

Conference summary and conclusions

“Cross-Border Aspects in Alcohol Policy – Tackling Harmful Use of Alcohol”

Tallinn 30-31 October 2017

Background

Alcohol Policy during the Estonian Presidency

The conference was an **official event of the Estonian Presidency of the Council of the EU**. Alcohol policy was one of the health priorities of the Presidency, which was discussed also at the level of the health ministers of the EU Member States. **The Council conclusions on cross-border alcohol policy aspects** were adopted by ministers at the meeting of the Employment, Social Policy, Health and Consumer Affairs Council on 8th of December 2017.

The efforts of the European Union to tackle harmful use of alcohol are supported by the World Health Organization through [the Global strategy to reduce harmful use of alcohol](#) (adopted at the World Health Assembly in May 2010) and [the European action plan to reduce the harmful use of alcohol 2012–2020](#) (adopted at the Regional Committee for Europe in September 2011).

WHO Regional Office for Europe contributed to the Estonian Presidency efforts to tackle cross-border issues in alcohol policy by preparing a discussion document [“Alcohol labelling - A discussion document on policy options”](#) for the informal meeting of health ministers on the 21st of July 2017.

Alcohol Policy at National, EU and Global Level

Europe is the heaviest drinking region in the world with the average consumption level almost twice as high as a world average.¹ In the EU, over one fifth of the population aged 15 years and above report heavy episodic drinking (five or more drinks on an occasion, or 60g of alcohol) at least once a week. Heavy episodic drinking is widespread across all ages and all of Europe.² Thus, the harm caused by alcohol is also the highest in the world, whether in the form of the over 200 health conditions³ alcohol is known to contribute to, or as costs to society caused by crime, violence, reduced ability to work, or harm to children and families.⁴

¹ Alcohol in the European Union – Consumption, harm and policy approaches, WHO Regional Office for Europe and the European Union, 2012

² <http://www.euro.who.int/en/health-topics/disease-prevention/alcohol-use/data-and-statistics>

³ <http://www.who.int/mediacentre/factsheets/fs349/en/>; WHO, 29.06.2017

⁴ The societal costs of alcohol consumption in the EU for 2010 were estimated at €155.8 billion. In 2004, over four million disability-adjusted life-years (DALYs) – years of life lost due to either premature mortality or to disability – were caused by alcohol consumption, corresponding to 15% of all DALYs in men and 4% of all DALYs in women. Other costs related to civil



Alcohol also contributes significantly to health inequalities between and within the Member States as population groups with lower socio-economic status bear a significantly bigger proportion of harms.⁵ Decreasing alcohol related harm contributes to a healthy work force and reduces costs for health care services, in line with the strategic aims of the Europe 2020 Strategy.

Member States' alcohol policy at global and national level

All the EU Member States have endorsed the Global strategy to reduce harmful use of alcohol and the European action plan to reduce the harmful use of alcohol 2012 - 2020 in the auspices of WHO. Tackling alcohol related harm also contributes to achieving the Sustainable Development Goals of United Nations.

All the Member States are implementing measures to tackle harmful use of alcohol in different sectors, such as taxation, regulating marketing and availability of alcohol, also the measures to combat drunk-driving, prevent alcohol consumption among minors and raise awareness on alcohol-related harm. Most of the Member States have adopted a national alcohol strategy coordinating the efforts of different policy sectors.

Alcohol policy at EU level

The Treaty on the Functioning of the European Union (TFEU) sets the protection of public health as an overarching Union objective (Article 9) to be pursued across all policies and activities (Article 168). Public health in this context encompasses all sources of dangers to physical and mental health.

However, the national health policies belong to the jurisdiction of Member States (Article 168). There is a growing demand for coordination and cooperation on the issues of alcohol and health as several problems are not easily solved at a national level. Member States' efforts to introduce measures to protect public health can be diluted by exposure to such cross-border issues like advertising, including on-line advertising, and cross-border trade, including on-line sales.

Some important factors of alcohol consumption are partly under the competence of the European Union, e.g. labelling (as an integral part of the food labelling). However, in several cases these important factors fall at least partly into policy domains other than health, such as trade, competition, agriculture and media. Therefore, the decision-making process might not take aspects of health protection regularly into account.

