eurocare

Annual report

2002 - 2003

1. Introduction

During the year, two policy statements have been published on 'The Beverage Alcohol Industry's Social Aspect Organizations: A Public Health Warning' and 'Drinking and Driving A Report to the EU; responses were made to Commission papers on 'Sales Promotion' and 'Television without Frontiers' and to the Convention on the future of the EU; participation in meetings of the EU Health Policy Forum, DG SANCO Health Working Groups and WHO European Alcohol Action Plan Counterparts meeting; and most importantly a meeting with Commissioner David Byrne, Commission for Health and Consumer Protection.

2. Annual and Half Yearly Meetings

The annual meeting was hosted by the IAS and held in London from 22nd – 24th November 2002. The triennial election of officers took place and Dr Craplet and Derek Rutherford were re-elected Chairman and Secretary respectively.

Half Yearly Meeting, Turin, Italy, 10th – 11th May 2003

The half yearly meeting was hosted by Associazione Aliseo in Turin, Italy, 10th – 11th May. Prior to the meeting several members of Eurocare presented papers at a one-day conference organised by the Piemonte Regione which coincided with the region's alcohol awareness weeks activity.

3. Eurocare Policy Group

The Group has held three meetings during the year and the following members have been present:

Dr Michel Craplet (Chairman) 3, Derek Rutherford (Secretary) 3, Sven-Olov Carlsson (Sweden) 2, Wim van Dalen (Netherlands) 3, Rolf Hüellinghorst (Germany) 2, Andrew McNeill (United Kingdom) 3, Alicia Rodriguez Martos (Spain) 2, Ennio Palmesino (Italy) 3 and Claude Rivière (France) 2. The Group is serviced by Dr Peter Anderson (Policy Consultant) and Mrs Florence Berteletti-Kemp (Communications Officer) who were present at all meetings.

The Group acknowledges the work of Dr Peter Anderson in the preparation of its reports on The Beverage Alcohol Industry's Social Aspect Organizations and Drinking and Driving.

4. The Beverage Alcohol Industry's Social Aspect Organizations: A Public Health Warning

Over the last twenty years the beverage alcohol industry has set up and funded social aspects organizations to manage issues that may be detrimental to its business. Social aspects organizations operate at the global level (International Centre for Alcohol Policies), the European level (The Amsterdam Group), and at the country level. They aim to manage issues by:

- Attempting to influence the alcohol policies of national and international governmental and integrational organizations;
- Becoming members of relevant non-alcohol specific organizations and committees to broaden policy influence and respectability;
- Recruiting scientists, hosting conferences and promoting high profile publications;
- Creating social aspects organizations in emerging markets and low income countries; and
- Preparing and promoting consensus statements and codes of practice.

Social aspects organizations hold five main viewpoints which on inspection confirm their overall aim, which is to benefit their funding body, the beverage alcohol industry, rather than to benefit public health or the public good.

- The view that patterns of drinking are the best basis for alcohol policies fails to recognize that the purpose of alcohol policy is to reduce the harm done by alcohol and that this can only be effectively achieved by addressing both the volume of alcohol consumed as well as the way in which it is consumed.
- The view that responsible drinking can be learned and that this should be the cornerstone of alcohol policy fails to recognize that without addressing the social environment in which the alcohol is consumed (including policy on the price, availability and marketing of alcohol products) alcohol policies based on individual responsibility are ineffective in reducing harm.
- The view of social aspects organizations that they have an equal place at the policy table fails to recognize that the evidence that they bring to the table is not impartial and favours the commercial interest of the beverage alcohol industry rather than the public good.
- The view that the marketing of alcoholic beverages should be regulated by the beverage alcohol industry itself is inherently unlikely to work, since the

essence of self-regulation is that compliance with codes is voluntary and the industry has blatantly, consistently and extensively broken its own codes in all areas of the world, with no evidence that this has improved over recent years.

- The view that alcohol, despite its potential for abuse, confers a net benefit to society fails to acknowledge that, even allowing for the possible protective effects of alcohol consumption, alcohol ranks as one of the highest causes of disease burden in the world on a par with measles, tuberculosis and malaria combined, with a cost to Europe of between 2% and 5% of gross domestic product.

