Policy statement issued by the Network of European NGO's Dedicated to injury prevention

'Alcohol and injuries'

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Summary

Through this policy statement, twelve European umbrella organisations dedicated to injury prevention and safety promotion, want to contribute to current policy initiatives aiming at preventing and reducing alcohol related harm in order to increase the health and wellbeing of European citizens.

The statement highlights *alcohol as the major underlying risk factor for accidents, injuries and violence and identifies alcohol policy actions that will reduce the burden of alcohol related harm*.
Alcohol is shown to be a significant contributory factor in the occurrence of: road traffic accidents (car occupants, bicyclists, pedestrians), but also in accidents at home (falls and fires), accidents at work, recreational and sports injuries (due to drowning for instance), violence and suicide. Alcohol can also be an immediate cause of death due to accidental overdose, i.e. alcohol poisoning. Around 40% of all unintentional and intentional injury deaths are related to alcohol consumption. Alcohol also causes measurable inequities both between and within countries.

Given the huge impact of alcohol consumption on the social fabric of today's society, we must stop considering alcoholic drinks as an ordinary commodity. There is a growing body of evidence to show that injury and violence prevention strategies can be cost-effective and this is particularly true in relation to alcohol. Therefore, the organisations that endorse this statement urge Member States and the European Commission to formulate co-ordinated alcohol policies in collaboration with all relevant safety sectors as well as with nongovernmental organizations in order to address effectively this important risk factor to injuries and violence.

The injury prevention community make the following recommendations, which are complementary to current initiatives:
- The EU should prioritize health over trade interests and should ensure effective minimum pricing policies, sales restrictions and discount bans being introduced in all Member States.
- An EU-harmonised consumer information and labelling system for alcohol products should make consumers more aware of the specific risks related to alcohol consumption.
- Alcohol-free environments should be created in road traffic, sports and leisure environments.
- Safer drinking and urban night time environments should be created and enforced within communities, especially for young people.
- Zero tolerance to alcohol consumption before driving or at work (BAC- levels set at 0,2 maximum in all countries), enforced by random breath testing and severe penalties for drinking and driving throughout Europe.
- Awareness raising campaigns of harm done by alcohol should be scaled up by informing and educating consumers as to high injury and death risk related to alcohol consumption.
- The health sector should advocate a more multisectoral approach and enhance working relationships with transport, police, criminal justice, leisure and beverage business and urban planning sectors.
- The health sector should systematically collect information pertaining to alcohol use from all injured patients attending emergency units. This information should be used for driving the political agenda at local, regional and national level.
- Emergency departments should collect information on assaults and share it with police and local authorities in an effort to control violence.
- Public health actions should be scaled in view of enhancing early detection of individuals at high risk and offering counselling by GP's and in hospitals.
- A monitoring system, with common key indicators for alcohol related injuries across Europe should be put in place for yearly data collection and annual reports be developed.

Background

On the 9-10 October 2008, a group of European NGO's signed a Declaration on Injury Prevention in Europe[1], in support of the Council Recommendation on the prevention of injury and the promotion of safety[2]. This Network of European NGO's that are dedicated to injury prevention, also agreed to prepare a Policy Statement on the issue of Alcohol and injuries[3], as *alcohol is an important risk factor for accidents and injuries*.

Through the policy statement, these European umbrella organisations are committed to endorsing and complementing European policy initiatives[4] aimed at preventing and reducing alcohol related harm in order to increase health and wellbeing of European citizens

The organisations that endorse of this statement call upon Member States and the European Commission to ensure co-ordinated alcohol prevention and reduction policies in collaboration with all relevant health and safety sectors as well as with nongovernmental organizations in order to effectively address this important risk factor to injuries and violence. The health sector has much to offer, ranging from surveillance of alcohol-related injuries and violence to interventions by health professionals, such as individual counselling of at-risk patients and recidivists.

Alcohol: not an ordinary commodity

Alcohol consumption forms an integral part of modern culture[5]. A large majority of those who consume alcohol do so in moderation. However, the European region is the heaviest drinking region in the world, with an average consumption level of 11 litres of alcohol per adult per year[6]. This is more than 2,5 times as much as the rest of the world. It is estimated that over 58 million adults in EU-25 (15%) drink at a risky level, while 23 million are dependent on alcohol.

