

# Eurocare – Initial NGO recommendations for the new EU Action Plan on Alcohol

---

November 2013





## INTRODUCTION

As the international NGO that represents NGOs on Alcohol Policy across the European Union, Eurocare wishes to contribute initial ideas as the new EU Action Plan begins to be drafted. Notwithstanding time constraints and wishing to get some comments to you by the end of November 2013, we have consulted with our members and other European partners to produce this document. Nonetheless, we understand that there will be a consultation process in developing the final version of the plan and we commit to active participation in that process. As a general point, we would emphasise that the new EU Action Plan needs to complement the WHO “European Action Plan to Reduce the Harmful Use of Alcohol, 2012-2020” and to recognise the evidence base to support effective alcohol policies in Europe, as presented by “Alcohol in the European Union” (WHO, 2012).

We also believe that an EU Alcohol Strategy would lay out a longer-term context to support the continuation of efforts at the EU level to address alcohol related harm. In line with several member states, we are disappointed that this has not been forthcoming. Nonetheless, we welcome the announced EU Action Plan on Alcohol (hereafter EU Action Plan) and would offer the following comments on what it should include.

An EU Action Plan must:

- Be based on the best available scientific evidence
- Be informed and underpinned by a coherent policy framework
- Address the full spectrum of alcohol problems within the EU and the need for whole population-level responses
- Include an approach to all EU policy-making which supports reduction of alcohol harms
- Set clear targets and objectives and be externally monitored and evaluated
- Pay attention to the need to reduce health inequalities across the EU and within Member States.

Alcohol is the world’s number one risk factor for ill-health and premature death amongst the 25-59 year old age group, a core of the working age population. Europe is the heaviest drinking region of the world and alcohol is a major threat to the public health, safety and economic prosperity of EU

citizens. Alcohol has been classified by the WHO's International Agency for Research on Cancer as a Category One carcinogen, defining it as a determinant of many types of cancer. Increased alcohol consumption is also linked to increasing levels of obesity and diabetes in European populations.

Consumption levels in some EU countries are around 2.5 times higher than the global average<sup>1</sup>. Evidence demonstrates that the harm caused by alcohol is related to overall drinking levels, as well as drinking patterns. Reducing alcohol-related harm across the EU requires action to reduce population alcohol consumption, as measured by per capita consumption of pure alcohol, as well as incidents of risky single occasion drinking.

A substantial evidence base exists on the effectiveness and cost-effectiveness of interventions to prevent and reduce alcohol-related harm. Effective interventions include population-level measures and those targeted at specific high-risk groups. A comprehensive action plan needs to incorporate both types of intervention to reduce alcohol-related harm, not just for problem drinkers but also for other people, such as children, families and communities, who are negatively affected by their drinking behaviours.

The WHO European Action Plan, endorsed by member states at the Regional Committee for Europe in 2011, provides a template for action at EU level. Based on this, we recommend the following items for inclusion in the EU Action Plan:

- Alcohol pricing policies
- Marketing of alcoholic beverages
- Availability of alcohol
- Drink-driving policies and countermeasures
- Consumer information – product labelling
- Alcohol research and monitoring programmes
- Capacity and network building and learning exchange

As the plan is being constructed, we will work with our members, other European partners and the Commission to advise on what should be included in the Plan in relation to the following issues:

- Creation of safer drinking environments
- Raising awareness of dangers from drinking during pregnancy

---

<sup>1</sup> WHO Europe (2012) *Alcohol in the European Union*

- Protection of family and children
- Prevention, with a special focus on prevention in the workplace
- Treatment and early interventions
- Better monitoring of data and the development and maintenance of a common evidence base

**In line with the target to reduce total alcohol consumption in Europe by 2020, from an average of 10.2 litres<sup>2</sup> to 9 litres per adult per year, we believe that the EU Action Plan should include a commitment from each Member State to set its own percentage reduction target for overall population consumption of alcohol, negotiated with the Commission.**

---

<sup>2</sup> WHO Europe (2013) *Status Report on Alcohol and Health*



## ALCOHOL PRICING POLICIES

There is strong evidence that increasing the price of alcohol is one of the most effective policy interventions to reduce harmful alcohol consumption among people of all ages. All consumers, including heavy drinkers and young people, respond to changes in alcohol prices<sup>3</sup>.