Cross-border marketing of alcohol, to which also young people are exposed to, may undermine the regulatory frameworks and its enforcement of some Member States. As the *EU Alcohol & Health Forum Science Group* reported in 2009⁶, marketing of alcoholic beverages has an impact on volume and patterns of drinking of young people.

In the past, several initiatives have been taken by the European Commission to coordinate and enhance cooperation at EU level. For example, in 2006, with the objective to prevent and reduce the negative consequences of harmful use of alcohol, the European Commission adopted [an EU Strategy to Support Member States in Reducing Alcohol Related Harm](#). The Committee on National Alcohol Policy and Action (CNAPA) has been established by the services of the European Commission following the adoption of the [Commission's Communication of an EU strategy to support Member States in reducing alcohol related harm](#) in 2006 and it played a major role in implementing this strategy. The strategy ended in 2012. In

disorder, violence, harm to public and private properties and human suffering must be considered (Alcohol in the European Union – Consumption, harm and policy approaches, WHO Regional Office for Europe and the European Union, 2012)

⁵ Alcohol and inequities. WHO, 2012

⁶ Scientific Opinion of the Science Group of the European Alcohol and Health Forum. EU Alcohol & Health Forum Science Group, 2009



2014, the CNAPA adopted [the Action Plan on Youth drinking and on Heavy Episodic Drinking 2014-2016](#) was adopted.

Member States have called for EU actions on alcohol on several occasions.⁷

- In December 2009, Council Conclusions on Alcohol and Health were adopted calling, amongst others, to „*define priorities for the next phase of the Commission’s work on alcohol and health after the end of the current strategy in 2012*”.
- In 2011, the Council adopted Council Conclusions on closing health gaps within the EU through concerted action to promote healthy lifestyle, calling on Member States and the Commission to “*implementing effective alcohol policies and programs to address alcohol related harm, including exposure to alcohol advertising, information, early education and intervention to discourage harmful alcohol consumption*”.
- In 2012, Council Conclusions on Healthy Ageing across the Lifecycle were adopted, inviting Member States and the Commission “*to promote strategies for combating risk factors, such as tobacco use, alcohol related harm, illicit drugs, unhealthy diet and lack of physical activity...*”.
- In 2015, Council Conclusions on an EU strategy on the reduction of alcohol-related harm were adopted by the conclusions inviting the Commission to „*adopt by the end of 2016, while fully respecting Member States’ competences, a comprehensive EU strategy dedicated to the reduction of alcohol-related harm and comprising actions across EU policies in order to tackle health, social and economic consequences of the harmful use of alcohol*”.

Focus of the conference

The aim of the Estonian Presidency conference “Cross-Border Aspects in Alcohol Policy – Tackling Harmful Use of Alcohol” was to contribute to reducing alcohol-related harm in the EU by strengthening the Member States` capacity to implement effective health policy and to tackle cross-border issues.

More specifically, the discussions focused to identify the main cross-border challenges for the Member States in achieving the aims of their national alcohol policies and protecting people’s rights to make conscious choices and protect their health. In addition, the attempt was made to identify the main activities necessary to cope with the cross-border challenges in alcohol policy and share good practices and lessons learned.

The conference focused on following cross-border aspects: labelling of alcoholic beverages, cross-border purchasing and the marketing of alcohol, also the research and monitoring was addressed.

The two-day conference consisted of the opening session and four thematic sessions (labelling, cross-border trade, cross-border marketing, monitoring and research). Detailed overview of the sessions is in Annex 1.

⁷ In 2015, Council Conclusions on an EU strategy on the reduction of alcohol-related harm called for a new strategy and the continuation of the Joint Action on alcohol



Outcomes and conclusions

The representatives of different sectors were invited to discuss the cross-border aspects of alcohol policy – health, finance (tax and customs), culture and agriculture. The audience consisted of the representatives of the ministries and relevant agencies, research institutions, NGOs and private sector, WHO and European Commission.

