Lead Us Not into Temptation: Adolescence and Alcohol Policy in Europe

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Abstract — Although the World Health Organization and the European Community recognize harm to children and young people due to alcohol—whether their own or someone else’s drinking—effective policies to reduce harm are not widely followed. The alcohol beverage industry’s drive to use social networking systems blurs the line between user-generated and industry marketing materials, such that young people are more frequently and at a younger age, potentially exposed to the promotion of alcoholic drinks. This contravenes recommendations arising out of the emerging scientific literature that delaying the onset of drinking and reducing the prevalence of heavy session drinking are likely to promote a healthier next generation.

In Europe, the need to protect young people from alcohol-related harm has been affirmed many times in the last two decades by the World Health Organization (WHO), Member States and others. Progress has been made in the knowledge base of how young people can be damaged by alcohol, both directly and indirectly. The most significant direct harm may be that alcohol might damage the developing adolescent brain (Welch et al., 2013), but there are many more negative consequences experienced by youth drinkers (WHO, 2009). Children and adolescents also experience harm from other people’s drinking such as road traffic injuries, family violence and foetal alcohol damage (Connor and Casswell, 2012). Manning et al. (2009) estimated that 30% of children (under 16 years) in the UK live with at least one binge drinking parent and 8% with two binge drinking parents.

Recent evidence suggests that, on average, almost half of 15-/16-year-olds in Europe continue to have easy access to alcohol (Hibell et al., 2012). However, there are wide variations between countries, with stricter access in the Nordic countries. The purchase of alcohol on-premise by 15-/16-year-olds is on average higher than off-premise purchase, with no overall difference between the time period 2007 and 2011 (Hibell et al., 2012).

Adolescence is a time where social engagement, communication, independence and self-expression are key developmental issues through such areas as sport, music and dance. These same lifestyle areas are increasingly used by the alcohol industry to promote pro-alcohol lifestyles. Well-established evidence shows that alcohol marketing increases the likelihood that adolescents will start to drink and drink more if they are already using alcohol (Anderson et al., 2009) and is linked to alcohol-related problems later in adolescence (Grenard et al., 2013). The alcohol beverage industry’s drive to use social networking systems blurs the line between user-generated and industry marketing materials (Nicholls, 2012) and, according to McCreanor et al. (2013), is likely to contribute to pro-alcohol environments and encourage drinking. Given that over three-quarters of 13- to 16-year-olds in Europe have a profile on social network sites (www.eukidsonline.net), there is a growing threat from online alcohol marketing, much of which is ‘below the line’ marketing. A European study, involving over 9000 children from four countries, reported that the higher the exposure of 14-year-olds to online alcohol marketing, the higher the risk of binge drinking, while controlling for demographic and social factors (de Bruijn, 2012).

The affordability of alcohol in the EU continues to be a major facilitator for harmful drinking in many European countries. The most recent study commissioned by the EU on the affordability of alcohol has three important conclusions: (a) the real price of alcohol is decreasing across the EU; (b) there is a trend towards more off-trade consumption in many EU Member States and (c) alcohol price promotions and discounts are prevalent in many EU Member States (Rabinovich et al., 2012). These trends will most likely continue to facilitate the availability of cheap alcohol, providing the ‘temptation’ that adolescents will no doubt avail of, unless effective policies are put in place. Member States have the prime responsibility for developing and implementing alcohol policies. However, despite the strong research evidence, limited progress has been made in the implementation of effective measures to reduce the pressure on young people to drink such as limiting alcohol marketing, avoiding cheap alcohol and stopping easy access to alcohol. An examination of the policy response to date in Europe showed that adolescents under the age of 18 years in one-third of countries could freely purchase alcohol and a significant number of countries do not impose restrictions on alcohol advertising (WHO, 2011). The most common policy responses were national awareness activities. Drink-driving has been the one policy area where effective action has been delivered across Europe. The weakness of the EU alcohol strategy has not helped. It extensively promotes interventions which have been shown to be ineffective (education, persuasion) and gives limited attention to the more effective strategies such as price, availability and marketing, with drunk driving the exception (Gordon and Anderson, 2011). Even the basic right to information, health warning labels on alcohol products, has not yet been implemented at EU level.

There is a growing debate on the importance of minimum pricing to reduce harmful drinking among young people and other heavy drinkers. Scotland has already legislated to introduce such a measure, although implementation of that policy is being delayed by challenge in the courts by the alcohol beverage industry. Recently, the Scottish High Court ruled that the Scottish Government has the right to introduce minimum price for alcohol which it considered legal and justified (EurActiv.com) but this judgment is being appealed by the alcohol industry. The EU Health Commissioner has welcomed the Scottish ruling in principle and favours such a policy to reduce alcohol consumption but several southern European Member States have announced an intention to object. The case hearing in the European Court of Justice will provide a test of the weight...
given to the Treaty principle of protecting citizen’s health in the European Union. The introduction of minimum pricing has also been committed to by some politicians in England, Northern Ireland and the Republic of Ireland, but delivery is what counts. The Alcohol Health Alliance, an alliance of seventy health organizations in the UK, has also backed a call for minimum pricing as part of a set of key policies put forward by them to tackle the harm caused by excessive drinking (University of Stirling, 2013).

The alcohol beverage industry is an international global business and has consistently lobbied against effective public health policies at international and national level (Hope, 2006; Bakke and Endal, 2010; McCambridge et al., 2013). Concern was recently expressed by public health professionals, health scientists and representatives of non-governmental organizations about the industry’s commitment to actions in areas that are mainly ineffective and misrepresented their role in relation to the WHO Global strategy on alcohol (Gomall, 2013). In response, the Director General of WHO clearly indicated a commitment to protect alcohol policy making from commercial or vested interests of the alcohol industry (Chan, 2013). Statutory regulation to reduce adolescents’ exposure to alcohol marketing is critically important, but is weak in many countries. The necessity for a European wide adoption of the French law to reduce exposure of children to the many forms of alcohol marketing is essential, given the international business model of the alcohol industry.

What is clear from research evidence is that delaying the onset of young people’s drinking is an imperative if adolescents are to be protected from alcohol harm. However, adolescents have easy access to alcohol in most European countries. So there is a mismatch. A radical shake-up of societies’ ambivalence towards youth drinking is required to begin to challenge and resolve this mismatch—the risks and the realities. Policy makers (governments) have a duty of care to protect adolescents from harm, yet are reluctant to implement effective alcohol policies to protect them. The scientific evidence is strong on what is most effective—regulate the price, availability and marketing of alcohol. The alcohol industry is enhancing the ‘temptation’ for young people to start drinking, at a time when they are particularly vulnerable to damage and before their body/mind is mature enough to handle alcohol, an intoxicant and addictive drug (Peeters et al., 2014). The advance of alcohol marketing into social networking systems, a technology widely used by young people in their daily lives, further extends the risk of exposure to pro-alcohol environments. Parents want to do what is best for their children. The health and well-being benefits of delaying the onset of drinking among adolescents should be understood by all adults and enable parents to respond in the best interest of their children. Alcohol can be attractive for adolescents at a time of expanding horizons. Greater urgency and collective responsibility is necessary if the burden from alcohol is to be reduced, so that current and future adolescents can live healthy and productive lives. The public health experience which radically changed tobacco policy shows what can be achieved.

REFERENCES


