

eurocare

European Alcohol Policy Alliance

Eurocare Business Plan

2009 - 2012

Eurocare Secretariat
Rue des Confédéré 96,
1000 Brussels, Belgium
Tel +32 2 736 05 72
info@eurocare.org

INTRODUCTION

EUROCARE (The European Alcohol Policy Alliance) was formed in 1990 by 9 member organisations as an alliance of non-governmental and public health organisations. Today Eurocare has around 50 member organisations across 21 European countries advocating the prevention and reduction of alcohol related harm in Europe.

Member organisations are involved in research and advocacy, as well as in the provision of information to the public; education and training of voluntary and professional community care workers; the provision of workplace and school based programmes; counselling services, residential support and alcohol-free clubs for problem drinkers; and research and advocacy institutes. Some member organisations work in all of these fields, but most are involved in only one or two areas.

Europe is the heaviest drinking region in the world, with a consumption level of 11 litres of alcohol per adult per year. This is over 2,5 times the rest of the world average. It is estimated that over 58 million adults (15%) drink at a risky level, while 23 million are dependent on alcohol¹

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 mostly affects young people (115 000 deaths per year) and harms others beyond the drinker, 5 million Europeans are born with birth defects and developmental disorders because of their mother drinking during pregnancy, 5-9 million children living in families adversely affected by alcohol, 10.000 traffic deaths to third parties and 20.000 murders in the EU each year. Furthermore, binge drinking among young people is on the rise, with most countries showing an increase from 1995, especially in the new Member States. 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. The economic role of the alcoholic drinks industry is considerable in many European countries.

Based on a review of existing studies, 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, which is roughly the same value as that found recently for tobacco. The costs are spread around different domains, such as traffic accidents

¹ This chapter is based on Anderson, P and Baumberg, B: Alcohol in Europe, A public health perspective. A report for the European Commission, Institute of Alcohol Studies, UK, June 2006

€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 error, they are likely to be an underestimate of the true gross social cost of alcohol (excluding benefits), given the number of areas where it is impossible to obtain data.

VISION

Eurocare defines vision as a statement of aspirations describing a desired future

Eurocare's vision is a Europe where alcohol related harm is no longer one of the leading risk factors for ill-health and pre-mature death. A Europe where innocents no longer suffer from the drinking of others and where the European Union and its Member States recognise the harm done by alcohol and apply effective and comprehensive policies to tackle it.

Eurocare is recognised as the leading independent and objective commentator to alcohol related dialogue and policy development.

MISSION STATEMENT

Eurocare defines its mission statement as the fundamental purpose of the organization, basically describing why it exists – within the framework of the vision.

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

Eurocare is an alliance of non-governmental and public health organisations advocating the prevention and reduction of alcohol related harm in Europe through effective and evidence based alcohol policy.

To achieve its mission EUROCARE works to:

- Advocate for the prevention and reduction for alcohol related harm in Europe.
- Influence European policy makers by advocating effective evidence based alcohol policy.
- Monitor policy initiatives
- Monitor the marketing strategies of the alcohol industry
- Create and nurture ties between organisations at EU level concerned with alcohol related harm
- Disseminate information on alcohol related issues.
- Publish reports and position papers

EUROCARE CORE VALUES

Eurocare defines values as the beliefs that are shared among the members of Eurocare. Values drive an organization's culture and priorities.

Public health is about creating the conditions for a healthy society as stated in the Universal Declaration of Human Rights². Basic medical care and adequate living conditions are important. But, public health is far more than basic medical care. Public health should be the core business of every government in order to improve and promote the health and welfare of its citizens.

Good health is a fundamental resource for social and economic development. Higher levels of human development mean that people live longer and enjoy more healthy years of life. A healthy population will reduce the pressure on health and social care systems. A healthy workforce is a precondition for economic growth and prosperity. In today's Europe, with a rapidly ageing population, this is truer than ever before.

Equality in health is vital for the cohesion of society. Eurocare recognises the remarkable improvements in public health in recent decades, but notes that there are still large differences between population groups, regions and countries. Europe is not only a culturally diverse society; life expectancy in EU 25 varies from 66-78 years (a gap of 12 years) for men and 76-84 years (a gap of 8 years) for women³. Many of the most important threats to health cannot be solved by national public health policies, co-ordinated EU action on public health is increasingly important.

The participation of civil society has been increasingly significant in shaping and delivering health outcomes at local, regional, national and the European level. Civil society will continue to play a key role in undertaking actions, which add value and complement the work done by the EU and Member States to make citizens healthier and safer.

Eurocare seeks to mobilize civil society for the promotion of alcohol policies which safeguard individuals, the family and society from the negative consequences of the use of alcohol.

The public good must take precedence over commercial interest. Eurocare seeks to build a Europe where the collective social and health interests take precedence over commercial interests.

Eurocare is concerned about the influence the economic operators have on the development of EU policies related to alcohol. Alcohol is not just a marketable commodity like others. It is a toxic, psychotropic and dependence inducing drug. Its use must be publicly controlled. Therefore the means of production, distribution, consumption and control of alcohol must be tackled at a European level. Such action must be supportive of national control policies.

