

Eurocare input EU4Health programme



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The European Alcohol Policy Alliance (EUROCARE) is an alliance of non-governmental and public health organisations with 52 member organisations across 22 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, regarding alcohol consumption is “less is better”.

Eurocare is registered in the European Transparency Register under number: 01546986656-22.

Eurocare’s introductory remarks

Eurocare welcomes the EU4Health Programme as a new, ambitious stand-alone health programme for the 2021-2027 period. Members of the European Parliament reach a deal with the European Council on 2021-2017 EU health programme. The new EU health programme, worth 5.1 billion EUR, will help to fix shortcomings exposed by COVID-19 and boost quality and resilience of EU health systems.

- At least 20% of the budget for disease prevention and health promotion
- Stocks of medicines and equipment and substitute medical staff part of the new programme
- Support for the creation of a European health data space
- Prepare health systems better for future health threats and pandemics

The new programme will support actions in areas where the EU’s contribution will clearly be valuable, invest in health promotion and disease prevention measures and prepare European health systems to face future health threats. The COVID-19 pandemic has shown the need for prevention as people with additional problems related to non-communicable diseases has been worse hit.

Given Eurocare’s profile, comments will be given to areas in which it possesses expertise, mainly prevention and reduction of alcohol related harm. Furthermore, comments are given in relation to EU’s level of action. From the proposed actions European Commission is best positioned to suggest the adequate level of implementation considering subsidiarity and proportionality.

Europe is the heaviest drinking region in the world with 9.8 litres of pure alcohol per person (15 + years), well-above the global average of 6.4 litres. Drinking alcohol is associated with a risk of developing more than 200 different types of diseases¹. Every day in EU+ countries around 800 people die from alcohol attributable causes (291.000 per year).² The main cause of death due to alcohol in 2016 was cancer (29% of alcohol-attributable deaths)³.

Eurocare warmly supports the general objective related to investing in public health, for instance through health promotion and disease prevention programmes and improving access to healthcare and inequalities in health status among population groups, countries and regions, and access to affordable, preventive, and curative health care of good quality, including burden from non-communicable diseases, in particular cancer, mental health, rare diseases and risks from health determinants.

Eurocare would strongly advocate that given the burden alcohol places on people’s health and its role as a risk factor for poor health and cancer, EU should be ambitious in its actions and introduce alcohol

¹ WHO (2018), Global status report on alcohol and health

² WHO Europe (2019), Status report on alcohol consumption, harm, and policy responses in 30 European countries 2019; results of joint WHO-EU project MOPAC

³ *Ibid.*

specific legislation. While over the years EU has achieved significant progress on tobacco, it has not placed similar emphasis on alcohol.

There are several areas where divergences exist in Member States not only with regards to the level of knowledge regarding harms caused by alcohol (such as contributory factor for cancer or pandemics) but also in terms of policies (i.e. commercial communication policies, especially with regards to digital advertising)

EU should show leadership that would consequently also empower Member States to address alcohol related harm and its contribution towards better health for the population. Eurocare acknowledges and understands cultural differences in attitudes towards alcohol consumption in the EU. However, when it comes to prevention cultural viewpoints cannot get in a way of such basic actions as informing people about alcohol being a risk factor for ill health, including cancer and introduction of measures that would help to reduce its burden.

Concrete proposals for the EU4Health programme

- Health promotion and prevention should be given a high priority in the new EU4Health program.
- Eurocare gives its full support for the need to focus on inequalities within and between Member States.
- Eurocare calls for an increase in operating grants to civil society working at the EU level. If the request for an active civil society at the EU level is genuine – operating grants are much needed. Member States normally support national civil society – not civil society at the EU level. If economic operators are financing civil society, those organisations are just a second voice for economic operators.
- Eurocare is calling for better data collection and monitoring at EU level. There is an urgent need for better data retrieval. It is especially important in connection with the pandemic to learn more about how the alcohol restrictions has impacted on the population's health.
 - 1) Yearly alcohol consumption data across EU. Today data are gathered differently in Member States (some sales data, some consumption date +15 years). We must know if alcohol consumption goes up or down, especially important in 2020 and 2021 where several Member States have limited alcohol sales dramatically due to the pandemic.
 - 2) When schools, after school activities, restaurants and bars were closed, what happened with the population's mental health? Did children suffer with parents drinking more at home?
 - 3) Has there been an increase or decrease in for example injuries, accidents, cancer, liver diseases?
- When a new policy is introduced at Member State or EU level, there is an urgent need for evaluation to examine if the policy implemented fulfils its objective.
- Public awareness of the established link between alcohol and cancer is low across the European Region (even if almost 30% of cancers are attributable to alcohol). We are therefore calling for:

- 1) Allocation of funding for campaigns (either national or European) to increase awareness about the connection between alcohol and cancer.
 - 2) Gathering information regarding citizens' knowledge regarding alcohol and cancer (the latest Eurobarometer asking that question is a decade old).
 - 3) Gathering information concerning the prevalence of alcohol-related cancers in the EU-27.
 - 4) Identification of good practice examples from Member States on methods to increase awareness and reduce prevalence (this could be part of State of Health of the EU review series).
- Alcohol labels are not yet regulated to provide information on ingredient and nutritional listings nor the harm the product can cause the consumer.
 - 1) Monitoring the voluntary implementation of ingredient and nutritional values as agreed by the alcohol producers in Europe is crucial.
 - 2) Call for evaluation of the labels and how consumers understand them – testing of health messages.
 - 3) Prepare a library of health information labels as good practice examples for Member States.
 - 4) Regulate the labelling of health-related messages on containers of alcoholic beverages, (among others) informing consumers about the harms related to alcohol consumption.
 - 5) Evaluate how the consumers understand the health information messages
 - Commercial communication regarding alcohol.
 - 1) There is an urgent need for better monitoring of the developments of alcohol marketing that not only deals with the content, but also the exposure of alcohol marketing to young people.
 - 2) Especially the digital agenda – how are young people being influenced online?
 - 3) Digital tools are a welcomed development of the recent years, but Eurocare would like to point out that prevention efforts can be complemented by digital tools and not being primarily dependent on them.
 - 4) Access to digital tools relies heavily on the individual actively engaging with them, making a choice to be informed. This can result in increased disparities among EU's citizens in terms of knowledge. Research in this area is needed.
 - 5) Alcohol messaging must be included in healthy lifestyle messages. More can be done especially in the youth sport club areas.
 - Promotional funds from the EU should not be given to harmful products for the health, and when they are – the use of them should be closely monitored.
 - Cross border trade, excise duties and price are important issues regarding prevention of health. More knowledge on developments in Member States are needed.

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