



European Parliament Interest Group on Mental Health, Well-being and Brain Disorders

Alcohol and Mental health – the EU response

11 February 2014

DRAFT REPORT

Paul Arteel (GAMIAN-Europe) conveyed the apologies of **Antonyia Parvanova MEP** and welcomed participants to this last meeting of the Interest Group of the current Parliamentary term. The Interest Group was established to advocate the development of sound EU policies which contribute to prevention of mental health problems and ensure good services, care and empowerment for those affected by mental health problems, and this is what it has set out to do during the 15 meetings that have been held since its inception.

Today's meeting aimed to gather information of the Commission's plans in relation to the current Alcohol Strategy and the intention to expand or complement this with an EU Action Alcohol Plan, and to hear the views of EU-level policy makers and relevant mental health stakeholders on what action the EU could and should be taking. Paul Arteel underlined the great interest in alcohol-related EU policies that the European Parliament has taken over recent years. Given the clear link between mental health and alcohol the European Parliament might take further action and table a specific Resolution on this crucial link, with the aim to trigger more comprehensive and more explicit EU action. The Interest Group could take the lead in this.

The first speaker, Professor **Geert Dom (University of Antwerp)** focused on the strong link between mental illness and alcohol dependence. Research has shown that mental health problems and substance use disorders are the fifth leading cause of DALY's lost; these two are the first cause years lived with disability (YLD's). Moreover, the mortality estimate for mental health issues and substance use disorders two was 232.000 in 2010, with 81.1 % of these deaths attributable to alcohol disorders. The total burden of mental health and substance use disorders increased from 133.6 DALY's to 183.9 between 1990 and 2010 – an increase of 37.6 %.

In the EU, 5.4% of men and 1.5% of women aged 18-64 are estimated to be affected by alcohol dependence; this corresponds to almost 11 million people. Over all age categories, the prevalence is estimated to be 4.8% for men and 1.3% for women. The social costs related to alcohol consumption and dependence per year in the EU are €155.8 billion, of which a majority are indirect costs linked to crime, damage, traffic accidents, absenteeism and unemployment.

The co-morbidity levels of alcohol dependence with mental health conditions (as well as with physical conditions) - are extremely high. Alcohol constitutes a major contributory factor in the development of mood and anxiety (stress) disorders and suicide. Across the world, approximately 1,000,000 people die by suicide every year. It is estimated that there are 10–40 attempted suicides for each completed suicide. This ratio is higher among adolescents and decreases with age. Up to 90% of individuals who commit suicide meet the criteria for a psychiatric disorders.

Alcohol Use Disorders (AUD's) can and should be considered a chronic brain disorder. They are complex and their aetiology is multi-factorial. Compared with other mental health problems and (chronic) somatic

disorders AUD's are severely underserved. The treatment gap is large and when treatment is being provided, it is usually too little, too late and of poor quality. Training of health care professionals in this area is generally insufficient. In other words, coordinated action and policy is needed to reduce availability/accessibility and in terms of research, treatment guidelines, educational and (secondary) prevention programmes and this should be tackled on a European scale. It is impossible to disentangle alcohol and mental health disorders.

Paul Arteel (GAMIAN-Europe) then outlined the reasons why the strong link between alcohol and mental health matters to patients. Alcohol is one of the main risk factors for more than 60 types of disease, including mental disorders. In relation to depression, alcohol is a depressant drug and prolonged drinking can lead to profound and long lasting mood swings. Symptoms of alcohol induced depression can be severe, often leading to misdiagnosis of depression instead of alcohol dependence. In relation to anxiety, this is often a consequence of heavy drinking rather than a cause. High doses of alcohol increase psychological distress, as witnessed by the fact that the risk of suicide when a person is drinking is eight times greater. Alcohol dependence is estimated to affect some 12 million people in Europe, many of which are in their most productive years. The costs of alcohol related-harm amounts to some €155 billion (a majority of which lie outside the healthcare system). Clearly, alcohol dependence is a problem for society and not just for those that are dependent. However, the diagnosis rates of alcohol dependence are extremely low, i.e. only 15% are diagnosed. In Europe, only 8% of people with alcohol dependence receive treatment; up to 75% of those receiving treatment will relapse within the first year. Therefore, GAMIAN-Europe would like to join stakeholders calling for a renewed and comprehensive EU Alcohol Strategy, which takes account of the impact of alcohol on mental health and vice versa and recognise alcohol dependence as a mental disorder. It should include targets on prevention, early diagnosis and treatment of alcohol-related harm that covers the lifespan of citizens. Today's meeting could support such a call.

