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EU strategy on alcohol lobbied by the alcohol industry

– but the Council conclusions are better than
the Commission's

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In June 2001 the European Council – during the Swedish presidency – adopted a recommendation on alcohol and young people, and “invited” the European Commission to put forward proposals for a comprehensive Community strategy to reduce alcohol related harm. In November-December 2006 the Council – this time led by Finland – adopted conclusions on an EU strategy to reduce alcohol-related harm. The fact that both these decisions were taken under Nordic presidencies is probably no coincidence. That it took more than five years for the Commission to develop a strategy on alcohol problems probably reflects both a lack of interest on the part of the Commission, and resistance to the mere thought of a Community strategy in this field by the commercial alcohol industry. Probably we would still today not have any strategy adopted, had not the former Swedish minister for public health Morgan Johansson and a few of his European colleagues repeatedly reminded the Commission of the 2001 decisions, most notably by a Council Conclusion in June 2004 on alcohol and young people. The purpose of this article is to illustrate the effects of alcohol industry lobbying on the process of developing the European alcohol strategy. Based on earlier experience, the strategy of the alcohol industry can be summarized as follows: 1. To question the need to reduce the total consumption of alcohol. 2. To focus on the alcoholic (that is on alcohol dependence) rather than acute alcohol-related problems. 3. To attack restrictions on alcohol availability and taxation, and to label a policy based on these measures as “outdated” or “provincial”, in spite of the fact that they are rated as most effective by research published in collaboration with the World Health Organisation (WHO). 4. To portray “black market spirits” as the most important alcohol problem. 5. To promote the concept of “sensible drinking” or “moderate and responsible drinking” as the desirable goal for alcohol policy. 6. To promote the idea that alcohol is good for the heart. 7. To market alcohol actively, stretching the limits of legislation, challenging restrictions on availability, and in many cases violating so-called “self-regulation rules”. 8. To try to influence international organizations such as the EU and the WHO, and to try to infiltrate Non-Governmental Organisations (NGOs) such as the International Council on Alcohol and Addictions (ICAA).

Several of these aims were apparent in the actions by the industry in the process of developing the Commission proposal, which typically enough is not called a proposal for a comprehensive Community strategy to reduce alcohol-related harm, but only a “Communication” from the Commission on “an EU strategy to support Member States in reducing alcohol related harm.” In September 2006 a draft communication was circulated by the directorate responsible, DG Sanco, to the members of the Commission. (At least I think it was in September, For some reason the copy, to which I have access, does not

have a date on it, which probably reflects the lack of transparency in the work of the Commission.) The draft was considerably weaker than the alcohol action plans adopted by the WHO European Region (which includes all EU Member States). Above all, it included only very discreet references to alcohol taxation and restrictions on availability, the measures that are designated as the most efficient by research. Obviously, however, it was too strong for the alcohol industry. Thus, the draft initiated a lobbying campaign by the alcohol industry, which, according to many persons with several years experience of following the EU in Brussels, was unprecedented in its intensity.

In comparing the draft with the final document, which was published in October, it is easy to see that the lobbying by the industry had considerable success. Here are some examples:

1. Conflict between public health and free trade

It is a well known fact that one of the obstacles to a good alcohol policy is border trade and the pressure that it exerts on alcohol taxes in the high tax countries. This was referred to in the draft: “In recent years, Member States and representatives of the public health community have indicated that their ability to frame effective alcohol policy at national level has become more limited. This is due to a combination of increased globalisation of the alcohol market, a convergence of attitudes to alcohol and drinking habits among young people and internal market rules. This has highlighted the need for joint action at EU level.” In the final Communication the “cross-border element” is only exemplified as cross-border promotion to young people, and cross-border TV advertising, while the much more important cross-border sales and the large traveller allowances are not mentioned, and the reference to internal market rules is omitted.

2. Marketing to youth: alcopops

In the draft, one aim was to “reduce exposure of young people to commercial communication on alcoholic beverages in all media”. Also, the Commission intended to explore “the possibility of developing approaches aimed at limiting the availability, sales and marketing of alcoholic products that are particularly appealing to children and adolescents, such as designer drinks (including “alcopops”) and ‘innovative’ products such as alcoholic ice cream or powders”. As far as I can see, both these statements are omitted in the final communication. This mirrors very well the resistance from the alcohol industry to any focusing on alcoholic products. It reminds us how earlier the criticism of the launching of alcopops in the European Parliament and the Council of Ministers was transformed by the Commission into a focus on young drinkers. In the draft increased taxes for products attractive to under-age drinkers, i.e. alcopops, was mentioned under the heading “What works”. In the final communication it was mentioned in a more neutral form as something that has been tried by some Member States.

3. “Negative impact on the economy” becomes “negative impact on the workplace”

By this change the scope of the theme concerning adult drinkers is narrowed. This reflects the resistance of the industry to any acknowledgement that alcohol has a negative net effect on the economy. Also, the focus is put on the individual rather than on the overall effects, by adding a new goal of help-

This change of focus makes it easier to neglect the most obvious way to reduce the negative impact of alcohol on the economy which of course is to raise taxes on alcohol and thereby both reduce consumption and give the state more resources to take care of alcohol-related problems.

4. Emphasis on education and information

Already in the draft, education and information are indicated as being the most desirable tools to reduce alcohol related problems, in spite of the fact that research reports (for instance the overview “Alcohol: No ordinary commodity”, published by an international group of researchers in collaboration with WHO Europe) seem to be fairly unanimous in concluding that such activities alone have a very limited effect on drinking and related problems. In the final communication the emphasis on education and information is even more pronounced.