General outcomes and conclusions

Alcohol causes serious health damage via more than 200 health conditions it is known to contribute to. Alcohol also causes significant social and economic loss by alcohol-related crime, injuries, maltreatment of children, absenteeism, and lost productivity. Harmful use of alcohol is draining the public resources, direct costs associated with alcohol use range from 1.0% to 7.1% of total health spending.

Many of the tools of the effective alcohol policy fall into the competence of sectors other than health, therefore health in all policies are needed. More cooperation of different sectors – health, agriculture, culture, tax and customs – is needed to tackle harmful use of alcohol.

To address the alcohol-related harm, the efforts at national, EU and global level are needed. More actions in the EU are necessary to tackle the issues which either are already regulated at EU level, or where Member States' efforts can be undermined by the cross-border purchases or marketing.

The economic operators (such as developers, producers, distributors, marketers and sellers of alcoholic beverages) can play the role in tackling harmful use of alcohol by introducing voluntary measures complementing the legal requirements, e.g. in the field of advertising. The participation of the economic actors must be addressed carefully, as there is a tendency to undermine the scientific evidence on the impact of alcohol and the effectiveness of measures.

The outcomes and conclusions on labelling of alcoholic beverages

- Alcohol has a high energy content, each gram of alcohol contains ~7 Kcal (lower than fat but higher than sugar) and in case of some countries, alcohol contributes up to 15% of energy intake. Therefore, the importance of knowing the nutritional value of alcoholic beverages cannot be underestimated.
- At the labels of the alcoholic beverages, beside the information about the characteristics and utility of the product, also information about its content, nutritional value and possible risks related to consumption is important to allow the consumers to make rational choices.
- On-pack information is the most widely used method for informing consumers and it is also a preferred method by the users. According to RARHA 2015 consumer survey on communication of alcohol associated risks, 86% of consumers call for the list of ingredients of alcoholic drinks to be provided, as is the case for other food and drink products.
- Currently, alcoholic beverages are given an exemption from the general obligation to provide nutritional information on the package, they are not obliged to provide ingredients listing and nutritional information which in case of food products and beverages is obligatory.⁸ In 2017, the

⁸ Regulation (EU) No 1169/2011 on the provision of food information to consumers (the Regulation) provides for mandatory list of ingredients and for mandatory nutrition declaration (energy value and the amounts of fat, saturates, carbohydrate, sugars, protein and salt). The Regulation exempts alcoholic beverages containing more than 1,2 % by volume of alcohol from the mandatory list of ingredients and the nutrition declaration. Article 21 on the labelling of certain substances or products causing allergies or intolerances applies to alcoholic beverages. Therefore, the information on most common allergens, like sulphites added to wine, is present in alcoholic beverages.



European Commission adopted a report on labelling alcoholic beverages.⁹ The report found no justification for the exemption of alcoholic beverages from the labelling rules.

- There is no technical obstacles for providing nutritional information on the alcoholic beverages. Although there is no requirement for alcoholic beverages to list their ingredients, several food business operators are prepared to provide this information to the consumers.

The outcomes and conclusions on the cross-border trade

- The price of alcohol is one of the most important factors for total alcohol consumption and the most powerful tool for countries to reduce the consumption and the harms related to it.
- Lower prices in neighbouring countries attract cross-border shoppers and effectively reduce the average price of alcohol in the Member States with high taxation.
- Cross-border alcohol purchases by private persons may not count for a large part of alcohol consumption in European Union altogether, but it presents a significant problem for certain regions, for instance cross-border purchases of alcohol in Finland and Sweden contribute about 10% to total consumption.
- Reducing taxes to cut the cross-border purchases of alcoholic beverages have been proven to be ineffective in reducing the harms caused by alcohol consumption. In the contrary, the harms, including alcohol-related deaths, increased when taxes were cut by 33% in Finland.
- Currently, the cross-border purchase of alcohol for personal use is not limited, but there is significant amount of illegal activities taking place on the borders, transporting alcohol from one country to another with the purpose of reselling it.
- Alcoholic beverages are not an ordinary commodity and the negative influence of cross-border trade of alcoholic beverages need to be tackled at national, regional and EU level.

