

EUROCARE BUSINESS PLAN



2013-2016



INTRODUCTION

The European Alcohol Policy Alliance (EUROCARE) is an alliance of non-governmental and public health and well-being organisations with 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.

Alcohol is the world's number one risk for ill-health and premature death amongst the 25-59 year old age group, a core of the working age population. Europe is the heaviest drinking region of the world. Consumption levels in some countries are around 2.5 times higher than the global average.

ALCOHOL - A CAUSE FOR ACTION

Alcohol is one of the world's leading health risks; use of alcohol is especially harmful for younger age groups. Europe is the heaviest drinking region of the world. Consumption levels in some countries are around 2.5 times higher than the global average¹. Alcohol harm is disproportionately high among young people (115 000 deaths per year) alarmingly 43% among 15-16 year old European students reported heavy binge drinking during the past 30 days and alcohol is the single biggest cause of death among young men of age 16 to 24².

The World Economic Forum's 2010 Global Risks Report identifies non-communicable diseases (NCDs) as the second most severe threat to the global economy in terms of likelihood and potential economic loss. NCDs are a global risk equal in cost to the current global financial crisis³. The World Economic Forum and Harvard School of Public Health estimate that NCDs will cause a €25 trillion global economic output loss over the period 2005-2030.

¹ WHO Europe (2012) *Alcohol in the European Union*

² ESPAD (2011) *ESPAD Report: Substance Use Among Students in 36 European Countries*

³ World Economic Forum (2010) *Global risks 2010*. Geneva, Retrieved from:
<http://www.weforum.org/en/initiatives/globalrisk/Reports/index.htm>

Alcohol is one of the 4 risk factors for developing NCDs such as cancer (1 in 3 Europeans will get cancer in the coming years) and cardiovascular disease⁴. It is important to address alcohol in this context and give it the attention needed. By decreasing the level of alcohol consumption, as well as being physically active and having a healthy diet:

- 75 % of deaths from cardiovascular disease could be avoided⁵
- 30-40 % of cancers could be avoided⁶

Accurate European wide data on the impact of alcohol at workplace is not sufficiently gathered and not comprehensive in its scope. However, the figures from individual countries suggest that the problem might be bigger than expected.

- UK estimates that approximate loss in productivity amounts to 6.4 bn GBP; this includes alcohol related absence, reduced employment, and premature death
- The International Labour Organisation estimated that globally up to 5% of average work force is alcohol dependent and up to 25% drink heavily to the risk of becoming addicted
- A 13% increase in work absence can be expected with an increase in consumption of 1 liter pure alcohol⁷

Due to the size of the problem and the universal impact, alcohol requires a comprehensive, coordinated response from policy and decisions makers at the European and national levels.

Eurocare recognizes the difficulty of reconciling public health and commercial objectives in regard to alcohol products. However, there are a number of policy areas where the European Commission is perfectly placed to enhance actions and deliver measureable achievements to form a coherent approach to reducing alcohol related harm in the EU. Eurocare believes that the goal should be to work towards setting clear and specific targets for reduction in the harmful consumption of alcohol and in levels of harm.

⁴ WHO (2009) *Global Health Risks: Mortality and burden of disease attributable to selected major risks*

⁵ O'Flaherty & Capewell S. *Recent levelling of CHD mortality rates among young adults in Scotland may reflect major social inequalities*. *BMJ* 2009; 339: b2613

⁶ World Cancer Research Fund (2008) *Recommendations for Cancer Prevention*

⁷ Science Group of the Alcohol and Health Forum (2011) *Alcohol, Work and Productivity: Scientific Opinion of the Science Group of the European Alcohol and Health Forum* Retrieved from: http://ec.europa.eu/health/alcohol/docs/science_02_en.pdf

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 work. The message, in regard to alcohol consumption, is “less is better”.

Eurocare is an alliance of non-governmental and public health and well-being 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 Rights⁸. 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 women⁹. 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.

⁸ Article 25 in Universal Declaration of Human Rights – adopted and proclaimed by General Assembly resolution 217 A (111) of 10 December 1948

⁹ Kjaesrud and Siddel, European Commission 2006

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. Harmful use of alcohol causes harm to the individual user, to others and to the society. Its use must therefore be publicly controlled, and 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.

Evidence based policies: Recommended alcohol policies must be based on best available evidence, monitored and evaluated when implemented.

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.

EUROCARE OBJECTIVES

Eurocare has two main objectives for our work, followed by policy objectives and operational objectives.

-  Eurocare recognizes the link between alcohol related harm and the total alcohol consumption, and aims for a reduction of total alcohol consumption in Europe from 12.5 litres to 9 litres pure alcohol per adult per year by 2020.
-  Eurocare aims to raise awareness and promote evidence based policies among politicians and public at large on alcohol related harm.

POLICY OBJECTIVES

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

-  Secure an EU Alcohol Strategy
-  Empower politicians and decision makers to recognize evidence based policies to address the alcohol related harm in Europe

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 marketing¹⁰ 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;

-  Minimum legal age for purchasing 18 years (while respecting MS with higher minimum age of purchase and stricter implementation policy)
-  Minimum alcohol tax rates should be at least proportional to the content alcohol for all alcoholic beverages
-  No alcohol advertising should be targeted at young people
-  No alcohol advertising on television or in cinemas
-  No alcohol advertising on internet except at points of sale
-  No alcohol sponsorship of cultural or sport events

¹⁰ Eurocare defines marketing as a mix of sophisticated, integrated strategies, grouped around four main elements: the product, its price, its place (distribution) and its promotion.

