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Member States call on the European Commission for a new and comprehensive strategy to tackle harmful use of alcohol and alcohol related harm

Committee for national alcohol policy and action – scoping paper

Summary description

In 2006, with the objective to prevent and reduce the negative consequences of harmful use of alcohol, the Commission adopted a strategy to support Member States in reducing alcohol related harm.

The current strategy has been an important step in the work to reduce harmful use of alcohol in the EU. But this strategy was developed a decade ago. The context has changed as evidence on the harmful use of alcohol and policies to tackle it have been increasingly addressed at European and global levels through the work of the EU, WHO and the UN.

In addition to what is already in place at national and at global level, the real added value of an EU strategy is the work on policy areas where Member States need EU support to act effectively, in particular on cross-border issues, which need to be central in a new strategy. In these domains, consistency across the EU is vital to support Member States' policies to reduce harmful use of alcohol and alcohol related harm. These areas include:

- EU rules on the mechanisms to influence prices (including alcohol taxation)
- EU definitions of alcoholic beverages that inhibit reduction of alcoholic content
- Alcohol marketing and advertising in particular where they are exposing youth, including cross-border advertising and on-line advertising
- Providing health-related information through the labelling of alcoholic beverages
- Cross-border sales of alcoholic beverages, including on-line sales
- Foreign trade policies relating to alcohol, including support for promotion campaigns.
- Research, data gathering and monitoring

At two High-level meetings of the EU Committee on National Alcohol Policy and Action (CNAPA) in October 2011 and October 2012, all Member States representatives expressed their strong demand and support for the Commission to propose a new EU strategy to reduce harmful use of alcohol and alcohol related harm.

Member States are calling on the Commission to work on a new and ambitious strategy with the main objective to work on cross border issues at EU level and to support Member States in preventing and reducing harmful use of alcohol and alcohol related harm across the European Union. This objective requires an approach based on the following principles:

- Comprehensive in addressing all types of harmful use of alcohol and alcohol related harm across all population groups

- Coherent and systematic, focused on both behavioural and structural prevention of alcohol harmful use,
- A health in all policies approach, engaging the positive potential of all relevant policy sectors to help reduce harm from alcohol
- Building on evidence based measures and policies
- Fostering synergy across the global, European and national as well as regional and local levels, while respecting subsidiarity

A new EU Strategy can also be very helpful in highlighting effective and cost-effective options for action in different fields below EU level. It will be up to national, regional or local authorities to use the most suitable approach to reduce alcohol related harm.

The best way to ensure the comprehensiveness of a new strategy is to make use of the structure of the WHO global alcohol strategy and its European action plan, given that all EU Member States have signed up to these .

1. Problem definition

1.1. The challenge of alcohol related harm in Europe

According to WHO, alcohol is the third leading risk factor for disease and mortality in Europe. The EU is the region with the highest alcohol consumption in the world – double the world average at 10.2 litres pure alcohol per head in 2010[1]. Alcohol related harm includes a wide range of consequences, whether it's long term damage like liver cirrhosis and cancer, violence and injury from falling, or costs to society through reduced work capability, sickness absence, unemployment, or costs to the health care system. Alcohol dependence is itself a serious illness, a mental disorder, which may reinforce other harms. Alcohol misuse also causes damage to others, such as children in families with alcohol disorders or third parties harmed from alcohol related traffic accidents and/or violence (assaults, fights). In conclusion, alcohol may cause serious harm and it can be linked to more than 60 different types of diseases and conditions, among them injuries, mental disorders, and cardiovascular diseases.

The costs of harmful alcohol consumption in the EU are extremely high. The societal costs of alcohol consumption in the EU for 2010 were estimated at €155.8 billion. In 2004, over four million disability-adjusted life-years (DALYs) – years of life lost due to either premature mortality or to disability – were caused by alcohol consumption, corresponding to 15% of all

[1] Status Report on alcohol and Health in 35 European Countries, WHO Regional Office for Europe and the European Union, 2013

DALYs in men and 4% of all DALYs in women[2]. Other costs related to civil disorder, violence, harm to public and private properties and human suffering must be considered. In a Europe that is still facing the challenges from the economic crisis, reducing alcohol related harm is important in contributing to a healthy work force and reducing costs for health care services, in line with the strategic aims of the Europe 2020 Strategy.

