

## **Eurocare Response to Structure for EU Alcohol Action Plan**



January 2014



European Alcohol Policy Alliance (Eurocare) welcomes the opportunity to contribute to the proposed structure of the EU Alcohol Action Plan.

Eurocare appreciates and welcomes that the European Commission (EC) has ensured the following:

- ■ actions in areas of: labelling, marketing, availability, monitoring and increased research
- ■ comprehensive number of actions on prevention of Foetal Alcohol Syndrome and Foetal Alcohol Spectrum Disorders

#### General comments

Eurocare shares the concerns of Member States that the lack of a new EU Alcohol Strategy poses a real threat to maintain progress made to reduce alcohol related harm in Europe. 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. The proposed Alcohol Action Plan should be seen as a preparatory step to the renewal of the EU Alcohol Strategy, which should be in place within two years.

A new EU Action Plan should reflect the language used in the EU strategy to support Member States in reducing alcohol related harm. In particular we were surprised to see the term “heavy drinking” in the Action Plan, whereas the EU Alcohol Strategy uses the terms “harmful and hazardous drinking”, and the WHO uses the same terminology.

The Action Plan identifies a number of population subgroups for their priority of actions, such as young people, pregnant women, drivers and “heavy drinkers”. These subgroups will be most effectively influenced by approaches which reduces alcohol consumption in the whole population. A whole population approach will also benefit other important

population groups such as older people, work force, people on low incomes and women of childbearing age<sup>1</sup>.

Eurocare believes that in order to effectively target alcohol related harm, the EC should build on the knowledge of the World Health Organisation's (WHO) Best Buys- set of well established, effective and cost effective public health interventions for alcohol policy. Eurocare highlights WHO's recommendation of actions in areas of price, marketing and availability<sup>2</sup>.

In its current form the proposed EU Alcohol Action Plan omits the pricing policies. Given that DG TAXUD will be conducting consultation on alcohol taxation (Q4 2015) we strongly support that **pricing measures** will be included in the EU Action Plan.

#### Area specific comments

##### **Area 1: Enable informed choices**

The objective of this area should be achieved through legislation.

Eurocare has been over the years a strong advocate for provisions of information to consumers about the ingredients and health related information of alcoholic beverages.

In terms of ingredients listing the alcoholic beverages should be required, as other food<sup>3</sup>, to comply with the requirements to list their ingredients and substances with allergenic effect.

Some work has been observed in the EAHF on the provisions of health related information on alcoholic beverages i.e. drink driving, age limits, pregnancy. Nevertheless, since there is not a satisfactory level of information to consumers from self regulation, Eurocare is convinced that actions should be stepped up and legislation introduced.

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<sup>1</sup> Anderson, P., Chisholm, D., Fuhr, D.C. (2009) Effectiveness and cost-effectiveness of policies and programmes to reduce the harm caused by alcohol. *Lancet*, 373: 2234–46.

<sup>2</sup> [http://www.who.int/nmh/publications/who\\_bestbuys\\_to\\_prevent\\_ncds.pdf](http://www.who.int/nmh/publications/who_bestbuys_to_prevent_ncds.pdf)

<sup>3</sup> [http://ec.europa.eu/food/food/labellingnutrition/foodlabelling/proposed\\_legislation\\_en.htm](http://ec.europa.eu/food/food/labellingnutrition/foodlabelling/proposed_legislation_en.htm)

In terms of improvement of knowledge about alcohol related harm in health sector and public, we would recommend that there should be some areas of special focus such as for example the link between alcohol and cancer.

## **Area 2: Ensure enforcement of restrictions on availability for underage**

We suggest this area for action should be titled “Prevent consumption amongst minors and harmful and hazardous use amongst young people through enforcement of restrictions on availability”.

- Minimum age limits and improvement of enforcement

All EU countries should restrict alcohol sales to young people. Legal age restrictions on the purchase of alcohol should be rigorously enforced. Possibility of a minimum age limit across Europe should be explored with recommended age of 18.

- Improvement of the licensing systems

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.

- Better regulation of alcohol outlets

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.

- Better regulation of the market

Legislation should be enacted to monitor and regulate 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.

### Area 3: Limit marketing and advertising

Eurocare is not convinced that the proposed objective to ensure compliance with AVMSD and voluntary codes is sufficient to address the problem of alcohol advertising and marketing in the EU. The aim should be not only to avoid targeting young people, but also to reduce total exposure to alcohol marketing particularly for children and young people.

Eurocare encourages the EC to develop a better legislation on alcohol advertising with special emphasis on:

- online environment (social media, websites, mobile applications, games)
- sponsorship of sports and cultural events

Eurocare would like to reiterate its recommendations regarding alcohol advertising from its *Initial NGO recommendations for the new EU Action Plan on Alcohol* (November 2013)

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>4</sup> and interstitial<sup>5</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.

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<sup>4</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>5</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

#### **Area 4: Protect the unborn child**

Eurocare is delighted to observe the attention this area has gained in the EU Action Plan. The objectives outlined for pregnant women such as improved information should be available for all women of childbearing age, and their partners. Mandatory health information on alcohol packaging about the risks of drinking whilst pregnant or trying to conceive could be a means of communicating this information.

#### **Area 5: Ensure a healthy and safe environment for children and young people**

Eurocare welcomes the special focus on safe and healthy environments for children and young people. The EU and Member States should support initiatives to provide alcohol-free leisure environments for adults and young people. Young people's environment should also be free of alcohol marketing.

However, Eurocare would like to note that **objective to reduce alcohol related traffic accidents (road safety) should be a separate area of action**. Alcohol related traffic accident and mortality remain an area of high concern in many European countries.

Eurocare strongly believes that such an important area needs a higher priority in the EU Alcohol Action Plan. Eurocare would therefore reiterate our recommendations from *Initial NGO recommendations for the new EU Action Plan on Alcohol* (November 2013)

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>6</sup>
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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.
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A harmonised penalty system with licence suspension should be implemented across the EU.
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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.
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Ban on sale of alcoholic beverages at petrol stations and motorway service stations.
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<sup>6</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

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.

### **Area 6: Address heavy drinking**

Eurocare finds the concept of hazardous and harmful drinking more useful than heavy drinking, as this does not focus on a quantitative approach alone. This language is also consistent with the terminology used in the EU Alcohol Strategy.

Addressing the total population approach would be the most efficient way to achieve the objectives in the Action Plan.

Furthermore, 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 respond to changes in alcohol prices<sup>7</sup>, including the target group in Action 6. Eurocare would like to reiterate the need to include fiscal policies in the European Union actions on alcohol in the forthcoming years. Eurocare calls for a revision of the alcohol taxation directives, to increase the minimum excise duties and enable Member States to have flexibility to better link duty rates to alcohol strength.

### **Area 7: Monitoring and increased research**

Eurocare seeks a commitment from the EC that funding would be continued to support research and projects designed to reduce alcohol related harm.

It is crucial to appropriately monitor policy developments, with a set of common indicators and definitions, in order to ensure that regular and comparable data are available. Eurocare suggests that regular Eurobarometers on alcohol should be preformed and more research funding is made available (including evaluation of policy developments).

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<sup>7</sup> Babor TF et al (2010) *Alcohol: no ordinary commodity. Research and public policy*, 2<sup>nd</sup> ed. Oxford, Oxford University Press.