

Eurocare comments on the Evaluation of the “EU strategy to support Member States in reducing alcohol-related harm”



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The European Commission launched in 2006 an *EU strategy to support Member States in reducing alcohol-related harm* (COM (2006)625). Its priority themes, identified as relevant in all Member States and for which action at EU level adds value, are: (1) protecting young people, children and the unborn child; (2) reducing alcohol-related injuries and death in road traffic; (3) preventing alcohol-related harm among adults and reducing the negative impact on the workplace; (4) informing, educating and raising awareness of the impact of harmful alcohol consumption and of appropriate consumption patterns; (5) developing and maintaining a common evidence base. The strategy calls for further actions at three levels are: measures implemented by Member States at national level; coordination of national policies at EU level; and actions by the European Commission, including through projects, research and stakeholder cooperation

The European Alcohol Policy Alliance (Eurocare) will in the following give its brief comments on the evaluation report presented in August 2013 (dated December 2012). The findings build on a retrospective evaluation of a complex policy strategy.

First of all Eurocare would like to congratulate the European Commission with the evaluation. The organization agrees with the following points:

- There have been considerable achievements since 2006.
- The Committee on National Alcohol Policy and Action (CNAPA), one of the two main instruments set up to support the strategy, has contributed to building consensus across Member States and provided impetus for the development of national policies.
- Most Member States have updated and strengthened their alcohol strategies over the past six years, building on evidence-based measures and moving in the directions outlined in the EU strategy.
- The evidence gathered indicates that this spending has been useful, as it provided evidence used across the Member States. Eurocare would however like to highlight that less than 3% of the total budget of the Health Programme for 2008-2013 and less than 1% of the budget for health under Seventh Research Programme were allocated to alcohol. This is not sufficient when alcohol related harm is the world's number one risk for ill-health and premature death amongst the 25-59 year old age group, a core of the working age population and the third leading risk for burden of disease in Europe.

- The European Alcohol and Health Forum (EAHF) have stimulated concrete stakeholder-driven action to address alcohol-related harms through ‘commitments to action’.
- Eurocare agrees that the EAHF action areas are not directly aligned with the EU Strategy’s priority themes, which may reduce the effectiveness of EAHF in terms of supporting the Strategy’s objective.
- We strongly support the continued work on common indicators and standardized methods across the EU. In addition we suggest gathering regular independent monitoring of the exposure of young people of alcohol marketing.
- Encourage broader involvement from sectors that are currently under-represented in the EAHF, such as alcohol retailers and social insurers, and explore ways to involve further sectors, such as law enforcement, as well as stakeholders from new Member States. Eurocare would like to add social media and educational institutions.
- Enhance the political visibility of the CNAPA, thereby the prominence of the EU strategy, through high-level meetings, links to the EU Presidency agendas and, on cross-policy issues, through greater interaction with other policy areas, including both Commission services and national governments.

Eurocare disagrees:

- Thanks to the work of CNAPA, several Governments have taken important steps forward on reducing alcohol-related harm. The NGO community would like to see this work continue with the enhance role of the European Commission with providing the platform for exchange of knowledge and good practice.

However, we consider it crucial that CNAPA remains separate and independent of industry stakeholders.

- Evaluators suggest that EAHF members’ actions should be more closely linked to Member State policy priorities. Eurocare strongly objects to such suggestion and would like to remind that the EAHF was designed as Forum for action and separate from policy discussions and development.
- The evaluators suggest and encourage Member States to set up National Forums to exchange experience between these Forums and the EAHF. The EAHF needs to

produce some tangible results towards reducing alcohol related harm in the EU, before it can be considered as a model to follow on the national level.

- One of the case study's main conclusions is that the EAHF has contributed to the strengthening of self regulatory systems covering marketing and advertising of alcohol. In the conclusions this is presented as noteworthy.

Eurocare would like to stress the fact that as a member of the Forum Eurocare has consistently stated that they do not support self regulation as there is currently no evidence to show that self regulation is effective in reducing alcohol related harm and indeed recent work carried out suggests the opposite.

Eurocare disagrees with the conclusion that self regulation should be promoted as noteworthy.

Eurocare suggests:

- A future EU alcohol strategy is needed, with targeted and clear objectives and outcomes
- CNAPA: Should be strictly focusing on policy outcomes for alcohol related harm, and remain independent from the EAHF
- Higher percentage of the research and health programmes should be dedicated to alcohol related activities and research
- EAHF:
 - Before recommending the EAHF as a model to Member States, the outcome of voluntary actions needs to be evaluated. From Eurocare's perspective, we believe there have been limited outcomes of the actions from the economic operators.
 - The monitoring of voluntary actions focused almost entirely on process as opposed to outcomes, which needs to change in future assessment of the voluntary actions. Commitments with no impact on outcomes are in effect worthless.
 - Many of the NGOs represented in the EAHF are devoted entirely to alcohol harm reduction, and it is unhelpful to require the stakeholders to undergo this intensive monitoring of process. We suggest that NGOs and health professionals should not be required to deliver commitments on the same structure as economic operators.