

# EUROCARE SUGGESTIONS FOR CHANGES TO THE EU ALCOHOL AND HEALTH FORUM



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The European Alcohol Policy Alliance (Eurocare) represents around 50 organisations in 24 countries working across Europe to prevent and reduce alcohol-related harm. We appreciate the efforts of DG SANCO to influence the wider Commission and Member States to implement evidence-based alcohol policies that will reduce the health, social and financial burden caused by alcohol in Europe.

We greatly value the strong working relationships that we have built with Commission officials and representatives of Member States as well as NGOs. We recognise that the Commission's intention in establishing the European Alcohol and Health Forum (EAHF) in 2007 has been to provide "a common platform for all interested stakeholders at EU level that pledge to step up actions to reducing alcohol-related harms" and we have been active members of the Forum since its inception.

We appreciate the opportunities that the EAHF has given to enable NGOs concerned about public health to come together at regular intervals to exchange ideas and plan together. We have also welcomed the opportunities to hear about the activities of the Commission and economic operators. By meeting through the Forum, progress has been made in areas such as labelling, drink driving and workplace campaigns.

However, following the recent resignations of four NGOs and discussions we have had with Commission officials, we believe that there is an urgent need to review how the EAHF operates. We have agreed with Commission officials that we would lay out a statement of our position and suggest constructive ways forward.

## **Context**

It is important to acknowledge that public health/NGO stakeholders, on the one side, and economic operators on the other side, have significantly competing interests. Economic operators prioritise making a profit from alcohol sales while public health/NGO bodies prioritise preventing alcohol health and social harms. There is undeniable evidence that the most effective way to prevent the harmful use of alcohol is to implement population-wide strategies, that will effectively reduce the availability and affordability of alcohol. However, time and again, economic interests have opposed and undermined such strategies and NGOs' efforts to support them.

There is an indisputable and growing body of evidence which documents the many attempts by the global alcohol industry to influence policy in ways that favour their business interests at the expense of public health and well-being. We are concerned to ensure that the EAHF should never be misused in this way. Although the EAHF is not supposed to influence the development of alcohol policy, our experience is that discussions have sometimes veered into policy-related areas. This is totally unacceptable.

## **Recommendations**

The Commission and Member States should be guided by the World Health Organisation's guidance that the alcohol industry's activities should be restricted to their core roles as developers, producers, distributors, marketers and sellers of alcoholic beverages and that they should have no role in the formulation of alcohol policies, which must be protected from distortion by commercial or vested interests. Our proposals are as follows:

1. The Commission should put in place a workplan for the EAHF, to be drawn up in consultation with members, and with ambitious, yet achievable and measurable outputs. This should be aligned with relevant EU strategies and action plans, including, though not limited to, alcohol-specific strategies and action plans. All commitments should be aligned with the EAHF's workplan, with ambitious, yet achievable and measurable outputs.
2. A standing sub-group of the EAHF should meet to review arrangements for monitoring appropriateness of commitments in relation to the EAHF workplan, the evidence base and their delivery.
3. New working arrangements should be established so that NGOs can meet independently with Commission officials to make recommendations on policy<sup>i</sup>. These policy meetings should be scheduled adjacent to CNAPA meetings, giving health bodies a chance also to present evidence to Member States.
4. Regular, themed meetings should take place, based on Commission officials' identification of relevant issues which arise from discussions at the Forum<sup>ii</sup>.

5. As originally envisaged, an annual 'open forum' should be convened to consult with and share perspectives with external stakeholders. Informed by these discussions, EAHF functioning and priorities should be reviewed and realigned if necessary.
  
6. The Commission should review the functions and operations of the Science Group, in consultation with the Science Group's Chair and the Chair of the EAHF.

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<sup>i</sup> The recommendations in this paper relate solely and specifically to the EAHF. As laid out in the EAHF's Charter, a multi-stakeholder voluntary framework cannot encompass all fields of action around alcohol. It is reasonable that economic operators should also engage outside with Commission officials outside its auspices on relevant trade-related matters. The health-related policy discussions that the Commission would have with NGOs could inform these separate discussions by enabling the Commission to bring an ethical dimension, with a focus on health harms.

<sup>ii</sup> However, following these, it will be for Commission officials alone to determine any actions to take or recommendations to make to member states.