Conference Report: 7th European Alcohol Policy Conference (7EAPC)

With the theme 'Alcohol Policy for Sustainable Development', the 7EAPC took place in Ljubljana, Slovenia, on 22 and 23 November. The 7EAPC was hosted by the Ministry of Health in Slovenia and co-organised by Eurocare, the European Alcohol Policy Alliance, with support from the Government of Slovenia, the World Health Organization - Regional Office for Europe, the Ministry of Health of the Russian Federation as well as Norway Grants.

The organisers were delighted to receive the Health Ministers for Slovenia and Luxembourg. Exclusive video messages were received from the First Minister of Scotland and the Health Minister for Ireland. The organisers were also pleased with the presence of high-level officials from most European countries, the World Health Organisation and the European Commission, who shared their knowledge and experience. It was also a great pleasure to receive top scientists, public health professionals and civil society representatives from around the world.

Participants raised awareness about the current burden of alcohol in Europe and the multiple health and social problems it creates and explored ways in which cost-effective alcohol policies can contribute to the creation of sustainable health system savings. In addition, the participants considered the synergies between the current works undertaken by both the European Commission and the World Health Organization with regards to chronic diseases and alcohol policy.

As a celebration of its 30 years of work towards preventing and reducing alcohol harm in Europe, the European Alcohol Policy Alliance (Eurocare) announced the winner of the first edition of the European Award for Reducing Alcohol Harm (EARAH 2016). The award was delivered to the Government of Scotland.

The organisers hope that the Conference has contributed to strengthen networks, built capacity and stimulated action to prevent and reduce alcohol-related problems at all levels. The next Conference will be held in Edinburgh in 2018.

Tiziana Codenotti
Eurocare President

Mariann Skar
Eurocare Secretary General

Tuesday 22 November

Opening Session
Milojka Kolar Celarc, Minister, Ministry of Health, Slovenia

The Minister thanked the organisers of the Conference, which was packed with sessions aiming at promoting better health and prosperity for European citizens. The Minister emphasised how working together can make alcohol policies a great success, and she highlighted the need for governmental departments to understand how taxation and pricing policies can be used to reduce alcohol-related harm. The Minister explained that she has been encouraged by experiences of other countries and good practice examples in Scotland, Ireland, Finland and France. For her, successful approaches need to be comprehensive, addressing among other issues:

- Early detection and treatment of alcohol addiction and alcohol-related harm with significant role played by primary and community healthcare services and NGOs
- The burden alcohol places on chronic diseases as well as the role it plays in accidents and violence
- Work carried out at international and national level by NGOs and research institutes
- Alcohol as a contributory factor to health and inequalities.
- Networks exchanging good practices and informing politicians as well as the public about good practices
- Alcohol policy considered as key part of societal development, supported by the necessary funding

The Minister stressed that Slovenia has decided to allocate more of its financial resources to alcohol policy. Support from EEA and EU funds is enabling better collaboration of public and social sectors as well as strengthening primary care services. Furthermore, Slovenia is supporting actions of the international organisations and networks, especially bringing together young people. Slovenia is a strong believer of cooperation in research and the country has been heavily involved in the EU funded Joint Action for Reducing Alcohol Related Harm (RARHA).

Finally, the Minister also expressed her personal commitment to capacity building and exchange of best practices. In the light of that, she wished all participants fruitful discussions during the conference and side events. She thanked all the partners involved in organisation of 7EAPC.

Tiziana Codenotti, **President of European Alcohol Policy Alliance (Eurocare)**

Ms Codenotti welcomed all participants on behalf of Eurocare, and explained that this was the seventh in a series of very successful European Alcohol Policy Conferences: Warsaw 2004, Helsinki 2006, Barcelona 2008, Brussels 2010, Stockholm 2012 and Brussels 2014. She highlighted that being able to continue this process is of huge importance, and that Eurocare is pleased and proud to be given the opportunity to co-organise the 7EAPC.

Ms Codenotti also explained that the 7EAPC would be a fantastic opportunity to exchange knowledge and experience, and she hoped that it would stimulate discussion on issues such as burden of alcohol and many problems it creates as well as ways in which cost-effective policies can contribute to the solutions.

Martin Seychell, **Deputy Director General, DG SANTE, European Commission (EC)**

Mr Seychell explained that the EC is determined to continue to work together with the Member States to raise awareness about the risks of alcohol consumption and the link with

major chronic diseases. It remains a challenge to keep alcohol high on the overcrowded political agenda. He underlined that many effective measures such as pricing and advertising are the competence of Member States (MS) and not the European Commission (EC). Therefore, it is the EC's key principle to recognise national governments as leaders in this area. The EC's focus is on the added value and support it can offer the Member States, especially in areas of good practice exchange and information gathering.

The aim, he explained, is a reduction in demand on health-care systems by improving health through acting on those factors that are causing demands. The EC coordinates work of Member States through the Committee on National Alcohol Policy and Action (CNAPA). In the future, it will be developing country profiles including patterns relevant for policy makers, this should encompass alcohol indicators. EMCDDA will be playing an increasingly important role in monitoring of alcohol-related harm, RARHA methodology will be applied. In terms of finances the European Commission will dedicate 4 million EUR in the coming four years on alcohol related projects through a call for tender.