Harmful alcohol consumption also makes a significant contribution to health inequalities between and within the MS. The new strategy should take into account the WHO and EU policy guidance "Alcohol and inequities" in order to address adequately inequities in alcohol-related harm.

Health is an important factor in Europe's growth and prosperity. Yet, reducing alcohol related harm is not just a question of reducing costs to society. Reducing alcohol related harm has a value in itself – a better and healthier life.

1.2 The EU framework for action

The Treaty on the Functioning of the European Union (TFEU) sets the protection of public health as an overarching Union objective (Art.9) to be pursued across all policies and activities (Art.168). A high level of health protection is an objective to be pursued even in the approximation of regulation related to the establishment and functioning of the internal market (Art.114 TFEU).

Member States also have the option to maintain national provisions on grounds of major needs such as the protection of human health (Art.36), providing the national provisions do not constitute a means of arbitrary discrimination or a disguised restriction on trade in the internal market. Justifications for national alcohol measures protecting health, consistent with recent case law, include:

- *Recognition in the Treaty of the particular importance of public health*
- *Recognition that it is for the Member State to decide on the degree of public health protection and on the way in which that protection is to be achieved, provided that this is done in a proportionate way*
- *Recognition that, in reviewing proportionality, the State's margin of appreciation is particularly broad in the field of public health.*

National health policies remain within the jurisdiction of Member States (Art 168 TFEU) but the Union has competence to carry out actions to support, coordinate or supplement Member State action in order to protect and improve human health (Art. 6 TFEU). The Union shall promote research into major health scourges as well as information and education and,

[2] *Alcohol in the European Union – Consumption, harm and policy approaches*, WHO Regional Office for Europe and the European Union, 2012

in close contact with Member States, may promote the exchange of best practice or the establishment of guidelines, indicators and elements of periodic monitoring and evaluation (Art. 168 TFEU).

1.3 Alcohol policy development at EU level

Member States have on several occasions called on the Commission for integration for public health considerations into EU policies and activities with relevance to alcohol related harm, including Council Resolutions in 1986 (86/C 184/02[3]), 2000 (2000/C 218/03[4]), 2001 (2001/458/EC[5] and 2001/C 175/01[6]), and 2004 (9507/04 (Presse 163)).

In 2006, the Commission adopted a strategy to support Member States in reducing alcohol related harm. The Strategy covers five priority themes:

• Protect young people, children and the unborn child;

• Reduce injuries and deaths from alcohol-related traffic accidents;

• Prevent alcohol-related harm among adults and reduce the negative impact on the workplace;

• Inform, educate and raise awareness on the impact of harmful and hazardous alcohol consumption, and on appropriate consumption patterns;

• Develop, support and maintain a common evidence base.

Structures to implement and support the Strategy introduced by the Commission include:

- Firstly, the Committee for National Alcohol Policy and Action (CNAPA), established to ensure coordination of government-driven policies between Member States and the European Commission and to contribute to policy development[7].
- Secondly, to ensure stimulation of concrete stakeholder-driven action, the European Alcohol and Health Forum (Forum or EAHF) was established. The Forum consists of stakeholders, mainly industry, and health NGOs who make commitments to work to reduce alcohol related harm.

Further EU actions to implement the strategy included the identification of common indicators for monitoring progress towards reductions in alcohol related harm[8], and an

[3] http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.C_.1986.184.01.0003.01.ENG
[4] http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.C_.2000.218.01.0008.01.ENG
[5] http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2001:161:0038:0041:EN:PDF
[6] http://eur-lex.europa.eu/legal-content/EN/ALL/?uri=CELEX:32001X0620(01)
[7] Committee on National Alcohol Policy and Action – Mandate, Rules of Procedure and Work Plan
[8] Report on the work of the Committee on Alcohol Data, Indicators and Definitions, 2010

intention to mainstream the reduction of alcohol-related harm into other Community policies.[9]

The external evaluation of the Strategy carried out in 2012 confirmed the relevance and usefulness of the approach of the existing Strategy, as well as of its priority themes. It also underlined the potential of the existing tools. It, nevertheless, made clear the need to improve the ways in which both CNAPA and the European Alcohol and Health Forum function, to ensure greater efficacy.

