵ The 2015 ESPAD Report - <http://www.espad.org/report/home>

Affordability – Price, taxation and excise duties

There has been a decline in the real value of alcohol excise duty rates across most EU states since 1996. Notable exceptions are Italy, which have seen an increase in the real value of excise duty rate.

There has also been a decline in the EU minimum excise duty rates in real terms for alcoholic beverages since 1992 as they have not been adjusted for inflation. Analysis from the RAND report (2009) found that across Member States, 84% of the increase in alcohol affordability was driven by increases in income, and only 16% was driven by changes in alcohol prices. This is primarily because while incomes rose, the relative price of alcoholic beverages remained relatively stable, or fell at a slower rate than increases in incomes.

The affordability of alcohol is a composite measure looking at the net effect of price and income. In nearly all countries examined alcohol has become more affordable over the last twelve years, apart from Italy. In six countries (Lithuania, Estonia, Latvia, Finland, Slovakia and Ireland) affordability of alcohol increased by 50% or more. The figure from the RAND report (below) shows the change in affordability of alcohol since 1996 for the twenty countries for which data are available.



Price measures Other than tax/ MUP/ Non-alcohol lower/ Ban below cost/Ban volume	Country
No price measures	Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Estonia, Greece, Hungary, Italy, Latvia, Lithuania, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Spain, UK
One	Denmark, France, Ireland, Luxembourg, Norway, Switzerland, Turkey
Two or more types	Austria, Finland, Germany, Iceland, Russia, Slovenia, Sweden

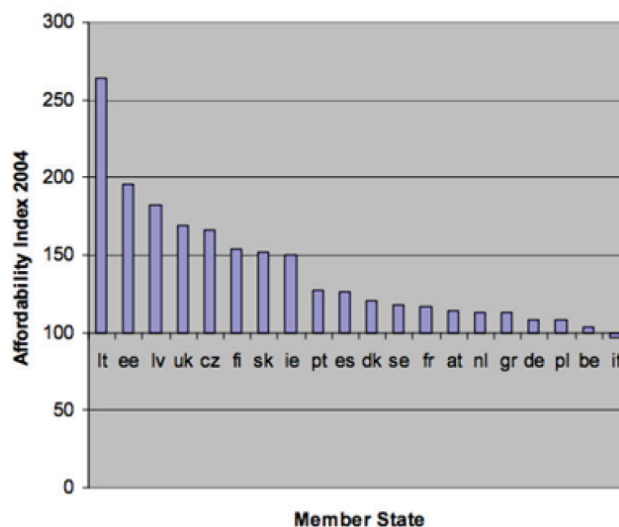
Which excise duties and where?

Beer and spirits only (no duty on wine)

Austria, Belgium, Croatia, Germany, Greece, Hungary, Italy, Luxembourg, Malta, Portugal, Spain Switzerland

All alcoholic beverages

Bulgaria, Czech Republic, Denmark, Estonia, Finland, France, Iceland, Ireland, Latvia, Lithuania, Netherlands, Norway, Poland, Romania, Russian Federation, Slovakia, Sweden, Turkey, UK



Additional Sources The Affordability of alcohol beverages in the European Union, Understanding the link between alcohol affordability, consumption and harms (RAND 2009)

For more detailed information on price measures see: <http://apps.who.int/gho/data/node.main-euro.A1152?lang=en&showonly=GISAH>

Marketing

Alcohol advertising was first regulated at EU level by the EU's Television without Frontiers Directive (adopted in 1989, revised in 1997). This was later replaced by the Directive on Audiovisual Media Services (AVMSD) in 2007 and describes the minimum standard for advertising in the EU. A new revision is taking place in 2016/2017. All Member States have regulations on alcohol marketing, however, the restrictions range from no restrictions to total bans, across all media types and according to beer/wine/spirit. For more details, please consult the WHO Global Health Observatory Data Repository (European Region)

