eurocare
European Alcohol Policy Alliance

# Eurocare Overview and Recommendations for a Sustainable EU Alcohol Strategy

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96, Rue des Confédérés B 1000 Brussels Belgium
Tel +32 (0)2 736 05 72 / 39 76 info@eurocare.org www.eurocare.org

# ALCOHOL - A CAUSE FOR ACTION

Alcohol is a key health determinant and is responsible for 7,4% of all ill-health and early death in Europe, which makes it the third leading risk factor after tobacco and high blood pressure. Alcohol harm is disproportionately high among young people (115 000 deaths per year) and harms others than the drinker. 5 million Europeans are born with birth defects and developmental disorders because of their mother drinking during pregnancy. 5-9 million children are living in families adversely affected by alcohol. 10.800 traffic deaths and 20.000 murders involve alcohol in the EU each year. Furthermore, binge drinking among young people is on the rise, with most countries showing an increase from 1995. Alcohol causes measurable inequalities both between and within Member States. Alcohol causes an estimated 90 extra deaths per 100.000 men and 60 extra deaths per 100.000 women in the EU 12 as compared to the EU 15.

Europe plays a central role in the global alcohol market, responsible for a quarter of the world's total production. However, the total tangible cost of alcohol to EU society in 2003 was estimated to be €125 billion (€79 bn - €220 bn) or €650 per household, equivalent to 1,3% GDP. The costs includes areas such as traffic accidents €10 bn, crime damage €6 bn, crime defensive €12 bn, crime police €15 bn, unemployment €14 bn, health €17 bn, treatment/prevention €5 bn, mortality crime €36 bn, absenteeism €9 bn. Although these estimates are subject to a wide margin of interpretation, they are likely to be an underestimate of the true gross social cost of alcohol (excluding benefits).

## The European Alcohol Policy Alliance (EUROCARE)

The European Alcohol Policy Alliance (EUROCARE) is an alliance of non-governemental and public health organisations with around 50 member organisations across 21 European countries advocating the prevention and reduction of alcohol related harm in Europe. Member organisations are involved in research and advocacy, as well as in the provision of information to the public; education and training of voluntary and professional community care workers; the provision of workplace and school based programmes; counselling services, residential support and alcohol-free clubs for problem drinkers; and research and advocacy institutes.

The mission of Eurocare is to promote policies to prevent and reduce alcohol related harm, through advocacy in Europe. The message, in regard to alcohol consumption is "less is better".

## Acknowledgements

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## FOREWORD

In the current context of economic crisis and European political transition, keeping the focus on public health is crucial. The European Alcohol Policy Alliance (Eurocare) would like to take this opportunity to emphasise the need to place the health and social well being of European citizens above economic interests.

At a time when the European Commission is drafting its Progress Report of the EU Alcohol Strategy, Eurocare wishes to present its view of the implementation of the Strategy since 2006. As a key public health partner of Directorate General for Health and Consumer Protection (DG Sanco), Eurocare, and its broader civil society network, would like to appeal to all DGs of the European Commission to commit to prioritizing health issues.

Europe is the heaviest drinking region in the world, and there is a need to recognize and challenge the harms caused by alcohol. Eurocare's vision is a Europe where alcohol related harm is no longer one of the leading risk factors for ill-health and pre-mature death, a Europe where innocents no longer suffer from the drinking of others and where the European Union and its Member States recognize the harm done by alcohol and apply effective and comprehensive policies to tackle it.

Eurocare members express strong support for the aims and objectives of the EU Strategy. Most members are skeptical that the strategy will, of itself, significantly reduce the casualties from alcohol harm and some elements of the implementation strategy are controversial. Many are worried that the alcohol industry is being given the opportunity to obstruct progress and divert activity into areas that are relative ineffective as measures to reduce harm.

There is a strong concern among Eurocare members that the Member States themselves are not taking the EU Alcohol Strategy seriously and there seems to be limited progress in ensuring that other areas of EU policy, such as road safety, commercial communication, minimum taxes on alcohol and labelling are made consistent with the requirements of the EU Alcohol Strategy.

I wish to congratulate the efforts of the Swedish Presidency of the European Union for stressing the urgency of tackling alcohol related harm, and hope that these efforts will highlight the importance of the EU Alcohol Strategy and the role of Member States.

**Michel Craplet, Chairman of Eurocare**

## SUMMARY

The European Alcohol Policy Alliance (Eurocare) has consulted its member organizations, the APN, the EPHA alcohol working group and the AMPHORA research network regarding their assessment of the progress so far with the EU Alcohol Strategy. This report is based largely on their responses.

Eurocare recognizes the difficulty of reconciling public health and commercial objectives in regard to alcohol products, a difficulty all too evident in the history of the development of the EU Alcohol Strategy. Eurocare congratulates the European Commission on pursuing the EU Alcohol Strategy despite strong opposition, and on finding a way of bringing together different parties with very different perspectives on the main issues.

However, concerns remain about the role of the alcohol industry in the implementation of the Strategy, and the opportunities the industry is being given to obstruct progress and to divert attention to what the scientific evidence suggests are unproductive areas of activity.

Eurocare members are:

- in agreement with the priorities of the Strategy
- while doubtful that the present Strategy will of itself bring about significant reductions in levels of alcohol harm
- believe that it is an important first stage that requires further development.

In particular, Eurocare believes that the goal now should be to work towards setting specific targets for reductions in the harmful consumption of alcohol and in levels of harm.