Vladimir Poznyak, Coordinator of Orgnization Management of Substance Abuse Programme, World Health Organization

Mr Poznyak drew attention to the timely connections of the 7EAPC to the Global Development Goals (GDG) agenda. Alcohol can be considered as one of the key determinants impacting on sustainable developments. Goal 5 – healthy life for all ages, points 3.5 on prevention of substance abuse relates to alcohol policy activities.

The WHO Global Alcohol Strategy is pledging to reduce alcohol-related harm and urging political will to be adopted. The growing movement on the non-communicable diseases preventions is contributing the implementation of the Global Alcohol Strategy. Europe is a region with the longest tradition and political activity in alcohol policy, but it is also the region with the highest per capita alcohol consumption. Multi-sector governmental approaches for public-health interest aligned with a sustainable and intense support, including strong non-governmental organisations, are needed to achieve change.

Setting the Scene: Alcohol, sustainable development and inequalities
The link between alcohol-related harm and sustainable development
Jürgen Rehm, Director of the Institute for Mental Health Policy Research Centre for Addiction and Mental Health (CAMH), Toronto

Prof. Rehm explained that there are lots of potential links between alcohol consumption, attributable harm and sustainable development goals. He focussed on two aspects: (i) alcohol use through alcohol-attributable health harm is decreasing good health and well-being (ii) alcohol harm caused by alcohol use is contributing to an increase in inequality. Alcohol overall is responsible for 5.9% of all global deaths (every 17th death).

Despite global strategies and alcohol actions plans of WHO, alcoholic beverages have become more affordable in recent years, in terms of the proportion of real income spent per standard drink, and in terms of physical availability, while bans of marketing and advertisement are scarce. Moreover, trends in consumption in several countries and regions seem to be independent of policy. Thus, in the WHO European region, and more so in the EU alcohol, consumption declined despite higher availability over the past 25 years.

Alcohol consumption should be considered as one of a series of key impact factors on sustainable development. Alcohol affects population health negatively, it increases inequalities and is also linked negatively to reaching other SDGs. We need to rethink some approaches, especially those which have proved to be not effective or not enforceable in current political environments.

Looking upstream: lessons from 40 years of alcohol policy research
Thomas Babor, Professor and Chair, Dept. of Community Medicine and Health Care School of Medicine, University of Connecticut

Professor Babor explained that he has examined lessons learnt from 40 years of alcohol policy research. Upstream policies such as increases in the price of alcohol, limits to access to alcohol, drink-driving, enforcement of legal purchasing age and restrictions on alcohol marketing are likely to reduce the harm linked to drinking. Policy development and implementation can be guided by theory however it needs to be tailored to local circumstances.

Upstream policies can modify the course of an alcohol-related epidemic while downstream interventions relieve suffering. The value of approaching alcohol problems within a public health framework is that it draws attention to the sources of the damage, as opposed to attributing alcohol-related problems exclusively to the personal behaviour of the individual drinker. He highlighted that addiction science needs to invest more in population and translational research. International and interdisciplinary collaboration can help to translate knowledge into policy in a globalised world through global health policy networks. Prof Babor also spoke about corporate practices that influence alcohol misuse, such as product design, marketing, retail distributions, pricing.

Alcohol policy as an investment for health - lesson learnt from coproducing benefits for health and development
Chris Brown, Manager of the Regional Program on Social Determinants and Health Equity WHO Europe

Ms Brown explained that health has moved up the political agenda in all countries, both in development policies and in global agreements, precisely because of its relevance to the economy, political ideology and legitimacy and to the expectations of citizens. It is of a highly symbolic nature: it concerns definitions of the common good, the role of the state, markets and individuals, the interests of many stakeholders in society. Health accounts for 30-40% of today's economic wealth.

One-year life expectancy increase corresponds to 4% GDP growth. Furthermore, in high-income countries: 10% decrease in CVD mortality triggers 1% GDP growth. We need to focus on the co-production of results, e.g. what benefit a given policy has for health and also for other sectors as well benefits it delivers for societal goals.

Roundtable: Alcohol policy, politics and new developments

Marcella Corcoran Kennedy, Minister, Ministry of State for Health Promotion Ireland
Through a video message, the Minister explained that Ireland is among the top five alcohol consumers within the Member States in the EU with 10.9 L per capita, which constitutes a major health concern. Binge drinking is a common pattern and there are harm to individuals, others and society (cancer, liver, violence).

The Irish Public Health Bill addresses six areas among those MUP, labelling, advertising, separation of alcohol in store - the ultimate aim is to reach the OECD average of 9.1 L by 2020. MUP is especially important to tackle sales from supermarkets. As for labelling, units and harm are not well understood by consumers, and, therefore, alcohol products will include calories, nutrition, units and health risk. The bill is being challenged by the retail and alcohol producing industries. The bill's actions work together, need a comprehensive approach and should not be split up and diluted.

Nataša Blažko, Ministry of Health, Slovenia, presented the trends of alcohol consumption in Slovenia. There has been a decrease in recent years, mostly for spirits. However, the country's drinkers drink11.5 L per capita consumption, above the EU average. There is a great financial cost of alcohol harm to health systems.

