

## Don't bottle out – why the EU needs a comprehensive alcohol strategy

### European Chronic Disease Alliance position on the need for EU action to help Europeans reduce alcohol consumption

Revised September 2017

#### Overview

The European region has the highest rate of alcohol consumption in the world. A range of national and EU policies have been introduced since 1990 to reduce consumption but these efforts have not been comprehensive. In the 1990s, the first EU interventions on alcohol focused on excise taxes. The EU has also introduced legislation to restrict television advertising of alcohol to children but a proposal to introduce health information labelling on alcohol products was rejected by the European Parliament in 2011 and no rules have been set to date for the labelling of ingredients in general of alcoholic beverages. In 2006, the EU launched an Alcohol Strategy<sup>1</sup> aimed at fostering the coordination of actions led by national governments and other relevant stakeholders to reduce alcohol-related harm in the EU. The strategy expired in 2012 and was replaced in 2014 by a more limited Action Plan on Youth Drinking and Heavy Episodic Drinking<sup>2</sup> that ran until the end of 2016. In parallel, the EU funded Joint Action on Reducing Alcohol Related Harm (JA RARHA)<sup>3</sup> aiming at supporting EU Member States to address and reduce the harm associated with alcohol ended in 2016 and no other Joint Action on the topic is planned under the Third Health Programme thus far.

The Estonian EU Council Presidency (July-December 2017) has placed focus on addressing cross-border alcohol policy issues, including advertising and labelling of alcoholic beverages, as part of its programme and priorities in the health field<sup>4</sup>. Tackling alcohol in the EU and wider European Region is also a top-level issue at the Organisation for Economic Co-operation and Development (OECD)<sup>5</sup> and the World Health Organisation (WHO), with the adoption of the WHO European Action Plan to reduce the harmful use of alcohol (2012-2020)<sup>6</sup>.

**Capitalising on the work and endeavor of the Estonian EU Council Presidency and the recommendations of the WHO, the European Chronic Disease Alliance (ECDA) calls on the EU to take comprehensive action to help Europeans reduce their alcohol consumption without any further delay.**

The harmful and hazardous use of alcohol has a major impact on public health as it leads to over 60 chronic diseases. Alcohol is the 3rd top risk factor in Europe for ill health. It also generates

<sup>1</sup> <http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52006DC0625>

<sup>2</sup> EU Action Plan on Youth Drinking and on Heavy Episodic Drinking (Binge Drinking) (2014-2016)  
[https://ec.europa.eu/health/sites/health/files/alcohol/docs/2014\\_2016\\_actionplan\\_youthdrinking\\_en.pdf](https://ec.europa.eu/health/sites/health/files/alcohol/docs/2014_2016_actionplan_youthdrinking_en.pdf)

<sup>3</sup> <http://www.rarha.eu/Pages/default.aspx>

<sup>4</sup> [https://ec.europa.eu/health/sites/health/files/nutrition\\_physical\\_activity/docs/ev\\_20170308\\_co\\_07\\_en.pdf](https://ec.europa.eu/health/sites/health/files/nutrition_physical_activity/docs/ev_20170308_co_07_en.pdf)

<sup>5</sup> <http://www.oecd.org/health/tackling-harmful-alcohol-use-9789264181069-en.htm>

<sup>6</sup> [http://www.euro.who.int/\\_data/assets/pdf\\_file/0008/178163/E96726.pdf?ua=1](http://www.euro.who.int/_data/assets/pdf_file/0008/178163/E96726.pdf?ua=1)

outstanding healthcare and social costs related to the treatment of alcohol-related diseases, public order, labour and productivity.

