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## EDITORIAL

## THE EUROPEAN STRATEGY ON ALCOHOL: A LANDMARK AND A LESSON

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The release of the EU strategy on alcohol on October 24th this year may not have changed the world for many people who work on alcohol issues, but despite its flaws, this first-ever European Union alcohol strategy should be both a landmark and a lesson to all of us concerned with alcohol-related harm.

## A LANDMARK

That the strategy is a landmark may not be immediately apparent from its content. For each of the five laudable sets of aims, there is a list of ‘good practices’ such as enforcing restrictions on marketing to young people. Yet the European Commission does not actually propose *doing* most of these, as it has decided that most of these actions are best done by the EU Member States and regions themselves. Partly this reflects the EU’s legal ability to act, but—given that it could have legislated on advertising and drinks labelling (see Anderson and Baumberg, 2006, chapter 8)—it also partly reflects on unwillingness to act.

It is therefore understandable why public health advocates greeted the strategy with something other than enthusiasm. As Dr Michel Craplet, Chairman of Eurocare (an alliance of alcohol policy agencies across Europe), put it, the European Commission has correctly diagnosed the alcoholic disease ravaging Europe and announced its determination to keep the patient under close observation from now on, but perversely insists that no treatment is called for at this time.

Many would thus insist that the Commission’s new strategy is a disappointingly long way from being what the doctor ordered, and it is easy to put the blame for this at the door of the alcohol industry. Earlier drafts of the strategy were clearly stronger than the final version. The Commissioner of DG SANCO,<sup>1</sup> Markus Kyprianou, has said that he was ‘surprised at the aggressiveness of the lobbying campaign by certain parts of the alcohol industry’,<sup>2</sup> while other sources have suggested that this was the strongest lobbying campaign ever faced by the Directorate. The worries of the public health lobby were nicely encapsulated in the title of a Eurocare press release: ‘People or profits: who is being served?’

<sup>1</sup>DG SANCO is the Directorate for Health and Consumer Protection, and is part of the European Commission. The Commissioner is the political head of the Directorate, and they are meant to represent the Commission rather than their home country’s perspective.

<sup>2</sup>Reported in The Parliament.com 24 October 2006, available from <http://www.eupolitix.com/EN/News/200610/fd0610a7-aeb3-42d2-900b-f43b3bdb21d.htm>

However, other forces were also clearly at work. Whatever DG SANCO suggested was likely to be watered down because of the way policy is made in the EU—both due to the other Directorates (representing trade, etc.), and also by certain member states who were not convinced by the need for legislation.

The farsighted view is that the fact that there is an alcohol strategy at all is a victory for public health, and it cements alcohol’s place in the EU agenda. There are two other good reasons for working with even the watered-down strategy that we now have. Most directly, there will be new opportunities for projects and research on alcohol in the EU, which will be an invaluable boost to an often under-funded area. Yet perhaps more importantly, there is still the possibility of further action on the European level—as recognized by parts of the alcohol industry, who tempered their enthusiasm for the strategy with warnings against anything else that could ‘surface during the implementation phase’ [European Forum for Responsible Drinking (EFRD), 2006].

## A LESSON

As important as supporting this process, though, is the need to learn how to deal with the tactics of a powerful and aggressive alcohol industry. In 2004, the Institute of Alcohol Studies won the tender to write the *Alcohol in Europe* report that would provide the evidence base for the Commission’s strategy. During the course of the next 2 years, we met with a barrage of hostile lobbying which space does not permit us to describe in any detail here. The culmination of all this lobbying, though, was that the Commission agreed to ‘peer-review’ our report, unlike for any of their previous public health reports. Astonishingly, the industry was allowed to nominate half of the scientists invited to the review, with Government representatives nominating the others.

The report of the review meeting is available alongside the report on the EU’s Health Portal,<sup>3</sup> but suffice to say it begins by stating that ‘all the reviewers without exception felt that the report in general was both important and impressive, and had covered the field comprehensively and accurately’.

Nevertheless, the industry has still been determined to present its own views as ‘evidence-based’. Between the release of our report and the final strategy, the Brewers of Europe paid for what they described as an ‘independent report . . . reviewed by an independent scientific panel’, a surprising claim given that the report’s co-ordinators say they ‘[help]

<sup>3</sup>[http://ec.europa.eu/health-eu/news\\_alcoholineurope\\_en.htm](http://ec.europa.eu/health-eu/news_alcoholineurope_en.htm)

companies . . . to clear regulatory hurdles, and defend products in the courts and the media'.<sup>4</sup> Even after the strategy was released, EFRD described those wanting a stronger strategy as people 'who advocated a biased view of the evidence base'.<sup>5</sup>

Clearly there is more to democratic policymaking than just 'evidence', and legitimate private companies are entitled to lobby for their interests. The danger is, however, that this 'evidence game' leaves public opinion and non-expert policy-makers as either confused or actively sceptical of any evidence-based conclusions on 'what works'. We have seen such games before (see Babor *et al.*, 1996 and Marmot, 2004 among others), but we have still failed to ensure that the link between evidence and understanding is tight. If we want policy to be based at least partially on evidence—in other words, if we want our research to have any practical effect—then we can either give up on any conclusions that conflict with political interests, or we can strive to make our research findings better known in wider society.

### CONCLUSIONS

So where does this leave policymaking on alcohol in Europe? We would argue that we have emerged stronger—that is, with an alcohol strategy for the foreseeable future. This leaves us with the platform for further action, and with the money to try new interventions and increase yet-further our scientific knowledge.

And we are even more aware of how the alcohol industry will play the 'evidence game' in future. But with an evidence base more widely diffused through society, we can have made this a harder game for them to play next time.

### DECLARATION OF INTERESTS

The *Alcohol in Europe* report was funded by a 9 month tender from the European Commission. Ben Baumberg is paid by the Institute of Alcohol Studies who are primarily funded by the Alliance House Foundation; full details of the Institute's operations and funding may be found at [http://www.ias.org.uk/aboutus/who\\_we\\_are.html](http://www.ias.org.uk/aboutus/who_we_are.html). Peter Anderson was paid by the Institute of Alcohol Studies in the preparation of the report. At the time, he was also policy advisor to Eurocare, which included amongst some of its country members temperance organizations. Both authors are writing in a personal capacity, and the views expressed in this article should not be interpreted as the official position of either the Institute of Alcohol Studies or Eurocare.

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<sup>4</sup><http://www.weinberggroup.com/>, accessed 6 November 2006.

<sup>5</sup><http://www.just-drinks.com/article.aspx?id=88182>, accessed 6 November 2006.