

NATIONAL ALCOHOL POLICY

2018-2023



MINISTRY FOR THE FAMILY,
CHILDREN'S RIGHTS AND SOCIAL SOLIDARITY



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Foreword



Europe is the heaviest drinking region in the world with 9.24 litres of pure alcohol per person consumed (15+ years). This is nearly twice the world's average. In the European Union, around one road accident in four can be linked to alcohol consumption. In fact, at least 6,500 people are killed in alcohol-related road accidents in the EU each year.

In view of this context, I feel that it is my duty as Minister for the Family, Children's Rights and Social Solidarity, to launch this first National Alcohol Policy. Whilst this Policy recognises the fact that people are still going to consume alcohol, it seeks to address the important issues of underage drinking as well as irresponsible and excessive drinking by adults.. This Ministry will thus be adopting a multi-dimensional policy approach to holistically address this reality and further improve the well-being of our society as a whole.

The first policy dimension addresses the prevention of alcohol consumption among minors. Since it is my remit to ensure that children's rights are protected, it is my responsibility to promote the best possible circumstances for children to be able to develop their full potential. Actions are here needed to curtail underage drinking which clearly does not positively contribute to children's development. Indeed, the underlying scientific evidence demonstrates that drinking in one's teens blunts the brain's development, with the ensuing consequences upon the full development of one's potential.

Another dimension of this first National Alcohol Policy attempts to moderate drinking behaviour amongst adults. Indeed, irresponsible and excessive drinking compromise the health of the individual and induce several social consequences which may include major repercussions for both the individual and the family. It is with this context in mind, that the actions put forward in this Policy contribute towards prompting major efforts to change such behaviour.

The final dimension is specifically aimed at averting drink driving. This behaviour renders futile loss of life and repercussions on the victims' families which we need to avert as a society. Consequently, the measures emanating from this Policy are based on the enhancement of tried and tested methods that have led to sharp changes in drink drive patterns which in turn result in a reduction in both fatal and non-fatal road accidents elsewhere.

Finally, the monitoring and evaluation of the actions introduced by this National Alcohol Policy should provide the timely opportunity to fine tune the policy in the course of its implementation as matters evolve over time.

Michael Falzon
Minister for the Family, Children's Rights and Social Solidarity

Purpose of the National Alcohol Policy

According to the recommendations put forward by the World Health Organization (WHO), when alcohol is used irresponsibly, it negatively impacts the individual, families and society as a whole. Within this first National Alcohol Policy, a multifaceted multi-sectoral approach is identified as necessary in order to minimise the harm caused by alcohol. Multi-sectoral collaboration among legislators, the police, regulating authorities, health and social care providers, the entertainment industry and the public at large, is required to ensure the effective implementation of this policy. Moreover, the development process of this National Alcohol Policy, included a public consultation period at the end of 2016 during which a number of suggestions were put forward and some of these have duly been taken on board. The areas addressed in the 23 actions recognise the need to develop, implement and evaluate practices, measures and programmes that are socially and culturally attuned to our needs and expectations.

The National Alcohol Policy identifies measures addressed to the entire population as well as specific measures targeting young people and drink driving. No single measure will be effective if taken in isolation and hence it is the combination of measures put forward herein that need to be implemented in a coherent manner. By virtue of this policy, the Ministry responsible for Social Welfare through the National Coordinating Unit for Drugs and Alcohol, aims to ensure that there is consolidation of initiatives and coordination among the various Ministries, voluntary organisations and other bodies who are required to commit themselves to preventing alcohol use among those aged under seventeen and reducing the harmful use of alcohol among adults that includes drink driving. The policy per se is thus an attempt to reduce and prevent the potential harm and negative consequences of alcohol on the individual, the family and society in its widest sense.

01/

Background



1.1 International Context

In relation to world drinking habits, the European Region of the World Health Organization (WHO) has the highest per capita alcohol consumption in the world. The Status Report on Alcohol and Health in 35 European Countries 2013 (WHO Europe, 2013)¹ states that “Alcohol consumption has been identified as a major risk factor for the burden of disease and for premature mortality globally, and as a substantial problem in the WHO European Region”. A recent report indicated that in the EU, 1 in every 7 deaths in men and 1 in every 13 deaths in women in the group aged 15–64 years was due to alcohol consumption.