Alcohol is a toxic substance in terms of its direct and indirect effects on a wide range of body organs and systems and is related to some 60 diseases. Alcohol is the 3rd leading risk factor, behind tobacco and high blood pressure, and is responsible for 7,4% of all ill-health and premature death in the EU. Alcohol harm is disproportionately high among young people (115.000 of 195.000 deaths per year) and harms other than the drinker.

Alcohol does not only harm the individual drinker, but also harms innocent bystanders such as young children in families disrupted by alcohol (5-9 million children), vulnerable road users, and victims of domestic violence and street crime. European citizens have the right to be safeguarded from the harmful effects that alcoholic products may cause to themselves and their fellow citizens and need to be protected.

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1 http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/0/8524EC59AE213562C1257546004BE3FF/$file/Declaration_paris.pdf

2 OJ C 164, 31.05.2007, p1

3 An injury is usually defined by intention. The main causes of *unintentional* (accidental) injuries are motor vehicle accidents, poisoning, drowning, falls and burns. *Intentional injuries* (or violence) can be divided into the categories of: self-directed (as in suicide or self harm), inter personal (child, partner, elder, acquaintance, stranger) or collective (in war and by gangs), and other intentional injuries (including deaths due to legal intervention). In addition to intention and cause, injuries can also be addressed according to their settings – such as the home, sports and leisure, workplace or road.

4 European Commission (2006). EU strategy to support Member States in reducing alcohol related harm. COM (2006) 625, Brussels, European Commission

5 Most of the figures in this statement are based on Anderson, P and Baumberg, B: Alcohol in Europe, A public health perspective. A report for the European Commission, Institute of Alcohol Studies, UK, June 2006

6 European region' refers to the WHO region and its 52 Member States, while EU is referring to the smaller region of EU Member States

Alcohol is a product that is potentially toxic, addictive and harmful for consumers and those in their immediate environment. Alcohol use is also associated with an increased risk of injury in a wide variety of settings and shown to be a significant contributory factor in the occurrence of: road traffic accidents (vehicles, bicycles, pedestrians); accidents at home (falls), in the workplace, and during recreational and sports activities; fires, and drowning; violence and suicide.

Therefore we cannot consider alcoholic drinks to be an ordinary consumer product. National authorities and the European Commission need to cooperate towards a much stricter regulation and enforcement of controls on the marketing, sale and consumption of alcohol. There must also be a renewed effort to increase risk awareness among consumers. This is fully justified because:

- consumers, as potential victims of alcohol related accidents and violence have the right to be protected from harm done to them by alcohol;
- alcohol related harm has an substantial impact on the entire European region and countries have difficulties in dealing with this in isolation; and
- the harm done by alcohol transcends national borders.

Alcohol: major injury risk factor

Around 40% of all unintentional and intentional injury deaths are attributed to alcohol consumption in Europe[7]. The presence of alcohol in the body has also been shown to increase the severity of injuries from accidents. Alcohol is responsible for at least (annual averages):

- 10 800 road traffic accident deaths
- 27 000 other accidental deaths
- 2 000 interpersonal violence
- 10 000 suicides

Alcohol has a range of psychomotor and cognitive effects that negatively influence reaction times, cognitive processing and decision making, coordination, vigilance, vision and hearing. These effects have been shown to start at 0,3 mg/ml blood alcohol concentration (BAC) with the risk of injury increasing exponentially with an increase in BAC. Alcohol consumption is regulated in relation to the operation of transport systems and in some very safety sensitive work environments. A maximum BAC limit of 0, 5 mg/ml is now mandatory in 24 Member States (zero tolerance in Czech Republic, Hungary, Romania and Slovak Republic, 0, 2 mg/ml in Estonia, Poland and Sweden and 0, 4 in Lithuania)[8]. However UK, Ireland and Malta still have an allowable limit of 0,8mg/ml., also for professional drivers.

Frequent and heavy drinking is associated with negative social consequences and repetitive injuries, particularly injury resulting from violence[9]. The effects of alcohol and the increased risk of injury remain some time after drinking, as skills and faculties do not necessarily return to normal immediately even once alcohol has left the body.
Alcohol also complicates the treatment of injured patients and the outcome from trauma. Patients under the influence of alcohol are more susceptible to shocks and are less resistant to surgical interventions.

