

ANNUAL REPORT 2018



June 2019

European Alcohol Policy Alliance (EUROCARE) was established in 1990 by representatives from Denmark, Sweden, Norway, Germany, Italy, Spain, Portugal, France and the United Kingdom as concerns grew over the impact of the single market on national alcohol policies. In 1996 the organization was registered in Belgium with a Secretariat. The organization is today registered as an AISBL.

Eurocare is today an alliance of non- governmental and public health organisations with around 54 member organisations across 23 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 service for people whose lives are affected by alcohol problems.

Our vision is a Europe where alcohol related harm is no longer one of the leading risk factors for ill-health and pre-mature death. European decision makers recognise the harm done by alcohol and apply effective and comprehensive policies to tackle it. Eurocare is recognised as the leading European public health organisation in alcohol related dialogue and policy development.

Our mission is to promote policies to prevent and reduce alcohol related harm, through advocacy work. The message, regarding alcohol consumption, is “less is better”.

To achieve its mission Eurocare:

-  Advocates for the prevention and reduction for alcohol related harm in Europe.
-  Influences European policy makers by advocating effective evidence-based alcohol policy.
-  Monitors policy initiatives and informs its members
-  Creates and nurtures ties between organisations at EU level concerned with alcohol related harm
-  Disseminates information on alcohol related issues
-  Publishes reports and position papers

2018

2018 has been yet another year with a healthy and stable Eurocare with activities in line with our mission: Less is better! Eurocare members are a visible voice across Europe, continuously calling on politicians and decision makers to reduce and prevent alcohol related harm. Surveys consistently show that health and wellbeing are among Europeans' top concerns. Eurocare's activities in 2018 illustrates the vital importance of coordinated European action to advance the protection and improvement of health for all.

Europe is still the region with the highest alcohol consumption in the world, which contributes significantly to the mortality from non-communicable diseases (NCD). However, we can also be proud to announce that finally alcohol consumption in Europe is decreasing – even if it is at a far too slow rate.

Estonia and Lithuania seem to be taking the lead in introducing new policies with the aim to reduce alcohol related harm among its population. Eurocare is proud to see its member's organisations active and in the lead, working in close collaboration with governments.

The 8th European Alcohol Policy Conference was hosted and co-organised with Scottish Health Action on Alcohol Problems (SHAAP). 300 participants from Ministers and officials, representatives from the World Health Organization and leading NGOs, as well as top academics and public health experts were gathered at the Royal College of Physicians of Edinburgh (RCPE). The venue is filled with stunning original architectural features and provided a perfect place to discuss enlightened alcohol policy for the 21st century. I wish to thank SHAAP, the Royal College of Physicians of Edinburgh and the Scottish Government for their continued and valuable support.

Eurocare is coordinating and leading the EU funded project *Focus on Youth, Football and Alcohol (FYFA)* which held its kick off meeting in September 2017 and will be ongoing to August 2020. A big thank you to the Scottish government for supporting the project and helping Eurocare with the 40% co funding needed.

Marketing of alcohol is one of the main political issues discussed among Eurocare and its members. There was little political will to introduce stricter marketing rules in the EU regulation with the revision of the Audio-visual media service directive. However, on the positive side – this is a minimum harmonisation directive – so Member States can themselves introduce stricter regulations.

The discussion of labelling of alcoholic beverages has been raised to the Global level by WHO Geneva office introducing the discussion at Codex Alimentarius. This makes us hopeful that consumers in the future will be able to make informed choices with all alcoholic beverages listing their ingredients and have nutritional information per 100 ml, including health information labels.

I am happy to welcome two new associated members; A.N.O. – Association of Non-Governmental Organisations, Czech Republic and California Alcohol Policy Alliance/Alcohol Justice.

We would like to thank all Eurocare members for good support in 2018!