If one now looks at the trend in per capita consumption over a period of some thirty years, on average, adult per capita alcohol consumption has decreased overall in the European region by some 12.4% in the period between 1990 and 2010. The largest decline in consumption was observed in southern Europe (-28.2%), followed by the central-western and western country group (-12.5%). In the Nordic countries, consumption has varied throughout these years showing some decline and then increases, with 2010 levels of consumption slightly above the 1990 level (+1.6%). A similar trend to that of the Nordic countries, with a more pronounced upswing in consumption, was observed in the central-eastern and eastern country group (+7.3%).

While there are huge variations between the countries, a European wide estimate of some 9.24 litres of pure alcohol consumed per year has been declared (WHO Europe, 2013). The Health and Consumer Protection Directorate-General within the European Commission advocates that “Alcohol consumption at harmful levels is estimated to be responsible for approximately 195,000 deaths each year in the EU as a result of cancer, liver cirrhosis, road traffic and other accidents, homicides, suicides and neuropsychiatric conditions” (European Commission, 2007)². In addition, alcohol also has a serious impact on those persons living in close proximity to the drinker as it is responsible for around 50% of all violent crime to the person, about 40% of all domestic violence, 2000 homicides, 10,000 deaths of people other than the drink-driver and some 17% of cases of child abuse and neglect. Alcohol related problems are the result of a complex interplay between the individual use of alcoholic beverages and the surrounding cultural, economic, physical environment, and political and social contexts (WHO Europe, 2013).

¹ http://www.euro.who.int/__data/assets/pdf_file/0017/190430/Status-Report-on-Alcohol-and-Health-in-35-European-Countries.pdf

² http://ec.europa.eu/health/ph_determinants/life_style/alcohol/documents/factsheet_harmful_drinking_en.pdf

1.2 Maltese Context

As in a number of countries throughout Europe, the consumption of alcohol in Malta has long been a part of the traditional culture. The Strategy for the Prevention and Control of Non-communicable Disease in Malta that was launched in 2010 clearly identifies alcohol as a primary risk factor linked to chronic diseases such as heart and liver disease, while the National Cancer Plan 2011-2015 and the National Cancer Plan for the Maltese Islands 2017-2021 Consultation Document both identify alcohol as increasing the risk of cancer.

1.2.1 Alcohol Use in the Youth Population

Data from the European Survey Project on Alcohol and Other Drugs (ESPAD) report 2015, shows that since 1999, the trend in alcohol consumption has been on a downward decline in that most patterns of alcohol use demonstrate such trends among young people aged 15 and 16. Lifetime use of alcohol (40+ times) declined from 36% in 1999 to 20% in 2015. Alcohol use in the last 12 months (20+ times) declined from 51% in 1999 to 19% in 2015, while alcohol use in the last 30 days (10+ times) declined from 20% to 11%.

In Malta, heavy episodic drinking in the last month (drinking more than 5 drinks in a row on a single drinking occasion) declined from 57% in 2007 to 47% in 2015. Lifetime drunkenness also registered a decline from 45% in 2007 to 38% in 2015. Drunkenness in the last 30 days also declined from 19% in 2007 to 15% in 2015. Those reporting being drunk at 13 years or younger declined from 14% in 1999 to 8% in 2015. While these reductions on alcohol use in the student population are very encouraging further efforts need to be directed towards young people in an effort to prevent alcohol use in the first place in those aged seventeen years and under.

