

Alcohol consumption:

Prioritize health protection

Prevent and reduce harm



Information for policymakers
What can the public administrations do?

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June 3rd, 2021



ESTRATEGIA
PROMOCIÓN DE LA SALUD
Y PREVENCIÓN EN EL SNS



GOBIERNO
DE ESPAÑA

MINISTERIO
DE SANIDAD





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Executive Summary

To prevent alcohol consumption and alcohol-related harm, structural actions involving diverse stakeholders are necessary. Collaboration and intersectoral work play a crucial role in such efforts, which is why the messages contained in this document also target those working outside the health sector.

1. Prioritize public health protection in alcohol policies

- "Alcohol is one of the main **preventable risk factors** for more than **200 diseases**, in addition to producing **social and economic consequences** that hinder countries' development. All of this is **preventable**.
- "It is essential to include the prevention of, and approach to, alcohol consumption as a priority in the **public health agenda**, and to strengthen **coordination and intersectoral efforts** at all levels of the administration and in all sectors.
- "Involving **policymakers** is crucial to implementing actions that include the most **cost-effective evidence-based practices**, and to **enact legislation**, when necessary.

2. Inform of the risks associated with alcohol consumption

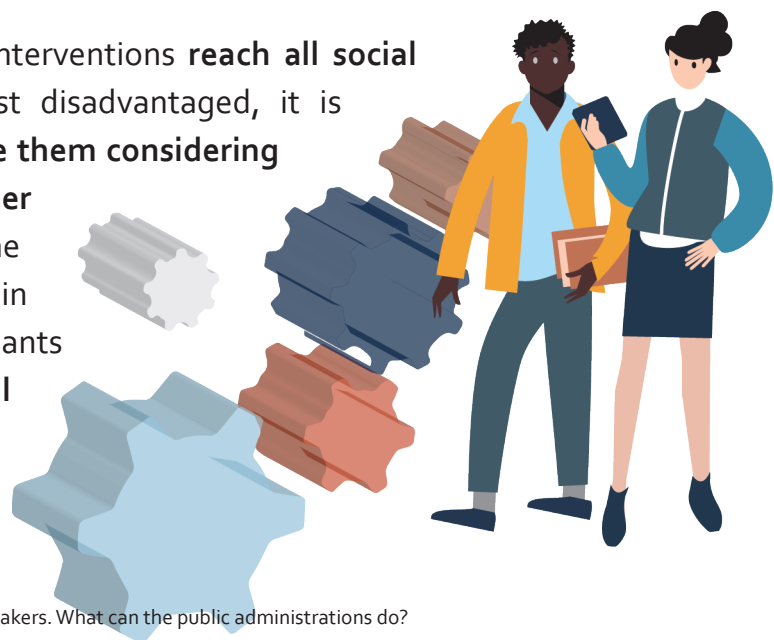
- It has been proven that for certain conditions (gastrointestinal diseases, cancer, and injuries) **any level of consumption implies risk**. There is no safe consumption level of.
- Consuming above the **low-risk thresholds** (20 g/day for men and 10 g/day for women) increases the risk of death.
- Consuming large quantities in a short period of time (known as binge drinking) should be discouraged, as this pattern of consumption always involves a health risk.

3. Promote national and international initiatives

- Promote international initiatives, such as the **World Health Organization's SAFER initiative**, the **United Nations' 2030 Agenda**, and the Committee on National Alcohol Policy and Action (CNAPA) at the **European Union (EU)** level.
- Be aware of and implement initiatives already launched in Spain, such as:
 - a. The Prevention and Health Promotion Strategy of the Spanish National Health System and the National Strategy on Addictions 2017-2024
 - b. Road safety strategies
 - c. Regional and local plans and third-sector initiatives

4. Integrate equity to reduce inequalities in health

- To **ensure** that campaigns and interventions **reach all social groups**, and above all the most disadvantaged, it is necessary to **design and evaluate them considering the social gradient and other factors**, such as gender and the conditions and circumstances in which people live (social determinants of health), as well as **commercial determinants of health**.