The report made eight recommendations:

1. Governments need to implement evidence based policies to reduce the harm done by alcohol, with such policies formulated by public health interests, recognizing that the viewpoints of social aspects organizations are not impartial and represent the vested interests of the beverage alcohol industry.

2. Governmental organizations should be concerned at spending public money on the programmes and policies put forward by the social aspects organizations, since such programmes and policies lack evidence of effectiveness.

3. A proportion of alcohol taxes, hypothecated for the purpose, should be used to fund relevant independent non-governmental organizations to implement evidence based campaigns to reduce the harm done by alcohol.

4. Governments should support nongovernmental organizations that are independent of the beverage alcohol industry and that promote initiatives aimed at reducing the harm done by alcohol, recognizing that critical appraisal of government policy should not call financial support for non-governmental organizations into question.

5. Independent non-governmental organizations that have a specific role with regard to safeguarding effective alcohol policy should inform and mobilize civil society with respect to alcohol-related problems, lobby for implementation of effective policy at government level, and expose any harmful actions of the beverage alcohol industry.

6. In discharging their role, and in maintaining their respect with civil society, non-governmental organizations mentioned in point 5 above should remain completely independent of social aspects organizations and any communications between such non-governmental organizations and social aspects organizations should be transparent and placed in the public domain.

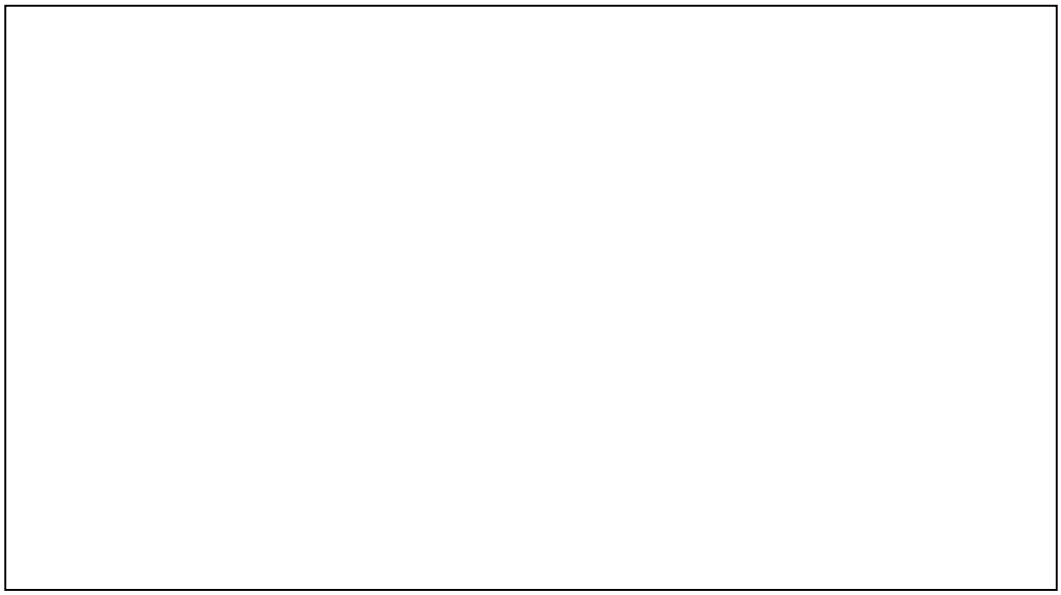
7. All independent scientists that are paid by or undertake work for social aspects organizations and the beverage alcohol industry should state their declarations of interest in their scientific publications.

8. Research scientists in high income countries should consider their ethical responsibility not to profit from or contribute to the beverage alcohol industry's actions in low income countries which often lack the infrastructure to respond to and effectively regulate the beverage alcohol industry's marketing practices.

Greater vigilance and monitoring of beverage alcohol industry behaviour is needed, especially issues of intelligence-gathering; image management actions such as industry-initiated dialogues; active agenda-setting in the areas of research or publishing, with a particular emphasis on so-called beneficial patterns of drinking; and the image transfer effect of industry connections with reputable scientists and public health organizations.

