

Possibilities and Limitations of a European Alcohol Policy

Dr. Nikolaus Melcop, 9 April 2019

Dear members of NPCE, dear guests,

while alcohol is a legal drug, its excessive use results in health problems and subsequently a significantly increased mortality rate. It also encourages violent behaviour. Europe is leading the worldwide statistics for frequent and massive abuse of alcohol. In 2018, sales of alcoholic beverages in Europe represented a market value of approximately 332 billion euros. More than 10 percent of all deaths in Europe are related to alcohol abuse. In the EU alone, 12 million people are alcoholics and approximately 9 million children live in a family affected by alcohol problems. With men, one out of seven cases of death is tied to alcohol, and with women, it is still one out of 13. Alcohol abuse is the most important risk factor for poor health conditions and premature death. It also causes an economic loss of about 155 billion euros throughout the EU.

Alcohol addiction is often treated too late and, even more often, not treated at all. Even if treated, it has a high recurrence rate. We need strategies to identify early on people that are at risk. And we need strategies to treat alcohol abusers and, yet more important, strategies to prevent alcoholism.

In Germany, alcohol policy is entirely based on voluntary participation and personal responsibility of the individual as well as self-regulation on the part of the alcohol industry. The government does not see a need for preventive legal measures such as higher prices for alcohol (induced by taxes, for instances) or additional restrictions on availability (except for the law prohibiting the sale of alcohol to minors under 16 that is already in place). A preventive measure could consist in a ban on advertising or mandatory warnings on the packaging, as recommended by the WHO programme on the management of substance abuse.ⁱ However, this measure is currently not endorsed by the German government

Other EU member states have successfully implemented a stricter alcohol policy. However, they see the effectiveness of their regulations thwarted by less active neighbours. Finland, for instance, levies high taxes on alcohol and the sale of alcohol is restricted to state monopoly

outlets. The Finns, therefore, often buy alcohol abroad, in particular in the border regions. In Estonia, in 2015, 200 million litres of alcohol beverages were sold with one third of them purchased by Finnish tourists. In order to address the tax loss associated with this, Finland reduced the tax on alcohol in 2017. And Estonia increased prices of alcohol beverages, with the effect of consumers shopping for alcohol now in Latvia. Because of the high taxes on alcohol in the Netherlands, there are organized bus trips to Germany and Belgium for booze-binge tourism and also shopping for alcohol.

National measures against harmful alcohol consumption remain indispensable and are strongly required for each individual country. However, there is also an urgent need for transnational solutions because EU citizens are highly mobile and the EU market is interdependent.

On the European level, there have been in recent years a number of initiatives across borders to reduce alcohol-related health problems. For various reasons though, they have not been successful so far. During our discussions this afternoon, we will look at the specific national situations and the existing challenges for our profession. We would like to sketch out a framework for potential European initiatives to combat alcoholism.

In April 2015, the European Parliament passed a resolution that urges the European Commission to submit a new EU anti-alcoholism strategy. The harmful consequences of alcohol abuse must be addressed, for instance by the labelling of contents. “Years of EU inaction have allowed the alcohol industry to hide the harm – and even the calories – in their drinks.”ⁱⁱ Awareness across Europe of the dangers of drinking during pregnancy and of drunk driving must be raised. Today the consumer has a better understanding of the water he or she drinks than of the ingredients of alcoholic beverages.

European policy is defined by the member states. In the European Union, the Presidency of the Council of the European Union rotates between member states every six months. Typically, the state that holds the presidency will pursue a topic that is of particular concern to this state. In the second half of 2017, the Estonian presidency declared alcohol policy a priority and maintained that alcoholism was a crucial risk

factor for public health in Europe. The Estonians voted for instance in favour of a ban of advertisement on the Internet and at sports events. Currently, some 1.5 billion euros are spent by the alcohol industry annually throughout the EU on marketing on television and on the Internet. Other initiatives could entail a quantitative restriction of the cross-border purchase of alcohol by individuals and the labelling of ingredients in alcohol beverages.

In December 2017, after several months of discussion, the Council of Ministers for Employment, Social Policy, Health and Consumer Affairs passed the conclusions on “Cross-border aspects in alcohol policy – Tackling harmful use of alcohol”.ⁱⁱⁱ Council conclusions have to be adopted unanimously. The document shows that unanimity did not exist and that therefore only a minimum consensus could be achieved. The interests of the individual member states were rather different. The Scandinavian countries like Sweden and Finland and some Eastern European countries such as Hungary were in favour of joint action while others, for instance Germany, Portugal and Italy insisted on national sovereignty. Hence it is important to raise awareness in each individual country of the necessity for action and also joint action and then propel active implementation of measures.

In its conclusions, the Council urges the Commission to submit a strategy for the reduction of alcohol-related damage. The conclusions also call on the European Commission to propose a measure on nutritional labeling for alcoholic beverages by the end of 2019, should the EU’s alcohol industry fail to deliver a satisfactory self-regulation proposal until March of this year.

