

ANNUAL REPORT 2019



June 2020



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 52 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 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

2019

Europe is still the region with the highest level of 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.

Ireland is the next country in line for a more ambitious alcohol policy and Eurocare is proud to see its member organisations in the lead of the advocacy efforts, working in close collaboration with the government. The evaluations from Minimum Unit Price(MUP) in Scotland are proving that the targeted intervention seems to be working well. Other countries like the Netherlands are following the implementation closely and considering introducing MUP.

In 2019, in cooperation with the Balearic Islands government Eurocare organised two events addressing the issue of alcohol related problems in tourist setting. One event took place in Palma and the other in Brussels. It is with great pleasure that we welcome the steps taken by the Balearic Islands government to limit the harm caused by alcohol.

Eurocare is coordinating and leading the EU funded project *Focus on Youth, Football and Alcohol (FYFA)* which held the Expert meeting in May 2019 in Warsaw. A big thank you to the Scottish government for continuous support and helping Eurocare with the 40% co-funding needed.

Eurocare was present as a public Observer at the Codex meeting in Canada calling for international support for ingredients and nutritional listing and health messages. Russia together with EU and India have taken the lead on the discussion of labelling of alcoholic beverages at Codex Alimentarius.

I am happy to welcome one new member organisation: Nazareth from Ukraine. A new country in the Eurocare family.

We would like to thank all Eurocare members for good support in 2019 and looking forward to new activities in 2020!



Tiziana Codenottii
Eurocare President

GOVERNANCE OF EUROCARE

The European Alcohol Policy Alliance met 17th and 18th June 2019 for the Annual General Meeting in Brussels, Belgium. The meeting in Brussels gathered 25 member organisations (five 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
Sheila Gilheany	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

NEW MEMBERS OF EUROCARE

Eurocare was happy to welcome one new member: Nazareth, Ukraine

Eurocare now have a total of 52 members from 21 countries. See the end of the document for an overview of all Eurocare members.

POLICY ISSUES

Commercial communication of alcohol

The implementation of the Audio-visual media service directive (AVMSD) is now taking place at Member State level. Politicians at both national and European level were not willing to have stricter regulation on neither alcohol nor unhealthy food. However, this is a minimum harmonization regulation which makes it possible for Member States to implement stricter regulation particularly targeting needs at Member State level. AVMSD officially enter into force on 19th December 2018. The transposition period of 21 months will end on 19 September 2020, by which all Member States will be required to have brought into force the laws, regulations and administrative provisions necessary to comply with the revised Directive. Several Member States are moving forward on this issue, Estonia, Lithuania and Ireland are the last Member States to introduce more ambitious regulations.



Digital marketing is a growing issue and Eurocare together with EUCAM organised an event on this in Amsterdam. Eurocare is gathering knowledge in this area and will be following it closely in the coming years.

EU-FUNDING AND PROPPING UP OF ADVERTISEMENTS FOR A SINGLE PRODUCT, WHICH IS CLASSIFIED AS A CLASS ONE CARCINOGEN, CREATES A GROSS DISSONANCE WITH THE CAP'S NOTION OF PROVIDING A STABLE SUPPLY OF "SAFE FOOD".