The EU strategy to support Member States in reducing alcohol related harm is closely linked to several other policies at EU level tailored to improve the health and socio-economic conditions of Europeans citizens. These policies and recommendations include among others:

- Europe 2020 Strategy for growth
- The 2013 Social Investment Package
- The Council Conclusions on Alcohol and Health of 2009
- The Council Conclusions of 2011 on closing health gaps within the EU
- The Council Conclusions of 2012 on Healthy Ageing across the Lifecycle,

1.4 Alcohol policy development at global level

The WHO Global Alcohol Strategy was endorsed in 2010 by 193 States and the WHO European Action Plan on alcohol 2012-2020 was agreed in 2011 by 53 European States including all EU Member States. These two documents include ten evidence based priority themes for effective policies in tackling alcohol related harm:

(a) leadership, awareness and commitment
(b) health services' response
(c) community action
(d) drink-driving policies and countermeasures
(e) control of the availability of alcohol
(f) control of the marketing of alcoholic beverages
(g) pricing policies
(h) reducing the negative consequences of drinking and alcohol intoxication
(i) reducing the public health impact of illicit alcohol and informally produced alcohol
(j) monitoring and surveillance

In 2011, a Political Declaration[10] was adopted by a High-level meeting of the UN General Assembly, calling on all countries to reduce the burden of non-communicable diseases by

[9] First progress report on the implementation of the EU alcohol strategy, 2009.
[10] http://www.un.org/ga/search/view_doc.asp?symbol=A%2F66%2FL.1&Lang=E

tackling their common risk factors, namely tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol.

2. The Need and Objectives for a New Strategy

At two High-level meetings of CNAPA in October 2011 and October 2012, all Member States' representatives expressed a strong demand and support for a new EU strategy to reduce harmful use of alcohol and alcohol related harm.

The main objective, to prevent and reduce alcohol related harm in the Member States of the European Union, requires an approach that is

a) comprehensive in addressing all types of harmful use of alcohol and alcohol related harm across all population groups
b) coherent and systematic, focused on both behavioural and structural prevention of harmful alcohol use,
c) a health in all policies approach, engaging the positive potential of all relevant policy sectors to help reduce harm from alcohol
d) building on evidence based measures and policies
e) fostering synergy across the global, European and national as well as regional and local levels, while respecting subsidiarity

All Member States are confronted, though to different degrees, with problems resulting from alcohol related harm, and all are willing to work on a new and ambitious strategy, which supports them in creating effective national policies. The current strategy has been an important step in the work to reduce harmful use of alcohol in the EU. It has also shown limitations in moving towards concrete actions at EU level, including on cross border issues[11]. The real added value of an EU strategy is work on cross border issues, to show that the EU itself is playing its part in helping Member States to develop their own comprehensive national strategies. This must be central in a new strategy.

3. Policy priorities

3.1 What changes since 2006 imply a need for a new strategy?

The diversity between (and even within) EU Member States in levels and patterns of consumption, in harm and in policy approaches remains, despite some longstanding trends towards convergence. For example, the Nordic and Eastern European countries saw a rise in consumption in the last ten years, while Western and Southern Europe generally saw a fall.[12]

[11] 'Cross-border' issues in this paper relates to any existing EU legislation or rules that impose obligations on Member States; this may include unintended consequences from interaction with Member States' legislation, making these less effective. This includes areas (mentioned in the paper) for EU consideration where cross-border trade or economic activities pose particular problems for Member States' policies.

[12] Status Report on Alcohol and Health in 35 European Countries, 2013, WHO Regional Office for Europe

Variations in alcohol consumption and harm mean that policy priorities differ between Member States. A new EU Strategy can also add value by recognising evidence-based options for action in different fields below EU level. It is up to national, regional or local authorities to use the most suitable approach to reduce alcohol related harm. There may be a case for some EU action in other areas where it is hard for Member States to act, e.g. on-line advertising.