Introduction¹

The content of this document is aimed at policymakers—at the national, regional and municipal/local levels—who participate in developing health plans and policies; specifically, those aimed at preventing and reducing alcohol-related harm.

Given that alcohol-related harm extends beyond public health, actions involving multiple stakeholders are required, and collaboration and intersectoral work are crucial, which is why the messages contained in this document also target those working in sectors other than health.

Relevant sectors for policymaking aimed at preventing and reducing the alcohol-related harm encompass the individuals and administrations responsible for:

- " Establishing alcohol pricing and tax policy
- " Licensing the production, distribution and sale of alcohol
- " Regulating and monitoring advertising, sponsorship, and promotion of alcoholic products
- " Transport and drink-driving policy

- Managing health services for the screening, brief intervention and treatment of alcohol use disorders
- " Collecting and analysing data and reporting on alcohol-related indicators

The breadth of sectors also implies that those individuals responsible for an action plan on alcohol must work in coordination and liaise with different departments and institutions, some of which may have a different a different understanding of, and goals for, alcohol policy.

The purpose of this document is to ensure that protecting health is a priority for all the parties involved in policymaking on alcohol, and that this is placed above any commercial interest.



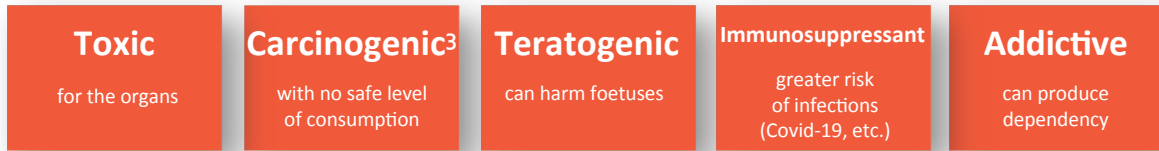


1. Prioritize the protection of health in alcohol policies

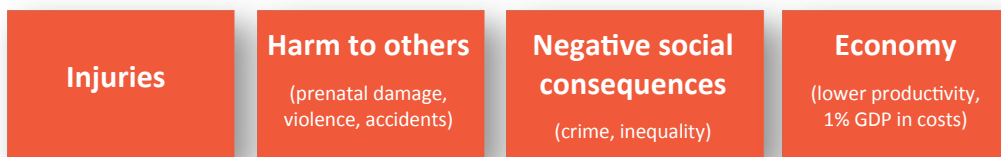
- Include the prevention of, and approach to, alcohol consumption as a priority on the public health agenda.
- Strengthen coordination and intersectoral efforts at all levels of the administration.
- Take into account social and commercial determinants of health.
- Favour the involvement of policymakers in implementing actions that include the most cost-effective evidence-based practices, and to enact legislation, when necessary.

Key messages

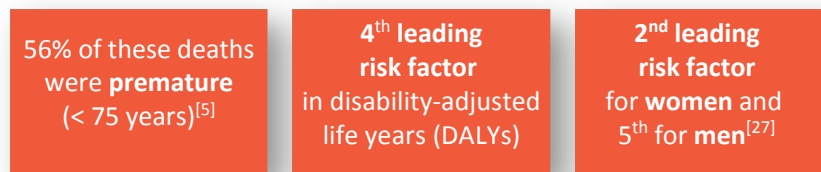
- 1) Alcohol consumption is one of the **main preventable risk factors** for more than **200 diseases**.²



- 2) **Hinders countries' development.**



- 3) Causes **15,000 deaths/year** in Spain (75% in men).^{4,5}



Is PREVENTABLE

- 4) Is the psychoactive substance with the highest consumption, but with a **low risk perception**.

