



EUROPEAN PARLIAMENT

2014 - 2019

Plenary sitting

15.01.2015

B8-0000/2014

MOTION FOR A RESOLUTION

further to Question for Oral Answer B8-0000/2014

pursuant to Rule 128(5) of the Rules of Procedure

on Alcohol Strategy
(2014/0000(RSP))

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B8-0000/2014

**European Parliament resolution on Alcohol Strategy
(2014/0000(RSP))**

The European Parliament,

- having regard to the question to the Commission on EU Alcohol strategy (O-000000/2014 – B7 0000/2014),
 - having regard to Article 168 of the Treaty of Lisbon,
 - having regard to the REGULATION (EU) No .../2014 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL on the establishment of a third Programme of the Union's action in the field of health (2014-2020) and repealing Decision No 1350/2007/EC Health Programme,
 - having regard to its resolutions of 6 May 2010 on reducing health inequalities in the EU,
 - having regard to Article 168 of the Treaty on the Functioning of the European Union, which states that the Union shall only complement the Member States' action on public health issues,
 - having regard to the 2011 Annual report of the EU Platform for action on diet, physical activity and health¹,
 - having regard to its resolution of 5 September 2007 on an European Union strategy to support Member States in reducing alcohol-related harm,
 - having regard to the conclusions of the Employment, Social Policy, Health and Consumer Affairs Council meeting on 1-2 December 2011 on closing health gaps within the EU through concerted action to promote healthy lifestyle behaviours,
 - having regard to Rule 110(2) and Rule 115 of its Rules of Procedure,
- A. whereas the misuse of alcohol is the second largest lifestyle related cause of disease in Europe and alcohol addiction is a risk factor for over 60 chronic diseases, including for instance alcoholic liver disease (ALD), alcoholic chronic pancreatitis and almost all other digestive diseases, cancer, diabetes, cardiovascular diseases, obesity, Foetal Alcohol Spectrum Disorders (FASD) and neuropsychiatric disorders such as alcohol dependence;
- B. whereas there is a causal relationship between the abuse of alcohol and a whole range of mental and behavioural disorders, other non-transmissible diseases and injuries;
- C. whereas the social costs directly and indirectly attributable to the misuse of alcohol are estimated at €155.8 billion in Europe in 2010, of which a majority (€82.9 billion) lie

¹ 28 July 2011

outside the healthcare system;

- D. whereas the abuse of alcohol causes 3.3 million deaths worldwide each year, or 5.9% of deaths; whereas roughly 25% of all deaths in the 20-39 age group can be attributed to alcohol;
- E. whereas approximately 5 to 9 million children live in families which are adversely affected by alcohol;
- F. whereas addressing alcohol-related harm with effective policies will offer considerable savings in healthcare, due to a decrease in alcohol addiction, involving chronic diseases and other directly and indirectly alcohol-related harm, such as, inter alia, mortality and domestic violence, as well as alcohol-related costs; whereas a policy for reducing alcohol related harm should not only involve the health sector, but should follow the principle of health in all policies;
- G. whereas it should be emphasized that some groups are more vulnerable to alcohol related harm such as young people;
- H. whereas a person's vulnerability to alcohol is linked to a variety of factors, such as socio-economic level, culture and the availability of alcohol, as well as the extent and level of implementation and enforcement of policies in this area; whereas the vulnerabilities within one society can sometimes be as different as the vulnerabilities between different societies;
- I. whereas abuse and misuse of alcohol have harmful consequences, while there are different cultural habits related to alcohol consumption in the various Member States that do not need to conflict with a healthy lifestyle;
- J. whereas the implementation of Directive 2010/13/EU on audio-visual media services is essential for the effective protection of the physical, mental and moral development of children and minors; whereas there is a correlation between start drinking at early age and the likelihood of adult alcohol-related problems;
- K. whereas the WHO highlights the need for further knowledge and action in topics such as the relation between alcohol and the unborn child, the elderly, the impacts on socially disadvantaged people, and alcohol-related social exclusion;
- L. whereas the patterns of alcohol consumption vary across Member States, and also consumption of different alcoholic products reflects differing attitudes towards drinking;
- M. whereas around one traffic accident in four can be linked to drink driving, and at least 10,000 people are killed in alcohol related road incidents in the EU each year; whereas drink driving remains the second biggest killer on EU roads;
- N. whereas many EU citizens, especially young people, are insufficiently informed about the health dangers of excessive alcohol consumption and addiction, while healthy behaviours should be part of a wider and thorough education plan; whereas early

identification and counselling of people with harmful patterns of alcohol consumption have proven effective;