The evidence base for effective policies has deepened. *'Alcohol in the European Union: Consumption, harm and policy approaches'* (WHO Regional Office for Europe and the European Union, 2012) estimates costs and benefits of effective policies based on the best available evidence, briefly summarised here:

- 'population-level policy instruments' such as taxation and managing the physical availability of alcohol are the most cost-effective policies
- a minimum unit price is assessed as a measure, which has a greater impact on heavy consumers and avoids any lack of pass-through of tax to price
- restricting the volume and content of alcohol marketing and advertising is likely to reduce harm, by limiting the exposure of young people in particular, especially if controls are independently regulated and enforced
- a health sector response for early detection and brief interventions is estimated to have the potential to be cost-effective in improving health, although to a lesser degree than 'population-level instruments'; other studies show good evidence that treatment for alcohol dependence can be cost-effective
- there is growing evidence for strategies that alter the drinking context, primarily in the on-trade (bars and restaurants) and dependent on adequate enforcement; they can be more effective if backed up by community-based prevention programmes
- drink-driving policies can be highly effective
- there is evidence of low impact for policies that support education, communication, training, and public awareness; nevertheless, there are recommendations to improve school based programmes and mass media programmes have a part to play in raising community awareness of the issues

As part of a comprehensive approach, it is important to take account of the need to target all different types of intervention to reduce harmful use of alcohol, including actions on at-risk groups and the issue of harm to others, such as families and children. While primarily an issue for national alcohol strategies, it will also be important to take account of how alcohol affects individuals across the whole life course.

3.2 The need to link to other processes, like Member States work through WHO

Collaboration at European level is a key element in achieving WHO objectives of reducing heath inequalities. The WHO Global Action Plan for Prevention and Control of Non Communicable Diseases 2013-2020includes a **voluntary global target** for at least a 10% relative reduction in the harmful use of alcohol, as appropriate, within the national context

by 2025 (baseline 2010). This is intended to contribute to the World Health Assembly global target of a 25% reduction in premature mortality from NCDs by 2025. The WHO European Alcohol Action Plan (EAAP), supported by all EU Member States, includes a set of indicators to show effective policy.

The new EU Strategy should not open up new targets, but support existing targets, including those already agreed by Member States through the WHO, with the European Union's support.

3.3 EU added value

Supporting Member States: Member States have the main responsibility for public health policies aimed at reducing alcohol-related harm, and have the responsibility to decide upon the required level of protection and the measures needed to secure that. These actions must be compatible with EU Single Market rules and be objectively justified and proportionate as regards the aim to protect public health.

While alcohol consumers and the alcohol industry obtain economic benefits directly from the EU Single Market, Member States remain responsible for most regulation (on price, availability, etc) needed to ensure the market does not stimulate unhealthy or anti-social behaviours and must pay most of the costs of health, social, and law and order interventions caused by harmful alcohol use.

The EU can add clear value by considering the case for allowing flexibility and removing barriers that currently make it harder for Member States to decide on effective policies, even where there is a pressing public health need. Good or developing evidence for policies where EU has most influence through its existing policies includes *inter alia*:

- EU rules on the mechanisms to influence prices (including alcohol taxation);
- EU definitions of alcoholic beverages that inhibit reduction of alcoholic content
- Alcohol marketing and advertising, including cross-border advertising and on-line advertising, with particular regard to the exposure of youth
- Labelling

A new EU Strategy can be helpful in offering evidence-based options for action in different fields below EU level. It should including recognising good evidence for innovative policies, such as minimum unit pricing (if found to be compatible with EU law) or those in novel areas of health interventions, where Member States can be helped to learn from developing practice. It will be up to national, regional or local authorities to use the most suitable approach to reduce alcohol related harm.

Changes in other policy areas such as the Common Organisation of the Market in Wine , which aim to reduce subsidies to production of spirits and provide support for higher quality wine production, have potential to contribute to reducing harmful alcohol use at the same time as helping producers to compete in EU and global markets. An impact assessment by

the EU Commission of the reform of the Common Organisation of the Market in Wine was due in 2013. We would like to see further consideration of health impacts.