## I. Introduction: The scale of the problem

The European region is the biggest per capita consumer of alcohol in the world with an average consumption of 10.9 litres of pure alcohol annually amongst the European population aged 15 years old and older. The average consumption per capita for drinkers is 16.8 litres of pure alcohol and for the latter group the prevalence of heavy episodic drinking is 22.9%.<sup>7</sup> In the EU, annual consumption per capita ranges from 5.7 litres in Italy to 16.9 litres in Lithuania.<sup>8</sup>

### *Social burden*

Harmful use of alcohol strongly contributes to the development of over 60 chronic diseases including several cancers, cardiovascular (CVD), type 2 diabetes (T2D), kidney, liver and respiratory disease. It also exacerbates infectious diseases such as viral hepatitis and tuberculosis (TB).

It is estimated that 5.1% of the global burden of disease is caused by harmful alcohol use. CVD, cancer and gastro-intestinal diseases (especially liver cirrhosis) account for over a third of this figure.<sup>9</sup> In the EU, the burden of alcohol-related harm is much higher. In 2004 13.9% (95,000) of all premature deaths in men and 7.7% (25,000) of premature deaths in women were due to harmful alcohol consumption.<sup>10</sup> Alcohol was also responsible for 15% of all DALYs (Disability Adjusted Life Years) in men and 4% of all DALYs in women.<sup>11</sup> Premature death rates have traditionally been highest in south-eastern and central Europe but the past decade has seen a stark increase in liver cirrhosis rates in other parts of the EU notably the UK and Ireland.

Almost all the harm from alcohol is caused by heavy drinking, defined as drinking at least 60g of alcohol per day for men and 40g per day for women.<sup>12</sup>

A standard drink measurement is defined as 10g of alcohol in most EU countries. However, the real number of drinks consumed in one serving will depend on the alcohol by volume and the actual size of the measure.

<sup>7</sup> WHO 4th Global Status Report on NCDs, chapter 2, p. 26:  
[http://apps.who.int/iris/bitstream/10665/148114/1/9789241564854\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/148114/1/9789241564854_eng.pdf?ua=1)

<sup>8</sup> Ibid. P. 27

<sup>9</sup> Ibid. P 23

<sup>10</sup> Rehm J et al, Alcohol Policy in Europe, chapter 2, AMPHORA project [http://amphoraproject.net/w2box/data/e-book/Chapter%20%20-%20AM\\_E-BOOK\\_2nd%20edition%20-%20July%202013.pdf](http://amphoraproject.net/w2box/data/e-book/Chapter%20%20-%20AM_E-BOOK_2nd%20edition%20-%20July%202013.pdf)

<sup>11</sup> Ibid.

<sup>12</sup> Rehm J, Shield K, Rehm M et al. (2012b) *Alcohol consumption, alcohol dependence, and attributable burden of disease in Europe: potential gains from effective interventions for alcohol dependence*. Toronto, ON: Centre for Addiction and Mental Health.

Type of alcohol	Alcohol by volume	Amount	Grammes of alcohol	How many (10 g of alcohol) drinks?
Light beer	3%	330ml can	7.8	0.8
Beer	5%	330ml can	13	1.3
White wine	12%	125 ml glass	11.8	1.2
White wine	12%	Half a bottle (375ml)	35.5	3.5
Red wine	13.5%	125 ml glass	13.3	1.3
Red wine	13.5%	Half a bottle (375ml)	39.9	4
Vodka	40%	50 ml shot	15.8	1.6
Whisky	43%	50 ml shot	17	1.7

It has been suggested that there are some beneficial effects from the consumption of alcohol at low levels, particularly with respect to the prevention of ischemic heart disease<sup>13</sup> and the risk of developing chronic kidney disease.<sup>14</sup> However, the adverse effects of alcohol consumption substantially outweigh any benefits. Premature deaths from alcohol-attributable cancers alone outweigh all the benefits of alcohol consumption for ischemic heart disease and stroke.<sup>15</sup>

