Alcohol policies in the Netherlands: a three-pronged attack

The Dutch will not readily accept restrictions on their freedom to drink alcohol. The government therefore relies on a mass education campaign urging moderation, the efficient detection and treatment of alcoholics, and the regulation of advertising.

In 1985, when the Netherlands government was drafting its first alcohol policy, the Dutch people consumed three times as much alcohol as in 1960 (2.56 litres of pure alcohol per caput in 1960; 8.5 litres in 1985). The country has shown one of the most rapid increases in alcohol consumption in Europe in the 1960s and 1970s. Half the total alcohol consumed is beer; a third, spirits; and about a fifth, wine. Wine drinking has increased very rapidly since the 1960s. Men still drink considerably more than women, although the latter have been catching up.

The consumption of alcohol has risen among young people as well, and the average drinking age has declined. Most alcohol (about 75%) is consumed at home, the rest in bars, restaurants, sports canteens, and so on.

One of the main reasons for the substantial increase in alcohol consumption is the relative decline in alcohol prices. Between 1960 and 1983 alcohol became 38% cheaper compared with other goods—that is to say, in relation to the general price index, and despite tax increases. Incomes rose considerably in the 1960s and 1970s, and more people could afford luxury goods such as alcohol. Moreover mass tourism introduced Dutch people to “foreign” drinking habits, such as drinking wine with a meal. With the increase in consumption, more retail outlets were opened, so increasing the availability of alcohol.

Lastly, most people have more leisure time now, because of reduced working hours, fewer children, and more labour-saving devices in the home. Given the fact that the drinking population has been stable at about 85% for several decades, it is clear that people drink more often and in greater quantities. Together with an increase in alcohol consumption there has been an increase in the incidence of alcohol-related problems. Nevertheless, there is a great acceptance of alcohol consumption and alcohol problems in society. This tolerance coincides with widespread ignorance of the consequences of drinking.

Did the Minister of Health know all this only in 1985? The answer is no, the
Minister at the time already knew it 10 years before.

In 1975 the Royal Dutch People's Union against Alcohol Misuse celebrated its centenary with a conference. The Minister of Health addressed this conference and announced a policy of "alcohol-discouragement". However, this announcement remained only a good intention for a long time because there was no substantial social support. It was more than 10 years before the government drew up a memorandum on an alcohol policy and presented it to parliament.

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Hidden alcohol problems

In the meantime successive Ministers of Health and ministry officials made use of the many occasions that arose when addressing symposia or giving interviews on television and radio or writing articles for newspapers to express their concern and to illustrate how seriously alcohol problems have been spreading in society and above all how expensive this is for society. There are many more problems than just drunkenness and alcoholism, but they are usually "hidden" in other statistics—in the large number of hospital admissions related to apparently disconnected disorders, to accidents in the home, on the roads, and at work, and to violence to women and children. Alcohol problems are also hidden in the growing number of people admitted to psychiatric hospitals, in absenteeism, in loss of labour productivity, and in the numbers of people who are unemployable. The Minister of Justice became one of the major supporters of an alcohol policy because he noticed that alcohol abuse is also hidden in the crime rates that are overburdening the police, the judiciary, and the prison system. By drawing attention to these alcohol-related problems the Ministers tried to establish a change of climate on the subject of drinking. This implied an enlargement of the visibility of the alcohol problem.

### Changing the climate of opinion

By talking about alcohol, Ministers stimulated public awareness of the need for control measures and gave new support to the long-existing organizations for the treatment and prevention of alcohol problems, to the temperance movement, and to many who had been waiting for such welcome messages.

In the Netherlands, this process of advocacy through public occasions took some years and is called "management by speech". The authorities did not take new concrete policy measures but they established changes in thinking and attitudes. The results were positive. The alcohol industry and the Ministers of Economic Affairs, Finance and Agriculture got very nervous. This meant that the time was ripe for further action. Since alcohol has necessarily to do with many policy areas, a more intersectoral and interdepartmental approach was deemed necessary.

In 1982 the existing Interministerial Committee on Drugs Misuse Policy was charged with the development of an alcohol policy and was therefore transformed into the Steering Committee on Alcohol and
Drugs Misuse Policies. It involved the officials of 10 Ministries. The alcohol industry and the Ministers of Economic Affairs and Finance did not want alcohol to be connected with drugs, as trafficking in drugs and the use of drugs were illegal. Nevertheless, the Minister of Health insisted on this relation; from a public health and welfare point of view the policy on alcohol and drugs had to be coherent.

