

# **Eurocare Annual Report 2010**



## **ALCOHOL - A CAUSE FOR ACTION**

Alcohol is a key health determinant and is responsible for 7,4% of all ill-health and early death in Europe, which makes it the third leading risk factor after tobacco and high blood pressure. Alcohol harm is disproportionately high among young people (115 000 deaths per year) and harms others besides the drinker. 5 million Europeans are born with birth defects and developmental disorders because of their mother drinking during pregnancy. 5-9 million children are living in families adversely affected by alcohol. 10.800 traffic deaths and 20.000 murders involve alcohol in the EU each year. Furthermore, binge drinking among young people is on the rise, with most countries showing an increase from 1995. Alcohol causes measurable inequalities both between and within Member States. Alcohol causes an estimated 90 extra deaths per 100.000 men and 60 extra deaths per 100.000 women in the EU 12 as compared to the EU 15.

Europe plays a central role in the global alcohol market, responsible for a quarter of the world's total production. However, the total tangible cost of alcohol to EU society in 2003 was estimated to be €125 billion (€79 bn - €220 bn) or €650 per household, equivalent to 1,3% GDP. The costs includes areas such as traffic accidents €10 bn, crime damage €6 bn, crime defensive €12 bn, crime police €15 bn, unemployment €14 bn, health €17 bn, treatment/prevention €5 bn, mortality crime €36 bn, absenteeism €9 bn. Although these estimates are subject to a wide margin of interpretation, they are likely to be an underestimate of the true gross social cost of alcohol (excluding benefits).

### **The European Alcohol Policy Alliance (EUROCARE)**



The European Alcohol Policy Alliance (EUROCARE) is an alliance of non-governmental and public health organisations with 47 member organisations across 21 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 provision of services for people whose lives are affected by alcohol related problems.

The mission of Eurocare is to promote policies to prevent and reduce alcohol related harm, through advocacy in Europe. The message, in regard to alcohol consumption is "less is better".

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## 1. MESSAGE FROM THE SECRETARY GENERAL

One of Eurocare's key accomplishments in 2010 was the organization of the 4<sup>th</sup> European Alcohol Policy Conference in Brussels. Eurocare was proud to host this important conference and to facilitate the lively discussions. This was the fourth in a series of European Alcohol Policy Conferences. The main aim of this event was to stimulate action in alcohol policy at the Global, European, National, Regional and Municipal level.



Europe is the heaviest drinking region in the world. Both, the European society and its decision makers need to acknowledge and challenge the harms caused by alcohol. The [European Union strategy to support Member States in reducing alcohol related harm](#) was instrumental in shaping the course of alcohol policies across the EU. The adoption in May by the 193 Member States of the WHO of a [Global Strategy to Reduce the Harmful Use of Alcohol](#), is a promising first step to address the global alcohol problems. Now, there is a strong need for more concrete action at European, National, Regional and Community level.

Public health is a crucial component of our European capital and a decisive factor for the welfare of future generations.

As physical borders disappear and trade within and beyond the EU is made easier and faster, we are faced with new challenges in the field of alcohol prevention. Preventing disease and promoting healthy lifestyles are very cost-effective measures to reduce the burden of disease.

However, currently public health messages regarding alcohol are competing with the resourceful marketing forces of the alcohol industry.

The 4<sup>th</sup> European Alcohol Policy Conference made it clear that in the face of the new austerity measures and the aggressive drive of the industry for increased alcohol sales, the public health community needs to send strong and clear messages for action that will benefit the current and future wellbeing of Europeans.

Eurocare identified a series of actions that can be taken in 10 key areas to reduce the harm caused by alcohol, these have been summarized in our [Calls for Action](#). We would like to call on all stakeholders involved in alcohol policy and especially, on Member States, to ACT on working together to prevent and reduce alcohol related harm.

During 2010 Eurocare has been actively seeking to extend its membership. We are delighted to welcome four new member organizations: NGO Fontana (Denmark), Lithuania National Tobacco and Alcohol Control Coalition (Lithuania), OASIS (Greece) and Federació Catalana D'Alcoholics Rehabilitats (FCAR) (Spain).

I would like to take the opportunity to thank Rolf Huellinghorst for his valuable contribution over the years to the work of Eurocare. This year he has retired from both his post as director of Deutsche Hauptstelle für Suchtfragen (DHS) and member of Board of Eurocare. However, we are lucky to still have him as an active member in IOGT Germany.

Finally, I would also like to thank all those who have contributed with their work to making Eurocare an active organisation.

**Mariann Skar**

## 2. MEETINGS AND EVENTS

### a) Events organized by Eurocare

#### **The Social Cost of Alcohol: Passive Drinking, 2 February, Brussels (European Parliament)**

Over 120 people attended the Lunch Seminar organised by Eurocare in the European Parliament to discuss the range and magnitude of alcohol's harm to others.