5. Only self-regulation of alcohol advertising

In the draft, the Commission intends to set up a group of stakeholders to create sustained momentum for cooperation on responsible commercial communication and sales, “without excluding the possibility of future regulatory initiatives”. This reference to possible future regulations is removed in the final version. Instead “the presentation of a model of responsible consumption of alcohol” is inserted.

6. Appropriate consumption patterns are introduced as a concept

In the draft, one of the themes is to inform, educate and raise awareness of the impact of harmful and hazardous alcohol consumption. In the final version the concept “and on appropriate consumption patterns” is added. In order to make clear that the appropriate behaviour is to drink alcohol, there is also in this section a reference to alcohol’s “apparent” protective effect in preventing coronary heart disease.

7. In many places the wording is weakened

For instance, in the draft, a “strong, explicit and supportive policy on prevention of alcohol-related harm” in all workplaces, is recommended. In the final communication, this is reduced to “a policy”. The reference in the draft to “acute episodes of death related to alcohol” is transformed to “alcohol related deaths”. This is in line with the desire of the alcohol industry to focus on the alcoholic and play down the acute effects of alcohol. In the draft, adolescents should be discouraged “from starting to experiment with alcohol”. In the final document this is changed to “discourage adolescents from starting experimenting with harmful alcohol consumption.”

8. Weakening the role of the European Union

In the draft, it is clear that Member States have the main responsibility for national alcohol policy, but “at the same time there is need for coordination and leadership at European level, and there is added value in pooling resources, and in identifying and disseminating best practice across Europe”. In the final document there is little reference to the need for leadership at the European level. On the contrary, the Commission underlines that its only role is to complement national policies, and that it has no intention of putting forward any legislative proposals.

9. Legitimacy of national alcohol policy

In the draft a paragraph important to, among others, the Nordic countries, the Commission “intends to seek Council and Parliament recognition of the legitimacy for Member States to adopt, with a view to protecting public health, and based on their particular contexts, specific measures related to the reduction of alcohol-related harm”.

According to the Commission “there should be a strong presumption that such measures would be considered legitimate, provided they are evidence-based, proportionate and implemented on a non-discriminatory basis.

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Such measures could for example apply to the level of taxation for alcoholic beverages, or to marketing activities.” This strong statement is replaced with a much weaker wording, where little is said about the legitimacy of national policies: “Every measure has to be considered on a case-by-case basis; in all cases, they should be evidence-based, proportionate and implemented on a non-discriminatory basis.” As these examples show, the alcohol industry was successful in influencing the Commission Communication. Many of the changes, large and small, went its way. This does not necessarily mean that the Communication is worthless from a public health point of view, nor that the industry would not have preferred to have the Communication postponed indefinitely. The prime importance of the Commission Communication is that it acknowledges alcohol-related harm as an important public health and social problem, and puts alcohol on the agenda of the European Union as a public health issue and not only as an agricultural, industrial and trade issue.

But it is worrying that the commercial forces have had such strong influence in matters that are so important for public health. It seems that other commissioners have put pressure on the commissioner responsible for public health to change the document and make it weaker from a public health point of view. Maybe they are not aware of the fact that all EU Member States have, as members of the WHO European region, adopted the statement that “public health approaches to alcohol problems need to be formulated in accordance with public health interests, without any formal or informal veto from other actors.”

Fortunately, the European Council of Ministers in their meeting on November 30-December 1 adopted Conclusions that are much more clear than the Commission Communication. First, the Council reminds us that all the European Union Member States supported the adoption of the framework for alcohol policy of the WHO European Region and other WHO documents. Secondly, it points out that many Community policies have a potential impact on health, either positive or negative, and stresses the importance of considering the health impact of decision making across all policy sectors. (This point can be referred to by the Nordic countries, should they again bring up the issue of traveler allowances for alcohol.) Thirdly, the Council underlines that the European Court of Justice has repeatedly stated that public health ranks foremost among the interests protected by Article 30 of the Treaty, and that the Member States may decide what level of health protection they seek to ensure. The Commission Communication is welcomed as a “major step towards a comprehensive and coherent Community approach” indicating that there will be more steps in the future. The Council goes on to underline that alcohol-related harm should be “addressed in a coherent manner in relevant policy areas, and especially the areas already mentioned in the Council Conclusions of June 2001.” Among those areas are “research, consumer protection, transport, advertising, marketing, sponsoring, excise duties and other internal market issues”.

Thus, the touchy subject of taxation and traveller allowances is mentioned indirectly but with a clear political direction. The Council wants the Commission to continue to tackle alcohol-related harm, including using health impact assessment of relevant Community

actions, and to give strong continuing support to the national alcohol policies of Member States. The Treaty provisions concerning the protection of public health and the Internal Market should, according to the Council, be applied coherently. It remains to be seen what that means in practice.

The one point in the Conclusions, that may well be of some concern, is when the Council asks for various stakeholders, such as the public health community, non-governmental organisations, and the alcoholic beverages production, retailing and hospi-

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tality sectors, to be ensured a balanced representation in the Alcohol and Health Forum proposed by the Commission. Surely, a dialogue with the commercial interests is necessary, but a “balanced representation” should not be interpreted as giving the industry the kind of influence that it has had in the final stages of completing the Commission Communication. In summary: The ministers of public health have proved that they can stand up against commercial pressure. This was also the case when the alcohol industry lobbied to dilute the WHO European alcohol action plan in 1999 and the framework in 2005.

The European commissioners should learn from the ministers and give better support to their colleague, the commissioner for public health, next time the alcohol industry comes around. That would give them more respect than they earned in 2006.

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