The report was published in October 2002 to coincide with a meeting the alcohol industry sponsored International Centre on Alcohol Policy was holding in Dublin. A press release was prepared and circulated to the Irish media in cooperation with the Irish National Alliance for Action on Alcohol and received wide publicity in Ireland.

Subsequently the report was circulated in March 2003 to Health and Social Affairs Ministries and other governmental and non-governmental bodies at national and European level together with a foreword prepared by the Secretariat.



5. Drinking And Driving In Europe
A Report to the EU

The European Union has set itself a target of halving the number of people killed in road traffic accidents from 40,000 a year in the existing fifteen countries of the Union between 2000 and 2010 through harmonization of penalties, and the promotion of new technologies to improve road safety. There is an even greater scope for improvement in the applicant countries, where the road infrastructure is less developed and where vehicles are less likely to be fitted with the latest safety technology. Nearly one third of the death and disability caused by motor vehicle accidents is due to alcohol; this can be substantially reduced by a more uniform and lower blood alcohol concentration limit, adequate enforcement through unrestricted powers to breath test, and automatic licence suspension when over the legal limit. A common playing field should be provided for the road users of Europe, including professional drivers, with equal parity and without disadvantage across countries. The following Eurocare recommendations aim to achieve a target of halving the deaths and disability adjusted life years due to drinking and driving between 2000 and 2010, aim to provide European road users with a consistent European platform on drinking and driving and aim to make European roads alcohol free.

1. A maximum blood alcohol concentration limit of 0.5 g/L (and breath equivalent) should be introduced throughout Europe with immediate effect; a lower limit of 0.2 g/L should be introduced for novice drivers and drivers of public service and heavy goods vehicles, with immediate effect; countries with existing lower levels should not increase them.

2. By the year 2010, the maximum blood alcohol concentration limit should be reduced to 0.2g/L for all drivers.

3. Unrestricted powers to breath test, using breathalysers of equivalent and agreed standard, should be implemented throughout Europe; 50% of all European drivers should have been stopped and breath tested at some time by the year 2010.

4. Common penalties for drinking and driving, with clarity and swiftness of punishment, need to be introduced throughout Europe; penalties should be graded depending at least on the BAC level, and should include licence suspensions, fines, prison sentences, ignition locks and vehicle impoundment; all drivers on European roads with a BAC level greater than 0.5 g/L should have an unconditional licence suspension; based on the existing range of licence suspensions in European countries, Eurocare suggests a minimum suspension period of 6 months.

5. Driver education, rehabilitation and treatment schemes, linked to penalties, including the return of suspended licences, need to be strengthened and implemented throughout Europe for drinking and driving offenders, including those with evidence of dependence on alcohol, based on agreed evidence based guidelines and protocols.

6. Because of limited evidence for their effectiveness in reducing drinking and driving, public education efforts to persuade drinkers not to drive after drinking, programmes to encourage servers to prevent intoxicated individuals from driving, and organized efforts to make provisions for alternative transportation should not be the main cornerstones of drinking and driving policy.

7. Although the beverage alcohol industry has a responsibility in reducing drinking and driving, drink driving laws and regulations and public education campaigns should be set and implemented throughout Europe independent of the beverage alcohol industry.

8. Lowered blood alcohol concentration limits, the introduction of unrestricted powers to breath test and the introduction of common penalties, such as automatic licence suspension when over a limit of 0.5 g/l should be supported by major publicity campaigns to inform the drivers of Europe of the new measures.

9. A monitoring system, with common and standardized measures across European countries, should be put in place to produce annual reports on drinking and driving in Europe, the implementation of these recommendations, and on the progress to achieving a target of halving deaths

and disability adjusted life years due to drinking and driving between 2000 and 2010.

The report was published in May 2005 and press released to coincide with a European Commission sponsored meeting on designated drivers campaigns. The press release highlighted the fact that 2.2 million Euros over two years had been spent by the European Commission to promote designated driver campaigns to combat drink driving and was not value for money for European tax payers according.

Whilst such campaigns are appealing, they have little impact on improving road safety and reducing death and injury from alcohol related accidents.

Monies in the Commission's Drink Driving budget would be better spent on publicity campaigns promoting policy options which are effective such as lowering the legal limit, enforcing the legal limit and automatic disqualification of drivers. Promoting designated drink driving campaigns will make little, if any, dent in the direct costs of road traffic accidents which cost the EU over 45 million Euro.

