



FEDERAL RESEARCH PROGRAM ON DRUGS

Policy recommendations

ALCOLAW

The Law of 2009 concerning the selling and serving of alcohol to youths: from state of the art to assessment

Contract - DR/00/071

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List of recommendations

1. Since no unique effect of the minimum legal drinking age of 2009 was found in the analysis in the ALCOLAW project, nor a consensus was found within the different groups of stakeholders, in combination with the conflicting results on alcohol consumption which can be observed in other studies, we recommend to not prioritise the increase of the minimum legal drinking age. At this moment, the scientific evidence doesn't support a future change in the law unequivocally, although this means Belgium will maintain its position to be one of the few EU countries with this low age limit.
2. In future years secondary analysis should be conducted on the data of the Minimal Hospital Data and the Minimal Psychiatric Data to analyse the impact on health-related outcomes of the 2009 law on the general group of young people.
3. Prohibition does not suffice for young people, therefore, we recommend to focus on educating and supporting young people in making healthy choices, and informing them on all aspects on the use of alcohol. This can include information campaigns and interventions aimed at the general population, but also towards parents, youngsters, students, etc. Information (campaigns) is just one component and should be imbedded in a more global integrated approach (see for more information the part on integrated prevention, recommendation 19).
4. The focus of alcohol interventions **should not be solely on the young people**. Since drinking is part of the Belgian culture, sensitising interventions can question the role of alcohol in our culture, like the alcohol abstinence challenge Tournée Minerale (BE) or Dry January (UK).
5. Local governments should be motivated to implement **a multicomponent strategy** in their cities. The combination of responsible beverage trainings, with **law enforcement, media advocacy and other prevention initiatives** (e.g. introducing age bracelets) raises the effectiveness of the intervention. For this, collaboration can be searched for with the local prevention service who can develop an integrated prevention approach tailor made for the local context and together with the different stakeholders.
6. We recommend to implement **alcohol labels** for alcoholic beverages which include the minimum legal age to purchase the beverage next to some global health warnings and consumer information. This minimum age can support the seller to comply and all information is given to the consumer so he/she can make a well-informed choice.
7. A study is recommended to calculate the potential benefits and relatively low cost of alcohol labelling in Belgium.
8. The recommendation is to introduce a legislation which makes it **legally required to ask for the age** of a customer before selling alcohol. We recommend a reference age of 25 years. Introducing this new legislation will need communication, guidelines on how to ask for this age and control actions.
9. **More enforcement** actions to check the compliance with the minimum legal age by the sellers (horeca, supermarkets, night shops, public parties) should be undertaken. The frequency should be balanced so the sellers have the impression that they are checked two or three times a year. Ideas on the operationalisation can be found in other countries. E.g. the first control can be followed by a warning, while the second one is only conducted within the group of non-compliers, etc. **Communication** (broadcast, targeted communication, locally, nationally, social media) can increase the compliance of the sellers.
10. The law should clearly define the fines following law violations. More clarity should be given in this legislation on who can be fined in the case of underage selling.

11. Mystery shopping can be conducted at the local level for prevention aims and can be used at the federal level as a control strategy in enforcement actions. The federal government should use this method to increase the controls and the local government to analyse their local compliance rates. These interventions should be coordinated and well planned with the local authorities (mandated through the local prevention worker/horeca coordinator). For both intentions the detailed protocol of VAD can be used (see <http://www.vad.be/artikels/detail/aan-de-slag-met-de-lokale-monitor-alcohol-jongeren>). Caution is recommended for possible undesired side-effects of introducing youngsters in these actions.
12. As written in the European Journal of Public Health there is a clear need for countries in Europe to develop comprehensive alcohol policies. From a health perspective this should mainly focus on the price of alcohol, availability and marketing restrictions as outlined above (Van Hoof, 2017).
13. In Belgium it seems not feasible in the current context (economic interests, different levels of authorities, no public support,...(Lievens et al., 2016)) to limit the selling of alcohol to specialised shops like in Australia or Canada, however other actions can be undertaken. On a local level limiting the availability and easy access to alcohol in certain areas (around football stadiums, schools,...) in the cities or with certain events/festivities (carnival,...) is recommendable. Also locations where unsupervised drinking is being observed (e.g. vending machines), limitations on the selling of alcohol should be put in place. Local authorities should also criticize their own licensing policy.
14. Since it is hard to operationalise the selling of limited quantities e.g. in a bar, it is recommended to include information related to drinking behaviour and decision making skills. This could include maximum amounts, frequency of drinking, avoiding possible problematic drinking patterns etc. The VAD already wrote guidelines on the use of alcohol, see <http://www.vad.be/assets/2281>.
15. From the scientific information we have now, it is recommended to not withdraw the extra taxation on alcohol from 2015. However, future price increases (taxation or minimum unit pricing) should be further examined from an economic perspective. The increased taxes of 2015 can be an opportunity to study this more into detail. Additional research taking into account the economic and thus overall societal impact is required. The overall welfare effect of pricing policy can be studied using a general equilibrium approach in which the fiscal effect is incorporated and the welfare effect of different price levels can be simulated (Buyse, Heylen, & Van de Kerckhove, 2017; Heylen & Van de Kerckhove, 2013).