Tiziana Codenottii
Eurocare President

GOVERNANCE OF EUROCARE

The European Alcohol Policy Alliance met 7th and 8th June 2018 for the Annual General Meeting in Brussels, Belgium. The meeting in Brussels gathered 26 member organisations (three proxies), who decided on the priorities for the coming year.

The Board consists of the following members who were elected in 2017 for three years.

EUROCARE BOARD MEMBERS

Representative	Position	Organisation	Country
Tiziana Codenotti	President	Eurocare Italia	Italy
Peter Rice	Vice President	Scottish Health Action on Alcohol Problems (SHAAP)	United Kingdom
Kari Vuorinen	Treasurer	EHYT Finnish Association for Substance Abuse Prevention	Finland
Katherine Severi	Board Member	Institute of Alcohol Studies	United Kingdom
Sven-Olov Carlsson	Board Member	IOGT NTO	Sweden
Suzanne Costello Left November 2018	Board Member	Alcohol Action Ireland	Ireland
Lukas Galkus	Board Member	Alcohol Policy Youth Network (APYN)	International, Slovenia
Marijs Geirnaert	Board Member	Vereniging voor Alcohol-en Andere Drugproblemen vzw (VAD)	Belgium
Myrian Savy	Board Member	Association Nationale de Prevention en Alcoologie et Addictologie (ANPAA)	France
Stig Erik Sørheim	Board Member	Actis – Norwegian Policy Network on Alcohol and Drugs	Norway

Eurocare would like to thank outgoing members of the Board: Suzanne Costello from Alcohol Action Ireland for all their help and support to Eurocare.

NEW MEMBERS OF EUROCARE

Eurocare was happy to welcome two new associated members; A.N.O. – Association of Non-Governmental Organisations, Czech Republic and California Alcohol Policy Alliance/Alcohol Justice.

Eurocare now have a total of 54 members from 23 countries. See the end of the document for an overview of all Eurocare members.

POLICY ISSUES

Commercial communication of alcohol

The revision of the Audio-visual media service directive (AVMSD) was discussed between 2016 to 2018 after a public consultation. The European Alcohol Policy Alliance (Eurocare) welcomed the revision and hoped it would result in a better framework with stricter regulation of alcohol commercial communication especially on young people.

There were significant differences between the responses of the Council and the European Parliament to the Commission's proposal. There have been at least 9 informal triilogue meetings. Politicians at both national and European level were not willing to have stricter regulation on neither alcohol nor unhealthy food. On the positive side – this is a minimum harmonization regulation which makes it possible for Member States to implement stricter regulation particularly targeting needs at Member State level.

Common Agricultural Policy and wine subsidies



Each year, wine sector receives nearly

€250 MILLION

to advertise wine outside the EU. The European Court of Auditors has exposed **repeated misuse** of funds.

Time to end EU wine promotion funds.

In the beginning of 2018 Eurocare presented its report on EU's wine promotion subsidies. *Europe's billion-euro wine spillage*. Wine promotion subsidies over the Common Agricultural Policy (CAP) are aimed primarily at increasing European wines' competitiveness

in non-EU countries through activities such as information campaigns, market studies and participation at wine fairs abroad. The CAP features two parallel schemes for wine promotion. One is regulated over Reg (EU) 1308/2013 and amounts to nearly €250 million in 2018.¹ Another one is regulated over Reg (EU) 1144/2014 and has financed more than €22 million in wine related promotion since its inception in 2014.² There is a clear trend of increasing budgets for both these schemes. In the following, we will focus mainly on the former.

These promotional measures, draining millions of euros from the EU budget, jeopardize public health, create market distortions and occasionally camouflage serious misuse of funds by the

beneficiaries. Furthermore, the European Court of Auditors have questioned the role of EU grants to promote wine, citing lack of demonstrable results over the scheme's lifetime.

European agricultural policies are important tools to support farmers' livelihood and sustainable rural development. However, EU policies must be coherent and cannot be evaluated according to economic metrics alone: Public health perspectives should always be weighed into evaluations, especially when the beneficiaries of a policy are producers of alcoholic beverages.

