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# TOBACCO AND ALCOHOL ADDICTIONS

RÉPUBLIQUE FRANÇAISE
LIBERTÉ · ÉGALITÉ · FRATERNITÉ
CONSEIL ÉCONOMIQUE SOCIAL ET ENVIRONNEMENTAL

Smoking and alcohol misuse are the top two causes of preventable death respectively. More than 73,000 people die every year from tobacco-related conditions. Tobacco is the leading cause of death by cancer, contributes to the onset of respiratory disorders and increases the risks of early cardiovascular diseases and high blood pressure. 49,000 people die from alcohol-related causes every year. Alcohol is the leading cause of premature death and the leading cause of death among 18-25 year olds. One child is born with the effects of prenatal alcohol exposure every day. It is one of the most common grounds for hospitalisation. It contributes to poor road safety levels and to acts of violence. Last but not least, for families and loved ones, it is a daily social and psychological ordeal.

Public opinion is becoming increasingly aware of the immediately addictive nature of tobacco and its health risks. Acceptance of anti-smoking measures has improved, and these have played a part in the recent progress made, not least with the "Moi(s) sans tabac" month-long no-smoking campaign - even if serious failings persist in the application of legislation and regulations. The situation is very different regarding alcohol. With its enjoyable, sociable and cultural connotations, the public still have a positive view of alcohol. Its health risks are not well grasped. Although average consumption levels are falling, these mainly concern a small section of the population and more often take the form of occasional binge drinking. The industry is tailoring its strategies to these new drinking patterns through constantly updated marketing, whose primary target groups are youngsters and women. These strategies depend on the creativity of advertisers, who are proving ever more effective given that the strict framework initially laid down by the Evin Act has steadily been dismantled.

**The ESEC agrees with the finding of the Cour des comptes that there is a lack of public policy coherence, continuity and monitoring. The strict rules applied to illegal products are at stark odds with the public authorities' lax approach to defining and implementing policies on alcohol and tobacco. This opinion is calling for greater policy coherence and resolve across both these areas. It outlines recommendations for changing society's perception of alcohol, improving coordination and support and earlier identification of problematic situations.**

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*"There is no such thing - and indeed, never has been such a thing - as a drug-free society. This fact shows how unrealistic the goal of eliminating them completely is, and the merits of an approach focusing instead on reducing risk and harm".*

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THE ESEC'S PROPOSALS

# THE ESEC'S RECOMMENDATIONS

## PRIORITY 1: BASE POLICIES ON THE REALITY OF THE HARM SUSTAINED

### Adopt a methodology for more transparent targets and monitoring

- Support independent research and harness this to set targets and assess their progress
- Identify the priorities on the basis of objective criteria by targeting at-risk groups

### More widely roll out prevention tools that have proven to be effective

- Strengthen prevention at an early age, not least via psychosocial competence acquisition
- Encourage prevention measures among young people, especially those led by trained peers
- Define an advertising-free perimeter particularly near training and education sites and set a minimum price at festivals which must be organised with risk reduction stakeholders
- Strengthen physician- and midwife-led prevention during pregnancy
- Establish the role of employee representative bodies and support businesses in their prevention initiatives
- Ensure public policy transparency, coherence and independence where alcohol addiction is concerned and, to that end, exclude the alcoholic drinks industry from its definition and implementation

## PRIORITY 2: LAY THE GROUNDWORK FOR EARLY TREATMENT UPTAKE

- Enhance training and redefine a national strategy for implementing early identification and brief intervention
- Systematically refer patients who have been hospitalised for addiction-related disorders towards healthcare and support facilities specialising in addiction.
- Involve the Regional Health Agencies (ARSs) more closely in organising the national network of healthcare and support schemes and in coordination

## PRIORITY 3: COME UP WITH SOLUTIONS TAILORED TO THE DIVERSITY OF NEEDS AND LIFE EXPERIENCES

### Give full priority to reducing risk

- Trial, assess and widely implement alcohol and tobacco risk reduction programmes with emphasis on the wide range of solutions
- Include e-cigarettes as one of the smoking cessation options: add them to the prevention agenda; train in the support they entail and exclude the tobacco industries

### Adopt comprehensive solutions geared towards the most vulnerable groups

- Bolster the resources available to Healthcare, Support and Prevention Centres for Addiction (CSAPA) and Drug Addiction Support Centres (CAARUD) by channelling them towards the most vulnerable groups
- Scale up community clinics for young users (CJCs)
- Support the setup of addiction clinics for women and set up more residential structures dedicated to supporting women

*"Far from being grounded solely on product safety risks, public policies, how tough they are and the extent to which their implementation is monitored, reflect prevailing perceptions of their consumption. Although alcohol and tobacco are both legal under the same conditions, the public views alcohol in a positive light whilst its opinion of tobacco has turned. For the ESEC, policies must no longer be dictated by such perceptions, but instead be fully geared towards addressing the pressing health issues".*

You can find the whole opinion on the website www.lecese.fr