² Article 25 in Universal Declaration of Human Rights – adopted and proclaimed by General Assembly resolution 217 A (111) of 10 December 1948

³ Kjaesrud and Siddel, European Commission 2006

Subsidiarity and diversity must be respected: Eurocare is aware that the national situations in Europe are very different. Adjusting to a common policy involves risk and great care must be taken not to undermine public health legislation at Member State level.

STRATEGIC OBJECTIVES

Eurocare will work with the European Institutions, Member States and other European countries to recognise and challenge the harm caused by alcohol.

- The aim is to reduce the total alcohol consumption in Europe by 20% by 2020, from an average of 11 litres to 9 litres per adult per year.

Eurocare envisages a Europe where children and adolescents grow up in an environment protected from the negative consequences of alcohol consumption and, to the extent possible, from the promotion of alcoholic beverages. Europe protects children and adolescents, avoiding the early onset of drinking and harm caused by the drinking of alcohol. This will be done by;

- A total ban of marketing⁴ of alcohol towards young people.
- Minimum age for purchasing alcoholic beverages to be over 18 years.
- Alcohol free zones where young people meet together like sports events, music and rock festivals etc.

Eurocare envisages a Europe where alcohol related harm, accidents and injuries are prevented.

- The blood alcohol level (BAL) for driving is no more than 0,2 in Europe and it is enforced.

INTERNAL OBJECTIVES 2009 - 2012

The following internal objectives have been identified in 2009-2012:

Creating a broad and competent policy input in our advocacy on the whole range of alcohol policy agenda issues at EU level, Eurocare being the central hub in a wider network of NGOs and experts.

Strengthening the Eurocare structure by improving its visibility, its governance, get active members in all EU Member States, optimizing the administration and achieve financial sustainability.

Strengthening the Eurocare Secretariat; strengthen in terms of capacity and effectiveness; financial sustainability, improve communication; get more members.

⁴ Eurocare defines the term "alcohol marketing" includes every action in the economic sphere that aims to stimulate the sale of alcoholic beverages as well as every commercial message that promotes the direct or indirect recognition and promotion of an alcoholic beverage, including actions and messages that, without mentioning the alcoholic beverage directly, is aimed to circumvent regulation by using the name, brand, symbol or any other distinguishing mark of an alcoholic beverage.

Governance: improve governance of Eurocare by improved decision making on policy issues and clarity about roles and responsibilities. More effective in terms of processing more issues faster.

MAIN POLICY AREAS

1. Alcohol causes a high level of harm

Hazardous and harmful alcohol consumption affects all age groups, all strata of society and all European countries, although the socially disadvantaged are disproportionately affected. The lifetime risk of death from alcohol-related injuries and from alcohol-related chronic physical and mental conditions increases linearly with the amount of alcohol drunk on an occasion and the amount of alcohol drunk over the lifetime. In general, people underestimate the harm and there is an ongoing need to provide appropriate information.

Action: Eurocare will raise awareness at EU level for the need to strengthen community and municipal programmes support for alcohol policies; warning labels and ingredient listing needs to be added to alcohol containers Europe-wide to help establish a social understanding that alcohol is a special and hazardous commodity.

2. Young people are vulnerable to alcohol

Alcohol consumption in adolescence can trigger long-term biological changes that may have detrimental effects on the developing adolescent brain, including neuro-cognitive impairment. The younger young people start to drink and the heavier they drink, the more they are at risk of alcohol dependence and alcohol related harm during young adulthood, including suicide. Young people and especially those that are heavier drinkers, are particular susceptible to alcohol advertisements. There is growing evidence that alcohol advertising increases the likelihood that young people start to drink, and that the overall amount that they drink and the amount that they drink on one occasion is greater. There is a need to better protect young people.

Action: Eurocare will continue to promote the needs for better regulation, enforcement and monitoring of alcohol marketing that not only deals with the content but which also substantially reduces the exposure of alcohol marketing to young people; the rules relating to the marketing of alcoholic products should be approximated across Europe, noting the need to specify the extent to which alcohol marketing in certain categories of media and publication is allowed.

3. Alcohol causes harm to people other than the drinker

Harms to people other than the drinker include harm to the developing foetus during pregnancy, harm from traffic accidents, harm from interpersonal violence and crime, harm to families and children and the suffering due to alcohol dependence. The value of suffering due to harmful alcohol consumption to the EU as a whole is estimated to

be €270bn a year, divided into pain and suffering, crime and lost life. Social harm includes the foregone income due to the social costs of alcohol on the health care and criminal justice systems and on lost productivity. The social costs due to harmful alcohol consumption to the EU as a whole is estimated to be €125bn a year, divided into health, crime and lost productivity costs. There needs to be tougher action in reducing third party harm.

Action: Eurocare will, in the following two years, raise the need to put price, affordability and availability on the political agenda, including the implementation of alcohol-free zones; a maximum BAC limit of 0,5 g/l, eventually reduced to 0,2 g/l, should be implemented Europe-wide with a limit of 0,2 g/l for drivers of public service and heavy goods vehicles (countries with existing lower limits should not increase them).

