

Bridging the Gap

European Alcohol Policy Conference

16 – 19 June 2004, Warsaw, Poland

Introduction by Michael Martin, Irish Health Minister and the Chair of the EU Council of Health Ministers

Let me begin by setting the issue of alcohol in the context of public health in Europe. Europe has the highest alcohol consumption in the world. Alcohol is therefore one of the key health determinants in the European Union and, sadly, alcohol-related harm comes directly after tobacco and high blood pressure as a cause of ill-health. The negative impact of alcohol on health and social well being plays an important role in the future development of public health policies in the European Union of 25. We have also reason to fear that the harmful impact of factors like alcohol on public health and society is likely to increase, for example excessive and harmful alcohol consumption is behind a high proportion of premature deaths in the European Union. 25 per cent of European men and 10 per cent of European women consume alcohol at levels hazardous and harmful to their health. Alcohol consumption is clearly related to a wide range of social problems: violence, child abuse, work-related problems and intoxication and heavy drinking are more frequent among adolescents and young adults.

Now alcohol beverages of course are not all bad; they can give pleasures as well as problems but I would like to underline that we, working in the public health field, do not need to give more information on the pleasures of alcohol or encourage people to drink more alcohol. Our task is to provide information on alcohol's impact on health and welfare and to take relevant actions to protect people from alcohol-related harm. Actions to reduce alcohol-related harm do not in any way jeopardise the positive benefits of alcohol.

Alcohol has a darker side. As you will all know better than me, alcohol is a substance that affects both the body and the brain, it can contribute to, among other things, acute toxic affects, alcohol dependence, liver cirrhosis, cancers and contributes to overweight and obesity. I know that you engaging in public health policy, agree that together in Europe we need to do more to minimise alcohol-related

harm. Public authorities in Member States here in Europe have the primary responsibility to protect their citizens. Health promotion, prevention and health education are tasks for the public health community and of course the health promotion community.

The beverage alcohol industry has a clear responsibility with regard to its products to ensure that they do not sell, serve or market alcohol in a way that contributes to increased alcohol related harm. Non-governmental organisations have a particular role to inform and mobilise civil society to advocate for the implementation of effective evidence based alcohol policy. They also make an invaluable contribution to prevention and health promotion. For its part, the European Union through the European Commission and Council of Ministers has a vital role to play under the European Treaty, and here I would like also to pay tribute to the role of the European Parliament in showing leadership in these areas.

I would also like to underline the important role of international organisations, in particular the WHO and its European office, in giving important guidance to all of us. The European Alcohol Action Plan and the Stockholm Ministerial Conference on Young People and Alcohol have been important milestones in our work. So let me underline that what we want is an integrated approach to combating alcohol issues and we want an integrated approach with action by all agencies. This task concerns the family and the school but it also extends to alcohol producers, pub and bar owners, advertisers and national regulators. All have their role to play.

I enormously appreciate the title of your conference "Bridging the Gap". It focuses on one of the main problems of today, the gap between policy makers, practitioners and researchers. Being a policy maker myself I welcome the progress made in the scientific understanding of the relationship between alcohol and health and of what works. I also welcome better co-operation between the actors; much will be gained if we can work together in a more sustainable, open and efficient way. The Commission is currently looking internally at a tool kit of actions that could be part of a comprehensive and coordinated approach to alcohol. This is our task in response to the Council of Ministers conclusions on alcohol consumption way back in 2001. Such a strategy will deal with topics such as drink driving, commercial communication, under age drinking and information of consumers. It will also have to touch on excise duties, illicit trade, fraud, dependence and clinical best practice. So I think that we have a great deal of work ahead and I hope that you will all contribute to our

work in this important area. We need to do this in partnership with all those who share our concern. The Commission is determined to take these issues forward and to contribute to the protection of our citizens and especially young people from alcohol related harm.