The outcomes and conclusions on marketing

- Alcohol advertising, like advertising in general, has an impact on people's behaviour and attitudes, particularly on the young people and children. It increases the early onset of drinking of young people and makes it more likely to continue to increase their drinking as they moved into their mid-twenties.
- The technological development of media has a great impact on marketing techniques. Alcohol marketing has become more sophisticated and current legal framework is often out-dated to tackle it.
- The international corporations have a responsibility to bear in preventing children and minors to be exposed to alcohol advertising.
- The industry's self-regulation on advertising can be helpful in current situation where statutory measures are either absent or insufficient, but they do not provide sufficient protection for the children and youth and the need for stronger statutory measures therefore remains.
- The actual level of exposure to alcohol advertising tend to increase as the digital media, including the new and social media, is becoming more prevalent in our everyday life. The digital media has borderless nature and is especially attractive to and well adapted by young people. Therefore, the need for regional and EU level actions and coordination is needed to tackle the negative health impact of digital ads.

⁹ https://ec.europa.eu/food/sites/food/files/safety/docs/fs_labelling-nutrition_legis_alcohol-report_en.pdf



- The alcohol industry dominates the agenda on alcohol advertising policy and the European Commission or the European Parliament have done little to curb the effects of cross-border marketing. The EU's Audiovisual Media Services Directive (AVMSD) continues to evade responsibility for the harm caused by the alcohol advertising and continues to delegate responsibility for regulating advertising to the Member State level.
- More coordinated efforts are necessary by the European Commission and the European Parliament to protect the mental and physical health of European children and youth from excessive alcohol advertising and excessive alcohol consumption.

The main outcomes on monitoring and research

- Currently, WHO and Eurostat together with national agencies are responsible for the data gathering on alcohol production, sales, consumption etc. There is further work to be done in harmonizing the methodologies to make data more comparable and to provide the data with a shorter time lag.
- There is no comparable survey data on the drinking habits of adult people in Europe, although there is a need for it.
- The first steps towards comparable survey data on the drinking habits of adult people in Europe have been done in the frame of the Joint Action to Reduce Alcohol-related Harm and it needs to be carried on.
- There is no comprehensible data on cross-border purchases and therefore we do not have the clear understanding on the phenomenon.
- To be more effective in tackling cross-border alcohol issues we need to improve comparability and usage of the data but also revisit the set of data we collect.



Annex 1. Detailed overview of the sessions at the conference “Cross-Border Aspects in Alcohol Policy – Tackling Harmful Use of Alcohol”

The opening session

The conference was opened by **Mr Jevgeni Ossinovski**, the Minister of Health and Labour of Estonia and **Mr John F. Ryan**, the Director of the European Commission Public Health Directorate of the Directorate-General for Health and Consumers, both stressing the harm alcohol causes in the EU.

The keynote speech was given by **Prof Dr Martin McKee** from London School of Hygiene and Tropical Medicine. Professor McKee focused on the public debate on several health issues, including tobacco and other health risks, and compared it to the debate on alcohol and health, drawing parallels and pointing out the dangers of having scientific arguments undermined by the alcohol industry.

Mr Michele Cecchini, the Health Policy Analyst of OECD Health Division introduced the latest data on the harms caused by alcohol. Although the alcohol consumption has slightly declined in Europe, the harms caused by it are still significant – 40% of road injuries could be avoided and male life expectancy could increase by one year in the absence of alcohol. The direct cost of alcohol use on health expenditure may vary from 1% to 7% and there is also a significant impact on labour market, as the alcohol-related health conditions lead to increase in days missed at work.

The opening session was concluded by **the discussion panel** participated by **Mr Jevgeni Ossinovski**, the Minister of Health and Labour of Estonia, **Dr Aurelius Veryga**, the Minister of Health of Lithuania and **Mr John F. Ryan**, the Director of the European Commission Public Health Directorate of the Directorate-General for Health and Consumers and **Mr Zbigniew J. Król**, Undersecretary of State, Ministry of Health of Poland. The panellists expressed the concern over the harm done by alcohol and described the hindrances implementing effective alcohol policies. The ministers expressed the need for a more comprehensive and coordinated policy in EU.