- O. whereas Regulation (EU) No 1169/2011 of the European Parliament and of the Council of 25 October 2011 on the provision of food information to consumers excluded alcoholic beverages from its provisions;
 - P. whereas under Regulation (EU) No 1169/2011 of the European Parliament and of the Council of 25 October 2011 on the provision of food information to consumers the Commission was required to produce by December 2014 a report evaluating whether alcoholic beverages should in future be covered by the requirement to provide information on ingredients and nutritional content on alcoholic beverages;
 - Q. whereas the EU Strategy on Alcohol has been successful in supporting Member States to reduce alcohol-related harm, in particular to share best practices among Member States, in areas such as young people protection, reducing alcohol-related road accidents, and awareness-raising education on alcohol consumption, to have a common database and monitoring on the EU level and to benefit the enhanced coordination by the Commission;
 - R. whereas the involvement of a wide range of stakeholders within the European Alcohol and Health Forum, and beyond, has fostered the development of concrete and measurable actions to reduce alcohol related harm at local level throughout the European Union;
 - S. whereas the third Programme of the Union's action in the field of health (2014-2020) promotes the uptake of validated best practice for cost-effective prevention measures focused on the key risk factors, including the abuse of alcohol;
1. Considers that on 22 October 2013, during the meeting of the Committee on National Alcohol Policy and Action (CNAPA), the Commission announced its intention to work towards a European Action Plan to Reduce Alcohol Related Harm to be launched between May and September 2014;
 2. Emphasises that, while it is possible to reduce the health, security and socio-economic problems caused by alcohol, this would require action on the extent, the patterns and the contexts of alcohol consumption, as well as on the wider social determinants of health;
 3. Calls on the Commission to present the European Action Plan and immediately begin work on the new EU Alcohol Strategy (2016-2022) to provide real and effective support for national governments and a comprehensive and updated policy framework for the fight against alcohol related harm, to support monitoring and data collection, to encourage prevention and health promotion and education, early diagnosis, improved access to treatment, continuous support to affected people and their families, including counselling programmes, to reduce traffic accidents caused by drink driving and to better differentiate within drinking patterns, within alcoholic products, within behaviours and attitudes towards alcohol consumption;
 4. Urges the Commission to immediately produce the report foreseen in Regulation (EU)

No 1169/2011 by December 2014, evaluating whether alcoholic beverages should in future be covered by the requirement to provide information on ingredients and nutritional content;

5. Calls on the Commission to start immediate work on a new EU Alcohol Strategy for the period 2016-2022, without prejudice to the Action Plan, to provide for a comprehensive updated and articulated policy framework to best support national governments to address alcohol related harm over a more extended period of time;
6. Stresses that self-regulatory initiatives and codes of conducts could be more effective at protecting minors from the negative impact of hazardous alcohol consumption if accompanied by legally binding requirements that are necessary to ensure the effective protection of minors;
7. Calls on the Member States to increase their efforts to educate the general public, particularly minors and pregnant women, on the harmful effects of alcohol, on the cultural aspects of responsible alcohol consumption and on the health effects of moderate alcohol consumption, and when required to legislate accordingly;
8. Calls on the Commission to evaluate and, if necessary, enhance the role and functioning of the European Alcohol and Health Forum, to ensure that the membership is truly representative of all alcohol stakeholders, in a balanced manner, including NGOs are properly represented and to work on encouraging and supporting their participation to the Forum and their commitment to developing concrete and effective actions to reduce alcohol-related harm;
9. Urges the Commission to present the European Action Plan to Reduce Alcohol Related Harm as soon as possible, ensuring inclusiveness and transparency in its development process;
10. Reiterates the importance of a strong political commitment from the European Commission, the Council and EU Member States to increase efforts to prevent alcohol related harm and provide an adequate evidence based policy response which reflects the severe and diverse health and socio-economic impacts of alcohol-related harm and its inter-relationships with other risk factors;
11. Recalls the importance of measurable, time-restricted policy goals and adequate multi-annual mechanisms to monitor progress to ensure effective implementation of the Action Plan across Member States; Calls on the need to monitor alcohol-related implementation of legislation;
12. Calls on the Commission and Member States to actively support the improvement of indicators, data collection, its comparability and timely analysis on alcohol consumption, the burden due to its misuse and the direct and indirect costs to society of alcohol related harm, and to promote the effective integration of relevant data into EU and national alcohol policies on the basis of a common evidence-basis;
13. Calls on the European Commission and Member States to review and strengthen the implementation of measures to restrict alcohol sales to those under the legal age for