Tools for tackling alcohol consumption
Lars Møller, Programme Manager, Alcohol and Illicit Drugs, WHO European Office, Division of NCDs and Life-Course

UN has the global target to reduce deaths from NCDs by 25% by 2025. For alcohol harm, the aim is to reduce consumption by 10%. Consumption in Europe is decreasing slightly, while consumption is increasing in other regions. Dr Møller spoke about the three 'best buys', in availability, price and marketing regulations, and he explained that the WHO has been gathering data for indicators to monitor progress in the Member States. Publication for 2017: alcohol policy scoring, country profiles (including mortality, consumption). WHO are organising regional consultations for sharing good practice and facilitate collaboration among Member states. WHO are also launching a new alcohol timeline database, which allows searching for specific policies back in time, with filtering by country, by year or by action area, profiles for the individual Member States, view all entries for a particular year and facilitates networking (www.euro.who.int/alcohol).

NGOs: Essential partners in Alcohol Policy
Eric Carlin, Director, Scottish Health Action on Alcohol Problems (SHAAP), UK

Mr Carlin emphasised that NGOS are essential partners in Alcohol Policy. NGOs can contribute to policy developments, but engagements between governments and NGOs need to be meaningful. He cited the example of NGOs leaving the EAHF, because of the lack of a specific alcohol strategy. However, the NGOs still wish to have meaningful engagement with the Commission. He also drew on the specific experience of Scotland's battle to introduce a Minimum Unit Price (MUP) for Alcohol to demonstrate what we can achieve as international partners.

SHAAP had produced a report on pricing policies in 2007, MUP adopted by Parliament in 2012. However, the legislation has been legally challenged by the alcohol industry both in the UK and in Europe. Through the legal process, the cooperation of many European NGOs has facilitated positive change in opinion from the Member States on MUP.

Reducing alcohol-related inequalities: what works
Implementing "best buy" measures in alcohol control in Russia
Konstantin Vyshinskiy, Senior Researcher, Department of Epidemiology, Research Institute on Addictions, Federal Medical Research Centre for Psychiatry and Narcology n.a. V.Serbsky (FMRCPN), Russian Federation

Mr Vyshinskiy explained that the average per capita alcohol consumption in Russia is 14.5 litres, and beer makes up around half of this consumption. Russia is characterised by cheap alcohol, and also by significant burden from alcohol. He presented many policy measures implemented since 2006 on availability, drink driving, advertising and pricing.

From 2005 to 2015, alcohol dependency decreased by 28% and harmful use of alcohol decreased by 36% in Russia. Rates of alcohol psychosis also decreased by more than half (51%) over the same period. For alcohol policies to be effective, they must be gradual, integral, balanced and evidence-based. They should match/take account of social and economic realities, and need to be supported by the media (and other stakeholders).

Interdisciplinary approach in tackling hazardous and harmful alcohol use

Tadeja Hocevar, The National Public Health Institute of Slovenia

Ms Hocevar explained that the burden from alcohol is high in Slovenia. However, there is a low level of awareness among experts and the general population of hazardous and harmful drinking. The approach taken in Slovenia includes support of Ministry of Health and European Structural funds. Ms Hocevar spoke about a programme which worked on effective entry points to tackle hazardous alcohol use, which includes community health centres, social work centres and additional entry point, e.g. counsellors in employment settings.

The programme also sees as important the involvement of GPs, practice nurses, as well as other practitioners trained in delivering brief interventions. Community health centres have been empowered to do screenings, referrals and brief interventions. New entry points include dentists, NGOs, and other health sector actors. There was also responsible reporting of the programme by the media and political actors, who have been given training on this.

How did Italy manage to reduce alcohol-related harm?
Emanuele Scafatto, Professor, MD, MSc, Senior researcher, epidemiologist and gastroenterologist

Professor Scafatto explained that Italy used to be one of the highest drinking countries in Europe. In 1975, per capita alcohol consumption was around 20 litres per person, now it is close to 6 (6.7) litres per person. In 1994, the WHO held its first National European Counterparts Meeting, in preparing the European Charter in Alcohol, which was adopted by Italy. In 2001, Italy transformed the Charter into rights for all citizens (The Frame Law on Alcohol).

Around 50% of women now abstain from alcohol. There is also widespread information and education on alcohol, with an alcohol in all policies adopted. The Minister of Health is required to report on a regular basis to Parliament. This is crucial, ensuring alcohol is high on the political agenda, alcohol service monitoring is mandatory, and regular alcohol monitoring and publication of reports
Still, there are around 17,000 alcohol-related deaths in Italy per annum, and the main causes of death are cancer and road traffic accidents. The key to prevention includes targets, action, monitoring and formal reporting.

Using mass media to change the conversation about alcohol
Colin Shevills, Director, Balance

Mr Shevills explained that the North-East region has the worst health problems in England, and the highest rate of hospital admissions related to alcohol. These admissions cost around £1 billion per year. There are also important lessons we can learn from tobacco control. Mass-media campaigns can be used to (a) change individual behaviour, (b) support people's right to know, (c) challenge positive perceptions of alcohol and (d) build support for effective policies – a more educated populace i.e. help people.