**Table 1. Alcohol-attributable premature deaths in the EU 2004 by sex and main causes**

Detrimental effects	Men	Women	Men	Women
	#s	#s	%	%
Cancer	17,358	8,668	15.9%	30.7%
Cardiovascular disease (other than Ischemic heart disease)	7,914	3,127	7.2%	11.1%
Mental and neurological disorders	10,868	2,330	9.9%	8.3%
Liver cirrhosis	28,449	10,508	26.0%	37.2%
Unintentional injury	24,912	1,795	22.8%	6.4%
Intentional injury	16,562	1,167	15.1%	4.1%
Other detrimental	3,455	637	3.2%	2.3%
<b>Total detrimental</b>	<b>109,517</b>	<b>28,232</b>	<b>100.0%</b>	<b>100.0%</b>
<b>Beneficial effects</b>				
Ischemic heart disease	14,736	1,800	97.8%	61.1%
Other beneficial	330	1,147	2.2%	38.9%
<b>Total beneficial</b>	<b>15,065</b>	<b>2,947</b>	<b>100.0%</b>	<b>100.0%</b>

Source: AMPHORA project

<sup>13</sup> BHF 20 January 2015 Researchers explore Link Between Heart Failure and Alcohol Consumption <https://www.bhf.org.uk/news-from-the-bhf/news-archive/2015/january/alcohol-and-heart-failure>

<sup>14</sup> Koning SH, Gansevoort RT, Mukamal KJ, Rimm EB, Bakker SJ, Joosten MM; PREVENT Study Group. Alcohol consumption is inversely associated with the risk of developing chronic kidney disease; *Kidney Int* doi:10.1038/ki.2014.414, January 15th, 2015 (advanced access)

<sup>15</sup> See Rehm J et al, footnote 4

## Economic burden

Alcohol-related harm is extremely costly for the EU and Member State economies. Estimates from 2006 suggest that harmful alcohol consumption costs the EU economy between €125 billion and €155 billion in tangible costs each year.<sup>16</sup> These include the treatment of alcohol-related disease, lost working years and production and social costs comprising social welfare payments and policing costs.<sup>17</sup> Further intangible costs, such as pain and suffering, were estimated to be €270 billion annually.<sup>18</sup>

These costs exceed Member State tax receipts from alcohol products and the contribution of the alcohol export industry to the EU economy.<sup>19</sup> In 2013 the contribution to the EU's net trade balance from the export of spirits from the EU was €8.9 billion. Wine exports contribute €6.4 billion and beer exports €3 billion annually. According to a 2010 study of the EU alcohol market commissioned by DG TAXUD total duty receipts in the EU27 amounted to €30.6 billion in 2007.<sup>20</sup>

In January 2017 the OECD launched a two-year project to assess the economics of alcohol consumption in Europe, including alcohol's impact on the economy and the impact on the economy of tackling alcohol<sup>21</sup>. The results of this project will hopefully provide sound evidence for impactful and improved economics and public health policies in EU Member States, and enhance effective health policy decisions at EU level to tackle the alcohol challenge.

## II. Current EU action on alcohol

*“Alcohol policies still do not reflect the gravity of the health, social and economic harm resulting from the harmful use of alcohol; they fail to be properly integrated within overall health, social and development policies; and they fail to provide adequate capacity to ensure policy coherence and “joined-up” action between different government departments and sectors and at all levels of jurisdiction.” - WHO European action plan on alcohol 2012-2020*

Research suggests that high prices,<sup>22</sup> restrictions on the advertising of alcohol products and health information measures are effective in reducing consumption. However, despite the disease and social burden of alcohol-related harm, EU action to counter it has been limited.