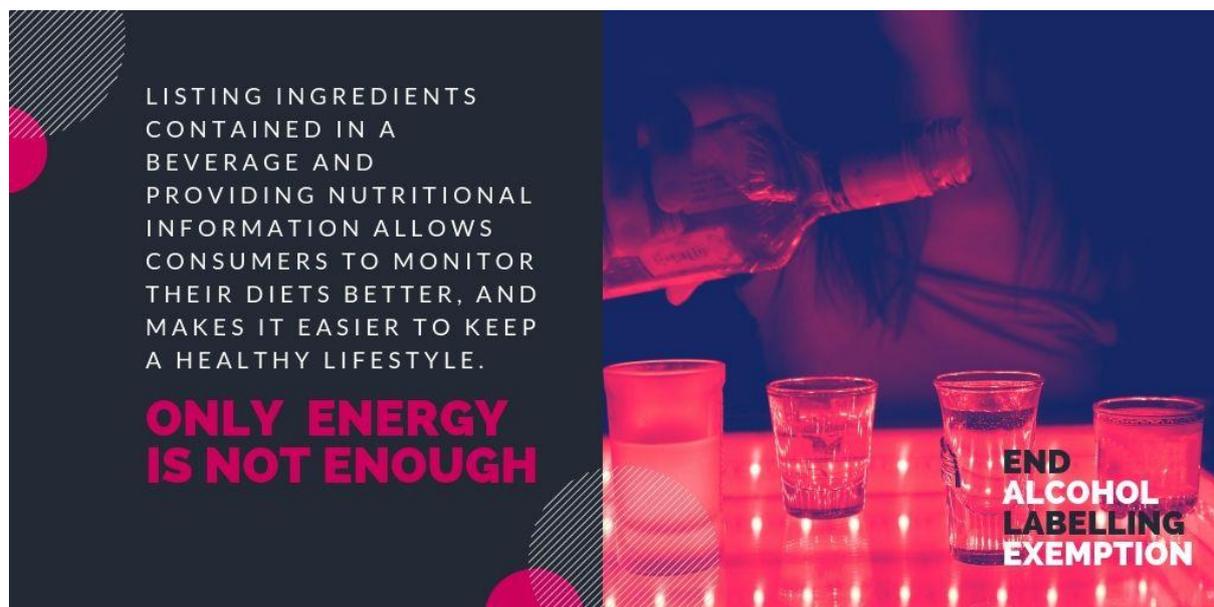


Wine promotion subsidies over the Common Agricultural Policy (CAP) are aimed primarily at increasing European wines' competitiveness in non-EU countries through activities such as information campaigns, market studies and participation at wine fairs abroad. The CAP features two parallel schemes for wine 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.

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.

Eurocare has been following up the discussions at EU level regarding the CAP reform by replying to consultations, contacting MEPs, submitting amendments and sending voting recommendations and complementing these activities with 'in-house created' social media efforts. Furthermore, Eurocare is a member in the Civil Society Dialogue on Wine. The 2018 Eurocare report on EU's wine promotion subsidies. *Europe's billion-euro wine spillage* has been continuously widely disseminated in 2019.

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

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.

Despite Eurocare’s and other public health organisations efforts, by the end of the year it became clear that in order to achieve some progress on the alcohol labelling file, the European Commission decided to agree to self-regulation. Memorandum of Understanding were signed between the European Commission and alcohol sectors (separately for spirits and separately for wine). The European Commission will monitor the implementation of the industry self-regulation in the area of alcohol labelling (please note this only covers ingredients and nutrition listing). Throughout the whole year Eurocare has kept the pressure on the European Commission and the alcohol industry,

coordinated informal coalition of like-minded organisations and created a small social media campaign. It has also closely followed and advocated against efforts to move wine labelling into the CAP reform discussions. Unfortunately, without success, although CAP reform is not finalised it appears that wine labelling will be part of CAP (governed by DG AGRI) requiring wine bottles to only provide calories indication.



**RightToKnow – Kansainvälinen
seminaari alkoholituotteiden
pakkausmerkinnöistä
Helsingissä 10.10.2019.**

**Seuraa seminaaria etänä klo
12.30 alkaen**
www.dclive.fi/labelling/RightToKnow.

**#OIKEUSTIETÄÄ
#RIGHTTOKNOW**



In the autumn, Eurocare co-organised with EHYT an **International Conference on Alcohol Labelling, Helsinki, Finland**. The conference had a status of being a supplementary event of Finland's EU presidency. The objective is to encourage the European Commission (EC) and Parliament to align alcoholic beverages with other food products, by introduction of legislation for obligatory ingredients or nutritional information listing on alcoholic beverages. [Recording of the conference](#) Themes for the conference were: What does the industry have to offer? And What does society want?

Speakers included: Rada Chehlarov, Unit SANTE E1, European Commission, Joao Onofre, Head of Unit AGRI G2, European Commission, Pierre Olivier Bergeron, Brewers of Europe , Ulrich Adam, SpiritsEurope , Ignacio Sanchez Recarte, CEEV, Mats-Eric Nilsson, Highlights from the journeys into non-existing châteaux, author of the book "Chateau vadå", Björn Bernhardson, In Vino Veritas, pan-European petition, Juha Beurling-Pomoell, Director of Kuluttajaliitto Consumers Union Finland: Consumers expectations, Patrick O'Sullivan, Standing committee of the Doctors (CPME)

[Conference press release](#)

[RightToKnow alcohol labelling video](#)

[Video from the Estonian presidency on alcohol labelling 2017](#)

Price

#MUPsaveslives

The first results of the evaluation of MUP are coming and to date they seem encouraging.

Researchers, led by a team at Newcastle University, have been looking at the impact of minimum unit pricing (MUP) on alcohol purchases in Scotland. How much alcohol are people buying in shops and supermarkets before and after the implementation of MUP up to the end of 2018. The study said overall it represented a fall of 7.6%, or 1.2 units - the equivalent of just over half a pint of beer or a measure of spirits, a week per adult on what would have been expected. The biggest fall was among the heaviest fifth of drinkers - the amount purchased by this group fell by two units. In terms of immediate impact, the introduction of minimum unit pricing appears to have been successful in reducing the amount of alcohol purchased by households in Scotland. The action was targeted, in that reductions of purchased alcohol only occurred in the households that bought the most alcohol.