The seminar was hosted by the Swedish Member of the Parliament (MEP) Ms Anna Hedh, from the Group of the Progressive Alliance of Socialists and Democrats. 30 MEPs were present or represented by their assistants. The Chairman of Eurocare, Michel Craplet, gave the opening speech.

Professor Hans Olav Fekjær presented some recent studies that made it evident that harm inflicted on others is not merely a side problem but the most widespread problem related to alcohol use. The other presenters covered a wide number of issues, from domestic violence, to alcohol and traffic accidents, children living in families with alcohol problems and the harm to the unborn child. Dr Ceri Thompson from the DG SANCO of the European Commission gave an updated picture of Alcohol policy at EU level.



The presentations, pictures and seminar report can be found on the Eurocare website: [http://www.eurocare.org/press/previous\\_events/the\\_social\\_cost\\_of\\_alcohol\\_passive\\_drinking\\_2\\_february\\_2010](http://www.eurocare.org/press/previous_events/the_social_cost_of_alcohol_passive_drinking_2_february_2010)

#### **The 4<sup>th</sup> European Alcohol Policy Conference. 21 – 22 June, Brussels.**

After three successful Alcohol Policy Conferences ([2004 \(Warsaw\)](#), [2006 \(Helsinki\)](#) and [2008 \(Barcelona\)](#)), Brussels, was chosen to host the 4th European Alcohol Policy Conference.

The conference was organized by Eurocare under the patronage of Her Royal Highness Princess Astrid of Belgium and it was co-financed by the European Commission and co-sponsored by the WHO (World Health Organization).

The conference location, in the capital of the EU, provided a unique opportunity to involve a wider audience and engage in dialogue with policy makers at the European level.

Under the title “**A Call for Action**”, the conference sought to stimulate action in alcohol policy. It was attended by over 270 people from 30 different countries ([list of participants](#)).



Highly reputable experts in the alcohol field and policy makers from the national, EU and global levels sat together to analyze why Europe has not got to grips with alcohol and the consequences this is having in third countries.

Speakers included:

- Director General for Health and Consumers, *Paola Testori Coggi* (European Commission)
- *Dr Christiaan Decoster*, from the Incoming Belgian Presidency of the EU
- *Representatives from the Ministries of Belgium, France, Poland, Estonia, Sweden, Italy, Portugal, Finland, Slovenia, Portugal, Scotland.*
- *Representatives from the relevant DGs of the European Commission: Health and Consumers, Transport, Trade, Information Society and Media as well as Employment and Social Affairs.*
- Reputed experts from the Alcohol field; *Gerald Hastings, Peter Anderson, Ian Gilmore, Witold Zatonski, Reiner Hanewinkel, Gerard Dubois, Kshithij Urs-*
- The WHO was represented by *Vladimir Poznyak, Coordinator of the Management of Substance Abuse Department of Mental Health and Substance Abuse (WHO, Geneva) and José María Martín-Moreno, Senior Strategic Adviser (WHO, Europe).*



## b) Eurocare's participation in Conferences and Meetings

During 2010 Eurocare has participated in a number of conferences and meetings relevant to the prevention and reduction of alcohol related harm at EU level. The main ones including:

- 6th meeting of the Committee for National Alcohol Policy and Action, Luxembourg (January)  
*Mariann Skar (MS) presented "Eurocare's views and recommendations on labelling"*
- European Economic and Social Committee (EESC) meeting students, Brussels (April)  
*MS gave a presentation on "Why is civil society engaged in reducing and preventing alcohol related harm"*
- Alcohol Prevention Day Italy, Rome (April)  
*MS gave a presentation on "Alcohol advocacy in Europe"*
- Working Towards a Holistic Alcohol Strategy in Europe; communication, Education and Public Awareness, Center for Parliamentary Studies, Brussels (September)  
*MS chaired the event and did a presentation on "The Social cost of Alcohol – Raising Public Awareness in Europe"*
- Alcohol Policy Youth Network (APYN) General meeting, Budapest (May)  
*Ruth Ruiz (RR) gave a presentation on "Alcohol and Social exclusion" and presented the project proposal on "Mapping Young people's exposure to alcohol marketing"*
- WHO meeting of National Counterparts for Alcohol Policy in the WHO European Region and the AMPHORA Expert Meeting, Madrid (June)
- Foetal Alcohol Syndrome Day event, Padova, Italy (September)  
*RR gave presentation on "EUROCARE's action on alcohol and pregnancy"*
- Alcohol and drugs – lifelong concern, NorDan conference, Copenhagen (October)  
*MS participated in a Panel discussion on "Future views: will the Nordic Alcohol policy survive?"*
- APYN meeting, Lisbon (October)  
*RR presented a project proposal "Mapping Young people's exposure to alcohol marketing"*
- Norwegian Health Directorate Breakfast meeting on the launch of new campaign on alcohol and pregnancy, Oslo (October)  
*MS gave a presentation on "Zero alcohol during pregnancy"*
- Slovenian National alcohol Policy conference, Ljubljana (November)  
*MS presented Eurocare and its work and did also a presentation on "Community mobilization"*
- First European Conference on FASD, Kerkade, The Netherlands (November)  
*Michel Craplet gave a presentation on "Why does it take so long to recognize FASD?"*  
*RR gave a presentation on "Eurocare's actions on alcohol and pregnancy"*
- Open Day at the EU Alcohol and Health Forum, Brussels (November)  
*Michel Craplet presented "Eurocare's actions on alcohol and pregnancy"*  
*MS presented "Eurocare recommendations for effective alcohol labeling and Eurocare's website"*
- MEP's Against Cancer Round Table, European Parliament (December)  
*Aleksandra Kaczmarek presented "Making informed decisions: the value of labels"*
- EU-US Transatlantic Civil society Dialogue on "research and Action on Underage Drinking: Exchange and Exploration of Issues of mutual concern", Washington (December)  
*Presentations were given by Tiziana Codenotti, Sven-Olov Carlson, Claude Riviere, Lauri Beekman and Mariann Skar*
- Alcohol Policy Youth Network meeting, Ljubljana (December)  
*MS gave a presentation on "Community mobilization"*

This year, Eurocare has also met and done presentations for a number of groups from IOGT-NTO, Borealis, the Norwegian Regional offices, health professionals and students.

### 3. COMMUNICATIONS / MEDIA RELATIONS

Eurocare has been interviewed several times during the year and received media coverage in some Swedish and Norwegian newspapers, the [Wall Street Journal](#) and the [Parliament Magazine](#).

In 2010 the Eurocare secretariat has sent out six [e-newsletters](#) to some 575 recipients.

Eurocare has sent out a number of press releases on different issues to around 300 press contacts:

- [European Commission releases 2<sup>nd</sup> Eurobarometer on attitudes towards alcohol](#) (April)
- [Eurocare welcomes the adoption of Global Alcohol Strategy by the WHO](#) (May)
- [What's NOT on the bottle- Eurocare's response to the vote on food labelling](#)
- [Parliament votes to exempt all alcoholic beverages from labelling proposal](#) (June)
- [European Alcohol Policy Alliance welcomes Ireland's new lower drink drive limits](#) (July)
- [Give your child a fair start - Marking FASD Awareness Day, 9th September](#) (September)
- [Open Letter of support for Thailand's plans to put health warnings on alcoholic beverages](#) (October)
- [Alcohol industry called upon to take more effective action!](#) (November)

The Eurocare web site ([www.eurocare.org](http://www.eurocare.org)) is under continuous evaluation and development with the aim to be a 'one stop shop' for policy makers, NGOs, journalists, and all those interested in alcohol policy.

In 2010 Eurocare has also developed some communication material, including a new [brochure about the organization](#).

### 4. POLICY ISSUES

#### **Alcohol Labelling**

On 30 January 2008, the European [Commission adopted a proposal for Regulation on the provision of food information to consumers](#)<sup>1</sup>. According to the proposal, foodstuffs are required to list the ingredients and to display key nutritional information on the front of the package (such as energy value, carbohydrates or sugars). However, the proposal exempted beer, wine and spirits from the obligation of having to list the ingredients and to provide nutritional information. The proposal had been already discussed by the European Parliament during 2009 but due to the high amount of amendments tabled (almost 1200), the Environment, Public Health and Food Safety Committee (ENVI Committee) decided in April 2009 to postpone its vote till after the election of the new Parliament in June 2009. In June 2010 the plenary of the Parliament voted to exempt all drinks that contain alcohol from the listing of ingredients and providing nutritional information. [Click here](#) to read the text adopted by the EP. A quick agreement is not expected with Council, so the draft legislation is likely to return to Parliament for a second reading. The final adoption of the text is expected by the end of 2011 or later.

According to lobbying watchdog CEO (Corporate Europe Observatory) the food industry has spent millions on blocking clear labels in one of the largest ever lobbying campaigns activities conducted in

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<sup>1</sup> 2008/0028 (COD) Proposal for a REGULATION OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL on the provision of food information to consumers

Brussels, with MEPs being bombarded with thousands of e-mails, letters, phone calls, sponsored reports, lectures and conferences.