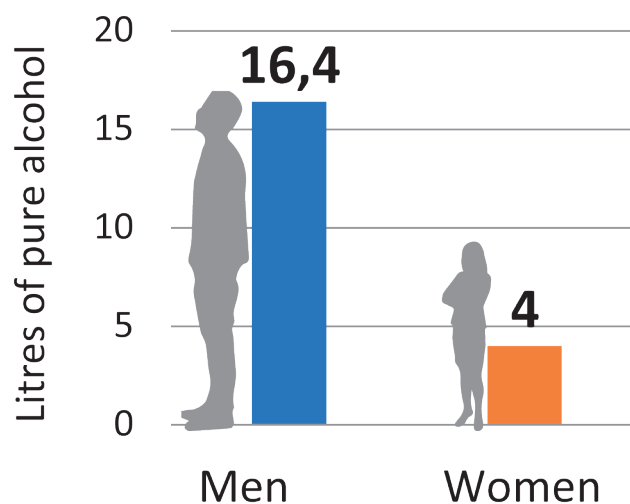
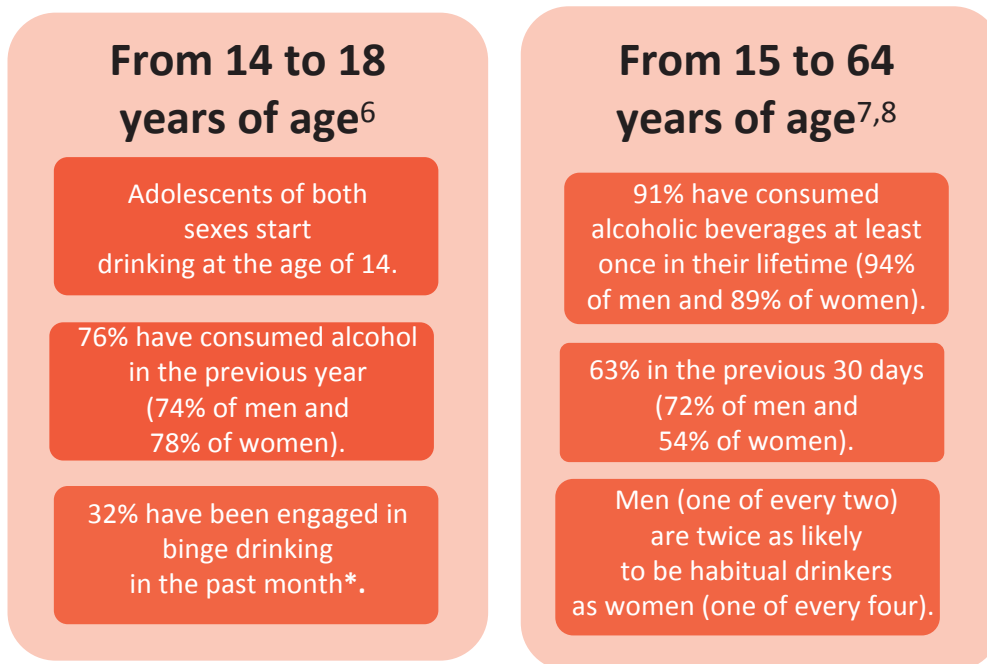


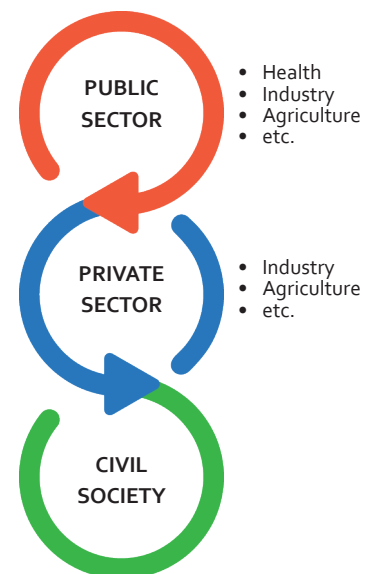
Figure 1: Annual alcohol consumption per capita (15+) (in litres of pure alcohol) WHO, 2016^[7]



*(considered the consumption of 5 or more glasses of an alcoholic beverage in approximately 2 hours).