Lessons from tobacco control include the need to highlight the importance to understand health harms, and that mass-media campaigns should support this at different levels, changing perceptions and social norms. Cancer admissions are increasing, and awareness of the link between alcohol and cancer in the UK (North-East England) is low, especially for breast cancer. Balance ran the 'Tumour' campaign which aimed to build support for policy intervention, raise awareness of the links, and encourage debate. Typically, one in four people felt that they should reduce their alcohol consumption after seeing a campaign advert.

Alcohol law enforcement (underage drinking)
Wim van Dalen, Director, the Dutch Institute for Alcohol Policy (STAP)

Mr van Dalen explained that the Netherlands has a high frequency of binge drinking, where 72% of those aged 16 and over are binge drinkers. Although young people are starting to drink later (which is a positive trend), 70% are still binge drinkers. Underage drinking is related to easy availability, low prices, and marketing and sponsorship.

A fundamental action in the Netherlands is to check ID up to the age of 25. However, enforcement and compliance is a problem, with wide variation between different sectors, e.g. 63% compliance in supermarkets, and 17% in sports canteens. Alcohol Law Enforcement is decentralised to individual municipalities, because it intensifies action, gathers greater political and administrative commitment and shows higher compliance rate.

Law enforcement is heavily influenced by local priorities, and also a loss of national coordination, and low compliance rate. In addition, the national government feels less responsible for alcohol policy. Therefore, there is still need for coordinated action and the laws of the municipalities need to be inspected – this needs to be regional or national.

Workshops Day One

Coming out, going out workshop
Organised by SHAAP

The workshop began with an interactive session, asking participants to stand beside what they believed to be the answer to a series of questions asked – either 'yes', 'no' or 'don't know'. There was then the presentation of the findings from a research study funded by SHAAP and undertaken by Glasgow Caledonian University which examined the social context of LGBT people's drinking in Scotland. The research had looked at key themes such as: (a) drinking on the commercial gay scene, (b) heavy drinking culture – pre-loading behaviour, (c) reported that if the gay scene, would LGBT people lose something important? (d) strong peer pressure – stronger than in the general population?, and (e) heavier drinkers then the general population? Are they happy drinkers?

The research reported practices of matching drinks with 'perceived' identity' e.g. lesbian women reported drinking pints when out with their lesbian friends or when out to hook up with someone (so they would not be perceived as straight), but drank vodka and cocktails when out with their straight friends (as pints would appear too butch).

Alcohol is important on the commercial gay scene, and the alcohol industry is aware of this and they market to LGBT people. What next? Action on price, availability and marketing for the whole population. The (most) marginalised groups will also benefit. Symbols of inclusiveness, such as the rainbow flag, displayed in health and other services.

From research to action
Organised by EASL and UEG

The workshop covered recent and future research directions in alcohol-related disease. Speakers focused on gastro-hepatological conditions, and also on how the work of health researchers can contribute to evidence-based policy on alcohol harm and the challenges around this.

Alcohol Marketing - revision of AVMSD as a window of opportunity
Organised by Eurocare

Workshop focused on the current revision of the European level provisions for commercial communications of alcohol, as encompassed in the Audiovisual Media Services Directive (AVMSD).

Wim van Dalen, Director of the European Centre for Monitoring Alcohol Marketing (EUCAM) presented the shortcomings of the current AVMSD Directive as well as results of the EU funded project AMMIE and AMPHOR. For instance, it was found that adolescents in the UK and NL even more exposed to TV alcohol ads then adults (Winpenny et al., 2012). Moreover, findings of the online impact studies highlighted that engagement with web-based marketing increased the odds of being a drinker by 98%, while engagement with traditional marketing increased the odds by 51%. Young people exclusively engaged in web-based marketing drank 36% less alcohol on a typical occasion, while those who engaged in both traditional and web-based marketing consumed 31% more alcohol on a typical occasion (Lin et al., 2012).

Wim van Dalen highlighted that the current European level provisions are not effective enough as they create a legal vacuum for interpretation. AVMSD states that: *"*audiovisual commercial communications for alcoholic beverages shall not be aimed specifically at minors and shall not encourage immoderate consumption of such beverages;". Often interpretation is left to self-regulatory code which is ineffective. The formulation of the self-regulation articles is clever and precise; complaints are therefore easily rejected. Acceptance of self-regulation in Europe contributes to alcohol use among children and youngsters.

Aleksandra Kaczmarek, from the European Alcohol Policy Alliance (Eurocare), presented the advocacy activities that Eurocare together with several organisations is engaged in. The EU legislative process was briefly outlined and the tentative timeline for the AVMSD institutional process. The European Commission proposal promotes self and co-regulation and although it recognises the notion of exposure to alcohol marketing, it does not provide strict enough safeguards to end exposure of young people to alcohol advertisements. Eurocare has outlined the three main tasks from the public health perspective to improve the AVMSD:

- Watershed on alcohol and unhealthy food (HFSS food) between 6:00 and 23:00. This would effectively minimise youths' exposure to advertising of health-harmful products.
- Exclude alcohol and HFSS food from product placement and sponsorship. Similarly, as it is suggested for tobacco and medicinal products. Due to the nature of the alcohol and HFSS food it is appropriate to expand the European Commission's proposal.
- Ensure that Member States can effectively limit broadcasts from other countries on public health grounds.
  The efforts of frontrunner governments to reduce the negative health effects of alcohol and HFSS foods marketing may not be undermined by broadcasters established in other countries. The European Commission proposal to this effect should be supported.