<sup>16</sup>Alcohol in Europe a public health perspective:

[http://ec.europa.eu/health/archive/ph\\_determinants/life\\_style/alcohol/documents/alcohol\\_europe\\_en.pdf](http://ec.europa.eu/health/archive/ph_determinants/life_style/alcohol/documents/alcohol_europe_en.pdf)

<sup>17</sup> TTIP The Economic Analysis Explained, EU Commission, September 2013:

[http://trade.ec.europa.eu/doclib/docs/2013/september/tradoc\\_151787.pdf](http://trade.ec.europa.eu/doclib/docs/2013/september/tradoc_151787.pdf)

<sup>18</sup> See footnote 11, p. 2

<sup>19</sup> Spirits Europe, June 2014: European Spirit Mix a Cocktail for Export Success [www.spirits.eu](http://www.spirits.eu);

Comite Europeens des enterprises vins, [http://ceev.eu/images/CEEV\\_Press\\_Release\\_Trade\\_Policy\\_031013\\_FINAL.pdf](http://ceev.eu/images/CEEV_Press_Release_Trade_Policy_031013_FINAL.pdf)

Brewers of Europe December 2013, the contribution of beer to the European economy:

<sup>20</sup> Study analysing possible changes in the minimum rates and structures of excise duties on alcoholic beverages, London Economics, May 2010

[http://ec.europa.eu/taxation\\_customs/resources/documents/common/publications/studies/min\\_rates.pdf](http://ec.europa.eu/taxation_customs/resources/documents/common/publications/studies/min_rates.pdf)

<sup>21</sup> [https://ec.europa.eu/health/sites/health/files/alcohol/docs/ev\\_20170321\\_co07\\_en.pdf](https://ec.europa.eu/health/sites/health/files/alcohol/docs/ev_20170321_co07_en.pdf)

<sup>22</sup> Sassi F et al, OECD Health Working Paper No. 66 The role of fiscal policies on health promotion, December 2013: [http://www.oecd-ilibrary.org/social-issues-migration-health/the-role-of-fiscal-policies-in-health-promotion\\_5k3twr94kvzx-en](http://www.oecd-ilibrary.org/social-issues-migration-health/the-role-of-fiscal-policies-in-health-promotion_5k3twr94kvzx-en)

## Regulatory actions

### - Excise Taxes

EU regulation has focused on **excise taxes** as established in Council Directive 92/83/EEC<sup>23</sup>, which defines the different categories of alcohol products, and Council Directive 92/84/EEC<sup>24</sup>, which lays down minimum harmonised excise rates for alcohol. The European Commission's efforts to update the tax levels in line with inflation and evolving research on consumption patterns have been blocked for many years.<sup>25</sup> In several EU Member States, specific alcohol products are taxed at zero or near zero rates.<sup>26</sup>

### - Minimum Unit Pricing (MUP)

This impasse has led some countries to introduce higher excise rates and minimum unit pricing of alcohol products.<sup>27</sup> Whilst higher taxes are proven to reduce consumption,<sup>28</sup> **minimum unit pricing (MUP)** appears to be more successful in targeting young people as well as the heaviest drinkers, who suffer most of the alcohol-attributable harm. There is little impact on drinkers who may derive some benefit from moderate alcohol consumption.<sup>29</sup> So far, few governments have introduced MUP in the EU. Scotland was the first legislature to impose MUP<sup>30</sup> but was challenged by economic operators and referred to the Court of Justice of the EU (CJEU). The latter considered that MUP was in line with the EU law unless less restrictive tax measures designed to increase the price of alcohol can be introduced.<sup>31</sup> Ireland is now following the steps of Scotland, with the introduction of MUP in the Public Health Alcohol Bill, currently under discussion in the Irish Parliament and aimed to tackle problem alcohol consumption in the country.