Session 1: Labelling of alcoholic beverages and its potential for health: What should be on the label?

The aim of the session was to explore the latest developments on alcohol labelling from different angles.

Ms Sandra Caldeira, PhD, from the DG Joint Research Centre, who delved into recent European data on alcohol’s contribution to the obesity epidemic. She pointed out that alcohol contributes around 7 Kcal per gram and at current rates of alcohol consumption, is therefore a significant proportion of daily caloric intake in Europe. When abstainers are excluded, the caloric intake tends to be higher on the Eastern European side with Lithuania consuming 357 calories per alcohol-consuming person in alcohol a day and four countries consuming over 300. The lowest amount of calories in alcohol is consumed in Norway (136) and, Malta (168). Other than in the Netherlands and in Norway, in all other European countries, significantly higher proportion of calories are being consumed in alcohol than in soft drinks.

Dr. Caldeira subsequently pointed out that in the EU single market, consumers of alcohol do not have a reliable, uniform way to understand calorie labelling when they travel, live or work in different EU countries. While there are clear regulations on how to label calories and nutrient contents on milk, sweets and other food stuffs, the Member States have been left to their own with developing guidelines and labelling customs and thus these vary considerably. For example, the notion of standard drink can be either 10 or 12 grams of alcohol, the recommended healthy limits vary by country and only 2 Member States have a coordinated message to “limit intake” on the bottle.



Dr Gauden Galea, Director of the Division of Noncommunicable Diseases and Promoting Health through the Life-Course, WHO Regional Office for Europe explained the links between alcohol consumption and non-communicable diseases and introduced the possibilities to steer consumer behaviour via labelling of alcoholic beverages. He displayed data on standardized mortality rates for circulatory diseases for males in the EU and neighbouring areas from 1970s to 2010 and noted the significant health inequities between Commonwealth of Independent States, EU13 countries that accessed the EU since 2004, and the original EU15 (countries that accessed the EU before 2004). He made a connection between drinking cultures, alcohol policies and burdens of disease in these countries. He made points about the difficulty by Member States to regulate the best buys in alcohol policy: price, marketing and availability.

Speaking specifically about labelling, Dr Galea noted that labels can be a key source of nutritional and health information as the consumer's first exposure to a health-related issue while shopping. Research indicates that consumers are generally supportive of nutritional labelling initiatives and have positive attitudes towards nutritional labels.

In France, Belgium and Germany, over half of the respondents in a survey said that the information on alcoholic beverage labels is sufficient. All other countries saw a significant majority considering the current nutritional information on alcohol bottles suboptimal. As for the EU average, about 75% of the surveyed did not consider the information presented on the labels sufficient.

Ms Mariann Skar from Eurocare spoke about the ways in which the alcohol industry is given a significant exception – unlike other foodstuffs that have to inform consumers about the nutritional values and caloric load on the label, alcohol industry is allowed to not reveal information about calories, additives, macronutrient contents. In the context of Regulation (EU) No 1169/2011, the labelling requirements for alcohol were not established, because the alcohol industry brought classic talking points that were accepted as convincing by the EU commission and Parliament. Among the excuses for the alcohol industry were that labelling would be too burdensome for the small producers, that evidence for the health argument was lacking, the suggestion that “alcohol has nothing in it”, that alcohol is different – not a foodstuff and therefore should not be submitted to the same regulation. The call from the Public Health sector was weak and the EU parliament and several Member States blocked the suggestion. During her presentation, Mariann Skar listed further industry arguments against labelling and provided background evidence for their weakness.

Ms Marjatta Montonen, alcohol policy expert from Finland, gave an overview about the particulars of the exemption for alcohol under the Regulation (EU) No 1169/2011. Member States are given an opportunity to require additional information on alcohol labels, but in reality this Regulation delegates the hard conversation to the Member State level where the public health community in the Member States need to summon the expertise to put forth the proposals, stand up against the industry lobby and convince their public and parliaments that labelling is necessary. The result is uneven for the consumer. Several Member States have taken action, but their efforts are not coordinated and even the “standard drink” is sometimes displayed in units, other times in grams.