The affordability of alcoholic beverages has increased in Europe over the last 12 years. The real value of excise duty rates for most alcoholic beverages has gone down since 1996 and consequently alcohol has been much more affordable. There has been a decline in the EU minimum excise duty rate in real terms for alcoholic beverages since 1992 as they have not been adjusted for inflation. There is also a trend towards more off-trade alcohol consumption, which tends to be cheaper than alcohol sold on-trade<sup>4</sup>.

Pricing and other economic measures are an important part of an effective EU Action Plan. At Member State level, alcohol should be made less affordable by increasing alcohol in line with inflation and income changes, banning discounting and promotions, such as 'two for one' and 'happy hour' and considering setting minimum prices based on units of alcohol in alcoholic products. The EU needs to remove hindrances to effective pricing policies at Member State level. This includes changing the structure of excise duties in the EU directive to ensure that all types of alcohol beverage are taxed in relation to the volume of alcohol they contain. The structure of excise tax should also allow a higher rate of excise duty to be applied to alcohol sold in the off-trade.

### RECOMMENDATIONS FOR ALCOHOL PRICING POLICIES

Excise duty on all alcohol beverages should rise in line with alcohol content and in line with inflation and income changes.

Minimum tax rates on alcohol should be increased in line with inflation.

Member States should have the flexibility to limit individual cross-border purchases so as not to diminish the impact of their current pricing policies.

Member States should have the flexibility to set minimum unit prices based on alcohol content in products.

<sup>3</sup> Babor TF et al (2010) *Alcohol: no ordinary commodity. Research and public policy*, 2<sup>nd</sup> ed. Oxford, Oxford University Press.

<sup>4</sup> RAND (2009) *The affordability of alcoholic beverages in the European Union, Understanding the link between alcohol affordability, consumption and harms*. Cambridge



## MARKETING OF ALCOHOLIC BEVERAGES

Despite being a key health determinant, alcohol is heavily marketed with young people as a very important target group<sup>5</sup>. Consumers (and non-consumers) are exposed to sophisticated marketing aimed at creating positive expectations and beliefs, not just about the product itself but how it will make them feel and be perceived by others.

Alcohol marketing techniques range from mass media advertising to sponsorship of events, product placement, internet and social media campaigns, merchandising and usage of other products connected with alcohol brands. In 2009, the Science Group of the European Alcohol and Health Forum reviewed evidence<sup>6</sup> looking at the impact of marketing on the volume and patterns of drinking alcohol. It concluded that alcohol marketing increases the likelihood that young people will start to drink alcohol and that if they are already drinking, they will drink more in terms of amount and frequency.

According to the WHO European Charter on Alcohol 1995,

“All children and adolescents have the right to grow up in an environment protected from the negative consequences of alcohol consumption and, to the extent possible, from the promotion of alcoholic beverages”.

Reducing exposure to alcohol marketing by young people should be a key objective for the EU Action Plan. The existing French ‘Loi Evin’<sup>7</sup> provides an approach to the regulation of alcohol marketing that should be adopted as the minimum standard across the EU. A statutory regulatory framework should control the volume and content of marketing, online marketing, sponsorship and product placement. Crucially, in light of technological advances and the increased role of social media in society today, particular focus needs to be placed on regulation of the alcohol marketing in the online and mobile environments.

---

<sup>5</sup> Marketing is here defined as a mix of sophisticated, integrated strategies, grouped around four main elements: the product, its price, its place (distribution) and its promotion.