The European Commission is the only European institution entitled to submit laws to the Council and the European Parliament. And it has a mandate to promote a single market within the EU. However, it has not shown much initiative in the area of alcoholism prevention. In 2006, it submitted a Communication on alcohol policy in which it stated the need for action. However, all initiatives related to it fizzled out. The Commission also has not responded so far to the requests by the Parliament and the Council to submit a new alcohol strategy. In 2018, it even declared: “The Commission under its current mandate will not propose a new EU Alcohol Strategy.”^{iv}

The only measure under consideration at this point is the self-regulation already mentioned. In December 2018, the EU alcohol beverages industry, more precisely the beer, wine, spirits and cider sectors, proposed a self-regulatory scheme in response to a call from the European Commission.^v The joint proposal that was presented is to inform consumers on ingredients and calories. The proposal entailed a commitment to report back on implementation by March 2021. This must be seen as yet another delaying tactic.

It is unrealistic to expect change from this self-regulatory scheme. The proposals submitted by the beverage industry do not do justice to public health needs nor to the protection of the consumer. For instance, the regulations for wine, beer and spirits are to be different. While the beer producers are willing to print ingredients and calories on the label of their products, the spirits sector prefers off-label information where a code on the label leads the consumer to a website with additional information. Wine producers will provide nutritional information on the label but would like to list ingredients online only. Since wine has a reputation as a natural product – “It’s all grapes“, as the slogan has it – it might have negative effects, if the consumer had easy access to information on stabilisers and sugar contained in the wine. There are also considerations for the producers to provide health information on their products. However, this would certainly be to the disadvantage of the consumer.

Citizens are interested in independent, comprehensive and transparent information. Almost 60 percent of people surveyed across Europe by the European Alcohol Policy Alliance said that health-related information provided on alcohol labels was not sufficient. A similar percentage wanted guidelines for alcohol consumption to be more accessible. Women are twice as worried about the lack of information as men.

Until there are EU-wide regulations in place, individual member states could initiate cross-border measures based on voluntary cooperation and close collaboration. However, this would require similar levels of national protective regulations. Presently, we are nowhere near that situation. Interests of the member states are quite far apart where alcohol policy is concerned. The consumption of alcohol is usually deeply rooted in the culture and, in various ways and depending on the region, part of

lifestyle. Needless to say maybe, economic interests play a role as well. Last year, for instance, Italy and France raised objections against Ireland's planned alcohol bill and maintained that mandatory labels warning of the link between alcohol consumption and cancer may create obstacles to the free movement of goods, thus delaying the implementation of the new rule by three months.

Possibly the Commission will submit a proposal for reduced quantities of alcohol that may be taken across the border for private consumption. At least several member states have insisted that there is need for action in this respect.

There is a lot of leeway and also a responsibility of the member states to take the initiative. It takes brave member states that assume a pioneering role. Lithuania recently raised the age limit for the legal consumption of alcohol to 21 years and banned advertisement for alcohol, including in digital media. Ireland's above-mentioned mandatory warning messages on the link between alcohol consumption and cancer are also an example of this approach.

When many member states become active on the national level, the Commission will both be pressed for action and legitimised to harmonise the various national regulations. And neither is the alcohol industry interested in a fragmented market.

While the management of health care systems is a national responsibility, the EU also is explicitly mandated to improve public health and prevent diseases. Article 168 of the Treaty on the Functioning of the European Union (the so-called Lisbon Treaty) states: "The Union shall complement the Member States' action in reducing drugs-related health damage, including information and prevention."^{vi}

It hence falls within the competence of the Commission to impose risk warnings on alcoholic beverages, for instance. They can also set targets for the reduction of alcohol consumption, in accordance with the guidelines set forth by the WHO in its Global status report on alcohol and health 2018.^{vii}

It is important that the next EU Commission includes a comprehensive alcohol policy in its new work programme. It must establish a framework for a structured dialogue amongst member states by supporting the

exchange on best practice. It must provide financial resources to facilitate this exchange and support the member states in their implementation of national regulations at the same time. We all have to contribute to these goals.

On the European level it has to be ensured that mandatory, transparent and consumer-friendly labelling requirements are established. In March 2017, a report of the Commission^{viii} found no justification for the absence of mandatory labelling of the list of ingredients and the nutrition declaration of alcoholic beverages. It also called for consumer information on "alcopops", currently exempted from nutrition declaration.

The NPCE network organised this conference with the objective to make a valuable contribution to this area of concern. Today, we want to enter a discussion with experts on the situation in individual countries. We want to learn from one another. And we also want a dialogue on how we can best support one another and how we can promote and contribute to EU-wide initiatives.

ⁱ https://www.who.int/substance_abuse/en/

ⁱⁱ <https://www.euractiv.com/section/health-consumers/news/parliament-urges-commission-to-submit-new-alcohol-strategy/>

ⁱⁱⁱ https://europa.eu/newsroom/events/cross-border-aspects-alcohol-policy-%E2%80%93-tackling-harmful-use-alcohol_en

^{iv} https://ec.europa.eu/health/sites/health/files/alcohol/docs/ev_20180604_mi_en.pdf

^v <https://www.euractiv.com/section/health-consumers/news/parliament-urges-commission-to-submit-new-alcohol-strategy/>

^{vi} <https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:12008E168:EN:HTML>

^{vii} https://www.who.int/substance_abuse/publications/global_alcohol_report/en/

^{viii} <http://ec.europa.eu/transparency/regdoc/rep/1/2017/EN/COM-2017-58-F1-EN-MAIN-PART-1.PDF>