5) Coordination and intersectoral approach are necessary

- There are **multiple agents and sectors involved**, in certain cases with conflicting interests, but all agree on the **protection of minors** and of other groups or particular situations, such as during **pregnancy** or while **driving a vehicle**.
- **Health protection mechanisms** relating to alcohol consumption must be factored into commercial, industrial, and agricultural decisions,⁹ and the decisions of other relevant sectors.



6) Promoting knowledge and research is essential

- "It is necessary to strengthen existing lines of support for research regarding alcohol consumption, its prevention, and how to address the issue. Such projects must be free of commercial interests and incorporate the equity perspective. Data must be disaggregated at least for socio-economic factors, age, and sex, or through specific studies of different population groups, such as vulnerable groups or older people.
- "It is also necessary to promote monitorization of alcohol consumption and the evaluation of initiatives to prevent alcohol consumption.



2. Inform of the risks associated with alcohol consumption

- This is a responsibility of the administrations.
- People have the right to be informed, to decrease and prevent risks.
- The information provided must be complete and accurate, including risks, costs, and consequences directly and indirectly related to alcohol consumption.
- This may encourage the public to prevention policies and strategies.

ⁱ Spain's General Public Health Act, Royal Legislative Decree approving the General Act on the Defence of Consumers and Users, and other laws.

Key messages¹⁰

- 1) It has been proven that for certain conditions (gastrointestinal diseases, cancer, and injuries) any level of **consumption implies risk**. There is no safe consumption level of.
- 2) The **low-risk consumption thresholds for alcohol are those above which mortality significantly increases**.



- 3) **Binge drinking is harmful**, with consequences for the drinker's health and their social environment. Therefore, it must always be discouraged.

What are episodes of binge drinking?

The consumption of large amounts in a short period of time (4-6 hours).
For example, outdoor drinking parties



What are the consequences?

The consequences are **harmful**, both for the health of the drinkers and of those around them



CARDIOVASCULAR PROBLEMS



BRAIN DEVELOPMENT AND NEUROPSYCHIATRIC EFFECTS



CAR ACCIDENTS



VIOLENCE AND INJURIES: TOWARDS OTHER PEOPLE OR SELF-INFLICTED

Acute intoxication  can lead to death

Is there a safe level of binge drinking?



NO. Binge drinking is discouraged

- 4) Recommending the consumption of certain alcoholic beverages, ascribing them differential health benefits, is **not based on current scientific evidence**.
- 5) Some specific groups or special populations **must not consume alcohol**.

DO NOT consume alcohol



DRIVING



BREASTFEEDING



PREGNANCY



WORKS REQUIRING CONCENTRATION



MINORS



CERTAIN MEDICATION AND DISEASES/ CONDITIONS



RISKY ACTIVITIES/ SPORTS



CHILDCARE/ SUPERVISION OF MINORS

IMPORTANT

The harm associated with alcohol consumption can be **PREVENTED** by not drinking or **REDUCED** by decreasing the amount and intensity.



3.