The institutional response of the EU to alcohol harm would be strengthened by replacing the old Healthy Lifestyles committee under the Public Health Programme with a Substance Abuse Committee. This would be designed to provide a bridge between scientific research and policy making in regard to alcohol, other drugs and tobacco, areas of concern that are in fact interrelated in various ways.

Eurocare has a range of specific recommendations for the European Commission, Member States, economic operators and nongovernmental organizations, as listed in the report.

Eurocare has also recommendations in regard to particular areas of policy such as alcohol taxation and product labeling. It believes that policy developments in regard to areas such as these would be greatly facilitated by the European Commission using its influence to bring about agreement on a standard unit of alcohol across all EU Member States.

There is a need for a common legal framework to support collective action across borders. Greater support from Europe should be given to the development of a World Health Organization Global Strategy to reduce the harmful use of alcohol.

## 1.0 TWENTY YEARS OF LOBBYING AT EU LEVEL

The European Alcohol Policy Alliance (Eurocare) was created in 1990, as concerns grew over the impact of the single market on national alcohol policies. Almost twenty years later, Eurocare is well established as the leading specialist nongovernmental organization (NGO) working in the field of alcohol policy at EU level.

Throughout the 1990's Eurocare published reports outlining the negative impact of alcohol consumption, but otherwise played a limited 'lobbying' role. Health policy was not in the remit of the European Union (EU) even though Community regulations, such as those governing the internal market, trade, competition and agriculture, have in practice an enormous impact on national and local health policies. The recognition of the importance of health issues is moving forwards on the European political agenda. Article 152 of the EU Treaty[1] states: "*a high level of human health protection shall be ensured in the definition and implementation of all Community policies and activities*". Even if health care is still, in principle, a sector of national rather than EU competence, cross border health treats evolve in a growing EU and the EU plays a critical role in promoting and coordinating health care solutions for all the EU citizens, concentrating its focus on disease prevention, overall preparedness and rapid response to potential dangers. These developments have allowed Eurocare to gradually push the issue of alcohol related harm onto the political agenda.

The history of the EUs engagement with alcohol policy reflects the inherent difficulty of tackling an issue in which very strong vested interests are present, interests which are opposed to the formulation of any recognizable public health strategy on alcohol. It is worth recalling that the EUs early initiatives in this area were not auspicious. In 1993 the European Commission contributed € 70,000 to the alcoholic drinks industry's Amsterdam Group[2] to publish `*Alcoholic Beverages and European Society*'. This report was described in its introduction as a comprehensive review of the role of alcoholic beverages in European society and as a reliable source of information on the factors which need to be taken into account `*in devising balanced and socially responsible alcohol policies'*.

The report, which interestingly in view of what was to happen subsequently, **was not peer reviewed**. It was an extended attack on the `*control of availability*' approach to alcohol policy, and measures such as increased alcohol taxation and marketing restrictions. It states that in the view of the members of the Amsterdam Group, such policies were sure to fail to reduce levels of `alcohol misuse'. The report went on to claim that in the light of experience "*and the body of evidence now accumulating against policies based on control of availability methods, it is paradoxical that the World Health Organization has launched its European Alcohol Action Plan which is committed to this principle*." (page 27). The stated view was that the industry wished to see action to encourage "responsible drinking" and

[1] Article 152 of the Amsterdam Treaty - The competence of the EU to address matters of public health is based on Articles 129 and 152 respectively of the 1993 Maastricht Treaty on European Union and the 1999 Treaty of Amsterdam

[2] Now re-named the European Forum for Responsible Drinking (ERFD)

prevention of "misuse" and this could be achieved most efficiently "*by an ongoing dialogue between the European Community, Member governments and the alcoholic drinks producers and their trade associations*."

Hence, as well as rejecting the emerging scientific consensus on the nature of alcohol harm and on the most effective methods of tackling it, the Amsterdam Group report also suggested that the EU dialogue on alcohol would be closed to scientific researchers and all civil society organizations including medical bodies.

It was the Amsterdam Group report that prompted Eurocare, without any financial support from the EU, to produce "Counterbalancing the Drinks Industry: A Report to the European Union on Alcohol Policy". This report pointed out the self-serving, anti-scientific nature of the alcohol industry's stance on alcohol policy and attempted to summarize the scientific consensus.

The Industry's opposition to science based policy was however to be continued when the EC commissioned from the Institute of Alcohol Studies in the UK the report "Alcohol in Europe – A public health perspective[3]", intended to provide the evidence base for the EU Alcohol Strategy. More or less immediately the contract for producing the report was awarded to IAS, the industry began a campaign of denigration aimed at the IAS and at the authors of the report. Deputations and letters of protest were sent to the EC and to health Ministries across Europe. The EC responded to this pressure by creating a `stakeholders committee' to oversee the production of the report and to appoint alcohol industry representatives onto it. This had not been part of the original contract, and, so far as is known, is not normal practice in the production of reports of this kind.

Despite the fact that the industry had succeeded in placing its own people on the stakeholder committee overseeing the production of the report, it still continued attacking the report both before and after its publication. An example was an email sent by Mark Hastings of the British Beer and Pub Association in which he said: *"I am aware of the major report on alcohol in Europe about to be published. You will also be aware that report has now undergone an element of peer review and published in the annex to that report a range of leading scientists from across Europe will state quite clearly that there are fundamental flaws in the selection, analysis and presentation of data and evidence in the report and that the conclusions of the report are lacking in academic rigor or credibility*."