<sup>6</sup> Science Group of the Alcohol and Health Forum (2009) *Does marketing communication impact on the volume and patterns of consumption of alcoholic beverages, especially by young people?* Retrieved from: [http://ec.europa.eu/health/ph\\_determinants/life\\_style/alcohol/Forum/docs/science\\_o01\\_en.pdf](http://ec.europa.eu/health/ph_determinants/life_style/alcohol/Forum/docs/science_o01_en.pdf)

<sup>7</sup> Included in the French Act of Public Health

## RECOMMENDATIONS FOR MARKETING OF ALCOHOLIC BEVERAGES

Alcohol advertising should only be permitted under precise conditions defined by statutory regulation.

When alcohol advertising is permitted, its content should be controlled:

- Messages and images should refer only to information about the products such as degree, origin, composition and means of production.
- A health message must be included on all alcohol advertisements, drawing attention to specific risks associated with the alcohol product.
- Messages should neither mention nor link to sexual, social and sports related images, nor imply benefits related to these areas that accrue from consumption of alcoholic products.

We recommend:

- No alcohol advertising on television or in cinemas
- No alcohol advertising on internet except at points of sale
- No alcohol sponsorship of cultural or sport events
- No alcohol advertising should be targeted at young people

Strict regulations should be placed to restrict product placement of alcohol products in films and programs portraying drinking classified as for 18 certificate.

A ban on intrusive<sup>8</sup> and interstitial<sup>9</sup> marketing tools such as: social media, apps on mobile phones.

A ban on alcohol advertising outdoors and in public premises (i.e. athletes' shirts, bus stops, lorries etc.).

A ban on sales promotions such as Happy Hours and Open Bars/Girls Night etc.

---

<sup>8</sup> Intrusive here defined as behaviour ad that targets your habits and based on your profile using social net, your own emails, cookies, geolocalisation etc, or brings you to change web page by replacing ads by others.

<sup>9</sup> Interstitial here defined as movable ads that appears between two web pages in a plain screen or when you start apps on your smartphone



## AVAILABILITY OF ALCOHOL

Availability of alcohol refers to the ease and convenience with which alcohol can be obtained. Greater access to alcohol through more outlets and longer trading hours influences a range of alcohol-related harms, and levels and patterns of consumption. A large number of research studies from different countries have shown links between the number of alcohol outlets and opening hours and levels of violence, alcohol-related traffic accidents, self-reported injuries and suicide, sexually-transmitted disease and child abuse or neglect.

In many EU countries, liberalisation and globalisation of trade over the past few decades has resulted in increased availability of alcohol. More alcohol sold in a wider range of retail premises and for longer trading hours has enhanced access, visibility and promotion of alcohol, decreasing the perception that it is not an ordinary commodity. Greater availability and affordability of alcohol have been associated with a rise in alcohol consumption and related problems in many countries.

Regulating the availability of alcohol and placing restrictions on the eligibility to sell and purchase alcohol is an important mechanism for controlling and reducing alcohol-related harm in the EU.

### RECOMMENDATIONS FOR AVAILABILITY OF ALCOHOL

Any retailer selling alcohol should require a licence to operate. A licensing system should regulate the overall number, type, trading hours and operating conditions of all premises licensed to sell alcohol.

Restrictions should be placed on the total number of alcohol outlets, the type of outlet permitted to sell alcohol and the location of alcohol outlets.

The sale of alcohol in shops should be restricted to specific days, times of the day and designated areas.

Legislation should be enacted to monitor and control all sales, including the location of sale, despatch and delivery. This would include ensuring that online retailers comply with local regulations on the availability of alcohol.

All EU countries should restrict alcohol sales to young people. Legal age restrictions on the purchase of alcohol should be rigorously enforced.

The EU and Member States should support initiatives to provide alcohol-free leisure environments for adults and young people.



## DRINK-DRIVING POLICIES AND COUNTERMEASURES

Traffic accidents related to alcohol consumption are a major cause for concern in the EU. 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. Drink driving remains the second biggest killer on EU roads.