Consumer Labelling

Eurocare has been calling for labelling regulation of alcoholic beverages since 2008. In March 2017, the European Commission published a report on alcohol labelling required by Regulation (EU) No 1169/2011 on the provision of food information to consumers as it exempted alcoholic beverages (containing more than 1,2% by volume) from the obligation to provide information to consumers. Unlike other food products, they do not have to list their ingredients or provide nutritional information. The report clearly states that objective grounds have not been identified that would justify the absence of information on ingredients and nutritional information on alcoholic beverages or a differentiated treatment for some alcoholic beverages, such as 'alcopops'.

The European Commission gave alcohol industry one year to present self-regulatory proposal.

Industry failed to produce a uniform approach for the whole sector, instead in March 2018 presenting sector specific annexes. Eurocare

issued a joint press statement in response to the industry self-regulatory proposal. It has coordinated action of organisations interested in the topic. Throughout the 2018 it has continued with Twitter messages around the topic with the RightToKnow and AlcoholLabelling hashtags.



Mariann Skar, Secretary General

'The alcohol industry self-regulatory proposal on labelling is a huge disappointment. We do not have to go online to find information for milk or orange juice, why should we for wine?'

eurocare
European Alcohol Policy Alliance

With the CAP reform the wine sector ceased the opportunity to move labelling of wine from DG SANTE to DG AGRI portfolio. Eurocare has been actively following the file in the European Parliament, contacting MEPs and attempting to influence the voting outcome. Unfortunately, the EP has maintained in its draft report, the provisions of wine labelling through CAP framework. Eurocare has also organised an event in the EP on the topic of alcohol labelling.

Price

#MUPsaveslives

SHAAP in collaboration with Eurocare presented in 2018 an overview over the journey in Scotland towards introducing minimum unit price on the 1 May 2018. The journey started in 2007 when SHAAP convened an expert workshop to consider action that the government could take on pricing policy to reduce alcohol-related harm in the population, continued with a public consultation in Scotland in 2008 and almost ended with a five-year-long legal battle. It was settled on 15th November 2017 by the definitive ruling of the UK Supreme Court and the legislation took effect from 1st May 2018. There is a five-year sunset clause to prove it has effect. We are looking forward to receiving the evaluation of the policy.

EU cross-border alcohol purchases – Building a common understanding

The European Commission started discussions with Member State in May 2018 on reshaping the rules governing excise duty on alcohol within the EU, with the intention of paving the way for a better business environment, reduced costs for small alcohol-producing businesses and better protection for consumer health.

- Put in place a uniform certification system confirming the status of independent small producers throughout the EU. This will reduce the administrative and compliance costs for small producers who will be able to benefit from reduced excise rates under certain conditions.
- Ensure a precise and consistent classification of cider across the EU
- Clarify the correct manufacturing processes and conditions for denatured alcohol.
- Update IT systems to track movement of certain denatured alcohol.
- Increase the threshold for lower strength beer that can benefit from reduced rates from 2.8% volume to 3.5% volume.

Eurocare has highlighted the need for an evaluation if the threshold for lower strength beer benefits from reduced rates from 2,8% volume to 3,5% volume. The objective for the change is to encourage more innovation and the development of new products and should encourage consumers to choose low-strength alcoholic beverages over standard ones, thereby reducing alcohol intake. It is important to gather evidence that this change of reduced rates has worked as intended.

Following up on the Council Conclusions under the Estonian Presidency in 2017 the European Commission is preparing a study on the potential public health effects of revising Article 32 of

Directive 2008/118/EC on “Personal purchases by travellers for their own use and transported by the traveller himself”. The result is expected in the autumn 2019.