Needless to say, the claim made by Hastings in this email was wholly false. In fact, as is stated in the report of the peer review meeting prepared by the Commission: "*All the reviewers without exception (i.e. including those nominated by the alcohol industry) felt that the report in general was both important and impressive, and had covered the field comprehensively and accurately despite being*

[3] Anderson and Baumberg: *Alcohol in Europe A public health perspective,* A report for the European Commission, Institute of Alcohol Studies, UK, 2006

*given a relatively limited amount of time to complete the work*". Several reviewers expressed the belief that this report would be valuable for EU Member States in developing action to tackle alcohol-related harm, as well as reflecting favorably on DG SANCO, with (one) stating that the background, analysis, summaries of the literature and conclusions included in the report reached a high standard in terms of scientific integrity and balance, offering the best available base for discussions in Europe about an alcohol strategy and policies. "

Despite its best efforts, therefore, the alcohol industry was not able to discredit the IAS report, or to prevent the formulation of an EU public health orientated strategy of alcohol harm reduction.

## 2.0 AN EU STRATEGY TO SUPPORT MEMBER STATES IN REDUCING ALCOHOL RELATED HARM IN EUROPE

In June 2001, under the Swedish presidency, the Council invited the Commission to put forward proposals for a comprehensive community Strategy aimed at reducing alcohol related harm to complement national policies. The Council reiterated this invitation in 2004, during the Irish presidency. The draft Strategy met stern opposition during inter-service consultation within the European Commission. Faced with the threat of the Strategy never seeing the light, Eurocare mobilized the NGO network in Brussels to support the strategy; a joint letter was written to the Commissioners and to President Barroso, and a press release, denouncing the risk of the Commission choosing "Profits over People", was widely disseminated. Commissioner Kyprianou, expressed in the press his surprise "*at the aggressiveness of the lobbying campaign by certain parts of the alcohol industry*" in regard to the preparation of the EU Strategy to combat alcohol related harm. This unprecedented lobbying was, however, not unexpected given the history of the widespread influence of the alcohol beverage industry, and its relationship with the European Commission

Finally the European Commission adopted in October 2006 *A EU strategy to support Member States in reducing alcohol related harm* in Europe[4]. The Strategy aims to focus on preventing and cutting back heavy and extreme drinking patterns, as well as under-age drinking and some of their most harmful consequences such as alcohol-related road accidents and foetal alcohol spectrum disorders. The Strategy aims at mapping actions which have already been put in place by the EC and Member States, and identifies on the one hand good practices which have led to positive results and on the other hand, areas of socio-economic importance and Community relevance where further progress could be made. The role of the EU will be to complement national actions. For each theme, the EC has identified areas where the EU can support Member State activities. They also map actions at national level and propose to put in place European mechanisms. Five priority objectives were chosen for which Community action would bring added value to national policies. The themes cut across EU, national and local level, and call for multi-stakeholder and multi-sector action.

1. Protecting young people, children and the unborn child.
2. Reducing injuries and deaths from alcohol-related road accidents
3. Preventing alcohol-related harm among adults and its effects in the work place.
4. Informing, educating and raising awareness on the impact of alcohol and on appropriate drinking habits
5. Developing and maintaining common evidence base (comparable information on alcohol consumption) at EU level.

[4] Communication from the Commission to the Council, the European Parliament, the European Economic and Social committee and the Committee of the Regions – An EU strategy to support Member States in reducing alcohol related harm 24.10.2006. Com (2006) 625 final

The strategy states that EU competence in health is not confined to specific public health actions. Where possible, the Commission will seek to improve the coherence between policies that have an impact on alcohol-related harm. No legislation is planned. This strategy will be put in practice through: a Committee on National Policy and Action; the European Alcohol and Health Forum; A Committee on Data collection, indicators and definitions; Alcohol in all policy areas.

### The response from Eurocare and the public health community

Eagerly awaited by the public health community, the strategy was, in the end, a considerably watered down version of the draft that had initially been put forward by DG SANCO. From the introduction, the Commission announces that it will not put forward any legislative measures; the justification it offers for this, is the "existence of different cultural habits related to alcohol consumption". There was a strong disappointment among many public health experts, seeing the Strategy as not a serious health promotion strategy, lacking targets and a budget, and having been weakened as it evolved.

Overall, Eurocare welcomes the EU Alcohol Strategy, a public health victory in itself, in so far as it acknowledges the existence of alcohol related harm, and sees the EU's interest in dealing with this harm. It has also secured the alcohol issue on the political agenda, which has in turn created new opportunities for projects and research; Eurocare is fully committed to supporting the Commission in its implementation.

Eurocare has consulted its membership and a its wider network consisting of the Alcohol Policy Network (APN), the European Public Health Alliance (EPHA) alcohol working group and the AMPHORA research network regarding their assessment of the progress so far with the EU Alcohol Strategy. This report is based largely on the feedback received.

There is a strong Eurocare support for the priorities as defined in the strategy and strong support for its continuation. There is a greatest degree of unanimity regarding the protection of young people; this is of vital importance for all Eurocare members. Reducing road deaths is also regarded by virtually all as a very high priority. There is a suggestion that the middle-aged population should have a higher priority, as that is where harm is concentrated and it will have an impact on young people (as middle aged often are parents as well). The only other alternative group suggested is older people.

Eurocare members are concerned over the developments in other directorates in the European Commission. Reducing alcohol related harm does not seem to have a high priority when issues like cross border trade, taxes and agricultural support are discussed and legislated.

There is a need for a more targeted approach. Member States need to make the Strategy more focused and develop specific agreed objectives e.g., a decrease in total alcohol consumption, number

of liver cirrhosis by a certain year; maximum BAC 0,2 in all EU Member States; a European standardized unit of alcohol etc.

