EUROPEAN COMMISSION
HEALTH AND CONSUMERS DIRECTORATE-GENERAL

Public Health and Risk Assessment
Health information

Alcohol-Related Indicators

Report on the work of the Committee on Alcohol Data, Indicators and Definitions

Final version, February 2010

I. Introduction

The 'Communication from the Commission to the Council, the European Parliament, the European Economic and Social Committee and the Committee of the Regions: An EU strategy to support Member States in reducing alcohol related harm' (adopted in October 2008) focuses on preventing and cutting back heavy and extreme drinking patterns and some of their most harmful consequences.

A Committee on Alcohol Data, Indicators and Definitions was established with the aim of presenting a proposal on how to improve national and European comparability of data on alcohol consumption and health/injuries harms (excluding social and economic harm) and coordinate and agree on common alcohol indicators and definitions. Its main objectives are to:

- Contribute to more reliable, comparable and regularly updated data on alcohol consumption (both volume and pattern of consumption) and alcohol-related health harm
- Coordinate and if possible agree on common indicators and definitions necessary for the monitoring of status and trends in alcohol-related consumption and health/injuries harm.

The first meeting of the Committee on Alcohol Data, Indicators and Definitions took place in December 2008. At this meeting Committee members unanimously agreed on three key indicators for the collection and analysis of data on alcohol consumption and alcohol-related health harm:

Category	Indicator	Definition	Source
Volume of consumption	Total yearly per capita (15 years+) consumption of pure alcohol.	Total, recorded and unrecorded per capita (15 years+) alcohol consumption in litres for a calendar year. Sub-indicators: beer, wine, spirits. Equivalent to ECHI indicator 46.	Production, as well as export/import data. From official data, producer data, and FAO. WHO collects various sources of data and based on validity publishes the best data for any given year. Existing indicator/data.

Pattern of consumption	Harmful drinking.	Intake of 60+ grams of pure alcohol on one occasion, monthly or more often, during the past 12 months. Equivalent to ECHI indicator 47.	Eurostat: The European Health Interview Survey (EHIS). Question AL3: '*During the past 12 months, how often did you have 6 or more drinks on one occasion?*' Since the reference period is usually one month those answering '*monthly*', '*weekly*' or '*daily or almost daily*' would be grouped together (other options '*never*' and '*less than monthly*'). The definition of a "drink" in EHIS equals 10 grams of alcohol and the output should state the quantity in grams. Existing indicator/data. At present only available through Eurobarometer surveys (5 or more drinks) or national surveys (with varying definitions of standard drinks)
Alcohol-attributable health harm.	Alcohol-attributable years of life lost Sub-indicators: chronic and acute conditions.	A summary measure of the effect of alcohol consumption. As a measure of premature mortality it estimates the average years the person would have lived, if not dying prematurely due to alcohol-attributable disease.	Calculations based on mortality statistics from Eurostat.

A summary report of the first meeting:
http://ec.europa.eu/health/alcohol/events/ev_20081204_en.htm

The Committee held its second meeting in September 2009. At this meeting the Committee confirmed the three key indicators.

The Communication on the EU strategy to support Member States in reducing alcohol related harm identifies five priority themes for which Community action, in complement to national policies and coordination of national actions, has an added value:

1. Protect young people, children, and the unborn child;
2. Reduce injuries and death from alcohol-related road accidents;
3. Prevent alcohol-related harm among adults and reduce the negative impact on the workplace;
4. Inform, educate and raise awareness on the impact of harmful and hazardous alcohol consumption, and on appropriate consumption patterns;
5. Develop and maintain a common evidence base at the EU level.

These were briefly discussed during the first Committee meeting. On the basis of this brief discussion the Commission circulated proposals for indicators to address each of the five priority themes. They were further discussed at the second Committee meeting.

II. Suggested indicators to address priority themes

The following are revised suggestions for indicators to address the first 4 priority themes. Collectively, these may contribute to priority theme 5.

1) Protect young people, children and the unborn child

<u>Aim 1: To curb under-age drinking, reduce hazardous and harmful drinking among young people, in cooperation with all stakeholders</u>

Indicator	**Definition**	**Source**
Accessibility of alcohol to adolescents, alcohol purchase for off-premise consumption	Frequency of buying alcohol, within last 30 days.	European School Survey Project on Alcohol and other Drugs (ESPAD), question 15.
Accessibility of alcohol to adolescents, on-premise consumption	Frequency of drinking in pub, bar, restaurant or disco within last 30 days.	European School Survey Project on Alcohol and other Drugs (ESPAD), question 16.
Binge drinking among adolescents	Intake of 5 or more drinks on one or more occasions in the last 30 days.	European School Survey Project on Alcohol and other Drugs (ESPAD), question 17.
Adolescent alcohol consumers (%) in the last 12 months	Overall proportion of adolescent who have drunk alcohol in the last 12 months.	European School Survey Project on Alcohol and other Drugs (ESPAD), question 11.