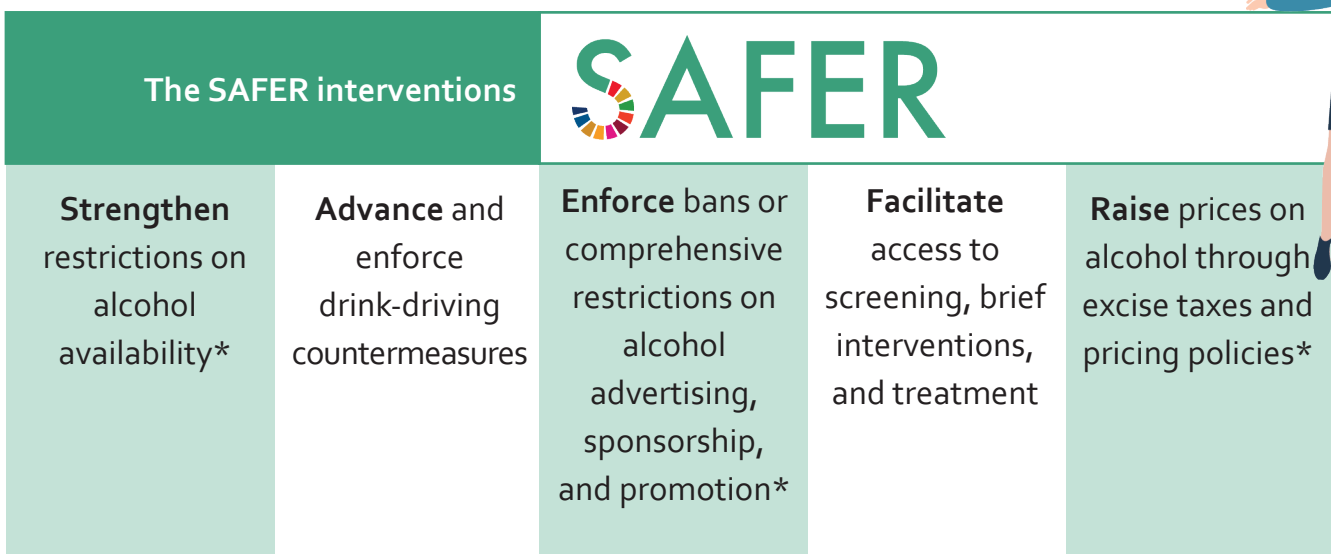
Promote national and international initiatives

- The World Health Organization propose the SAFER initiative, which focuses on 5 areas considered “best buys”.
- The United Nations, within the framework of the 2030 Agenda, establishes Sustainable Development target 3.5: Strengthens the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.
- In the sphere of the European Union, the Committee on National Alcohol Policy and Action (CNAPA) facilitates cooperation and coordination between EU countries and contributes to greater policy development.
- The following measures are being implemented in Spain:
 - a. The Prevention and Health Promotion Strategy of the National Health System and the National Strategy on Addictions 2017-2024.
 - b. Road safety strategies.
 - c. Regional and local plans and third-sector initiatives.

3.1. International initiatives

A. World Health Organization

In 2010 the World Health Organization began to implement the **Global strategy to reduce the harmful use of alcohol**¹¹ and in 2018 launched the SAFER initiative¹ (see Appendix). This initiative focuses on five areas considered “best buys” that can help governments to reduce alcohol consumption and its related health, social, and economic consequences. Three of these areas achieve the best results, according to the scientific evidence.(*)



Moreover, this initiative recognizes the need to protect public health-oriented policy interventions from interference of the alcohol industry, as well as the importance of a strong and sustainable monitoring and evaluation system.

Another recommended practice is to **promote legislation on alcohol labelling**, including ingredients, nutritional values, health information and information on low-risk drinking guidelines (see Annex II).

B. United Nations

The framework of the 2030 Agenda includes Sustainable Development Goal (SDG) target 3.5: **Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol**. In addition, preventing alcohol consumption could facilitate the achievement of other SDGs¹², including SDG 10: Reduced inequalities, because alcohol consumption aggravates inequalities within and among countries.²



C. European Union

The Committee on National Alcohol Policy and Action (CNAPA), formed by individuals appointed by EU Member States, plays an important role by facilitating cooperation and coordination between EU countries and contributing to better policy development. Its main objectives are to share best practices and seek the convergence of national policies on alcohol within the EU.¹³



Projects and other initiatives addressing alcohol-related harm are funded through the European Commission's Health Programme. Such projects include the EU Joint Action on Reducing Alcohol Related Harm (RARHA)¹⁴ (2014-2016), which recommended updating low-risk consumption thresholds. As a result of this initiative, the Ministry of Health of Spain, in collaboration with a group of experts, reviewed the available evidence, and in 2020 it published the document: [Low-Risk Alcohol Consumption Thresholds](#). Update on the risks related to alcohol consumption levels, consumption patterns and type of alcoholic beverages.¹⁰