There is a concern for what will happen in the coming five years with a new European Parliament, New Commission and expected changes internally within DG SANCO – **will the support be continued?** Director General Robert Madelin has actively been fronting the implementation and ensured high level participation in meetings that he chairs. Commissioner Vassiliou has on several occasions been present and supported the actions and commitments to reduce alcohol-related harm, the latest of which was the Alcohol and Pregnancy conference in the European Parliament organized by the Swedish Ministry of Health and Social Affairs and Eurocare (September 2009).

Eurocare members are continuingly concerned about the influence of the alcohol industry and there are good reasons for these concerns. The alcohol industry is concerned about the impact of any new measures on the viability of its business at a time of economic uncertainty. The last example being the report the Brewers of Europe released on the 8th of September, highlighting the benefits of moderate drinking, and says it provides 2,5 million jobs in its 3.733 breweries. In addition it attacks Sweden and claims that the country's alcohol policy has led to increased consumption and boosted illegal trade. These claims have been dismissed by the Swedish Ministry official Maria Renstrom who stated that "*Sweden is still among the countries with a low per capita consumption in Europe"*.

Eurocare members have a general feeling that the Strategy in itself may not bring about major reductions in casualties, unless actions are stepped up. The Strategy gives insufficient emphasis to the priorities identified. This leads to an implied belief that priorities are not being pursued vigorously enough. There is a need to formulate more specific targets, whilst also working harder at promoting a coherent approach through health in other policies.

Eurocare will present some of its recommendations in the following chapters.

## 3.0 THE PILLARS OF IMPLEMENTATION

There are three levels of actions in the Implementation of the Strategy: the National level; the coordination of national policies at Community level and actions by the Commission on the basis of its competencies.
In this context, the main role of the Commission is:
(1) to inform and raise awareness on major public health concerns at EU and Member State level, and to cooperate with Member States in addressing these;
(2) to initiate action at EU level when this relates to its field of competence, in particular through sectoral programs (ie: research and public health program)
(3) to support and help coordinate national actions, in particular by identifying and disseminating good practice across the EU.

### 3.1 A COMMITTEE ON NATIONAL ALCOHOL POLICY AND ACTION

The European Commission established the Committee on National Alcohol Policy and Action as a result of the EU Strategy. The Committee is intended to play a major role in the implementation of the Strategy, as many of the areas refer to national competencies.

#### Meetings and Representation

The committee has had five meetings between the 5th November 2007 and 25th June 2009. The number of Member States attending meetings has ranged from 14 to 23 MS (14x1, 19 x 3 and 23 x 1).

Moreover, it is noted that there has not been the same high level representation as in the Alcohol and Health Forum; in particular, the European Commission is consistently represented on a lower level and with few representatives from other units than Health Determinants. In terms of national representation, only 3 Member States have been represented with the same official in all meetings, 6 other Member States have been represented by one official, not attending all meetings.

Eurocare would like to emphasise that the Committee should remain a platform to discuss alcohol policy between Member State and European Commission officials, without interference of economic interests; representatives of the alcohol industry were invited to attend a meeting dated the 24 and 25 June 2009, yet no civil society representatives were invited to this meeting.

#### Items on the agenda

Exchange of information between Member States has been on the agenda in all five meetings, yet, according to official meeting minutes, only 12 countries gave an update. On the basis of the summary reports it is difficult to see the added value of this exchange of information.

Health Warning Labels have been discussed at three meetings, but with no concrete outcome or tangible progress, as far as can be understood from the minutes of the meetings.

Affordability and Minimum Pricing**:** These issues have been discussed in two meetings, and should be carefully considered by Member States, as means of effectively reducing alcohol related harm.

Eurocare asked its members of the awareness of the outcome of the meetings, but it seems they have had little impact at national or EU level. Members cannot see any outcome of the meetings or that it has produced anything. This is of major concern as this Committee is the most important stakeholder in implementing the EU Alcohol Strategy. Are Member States taking the EU Alcohol Strategy and the National Committee on alcohol policy and action seriously enough?

**Eurocare recommendations:**

- Representatives of each Member State should be encouraged to take part in all Committee meetings
- There is a need for high level representation of MS in the meetings, to ensure better coordination and implementation of alcohol strategy targets.
- High level representatives of the EC should also attend meetings, including officials from other DGs that are involved in policies that will have an impact on alcohol policy.
- The Committee should have clear targets to reach and produce some outcomes, e.g., agreeing on a decrease in total alcohol consumption/number of liver cirrhosis by measurable reductions; maximum BAC 0,2 in all EU Member States; a European standardized unit of alcohol, minimum legal age for purchasing 18 years etc.
- Member States need more efficient tools to communicate experiences or best practices
- Discussions in the Committee should not involve economic operators; if they are invited to make presentations in a specific meeting, then civil society representatives should also be present.

## 3.2 A COMMITTEE ON DATA COLLECTION, INDICATORS AND DEFINITIONS

The main objective of this Committee is to discuss reliable and comparable data on alcohol consumption (volume and patterns of consumption) and alcohol-related health harms, by identifying key indicators. The main aim of the only meeting held was to discuss indicators and definitions, and the collection of comparable alcohol data across Europe.

One meeting took place on the 4th December 2008 with representatives of WHO and ESPAD; the meeting was also attended by one Member States representative, one representative of the Centre for Addiction and Mental Health, one public health consultant and a number of EU institutions representatives.