Country	National TV	Printed media	Cinema	Billboard	Internet	Social media
Austria	Partial restriction	Self-regulation	Self-regulation	Self-regulation	No restrictions	No restrictions
Belgium	No restrictions	No restrictions	No restrictions	No restrictions	No restrictions	No restrictions
Bulgaria	Partial restriction	Partial restriction	Partial restriction	Partial restriction	Partial restriction	Partial restriction
Croatia	Beer no restrictions (ban spirit/wine)	Beer no restrictions (ban spirit/wine)	Beer no restrictions (ban spirit/wine)	Beer no restrictions (ban spirit/wine)	Beer no restrictions (ban spirit/wine)	N/A
Cyprus	Partial restriction	Self-regulation	Self-regulation	Self-regulation	Self-regulation	Self-regulation
Czech Republic	Partial restriction	Partial restriction	Partial restriction	Partial restriction	Partial restriction	Partial restriction
Denmark	Partial restrictions	Self-regulation	Self-regulation	Self-regulation	Partial restriction	Self-regulation
Estonia	Ban	Partial restriction	Partial restriction	Partial restriction (ban spirit)	No restrictions	No restrictions
Finland	Partial restriction (ban spirit)	Partial restriction (ban spirit)	Partial restriction (ban spirit)	Partial restriction (ban spirit)	Partial restriction (ban spirit)	Partial restriction (ban spirit)
France	Ban	Partial restriction	Partial restriction	Partial restriction	Partial restriction	Partial restriction
Germany	Partial restriction	Self-regulation	Self-regulation	Self-regulation	Self-regulation	Self-regulation
Greece	No restrictions	No restrictions	No restrictions	No restrictions	No restrictions	No restrictions
Hungary	Partial restriction	Partial restriction	Partial restriction	Partial restriction	Partial restriction	Partial restriction
Iceland	Ban	Ban	Ban	Ban	No restrictions	No restrictions
Ireland	Partial restriction	Self-regulation	Self-regulation	Self-regulation	Self-regulation	Self-regulation
Italy	Partial restriction	Partial restriction	Partial restriction	Partial restriction	Partial restriction	Partial restriction
Latvia	Partial restriction	Partial restriction	Partial restriction	Partial restriction	No restrictions	No restrictions
Lithuania	Partial restriction	Partial restriction	Partial restriction	Partial restriction	No restrictions	N/A
Luxembourg	No restrictions	No restrictions	No restrictions	No restrictions	No restrictions	No restrictions
Malta	Partial restriction	No restrictions	No restrictions	No restrictions	No restrictions	No restrictions
Netherlands	Partial restrictions	N/A	N/A	N/A	Self-regulation	Self-regulation
Norway	Partial restriction	Ban	Ban	Ban	Ban	N/A
Poland	Partial restriction (ban spirit/wine)	Partial restriction	Partial restriction	Partial restriction (ban spirit/wine)	Partial restriction (ban spirit/wine)	N/A
Portugal	Partial restriction	Partial restriction	Partial restriction	Partial restriction	Partial restriction	Partial restriction
Romania	Partial restriction	Partial restriction	Partial restriction	Partial restriction (ban spirit)	No restrictions (ban spirit)	No restrictions
Russia	Ban	Partial restriction	Partial restriction	Ban	Ban	Ban
Slovakia	No restrictions	No restrictions	No restrictions	No restrictions	No restrictions	No restrictions
Slovenia	Partial restriction (ban spirit)	Partial restriction (ban spirit)	Partial restriction (ban spirit)	Partial restriction (ban spirit)	Partial restriction (ban spirit)	Partial restriction (ban spirit)
Spain	Partial restriction (ban spirit)	Partial restriction	Partial restriction	Partial restriction	No restrictions	No restrictions
Sweden	Ban	Partial restriction (ban spirit)	Partial restriction (ban spirit)	Ban	Partial restriction (ban spirit)	Partial restriction (ban spirit)
Switzerland	Ban	Partial restriction	Partial restriction	Partial restriction	Partial restriction	Partial restriction
Turkey	Ban	Partial restriction	Partial restriction	No restrictions	Partial restriction	Partial restriction
UK	Partial restriction	Self-regulation	Self-regulation	Self-regulation	Self-regulation	Self-regulation