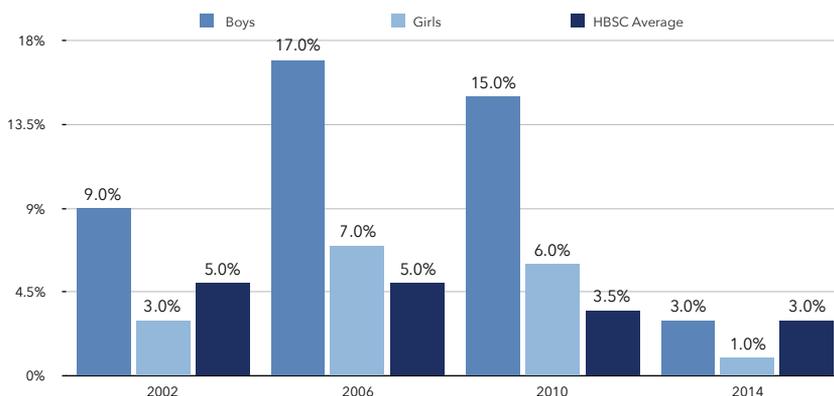
Table 1: Trends of Alcohol Use among 15-16yr olds for the period 1999-2015

	Percentage of Maltese Students by year					Change (2011-2015)
	1999	2003	2007	2011	2015	
Lifetime use of alcohol 40+ times	36	33	33	30	20	-10
Alcohol use 20+ times: last 12 months	51	32	32	28	19	-9
Alcohol use 10+ times: last 30 days	20	20	20	18	11	-8
Heavy episodic drinking: last 30 days	/	/	57	56	47	-8
Heavy episodic drinking 3+ times: last 30 days	/	/	32	31	22	-8
Lifetime drunkenness	/	/	45	44	38	-6
Drunkenness: last 12 months	/	/	38	37	31	-6
Drunkenness: last 30 days	/	/	19	20	15	-5
Drunk at 13 or younger	14	13	10	11	8	-3

Source: National ESPAD studies 1999-2015.

The Health Behaviour in School-aged Children (HBSC) 2016 study sponsored by WHO and conducted in Malta along with a number of other countries, looks at, amongst other things, drinking habits in children aged 11, 13 and 15 years. The findings in relation to the trends of alcohol use in this survey complement those identified in the ESPAD 2015 survey with declines for most patterns of use. A decline is evident from 2002 to 2014 in 11-year-olds who drink alcohol at least once a week.

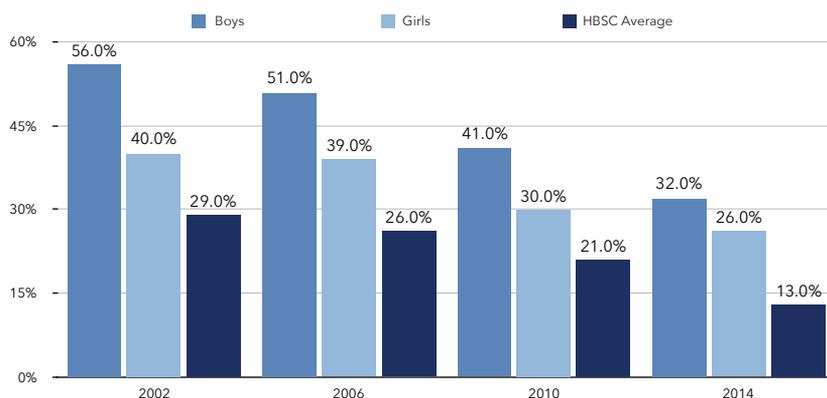
Figure 1: Percentage of 11-year-old Maltese students who drink alcohol at least once per week



Source: National HBSC studies 2002-2014.

There has also been a decline among 13 and 15-year-olds reporting drinking alcohol at least once a week.

Figure 2: Percentage of 15-year-old Maltese students who drink alcohol at least once per week



Source: National HBSC studies 2002-2014.

In 2002, in Malta, 25% of boys and 18% of girls aged 15 years reported having been drunk on two or more occasions. This has increased in 2014 with 26% of boys and 28% of girls reporting such behaviour. This data identifies this age group as being particularly at risk and consequently should be considered as a priority target group for policy actions to reduce alcohol abuse.