[Click here](#) to read Eurocare's press release after the vote. [Eurocare's position paper](#) on the labelling proposal has been widely distributed among Parliamentarians, other networks of health NGOs and other interested parties. The views of Eurocare have also been integrated in EPHA's position paper. Several Eurocare members have contacted their national MEPs and Permanent Health representatives in Brussels and the Secretariat has fed its concern into the ongoing debates at EU level.

### **Health warning messages on alcohol beverages**

Eurocare also regrets that the European Commission proposal on the provision of information to consumers does not contain an obligation to mention any health warning messages. This is a missed opportunity for a more comprehensive approach to the reduction of alcohol related harm in Europe. Eurocare believes labelling should be part of an integrated strategy to provide information and educate consumers about alcohol and should be part of integrated policies and programmes to reduce the harm done by alcohol.

[Eurocare's position paper on warning labels](#) has been widely distributed together with an overview over labelling schemes around the world. In addition Eurocare has prepared a [preliminary library](#) with suggestions for health and safety warnings and has presented the library at several occasions.

### **Thailand notifies WTO members of plans to introduce alcohol warning labels**

In March Thailand notified the World Trade Organization of its plans to introduce rotating pictorial health warnings on alcohol containers. According to the draft Alcoholic Beverage Control Act, labels on alcohol containers manufactured in or imported to the Kingdom of Thailand shall not have any messages which may lead consumers to believe this product is safe, has a positive effect on health or has a level of substance which is less toxic to health than alcoholic beverages in general. Furthermore alcohol labels shall not contain any messages that could be considered direct or indirect advertising of alcoholic beverages. The draft Act also requires labels to carry one of the following messages:

- Drinking alcohol causes hypertension liver cirrhosis
- Alcohol intoxication leads to the accidents
- Drinking alcohol leads to unconsciousness and even death
- Drinking alcohol leads to inferior sexual performance
- Drinking alcohol leads to adverse health effect and family problems
- Drinking alcohol is a bad influence on children and young people

The Thai law will require the pictorial health warning to be no less than 30% to 50% of the size of the alcohol container and rotate every 1,000 packages.

The EU sent its comments to the Thai Government asking them to provide the scientific evidence that the conditions described in the messages are generally caused by any level of alcohol consumption. The EU pointed out that in its experience public policies aiming to change drinking behaviors should be holistic and encompass information and education campaigns and asked the Thai authorities whether they had undertaken (or considered) other alternative measures instead. The EU also invited the Thai authorities to consider less trade-restrictive measures or if they were not able to do so, to provide clarification as to the evidence the Thai authorities believe that less costly and burdensome alternatives would be insufficient to achieve this objective. To view the comments made by the EU: [http://ec.europa.eu/enterprise/tbt/tbt\\_repository/THA332\\_EN\\_4.pdf](http://ec.europa.eu/enterprise/tbt/tbt_repository/THA332_EN_4.pdf)

In October Eurocare sent an [open letter of support](#) to the Thai government and has also requested meetings with EU officials, which will be followed up in 2011.

## **WHO Global Alcohol Strategy**

At the sixty-third World Health Assembly that took place in Geneva in May, the 193 Member States of the World Health Organization adopted in a unanimous vote the Global Strategy to Reduce the Harmful Use of Alcohol. Eurocare's Chairman, Michel Craplet, and several other Eurocare members were in Geneva participating in several informal meetings in order to support the Strategy.

In the two-hour long debate at the Assembly, all Member States acknowledged the harmful use of alcohol as a major public health issue. In the many Member State interventions, delegates pointed to the global aspects of the problem and requested that alcohol problems receive a higher priority at the WHO and that more resources be allocated to address those problems and to implement the new global strategy.

The important concerns identified in the debate included the increasing culture of binge drinking among young people worldwide, and the expanding influence of alcohol marketing and advertising. Delegates welcomed the varied evidence-based measures included in the strategy and their potential for successfully addressing alcohol problems.

The resolution was adopted with one amendment proposed by Thailand on behalf of the SEARO countries asking for adequate financial and human resources for implementation.

The resolution calls on the member states of the WHO to take public policy measures to reduce the harmful consumption of alcohol. It highlights the effectiveness of focusing on policies regarding pricing, availability and marketing of alcohol.

However the recommendations in the Strategy are not binding, they are meant to serve as guidance to WHO's Member States.

Eurocare congratulates the WHO and looks forward to participate and help to implement the Strategy.

[Click here](#) to read the text of the strategy.

## **New Study analyzing possible changes in the minimum rates and structures of excise duties on alcoholic beverages**

The study was commissioned by the European Commission to the London School of Economics and it was published in May 2010.

[http://ec.europa.eu/taxation\\_customs/resources/documents/common/publications/studies/min\\_rates.pdf](http://ec.europa.eu/taxation_customs/resources/documents/common/publications/studies/min_rates.pdf)

It is based on the report that the Commission produced in 2004 and which recommended that the minimum rates of duty laid down in 1992 should be increased to take account of the inflation that has occurred since then (COM(2004) 223 final).