The next speaker was **Attila Balogh (European Commission DG SANCO)** who stated that the link between alcohol and mental health is highly relevant, and that this represents a real challenge for public health policy; the co-morbidity between alcohol and mental health disorders can be as high as 85%. Reducing alcohol related harm is a question of quality of life and prevention of unnecessary disease. Preventing alcohol related harm will contribute to cost-savings of the health sector, increase productivity and efficiency at the work place, and will help improve health and wellbeing.

The main EU instrument to tackle alcohol related harm is the EU Alcohol Strategy launched in 2006. It has five priority themes which are still relevant across the EU:

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

In 2007, the Commission set up the two main implementation tools of the strategy: the CNAPA (Committee on National Alcohol Policy and Actions) and EAHF (European Alcohol and Health Forum).

CNAPA has done a considerable amount of work on exchange of best practices resulting in certain convergence between national alcohol policies and actions.

The Forum currently consists of some 70 members from a broad range of stakeholders including mainly national and international industry organisations, and public health NGOs. In the last seven years more than 250 voluntary actions (called 'commitments') were carried out.

According to an independent evaluation carried out in 2013, the Strategy has been relevant across the EU and the work carried out has supported Member States' action. In relation to future activities, Attila Balogh informed the meeting that the work under the strategy will continue by actively cooperating with the CNAPA

and the Forum. The requirements for the Forum commitments need to be more stringent in the future and more precise documentation of short, medium and long term results of the actions is being asked for. The CNAPA and the Commission are currently translating some of the objectives of the current Alcohol Strategy into action. This complementary action plan will focus on youth and binge drinking. CNAPA will also start reflecting on the future of the EU alcohol policies. Other activities include:

- collecting research proposals from both CNAPA and Forum for Horizon 2020
- co-funding a Joint Action to support Member States in taking forward work on common priorities in line with the EU alcohol strategy (funded by the EU Health Programme). This Joint Action was launched in Lisbon in January 2014 for three years. The tools developed in this Action will help planning of public health policies that contribute to reducing alcohol related harm, the risk of chronic diseases including mental disorders and the burden for health systems.

The EU Public Health Programme, funding projects addressing alcohol harm, will support the importance of good health in itself as well as health as a driver for growth. One of the four objectives is to identify, disseminate and promote the up-take of validated best practices for cost-effective prevention measures by addressing the key risk factors, among them abuse of alcohol, in order to prevent diseases and promote good physical and mental health.

Attila Balogh concluded by underlining the complexity and challenges of the area of alcohol and the Commission's commitment to continue the work to reduce alcohol related harm and to ensure a healthy and active workforce. He expressed his gratitude for the support of NGOs, health professionals, the public health community and other stakeholders for supporting this as a priority of EU public health policy.

The final speaker was **Claudette Abela Baldacchino MEP**, who underlined that the connection between alcohol and mental health is hugely underestimated. The two issues are generally dealt with as detrimental in their own sort. However, alcohol has a large impact on the mental well-being of people as it causes brain disorders and can affect and aggravate mental health problems. Overuse of alcohol is difficult to tackle. A recent Eurobarometer survey on binge drinking revealed that 40% of 15 and 16 year old students in a number of Member States declared having engaged in binge drinking in the last 30 days, and there was a sharp increase among girls – and this is an alarming development.

Measures to address mental health are outside the remit of the EU; and it is up to the Member States to decide on alcohol restrictions or other policies. However, the EU can create a framework that enables those who are responsible for measures to do as much as possible.

Claudette Abela Baldacchino MEP underlined her support a call to the Commission to renew and revise its Alcohol Strategy, rather than only adding an Action Plan. The current strategy has shown no clear changes in harmful drinking or alcohol related harm. Moreover, it does not recognise the mutual impact between alcohol and mental health. The Joint Action on Mental health tackles many mental health issues which could support the implementation of initiatives that are taken alcohol at EU level. Claudette Abela Baldacchino MEP emphasized the need to encourage prevention, early diagnosis of mental health problems and appropriate treatment. A revised Alcohol Strategy should create comprehensive awareness among young people on the detrimental impact of alcohol - not only regarding traffic accidents and liver diseases, but also on the impact on the brain.

It is also important for the Commission to involve stakeholders, to see what happens on the ground. The importance of this Interest Group meeting therefore is clear: stakeholders present can express the needs of those people suffering from mental health problems, as well as their families. While the end of the current Parliamentary term is near, the next Parliament will undoubtedly keep pushing for clear and effective strategies. The Interest Group on mental health, when re-established could take the lead.