6. Sales Promotion

Work has continued throughout the year on monitoring the proposed directive on Sales promotion[1].

With the support of member organisations, Eurocare has closely followed the debate and attempted to improve the directive with regard to sales promotion of alcoholic beverages. We did not consider that an amendment which would have prohibited a promoter "from providing a free gift, premium or a prize awarded in a promotional contest at a promotional game consisting of an alcoholic beverage to individuals under the age of 18" sufficient a safeguard in providing adequate protection for children and adolescents from harmful sales promotions.

Whilst not meeting the ideal goal of prohibiting sales promotions of alcoholic beverages (sales promotion of tobacco products is prohibited), Eurocare continues to lobby for a ban on sales promotions of alcoholic beverages to minors under the age of 18.

At their meeting, under the Greek Presidency, in May the Council failed to come to an agreement on the proposed directive. The debate on the directive continues.

[1] The European Parliament and Council Regulation together with Eurocare's submission to the UK Department of Trade and Industry were published in Eurocare's Annual Report 2002.

7. Television Without Frontiers Directive

As reported in the last annual report a review of the Directive on Television Without Frontiers is underway.

Whilst Eurocare recognises that Article 15 of the Directive provides protection of minors, we consider that the article could be better monitored and implemented.

The Directive has to be complied with by all Member States. It is the responsibility of the Commission to oversee its application; refer any failure to abide by the provisions of the Directive to the European Court when it considers it necessary, and to submit to the European Parliament, the Council and the Economic and Social Committee a report on the implementation of the Directive and make any proposal necessary to adapt it to developments in the television broadcasting sector.

The Commission in its most recent report[2] relating to the application of the "Television without Frontiers" 89/552/EEC directive for the period 2001-2002 has been adopted on 06.01.2003. Whilst recognising that there are a "remarkable number of differences at Member State level regarding the specific provisions covering alcohol advertising, the Commission still reaches the conclusion that the Directive, as implemented in Member States, works effectively. We would not draw the same conclusion. Cultural differences and traditions are given as the excuse for lack of harmonisation in the monitoring of the article. Such a view is an incorrect assessment given the fact that patterns of youth drinking are becoming similar throughout Europe. There is a growing trend of 'binge drinking' among Europe's young people. It is timely to review Member States restrictions on marketing alcoholic beverages to underage consumers and to assess if they have been implemented across all Member States and applicant countries in accordance to Article 15.

The cumulative weight and thrust of alcohol advertising leaves no doubt that alcohol is seen by young people as an essential part of a successful social and, increasingly sex life.

Article 15 is presented as a code of practice, but like all codes, is open to interpretation. The degree of subjectivity involved in the application and implementation of Article 15, allows advertisers to exploit limits as determined by the national regulation. Where the regulator is not under statutory control, the code is interpreted in a more liberal way.

The fact that there are few complaints does not mean that the system works. Far from it. Indeed most complaints are not upheld which discourages those who

[2] Study on the impact of advertising and teleshopping on minors (99/S 139-102855) – Page 13 in the Fourth Communication from the Commission (COM (2002) 779 final)

might complain from complaining. Lack of complaints may also suggest a lack of trust in those who carry out and adjudicate self-regulation. It would appear that advertisers have been given greater freedom and flexibility in their styles of advertising.

In the interpretation of the codes, it is difficult to prove that alcohol plays a key role in implied sexual or social success. For instance, with regards to 'sexual success' complaints need to prove that there is sexual success 'off camera'.

Despite the Bird and Bird, report which rejects any extension of the provision of the Directive to cover other media, we consider that the issue of marketing and advertising on the internet needs to be addressed. Television advertising sales houses do not make any secret of the complementarity of the two media – television and the internet – particularly with regard to sports sponsorship and the advertising of alcoholic beverages.

Eurocare recommends that, in accordance with Article 23a of the Directive, the contact Committee should investigate how the monitoring and the effective implementation of Article 15 has been enacted in the Member States in order to facilitate an exchange of information on the situation and the development of this article. Images of alcohol advertising across the different Member States should be examines as well as the codes of conduct that sustain them.