3.2. National initiatives

- " The **Prevention and Health Promotion Strategy** of the Spanish National Health System, under the aegis of the Ministry of Health. Approved by the Inter-territorial Board of the Spanish National Health System in 2013.
- " **Spanish National Strategy on Addictions 2017-2024**, led by the Spanish National Drugs Plan.
- " **Road safety strategies**
- " Spain also has a number of regional¹⁵ and local plans (SIPES)¹⁶ and third-sector initiatives.¹⁷



Estrategia de Seguridad Vial





4. Integrate equity to reduce inequalities in health

- Design and evaluate campaigns and interventions considering the social gradient and other factors, such as gender and the conditions and circumstances in which people live (social determinants of health).
- Define the target population of actions, to ensure that they reach all social groups, and primarily the most disadvantaged.
- Take into account the commercial determinants of health –defined as strategies used by the private sector to promote unhealthy products and choices– that play a key role in individuals' environment and lifestyles, thus affecting population's health. For example, through the sponsorship of sports events.¹⁰



Alcohol consumption exacerbates social and health inequalities

Even at the same level of consumption, the **harm is greater** among people in the **most disadvantaged socio-economic situations**.

A number of factors have been identified in relation to **environments that favour alcohol consumption**, such as the density of retail alcohol outlets, the promotion of products, or the model of social relationships.

Alcohol consumption influence on all developmental levels, with an impact that may shape a lifetime, even affecting future generations ¹⁸.