### - Audiovisual Media Services Directive (AVSMD)

The EU has also enacted limited **restrictions on the advertising** of alcoholic products to minors and young people in the Audiovisual Media Services Directive (AVSMD) (Directive 2010/13/EC).<sup>32</sup> EU-funded research suggests that the provisions of the Directive – as well as of some voluntary measures undertaken by economic operators - have had little or no impact on reducing alcohol consumption amongst this age group.<sup>33</sup> The current revision of the AVSMD would have provided an

<sup>23</sup> <http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A31992L0083>

<sup>24</sup> <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:31992L0084:en:HTML>

<sup>25</sup> [http://ec.europa.eu/taxation\\_customs/resources/documents/taxation/excise\\_duties/alcoholic\\_beverages/COM\(2006\)486\\_en.pdf](http://ec.europa.eu/taxation_customs/resources/documents/taxation/excise_duties/alcoholic_beverages/COM(2006)486_en.pdf)

<sup>26</sup> See WHO country profiles for more information: <http://www.euro.who.int/en/health-topics/disease-prevention/alcohol-use/country-work/country-profiles>

<sup>27</sup> Regulation EU No 1169/2011 <http://eur-lex.europa.eu/legal-content/EN/ALL/?uri=CELEX%3A32011R1169>

<sup>28</sup> Anderson P et al, Effectiveness and cost-effectiveness of policies and programmes to reduce the harm caused by alcohol, The Lancet, June 2009: [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(09\)60744-3/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(09)60744-3/abstract)

<sup>29</sup> Holmes J et al, Effects of minimum unit pricing for alcohol on different income and socioeconomic groups, The Lancet, February 2014: <http://download.thelancet.com/flatcontentassets/pdfs/S0140673613624174.pdf>

<sup>30</sup> [http://www.shaap.org.uk/images/Scottish\\_Government27s\\_Position\\_on\\_Minimum\\_Unit\\_Pricing\\_of\\_Alcohol.pdf](http://www.shaap.org.uk/images/Scottish_Government27s_Position_on_Minimum_Unit_Pricing_of_Alcohol.pdf)

<sup>31</sup> Judgment in Case C-333/14

Scotch Whisky Association and Others v Lord Advocate <https://curia.europa.eu/jcms/upload/docs/application/pdf/2015-12/cp150155en.pdf>

<sup>32</sup> <http://www.ias.org.uk/Alcohol-knowledge-centre/Marketing/Factsheets/Alcohol-advertising-in-the-European-Union.aspx>

<sup>33</sup> ELSA project 2005-2007 <http://www.stap.nl/elsa/>; AMMIE project: [http://eucam.info/wp-content/uploads/2014/04/ammie-eu-rapport\\_final.pdf](http://eucam.info/wp-content/uploads/2014/04/ammie-eu-rapport_final.pdf)

opportunity to minimize citizens' exposure to the marketing of health-harmful products including alcohol and foods high in fat, salt and sugar (HFSS), particularly for vulnerable groups such as children, and to exclude alcohol from product placement and sponsorship in commercial communications. However, the text of the revised AVSMD as voted in the European Parliament in April 2017, as well as the general approach adopted by the EU Council in May 2017, provide for limited actions to effectively achieve these objectives. Meanwhile, there is extensive scientific evidence available on the topic that it will be important to take into account in further political negotiations about the AVSMD. The EU has the legal remit to enact more legislation on advertising, particularly given the cross-border nature of the alcohol market. Effective rules to limit exposure to health-harmful marketing, including restrictions on advertising during peak viewing hours, and on sponsorship and product placement, would be a crucial step to effectively protect children and adults from the harms related to alcohol consumption.

#### - Actions on alcohol labelling

In 2011, the EU adopted a new food labelling Regulation (Regulation (EU) No 1169/2011)<sup>34</sup>, which clearly recognised the need for better alcohol labelling. Efforts by some MEPs to introduce amendments to the text requiring **health information labelling** on alcohol products – to end the current situation whereby alcoholic beverages are exempted from the mandatory list of ingredients and the nutrition declaration - were unsuccessful.<sup>35</sup> In December 2015, the EU Council adopted Conclusions on an EU strategy on the reduction of alcohol-related harm<sup>36</sup>, encouraging the European Commission to consider the introduction of a mandatory labelling of ingredients and nutrition declaration (in particular the energy value) of alcoholic beverages. In response, the European Commission published in March 2017 a report on ingredients and nutritional labelling of alcoholic beverages<sup>37</sup>. However, the report does not contain any regulatory proposals, but instead invites the industry to develop a self-regulatory proposal within one year, which would provide information on ingredients and nutrition of all alcoholic drinks. Potential EU actions would be further considered should the Commission conclude that the self-regulatory approach proposed by the industry is unsatisfactory<sup>38</sup>. This state of affairs risks postponing any EU regulatory initiative to protect consumers and enable EU citizens to make healthier choices.