Local authorities should discourage promotional actions on alcohol at parties, like forbidding all-in parties where you can drink as much as you can for the same price or discourage the use of so-called booze cards.
16. It is recommended to introduce effective regulation of alcohol marketing since this can contribute substantially to reducing alcohol-related harm by delaying the onset of drinking and by reducing the incentives to drink more (Anderson et al., 2012). Since social media open up a whole new way of marketing and targeted advertisements in which the alcohol industry is ahead of the game, regulation becomes even more pressing (Eurocare, 2017a). The results of the BELSPO financed study on alcohol marketing ALMOGERAL will present its policy recommendations on alcohol marketing in August 2018. In anticipation of these results, also other policy measures (see other recommendations in this document) should be prepared, since it is imperative to combine different interventions to have an impact on societal norms and individual behaviour.

17. Therefore, in general, a more stringent alcohol policy can be recommended as it can reduce the overall level of alcohol consumption in society and especially within the group with the highest levels of consumption (i.e. high socioeconomic status groups). However, as noted under recommendation 15, the effect of pricing policy as a component of an integrated alcohol policy strategy should first be examined more closely from an economic and fiscal perspective.
18. There should be a clear emphasis on parental supervision and control in general, and specially on rules towards alcohol at home and the continuation of this supervision after children turn 16 year old. If family environments are chosen as the location for the first experimentations with alcohol, these experimentations should be associated with discussions about alcohol effects and the role and overall positive image of the alcohol in our society. The underlying goal pursued is to develop critical thinking about alcohol, not solely about effects but also about context and stereotypes (to have fun, you have to drink, etc.) and to correct misperceptions like supposed approval from parents or lack of influence by parents on adolescents behaviour. Campaigns towards parents to sensitise on their role towards alcohol drinking of their children and to ensure the continuation of supervision should be implemented, in combination with other measures like online tips and tricks how to discuss drinking alcohol with your children.
19. It is recommended not to have unilateral prevention interventions, but looking for an integrated prevention approach. Raising awareness and consciousness with campaigns are not enough and should be combined with other interventions of school-, community- and family based type completed with environmental strategies. These interventions should start from the interest of the young people and focus on decision making competences. Furthermore, prevention should not solely focus on one target group but address different target groups, and should be supported by other measures like regulations on the societal level and enforcement. This will urge different authorities to work together in one integrated alcohol approach.
- 20. The debate on alcohol in our society should not focus primarily on legislation, but give more priority on a global integrated alcohol policy. Furthermore, a lot of measures are necessary but insufficient to change drinking behaviour in Belgium. A multi-component approach is needed were prevention, regulation and enforcement are necessary pillars to include. From a health perspective the integrated alcohol policy should mainly focus on the price of alcohol, availability and marketing restrictions as outlined above (Van Hoof, 2017).**
21. We advise that the principal investigators (PI's) of all studies on alcohol consumption specifically aimed at school-aged children carry on their past efforts to insure the continued comparability of the studies, most notably in areas where there are currently still discrepancies (e.g. definition of binge drinking/drunkenness). Moreover, PI's should debate which external factors are key to adolescent drinking behaviour (e.g. peer drinking, SES) and agree on a common approach, in order to facilitate future research.
22. The Belgian government should include in their formal agreements the rights to access to data collected in studies financed by the different Belgian authorities for secondary analysis. Call for grants could include secondary analysis on available data instead of collecting new data.
23. It is recommended to add a quick SES indicator (e.g. educational level) to the Minimum Hospital and the Minimum Psychiatric Data.

24. In order to perform an international analysis, we recommend that the Belgian state participates in the EU Injury Database project.
25. To enable a more accurate estimation of the substance attributable fractions, case registration on all levels of the criminal justice system should mandatory include registration of substance intoxication and substance involvement. This should be done for every substance separately. At present, this registration is already possible on the investigation level (in the police reports of the integrated police) although this is not mandatory (Vander Laenen et al., 2015).

References

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