**Eurocare recommendations:**

- Committee members should agree with a wider audience across Europe on key indicators.
- Member States should participate in this agreement, and put in place the adequate structures for data collection.
- A European Alcohol Monitoring center with country based counterparts, should be established and financed.
- The European Commission should replace the old Healthy Lifestyles Committee under the Public Health Program with a Substance Abuse Committee with a more specific remit. This committee would be designed to provide a bridge between policy making in regard to alcohol, other drugs and tobacco, areas of concern that are in fact interrelated in various ways.

## 3.3 ALCOHOL IN ALL POLICIES

The EU Strategy stresses the need for Coordination of actions at EU level; EU competence in health is not confined to specific public health actions. Where possible, the Commission will seek to improve the coherence between policies that have an impact on alcohol-related harm.

Eurocare members are concerned over the lack of progress in other policy areas and cannot see that preventing and reducing alcohol-related harm is taken seriously by other DGs in the European Commission. Many times the EC itself seems to obstruct as much as it enables progress in other Commission areas.

### Road Safety

In 2000, 50,000 Europeans were killed on the roads; the EU goal is to halve the number to 25,000 by 2016[5]. The main causes of fatal accidents in the EU are speeding, drink driving and non-use of a seat belt. Progress in reducing the number of deaths on the road has been decreasing over the period between 2001 and 2007. In 2007, **the percentage of reduction of fatalities was 0% for the EU**.[6] Traffic accidents related to alcohol consumption therefore remain a major cause for concern. Around one accident in four can be linked to alcohol consumption, and at least 10,000 people are killed in alcohol-related road accidents in the EU each year.

**Eurocare recommendations:**

- A harmonised blood alcohol level of a maximum 0,2 should be introduced across Europe
- Adequate enforcement is needed within Member States (eg; police checks, random breath testing etc)

[5] The Road Safety Action Programme (2003-2010)

[6] COM(2008) 151 final Proposal for a DIRECTIVE OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL facilitating cross-border enforcement in the field of road safety

- A harmonised penalty system should implemented across Europe
- Information on drink driving, the harm that result from drinking and driving and the penalties should be included in driving lessons, driving tests and in published driving codes.

### Commercial Communications

There have been no new developments at EU level regarding commercial communication (apart from the discussions in the DG SANCO taskforce on marketing under the EU Alcohol and Health Forum).

**Eurocare recommendation:**

- Member States should enforce a total ban of marketing[7] of alcohol towards young people.
- A level playing field for commercial communications should be implemented across Europe, building on existing regulations in Member States, with an incremental long-term development of no advertising on TV and cinema, no sponsorship and limitation of messages and images only referring to the quality of the product.
- Where self-regulatory approaches adopted by the beverage alcohol industry or marketing industry are in place, they should be monitored by a body that is independent of the alcohol and marketing industries, not only content – but volume is just as important.

### DG Agriculture and Rural Development

Europe plays a central role in the global alcohol market. Eurocare members see DG AGRI as a key policy area where public health is overlooked. This view can be corroborated by the support Commissioner Fisher Boel[8] gave to the European Wine Industry: "*Of course, it's possible to enjoy life without alcohol. Nevertheless, wine is buried deep in Europe's sense of identity. It was there in the culture of ancient Greece; it spread with the Roman Empire; and today, it contributes some € 15 billion a year to the European Union economy*". She also added that the **funds for promoting moderate drinking are available through individual Member State's national envelopes.** These funds can be used for measures like wine promotion on third country markets, restructuring and investment in modernization of vineyards and cellars.

**Eurocare recommendation**

- DG Agriculture and Rural Development should not support the production and promotion of alcoholic beverages.

[7] Eurocare defines the term "alcohol marketing" includes every action in the economic sphere that aims to stimulate the sale of alcoholic beverages as well as every commercial message that promotes the direct or indirect recognition and promotion of an alcoholic beverage, including actions and messages that, without mentioning the alcoholic beverage directly, is aimed to circumvent regulation by using the name, brand, symbol or any other distinguishing mark of an alcoholic beverage.

[8] http://europa.eu/rapid/pressReleasesAction.do?reference=SPEECH/08/149&format=HTML&aged=0&language=EN&guiLanguage=en

### Labelling

On 30 January 2008 the European Commission adopted a proposal on the provision of food information to consumers. Foodstuffs are to be required to list the ingredients and to display key nutritional information on the front of the package (including energy value, fat, saturates, carbohydrates (sugars) and salt). Although the aim of the proposal was to achieve a high level of health protection for consumers and to guarantee their right to information, the **draft Regulation exempts wine, beer and spirits** from this obligation (see art. 20 and 29.1).

Eurocare welcomes that the proposal is taking into account consumers' needs for information regarding alcoholic mixed beverages (alcopops). Eurocare regrets however the decision to exempt beer, wine and spirits and believes the proposal fails to protect the health of alcohol consumers and deprives them of their right to information. It is failing to fulfil its obligation under the EC Treaty (articles 95 and 153) to protect the health and safety of consumers and to promote their right to information. Furthermore, these exemptions are also in contradiction to what is stipulated in the EU Alcohol Strategy "*Citizens have the right to obtain relevant information on the health impact and in particular on the risks and consequences related to harmful and hazardous consumption of alcohol, and to obtain more detailed information on added ingredients that may be harmful to the health of certain groups of consumers".*

**Eurocare recommendations:**

- Alcoholic beverages should have ingredients listing and nutritional information especially kcal.
- Health information and warnings labels should be required on alcoholic beverage containers.