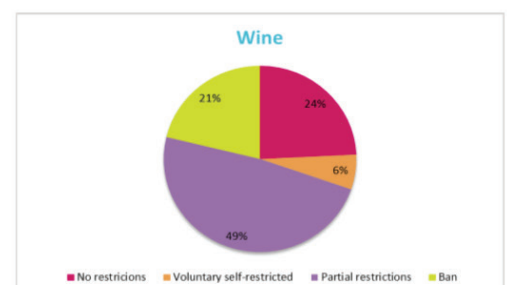
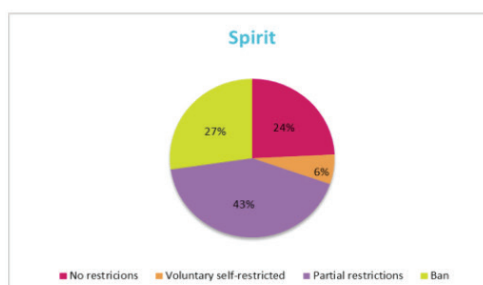
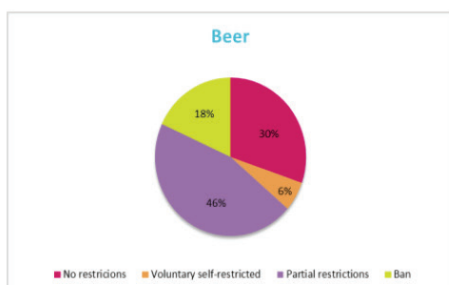
Advertising restrictions on sponsorship of sport events

 BEER	 WINE	 SPIRITS			
Restriction type	Country	Restriction type	Country	Restriction type	Country
No restrictions	Austria, Belgium, Estonia, Greece, Ireland, Luxembourg, Netherlands, Romania, Russia, Slovakia, Slovenia, Spain, Switzerland	No restrictions	Austria, Belgium, Estonia, Greece, Ireland, Luxembourg, Netherlands, Romania, Russia, Slovakia, Slovenia, Spain, Switzerland	No restrictions	Austria, Belgium, Estonia, Greece, Ireland, Luxembourg, Netherlands, Romania, Russia, Slovenia, Spain
Voluntary self-restricted	United Kingdom, Sweden, Italy, Hungary, Germany, Cyprus, Croatia	Voluntary self-restricted	Bulgaria, Croatia, Germany, Hungary, Italy, Sweden, United Kingdom	Voluntary self-restricted	Bulgaria, Cyprus, Germany, Italy, Sweden, United Kingdom
Partial	Czech Republic, Denmark, Finland, Iceland, Latvia, Lithuania, Poland, Portugal	Partial	Czech Republic, Denmark, Finland, Iceland, Latvia, Lithuania, Poland, Portugal	Partial	Czech Republic, Denmark, Iceland, Latvia, Lithuania, Portugal
Ban	France, Malta, Norway, Turkey	Ban	France, Malta, Norway, Turkey	Ban	Croatia, Finland, France, Malta, Norway, Poland, Slovakia, Switzerland, Turkey

Advertising restrictions on sponsorship of youth events

 BEER	 WINE	 SPIRITS			
Restriction type	Country	Restriction type	Country	Restriction type	Country
No restrictions	Austria, Belgium, Estonia, Greece, Ireland, Luxembourg, Malta, Netherlands, Russia, Slovenia, Spain, Switzerland	No restrictions	Austria, Belgium, Estonia, Greece, Ireland, Luxembourg, Malta, Netherlands, Russia, Slovenia, Spain, Switzerland	No restrictions	Austria, Belgium, Estonia, Greece, Ireland, Luxembourg, Malta, Netherlands, Romania, Russia, Slovenia, Spain
Voluntary self-restricted	Croatia, Cyprus, Germany, Hungary, Italy, Romania, United Kingdom	Voluntary self-restricted	Croatia, Cyprus, Germany, Hungary, Italy, United Kingdom	Voluntary self-restricted	Cyprus, Germany, Hungary, Italy, United Kingdom
Partial	Bulgaria, Czech Republic, Iceland, Latvia, Lithuania, Poland, Portugal	Partial	Bulgaria, Czech Republic, Iceland, Latvia, Lithuania, Poland, Portugal	Partial	Bulgaria, Czech Republic, Iceland, Latvia, Lithuania
Ban	Denmark, Finland, France, Norway, Slovakia, Sweden, Turkey	Ban	Denmark, Finland, France, Norway, Slovakia, Sweden, Turkey	Ban	Croatia, Denmark, Finland, France, Norway, Poland, Slovakia, Sweden, Switzerland, Turkey