1.2.2 Alcohol use in the general population

In the latest General Population Survey (2014) conducted in Malta and Gozo, just over three quarters (75.9%) of the respondents, equivalent to some 209,000 individuals indicated that they have consumed alcohol at least once in their lifetime; this corresponds to similar data which was presented in the 2001 General Population Survey which had also reported at least once in their lifetime use of some 75.6%. Seven in every ten respondents (70.6%) indicated that they have consumed alcohol in the last 12 months which shows a slight increase of 1.3% or some 4,000 over data reported in 2001 (69.3%). Almost three in every five respondents (58.8%) reported to have drunk alcohol in the last 30 days.

When compared to the figures registered in 2001 (56.2%) the percentage of persons having consumed alcohol in the last 30 days shows the greatest increase of 2.6%. Of the respondents who have drunk alcohol in the last month, 12%

indicated that they do so daily or almost daily. This shows a decrease of 1.1% over 2001 which had reported such consumption at 13.1%. This also shows that 6.8% of the total population of almost 275,000 aged between 18 and 65 years old consume alcohol on a daily / almost daily basis.

The results reported in this General Population Survey, may to some extent be compared with the findings registered in the past ESPAD Surveys in which substance use prevalence was measured every 4 years amongst 15-16-year old students within all secondary schools in Malta since 1995. Maltese students who participated in the 2007 and 2011 ESPAD surveys, would now be aged between 18-24 years and would therefore fall into this age cohort of this General Population Survey. When looking at this age cohort, this survey reported lifetime use of alcohol at 87.2% which shows a similar percentage compared to the 92% reported in 2007 and the 90% reported in 2011 ESPAD surveys. Use of alcohol in the last 12 months was reported by 85% of those aged between 18-24 years whilst similar percentages were reported in ESPAD in 2007 (87%) and 2011 (86%). When comparing the use of alcohol in the last 30 days, such consumption was reported to be 73% in the 2007 ESPAD and 75.9% in this survey.

When analysing the findings by the gender of the respondents from the General Population Survey (2014), it can be concluded that respondents who are current consumers of alcohol are mainly males. In fact, results show that of the current alcohol consumers, 59% are males and 41% are females. Again, the figures presented here show similar trends which were reported in the 2001 survey which stood at 61% for male consumers while the remaining 39% were females. Moreover, it is also important to note that the life time prevalence of alcohol consumption is the highest in the Northern and Southern Harbour regions but as far as current use of alcohol is concerned this is evenly spread throughout the island as was the case for the 2001 estimates. It results that 17.2 is the mean age for first time consumption of alcohol among respondents of the General Population Survey (2014). Here again, similar trends were reported in 2001 when the mean age reported was 17.4 years. Almost 61% of the respondents indicated that they drank alcohol for the first time when they were between 16 and 19 years of age (General Population Survey, 2014).

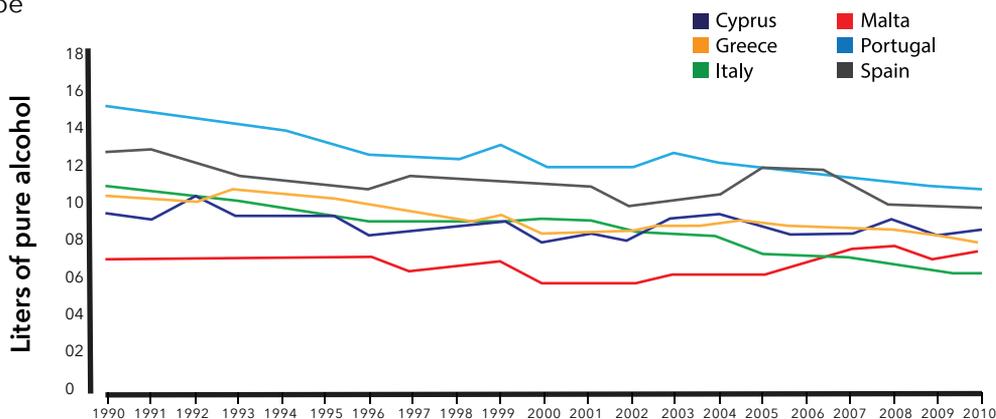
Lifetime, last year and last month consumption of alcohol is the highest among respondents aged between 18 and 24 years of age, and this decreases with increasing age brackets. Last month consumption of alcohol amongst the 18- and 24-year-old cohort stood at 76% while that of 60 to 65 year olds stood at 51% meaning a difference of 25%. Moreover, it is pertinent to note that while seven in every ten 60 to 65 year-olds never drank alcohol, a high nine out of every ten 18 to 24 year-olds indicated that they have consumed alcohol. Similar trends were also reported in 2001 with 90% of 18-24 year-olds reporting having ever used alcohol whilst about 67.5% of 60 to 65 year-olds had reported lifetime drinking.