Child's rights-based tools from alcohol marketing
Organised by IOGT International

Children are the future, but children are also the present, and they have a right to special protection, here and now. The Convention on the Rights of the Child is the most widely ratified UN Convention. However, all too often decision-makers fail to protect the best interests of children. This workshop aimed to provide tools for sound and innovative advocacy to promoting children's well-being, for example through regulating alcohol marketing.

Alcohol control policies in Turkey by Turkish Green Crescent Society
Organised by Turkish Green Crescent
While Turkey may seem to have negligible problems in terms of alcohol consumption compared with populations where drinking is more prevalent, attention to the issue is required considering the large population size with an estimated 12 million drinkers, increasing sales of alcoholic beverages in the last ten years, estimated high per capita consumption and increased consumption in certain young age groups. Turkey's International Alcohol Policy Control Evaluation Study (IAC) analyses the consumption habits of Turkish drinkers in depth for the first time to reveal any issues and identify groups to be targeted by policy makers.

There are quite strict and detailed alcohol control regulations with serious sanctions in Turkey. The aim of those regulations is to protect the health and social wellbeing of young people and to prevent the promotion of alcoholic drinks consumption among young people. It is important that there exists a specialised Authority to regulate and supervise the entire alcohol market in terms of the alcohol control policies.

With an aim to ensure the compliance of national and international alcohol policies with public-health norms, the Turkish Alcohol Policy Platform (TAPP) was established as a civil initiative in 2013. 30 organisations and institutions from various fields such as health, human rights, education, and tourism became the member of the Platform to raise awareness of the harms of alcohol. In line with its purpose of establishment, TAPP functions as a public health platform that conducts advocacy, lobbying, research, observation, data production, reporting and awareness raising work.

Global alcohol policy
Organised by World Health Organisation Geneva

This workshop gave an overview of the current status of alcohol policy developments globally, discussed the policy space available for governments in reducing harmful use of alcohol and identified potential next steps for boosting implementation of the WHO Global strategy to reduce the harmful use of alcohol. A case example from Thailand was used to inform the discussion.

Joint Action on alcohol-related harm (RARHA): Evidence-based Action for the future
Organised by Sicad

This workshop included (a) discussions on Joint Action on Reducing Alcohol related Harm - a joint effort without precedent; (b) new instrument for monitoring alcohol consumption and harm - SEAS findings and way forward; (c) Common metric and good practice principles for low risk drinking guidelines; (d) way forward in the deployment of early identification and brief interventions to curb risky drinking; (e) the RARHA Tool-Kit of good practice in alcohol interventions, and (f) a debate about the future of alcohol issues at the EU level.

Alcohol and Health Inequalities
Organised by IAS

This workshop (a) drew on evidence from research conducted by the Institute of Alcohol Studies to illustrate the complex relationship between alcohol and health inequalities, the ‘alcohol harm paradox’, (b) showed how Scottish government data suggests that increasing the price of cheap alcohol can reduce health inequalities, and (c) provide an opportunity to discuss policy implications.

Wednesday 23 November

Working with other sectors

Lydia Mutsch, Minister, Ministry of Health, Luxembourg

The Minister explained that the Luxemburg Presidency of the Council of the European Union addressed alcohol-related harm as part of their work, while the European Parliament, European Ministers and NGOs addressed the importance of a renewed European Alcohol Strategy. They had all agreed on the need to take this call further, and this was reflected on Council Conclusions, an ambitious text that reminded the Member States about the need for a multi-sector approach to reducing alcohol-related harm.

The Conclusions also invited the European Commission to put by the end of 2016 a comprehensive renewed EU strategy to address alcohol-related harm, which should reflect the WHO European Strategy. To date, very regretfully, we have had no update from the Commission on this topic. Nonetheless, we should not stop stressing the need for such a Strategy. It is also important to stress the need for a second Joint Action as this is encouraging actions at Member States. A call for a renewed European Alcohol Strategy must be put high on the agenda.

Maja Makovec Brencic, Minister, Ministry of Education, Science and Sport Slovenia

Through a video message, the Minister spoke about new data from ESPAD showing how young people and drinking is still a problem. Slovenia believes it is important to promote healthy lifestyles including the use of the educational institutions. This Conference is important to share experience and promote better prevention for young people.

Alcohol is prevalent in all aspects of society, and consumption by young people is in many ways dependent/affected by the environment in which they love and grow up, i.e. binge drinking behaviour. Therefore, adopting measures in different policies can make a significant contribution to reducing the harmful effects of alcohol.

Ewa-May Karlsson, Member, Committee of the Regions

Ms Karlsson explained that Sweden limits its availability by State retail monopoly and by age, and measures have great support from the population. Average per capita consumption is 9.2 litres, and this has decreased due to reducing overall population consumption. It is important to understand inequalities and alcohol harm, and we need a structured way of working at the EU level to prevent alcohol-related harm. We also need to understand national subsidiarity at the same time as address the cross-border issues.

The commission should support the Member States and complement national policies – and not hinder the Member States from developing their preventive work. EU action on chronic diseases is not enough. Taking into consideration different national contexts, Minimum Unit Pricing could be included as an effective policy measure. We must carry on using experience and expertise and exchange good practice. We need to promote improved alcohol labelling, and we also need to put children's best interests first, by limiting exposure to alcohol marketing.