Advertising restriction on product placement on TV



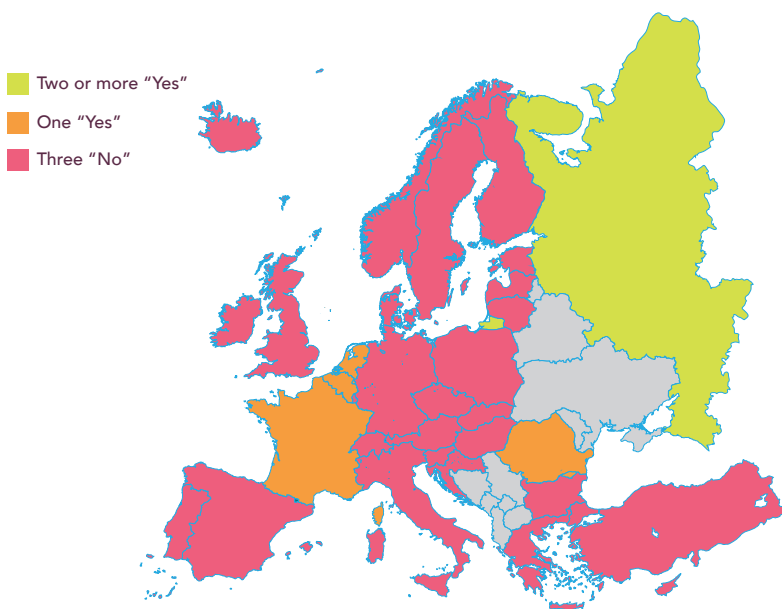
Labelling of alcoholic beverages





Foodstuffs sold in the EU should be labelled in a manner that informs consumers of, amongst other things, ingredients and the nutritional value of the product in question. Alcoholic beverages are exempted from these rules after the European Parliament on the 6th of July 2011 adopted a compromise with the Council on the proposal for a regulation on the Provision of Food Information to Consumers with 606 votes in favor, 46 against and 26 abstentions (regulation No 1169/2011).

Country	Ingredient listing	Health information on container	Calories on front?
Austria	No	No	No
Belgium	No	Yes	No
Bulgaria	No	No	No
Croatia	No	No	No
Cyprus	No	No	No
Czech Republic	No	No	No
Denmark	No	No	No
Estonia	No	No	No
Finland	No	No	No
France	No	Yes	No
Germany	No	No	No
Greece	No	No	No
Hungary	No	No	No
Iceland	No	No	No
Ireland	No	No	No
Italy	No	No	No
Latvia	No	No	No
Lithuania	No	No	No
Luxembourg	No	No	No
Malta	No	No	No
Netherlands	Yes	No	No
Norway	No	No	No
Poland	No	No	No
Portugal	No	No	No
Romania	Yes	No	No
Russian Federation	Yes	Yes	No
Slovakia	No	No	No
Slovenia	No	No	No
Spain	No	No	No
Sweden	No	No	No
Switzerland	No	No	No
Turkey	No	No	No
UK	No	No	No

The Commission has been tasked with producing a report concerning the application of this regulation and also addressing whether alcoholic beverages should be covered.

To date the report has not been delivered and the legal framework allows for continued exemption for alcoholic beverages.