### Excise duties – traveller allowances

In February 2008 the EC adopted a proposal to review the Directive on the general arrangements for products subject to excise duty (i.e. alcoholic beverages). The aim of the proposal was to liberalise existing rules for alcoholic beverages bought in one Member State and transported to another and to simplify rules on the commercial movement of excise goods. One of the most controversial proposed changes was in Chapter V (article 30), because it would have allowed private individuals to have goods transported on their behalf and pay only excise duties in the country where the goods where purchased. However, when the Council of the EU adopted the new directive (COUNCIL DIRECTIVE 2008/118/EC of 16 December 2008), they did not take on board the proposal to allow private individuals to have the goods transported on their behalf and still be exempted from paying excise duties in the State of importation. Unfortunately, neither did they take on board the proposal from the Parliament to reduce traveller allowances by 50% (i.e. 5 litres of spirit drinks, 10 litres of intermediate products, 45 litres of wines and 55 litres of beer).

New rules for travellers' allowances into the EU from 1 December 2008 have come into force and will now allow travellers entering the EU from third countries to import duty free in their personal luggage larger amounts of alcohol from two to four litres of wine and 16 litres of beer).

**Eurocare recommendations:**

- The European Commission and Member States should introduce minimum alcohol tax rates that should be at least proportional to the alcoholic content of all beverages that contain alcohol. These should cover the social costs due to alcohol, and should be increased in line with inflation.
- Member States should retain the flexibility to use taxes to deal with specific problems.
- Member States should have the flexibility to limit individual cross-border purchases so as not to diminish the impact of their current tax policies.

**DG Research**

EU governments have committed themselves to increase the proportion of gross domestic product invested in research by the private and public sector from the 2000 level of 1.9% to 3% by 2010. The 7th Framework Research Programme (FP7)[9] has a significantly increased the budget, €73 billion to be spent over seven years through four key programmes: co-operation, ideas, people and capacities. Health is now one of the nine themes covered in all of these four programs. In addition, since 2003, a number of projects around the topic of alcohol and alcohol policy have been funded through the Community Action Programme for Public Health[10].

**Eurocare recommendations**:

- There is a continued need for increased research at EU level. Greater investment should be given to research on the impact of drinking on others in the workplace, in the home and in social settings, including the long-time impact of parental drinking on children and their development as adults
- The measurement and monitoring of alcohol-related harm requires agreement on key indicators from all Member States.

## 3.4 THE EUROPEAN ALCOHOL AND HEALTH FORUM

The *European Alcohol and Health Forum* that was set up in June 2007[11]. This multi-stakeholder platform is composed of some 60 NGOs and economic operators (alcohol producers, retailers, advertisers, and publishers) pledging to step up voluntary actions to reduce alcohol-related harm.

The Alcohol and Health Forum meets twice a year during a Plenary Session (4 meetings). In addition,

9 http://europa.eu.int/comm/research/future/index_en.cfm
10 http://ec.europa.eu/health/ph_projects/project_en.htm
11 http://ec.europa.eu/health/ph_determinants/life_style/alcohol/alcohol_charter_en.htm

an Open Forum is held once a year to showcase the work of members (2 meetings), and involve non participating organizations, institutions and Member States.

Two task forces were established as part of the Forum: one on "Youth Specific Aspects of Alcohol" (4 meetings) and one on "Commercial Communications" (7 meetings). The establishment of these did not presuppose any form of consensus on these issues, but rather, they were established precisely where disagreements arose.

In contrast to the Committee on National Alcohol Policy and Action who have met four times since June 2007, a total of seventeen meetings have been held in the framework of the Alcohol and Health Forum in the same period. Eurocare members are concerned over the amount of time and resources that are allocated to the Alcohol and Health Forum. This is disproportionate to the possibilities for action. Member States are far better placed to implement the Strategy. Eurocare members are also concerned about how the alcohol industry continuously are obstructing developments and diverting attention into unproductive areas.

### Setting the scene

The Alcohol and Health Forum brings together, for the first time in this field, economic operators and civil society, and in this sense represents an experimental and innovative political process at EU level. At the first Open Forum in April 2008, Commissioner Vassiliou stated that she saw as "*a really positive outcome the fact that at regular intervals the Forum brings together for joint debate organizations which, in the past, have tended to avoid sitting at the same table. This is the first occasion at European level where we can see the alcohol and advertising industries sharing ideas with health NGOs, youth organizations and medical associations*".

Eurocare and its members were instrumental in lobbying for a EU Alcohol Strategy. As the Forum represents an integral part of the Commission's Strategy, there has been no question of Eurocare's support towards it, and a total of nine member organizations are taking part in the process. Supporting the strategy, and indeed, participating in the Alcohol and Health Forum, allows the alcohol issue to be "kept on the political agenda"; one of the expected ramifications of this is that it will lead to more activities at national level, stimulate a wider public debate, and serve to shift public attitudes and behaviours towards alcohol.

However, Eurocare has not, and does not support the idea of the multi-sectoral approach involving both public and private stakeholders of the Forum as being merely a "talking shop", as a place for the discussion of alcohol policy issues, or as a body having any supervisory role in regard to the implementation of the Strategy or, indeed, in relation to other elements of the Commission's structure and processes for implementing the Strategy. In 2007, Eurocare members participated in the Drafting Committee meeting of the Forum Charter, and insisted that subtle nuances of meaning were clarified, in order that it could not risk being interpreted as giving the Forum a managerial role in relation to the

EU Strategy or even Member States' own alcohol policies.

Alcohol producers have a role in responsibly selling their product and ensuring it is marketed and sold in a responsible manner. The Forum enables EU decision makers and civil society to hold the different sections accountable for this responsibility. A spokesperson for Commissioner Vassiliou speaking at a recent Brewers of Europe event, described the Alcohol and Health Forum as a "test" for economic operators. He stressed that, despite the fact the EU Alcohol Strategy did not include any provisions for harmonized legislation; the Commission would be prepared to revise its position if the Forum proved not to be a success. This view is encouraging.