Our *positive vision* is for public health to be better and more explicitly taken into account in consideration of existing EU rules on areas like alcohol taxation and agriculture, so that Member States can design the most effective and proportionate policies. EU action is appropriate to support better Member State policies. For example, rules on the mechanisms to influence prices (including taxation) may act as disincentives for lower alcoholic strength and make Member States' taxation policies less effective.

Cross-border issues: In a more globalised world, some alcohol related problems are not easily solved at a national level and the EU needs to play a role. Member States' efforts to introduce measures to protect public health can be diluted by exposure to cross-border advertising, including on-line advertising, and cross-border trade including through on-line sales. In these cases, the effectiveness of EU rules and self-regulatory codes in supporting Member States' protection of public health is in question and consideration should be given to strengthening them, or to allowing Member States greater flexibility in applying rules that deal with a specific problem.

Some Member States would look for action on the EU levels for cross-border alcohol shopping, including on-line sales, for example, a review of the levels and options for flexibility where Member States' public health policies are constrained by them.

Cross-border marketing of alcohol, with resulting exposure of youth, may undermine the regulatory frameworks of some Member States. Cross-border marketing of alcohol should be addressed at EU level, taking account of evidence such as the *EU Alcohol & Health Forum Science Group* report on the impact of marketing on the use of alcohol, especially among young people.

EU action could be further justified in some areas of cross-border issues, e.g. on calorie and ingredients labelling, including for alcopops, already under consideration. There may be a case for some EU action in other areas where it is hard for Member States to act, e.g. on-line advertising and sale, where better evidence and well informed debate is needed on a fast developing issue.

In summary, our vision relates to the theme of leadership, awareness and commitment from the WHO Global Alcohol Strategy, which says:

> *'Sustainable action requires strong leadership and a solid base of awareness and political will and commitment. The commitments should ideally be expressed through adequately funded comprehensive and intersectoral national policies that clarify the contributions, and division of responsibility, of the different partners involved. '*

We are asking for leadership and commitment, which rises to the challenge of fully coordinated policies within the Commission, just as Member States also need such leadership for effective national strategies.

We recognise that considering EU policies in light of 'health in all policies' will require considerable, sustained effort. An effective new EU Strategy will need to involve a strong commitment to an effective and transparent process that allows decisions to be made, taking full account of evidence and allowing full involvement of Member States (across different ministries) and other partners.

3.4 Consistency with other EU policies and horizontal objectives

The EU 2020 Strategy includes a focus on economic growth and poverty reduction. This is supported by the EU Health Strategy and within this, 'Investing in Health'[13] recognises the value of health promotion and prevention in supporting economic growth and reducing inequalities in health. These are particularly relevant to alcohol policy, with mortality and morbidity linked to alcohol occurring disproportionately in the working age population.

The societal costs from harmful alcohol use are economically significant (above). Harm from alcohol includes the impairment of productive employment.[14]

4. How to structure a new strategy

Recognition of the WHO global strategy to reduce the harmful use of alcohol as the basis for the structure of a new EU Strategy would help to secure a comprehensive and systematic approach. The target areas of the global strategy should be adequately covered by specific indicators and the responsibilities of relevant actors should be clear.

A coherent and systematic approach will ensure that relevant demand and supply factors are addressed.

Research, data gathering and monitoring will be vital elements to underpin an evidence-based alcohol strategy.

The issues where there is a clear EU added value, should be prioritized in relevant target areas.

Where there is a Member State responsibility, the emphasis would be on sharing the best quality evidence and good practice. This would include addressing different priority groups (youth, older people, women, children living in families with alcohol problems, etc.).

Cross-cutting issues, incorporating a health in all policies approach, should get attention in all relevant target areas.

[13] Commission Staff Working Document, Social Investment Package, February 2013

[14] Promoting health, preventing disease: is there an economic case? Policy Summary 6, WHO, OECD, European Observatory on Health Systems and Policies, 2013

The strategy would benefit from **having one or two high level general goals,** including the existing voluntary global target for at least a 10% relative reduction in the harmful use of alcohol within the national context by 2025. An additional goal might relate to an overall reduction in harm.