A high 77.5% of ever drinkers of alcohol are also current drinkers, an increase of 2.5% over 2001(75%).

Although the highest percentages of the aforementioned respondents are aged between 18 and 24 years of age, percentages do not decrease drastically among the older age brackets. Continuation of alcohol consumption is more present among males than females. While 85% of the male respondents who have ever consumed alcohol, are current consumers, this is the case for 69% of the female respondents. Almost 70% of current drinkers drink alcohol once a week or less often. Results also show that males tend to be more frequent consumers of alcohol. In fact, while 37% of the males who have ever consumed alcohol, indicated that they drink alcohol daily, almost daily or several times a week, the same response was given by a lower percentage of the female (19%) ever consumers of alcohol.

The per capita alcohol consumption for 2010, for Malta was estimated to be 7.9 litres of pure alcohol as shown in the figure below and for the years up to latest figures available that of 2014 it has not changed much, 6.9, 7.7, 8.6 and 8.5 litres respectively³. In effect, whereas most countries in the South of Europe have seen a reduction in per capita consumption over the years, Malta's consumption has remained the same and not contributed to the overall reduction seen in the southern countries especially that of Italy. Hence, this policy is an attempt to reduce per capita consumption with the aim of reducing the numbers that may in turn resort to the harmful use of alcohol and its consequences.

Figure 3: Adult capita consumption of recorded alcohol by country from 1990 to 2010 in southern Europe



Sors: Status Report on Alcohol and Health in 35 European Countries (WHO Europe, 2013)

³ Status Report on Alcohol and Health in 35 European Countries (WHO Europe, 2013).

1.2.3 Drink Driving

Drink driving is the indisputable cause of a considerable number of deaths, temporary and permanent disability, hospitalisation and other negative consequences on Maltese roads.

On 1st December 2017, the Ministry responsible for transport in Malta introduced a new Penalty Points system. The aim of this new system is to influence and improve driver behaviour and address the unacceptable levels of death and serious injury on Maltese roads. Penalty point systems also operate in other countries. International experience has demonstrated that the penalty points system has proven successful in reducing the number of road deaths in those countries.

With regards to drink driving on Maltese roads, the number of Court proceedings for drink driving and the number of breathalyser tests carried out are collected by the Malta Police Force. The law regarding breathalyser tests was introduced on 25 May 1998. Where a breathalyser test results positive and the individual refuses to undergo the test or the test is incomplete, Court action is taken.

Measures against drink driving are a cornerstone of any alcohol policy. The main objective of this policy is to reduce the incidence of drink driving in order to reduce the rate of fatal and non-fatal accidents.

Table 2: Breathalyser Tests in Malta conducted in the period 2009-2016

Breathalyser Tests 2009-2016				
Year	Positive tests/ar-raigned	Guilty	Not Guilty	Sub Judice
2009	81	43	38	0
2010	42	36	6	0
2011	140	117	24	0
2012	173	85	86	2
2013	180	108	72	0
2014	211	146	54	11
2015	183	104	51	28
2016	139	63	18	58

Source: Malta Police Force.



02/ Policy Aims

2 Policy Aims

This policy contends that a comprehensive alcohol policy can better address the reality of alcohol use and its associated problems by reflecting a commitment to the health, safety and welfare of Maltese society. Three main policy aims have been identified in this regard;

1. Addressing underage drinking in Malta.
2. Addressing the harmful use of alcohol within the general population by minimising the amount of alcohol intake by those who choose to drink alcohol.
3. Addressing the negative effect of drink driving.