### The Role of the Stakeholders

Non-Governmental Organizations are essential partners for all elements of alcohol policy. They are a vital component of a modern civil society, raising people's awareness of issues and their concerns, advocating change and creating a dialogue on policy. Of particular importance are those organizations which deal with families, civil, cultural, economic, political, and social rights, including those that deal with the rights of children and young people, most of which are represented in the Alcohol and Health Forum. Their role in alcohol policy should be strengthened to include; (i) monitoring implementation of existing laws, codes and practices of the public and private sectors; (ii) translating the evidence base into easily understood policies and practices to reduce the harm done by alcohol; (iii) safeguarding and representing civil society in the implementation of such policies and practices; and (iv) collecting and disseminating information and knowledge to mobilize civil society to support the implementation of evidence-based policy[12].

Economic operators have a role to play in the implementation (but not the creation) of alcohol policies and programmes, which can include:
(i) providing server training and monitoring to all involved in the alcohol sales chain to ensure responsibility in adhering to the law, and in reducing the risk of subsequent harmful consequences of intoxication, harmful patterns of drinking and the risk of drinking and driving;
(ii) ensuring that the full marketing process (product development, pricing, market segmentation and targeting, advertising and promotion campaigns, and physical availability) does not promote an alcoholic product by any means that directly appeals to minors;
(iii) undertaking impact assessments on the health and social environment of their actions; [13]

In addition, the 2006 Council Conclusion on the EU Strategy notes that the alcoholic beverages production, retailing and hospitality sectors can contribute by adhering to national regulations and by ensuring that high ethical standards are met especially in the development and marketing of alcoholic products appealing to children and young people, and by ensuring responsible sales and serving of alcohol beverages in order to prevent binge drinking and harm from intoxication.

[12] Anderson, P & Baumberg, B (2005) Alcohol in Europe: A Public Health Perspective
[13] Anderson, P & BAumberg, B (2005) Alcohol in Europe: A Public Health Perspective

## Eurocare's view of the outcomes of the Alcohol and Health Forum to date;

### Science Group Report

The first task of the Science Group was to examine "**The impact of marketing communication on the volume (and patterns) of consumption of alcoholic beverages, especially by young people**". The Science Group, composed of public health as well as industry affiliated scientists, unanimously adopted the report, thus going against the long standing stance of the industry that advertising only serves to reinforce brand allegiance, but does not lead to increased consumption. The overall description of the studies found consistent evidence to demonstrate an impact of alcohol advertising on the uptake of drinking among non drinking young people, and increased consumption among their drinking peers. These findings are particularly worrying given that the studies focused solely on the impact of advertising, which represents only a small part of the industry's wider marketing strategy (i.e. sponsorship, merchandising, viral marketing and product placement). The impact and potential use of the report goes far beyond the Forum; it is a valuable tool for advocates at MS level.

However, the alcohol industry in the Forum does not seem to accept the report and continues to describe advertising as more about branding than influencing behavior. This is a tiresome discussion, without any ending.

### Rand Report on Affordability

DG Sanco commissioned the independent consultancy RAND to produce a comprehensive report on the affordability of alcoholic beverages in the EU. The report "Understanding the link between alcohol affordability, consumption and harms" concludes that increases in affordability are linked to increases in consumption, which in turn lead to increases in alcohol harms. Three measures of harm are shown to have a positive relationship with affordability: fatal traffic accidents, increase in traffic injuries and chronic liver cirrhosis.

Eurocare believes the European Commission's decision to commission a report on this controversial topic shows a willingness to establish a robust evidence base for policy discussions at Member State, and European level, as findings suggest that pricing policy could be an important part of an effective policy mix to tackle harmful and hazardous alcohol consumption

### Task Forces

In the context of the **Marketing Task Force,** three mapping reports were commissioned the Institute of Social Marketing at University of Sterling.[14]

- **Mapping report on Social Marketing**
- **Mapping Report on Targeting/ Not Targeting Youth**
- **Mapping Report on Self Regulation**

[14] The Final reports are expected to be published shortly

These independent reports on advertising, affordability, social marketing, targeting youth and self regulation should be seen as useful and worthwhile outcomes of the Forum. The potential impact of these reports is yet to be fully seen, but ultimately, rest with the national public health communities; translation and dissemination of the findings is actively encouraged in order to maximize their impact.

The outcome of the **Youth Specific Aspects of Alcohol Task Force** is the planned creation of an online database (a form of 'clearing-house') where projects related to alcohol and youth will be gathered. The database will be open to contributions from all interested organizations and agencies working on alcohol and young people. There are several concerns among NGO members regarding this database: outreach and dissemination given the language barriers; skepticism towards the "true value" of project database for key actors, such as community level youth workers; and uncertainties regarding continued Commission funding and the evaluation process of the projects.

Eurocare has conditionally supported the database providing the following criteria are fulfilled:

- The database should be governed by public health interests, and should not be funded by economic operators.
- The funding of the projects included in the database should be clearly stated on the first page.
- With the exception of EC representatives, the Steering Committee members should have an expertise in public health, alcohol policy, health prevention/promotion and evaluation.
- Public health experts should prepare guidelines for acceptance and evaluation criteria.