Negative effects of prohibition

Much can be learned from our long experience with drug abuse policies, the objectives of which are often conflicting. Because drugs have direct psychoactive effects that are seen as undesirable, governments try to discourage their use by means of a deterrent penal system and through health education. The direct effects are the primary problem and are the reason for passing national prohibitive drugs legislation and drawing up international conventions. Addicts are, however, affected by additional problems, both medical and social. They include contaminated drugs, infectious diseases, prostitution, and social ostracism — complications that are caused by placing drugs in the illegal sphere. Further problems have arisen from the intensified action against illicit drug trafficking and the adoption of new far-reaching legal measures, which have led to increasing corruption of the police, the judiciary, and the authorities in some cities and states. All this has led to a “war on drugs” that enhances the escalation of criminal activities. These additional problems are the secondary ones — the unintended side-effects of drugs policy.

To avoid the criminalization of drug users, the Dutch have adopted their own, alternative methods within the boundaries of the international approach. The government believes that the problems should be faced from a realistic point of view, unobscured by moralistic colouring and strong language. Drug addicts are not antisocial monsters but fellow citizens who should be offered social and medical treatment on demand, even if they are not yet capable of resisting the habit. Cure must precede cure.

Drinking alcohol is considered to be a person's own business.

So the government is aware that society’s acceptance of alcohol consumption and alcohol problems limits the extent of any restrictive measures it may consider taking. Reliance on restrictive measures alone will not produce a significant reduction in alcohol abuse and might even increase it. In developing a policy to reduce alcohol problems, the authorities must try to avoid moral judgements. They would not be accepted by the Dutch people, who have always placed a very high value on personal freedom. Drinking alcohol is considered to be a person’s own business! However, if people drink alcohol to excess and develop conditions that require medical treatment, the costs may have to be met by the state-run medical and social security systems. Therefore it is justifiable for society to take measures to prevent or reduce these problems.

Cultural and economic limitations

Programmes to control the consumption of alcohol must take account of the fact that the use of alcohol has deep cultural roots. So a total ban is not feasible and is not favoured. It is a fact that alcohol can give much pleasure.
Since people drink too much and too often, the aim of an alcohol policy is the so-called "revaluation" of alcohol. Moderation is the message, not total abstinence. People should drink less and on fewer occasions and should regard alcohol as incompatible with work, with sports, with driving, and with pregnancy.

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Any alcohol policy must rely on the broad support of the population. This support can be acquired only if the government does not try to change drinking patterns overnight but proceeds step by step.

A second factor that has to be taken into account when developing an alcohol policy is the economic one. Every year people spend more than 8 billion guilders on alcohol (US$ 4.5 billion), of which 2.5 billion are taken in duty and tax, the revenues of the state. (Of all the people dependent on alcohol, the Minister of Finance is the most dependent.) Furthermore, thousands of people make a living from the production, distribution, and sale of alcohol. An alcohol policy should do the least possible harm to this complex market structure.

Everyone likely to be affected by the policy should be involved in its development. It is not surprising that it took two and a half years for the Health Ministry and the Ministry of Economic Affairs to reach a compromise, expressed in the policy memorandum entitled Alcohol and society, which was drawn up by the Steering Committee on Alcohol and Drugs Misuse Policies.

In December 1986 the Dutch government decided to implement an alcohol control policy aimed at preventing the health and social risks associated with alcohol use. The policy memorandum was then presented to parliament.

Principles, aims, and measures

The memorandum proposed the use of three types of strategy as being most likely to achieve an effective approach. No single measure can be judged alone because one might reinforce another.

The objective is to reduce the consumption of alcohol per head of the population as well as to reduce it in specific situations. In the long run, it is felt, such a policy would reduce the misuse of alcohol and its related problems. People in the alcohol industry are strongly opposed to this objective; they are of the opinion that there is a big difference between the use and the misuse of alcohol and that combating the misuse should be our aim. The government, however, stresses the need to decrease consumption in general because the level of alcohol use is too high. Use and misuse are on a continuum.

By pursuing such a policy the Netherlands adopted WHO’s European region’s “health for all by the year 2000” target: a 25% reduction in alcohol use. The policy comprises:

- a realistic and persuasive education campaign (demand side);
- a more efficient treatment system for problem drinkers and earlier detection by general practitioners (demand side);
- a new alcohol licensing law to regulate more strictly the distribution and advertising of alcoholic beverages (supply side).
The effect of raising alcohol taxes has also been studied. It appears that even a small increase in taxes could lead to a decrease in the level of consumption. A major increase was not advocated because of the adverse effects. Higher alcohol taxes are currently considered the most effective preventive measure. However, the government decided to postpone any decision on this matter in view of the fiscal harmonization envisaged for the year 1992 in the European Community. Unfortunately, therefore, this policy instrument cannot be implemented. The policy memorandum and the proposals were well covered by the media and widely discussed by the public and the alcohol industry.

The parliamentary discussion took place in September 1987. Most of the proposals on prevention, treatment, and alcohol distribution were supported by parliament, but not the proposal to ban alcohol advertising on radio and television. Instead, the alcohol industry would be given the opportunity to restrict its advertising by self-regulation. Since September 1990, new, more restricted self-regulation is being applied.