The report analyses whether the current tax system is causing distortions of the internal market and whether adaptations would be appropriate. The report notes that:

-Excise duties on alcoholic beverages constitute an important source of tax revenue in the EU27 (ranging from 0.2% to 3.5% of total tax revenues, excluding Social Security). Total duty receipts in the EU27 amounted to €30.6 billion in 2007.

-Consumption of alcoholic drinks is rather high in the EU: 56 billion litres in 2007, approximately 113 litres per person. Beer: 66%, wine: 25%.

-The minimum duty rates were set in 1992, and since then prices have increased by 44% while minimum rates have remained constant. This means they are actually lower in real terms than they were in 1992.

- Directive 92/84 only provides indication on the minimum rates. Member States Standard duty rates in the different Member States show a huge disparity. Large differences are observed between neighboring countries UK and FR; FI and EE; and SE and DK. At present the level of minimum excise duties is so low compared to the rates charged in the countries with highest rates (FI, S, IE, UK) that they contribute little to reducing such disparities. As a result, the volume of cross-border shopping is significant.

-Duties are not being used as a trade barrier, i.e. they are not being used to discriminate between imported and domestic products.

The authors of the report suggest considering the following measures:

- Update minimum rates for all products to account for the inflation that has taken place since 1992.
- Remove different tax treatment for still and sparkling products.
- Remove different tax treatment for reduced-strength products (under the current framework reduced duty rates for low-strength products are possible). According to the authors of the report, this policy option simplify the tax system and make it more transparent to operators but it may also encourage movement away from lower-strength drinks, which may then have health implications, though the extent of this may be small given that cross-price demand appears in general to be inelastic.
- As well as a minimum rate, introduce a maximum duty rate.

### **Online alcohol marketing**

*A failed attempt to restrict online alcohol marketing by the European Parliament*

In August 2010, French MEP, Mr Juvin, launched an own-initiative [report on the impact of advertising on consumer behaviour](#) in an effort to protect consumers from intrusive new advertising techniques.

The report included a Paragraph 16 calling on the European Commission to  
– restrict online alcohol advertising to the websites of industry professionals, local authorities and tourist offices, while prohibiting intrusive advertising practices.

Unfortunately, this sentence was deleted at the vote in the Committee on the Internal Market and Consumer (IMCO) of the European Parliament (26 October 2010), despite the efforts of public health NGOs to keep it in the text ([Click here](#) to see the letter sent by Eurocare and other NGOs to the MEPs ahead of the voting).

[Click here](#) to watch the debate that proceeded the voting (minute 10:30). [Draft report](#) prepared by Mr Juvin. The report was adopted in plenary on 15 December 2010 ([click here](#) to see the text adopted in plenary).

### **New Commissioner and new Director-General for Health and Consumers**

In February took office Mr. John Dalli, the new Commissioner for Health and Consumers.

Mr Dalli has held various high level posts in financial administration and general management in Malta and Brussels prior to working for the Maltese Government for more than 15 years. In 2008, John Dalli became Malta's Minister of health and social policy. Eurocare welcomes Mr Dalli and is looking forward to working with him.

From the 1<sup>st</sup> of April, Ms Paola Testori Coggi replaced Mr Robert Madelin as Director-General of the DG for Health and Consumers. Ms Testori Coggi, an Italian national, was Deputy Director-General in the DG for Health and Consumers from August 2007. Between 2000 and 2007, she was Director for the safety of the food chain. Prior to that, she was adviser on consumer health in the Cabinet of Commissioner Emma Bonino, where she worked on the new EU policy on consumer health after the

mad cow disease crisis. Paola Testori Coggi joined the European Commission in 1983 in the Directorate-General for Environment.

Mr Madelin, was Director-General of the DG for Health and Consumers from January 2004. He has now been appointed Director-General of the DG for Information Society and Media. Eurocare would like to warmly thank him for his hard work in keeping alcohol policy high on the political agenda. We wish him success in his new position and hope to continue to collaborate with him in his new post.

### **The European Alcohol and Health Forum**

Launched in June 2007, this multi-stakeholder platform is composed of NGOs and economic operators (alcohol producers, retailers, advertisers, and publishers) pledging to take concrete actions to reduce alcohol related harm in Europe.