As highlighted by Mooney and Carlin (“Minimum unit pricing for alcohol in Scotland”, <https://www.bmj.com/content/366/bmj.l5603>) “of course, in an age when complex public health issues such as harm from alcohol require whole system approaches, no single policy lever should be seen as a panacea, and MUP is still regarded in Scotland as one component of the overall strategy, as set out for example in the World Health Organization’s SAFER initiative.

EU cross-border alcohol purchases – Building a common understanding

The Council Conclusions under the Estonian Presidency in 2017 regarding cross border trade of alcohol has resulted in the European Commission 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” and EC study on Article 32 and 36 of the Council Directive 2008/118/EC concerning the general arrangements for excise duty. The results are expected shortly.

Eurocare together with members like IOGT-NTO, NordAN and NTAKK have been giving input during the consultation phase. Eurocare members in the Nordic-Baltic region are working on cross-border alcohol purchases. For more information see: <https://nordan.org/>

Lithuanian Drug, Tobacco and Alcohol Control Department hosts Nordic-Baltic Workshop on Cross-border Alcohol Purchases

Alcohol and tourism



Spanish Balearic Islands take brave steps to reduce alcohol related harm on the islands.

In 2019, in cooperation with Balearic Islands Government Eurocare organised two events addressing the issue of alcohol related problems in tourist setting. One event took place in Palma and other in Brussels.

It is with great pleasure that we welcome the steps taken by the Balearic Islands government to limit the harm caused by alcohol. The laws passed restrict sales and promotion of alcohol in certain touristic areas. The restrictions will apply to three areas with a reputation for excess: San Antoni on the island of Ibiza and El Arenal and Magaluf. These resorts (especially Magaluf) over the years have gained not a very flattering reputation for heavy drinking among young people, particularly the UK. Provisions of the news laws are:

- Bans for pub crawls
- Bans for two for one drink offers
- Ban on sale of alcohol in shops between 9:30pm and 8am
- Restrictions in some areas of promotion of party boats.

Establishments that break the new rules risk fines of up to 600,000 EUR and the threat of being closed down for three years. The new law also takes aim at the so-called "balconing" craze, the term given to holidaymakers who decide to jump into a swimming pool from a hotel or apartment balcony, a stunt which claims several lives every year. It bans "balconing" across the entire archipelago and requires hotels to evict anyone who does it. Those caught jumping from balconies face fines of up to 60,000 EUR. This law is aimed and limiting the excess, protecting lives and encouraging change in the tourism model of Balearic Islands.

The four islands which make up the Balearics -- Palma de Mallorca, Ibiza, Menorca and Formentera, received nearly fourteen million tourists in 2018. The archipelago is Spain's second most visited region.

The two events in 2019 followed was a follow up of the stakeholder event hosted by the Institute of Alcohol Studies (IAS) and the European Alcohol Policy Alliance (Eurocare) 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. 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.

It was with great pleasure that Eurocare noted in January 2020 that the number of countries required for ratification has been reached. We would like to believe that our modest efforts contributed to it.

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 2019, dissemination materials were created (WP2), one face to face management meeting took place, an expert meeting in Warsaw in May 2019 and WP5 was finalised – review of national policies. <http://fyfaproject.eu/>

Stakeholder Forums

Eurocare is participating in several stakeholder forums of the European Commission

- DG SANTE: EU Health Policy Forum
- DG AGRI: Civil Dialogue on Wine
- DG TRADE: Civil society dialogue



World Health Organization

Eurocare was present in the 69th session of the Regional Committee for Europe in Copenhagen accredited of regional non-State actors not in official relations with WHO to the WHO Regional Committee for Europe

Awareness Week on Alcohol Related Harm



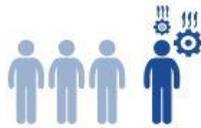
Eurocare organized this year's alcohol awareness week, with the support of Margaret Walker – pro bono. A big thank you to Margaret for her support.

The week was held from 18 – 22 November. Awareness about alcohol and mental health. 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.



Alcohol & Mental Health



One in four people in the world will be affected by mental or neurological disorders at some point in their lives⁽⁹⁾



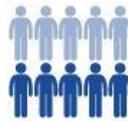
Around 450 million people currently suffer from mental or neurological disorders⁽⁹⁾



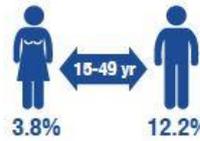
Alcohol Use Disorders are a neglected target in mental health prevention. Early identification, screening and brief interventions can decrease the impact of alcohol on mental ill health



According to WHO harmful use of alcohol is one of the key risk factors for the development of noncommunicable diseases (NCDs) and mental health conditions⁽¹⁾



49% of alcohol attributable disability-adjusted life-years (DALYs) are due to noncommunicable and mental health conditions⁽¹⁾



