BORDER CROSSING Tessa Richards

Europe on the rocks

Doctors should do more to tackle alcohol abuse—could a European initiative help galvanise them?

Europe has an alcohol problem. It's not alone, of course, but in global comparisons Europe tops the regional heavy drinking league. A recent report from the UK's Institute of Alcohol Studies shows that adults in Europe consume 11 litres of pure alcohol per head per year. This equates to 1500 "small" beers. If "abstainers" are excluded, the figure rises to 15 litres.

The report was prepared for the public health arm of the European Commission to inform its new alcohol strategy, which was adopted last October. It's not hard to see why DG Sanco (the Directorate General for Health and Consumer Affairs) has turned its sights on alcohol. Excessive alcohol consumption is the third biggest cause of premature illness and death in the European Union, behind tobacco and high blood pressure. One in four deaths in young men and one in 10 in young women aged between 15 and 29 are due to alcohol. Most of these deaths, the report states, are as a result of drink driving and violence. Although overall consumption of alcohol in the EU has not changed markedly in recent years, there has been a sharp rise in the prevalence of harmful drinking patterns, particularly under age drinking and binge drinking. Women now drink more too, not least in England, where death rates from cirrhosis have increased 10-fold over the past 30 years in women aged 35-44.

Much of the harm related to alcohol consumption is borne by those close to the drinker, from fetal alcohol syndrome and child abuse to "alcohol attributable" crime. In its tally of costs associated with premature death, medical treatment, road injuries, crime damage and prevention, unemployment, and absenteeism, the report estimates that alcohol related harm cost the EU economy €125bn in 2003, the equivalent of 1.3% of gross domestic product.

Arguably these statistics should

come as no surprise. Alcohol has become progressively cheaper and accessible in Europe, and both factors are directly linked to consumption. While tobacco counters now cower behind health warnings, the extensive alcohol sections in our stores are packed with variety and special offers. Getting "wasted" on a Saturday night has never been easier.

A key component of DG Sanco's strategy is to establish a new alcohol and health forum, which will be launched next week in Brussels. Its aim is to provide a "platform" for brewers, wine producers, advertisers, retailers, non-governmental organisations, and public health groups to voluntarily commit to actions to reduce alcohol related harm, and to evaluate their impact. Plans and progress will be open to all to scrutinise on a dedicated new website.

Scepticism has been expressed about what a voluntary collaborative effort will achieve, but there are signs that retailers and the alcohol industry are geared for change. The *Financial Times* wine correspondent recently described Britain's supermarkets as "huffing and puffing about their earnest desire to source lower alcohol products" and reported the drive by industry to find markets for its new, and apparently very palatable, low alcohol wines.

But action needs to go well beyond that. EU governments must grasp the nettle too. France has already banned broadcast advertising of alcoholic products and has stopped the alcohol industry from sponsoring sport. The Finnish government, still reeling from the adverse health effects of lowering alcohol taxes, agreed earlier this year to restrict TV advertising, forbid discounts and "happy hours," restrict the hours during which alcohol may be sold, and add health warnings to packaging.

The UK government's response has centred on education campaigns. Dr Nick Sheron, a hepatologist from

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Southampton who has been involved in drawing up the commission's strategy, puts the government's generous funding of measures to tackle crime related to drug abuse and provide services for drug addicts in contrast to its failure to invest in interventions to reduce alcohol related crime and those who perpetrate it.

Ian Gilmore, president of the Royal College of Physicians, attributes the government's muted efforts to tackle alcohol abuse to a fear of enhancing its "nanny state" image. The single most important step he would like it to take is to increase taxes on alcohol. He also believes that doctors need to confront their "blind spot" on alcohol and assume a stronger advocacy role. GPs are well placed, he argues, to identify (via a validated questionnaire) the 35% of men and 25% of women who regularly drink "hazardous" amounts of alcohol and to provide them with access to simple, cost effective interventions.

Curbing the teenage drinking culture is, he admits, a more difficult challenge, although raising the cost and reducing the accessibility of alcohol will clearly help. When I plucked up courage to engage my 18 year old son in conversation about the drinking habits of his set, his reply was predictably hostile: "We don't deliberately go out to get drunk... it just happens (regularly to some). It's really hard to go out and not drink when everyone else is. And anyway, what about you? It's not as if you don't drink."

While individually many of us may profess to abiding by "safe limits," as a profession, doctors are stalwart drinkers. Does this hamper our advocacy role? How easy is it to push a "don't do as I do, do as I say" message? Maybe, as with smoking, more of us should lead by example. It should be possible; we are not talking abstinence—just curbing excess.

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