There are important geographic and socio-demographic variations in the occurrence of accidents and injuries, due to the variations in consumption of alcohol. Fatal injuries account for nearly half of the premature adult mortality in men in the Baltic States. Unlike the rest of the new EU Member States, fatal injuries in the Baltic States remain at very high level of incidence. The analyses carried out by the

[7] WHO (2004) Global Burden of Disease

[8] Reducing Drinking and Driving in Europe; a report by Peter Anderson, Institute of Alcohol Studies, UK

[9] Anderson, P and Baumberg, B: Alcohol in Europe, A public health perspective. A report for the European Commission, Institute of Alcohol Studies, UK, June 2006

"Closing the Gap" project[10] indicate that alcohol is the main cause of these high level of injury fatality. Alcohol is involved in 48% of all injuries in the Baltic countries, 50% in the rest of the New Member States and in 30% of the fatal injuries in the EU15.

In conclusion:
- Alcohol impairs vision, coordination, reaction times, and vigilance all of which are important in preventing injuries.
- The risk of injury starts to increase significantly at very low volumes of intake, i.e. lower than the currently allowed maximum BAC level in most Member States and increases exponentially with an increase in intake levels of alcohol.
- The geographical and socio-demographic variations in injury occurrence and associated variations in alcohol consumption support the clinical findings which demonstrate that alcohol is a major contributor to death and injuries due to accidents or violence.
- Alcohol causes measurable inequities in injury between Member States in the EU.

Facts related to specific injury categories

Alcohol is a major contributing injury factor that cross cuts all settings and sectors activities in our society, including our domestic life, community life, in sports and leisure and in the work place.

Road traffic accidents
- Alcohol is a major contributory factor in accidents; whereas only about 1% of all kilometers driven in Europe are driven by drivers with more than 0.5 g/l alcohol in their blood, 1 in 4 of all road traffic fatalities involve alcohol (10,800 traffic deaths in the EU each year).

Home and leisure accidents
- Alcohol consumption increases the risk of accidents at home or in sports, ranging from minor accidents to treatment in an Accident and Emergency Department of a hospital or even death. Alcohol impairment has in particular been associated with deaths from fire, falls from height and drowning in open waters (e.g. in boating).
- Chronic alcohol consumption and the amount of alcohol drunk before the accident are considered as risk factors in hip fractures for both men and women. The risk of fracture is also higher in people displaying signs of an alcohol-related illness. Finally, alcohol is known to interact with medication, notably sedative and hypnotic drug products, intensively used by older people. Alcohol and medication consumed are dramatically increasing the risk of falls among older persons.

Work place accidents
- The heaviest drinkers tend to be concentrated in those of working age. The International Labour Organisation estimates that, globally, almost 5% of the average workforce is alcohol dependent, and up to 25% drink heavily enough to be at risk of dependence. Some occupations have higher than average alcohol consumption and alcohol related injury problems.
- Alcohol abuse in the workplace is estimated to be in 25 % of the cases a contributory factor to the occurrence of accidents at work, involving intoxicated people injuring themselves and/or innocent victims.

Interpersonal violence and homicides
- Alcohol increases the risk of engaging into violent behaviour due to reduced self control. An estimated 7 million adults in the EU report fighting after drinking in the last year.
- Over 2,000 homicides deaths per year are attributable to alcohol use. While this makes up a relatively small proportion of the total harm done by alcohol it represents 4 out of every 10

[10] For more information about the project http://www.hem.waw.pl/

homicides that occur in the European Union.

- Studies have shown 16%-71% of domestic or intimate partner violence to be linked to alcohol across Europe.
- More than 7 million children in the EU live in families that are adversely affected by alcohol. Parental drinking can affect the environment in which a child grows up through poor parenting, marital conflict and negative role models. One in every six cases of child abuse involves alcohol.
- About three quarters of the violence related injuries treated in emergency departments come from assaults that were never reported to the police.

Suicides

- Deaths by suicide account for 7%-8% of the total deaths due to alcohol, a toll that is greater for men. The 10,000 alcohol related suicide deaths seen in the European region every year represent more than 1 out of every 6 suicides.