### Voluntary Commitments

By August 2009, 108 commitments were made by 60 members of the Forum[15]. An overwhelming majority of commitments have been submitted by alcohol producers, though there is scope for more action from other economic operators, especially in the advertising/ marketing and sponsorship sector. It is encouraging to see the proportion of civil society/ health sector commitments equates to over one fifth of commitments. It is understood that each participant's commitments will reflect and respect their specific and essential values, such as the pursuit of public health improvement, media editorial independence, or the cultural contexts of producer traditions. It was also reiterated throughout early discussions of the Forum Charter that NGOs are not expected to commit to the same 'level' of activity as economic operators and that each actor should act in accordance to resources.

Since the launch of the Forum there have been high expectations for economic operators to commit to evidence based actions, which **do not** go beyond their competence as producers, retailers or advertisers. Eurocare believes there is scope for economic operators to commit to more 'meaningful' actions in line with their 'core businesses. This would also serve to enhance credibility of, and trust in the process. NGOs have firmly stated their opposition to the alcohol industry being involved in health and social services, the prevention and the treatment or education of children and families. This view is echoed at this time in the Forum and, while Eurocare welcomes actions in the field of commercial

[15] All commitments can be found in the European Commission Database

communications, marketing, labeling, or server training, **Eurocare does not believe that the alcohol industry should have any direct involvement in education**.

### Fields of Action and Suggestion for Reformulation

Eurocare believes that the categorization of areas for action is misleading, and unsuited to the voluntary nature of actions that can be envisaged within the remit of both public and private stakeholders. Indeed, the terminology of the priority areas is ambiguous, and seems to refer to overarching outcomes rather than concrete fields of action. Eurocare strongly advises the European Commission to consider the reformulation of areas of activity, in order to better reflect the action oriented rationale of the Forum, and more accurately match the objectives of the commitments.

- **Area 1: Strategies aimed at curbing underage drinking**

Of the eleven commitments covering this area, seven are from the economic operators. This is a problematic area of action in that it refers to an end goal, rather than a credible field for voluntary actions. A number of commitments submitted in this field refer to the area of "enforcing the legal purchase age". Eurocare strongly recommends that Area 1 be deleted, and that action be reclassified under **Area 4: 'Actions to better enforce age limits for selling and serving alcohol', or new areas where appropriate.**

- **Area 2: 'Information and education programmes on the effects of harmful drinking and on responsible patterns of consumption".**
- **Area 3: 'Possible Development of efficient approaches throughout the Community to provide adequate consumer information'.**

Education type programs and policies are often the least effective in terms of preventing and reducing alcohol related harm[16]. This is particularly relevant in an environment in which many competing messages are received in the form of marketing material and social norms supporting drinking, and in which alcohol is readily accessible.[17] Eurocare members see alcohol industry educational programs as misguiding, with an ambiguous terminology, conflict of interest, and 'disguised advertising'. Eurocare does not believe alcohol producers are relevant stakeholders in the field of providing information and education programmes; they should solely provide information in their products, and should not be involved in the definition of so called 'responsible patterns of consumption'. Unsurprisingly, 26 of the 33 commitments submitted in area 2 are from producers, and four are from social aspects organizations

The above areas are closely linked; Eurocare believes the terms 'harmful drinking' and 'responsible patterns of consumption' are inappropriate when used by alcohol producers to promote misleading 'sensible drinking messages' leaving consumers confused and ill informed. Initiatives relating to these should be reclassified as **"Providing product information".**

[16] Alcohol in Europe 2005
[17] WHo Expert Committee Report on Alcohol *op cit*

**Proposed new field of Action: Training and mobilization of health professionals**

Eurocare believes that this field of action should be reserved to NGO commitments, and the training of health professionals should remain completely independent of private interests.

**Proposed new area: Drink Driving Initiatives and Counter measures**

Eurocare believes actions pertaining to this field should be re classified separately rather than being categorized under Area 2. This is a key area for NGOs to raise awareness and implement prevention programmes. Eurocare is not in favour of designated driver programmes, or schemes allowing consumers to 'calculate their BAC level'. The hospitality industry, however, can play an important role in this area.

**Proposed new field for Action: Industry funding for Researchers**

A separate category should be considered for the commitments of the industry funded institutes ICAP and IREB. Whilst Eurocare considers that industry funding may obstruct the scientific validity and impartiality of research, where funding is being provided, this should clearly be indicated so as to ensure transparency, and avoid being misleading.

- **Area 4: Actions to better enforce age limits for selling and serving of alcoholic beverages**

An encouraging 14 commitments have been submitted in this area: 8 by alcohol producers, 3 by retailers, and 3 by the hospitality and catering industry. This area of action holds great potential for retailers, both on and off trade to have a widespread and positive impact. It also offers valuable opportunities for inter-member partnerships between the producers, retailers and hospitality sectors; as stated in the EU Alcohol Strategy, 'local multi-stakeholder action appears to be essential'.

The area could be broadened to include **Regulating the Drinking Context/ Safer drinking** environments, or a new category may be created if necessary. **Eurocare recommends that actions relating to server training currently submitted under Area 1 and 5 be reclassified.**

- **Area 5: Interventions promoting effective behavioural change among children and adolescents**
- **Area 6: "Cooperation to promote responsibility and promote irresponsible commercial communications"**

This is a relevant field of action which complements the work carried out in the Task Force on Commercial Communications. 33 commitments made in this area have been submitted by economic operators, with the notion of partnership between economic operators underpinning the need for "better cooperation". Eurocare recommends that this area **should be broadened to: "Better cooperation and actions on responsible commercial communication, marketing and sales".** At present, actions in the field of promotions have been placed in the category "reducing underage drinking".