An Alcohol Licensing Act is in preparation. It is now being discussed at length with the Minister of Economic Affairs, who, of course, has been influenced by the lobby of the alcohol industry. It will nevertheless provide for a more restrictive and uniform licensing system and for special limitations on the distribution of alcoholic beverages in sports clubs and youth clubs. Professional training courses aimed at increasing expertise on alcohol and its related problems have been established for the police, prison personnel, welfare departments of the armed forces, social workers, medical students, and teachers. Ways are being examined of stimulating greater professional interest in training to deal with alcohol problems.

Education

One of the major activities—the National Alcohol Education Programme—had already started in 1986, before parliament’s consideration of the policy memorandum. At present, the Alcohol Education Programme concentrates on four activities:

- local and regional prevention activities such as a project on alcohol in the workplace;
- public relations activities addressed to health organizations and the press in order to stimulate and coordinate the so-called free publicity and to keep alcohol under the attention of the press;
- research activities to evaluate the education programme;
- a mass media campaign under the slogan “Alcohol destroys more than you would like”.

The last-mentioned is most impressive and eye-catching. It is designed and carried out by a national bureau within the Ministry of Health in cooperation with 19 regional bureaux of private organizations and commercial advertising agencies. Since 1986 five phases have been carried out, each time with different goals and using different information materials.

The first communication goal was the positioning of alcohol as a problem and the introduction of the slogan “Alcohol destroys more than you would like”. For this phase a strategy was chosen of “confronting” the public with the facts. The campaign intended to focus attention on the social aspects of the problem rather than treat it from the purely medical point of view. For example, it explored the relationship problems with partner, children, colleagues, and friends. This was expressed by a
television spot. Other media used were advertisements in newspapers and magazines, posters at railway stations, leaflets, stickers, and newsletters. The newsletters in particular were aimed at ensuring the commitment of interested professionals.

The second phase of the campaign (April to August 1987) tried to communicate the idea that moderation applies to everyone. The third phase (September 1987 to July 1988) stimulated the intention to drink less. The media used were the same as those in the first phase of the campaign. The difference was that less money was spent on advertising in newspapers and magazines and more on posters. Being in the form of simulated mirrors with texts such as “Some day you will meet yourself”, they really did “confront” the public.

The fourth phase of the campaign (September 1988 to December 1989) consisted in mass media activities aimed both at the general public and at the 700 municipalities in the Netherlands. The local authorities play a crucial part in the execution of the alcohol policy and should initiate all kinds of activities by themselves. In this way the national campaign could have a snowball effect.

The activities aimed at the public focused on the underestimation of individual alcohol consumption. The central question was “Tell me honestly ... how much do you really drink?”. There were three television spots: one with a man drinking spirits, one with a woman drinking wine, and one with a boy drinking beer. They emphasize that the amount of alcohol in these different drinks in their standard glasses is the same.

The activities aimed at the local authorities took the form of a 25-minute video film, an information package, and advertisements in professional journals.

The fifth phase of the campaign started in October 1990 and will continue till March 1991. It is targeted at youngsters, particularly in secondary schools. The central theme (in videos, written materials, educational TV programmes, etc.) is the song of Phil Collins entitled “Do you know, do you care?”.

**Effects**

The preliminary effects of the campaign, as measured in June 1989, almost three years after the start, were noted.

The consumption figures based on tax revenues indicated that the total decline in
per caput alcohol consumption was from 8.60 litres in 1986 to 8.08 in 1989, which is more than 6%. Probably the respondents in our evaluation study gave true answers.

Of course, there are always waves of consumption, but a decline of 6% is more than expected, and we hope that what we have been through is a fundamental change of attitude.

An unintended but important function of the education campaign is the creation of a social climate in which restrictive, though not oppressive, measures will be found more acceptable.

Do politicians see road accidents as inevitable?

Decision-makers often give low priority to traffic safety. It may be that a lack of information on accidents leads them to underestimate the problem. Data of good quality, proper data analysis, and a coherent assessment of the social and economic costs of accidents are essential for the promotion of traffic safety at all levels of decision-making.

Even when information on accidents is available and properly assessed it may not be sufficient to generate interest among politicians or the government, perhaps because road accidents are poor vote-catching material as long as the general public is not aware of the safety problem. Accidents may be seen as inevitable and the price that has to be paid for increased mobility and the development of means of transport. Other economic interests, such as the sale of cars and private passenger transport operations, may be given a higher priority than safety in national policies.

Safety has yet to be recognized as an integral part of the overall health issue, and accident prevention as contributing to economic development. Until such recognition, the lack of enthusiasm of some decision-makers will remain a constraint on progress.