#### *“Soft” policy initiatives*

Alongside these regulatory efforts, the European Commission has also pursued “soft” policy initiatives starting with the **2006-2012 EU Alcohol Strategy** and the establishment of the European Alcohol and Health Forum.<sup>39</sup>

<sup>34</sup> <http://eur-lex.europa.eu/legal-content/en/ALL/?uri=CELEX:32011R1169>

<sup>35</sup> <http://mx1.sarahludfordmep.org.uk/node/574>

<sup>36</sup> [http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52015XG1216\(01\)](http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52015XG1216(01))

<sup>37</sup> [http://ec.europa.eu/food/sites/food/files/safety/docs/fs\\_labelling-nutrition\\_legis\\_alcohol-report\\_en.pdf](http://ec.europa.eu/food/sites/food/files/safety/docs/fs_labelling-nutrition_legis_alcohol-report_en.pdf)

<sup>38</sup> [http://europa.eu/rapid/press-release\\_IP-17-551\\_en.htm](http://europa.eu/rapid/press-release_IP-17-551_en.htm)

<sup>39</sup> <http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52006DC0625&from=EN>

## - EU Alcohol Strategy

The strategy focused on raising awareness of alcohol harm, improving the evidence base, protecting children and the unborn child, workplace drinking and road safety.

An independent review of the strategy found that it had had some success in coordinating Member State activities across these areas.<sup>40</sup> Public health organisations welcomed the assessment but emphasized that the focus on self-regulation by economic operators had not been successful in reducing alcohol-related harm.<sup>41</sup> They also pointed out that whilst alcohol related harm is responsible for a significant health, economic and social burden in the EU less than 3% of the budget of the second EU health programme and less than 1% of the budget for health research in FP7 were spent on alcohol-related prevention and research projects.

The EU Alcohol Strategy ended in 2012 and was not renewed. It was replaced in 2014 by a 2-year action plan focusing on youth and binge drinking<sup>42</sup> despite requests from EU Member States, Members of the European Parliament (MEPs) and public health organisations for a new and more ambitious strategy be developed.<sup>43</sup> In view of the evidence of the cross-border health threat posed by harmful use of alcohol, ECDA calls on the Commission to be attentive again to these requests and initiate an urgent new EU strategy on alcohol.

## - European Alcohol and Health Forum

The EU Alcohol and Health Forum<sup>44</sup> was launched in 2007 to act as a platform for dialogue between EU level stakeholders, to exchange approaches and discuss interventions to tackle alcohol-related harm, with three working groups dedicated to youth-related aspects of alcohol, marketing communication and scientific advice. Following the announcement by EU Health Commissioner Andriukaitis that there were no plans to establish a new EU Alcohol Strategy, a number of NGOs resigned from the EU Alcohol and Health Forum in June 2015.

The mandate of Estonia at the Presidency of the EU Council provides an opportunity to enhance EU action on alcohol, with emphasis placed on cross-border issues which have clear impact on Member States capability to control harmful use of alcohol.<sup>45</sup> The fields concerned include labelling, cross-border trade and taxation, treatment and counselling, research and monitoring. The ECDA welcomes the initiative of the Estonian EU Council Presidency and supports its transition into concrete and effective measures.