The link between alcohol policy and social determinants
Alcohol and health inequalities – the causes of the causes
Sir Michael Marmot, Professor of Epidemiology, University College of London, President of the World Medical Association

Professor Marmot asked: why treat people and send them back to the conditions that made them sick? We need to address the conditions which make people sick, and we need to address material deprivation, income and education. We also need to put alcohol problems in a broader social perspective.

In Scotland, the level of liver cirrhosis is rising sharply. In Calton, one of the poorest areas of Glasgow, the average life expectancy for a man is less than 60, whereas, in the richest areas, it is 82. If we want to do something about alcohol harm, we need to do something about the living conditions.

Only 59% of children in England are deemed to have a good level of development – material, health, education and behaviour risks. The level of childhood poverty is also a political choice – even after taxes and transfers i.e. child poverty in the USA is significantly higher than in Latvia – this is largely because of the political and policy choices of those in power. Lower social expenditure leads to higher social and health inequality. Fair employment and good work have been emphasised, yet most recent figures show that some of the poorest households have at least one person working.

Consumption rates are higher in higher socioeconomic groups, while harm is higher in lower socioeconomic groups. Therefore, we need to address inequalities and alcohol-related harm. People are in poverty because they are not paid enough. Welfare spending improves health and reduces inequalities. We need to give a good start in life to children, securing a good early childhood is vital for our agenda of improving health.

Facilitating alcohol policy to promote health across sectors – what mechanisms can promote intersectoral activity?
David McDaid, Associate Professorial Research Fellow, Department of Social Policy, London School of Economics (LSE)

Mr McDaid spoke about mechanisms which can facilitate inter-sector activity include taxation, MUP, drink driving policies, retail sector, advertising, brief intervention. However, we need for inter-sector collaboration to achieve results. How can this be done? We need to develop shared policies and strategies. Health for health sake is not necessarily enough.

We need to speak the right language, making arguments using the language of the sector in question. We need to look at the benefits (of alcohol policy and addressing alcohol-related harms) to other sectors and in their language – not just simply health in all policies. Alcohol harm impacts and outcomes in each sector need to be reflected in the communication.

Stakeholders are not always interested in health, and, therefore, we need to tailor the language used to make it appropriate and appealing to the audience in order to address issues such as (a) distrust and financial barriers to taking action, (b) the policy impacts on sectors not always related to health (if this is positive, it needs to be flagged up), (c) the need to understand policy and political environments and how these differ in different environments, which are again different in different countries/contexts, (d) the need to present a balanced arguments (also acknowledging negative aspects), and (e) the need of an evidence-base to support action and arguments.

Roundtable 1: Health in all policies – does it work?

How Loi Evin is working and its challenges
Franck Lecas, Head of Mission, Medical-Social Institutions and Loi Evin
Mr Lecas explained that the Loi Evin places limitations on the content of advertisements and seeks to inform consumers. It aims to protect young people and to reduce the attractiveness of alcohol. The Loi Evin also permits alcohol advertising in newspapers, on radio, in leaflets

and on the internet, however, only in locations and at times where young people will not be exposed to it. It prohibits alcohol advertising on TV and in the cinema, and explicitly prohibits sponsorship at festivals and sporting events.

Advertising content is restricted to informative data/information about the product, and a health message must be included. Detailing what is permitted is better and more effective than detailing what is forbidden. Most producers/companies in France comply with the Loi Evin. However, there are a number of challenges. The impact of the restrictions and limitations of advertising on behaviours is difficult to evaluate. Law has been weakened by lobby attacks.

There are very few studies on effectiveness. However, there seems to be some impact on sale to minors and advertising restrictions have led to decreasing levels of consumption. We need to protect the law from lobby attacks, because there have been five successful attacks or challenges in the last 25 years.

Jean Todt, UN secretary general's special envoy for road safety
Through a video message, Mr Todt explained that drink-driving is a significant issue. It is closely linked with high-risk behaviours such as not wearing a seat belt and speeding. We need stronger laws on drink-driving in all member States, such as random breath tests and strict enforcement, which would lead to significant reductions in road deaths and injuries.

Roundtable 2 - Working with non-state actors
Vladimir Poznyak, Coordinator of Organization Management of Substance Abuse Programme, World Health Organization

Dr Poznyak explained that the WHO has developed a Framework for Engagement with Non-State Actors (FENSA) which regulates engagement with actors which include NGOs, private sector organisations, academic institutions and philanthropic foundations. Universities also receive a greater/greatest proportion of private funding, and it is, thus, very important for the WHO to engage with them. While the rise of the Internet and social media generates potential to create reputational controversies, the level of transparency offered by the Framework is the best protector for the WHO.

FENSA provides the WHO with a set of policies to strengthen transparency and accountability. It is complemented by operational procedures for each set of non-state actors. FENSA is grounded in the following principles and aims: participation, resources, evidence, advocacy, and technical collaboration.

The alcohol industry holds an important position in terms of their role as economic operators and as producers, and they can thus have an important role in enhancing global action.