03/
Policy
Actions

3.1 Policy actions to address underage drinking in Malta

It is well understood and established that the ability to prevent drinking in adolescence leads to less problems related to drinking habits such as poor health in adulthood. Moreover, the death rate of those aged between 15 to 19 years of age is 35% higher than that of those aged between 10 to 14 years of age world-wide.

The most likely cause of death is that due to road injuries followed by self-harm and violent behaviour in which alcohol may be a determinant. Moreover, alcohol per se may stunt brain development in this age between 15 and 19 years with the resulting consequences. The context discussed in the previous sections calls for the undertaking of the following actions to reduce the prevalence of alcohol consumption in persons under 17 years of age.

Action 1: Enforce legislation so as to tangibly limit the sale, purchase, consumption and supply of alcoholic products to persons under the age of 17 years.

Action 2: Require all sellers of alcoholic products to place a clear and prominent notice about the prohibition of alcohol sales to minors, and in case of doubt request that each alcohol purchaser provides appropriate evidence of having reached full legal age.

Action 3: Harsher penalties against sellers and distributors who are found guilty of contravening the law.

Action 4: Better enforcement for ensuring that alcoholic products are displayed in a designated section clearly separated from the sale of other products both within supermarkets and other general retail stores.

Action 5: Introduction of media literacy programmes to create a critical culture amongst recipients of media messages about alcohol.

Action 6: The distribution of free alcoholic products (including brand related paraphernalia such as t-shirts, ashtrays, glasses, caps, etc.) is to be prohibited to minors.

Action 7: As a Corporate Social Responsibility Measure the alcohol manufacturers and retailers will set up a fund for the Ministry responsible for social welfare or

its appointed agency responsible for alcohol rehabilitation to use for education campaigns.

Action 8: Provide broad access to effective and comprehensive education geared towards primary, secondary, sixth form, vocational educational levels as well as parents on the use of alcohol, through evidence-based health promotion principles seeking to involve all educational establishments, youth organisations and professional bodies.

Action 9: Provide the relevant selective and indicative prevention measures to support those under 17 years of age who have resorted to the use of alcohol.

Key Performance Indicators related with the aforementioned actions will be developed and monitored on a quarterly basis by the National Coordinating Unit for Drugs and Alcohol based within the Ministry responsible for social welfare.

3.2 Policy actions to address harmful alcohol use in the general population

With regards to persons aged 18 years or above, it is also well established that of those who drink, at least one in five, will do so harmfully. This results in dependency or Alcohol Use Disorder and the accompanying consequences. The context discussed in the previous sections calls for the undertaking of the following actions to address harmful alcohol use in the general population.

Action 10: Monitor and control the impact of the price of alcohol products on the harm caused by alcohol.

Action 11: Introduce owner and server training as compulsory in licensed outlets.

Action 12: Increase owner and server liability (where those providing alcohol may be held responsible for consequences of inappropriate practices - such as serving alcohol to the underaged).

Action 13: Commence necessary discussion with respective authorities in order to introduce stronger physical environment criteria in relation to;

- a) Overcrowding, proper access and exit requirements to places of entertainment;
- b) Proper ventilation and hygiene.

Action 14: Promote good practices such as;

- (a) Requesting proof of age
- (b) Providing adequate management of violence and other non-acceptable behaviour, such as aggressive behaviour and
- (c) Refraining from serving the intoxicated.

Action 15: Develop mechanisms to restrict the excessive consumption of alcohol at events where the likelihood of violence may escalate.

Action 16: Provide specific interventions for alcohol-abusing offenders and their families.

Action 17: Jointly with the Occupational Health and Safety Authority address alcohol misuse at the work place.

These actions will be monitored by established indicators that assess the drinking habits of the general population which to date have been used in the conduct of the general population survey.

3.3 Policy actions to reduce drink driving

The context discussed in the previous sections calls for the undertaking of the following actions to reduce drink driving which are geared to further support those related to the penalty point system that is currently in force.