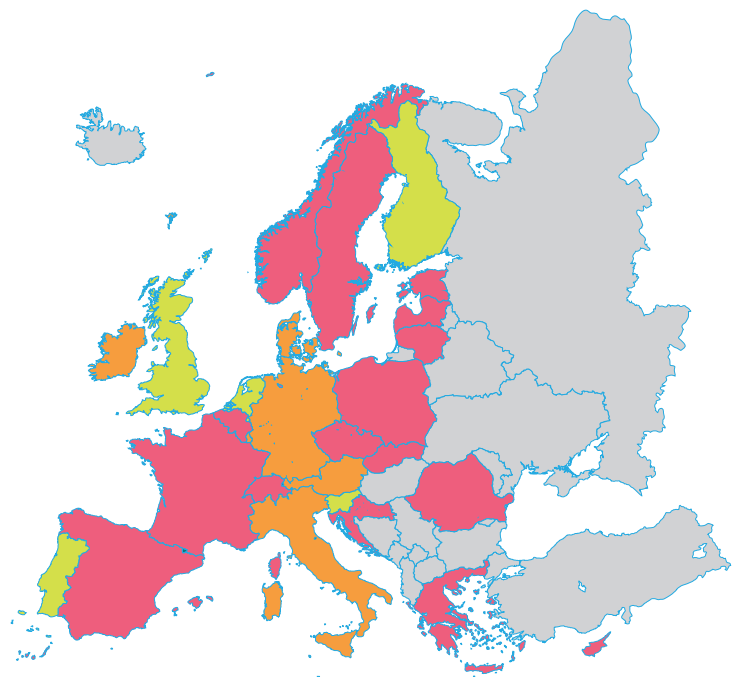





Country	Low risk drinking guidelines	DAY low risk	DAY low risk	WEEK low risk	WEEK low risk
					
		Average alcohol intake not to exceed	Average alcohol intake not to exceed	Average alcohol intake not to exceed	Average alcohol intake not to exceed
		(grams of pure alcohol)			
Austria	Yes	24	16	-	-
Belgium	No	-	-	-	-
Bulgaria	N/A	-	-	-	-
Croatia	Yes	40	20	-	-
Cyprus	No	-	-	-	-
Czech Republic	Yes	40	20	-	-
Denmark	Yes	24	12	168	84
Estonia	Yes	40	20	-	-
Finland	Yes	20	10	288	192
France	Yes	30	20	-	-
Germany	Yes	24	12	-	-
Greece	Yes	30-48	20-32	-	-
Hungary	No	24-48	18-21	-	-
Iceland	N/A	-	-	-	-
Ireland	Yes	-	-	168	112
Italy	Yes	24	12	-	-
Latvia	No	-	-	-	-
Lithuania	No	30-40	20-30	210	140
Luxembourg	Yes	24	12	-	-
Malta	Yes	36	27	189	126
Netherlands	Yes	20	10	-	-
Norway	No	-	-	-	-
Poland	Yes	40	20	280	140
Portugal	Yes	20	10	-	-
Romania	No	-	-	-	-
Russian Federation	N/A	-	-	-	-
Slovakia	N/A	-	-	-	-
Slovenia	Yes	20	10	140	70
Spain	Yes	40	20-25	280	170
Sweden	No	-	-	-	-
Switzerland	Yes	20-36	10-24	-	-
Turkey	N/A	24-32	16-24	-	-
UK	Yes	-	-	112	112

Low risk alcohol drinking

Some European countries have issued low risk alcohol drinking guidelines (often expressed by the notion of standard drink).

A 'standard drink' is a drink that contains a specified amount of pure alcohol (ethanol). European countries have different definitions of a 'standard drink' varying from 6 g of pure alcohol to 17 g of pure alcohol.



-  Low risk drinking guidelines in place and equal or below 20 grams of pure alcohol per day for men and 10 grams or less of pure alcohol per day for women
-  Low risk drinking guidelines in place and below 24 grams of pure alcohol per day for men and between 11-18 grams of pure alcohol per day for women
-  Low risk drinking guidelines or low risk drinking guidelines are in place but above 25 grams of pure alcohol per day for men and above 20 grams of pure alcohol per day for women

Country	Blood alcohol concentration (BAC)	Alcolock	Penalties: Fine/license suspended /Penalty points	Random Breath Testing
Austria	0.5	No	Yes/Yes/No	Yes
Belgium	0.5	Yes	Yes/Yes /No	Yes
Bulgaria	0.5	No	Yes/Yes /Yes	Yes
Croatia	0.5	No	Yes/Yes /Yes	Yes
Cyprus	0.5	No	Yes/No/ Yes	Yes
Czech Republic	0.0	No	Yes/Yes/ Yes	Yes
Denmark	0.5	Law in preparation	Yes/Yes/ Yes	Yes
Estonia	0.2	No	Yes/Yes/ No	Yes
Finland	0.5	Yes	Yes/Yes/ No	Yes
France	0.5	Yes	Yes/Yes/ Yes	Yes
Germany	0.5	No	Yes/Yes/ Yes	No
Greece	0.5	No	Yes/Yes/ No	Yes
Hungary	0.0	No	Yes/Yes/ Yes	Yes
Iceland	0.5	No	Yes/Yes/ Yes	Yes
Ireland	0.5	No	Yes/Yes/ Yes	No
Italy	0.5	No	Yes/Yes/Yes	Yes
Latvia	0.5	No	Yes/Yes/ No	Yes
Lithuania	0.4	No	Yes/Yes/ Yes	Yes
Luxemburg	0.5	No	Yes/Yes/ Yes	No
Malta	0.8	No	Yes/Yes /No	No
Netherlands	0.5	Yes	Yes/Yes /Yes	Yes
Norway	0.2	No	Yes/Yes /No	Yes
Poland	0.2	No	Yes/Yes /Yes	Yes
Portugal	0.5	No	Yes/Yes /No	Yes
Romania	0.0	No	Yes/Yes /Yes	Yes
Russian Federation	0.0	No	No/Yes /No	Yes
Scotland	0.5			
Slovakia	0.0	No	Yes/Yes /No	Yes
Slovenia	0.5	No	Yes/Yes /Yes	Yes
Spain	0.5	No	Yes/Yes /Yes	Yes
Sweden	0.2	Yes	Yes/Yes /No	Yes
Switzerland	0.5	No	Yes/Yes /No	Yes
Turkey	0.5	No	Yes/Yes /Yes	Yes
UK	0.8	No	Yes/Yes /Yes	No