The European School Survey Project on Alcohol and other Drugs (ESPAD) has been carried out every fourth year since 1995. Last survey in 2007 (results published in 2009), covered all EU/EFTA countries except Luxembourg, Spain and Liechtenstein. Next wave is scheduled for 2011. Target population of ESPAD is students who turn 16 years old during the calendar year of the data collection. Drawback: only students, does not reach adolescents who are not in school, or who are not present at time of data collection, and both groups have known higher rates of consumption and risky consumption.

The four indicators were agreed by the Committee.

Aim 2: To reduce the harm suffered by children in families with alcohol problems

No indicator is currently available. No consensus exists among experts as to which approach is to be taken but different approaches are being piloted.

Aim 3: To reduce exposure to alcohol during pregnancy, thereby reducing the number of children born with Foetal Alcohol Disorders

Indicator	**Definition**	**Source**
Harm resulting from alcohol during pregnancy	Incidence of foetal alcohol syndrome (ICD-10 code Q86.0) among newborn children.	European Surveillance of Congenital Anomalies (EUROCAT)

EUROCAT is a European network of population-based registries for the epidemiologic surveillance of congenital anomalies. It presently covers approximately 1.5 million births from 43 registries in 20 countries. Drawback: Selection bias.

The Committee endorsed the indicator but suggested work on the identification of additional data sources and the development of additional indicators.

2) Reduce injuries and deaths from alcohol-related road traffic accidents

Aim 4: To contribute to reducing alcohol-related road fatalities and injuries

Indicator	**Definition**	**Source**
Alcohol-related road traffic accidents	Blood alcohol concentration (BAC) above X mg alcohol/100 ml blood in drivers and/or pedestrians involved in road traffic accidents.	At present no comparable data is available.
Alcohol-related road traffic fatalities	Blood alcohol concentration (BAC) above X mg alcohol/100 ml blood in drivers and/or pedestrians involved in fatal road traffic accidents.	At present no comparable data is available.

Current legislation varies as to legal limit for BAC for drivers (range 0 – 80 mg/ml). No comparable data is available.

The Committee concluded that these indicators need further developing before being adopted.

3) Prevent alcohol-related harm among adults and reduce the negative impact on the workplace

Aim 5: To decrease alcohol-related chronic physical and mental disorders

Indicator	**Definition**	**Source**
Prevalence of alcohol-	Hospital discharge rates for	Eurostat: Hospital discharge

attributable chronic physical disorders	a) Alcoholic liver disease (ICD-10 code K70) b) Pancreatitis, acute and chronic, (ICD-10 codes K85-87) as proxy for alcohol-attributable disease.	data.
Prevalence of alcohol-attributable chronic mental disorders	Hospital discharge rates for alcohol-attributable mental disorders.	Eurostat: Hospital discharge data.

Comparable prevalence data on morbidity is not available but hospital discharges can be used as proxy. Hospital discharge data regarding mental disorders is not comparable because of differences in the organisation of treatment in Member States. The Committee decided therefore not to include an indicator on alcohol-attributable mental disorders. Hospital discharges can, on the other hand be used as an indicator for physical disorders. The Committee agreed to keep this indicator.

Aim 6: To decrease the number of alcohol-related deaths

Indicator	**Definition**	**Source**
Alcohol-attributable deaths	Alcohol-attributable death rates	Calculations based on mortality statistics from Eurostat.

The Committee agreed to use mortality output from the calculation of "Years of Life Lost" (see key indicator 3) for four categories: infectious diseases, chronic diseases, unintentional external causes, intentional external causes.

Aim 7: To provide information to consumers to make informed choices

The Committee agreed that the potential use of Eurobarometers as a source for assessing awareness of consumers should be explored. Potential areas to be explored were identified as: a) awareness of effect of alcohol on ability to drive, and b) awareness of the impact of alcohol consumption on health.

Aim 8: To contribute to the reduction of alcohol-related harm at the workplace, and promote workplace related actions

The Committee could not identify an existing indicator for this aim but recommended to the European Commission that further work be carried out in this area.

4) Inform, educate and raise awareness on the impact of harmful and hazardous alcohol consumption, and on appropriate consumption patterns

Aim 9: To increase EU citizens' awareness of the impact of harmful and hazardous alcohol consumption on health, especially the impact of alcohol on the foetus, on under-age drinkers, on working and on driving performance

The Committee could not identify an existing indicator for this aim. Further exploration is needed.

5) Develop, support and maintain a common evidence base

Aim 10: To obtain comparable information on alcohol consumption, especially on young people; definitions on harmful and hazardous consumption, on drinking patterns, on the social and health effects of alcohol; and information on the impact of alcohol policy measures and of alcohol consumption on productivity and economic development

The Committee agreed that no specific indicators are needed for aim 10 since the construction of indicators which address other aims and sustained systematic collection of data thereon contribute to fulfilling aims 10 and 11.

Aim 11: To evaluate the impact of initiatives taken on the basis of this Communication

The Committee agreed that no specific indicators are needed for aim 11 since the construction of indicators which address other aims and sustained systematic collection of data thereon contribute to fulfilling aims 10 and 11.