Action 18: Ensure that the necessary legislative support is always adequate so as to enable law enforcement officers to carry out random breath testing and behavioural road side tests as well as compulsory road testing following a road accident.

Action 19: Introduce a Blood Alcohol Content (BAC) limit of 0.2 g/l for: learner drivers, novice drivers having held a driving licence for less than two years, motorcyclists, drivers of lorries weighing more than 3.5 tonnes, or carrying dangerous goods, any passenger vehicle fitted with more than eight passenger seats and taxis.

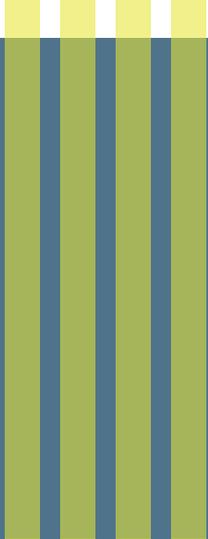
Action 20: Reduce BAC from 0.8g/l to 0.5g/l for all other drivers.

Action 21: Work to ensure that penalties for drink driving offences are increased.

Action 22: Introduce mandatory assessment, education and treatment for drink driving offenders.

Action 23: Further promote and encourage the concept of "designated driver" whereby amongst a group of friends driving together to an event, one takes it in turn not to drink prior to or at the event and thus drive the group safely to and from the event.





04/

**Monitoring, Co-
ordination and
Implementation of
the National
Alcohol Policy**

4 Monitoring, Co-ordination and Implementation of the National Alcohol Policy

In line with the objectives and actions outlined above, high priority should be attributed towards strengthening the co-ordination and effective involvement of all stakeholders including Ministries, Departments, Governmental entities, advisory bodies, as well as voluntary and private organisations.

Monitoring of the policy using key indicators will take place on a yearly basis, between 2018 and 2023.

This section identifies the relevant institutions and outlines the roles and responsibilities of the different bodies that make up the institutional framework that will determine and contribute to the realisation of this policy.

Body responsible for the development of the Policy:

- The National Addictions Advisory Board shall submit policy proposals for the consideration of the Minister responsible for social welfare. As and where necessary, these submissions will eventually be forwarded for the consideration of the Cabinet and at a later stage to the Parliamentary Social Affairs Committee to increase the level of awareness and promote required actions.

Body responsible for the implementation of the Policy:

- The National Coordinating Unit for Drugs and Alcohol within the Ministry responsible for social welfare shall bring together all stakeholders so as to facilitate the effective implementation of the National Alcohol Policy. This Unit will:
 - (a) implement the provisions of the National Alcohol Policy;
 - (b) promote co-ordination and ensure effective co-operation among stakeholders, namely; the Ministry responsible for social welfare, Ministry responsible for employment, Ministry responsible for education, Ministry responsible for European affairs, Ministry responsible for foreign affairs, Ministry responsible for justice, Ministry responsible for home affairs, Ministry responsible for transport, Ministry responsible for health, Ministry responsible for the economy, and Ministry for Gozo, respective departments that fall under these