Alcohol policies and opportunities for injury prevention

Injury prevention focused alcohol policies can be grouped under three headings:

- policies that prevent alcohol being combined with driving, working or sports and leisure time activities
- policies that support education, communication, training and public awareness
- policies that regulate the alcohol market

Policies that prevent alcohol being combined with driving, working or leisure activities.

- Highly effective policies in this field include lower blood alcohol concentration (BAC) levels (*0.2 g/L for all drivers*), unrestricted (random) breath testing and severe penalties with clarity and swiftness of punishment and administrative license suspension. These measures should be considered for a wider implementation in workplace (a strict *'company alcohol policy'* should be part of overall Health and safety policy) and sports/ leisure settings (as part of *'safety management schemes'* in sports and leisure time activities). Enforcement is key to the success of these strategies.
- Evidence suggest that *random breath testing for driving* under the influence of alcohol would save €36 for every €1 spent[11]. The WHO has modelled the impact of and cost of unrestricted breath testing compared with no testing. Applying this to the European Union finds an estimated 110 000 years of disability and premature death avoided at an estimated cost of €233 million each year.

Policies that support education, communication, training and public awareness

- The impact of policies that only support education, communication, training and public awareness is low. However, mass media programmes have a particular role to play in reinforcing community awareness of the societal problems created by alcohol use in general and to prepare the ground for specific interventions. *Awareness of the contributory role of alcohol in the incidence of accidents and injuries needs to be increased among the general population*.
- While food products fall under strict EU-labelling system as regards the contents and components in food products, such a system is missing for alcoholic beverages. *Labelling is essential* for assisting consumers in making an informed choice while purchasing and consuming alcohol.
- *Changing environments* where alcohol is frequently consumed, for instance by improving street illumination at night and providing plastic drinking glasses may help to reduce triggers to risky and violent behaviour. Alcohol locks in cars can also contribute to an increased awareness of the fatal combination of drinking and driving and to actually preventing people to take that risk.
- Special attention needs be given to *youth and young adults* (for instance, delaying the age of onset of alcohol consumption can help reduce harm as it is proven than an earlier age of onset

[11] Dinesh Sethi, Francesca Racioppi, Inge Baumgarten and Patrizia Vida, Injuries and Violence in Europe: Why they matter and what can be done" (2006)

tends to lead to greater consumption at adult age), heavy drinkers (as those in the workforce represent the bulk of heavy drinkers; therefore the *workplace* is a promising setting for primary prevention) and to *older persons* (as, at older age, body and mind become less tolerant to alcohol, in particular while combined with medicines).
- As brief *advice by health professionals* in primary care setting or emergency departments has been shown to be a cost-effective measure addressing individuals at risk[12] uptake of this strategy including adequate preparation of health professions is warranted.

Public health authorities should be responsible for providing education, communication, training and public awareness rising campaigns. The economic operators should not have any direct involvement in any of activities towards educating the public apart from providing product information (like ingredient listing or health warnings – this product can harm your unborn child).

Policies that regulate the Alcohol Market
- *Increasing the (minimum) price of alcohol* as a means of reducing alcohol-related harm would also lead sharp fall in accidental injuries, violence and suicide attempts. The WHO has estimated sharp reductions of violence proportionally to price increases (-1% > in pure alcohol price, 5% < in intimate partner violence/ -10% > in beer price, 4% < in number of students involved in violence/ 10% > in beer price, 2% reduction in child abuse). Higher minimum prices will reduce the inequalities in alcohol related harm which is higher in the lower socio-economic groups. Also violent assaults, for example glass and facial injuries, will reduce as beer prices goes up.
- *Prohibition of price actions and discounts* in promotion and sales of alcoholic beverages in shops and in pubs.
- *Restrict access to alcoholic beverages* by limiting the number of outlets. Sale should be in particular prohibited in or near petrol stations, in canteens at work or in schools, and at large public events (e.g., sporting events, concerts).

Recommended actions

There is a growing body of evidence to show that injury and violence prevention strategies are cost-effective and this is particularly true for strategies to reduce harm resulting from use of alcohol. Binding international trade agreements should not be seen as an impediment to ensuring safety related regulatory measures. These international commitments provide an opportunity for concerted policies and measures, as they explicitly give room for ‘the adoption and enforcement of measures to protect human health[13]’.