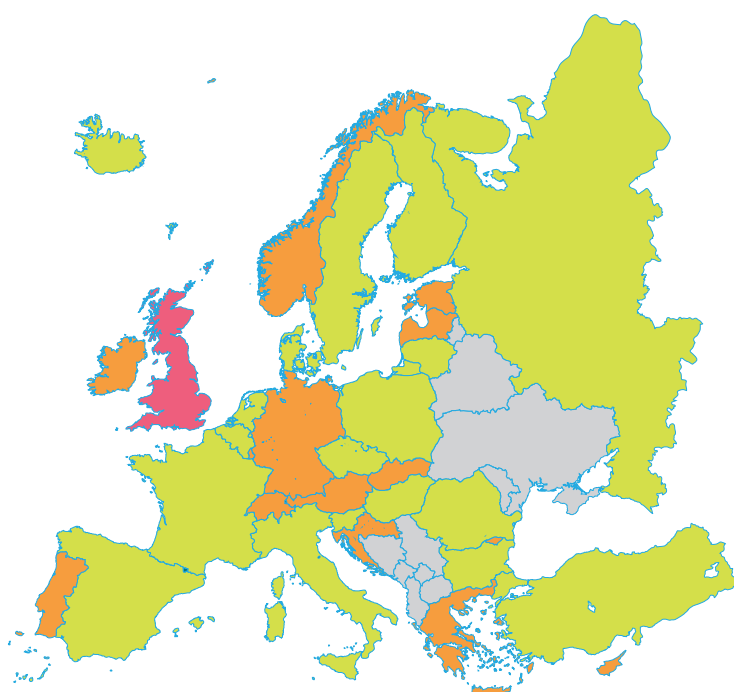
Drink Driving

In the European Union around one accident in four can be linked to alcohol consumption, and at least 6,500 people are killed in alcohol-related road accidents in the EU each year.

Drink driving remains the second biggest killer on EU roads. The fatality risk increases exponentially with the blood alcohol content (BAC) level of the driver.

Effective methods to tackle drink driving include reducing the legally permitted BAC, effective enforcement and the use of alcohol interlock devices.

The risk for drivers with low BAC levels (0.1 to 0.5 g/L) is 1 to 3 times the risk of sober drivers. For drivers with a BAC level of 0.5 to 0.8 g/L it is already up to 20 times higher, increasing to 5-30 times for drivers with BAC levels of 0.8 to 1.2.



- ≥0.5 mg per ml, plus up to one 'No'
- ≥0.5 mg per ml, plus 1 – 2 'No'
- 0.8 mg per ml



About the European Alcohol Policy Alliance

Eurocare is an alliance of non-governmental and public health organisations with around 60 member organisations across 25 European countries advocating the prevention and reduction of alcohol related harm in Europe. Member organisations are involved in advocacy and research, as well as in the provision of information and training on alcohol issues and the service for people whose lives are affected by alcohol problems.

The mission of Eurocare is to promote policies to prevent and reduce alcohol related harm. The message, in regard to alcohol consumption is "less is better".

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Institute of Alcohol Studies

Institute of Alcohol Studies (IAS)



Scottish Health Action on Alcohol Problems (SHAAP)