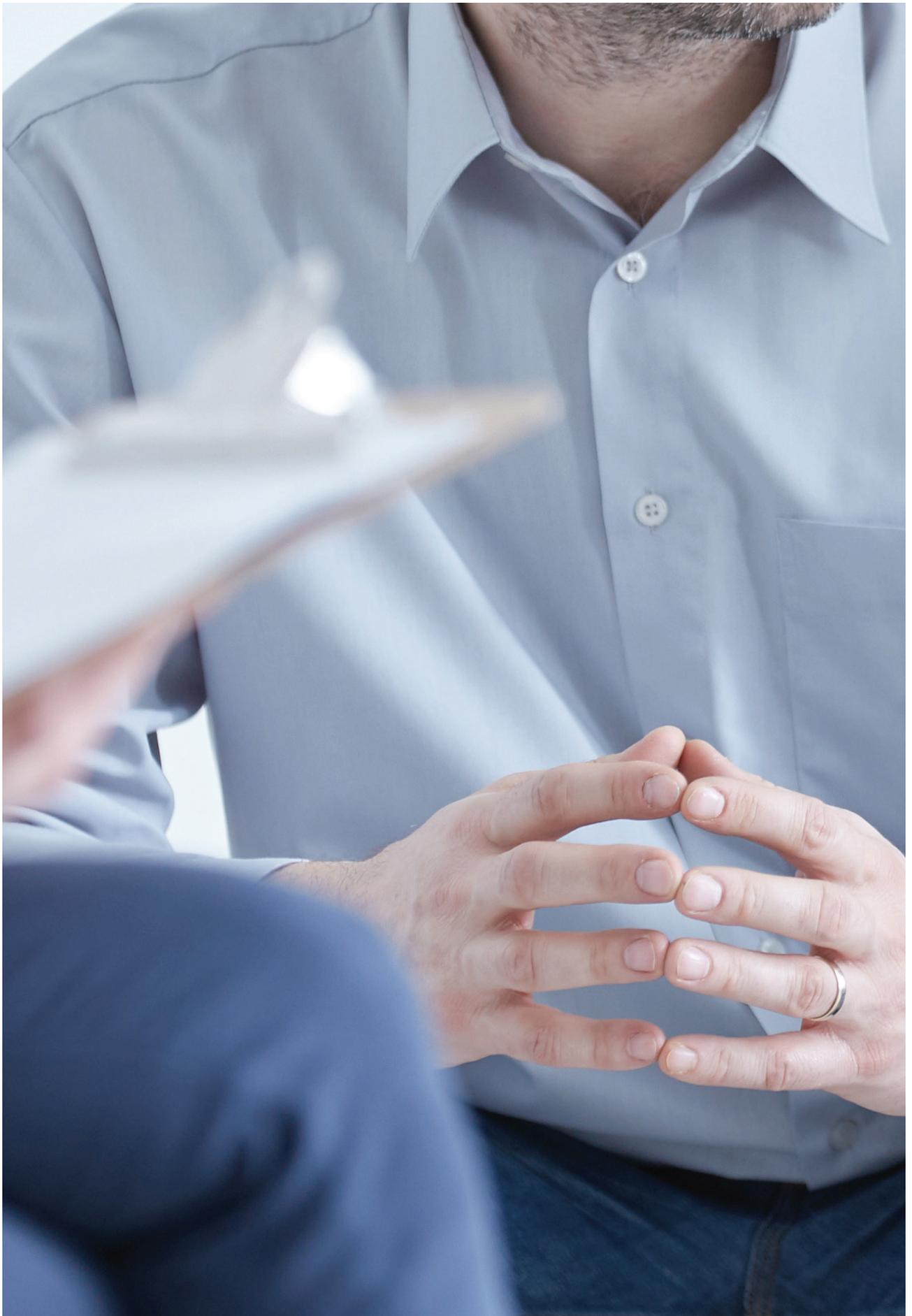
Ministries, voluntary and private organisations with a view to achieve and enhance the realisation of the National Alcohol Policy;

(c) collect, analyse and distribute data on alcohol misuse/abuse in co-ordination with all the ministries, departments and entities involved;

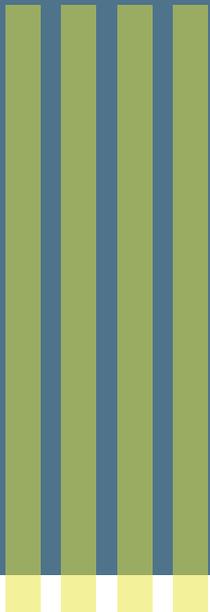
(d) evaluate the impact of alcohol misuse/abuse; and

(e) ensure that alcohol policy measures are realised at all levels.

A separate unit within the Ministry responsible for social welfare will monitor the implementation of the provisions of the National Alcohol Policy.



05/ Conclusion



5 Conclusion

Government acknowledges the possibility that changing trends and circumstances may necessitate amendments to this policy. It shall thus ensure that, through the structures specified above, this policy is updated as necessary over time so as to effectively address emerging realities.