4. Government regulation needs to be strengthened

The high level of harm, the impact on vulnerable groups including the disadvantaged and the young, the harm done to people other than the drinker, and alcohol's dependence producing properties, are all reasons why alcohol is not an ordinary commodity like milk or potatoes. These are all powerful justifications for strengthened regulation, including managing the price and availability of alcohol. These are measures for which there is overwhelming evidence for effectiveness and cost-effectiveness in reducing alcohol-related harm. However, the implementation and impact of effective regulations can be compromised due to trans-national and cross-border issues, particularly, for example, due to the high alcohol allowances for travellers between EU countries.

Action: Eurocare will promote minimum alcohol tax rates that should be at least proportional to the alcoholic content of all beverages that contain alcohol, should cover the social costs due to alcohol, and should be increased in line with inflation; in the absence of agreed and harmonized tax levels, travellers' allowances, which increase tax competition and lower taxes, should be reduced Europe-wide.

5. Help needs to be available for people with problems

Alcohol use disorders are recognised mental and behavioural disorders within the WHO ICD-10 classification of diseases and disorders. There is considerable evidence for the effectiveness and cost-effectiveness of brief advice programmes delivered in primary care for harmful alcohol use, and for treatment programmes for people with alcohol dependence. However, there is a considerable mismatch between the numbers of those in need of help and treatment and the availability of help and treatment. Due to cost-effectiveness of programmes that reduce harmful alcohol consumption and alcohol dependence, there is an urgent need to close the help and treatment gap.

Action: Eurocare supports the need for a considerable health systems investment in appropriate strategies to ensure the widespread availability and uptake of early identification and brief advice programmes in primary care settings, in cost-effective treatment for alcohol use disorders, and in support for sufferers of third party harm, including family members and children; evidence-based standards for advice and

treatment should be implemented and monitored Europe-wide.

6. Focusing on their product, economic operators have the potential to reduce harm

The responsibilities of economic operators in reducing the harm done by alcohol should be related to their product, the core of their business.

Action: Eurocare sees it as imperative that economic operators should consider ways in which the price and strength of their product can be managed to reduce harm, for example a commitment to support regulation for a minimum pricing structure, producers and retailers should commit to share intelligence and knowledge of illegally traded and illicit alcohol, together with a commitment to support Europe-wide tax stamps.

7. Raising the voice of civil society

Although there appears to be citizen support for a range of alcohol policy options, it seems that social awareness of the extent of the harm done by alcohol and what can be done to reduce it is lacking in many societies. Further, there is a lack of adequate presence and strength of voice of non-governmental organisations active on alcohol issues and alcohol policies in many countries.

Action: Eurocare will promote at EU level the need for greater investment to be given to European and Member State based non-governmental organisations to give greater voice to civil society to support a cultural change to reduce the harm done by alcohol; the actions of non-governmental organisations need more dominance, with enhanced visibility of their presence.

8. Capacity for Action

The 2006 Council Conclusions on an EU Strategy to reduce alcohol-related harm considered the primary aim of alcohol-related policies should be to reduce harm and that the reduction of harm would promote growth and employment and strengthen European productivity and competitiveness. The Conclusions underlined the need to ensure that opportunities to prevent alcohol-related harm to public health and safety are addressed in a coherent manner in relevant policy areas and especially those mentioned in the council Conclusions of June 2001 on a Community strategy to reduce alcohol-related harm. Such as research, consumer protection, transport, advertising, marketing, sponsoring, excise duties and other internal market issues.

Action: Eurocare will promote at EU level the need for greater capacity to be built in Europe, for greater collective and synergistic action to support the 2006 Council Conclusions for sustained and monitored actions to reduce alcohol-related harm; the negative alcohol-related health impacts of decision making across all policy sectors should be reduced, and the positive impacts identified and promoted.

9. Towards a global Strategy

In its 2007 report on problems related to alcohol consumption, the WHO Expert Committee emphasised that in the coming years alcohol consumption is likely to increase substantially in south-east Asia and in the low to middle-income countries of the western Pacific (constituting nearly half of the world's population), and that, in general throughout the world, poor people suffer a disproportionate burden of harm attributable to alcohol.

Action: Eurocare will promote the need for greater support from Europe to be given to the development of a Global Strategy to reduce the harmful use of alcohol; recognizing the global trade and marketing of alcoholic products, and the need to respect the alcohol policies of other countries that are stronger, there is a need for a common legal framework to support collective action across borders.

10. Expanding the evidence base

Health is considered by the WHO as “a state of complete physical, mental and social well-being”. Whilst the physical and mental harm done by alcohol is well documented and quantified, a wide variety of adverse social consequences, including most adverse consequences for persons other than the drinker, and the consequent pain and suffering, are not fully documented or quantified.

Action: Eurocare will promote at EU level the need for greater investment to be given to research on the impact of drinking on others in work, home and social life settings, including the long-time impact of parental drinking on children and their development as adults; the measurement and monitoring of social harms from alcohol requires concentrated European attention.

Eurocare

June 2009