We therefore highlight the following recommendations:

- The EU should confirm that alcohol is no longer to be considered as an ordinary commodity. The EU should prioritize health over trade interests and should initiate regulatory measures that supports human health and safety
- These regulatory measures should restrict the marketing and sale of alcohol within the EU-region by minimum pricing policies, sales restrictions and discount bans.
- An EU-harmonised consumer information and labelling system for alcohol products, including warning messages such as 'do not drink when pregnant' and 'do not drink and drive', should make consumers more aware of the specific risks related to alcohol consumption.
- Alcohol-free environments should be created in road traffic (e.g. no sale of alcohol at petrol stations), at work (through ‘company alcohol policy’), in sports facilities and events (‘alcohol free sporting’) and in leisure activities (especially where children and young people are gathered).

[12] Rehm J, Room R, Monteiro Mea (2004). In: Ezzatti M et al., eds. Comparative quantification of health risks. Global and regional burden of disease attributable to selected risk factors. Geneva: World Health Organization; p. 959-1108.
[13] WTO Committee on Trade and Environment, 2002

- Safer drinking and urban night time environments should be created and enforced within communities, especially for young people, ranging from better town planning and public transportation to more widespread use of plastic glasses in bars and availability of cheap drinking water.
- Zero tolerance to alcohol consumption before driving or at work (BAC- levels set at 0,2 maximum in all countries). This need to be strictly enforced by e.g.: by random breath testing and common penalties for drinking and driving, with clarity and swiftness of punishment, to be introduced throughout Europe.
- Awareness raising campaigns of harm done by alcohol should be scaled up by informing and educating consumers as to high injury and death risk related to alcohol consumption. Especially in driving education, including the published driving codes, teaching materials and exam forms, the severe risks of drinking driving should be addressed as well as the severe penalties related to infringement of the laws.
- The health sector should advocate a more multisectoral approach and enhance working relationships with transport, police, criminal justice, leisure and beverage business and urban planning sectors.
- The health sector should systematically collect information pertaining to alcohol use from all injured patients attending emergency units This requires the inclusion of a special section recording alcohol involvement as a part of the standard surveillance form used in emergency departments (for example, by integration of ICD-10 Y90/Y91 codes into standard forms), supported by ongoing training and a clinical practice guidelines. This information should be used for driving the political agenda at local, regional and national level.
- Emergency departments should collect information on assaults and share it with police and local authorities in an effort to control violence, as about three quarters of the violence related injuries treated in emergency departments come from assaults that were never reported to the police.
- Evidence based alcohol policies should be developed for public health actions in view of enhancing early detection of risk groups and individuals at high risk and offering brief interventions to people at risk, such as physician counselling by GP's and in hospitals.
- A monitoring system, with common key indicators for alcohol related injuries across Europe should be put in place for yearly data collection and annual reports be developed.

Relevant documents on alcohol and injuries:

Anderson, P & Baumberg, B (2005) "Alcohol in Europe: A Public Health Perspective", Institute of Alcohol Studies: London

Institute of Alcohol Studies Factsheet (2006) http://www.euro.who.int/document/E67946.pdf

EuroSafe Policy briefing on Alcohol and Injury, Amsterdam, 2008
http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/wwwVwContent/l4policybriefings.htm

Guillemont J et al (2009), Alcohol as a risk factor for injury: lessons from French data, International Journal of Injury Control and Safety Promotion, http://www.tandf.co.uk/journals/journal.asp?issn=1745-7300&subcategory=HS620000

Institute of Alcohol Studies (2008), Fact sheet Alcohol - and the Workplace, London
http://www.ias.org.uk/resources/factsheets/factsheets.html

Lancet, Volume 373 June 27 (2009) Rehm, Jurgen; Mathers, Colin; Popova, Svetlana; Thavorncharoensap, Montarat; Teerawattananon, Yat; Patra Jayadeep Alcohol and global Health 1 global burden of disease and injury and economic cost attributable to alcohol use and alcohol-use disorders www.thelancet.com

WHO Publications

European Alcohol Action Plan 2000-2005 http://www.euro.who.int/document/E67946.pdf
Alcohol and Injury in Emergency Departments (2007)

Zatonski, W (2008) 'Alcohol and Injuries', Presentation given at the European Alcohol Policy Conference, Barcelona. http://www.ias.org.uk/buildingcapacity/conference/index.html