Olivier van Beeman, Investigative journalist and writer

Mr van Beeman spoke about how Africa is highly profitable to beer companies, because they can typically earn around 50% more for every beer sold in Africa as compared to a beer sold elsewhere. Further, three main beer companies in Africa control 93% of the market. The industry claims that they sustain around 1.6 million jobs. In reality, employees are often replaced with day labourers, who can be paid at a much lower rate, and their expansion in Africa has destroyed more jobs than it has created.

The alcohol industry does not account for the cost of alcohol harm to society, and this is difficult to quantify in Africa as it is not properly measured. The cost is likely to be higher than it is in Europe for example as they have less social and economic resources. In addition, the

bottles sold in Africa are larger than in other parts of the world and contain much higher levels of sugar, used to sweeten the beer.

The presence of Heineken in Africa was cited as a failed example of industry corporate social responsibility. Heineken claims that they do not to support or encourage heavy drinking, as when someone dies, they lose a customer, but in reality they do nothing to prevent heavy drinking. They also engage in lobbying activity, including lobbying African governments for tax breaks.

Kristina Sperkova, International President, IOGT International

Ms Sperkova explained that, in order to avoid sale restrictions, the alcohol industry interferes with government policy at national level, even managing to get into the actual text of legislation. The industry also tries to interfere with WHO recommendations.The alcohol and tobacco industries do work together, and they are interconnected. Therefore, even in contexts where the tobacco industry is excluded (e.g. FENSA), the tobacco industry is present indirectly through their partners from the alcohol industry.

In countries which have included Kenya and South Africa, the alcohol industry has managed to stop governments from banning alcohol advertising. Meanwhile, every ten seconds a human being dies because of alcohol harm. We should carry on exposing the alcohol industry's tactics, and we should support governments who do not want to collaborate with industry.

Vesna-Kerstin Petrič, Head of Unit, Slovenian Ministry of Health, Division for Health Promotion and Prevention of Non-Communicable Diseases

Dr Petrič emphasised that civil servants serve society, and the work undertaken should always be evidence-based and founded on the values on the society in which it is made.

There is a wide range of actors in civil society – not just NGOs. What is wrong about how things are presently is how these actors are approached - and not their practices. There is a need to look carefully at how to improve the quality of the work of NGOs and to ensure continuity of their work. As an example from Slovenia, the government is providing funding for NGOs to network and work better and more effectively together, instead of competing with each other. This has forced NGOs to collaborate.

Manual Ribeiro Cardoso, General-Directorate for Intervention on Addictive Behaviours and Dependencies, Portugal

Mr Ribeiro Cardoso explained that the Portuguese National Plan looks at individuals from a young age at all stages i.e. pre-pregnancy, toddler, primary school etc. It identifies problems at each of these stages and in a variety of settings and contexts, and it looks into structural measures to identify populations who have more problems and who are more vulnerable. Key components of the approach include clear targets, referral network, as well as a National Forum, which is a common platform for stakeholders at national level, and which has placed strong emphasis on messages around no drinking under the age of 18, drink-driving, and no drinking during pregnancy or when planning to get pregnant.

Way Forward

Wide call for health-relevant information on alcoholic beverage labels
Marjatta Montonen, Special Advisor, National Institute for Health and Welfare, Finland
Ms Montonen explained that messages about health and safety risks associated with alcohol harm should fill gaps in information and take into account awareness-raising needs at the

national level. While WHO and OECD recommend availability of such info on label, in many countries alcohol beverages are currently exempt from having to list health related information on-pack. A report from the Commission on the subject is expected to be released in January 2017. Meanwhile, parts of the industry are already listing some health-related information.

Another issue is that what is considered as a 'standard drink' or 'unit' can vary from country to country, and, therefore, efforts still need to be made to bring harmonisation to such concepts.

Slovakia Presidency
Lubomir Okruhlica, Chief Expert for Drug Dependencies, Ministry of Health, Slovak Republic Centre for Treatment of Drug Dependencies

The presentation went over diverse alcohol policies being developed in Slovakia, including monitoring sales, sales to minors, drink driving, licensing, harm reduction, research monitoring, multi-sector approach, harm to the economy, screening, brief intervention, public order, collaboration with European partners.

Welcome to Scotland 8EAPC (2018)
Nicola Sturgeon, First Minister of Scotland

Through a video message, the First Minister stated that she was delighted to receive the inaugural European Award for Reducing Alcohol Harm (EARAH 2016). Scotland is committed to reducing alcohol-related death and illness, and the Government has introduced strong legislation on availability and marketing. As for the introduction of the Minimum Unit Price (MUP) for alcohol, Scotland is grateful for the help received from the European partners. Scotland is also looking forward to welcoming participants to the 8th European Alcohol Policy Conferencem in Edinburgh in 2018.

Workshops Day Two

Alcohol and sports – advertising in 3 countries during Euro 2016
Organised by the Institute of Alcohol Studies (IAS)

The session outlined the impact of alcohol marketing on children and sportspeople. Alcohol sponsorship of sport is a key strategy employed by alcohol companies to develop and maintain favourable brand associations. The effect of such positive associations between alcohol and sport in the minds of children was questioned. Children are the next generation of consumers, and sport is also associated with positive outcomes with regards to a healthy lifestyle. This makes the association with alcohol problematic.