alcohol purchase, take actions to properly regulate the cross border sale of alcohol on the internet, as well as campaigns to raise awareness of the dangers of binge drinking especially for under-age people who are more likely to engage in this activity, and efforts to reduce traffic accidents related to drink driving;

14. Urges the European Commission and the Member States to invest in education, in order to stress the differences among drinking patterns and their effects on health and on the society;
15. Calls on the European Commission and Member States to review and strengthen the implementation of measures to restrict alcohol sales to those under the legal age, namely by restricting sales in premises within a close range from schools, take actions to properly regulate the cross border sale of alcohol on the internet, as well as campaigns to raise awareness of the dangers of binge drinking especially for under-age people who are more likely to engage in this activity, and efforts to reduce traffic accidents related to drink driving;
16. Calls on Member States and the Commission, and all other relevant stakeholders to review and strengthen awareness campaigns targeted at alcohol consumption by pregnant women and the impact of alcohol on the unborn child;
17. Calls on the Commission to maintain in its strategy financial support for projects addressing alcohol-related harm and the understanding of the underlying causes of alcohol abuse under the new Health Programme and the Horizon 2020 Programme;
18. Calls on Member States to implement targeted awareness and education measures from an early age as part of strategies to prevent abuse and to spread best practices;
19. Calls on Member States to build on the WHO Alcohol Strategy and improve early detection of harmful alcohol consumption in primary care by promoting screening and ensuring adequate support services for the treatment of alcohol use disorders and related chronic conditions;
20. Calls on Member States to continue, intensify and/or develop policies and actions promoting healthy lifestyle behaviours;
21. Stresses that national regulations must contribute to raising awareness of the harmful effects of alcohol abuse, to making treatment accessible and affordable to those suffering from disorders linked to overconsumption of alcohol, and to put in place screening programmes and short interventions in cases of harmful and dangerous alcohol consumption;
22. Calls on Member States and all other relevant stakeholders to continue, intensify and/or develop policies and actions promoting healthy lifestyle behaviours, including sport and recreational activities, while recognizing that moderate enjoyment of alcoholic beverages is a significant component of cultural life in many Member States and need not conflict with a healthy lifestyle;
23. Calls on Member States to consider the appropriateness of introducing minimum pricing

per alcohol unit, provided that these measures are taken on the basis of and with respect to the subsidiarity principle; Calls on the Commission and Member States to recognise that such measures are proportionate and effective for the protection of health, and are not a disguised trade barrier;

24. Urges the Member States to examine their existing legislation and initiatives relating to consumer information and appropriate drinking culture, in order to educate and raise awareness on the consequences of excessive alcohol consumption and to reduce alcohol related harm;
25. Calls on the Commission to assess existing European legislation in regard to the need to improve consumer information on alcohol, ensuring that consumers are aware of the content of alcohol and calories content without imposing barriers to the single market;
26. Calls on the European Commission and Member States to make appropriate strategies in order to tackle the problem of alcohol counterfeiting, as well as illegal and black market sales of alcohol;
27. Instructs its President to forward this resolution to the Commission.