Eurocare members in the Nordic-Baltic region are working on cross-border alcohol purchases. For more information see: <https://nordan.org/>

Alcohol and tourism

The Institute of Alcohol Studies (IAS) and the European Alcohol Policy Alliance (Eurocare) hosted a stakeholder event in June 2018 to investigate the nature of the problem and explore potential policy solutions. IAS and Eurocare followed up with the contacts and initiatives already done by NordAN. The event in Brussels gathered 30 experts in the area of alcohol policy and aviation. Speakers included representatives from Ryanair, the European Travel Retail Association, a legal expert and adviser to a UK House of Lords Committee and the Nordic Alcohol and Drug Policy Network (NordAN). This work has since been followed up with collaboration with the Balearic Islands.

Excessive alcohol intake by air passengers has economic, medical and welfare ramifications, and is identified as a top three risk to aviation safety. The unruly passengers often have had their first drinks on the airport and continue drinking inflight, either by buying alcohol on board or by drawing on personal supplies. The prevalence of disruptive behaviour at airports and on airplanes due to alcohol consumption is increasing. In 2016, there were 9,837 reported “unruly incidents” involving verbally and physically aggressive passengers. In 23% of these cases, alcohol or drug intoxication was identified as a main factor of inflight disruption. That amounts a doubling in frequency compared to the period 2007–2015. During 2016, 169 reported incidents ended with unruly passengers being restrained, a jump from the 113 in 2015.

Today it is at each airline’s discretion to formulate and enforce its own serving policies within this broad formulation. Furthermore, passengers involved in serious disruptive events during a flight may face no charges on the ground. That is due to the multi-jurisdictional nature of air travel: Under existing international laws, while the authorities in the country of registry have jurisdiction over an incident that takes place during a flight, the authorities in the country where the plane lands are often powerless to act.

The Montreal Protocol 2014 grants legal jurisdiction over these incidents to the country where the airplane lands. However, 22 countries must adopt the protocol before it comes into force; so far only

twelve have done so. IATA expresses its hope that it will be fully ratified by 2019 as several countries have expressed intentions to join it.

Recommendations

- Ratify the Montreal Protocol 2014
- Changing the mindset of passengers before and during air travel
Raise awareness about the effect's alcohol has on the body while travelling by plane
- Targeted communications campaigns on consequences of disruptive behaviour
Enhanced international cooperation acting as a legal deterrent (Enforcement of Montreal Protocol 2014)
- Improvements in licensing regimes at the airports, in some countries like the UK it would mean simply alignment of airports UK licensing regulations
- Criminalisation of drinking alcohol not served by the crew on board of aircrafts. Alcohol bought in duty free would not be allowed to be consumed while flying, only when reaching the destination.



OTHER ONGOING ISSUES

Focus on Youth, Football and Alcohol



FYFA is an EU funded project from the Health Program and Eurocare is the leading partner. The aim is to reduce underage drinking and heavy episodic drinking among young people, as both strongly affect the health and welfare of Europe's population.

FYFA will review policies related to young people, sport, marketing and alcohol with focus on football on international, national and local levels. Relevant stakeholders and decision makers will be interviewed at all levels. We will identify one local youth football club in six Member States, where young people, aged 13-15 participate in regular sporting activities and interview football club management to

find out: attitudes, strategies to reduce drinking and harms for young people.

Finally, FYFA will organise an international conference on Alcohol, Marketing, Sport and Youth – launching the project findings and recommendations 2020.

The Scottish Government has kindly supported the project.

In 2018, dissemination materials were created (WP2), two management meetings took place and WP4 was finalised – review of international policies. <http://fyfaproject.eu/>

Alcohol labelling seminar in the European Parliament



**MEP
Biljana Borzan**

WE URGE THE EUROPEAN COMMISSION, TO ADDRESS THE ISSUE AND ALIGN REQUIREMENTS FOR ALCOHOLIC BEVERAGES WITH THOSE FOR OTHER FOOD AND DRINKS PRODUCERS.