It has been estimated that a Blood Alcohol Concentration (BAC) of 0,8g/l increases the crash risk of a driver 2,7 times compared to a zero BAC. When a driver has a BAC of 1,5g/l the injury crash rate is 22 times that of a sober driver. The crash rate rises with increasing BAC and the crash also becomes more severe. With a BAC of 1,5g/l the crash rate for fatal crashes is about 200 times that of sober drivers<sup>10</sup>.

Effective methods to tackle drink driving include reducing the legally permitted BAC, enforcement and the use of alcohol interlock devices.

### RECOMMENDATIONS FOR DRINK-DRIVING POLICIES AND COUNTERMEASURES

The principle of zero tolerance for drink driving should inform policy. To achieve this, a common upper limit, based on research evidence, should be applied, with a reduced limit for younger drivers, i.e. under 21 years.<sup>11</sup>

Adequate enforcement is needed within Member States, who should rigorously enforce drink driving laws, using evidence-based measure such as random checks and breath testing, while also paying attention to the need not to breach human rights.

A harmonised penalty system with licence suspension should be implemented across the EU.

Information on drink driving, the harm which results from drinking and driving and the penalties should be included in driving lessons, driving tests and in published driving codes.

Ban on sale of alcoholic beverages at petrol stations and motorway service stations.

Alcohol interlocks should be made compulsory for all professional drivers and for people who have been convicted of two or more drink driving offences.

All alcohol beverages should carry labels warning about the dangers of drink driving and the legal penalties associated with it.

<sup>10</sup> ETSC (2012) Drink Driving: Towards Zero Tolerance

[http://www.etsc.eu/documents/Drink\\_Driving\\_Towards\\_Zero\\_Tolerance.pdf](http://www.etsc.eu/documents/Drink_Driving_Towards_Zero_Tolerance.pdf)

<sup>11</sup> A technical enforcement tolerance level could be set at 0,1 or 0,2 g/l BAC but the message to drivers should always be clear: no drink and drive



## CONSUMER INFORMATION - PRODUCT LABELLING

Product labels can serve a number of purposes, providing information about the product to the consumer, enticing the consumer to buy the product and warning consumers of dangers and health risks from the product.

Listing the ingredients contained in a particular beverage alerts the consumer to the presence of any potentially harmful or problematic substances. Providing information about the ingredients and calorific content enables consumers to monitor their diets better and supports them in maintaining a healthier lifestyle.

Labelling on alcohol products should provide information not only on ingredients, but also about the risks associated with alcohol consumption: damages to health (liver cirrhosis, certain kinds of cancers such as breast, oesophageal and colon cancer), risk of dependence, dangers associated with drinking alcohol during pregnancy, when driving, operating machinery and when taking certain medication.

The European Commission is well positioned to coordinate efforts to protect consumers from side effects of products which are sold in the internal market of the EU. Labelling should be part of the EU Action Plan to secure information and educate consumers about alcohol.

### RECOMMENDATIONS FOR CONSUMER INFORMATION – PRODUCT LABELLING

There should be compulsory EU-wide introduction of health warning labels on containers of alcoholic beverages

Containers of alcoholic products should be required to provide the following information about the product to consumers:

- country of production
- ingredients
- substances with allergenic effect
- relevant nutrition information (energy value kcal)
- alcoholic strength
- include health warnings, always including a specific warning about the dangers of drinking alcohol in pregnancy



## ALCOHOL RESEARCH AND MONITORING PROGRAMMES

There is a need for better data on alcohol in Europe and coordination of alcohol research, both of which should be addressed in the EU Action Plan. The European Commission and Member States should regularly obtain comparable information on alcohol consumption, on drinking patterns, on the social and health effects of alcohol; and information on the impact of alcohol policy measures and of alcohol consumption on productivity and economic development. The European Commission should monitor and follow the developments in Member States to see if targets are reached and to provide guidance if this is not the case.