The European Commission should set up an independent Advisory Expert Group which would look at reducing and resolving the differences of the specific provisions covering alcohol advertising in all the Member States, including the applicant countries.

The Advisory Expert Group should also look at the possibility of adding objective parameters to Article 15, such as time limits (e.g. 21:00 hours), programme limits (e.g. youth and sports) and limit on concentration of alcohol advertising (e.g. no more than 1 commercial per advertiser per programme).

The Advisory Expert Group should be made up of at least 50% of professionals working in public health as well as professionals working in television advertising in order to be recognised as a valid entity by all people involved.

8. Eurocare Representations

Meeting with Commissioner Byrne

Health and Consumer Protection Commisssioner David Byrne received a Eurocare delegation of Dr Michel Craplet, Dr Peter Anderson, Derek Rutherford and Florence Berteletti-Kemp in June 2003.

DG SANCO Health Policy Forum

Eurocare was invited by DG SANCO to become a member of the Forum. Dr Peter Anderson and Florence Berteletti-Kemp have, during the year, attended meetings of the Forum.

DG SANCO Alcohol and Health Working Group

Two meetings of the Working Group have been held in November 2002 and June 2003. At the meeting in November self -regulation of alcohol promotion was discussed. Mr Helmet Wagner of the Amsterdam Group argued the case for self-regulation. Dr Peter Anderson, on behalf of Eurocare, stated the case against self-regulation which included the following points:

- It serves the needs of the industry
- It is based on complaints rather than compliance
- There is no enforcement
- It is not independent and reflects the 'intentions' of the advertisers
- It does not reflect the needs of children and young people
- Under self-regulation the situation far from improving had got worse

Since self-regulation had not worked, there was need for statutory regulation.

Following the meeting the UK Advertising Standards Authority complained to the Eurocare Secretariat that Eurocare's presentation of two of the ASA's adjudications had been misrepresented. A strong rebuttal of this was issued by Eurocare's Secretary.

The rebuttal of the allegation and the ensuing correspondence between Christopher Graham, Director General of the ASA, and Derek Rutherford was published in The Globe Issue 1 2003 pages 17-22.

At the meeting in June 2003 the Amsterdam Group, together with a presentation from the European Advertising Standard Association, outlined the action they were taking in response to Commissioner Byrne's challenge to be more responsible in their marketing of alcohol. Florence Berteletti-Kemp and Wim van Dalen, on behalf of Eurocare, outlined the need for changes in the application and monitoring of the Television Without Frontiers Directive.

9. Dialogue with the Alcohol Industry

Over the past year increasing attempts have been made by the alcohol industry to engage in dialogue with Eurocare and its member organisations.

Eurocare from its outset has seen itself as a counterbalance to the drinks industry. With regard to alcohol policy strategies, it is clear that policies which are proven to be effective are opposed by the drinks industry. The industry has openly attacked the WHO European Alcohol Action Plan. On major current issues such as marketing strategies and action to be taken on drinking and driving - a lower legal limited and enforcement by random breath testing - there is no common ground.

The efforts by the industry to have the French Government's restrictions on alcohol advertising (the Loi Evin) declared illegal by the European Court reinforces Eurocare's view that in the field of public health the industry is far from being a stakeholder. Indeed, Eurocare affirms the declaration of the WHO Ministerial Conference that:

> "Public health policies concerning alcohol need to be formulated by public health interests without interference from commercial interests."

Eurocare, together with other NGOs, has a vital role in monitoring the activities of the drinks industry, particularly in relation to public health. A role which the European Alcohol Action Plan confirms.

It is noted that in the evaluation of the first phase of the European Alcohol Action Plan many counterparts highlighted the rigorous marketing activities of the industry as a hindrance to achieving successful outcomes of the plan.

Eurocare sees no value in a dialogue which is not transparent and where evidence from past experience demonstrates the industry's overwhelming concern to set and control the action agenda to be taken. Eurocare, of course, is prepared and does sit down with the industry when government or intergovernmental bodies organise meetings to discuss alcohol policy. However, there is little of worthwhile value to be gained by bilateral dialogue between Eurocare and the alcohol industry.