MEP Borzan stated that the current situation created disparities in the internal market, where a milk producer has a higher administrative burden than a vodka producer. She believes the EU should allow a level playing field for all economic operators and not favor producers of one category of goods. Around 50 participants from more than 10 countries were actively engaged in the discussions.

Awareness Week on Alcohol Related Harm



Eurocare organized this year's alcohol awareness week, with the support of Margaret Walker – pro bono. A big thank you to Margaret for her support.

The week was held from 19 – 23 November. Awareness about the harm to others. Please see here for more information: <http://www.awarh.eu/>

Eurocare would like to thank for all the support that was given during the week.

8th European Alcohol Policy Conference



The conference was hosted and co-organised with Scottish Health Action on Alcohol Problems (SHAAP). 300 participants from ministers and officials, World Health Organization and leading NGOs, as well as top academics and authors were gathered at the Royal College of Physicians of Edinburgh (RCPE).

Enlightened alcohol policy for the 21st century was the theme for the conference. The Royal College of Physicians of Edinburgh was at the very centre of the 18th Century Scottish Enlightenment and continues to promote innovation in Public Health, in Scotland and at international level. Through the prism of humanist and rationalist views from the Scottish and European Enlightenment, which emphasised evidence-based scientific principles, the 8EAPC presentations re-asserted the importance of enlightened policies to bring practical benefits for the individual and society.

Eurocare would like to thank SHAAP, the Royal College of Physicians of Edinburgh and the Scottish Government for their continued and valuable support.

For more information about the conference: <https://8eapc.eu/>

Photos and videos of the conference are available here: https://www.youtube.com/channel/UC-v9gEgAc_s6RSEaL8JzZBA

Stakeholder Forums

Eurocare is participating in several stakeholder forums of the European Commission

- DG SANTE: EU Health Policy Forum
- DG CONNECT: Community of Best Practice
- DG AGRI: Civil Dialogue on Wine
- DG TRADE: Civil society dialogue
- DG TAXUD: Round table on denatured alcohol



World Health Organization

Eurocare was in the 68th session of the Regional Committee for Europe in Rome accredited of regional non-State actors not in official relations with WHO to the WHO Regional Committee for Europe

Eurocare is a member of the following organisations: European Public Health Alliance (EPHA), Global Alliance of NGOs for Road Safety

REPORTS AND PAPERS 2018

January: What's in this drink? Eurocare's position on ingredient and nutritional information.

February: EU: Do more for health campaign

March: Europe's billion-euro wine spillage. A report on EU's wine subsidies
Public consultation on EU funds in the area of investment, research& innovation, SMEs and single market

May: #MUP saves lives – Research and policy briefing by SHAAP and Eurocare

Manifesto: Europe's health deserves EU's attention: Investing in chronic disease prevention and management.

July: Comments to Public Health Bill 2015

August: Fit to Fly – Summary report of the policy debate on alcohol and air travel by Institute of Alcohol Studies and Eurocare

September: Oral statement on WHO EUR/RC68/13 Engagement with non-State actors – accreditation of regional non-state actors not in official relations with WHO to attend meetings of the WHO Regional Committee for Europe.

October: Comments to Act amending the Alcohol Act – notification number 2018/324/Finland

PRESS RELEASES 2018

6 March Europe's billion-euro wine spillage

12 March We deserve better – reaction to alcohol industry self-regulatory proposal for labelling.

16 August Drunk, disruptive air passenger numbers on the rise

21 September WHO Global Status Report on Alcohol and Health 2018

17 October Irish Alcohol Bill welcomed as a ground-breaking measure by European Health Community

7 November Will consumers be left wondering forever?

DISSEMINATION

8 newsletters were sent to around 1330 contacts before regulation GDPR and 350 after.

Tweeted around 50 times per month and with around 2500 followers

Facebook receives on average 18 posts per month and receives close to 900 likes.