<sup>40</sup> [http://ec.europa.eu/health/alcohol/docs/report\\_assessment\\_eu\\_alcohol\\_strategy\\_2012\\_en.pdf](http://ec.europa.eu/health/alcohol/docs/report_assessment_eu_alcohol_strategy_2012_en.pdf)

<sup>41</sup> [http://www.eurocare.org/library/updates/eurocare\\_alcohol\\_strategy](http://www.eurocare.org/library/updates/eurocare_alcohol_strategy)

<sup>42</sup> [http://ec.europa.eu/health/alcohol/docs/2014\\_2016\\_actionplan\\_youthdrinking\\_en.pdf](http://ec.europa.eu/health/alcohol/docs/2014_2016_actionplan_youthdrinking_en.pdf)

<sup>43</sup> <https://www.theparliamentmagazine.eu/articles/feature/eu-can-and-must-do-more-tackling-alcohol-related-harm>

<sup>44</sup> [https://ec.europa.eu/health/alcohol/forum\\_en](https://ec.europa.eu/health/alcohol/forum_en)

<sup>45</sup> Estonian presidency of the Council of the European Union: priorities and main topics in health [https://ec.europa.eu/health/sites/health/files/nutrition\\_physical\\_activity/docs/ev\\_20170308\\_co\\_07\\_en.pdf](https://ec.europa.eu/health/sites/health/files/nutrition_physical_activity/docs/ev_20170308_co_07_en.pdf)

## Conclusion

Alcohol extracts a high toll on the health of EU citizens and the EU economy. It is astonishing that in 2017 a product that costs us so much is still not a priority for meaningful action at EU or national level. In the era of better regulation at the European Commission, regulating the marketing, pricing and taxation of alcohol products effectively makes sound sense from an economic, social and health perspective.

## III. ECDA recommendations

ECDA calls on the EU and its Member States to implement the following policies by 2020:

### EU

- Adopt a new, comprehensive, EU alcohol strategy
- Enact legislation requiring health information labels on all alcoholic products sold and marketed within the EU, independently from voluntary initiatives by the industry: while all concerned stakeholders should be fully involved in the discussions leading to policy measures, important topics pertaining to public health cannot be governed by voluntary action but should be based on carefully thought regulation developed by independent EU decision-making instances
- Prohibit the cross-border advertising of alcohol products within the EU
- Clarify the ability of Member States to enact minimum alcohol pricing policies without breaching EU legislation
- Revise directives 92/83/EEC and 92/84/EEC related to excise duties on alcohol and alcoholic beverages to increase EU alcohol excise rates
- End all EU-funded marketing subsidies for alcohol products
- Provide more Horizon 2020 and public health funding for research into alcohol-related harm
- Adopt and achieve WHO Global NCD target #2: at least (a) 10% relative reduction in the harmful use of alcohol, as appropriate, within the national context, by 2025
- Support awareness-raising on the harmful effects of alcohol consumption

### Member States

- Adopt, fund and implement national alcohol strategies
- Enact effective minimum unit pricing policies for alcohol products
- Prohibit the advertising of alcohol products on their territory, and in particular via commercial communications on audio-visual supports such as TV programmes, and especially those targeting children or shown during hours of peak viewing by children's audiences
- Provide resources for interventions and information sessions in healthcare settings on alcohol consumption
- Monitor compliance with all relevant legislation and policy by all stakeholders
- Engage in EU-level policy discussions on alcohol labelling to ensure the rapid adoption of an EU-wide legal framework on the mandatory labelling of all alcoholic beverages

# ecda

United to reverse the rise in chronic disease

European  
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About the ECDA [www.alliancechronicdiseases.org](http://www.alliancechronicdiseases.org)

The **European Chronic Disease Alliance (ECDA)** is a coalition of 11 European health organisations sharing the same interests in combating preventable chronic diseases through European policies that impact health. ECDA represents millions of chronic disease patients and over 200 000 health professionals.

ECDA's mission is to reverse the alarming rise in chronic diseases by providing leadership and [policy recommendations](#) based on contemporary evidence.