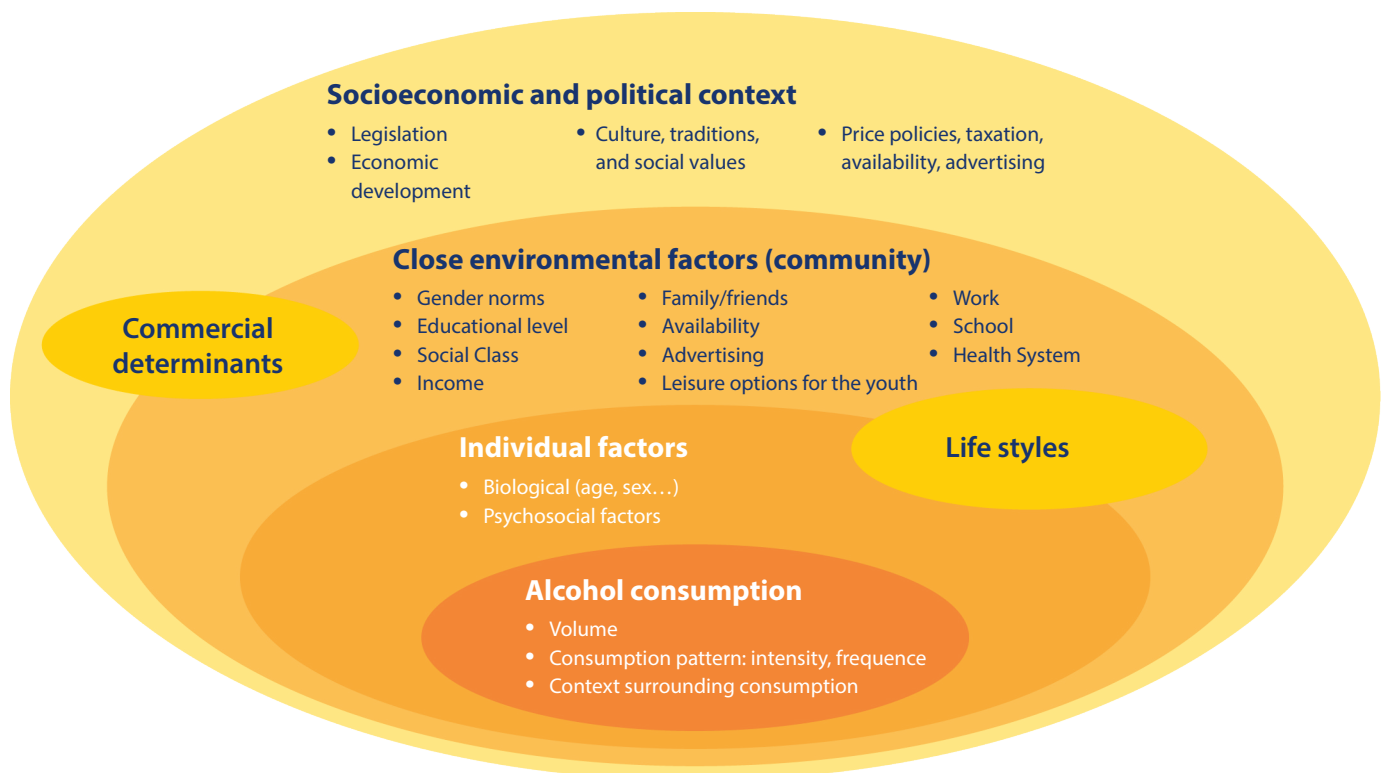


Figure 2: Conceptual model of the creation of health inequities in relation to alcohol consumption.

Annex I. The SAFER initiative: How to implement it

The [technical package SAFER¹](#) on the five areas of intervention considered “best buys” sets forth what to do, why, how and whom to work with; it is aimed at the national and subnational levels.

A summary of the measures recommended in each of the five areas is set out below. The first three are those which achieve the best results according to the scientific evidence.



1. Strengthen restrictions on alcohol availability

- " To regulate the number, density and location of retail alcohol outlets;
- " To regulate the hours and days during which alcohol may be sold;
- " To establish a national legal minimum age for purchase and consumption of alcohol; and
- " To restrict the use of alcohol in public places.

An emerging challenge regarding alcohol availability is remote selling (selling online or by telephone) and associated delivery systems for alcohol. It is important to ensure that regulations regarding minimum age, as well as those concerning hours of sale, among others, are safeguarded in this regard.

2. Enforce bans or comprehensive restrictions on alcohol advertising, sponsorship and promotion¹⁹

- " Bans or comprehensive restrictions on exposure to alcohol advertising can be enacted and enforced by setting up regulatory or co-regulatory frameworks, preferably with a legislative basis, and supporting them when appropriate by self-regulatory measures that contribute in particular to eliminating the marketing and advertising of alcoholic products to minors;

- " Public agencies or independent bodies can develop effective systems of surveillance of marketing of alcohol products; and
- " Effective administrative and deterrence systems for infringements of marketing restrictions can be set up.

3. Raise prices on alcohol through excise taxes and pricing policies²⁰

- Increasing excise taxesⁱⁱ on alcoholic beverages and regularly reviewing prices in relation to the level of inflation and income;
- Banning or restricting the use of direct and indirect price promotions, discount sales, sales below cost, and flat rates for unlimited alcohol consumption or other types of volume sales;ⁱⁱⁱ
- " Establishing minimum prices for alcohol, where applicable;
- " Providing price incentives for non-alcoholic beverages; and
- " Reducing or stopping subsidies to economic operators in the area of alcohol.

4. Advance and enforce drink-driving countermeasures

- Carrying out blood-alcohol concentration tests to assess compliance with the established thresholds for driving, and fining or suspending the driving licenses of those who are over the limit, pursuant to prevailing legislation.
- Other complementary measures include the provision of alternative transportation, treatment programmes for offenders, especially repeat offenders, and carefully planned, high-intensity and well-executed mass media campaigns.

ⁱⁱ With specific taxes (based on alcohol content)²⁰.

ⁱⁱⁱ Paying particular attention to high-grade alcohol beverages and to those with low manufacturing costs²⁰.

5. Facilitate access to screening, brief interventions and treatment

- " Support initiatives for screening and brief interventions for **at-Risk Alcohol Consumption** risky alcohol intake in primary health care and other settings.