FINANCES

The European Alcohol Policy Alliance is dependent on receiving financial resources from its members and governmental support. Membership fees are low, and more contributions are needed if the Secretariat is to have a leading role in developing alcohol policy at EU level. Travel and accommodation costs involved in the Board meetings are covered by the Board members themselves, except for those who come from member organisations with very limited resources.

In 2018 Eurocare has received funding for leading the EU project, funded by the 3rd Health Programme; FYFA – Focus on Youth, Football and Alcohol.

European Association for the Study of the Liver (EASL) and United European Gastroenterology (UEG) are sharing offices with Eurocare.

Eurocare	2018
Income	
Membership fees	28.285,46
Grants from Actis Rusfeltets samarbeids organ	218.500,00
Grants from IOGT-NTO	20.000,00
Grants from Scotland	22.737,00
EU Funded projects (RARHA/FYFA)	27.387,89
Other income	12.300,00
Cost recuperation	33.438,00
Tax on wage reduction	463,90
Financial income	0,46
Results of the year/loss	
TOTAL	363.112,71
Expenditure	
Direct costs	3.718,08
Meetings and conferences	19.012,13
Rental utilities and building costs	35.265,34
Maintenance	2.888,01
Administrative expenses	25.309,69
Equipment and communication	8.096,76
Consultancies and external services	9.472,36
Salary costs and social charges	241.438,24
Depreciations	689,64
Financial costs	296,87
TOTAL	346.187,12
RESULT OF THE YEAR	16.925,59

EUROCARE MEMBERS 2018

Belgium	Vereniging voor Alcohol-en Andere Drugproblemen vzw (VAD)
Bulgaria	Foundation Horizonti 21
Czech Republic	A.N.O – Association of Non-Governmental organisation (ass member)
Denmark	Alcohol and Society Danish Cancer Society
Estonia	Estonian Temperance Union
Finland	Finnish Association for Substance Abuse Prevention
France	Association National de Prevention en Alcoologie et Addictologie (ANPAA)
Germany	Deutsche Haputstelle fur Suchtfragen (DHS), Deutsche Guttempler IOGT e.V
Greece	Oasis
Hungary	Centre for Healthy Hungary
Ireland	Alcohol Action Ireland North West Alcohol Forum
Italy	A.I.C.A.T (Associazione Italiana Club Alcolisti in Trattamento) Eurocare, Italy Associazione Aliseo ONLUS Gruppa Logos – Onlus
Lithuania	Lithuanian National Tobacco and Alcohol Control Coalition
Netherlands	STAP, Stichting Alcoholpreventie
Norway	Actis – Policy Network on Alcohol and Drugs IOGT Norway Frelsesarmeens Rusomsorg (Salvation Army Av og Til
Poland	The State Agency for Prevention of Alcohol related problems (PARPA) Krajowa Rada MONAR
Portugal	Centro de Alcoplogia Nova Rumo Sciedade Anti-Alcodlica Portuguesa (SAAP)
Slovenia	UTRIP
Spain	Foundacion Salud yComunidad Asociacion de Ex-Alcoholicos Espanoles Scidrogalcohol Associacio RAUXA Federacio Catalana D’Alcoholics Rehabilitats (FARC)
Switzerland	Addiction – Info Switzerland
Sweden	IOGT-NTO Swedish Council on Alcohol and Drugs MHF
Turkey	Turkish Green Crescent Society Turkish Alcohol Platform
United Kingdom	Institute of Alcohol Studies Alcohol Concern Alcohol Focus Scotland Balance, North East Alcohol Office Scottish Health Action on Alcohol Problems (SHAAP)
International	Alcohol Policy Youth Network Blue Cross International NordAN (Nordic Alcohol and Drugs Policy Network) EUFASD, European FASD Alliance EMNA (European Mutual Help Network for alcohol related problems) EASL (European Association for the Study of the Liver) UEG (United European Gastroenterologists) California Alcohol Policy – Alcohol Justice (ass member)

54 members in 23 countries