10. Europe Convention on the Future of the EU

Eurocare has worked in partnership with other social and health NGOs and EPHA to raise the status of public health in the new EU Constitution. The following letter had been sent on behalf of Eurocare to members of the convention.

Dear Madam, Dear Sir, January 22, 2003

Demand for a firm legal base for Public Health and Alcohol legislation
To the Social Europe Working Group

Eurocare was formed in 1990 as an alliance of voluntary and non-governmental organisation advocating the prevention of alcohol related harm in Europe and concerned with the impact of the European Union decisions on alcohol policy in Member States. Eurocare congratulates and supports those who have made contributions that prioritize health in the new EU Constitution. The Aims and Objectives of the Union outlined in Article 2 and 3 will provide the cornerstone for the future of Europe. Therefore, it is imperative that one of the aims of the treaty should be to guarantee the **fundamental human right to health**, just as it is vital that an objective should be to ensure a **high level of human health protection** as in Article 152 of the Amsterdam Treaty.

With regards to EU competence and social provisions, Eurocare supports the view that Public Health should remain a 'shared' competence while respecting the right of Member States to organise and deliver healthcare systems. Eurocare particularly congratulates members of the working group who requested that sufficient legal base be provided for public health oriented legislation. A clearly defined competence between the European and national level is required in order to identify the appropriate mechanism for trans-national solutions and legislative responses to the increasingly cross-border nature of public health issues, such as alcohol policy. This will be particularly necessary in view of EU enlargement.

As the current Treaty stands, the internal market rules have more power than those related to health. Eurocare has always believed that the Union has to be more than simply an economic Union. Consequently, we believe the new Convention must set the basis for a treaty revision that allows for public health measures to be more accurately delimited outside the provisions governing the free movement of goods and services and recognise that alcohol is no ordinary commodity. According to the WHO, the burden of disease and injury attributable to alcohol is estimated to range between 8% and 10%. We are also concerned that, at present, the European Court of Justice can overturn the decisions of a democratically elected body due to the fact that greater weight is given to the economic articles in the Treaty than those related to public health. The public health articles of the new Treaty must be strengthen and given parity.

We welcome the suggestion by a number of Convention members that an expert level preparation and separate examination should be undertaken within the Convention Working Group regarding Treaty provisions in relation to alcohol control policy and public heath.

We thank you for the work you have undertaken and especially for your recognition of the importance of health as an essential human right.

11. Finance

Eurocare does not have any financial accounts. Payment for work undertaken by Eurocare is in the accounts of the member organisations of the United Kingdom, Norway and Sweden.

12. Website

The website has provided a useful information and communication link for members and partners. The site has been managed by IAS.

It is recognised that the site requires a complete overhaul and redesign. This will be carried out during the ensuing year with the country sections focussing on policy, advocacy and awareness.

13. The Europe of Twenty Five – A Challenge

The EU Council's recommendation on the drinking of alcohol by children and adolescents and the WHO Ministerial Declaration on Alcohol and Young People together with the WHO European Alcohol Action Plan 2000 – 2006 provides Eurocare with an extensive agenda. In addition, the expansion of the European Union presents the organisation with a challenging and daunting task.

In order to meet these challenges Eurocare has prepared a three year programme to promote its alcohol policy network; enlist the support of professional and civil society groups in new Member States; and to develop and coordinate a strategic approach to alcohol related harm in the context of a larger Europe by addressing the Council's recommendations on alcohol and the promotion of the WHO European Alcohol Action Plan. At European level, as well as attempting to renew the partnership with COFACE and to continue our relationship with EPHA we will seek cooperation with other bodies such as the European Youth Forum and the European Cultural Foundation.

To launch this programme of action, a major conference in Warsaw from the 16th – 19th June 2004 has been planned with the support of the Polish Agency for the Prevention of Alcohol Related Problems.

The main purpose of the conference will be to bridge the gap between science based evidence and policy-making and to build and strengthen relationships with policy advocates in all Member States. Investigating problems encountered by policy makers and advocates and sharing and disseminating good practice will be encouraged.

One of the outcomes of the conference will be the creation of an alcohol policy advocacy manual. In the second and third years it is hoped to convene meetings of the network in conjunction with an advocacy training school.

Michel Craplet
Chairman

Derek Rutherford
Secretary