In 2016, globally, alcohol use was the seventh leading risk factor for both deaths and DALYs⁽²⁾ and among 15-49 year olds, alcohol use was the leading risk factor globally, with 3.8% of female deaths and 12.2% of male deaths attributable to alcohol use⁽²⁾



The alcohol-attributable fraction for suicide was estimated to be as high as 18%⁽³⁾



Every 40 seconds, someone loses their life to suicide⁽⁴⁾



Risk of suicide attempt increases seven times soon after drinking alcohol, and this risk further increases to 37 times after heavy use of alcohol⁽¹⁾

1. Global status report on alcohol and health, WHO, 2018
 2. Lancet 2016; 382: 1015-36
 3. https://www.who.int/whr/2001/media_centre/press_release/en/
 4. <https://www.who.int/news-room/events/detail/2019/10/10/default-calendar-2019-focus-on-suicide-prevention>

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

DISSEMINATION

6 newsletters were sent to around 360 contacts (fell from close to 1400 after GDPR regulation).

Tweeted around 50 times per month and with around 2750 followers

Facebook receives on average 18 posts per month and receives close to 1250 followers.

REPORTS AND PAPERS 2019

April: Reducing alcohol related harm in the sport setting: the FYFA project Article to Youth Drinking in Decline, Thematic meeting of the Kettil Bruun Society

May: Eurocare position on alcohol labelling at Global level, Codex Alimentarius meeting Canada

June: Eurocare statement to WHO Second Forum on alcohol, drugs and addictive behaviour

September: Written contribution from Eurocare to 69th session of WHO Regional Committee for Europe, Copenhagen

30 years of European alcohol policy, Journal of Public Mental Health

October: Labelling video by UEG, CPME and Eurocare

PRESS RELEASES 2018

29th January Not good enough – European Parliament helping to secure special treatment for wine labelling

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?

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 2019 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	2019
Income	
Membership fees	21.350,00
Grants from Actis Rusfeltets samarbeids organ	235.657,02
Grants from IOGT-NTO	20.000,00
Grants from Scotland	23.226,21
EU Funded projects (RARHA/FYFA)	52.836,99
Cost recuperation	42.298,40
Tax on wage reduction	501,85
Financial income	15,60
Results of the year/loss	
TOTAL	395.886,07
Expenditure	
Direct costs	4.153,28
Meetings and conferences	20.457,31
Rental utilities and building costs	42.426,67
Maintenance	3.656,71
Administrative expenses	27.539,67
Equipment and communication	12.859,32
Consultancies and external services	6.383,86
Salary costs and social charges	261.187,82
Depreciations	689,64
Financial costs	264,43
TOTAL	395.886,07
RESULT OF THE YEAR	16.267,36

EUROCARE MEMBERS 2019

Belgium	VAD - Vereniging voor Alcohol-en Andere Drugproblemen vzw
Czech Republic	A.N.O – Association of Non-Governmental organisation (ass member)
Denmark	Alcohol and Society Danish Cancer Society
Estonia	Estonian Temperance Union
Finland	EHYT - Finnish Association for Substance Abuse Prevention
France	ANPAA - Association National de Prevention en Alcoologie et Addictologie
Germany	DHS - Deutsche Haputstelle fur Suchtfragen Deutsche Guttempler IOGT e.V
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	NTAKK - Lithuanian National Tobacco and Alcohol Control Coalition
Netherlands	STAP - Stichting Alcoholpreventie
Norway	Actis – Policy Network on Alcohol and Drugs IOGT Norway Frelsesarmeens Rusomsorg Av og Til
Poland	PARPA - The State Agency for Prevention of Alcohol related problems Krajowa Rada MONAR
Portugal	Centro de Alcoplogia Nova Rumo SAAP - Sociedade Anti-Alcoólica Portuguesa
Slovenia	Inštitut Utrip
Spain	Fundación Salud y Comunidad Asociación de Ex-alcoholicos Españoles Socidrogalcohol Associació RAUXA
Switzerland	FCAR - Federació Catalana D'Alcohòlics Rehabilitats
Sweden	Addiction – Info Switzerland IOGT-NTO Swedish Council on Alcohol and Drugs
Turkey	MHF - Motorförarnas Helnykterhetsförbund Turkish Green Crescent Society Turkish Alcohol Platform
Ukraine	Nazareth, Charitable Foundation
United Kingdom	IAS - Institute of Alcohol Studies Alcohol Change UK Alcohol Focus Scotland Balance, North East Alcohol Office SHAAP - Scottish Health Action on Alcohol Problems
United States	California Alcohol Policy (ass member)
International	Blue Cross International EUFASD - European FASD Alliance EMNA - European Mutual Help Network for alcohol related problems EASL - European Association for the Study of the Liver NordAN - Nordic Alcohol and Drugs Policy Network UEG - United European Gastroenterologists YHO - Youth Health Organisation

52 members in 22 countries