Meetings of the Forum during 2010:

- Sixth plenary meeting (11 March ): [Summary report](#)
- Third Open Forum on Alcohol and Health (19 November): [Summary report](#)
- Seventh plenary meeting (18 November: [Summary report](#)
- Seventh Meeting of the Science Group of the European Alcohol and Health Forum (25 October 2010): [Summary report](#)
- Sixth Meeting of the Science Group of the European Alcohol and Health Forum (18 May 2010): [Summary report](#)

Members of the Forum have made a series of **commitments** (voluntary actions aimed at reducing alcohol-related harm), these can be found on the [Commitments Database](#):

<http://ec.europa.eu/eahf/index.jsp>. Eurocare's commitments to the Forum in 2010 included:

- Raising Awareness of the Dangers of Drinking during Pregnancy
- Advocating for better labelling of alcoholic beverages in Europe
- Organising an event on Alcohol's harm to others
- Organising the 4<sup>th</sup> European Alcohol Policy Conference

The Eurocare Secretariat, in collaboration with EPHA, has taken on a "Coordination Role" of the NGOs participating in the Forum. It has organised informal meetings prior to the Forum meeting in order to discuss the agenda and coordinate positions. There have been two coordination meetings in 2010.

Ahead of the 6<sup>th</sup> meeting of the Forum (the first under the auspices of the new Director General of DG Sanco) Eurocare took the initiative to issue an open letter in coordination with public health experts and NGOs in the Forum. The Letter called on the economic operators in the Forum to commit to actions that are meaningful and effective and to stop trying to divert attention into unproductive areas.

Open letter to the members of the forum

[http://www.eurocare.org/press/eurocare\\_press\\_releases/alcohol\\_industry\\_called\\_upon\\_to\\_take\\_more\\_effective\\_action](http://www.eurocare.org/press/eurocare_press_releases/alcohol_industry_called_upon_to_take_more_effective_action)

### **EU Health Policy Forum**

The EU Health Policy Forum was established in 2001 by the European Commission and brings together organizations active in the field of health to advise the European Commission on health policy, its implementation and the setting of priorities for action. In 2010 the Forum paid special attention to the EU 2020 Strategy. The Forum sent an Open Letter to President Barroso calling for an EU 2020 strategy that puts the economy at the service of its people and the planet and not the other way around. Open letter to Mr Barroso:

[http://ec.europa.eu/health/interest\\_groups/docs/euhpf\\_openletter\\_en.pdf](http://ec.europa.eu/health/interest_groups/docs/euhpf_openletter_en.pdf)

## **New Eurobarometer: 'EU citizens' attitudes towards alcohol**

In April the European Commission published the new Eurobarometer on "EU citizens' attitudes towards alcohol". The report that was carried out in October 2009 with 27 000 respondents showed that there has been little variation in the prevalence of alcohol consumption since 2006 and that there is still ample cause for concern.

One of the key findings of the report was the strong public support for policies aimed at reducing alcohol-related harm. A clear majority (89%) supported an 18-year age limit for selling and serving alcoholic beverages across the EU. The 77% thought that alcohol advertising targeting young people should be banned across the EU. There was also strong endorsement for actions against drink-driving, such as random checks by the police (83% in favor) and a lowered blood alcohol limit for young drivers (73% in favor). A clear majority (79%) supported placing warnings for pregnant women and drivers (79%) on bottles. Placing warnings on alcohol advertisements receives even greater support (82%).

Eurocare welcomed this strong support for alcohol policies but expressed its concern about frequent binge drinking being so widespread across the EU, especially among young people. There is also a trend of regular drinking habits among older age groups (those aged 55 years or more) that could lead to an increased risk of chronic diseases in an ageing population. The low awareness among EU citizens of some of the health risks linked to alcohol consumption (e.g. cancers) and the fact that only 15% of the respondents thought that not drinking at all before driving is the safest option while the same proportion (14%) would still drive after more than two drinks in two hours, shows that the EU has still a long way to go in this field. [Click here](#) to read the Special Eurobarometer on EU citizens' attitudes towards alcohol:

[Click here](#) to read Eurocare's press release.

## **5. REPORTS**

### **10 CALLS FOR ACTION:**

[Affordability](#), [Alcohol as a Global Health Concern](#), [Alcohol and Pregnancy](#), [Alcohol and the Workplace](#), [Availability](#), [Drink Driving](#), [Inequalities](#), [Labeling and Health Warnings](#), [Marketing and Young People](#), [Societal Cost](#)

### **Preventing and Reducing Alcohol Related Harm: A shared responsibility** (April 2010):

This report was commissioned by the World Health Organisation (Europe) to Eurocare. This report summarises the results of a workshop organised by Eurocare during the Expert meeting on alcohol and health that took place in Stockholm (Sweden) in September 2009.

[Click here](#) to read the report.

## 6. PROJECTS

### [AMMIE - Alcohol Marketing Monitoring in Europe](#) – (Project Leader: STAP)

The AMMIE project will monitor alcohol marketing practices in a comparable and systematic way in six European countries (DK, IT, DE, BG, NL and Switzerland). A systematic monitoring tool has been developed and the collected data will be analysed to advise policy makers on how to improve the existing regulations in order to protect young people from alcohol marketing. Eurocare is responsible for the dissemination work package.