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

-  Zero tolerance for drink driving in all Member States for all drivers¹¹
-  Stricter opening hours for commerce selling alcohol (with special emphasis on night shops)
-  Reduced density of alcohol outlets, especially around areas where young people are more likely to be present e.g. schools, sport centres, cultural centres, stadiums, play grounds etc.
-  Provision of consumer information (ingredient listing, allergenic effects, energy value kcal, alcoholic strength and health warning labels)

OPERATIONAL OBJECTIVES

The following internal objectives have been identified:

-  Create a broad and competent policy input to the alcohol policy agenda issues at European level
-  Eurocare being recognized as a key stakeholder and the leading network of NGOs in the field of alcohol at European level
-  Strengthening the Eurocare structure by improving its governance and member commitments, having active members across Europe, strengthening the administration and achieve financial sustainability.

¹¹ A technical enforcement tolerance level could be set at 0,1 or 0,2 g/l BAC but the message to drivers should always be clear: no drink and drive

MAIN POLICY AREAS

1) Protecting young people

Alcohol harm is disproportionately high among young people (115 000 deaths per year) alarmingly 43% among 15-16 year old European students reported heavy binge drinking during the past 30 days and alcohol is the single biggest cause of death among young men of age 16 to 24.

Action: Eurocare promote a minimum legal age for purchasing 18 years (while respecting MS with higher minimum age of purchase and stricter implementation policy). Eurocare supports the need of mandatory and independently evaluated professional training for employees handling alcohol (serving, selling).

2) Regulation of alcohol marketing

Alcohol marketing increases the likelihood that young people will start to drink alcohol, and that among those who have started to drink, marketing increases the drinking levels in terms of both amount and frequency.

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. Eurocare recommends regulation to ensure that there is no alcohol advertising on television or in cinemas, no alcohol advertising on internet except at points of sale, no alcohol sponsorship of cultural or sport events and no alcohol advertising should be targeted at young people.

3) Price and taxation

The affordability of alcoholic beverages has increased in Europe over the last 12 years. The real value of excise duty rates for most alcoholic beverages has gone down since 1996 and consequently alcohol has been much more affordable. There has been a decline in the EU minimum excise duty rate in real terms for alcoholic beverages since 1992 as they have not been adjusted for inflation.

Action: Eurocare will promote minimum alcohol tax rates that should be at least proportional to the content of all beverages that contain alcohol for all alcoholic beverages, and that a minimum tax rates should be increased in line with inflation.

4) Zero tolerance for drink driving

In 2010, nearly 31,000 Europeans were killed on the roads. Around one accident in four can be linked to alcohol consumption, and at least 10,000 people are killed in alcohol-related road accidents in the EU each year. It has been estimated that a Blood Alcohol Concentration (BAC) of 0,8g/l increases the crash risk of a driver 2,7 times compared to a zero BAC. Furthermore, not only does the crash rate grow rapidly with increasing BAC, but the crash also becomes more severe.

Action: Eurocare will promote a zero tolerance for drink driving for all drivers, as well as the need for an adequate enforcement is needed within Member States (e.g.; police checks, random breath testing etc). Furthermore, Eurocare support the introduction of alcohol interlocks for professional drivers and in a first phase to repeat offenders and to introduce mandatory labelling on alcohol products on drink driving.

5) Consumer protection- better labelling

Product labels can serve a number of purposes, providing information about the product to the consumer, enticing the consumer to buy the product and warning consumers of dangers and health risks from the product. Listing the ingredients contained in a particular beverage alerts the consumer to the presence of any potentially harmful or problematic substances. Even more importantly, providing nutritional information such as calorie content allows consumer to monitor their diets better and makes it easier to keep a healthy lifestyle. Information about the risks related with alcohol consumption (damages to health, risk of dependence, dangers associated with drinking during pregnancy, when driving etc) should also be provided by the form of better labelling regime.

Action: Eurocare will support the introduction of health warning labels on container of alcoholic beverages determined by state/public bodies. Containers of alcoholic products should be required to provide the following information about the products to consumers: their ingredients, substances with allergenic affect, relevant nutrition information (energy value kcal), alcoholic strength and include health warnings.

6) Alcohol and pregnancy:

Drinking alcohol during pregnancy can lead to birth defects and developmental disorders. It may cause the unborn child physical, behavioural and learning disabilities. FASD is an umbrella term describing the range of effect that can occur in person whose mother drank during pregnancy. It affects nearly 5 million people and is 100% preventable.

Action: Eurocare sees the need of information to consumers, and recommends that containers of alcohol products should carry a warning determined by public health bodies describing the harmful effects of drinking during pregnancy. In addition, Eurocare sees the need for provision of services for diagnosis and treatment for children with foetal alcohol syndrome (FAS/FASD).

7) Prevention in the workplace

Alcohol-related absenteeism has negative impact on work performance, productivity and competitiveness of businesses on the whole. About 20-25 % of all accidents at work involved intoxicated people.

Action: Eurocare supports the implementation of alcohol policies within the workplace to focus on health promotion and on different lifestyles together with the implementation of awareness raising campaigns at work about alcohol related harm.

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