Health indicators (e.g. harmful consumption, youth drinking, heavy episodic drinking, alcohol-related disease burden, alcohol related violence, including intimate partner violence, children living in families with alcohol problems, etc.) should reflect changes in all the major harms caused by alcohol.

A new Strategy would include specific actions, issues for consideration and policy options for each target area, indicating the areas of responsibility for COM and MS. This should include clear engagements by the European Commission, notably concerning cross border issues.

A monitoring and reporting system should be established to allow the implementation of the strategy to be assessed on a regular basis. As all MS report their alcohol and health data to WHO already, it may be possible to use existing data in many cases, while making data more readily comparable. (The evaluation of the Strategy noted a need for more sustained effort towards making data comparable.)

MS see the **ownership** of a future strategy as **shared by COM and MS.** The responsibilities of both should be clearly indicated in the Strategy.

The involvement of the COM should reflect adequately the multi-sectorial nature of effective alcohol policy, the DGs relevant to alcohol policy (SANCO, CONNECT, TAXUD, MOVE, AGRI, EMPL, ENTR, JUST) should share the responsibility for supporting the reduction of alcohol-related harm.

Member States strongly support building a strategy on scientific evidence. Research and data gathering should be given particular attention. The strategy could ensure that EU funding instruments are adequately directed to monitoring, research and development projects to address public health aspects of alcohol. The strategy should address means to disseminate the outcome of significant EU funded research projects.

The position of the Forum Science Group, should be revised to ensure stronger links between research, consideration of evidence and a new strategy. Consideration should be given to establishing a new group (as recommended in the evaluation) to answer specific questions or to develop recommendations on issues defined by the CNAPA or by the Council.

The importance of **civil society** in its advocacy and implementation roles should be recognized and support ensured for building capacity and networking, including improving mechanisms for good practice and information exchange.

4.1 Governance

CNAPA

The external evaluation of the Strategy in 2012 found that CNAPA has proven to be a valuable mechanism for the dissemination of evidence based knowledge and support to MS to reduce alcohol related harm. It, nevertheless, saw a need to improve the ways in which CNAPA functions, to ensure greater effectiveness. The evaluation recommended, for example, that:

- consideration be given to enhancing CNAPA's work on cross-sector policy issues through greater interaction with other policy areas, including both Commission services and national governments
- CNAPA adopt a multi-annual work plan, reporting on its implementation through short annual reports.

The emphasis in this paper on the need for cross-sectorial working suggests that these recommendations should be given serious consideration. CNAPA should be maintained and its working method aligned with the new Strategy. Mechanisms for overseeing development and implementation of a new EU alcohol strategy and stronger links with the Council should be developed. For example, a multi-annual work plan including cross-sector policy issues might require support from the Commission and the Council.

The Forum

The EU Alcohol & Health Forum has been an opportunity to underpin stakeholders' commitments. The evaluation of the current EU Alcohol Strategy[15] recommended that consideration be given to:

- Refocussing the Forum on fewer well defined action areas, more clearly aligned with the priorities of the alcohol strategy
- Work on indicators to allow better monitoring and evaluation of the outcomes and impacts of the commitments

These recommendations should allow a stronger strategic focus based on achieving health and other outcomes, with independent monitoring.

[15] Assessment of the added value of the EU strategy to support Member States in reducing alcohol-related harm, COWI consortium, 2012

Industry's role through the Forum needs to be consistent with the evidence on where the alcohol industry, including the hospitality sector and the advertising industry, can voluntarily play a constructive role in prevention activities.

CNAPA would wish to see industry, working through the Forum, contributing to reduce harmful use of alcohol at EU level in areas including:

- the reduction of alcohol content (in accordance with specific EU or national legislation)
- supporting independent monitoring to strengthen the protection of young people from exposure to alcohol advertising, including from new media

and at national and local level

- through initiatives on staff training to prevent serving to intoxicated drinkers and to people below the legal age of purchase
- through consumer information where information messages and campaigns are defined and supported by public authorities or independent bodies
- through supporting multi-stakeholders programmes to ensure better enforcement of age limits