### [Protect - Alcohol labelling policies to protect young people](#) – (Project Leader: CRIOC)

The main objective of the project is to gather information about young people's views and attitudes towards alcohol and assess their consumer needs for labelling of alcoholic beverages.

The research is being conducted through a series of group discussions organized in six Member States (BE, FR, HU, LT, RO, ES). The project will also gather best practices on consumer labelling. Eurocare is responsible for the dissemination work package.

### [Transatlantic Civil Society Dialogues EU – USA on Research and Action on Underage Drinking](#) - (Project Leader: [NHF - HAPI](#))

The aim of the project is to develop closer transatlantic ties between civil society organizations in US and EU and develop an increased understanding of the issues relating to underage drinking and harm to adolescents. Ten non-governmental organizations from each continent are having four meetings over two years. Eurocare is part of the planning Committee and is responsible for the dissemination of the project results.

## 7. EURO CARE LINKS WITH OTHER ORGANISATIONS

**Alcohol Policy Youth Network (APYN):** Eurocare supports the work of APYN. In 2010 the Secretariat participated in three APYN meetings: Budapest (May), Lisbon (Oct) and Ljubljana (Dec).

**Global Alcohol Policy Alliance (GAPA):** During the preparation of the Global Alcohol Strategy Eurocare has coordinated positions and worked in close cooperation with GAPA.

**European Public Health Alliance (EPHA):** Eurocare is an active member of EPHA and participates regularly in their Policy coordination meetings as well in the working groups on alcohol, labeling and sexual health.

**Alcohol Policy Network (APN):** Eurocare is an active member of the Alcohol Policy Network. The APN met in Brussels on the 21<sup>st</sup> of June in connection with the 4<sup>th</sup> European Alcohol Policy Conference. The event was hosted by Eurocare.

**European Cancer Leagues (ECL):** in 2010 Eurocare has strengthened its links with the [ECL](#). In December Eurocare gave a presentation about the need to raise awareness and inform people at the meeting of the MEPs Against Cancer ([MAC](#)) group that focused on alcohol and cancer. Eurocare is now an associated partner in the [European Partnership for Action against Cancer](#).

**European Association for the Study of the Liver (EASL):** This year Eurocare has also worked in close contact with the EASL.

## 8.- ORGANISATION AND PERSONNEL

### a) New Members

In 2010, Eurocare has 47 member organizations from 21 countries throughout Europe (Annex 1). Following approval from the GA, Eurocare is delighted to announce the new members joining the organization in 2010 are:

- NGO Fontana (Denmark)
- Lithuania National Tobacco and Alcohol Control Coalition (Lithuania)
- OASIS (Greece)
- Federacio Catalana D'Alcoholics Rehabilitats (FCAR) (Spain)

### b) General Assembly

*The General Assembly is comprised of all members of Eurocare. Its main role is to set the broad policy guidelines, elect the Board approve the admission of new members and approve the organization's annual budgets and accounts.*

The General Assembly met twice in 2010;

#### **Extraordinary Meeting** (2 February, Brussels).

Thirty-five member organizations were present or represented by proxy at the meeting. The meeting was convened by the Board in order to bring Eurocare in order with its legal obligations towards the Belgian authorities.



#### **Eurocare's Annual General Meeting** (20 June, Brussels).

Twenty-two member organizations from 16 countries were present. The main issues on the agenda: an update on the registration of Eurocare with the Belgian authorities and a strategy to support the Alcohol Policy Network (APN).



The minutes of the meetings, presentations and documents are available on the members' only section of Eurocare's website.



### c) The Board

Eurocare is governed by a Board that consists of eleven members. A new Board was elected at the 2008 General Assembly (Sept, Paris). Four members have left the board, their replacements were elected at the 2009 General Assembly (June, Stockholm). In 2010 Marijs Geirnaert (VAD), was elected to be a member of the Board.

The 2010 Board consists of the following members:

<b>Michel Craplet</b> (Chairman)	ANPAA (FR)
<b>Tiziana Codenotti</b> (Vice Chairperson)	EUROCARE ITALIA (IT)
<b>Sven-Olov Carlsson</b> (Treasurer)	IOGT-NTO (SE)
<b>Gabriele Bartsch</b>	Deutscher Guttempler-Order (IOGT) (DE)
<b>Fiona Ryan</b>	Alcohol Action Ireland (IE)

<b>Lauri Beekmann</b>	Estonian Temperance Union (EE)
<b>Ritva Varamäki</b>	Finnish Centre for Health Promotion (FI)
<b>Magdalena Pietruszka</b>	PARPA (PL)
<b>Adrian Bonner</b>	IAS (Institute of Alcohol Studies) (UK)
<b>Dag Endal</b>	ACTIS (Policy Network on Alcohol and Drugs) (NO)
<b>Marijs Geirnaert</b>	VAD (BE)
<b>Special Advisor:</b> Claude Riviere, ANPAA (FR)	

The Board has meet in Brussels in February, April, May, September and December. In addition there have been regular informal meetings between members of the Board and the Secretariat.