Claudette Abela Baldacchino MEP concluded by emphasising the need to take account of the social and health dimension of EU policy, despite the economic crisis of the past few years. While the economic health of a country is important the well-being of the citizens cannot be neglected.

Discussion

In the open discussion the following issues were raised:

Need for better access to treatment:

Lack of access to treatment is a real issue, not only in relation to alcohol but to mental health in general. There should be more equity in access to mental health and reimbursement. More specifically in relation to alcohol, the threshold to seek treatment is very high. Health professionals should be much more open towards the clear co-morbidity issues which are prominent in relation to alcohol. A better understanding of mental health issues is required, which would help refer people to the right sort of services. Unfortunately, in many cases, health services work in silos.

Change our views of the current way of life:

Society needs to be re-educated about our current way of life and its effects on our mental and physical health. The relationship between how much alcohol is consumed and how this is driven by commercial interest should be carefully looked at. Alcohol seems to be a 'normal' element in society; the ads for alcohol can be seen everywhere. However, some 50 years ago smoking was considered a 'normal' part of society but this has changed enormously. Could the same process take place in relation to alcohol? Not drinking socially is often regarded in a negative way.

Policy makers have a role to play in delivering messages on the need to take action. However, the alcohol lobby is very strong and it may be difficult for policy makers to resist the pressure. Policy makers present challenged this view.

What comes first: alcohol or mental illness?

The precise relationship between mental health and alcohol is not yet clear. What comes first, the alcohol problem or the mental health issue? This goes in both directions: if there is a higher genetic predisposition to develop a mental health problem, drinking will increase the risk of this problem actually developing. This is why it is so important to take both into account in treatment. Longitudinal studies should be carried out to disentangle the complex interaction between mental health and alcohol use.

Effects of economic crisis

There is a clear relationship between the between economic crisis (leading to problems with finances) and mental health: difficult financial circumstances and other crisis related issues (e.g. loss of employment) impact on mental health in a negative way. The European Psychiatric Association has recently set up a task force on mental health and the economic crisis.

Small measures can have large impacts:

Research shows that if drinking can be reduced at population level (sometimes by very small policy measures) positive impact on the levels of mental health and somatic illness can be seen almost immediately.

Why limit the EU action plan to two priorities only:

The Action Plan stems from Member State consultation and these two priorities seem to be the highest on the policy agendas of the Member States. Moreover, they are in line with the current Alcohol Strategy.

Environmental and genetic factors:

While both mental health illness and alcohol dependence are related to genetic predisposition (in actual fact, many of the same genes relate to both problems), there is also a relationship with the environment. This was demonstrated by a study on the effect of family background (rules setting and orderly vs. chaotic) on alcohol use. It turned out that in persons with the same genetic risk, the risk of alcohol disease triples or quadruples if a person comes from a 'chaotic' family. In other words, environment can modulate alcohol disease; the social environment is a strong determinant.

Effective measures:

Questions were raised about the potential effect of drink driving limits. This is effective; but it also shows the differences between the Member States and the political nature of these measures: in some countries the acceptable limit is 0 while in others it is 0,8.

The price can also play a role; there seems to be a clear link between price and consumption levels.

National policies come into play; therefore it will be very important to advocate at national level. However, the EU level can provide direction and guidance. Advocacy should go beyond targeting DG SANCO though as other DG's (e.g. DG Enterprise and DG JUST) also play a role.

The importance of the family

The role and burden of carers (families) tends to be forgotten. As community care is very important in relation to mental health and alcohol disease, families need support as well.

Conclusions

In his conclusions, **Paul Arteel** thanked the 5 co-chairs of the Interest Group – MEPs Marian Harkin, Jean Lambert, Antonyia Parvanova, Nessa Childers and Francoise Grossetête - for their continued support and engagement during this Parliamentary term. The cooperation between GAMIAN- Europe and these MEPs has been excellent. One of the co-chairs has underlined on many occasions that this Interest Group has been one of the most active. As a result of the work in the Interest Group, many Parliamentary Questions have been tabled, and the relationship between the Parliament and the Commission has been strengthened.

As coordinators of the Interest Group GAMIAN-Europe has tried to involve as many stakeholders as possible as raising awareness of mental health is a joint effort.

Paul Arteel also thanked the many faithful participants who have attended and expressed GAMIAN-Europe's intention to re-establish the Group after the upcoming elections.

Christine Marking

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