For alcohol research there is a strong need for better coordination of European and National efforts, which would avoid unnecessary costs. Coordination should include a dialogue between European Commission, Member States and experts to discuss and agree on the most pressing research challenges in this field and recommend them for inclusion in Horizon 2020 and/or other transnational research programs.

### RECOMMENDATIONS FOR RESEARCH AND MONITORING PROGRAMMES

A European Alcohol Monitoring Centre with country based counterparts, should be established and financed. It should draw on the best Scientific advice and engage with national and international NGOs to set priorities, assess evidence, monitor trends and improve data accessibility.

When new legislation is adopted at regional, national and the European level standardised evaluation should be performed.

Alcohol related targets should be included in European Commission work on prevention of chronic disease.

EU-wide policy guidance and standards should be provided on prevention, brief interventions and treatment of alcohol related health disorders.

The European Commission should define and track a common set of indicators and policy responses and interventions in the framework of the Open Method of Coordination.

Increased funding should be made available for European research on alcohol, both as a health and as a social issue.

Additional coordination should be promoted among European and National research organizations in alcohol research and other areas.

A European working group should be created of European Commission, Member States and experts in the field to discuss the main research challenge in the alcohol field.



## **CAPACITY AND NETWORK BUILDING AND LEARNING EXCHANGE**

Effective alcohol policy needs competent and well-informed personnel working in settings aimed to support their efforts. Therefore, investments must be made in both institutional and human capacity research development. Engaging stakeholders who are directly affected by the situation allows for more effective decision-making.

Organisational capacity building focuses on developing the capacities of organizations so they are better equipped to accomplish the missions they have set out to fulfil. Capacity building in NGOs often involves building up skills and abilities, such as decision making, policy-formulation, appraisal, and learning. For organizations, capacity building may relate to almost any aspect of its work: improved governance, leadership, mission and strategy, administration (including human resources, financial management, and legal matters), program development and implementation, fund-raising and income generation, diversity, partnerships and collaboration.

Actions on preventing alcohol related harm takes place at local, national and European level, and there is a lot of good practice, experience and knowledge already available. To better enable cooperation and efficiency on actions that work, investment in capacity, network building and learning exchange is needed as part of the EU Action Plan. The funds available for capacity, network building and learning exchange should include funds to support the work of researchers, professionals in medical and social issues, and civil society.

### **RECOMMENDATIONS FOR CAPACITY AND NETWORK BUILDING**

Grants should be made available for capacity and network building for researchers, professionals in medical and social issues, and civil society to facilitate exchange of knowledge and plans based on evidence from across the EU.

## SIGNATORIES



### EUROPEAN ORGANISATIONS

Active – Sobriety, Friendship and Peace

Alcohol Policy Youth Network

European Alcohol Policy Alliance, Eurocare

European Cancer Leagues

European Public Health Alliance, EPHA

Nordic Alcohol and Drug Policy Network, NordAN

United European Gastroenterology

### NATIONAL ORGANISATIONS

Actis – Norwegian Policy Network on Alcohol and Drugs

Addiction Switzerland

Alcohol Action Ireland

Alcohol Focus Scotland

ANPAA - L'Association Nationale de Prévention en Alcoologie et Addictologie (France)

Center for Healthy Hungary

Deutscher Jugendschutz-Verband (Germany)

EHYT - Finnish Association for Substance Abuse Prevention

Estonian Temperance Union

Eurocare Italy

IOGT-NTO (Sweden)

Institute for Alcohol Studies (UK)

North of England EU Health Partnership

NTAKK (Lithuania)

Royal College of Nursing of the United Kingdom

Royal College of Physicians (UK)

Scottish Health Action on Alcohol Problems (SHAAP)

**More organisations will be added to the list the coming weeks**

This document arises from the operating grant which has received funding from the European Union in the framework of the Health Programme.