#### **d) Eurocare Secretariat**

In 2010 Mariann Skar continued to uphold her position as Secretary General and Ruth Ruiz continued to act as Senior Policy and Information officer. From April, Aleksandra Kaczmarek joined the team as Policy Officer thanks to funding received from the European Commission.

From March to September, Nils Johan Garnes joined Eurocare as a trainee, as the result of collaboration between Actis and Eurocare. In addition, Andreea Rimbu (University of Kent) had work experience from January till end August. From November Andrew Gelston is the new trainee.

#### **e) Finances**

The European Commission granted Eurocare funding for the organisation of the 4<sup>th</sup> European Alcohol Policy Conference (June 2010). In addition, Eurocare has received funding for its dissemination work in different projects funded under the [EU Health Programme](#) (Protect project, AMMIE project) and DG RELEX's Transatlantic Civil Society Dialogues EU – USA programme (Research and Action on Underage Drinking: Exchange and exploration of issues of Mutual Concern).

Funds raised through membership fees continue to be comparatively low. More contributions are needed if the Secretariat is to have a leading role in the continuing promotion of more public health minded policies in regards to alcohol at EU level. Eurocare is primarily dependent on the financial support received from Actis and IOGT-NTO, this situation is not likely to change in the near future.

<b>Eurocare</b>	<b>2010</b>
<b>Income</b>	
Membership fees	11.300
Grants from Actis	287.670
IOGT-NTO	45.500
Conference 4th EAPC	111.000
European Commission (projects)	25.657
<b>Expenditure</b>	
Salary costs and social charges	265.155
Utilities and officece expenses	41.857
Consultancies, courses, learning	50.361
Travels and meetings	21.978
Membership fees, marketing, and subscriptions	20.235
Conference	81.654
<b>All in all</b>	<b>481.240</b>
<b>Commulative net result</b>	<b>-113</b>

## Annex 1 - MEMBER ORGANISATIONS in 2010

### Belgium:

VAD (Vereniging voor Alcohol-en Andere Drugproblemen vzw )

### Bulgaria:

Foundation Horizonti 21

### Czech Republic

IOGT

### Denmark

Danish Alcohol Policy Network  
IOGT Denmark  
NGO Fontana

### Estonia

Estonian Temperance Union

### Finland

Finnish Association for healthy lifestyles  
Finnish Centre for Health Promotion  
Terveys ry – Finnish Health Association NGO

### France

ANPAA (Association National de Prevention en Alcoologie et Addictologie)

### Germany

DHS (Deutsche Haputstelle fur Suchtfragen)  
Deutsche Guttempler IOGT e.V

### Greece

Oasis

### Ireland

Alcohol Action Ireland  
North West Alcohol Forum  
Dothain

### Italy

Eurocare Italia  
A.I.C.A.T (Associazione Italiana Club Alcolisti in Trattamento)  
Associazione Aliseo ONLUS  
Gruppo Logos – Onlus

### Lithuania

Agapao

Lithuanian National Tobacco and Alcohol Control Coalition

### Netherlands

STAP (Dutch Institute for Alcohol Policy)  
ANDO

### Norway

Actis (Policy Network on Alcohol and Drugs)

### Poland

PARPA (The State Agency for Prevention of Alcohol related problems)  
The Polish IOGT Foundation

### Portugal

Centro de Alcoologia Novo Rumo  
SAAP (Sociedade Anti-Alcoolica Portuguesa)  
Centro de Alcoologia Ricardo Pampuri

### Slovenia

UTRIP (Institute for Research and Development)

### Spain

Fundación Salud y Comunidad  
Asociación de Ex-Alcoholicos Espanoles  
Socidroalcohol  
Associacio RAUXA  
Federacio Catalana D'Alcoholics Rehabilitats

### Switzerland

ISPA (Institut Suisse de prevention de l'alcoolisme et autres toxicomanies)  
Switzerland Blue Cross

### Sweden

IOGT-NTO  
Swedish Council on Alcohol and Drugs  
MHF

### United Kingdom

IAS (Institute of Alcohol Studies)  
Alcohol concern

### International/Pan European

Active  
Blue Cross  
IOGT International  
NorDan (Nordic Alcohol and Drugs Policy Network)