The EU AVMSD currently does not include sports sponsorship as an area which can be regulated. The current policy framework is inadequately protecting people with regards to alcohol harm and health. This is especially the case with regards to drink-driving and Formula One motor racing sponsorship by alcohol companies.

The workshop also presented findings from a research into the level of alcohol marketing during the Euro 2016 football championship. Analysis of the findings is ongoing and the data presented was still preliminary findings. Euro 2016 was the largest ever Euro (football) tournament, with the largest global TV audience. The tournament was sponsored by Carlsberg. It is the first time it has been held in France since the Loi Evin was introduced in 1991. The practice of 'alibi' marketing is when companies change the way their product is marketed due to restrictions, such as the Loi Evin – e.g. at Euro 206 Carlsberg and 'probably'.

Across 18 matches broadcast in the UK, there were 2,254 separate references to an alcohol brand. This equates to one reference every 91 seconds, which each reference lasting for an average duration of 8 seconds. Total broadcast time for alcohol marketing was 5.45 hours, which is 10% of the total broadcast time. On average, there were around 125 alcohol marketing/brand references per match – 75% were located on pitch boards; 15.3% in video segments; 2.3% in the crowd; and 2% located in the interview area. Almost 90% (89%) of references were indirect, and 95% of all references were for Carlsberg.

French broadcasts contained more in-crowd references and more product packaging references. This is likely to be the result of the French media having exclusive broadcast rights to the fan-zone. In Ireland, there were more references in commercials; in video segments and also a few more verbal references. Overall comparison – there was no difference in pitch-side interactive boards between countries. There was also no difference in the number of references appearing at the same time, in in-play references, and in the number of out-of-play references. There were few direct references, instead the majority were indirect. There, therefore, needs to be action taken to strengthen laws regarding indirect advertising/marketing.

Brand awareness of Carlsberg was strong. There were around 2.5 million fans in stadia, and broadcasts in more than 230 countries. Carlsberg's own statistics report brand recall of 50% during the tournament, higher than both Coca-Cola and McDonald's.

Safer party labels, an innovative approach for alcohol policy in nightlife settings
Organised by VAD and DrogArt

Participants got familiar with the concept of safer party labels. They learned that cooperation between partygoers, club owners and health NGO's is crucial in order to create safer nightlife. The role of safer party labels in the scope of alcohol policy was explored through group discussion in which the participants pointed out the improvement of public health. At the end, participants concluded that they would implement safer party labels in their country if they could.

Harm to others
Organised by World Health Organization Regional Office for Europe

A central theme of the two presentations was the need for better data in order to bring harms to others to the policy agenda. Both speakers highlighted that quantifiable measures of the impact of drinking on people other than the drinker are urgently needed and that experiences from tobacco control policy can inform efforts in the area of alcohol policy.

Professor Rehm opened his talk by stating that we have not been successful at quantifying the harms to others caused by alcohol in the same way as we have for tobacco. New data from Germany shows that whilst tobacco-attributable mortality is higher than alcohol-attributable mortality, alcohol contributes to the burden of disease to a greater extent than tobacco. In terms of moving forward and making a strong call for effective ways to reduce the harmful use of alcohol, the harm caused to others was a crucial turning point to advance tobacco control policy. Better methodologies to estimate harm to others are therefore needed, as surveys of subjective reports of perceived harms caused by others' drinking do not necessarily produce reliable data on the true extent of harm to others.

Dr Varavikova shared her experiences as a researcher working on the topic of Fetal Alcohol Spectrum Disorders (FASD) in the Russian Federation, where she noted it has taken a long time to convince the government of the extent of this issue. Many children affected by alcohol exposure during pregnancy are not identified, and the true prevalence of FASD is

unknown. A further challenge has been apprehension among health professionals to ask women about alcohol, due to the perceived stigma. However, the introduction of brief intervention programmes for alcohol and training in how to deliver them has helped health professionals to overcome the perceived stigma attached to asking about drinking in pregnancy.

How do different disciplines talk about alcohol and how can we work better together?
Organised by SHAAP

In this workshop, participants discussed how different academic disciplines consider alcohol-related issues, including exploring history, culture, pleasure and harms, and how we can work better together is timely and urgent. Questions discussed included: What counts as 'evidence' when we discuss drinking in different disciplines? How can researchers who focus on reducing alcohol-related harm talk to those who are interested in the construction of drinking as a social problem?

Let it hAPYN - preventing and reducing alcohol related harm in youth organisations in Europe
Organised by No Excuse Slovenia and Alcohol Policy Youth Network

The workshop on Let it hAPYN went through the main deliverables of the project focusing mainly on the toolboxes that can be used to train young people. An overall of 27 participants had many questions at the end of the presentations by Wim van Dalen from STAP and Jan Peloza from APYN that were successfully answered. Participants also asked for additional materials.

About Eurocare

Eurocare is an alliance of non-governmental and public health organisations with around 60 member organisations across 25 European countries advocating the prevention and reduction of alcohol related harm in Europe. Member organisations are involved in advocacy and research, as well as in the provision of information and training on alcohol issues and the service for people whose lives are affected by alcohol problems.

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

Eurocare is not affiliated and does not receive any funding from the alcohol industry or any of its social aspect organisations.