A person's drinking is considered to be at risk alcohol consumption if they consume > 40 g/d (4 SDs/day) for men or > 20-25 g/d (2-2.5 SDs/day) for women. The appropriate course of action is specified in the [manual "Consejo integral en estilo de vida en Atención Primaria, vinculado con recursos comunitarios en población adulta"](#) [Comprehensive lifestyle counselling at the primary healthcare level, linked to community resources in the adult population].²¹

Protect from interference by the alcohol industry and other sectors with opposing interests

The SAFER initiative recognizes the **need to protect public health-oriented policymaking from interference by the alcohol industry**, as well as the importance of a strong and sustainable monitoring and evaluation system to ensure accountability and track progress in the implementation of the SAFER interventions.¹

- " The industry's interests as regards the consumption of alcoholic beverages are largely in opposition to public health interests.
- " Therefore, any interaction must be limited to debating the contribution that alcohol industry can make towards reducing the harm caused by alcohol –solely within their role as manufacturers, distributors, promoters, and sellers of alcohol– and not involve drafting policies on alcohol or health promotion.⁹

Annex II. Labelling of alcoholic beverages

Currently in Spain, based on European Regulation No 1169/2011, alcoholic beverages containing more than 1.2% by volume of alcohol are exempted from the mandatory listing of ingredients and nutritional declaration.

The World Health Organization Regional Office for Europe states that it **is the right of consumers to make informed choices about the products they purchase**, and it is the obligation of public institutions to ensure consumers are able to do so. In 2010, the World Health Organization's Global strategy to reduce the harmful use of alcohol already contained a recommendation to include labelling on alcoholic beverages to indicate, the harm related to alcohol.

1. This labelling can be part of a comprehensive strategy to prevent and reduce alcohol related harm:

- " Provides information and educates consumers⁽²²⁾.
- " Helps to modify and reduce alcohol consumption over time⁽²²⁾.
- " Contributes to cultural change in relation to alcohol acceptance, increasing public support for other policies, such as fiscal policies⁽²³⁾.
- " Leads to changes in behaviour, both by increasing the number of people selecting a healthier product and by reducing dietary intake of unhealthy choices.
- " Influences the industry's response, leading to changes in the composition of some products⁽²⁴⁾.

2. The options and recommendations to be included in the labelling are^(22, 24):

- " **Listing of all ingredients, nutritional declaration**, and energy content, as well as nutritional value recommendations.
- " **Health information:**
 - Alcohol related harm
 - " At the population level, such as cancer.
 - " At specific population groups or special situations (pregnancy, minors or driving).
 - Low-risk drinking guidelines.



Illustration 3: Fig. 5. Examples of warning text and pictograms for alcoholic beverages from the WHO European Region document *Alcohol Labelling: a discussion document on policy options*. (22)

3. Recommendation for the development of labelling regulation

(22,24):

- **Ensure that regulations include specific instructions** on how to present the information (e.g. appropriate size and font, framing of the message, front of pack, rotating messages and easy-to-understand information, and seek advice from public health bodies), favouring mandatory regulation over voluntary commitments.
- **If messages are co-regulated, self-regulated or voluntary by industry**, public health bodies should be involved by giving clear instructions to ensure that messages are effective.
- Ensure that mechanisms are in place to enforce regulations and agreements, to secure **independent monitoring and for evaluation of the impact of labelling policies** (whether mandatory or voluntary).

The **Europe's Beating Cancer Plan**⁽²⁵⁾ presented in 2021⁽²⁶⁾ proposes a **mandatory indication of the list of ingredients and nutrition declaration** on alcoholic beverages labels before the end of 2022, and **health warnings** on labels before the end of 2023.

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This document is intended for policymakers at the national, regional, and municipal/local levels who participate in developing health plans and policies; specifically, those aimed at preventing and reducing the harm associated with alcohol consumption.

Taking into account that the harm related to alcohol consumption goes beyond the sphere of public health, actions involving multiple stakeholders are required, and collaboration and intersectoral work are crucial.

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