



## **Comments from Eurocare on the reflection process and to the paper “Partnership for Health in Europe”**

October 2004

### **Introduction**

Founded in Brussels in 1990, Eurocare is a European not for profit, non-governmental organisation that draws together networks and organisations from all the European Union and Accession Countries dedicated to the prevention of the harm done by alcohol. It is an active member of the EU Health Policy Forum and of the EU Alcohol and Health Working Group of the European Commission.

Apart from being a drug of dependence and besides the 60 or so different types of disease and injury it causes, alcohol is responsible for widespread social, mental and emotional harms, including crime and family violence, leading to enormous costs to society. Alcohol not only harms the user, but those surrounding the user, including the unborn child, children, family members, and the sufferers of crime, violence and drink driving accidents; this can be termed environmental alcohol damage or “passive drinking”. Most drinkers underestimate the harm done by alcohol, its addictiveness and the harm that it causes to others. The World Health Organization’s Global Burden of Disease Study finds that alcohol is the third most important risk factor for European ill-health and premature death, after smoking and raised blood pressure. Alcohol is more important than high cholesterol levels and overweight, three times more important than diabetes and five times more important than asthma. It causes 1 in 10 of all ill-health and premature death in Europe.

The harm done by alcohol can be avoided. The need for action was recognised by the European Union’s Ministers of Health in 2001, when they adopted Conclusions on a Community Strategy to reduce alcohol-related as well as a Recommendation on the drinking of alcohol by young people.

## **General Comments**

Eurocare welcomes the philosophy of the reflection process launched by Commissioner David Byrne on 15 July 2004, its acknowledgement that good health is a prerequisite for a strong economy and its desire to ensure that good health should be a driving force behind all European policy-making. Eurocare supports the addition of health into the Lisbon agenda and the development of structural indicators to monitor the evolution of “healthy life years” against economic growth.

## **PART I : WHERE WE ARE**

Eurocare applauds the Commission’s effort of the past five years in its action against smoking, heart diseases and other illnesses and strongly encourages the Commission to continue its support regarding alcohol as a major health determinant.

## **PART II: PUTTING HEALTH AT THE CENTRE OF EU POLICY**

### **1.1 Positioning health as a driver for economic development:**

*Objective: To promote health as a driver of economic growth, sustainable development and quality of life, and to contribute to promoting the optimal use of resources in health.*

Alcohol places an enormous burden on societies through lost productivity, ill-health and crime, costing from 1% to 5% of Gross Domestic Product across European countries. Thus, in order to promote health as a driver of economic growth, sustainable development and quality of life, and to contribute to promoting the optimal use of resources in health, a mix of policies should be implemented to reduce the existing high levels of per capita consumption, encouraging consumers to reduce their drinking and switch expenditure to other goods and services. Increasing taxes on alcohol not only reduces the health and economic burden that alcohol causes, but also increases government revenue, which can be invested in further socio-economic development.

### **1.2 Bridging the health gap**

*Objective: To make measurable progress in bridging the health gap between the Member States in the enlarged EU.*

Bridging the health gap between the EU-15 and the EU-10 countries is urgent. Alcohol related harm is higher in many of the EU-10 countries than in the EU-15. A larger share of the Structural funds for health-related investments should be mobilized, particularly in the new Member States, and more resources should be shifted in the public health programme in order to tackle the burden of disease and its underlying determinants. However, there is not only a health gap to be bridged, but also a policy gap. Considerable progress has been made in the scientific understanding of how to reduce the harm done,

by alcohol. Yet, much of this evidence rarely reaches policy makers. If an understanding of the evidence were all that were necessary to put an effective range of strategies into practice, Europe would undoubtedly experience far less alcohol-related harm. Through the development of its own coordinated approach to tackle alcohol-related harm, the Commission should continue to fully support this process by helping Member States to implement evidence based policies. Eurocare is supporting the Commission in this process, with the Bridging the Gap project and its Alcohol Policy Network in 27 European countries.

### **1.3 Protecting the population against certain health threats**

*Objective: To protect the health of EU citizens by developing capacity to prevent and react to health threats that cannot be adequately tackled by individual Member States.*

Eurocare recommends that “health threats” should not be limited to communicable diseases, deliberate releases of biological, chemical or radiological agents and food safety. In order to ensure a proper interpretation of health threats, for instance in the new Treaty text on health (Art. 179), it is essential that health threats are understood to include *all* threats including health determinants such as tobacco, alcohol and obesity which can also be addressed by EU action and legislation.

### **1.4 Enabling good health and promoting health through all policies**

*Objectives: To increase healthy life and reduce the burden of disease by addressing behavioural, social and environmental factors which determine health and by mobilizing instruments in different policy areas*

Eurocare fully recognises that the most effective measures to promote health are policy interventions and EU-wide initiatives, and particularly supports the following actions:

- ✓ Coordinated action linking health with other policy areas to exploit synergies and focus efforts, analysing common approaches to guide coherent and consistent policy development;
- ✓ Effective health impact assessment of cross sector policy changes, and with a particular emphasis on the actions of the beverage alcohol industry;
- ✓ Placing health in all policies by enhancing cross-policy cooperation, and, in particular in the areas of agriculture, audiovisual policies, as well as all regulations stemming from the internal market; and
- ✓ Strengthening the EU’s scientific expertise, whilst ensuring that individual experts appointed to EU Scientific Committees are truly independent of commercial interests.

## 2 POOLING EUROPE'S CAPACITY: PARTNERSHIP FOR HEALTH

There is no doubt that partnerships for health are essential to pool Europe's capacity to invest in health. However, Eurocare strongly warns about partnership with the beverage alcohol industry in alcohol policy making and in implementing joint programmes to prevent the harm done by alcohol. As the European Ministers of Health signed in the World Health Organization 2001 Stockholm Declaration on Young people and Alcohol, "Public health policies concerning alcohol need to be formulated by public health interests, without interference from commercial interests".

Over the last twenty years, the beverage alcohol industry has set up and funded social aspects organizations to manage issues that may be detrimental to its business<sup>1</sup>, operating at the global level (International Center for Alcohol Policies), the European level (The Amsterdam Group), and at the country level, in high, middle and low income countries.

Eurocare supports the principles of openness, participation, accountability, effectiveness and coherence as keys to EU health policy making. But in order to achieve this, Eurocare advises the Commission to recognise that the viewpoints of social aspects organizations are not impartial and represent the vested interests of the beverage alcohol industry. The Commission should be concerned at spending public money on the programmes and policies put forward by the social aspects organizations, since such programmes and policies lack evidence of effectiveness. The Commission should adopt greater vigilance and monitoring of beverage alcohol industry behaviour, especially with regards to issues concerning self-regulation, intelligence-gathering, image management actions such as industry-initiated dialogues, active agenda-setting in the areas of research or publishing, with a particular emphasis on so-called beneficial patterns of drinking, and the image transfer effect of industry connections with reputable scientists and public health organisations.

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<sup>1</sup> These points are taken from *The beverage alcohol industry's social aspects organizations: A PUBLIC HEALTH WARNING* written by Dr Peter Anderson for the EUROOCARE Alcohol Policy Working Party

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