Anticipating regulation in this area, several alcohol industry associations have put forth self-regulatory proposals. Although a significant literature on the issue has deemed alcohol industry self-regulation ineffective in achieving public health aims, the Commission has invited the alcohol industry to present their proposal for self-regulation that would cover the entire sector. Ms Montonen noted that access across the EU to systematic information on ingredients and nutrition contents on the labels of all alcoholic beverages may not be achieved within the term of the current Commission and Parliament.

The session concluded with the **panel discussion**, participated by **Dr Jožica Maučec Zakotnik**, the State Secretary, Ministry of Health of the Republic of Slovenia, **Ms Laure Alexandre**, the representative of Spirits Europe and **Dr Gauden Galea**, Director of the Division of Noncommunicable Diseases and Promoting



Health through the Life-Course, WHO Regional Office for Europe. The presenters recognized the consumer's right to have the information necessary to make rational choices, different opinions were expressed on the preferences on the content of the labels. The representative of the Brewers of Europe made an intervention from the floor stating that the Brewers of Europe are ready to provide nutritional information on the labels of their products.

Session 2: Cross-border trade

The aim of the session was to contextualize the current cross-border trading concerns within Europe as a whole and bring specific examples about how member states have been trying to deal with it.

Mr Thomas Karlsson, PhD, representing the Finnish National Institute of Health and Welfare, introduced the trends and impact of cross-border purchases of travellers in the EU. The cross-border trade as well as import of alcoholic beverages by travellers exist where push and pull factors are strong enough to get people to buy and transport goods from one country into another. Several factors determine the magnitude of alcohol import by travellers. These are:

- the magnitude of price differences,
- geographic circumstances at the borders,
- existence of import quotas (indicative or legally binding),
- strictness of border controls,
- traffic infrastructure, the amount of population residing near the border, and
- travellers' motives for crossing the border.

The main motive for alcohol imports by travellers is price differences between countries. Therefore, differences in excise taxes on alcohol will always be relevant for the volume of alcohol import by travellers. As long as it is affordable or feels advantageous for people to bring less expensive alcohol from another country the phenomenon of travellers' alcohol imports will exist. He presented also a rule of thumb: The easier it is to travel and the fewer restrictions there are, the higher are the amounts of alcohol imported. There are several hotspots for cross-border alcohol trade in the EU - between France and its neighbouring countries, between Germany and Denmark, between Sweden and its neighbouring countries, and in the Baltic region between Finland and Estonia. It has been suggested (by the alcohol industry) that lowering alcohol taxes and liberal alcohol policies might be a solution to tackle problems related to travellers alcohol imports. However, experience shows that this just increases overall alcohol consumption.

Travellers' alcohol imports has during the 2000s transformed from a "race to the bottom" regarding alcohol taxes towards increasing taxes both in the Baltic countries and Finland.

Estonia has and will continue to increase their taxes on alcohol until 2020 and Finland has decided on increasing their taxes in 2018 by approximately 8 %. In Lithuania taxes on beer and wine were increased in March 2017 by 112 % and 111 % respectively and taxes on distilled spirits by 23 %. There are also plans in Latvia to increase the alcohol taxes annually between 2018 and 2020.

He acknowledged that paying taxes and yielding revenues in one country and creating harms and costs in another is a problem embedded in travellers' alcohol imports. Harmonizing tax levels downwards is not a viable solution to solve this. Although a tax reduction could reduce alcohol imports, it would also:

- increase overall alcohol consumption,
- increase alcohol-related harms and costs, and
- reduce alcohol tax revenues.

He was on the opinion that on the EU level a decision to lower the current indicative import levels would not completely solve the problem, but it would help.



Mr Marek Uusküla, the Head of Excise and Customs Department of Ministry of Finance of Estonia, presented Estonian example on the impact of cross-border purchases of alcoholic beverages. With Estonia's recent excise increases, the tide is turning and cross-border trade is moving to Estonia's Southern border between Estonia and Latvia. He discussed the logic behind the EU's limitless policy to buy alcohol from a neighbouring country and import it back to home country. Council directive 2008/118/EC concerning the general arrangements for excise duty, Article 32, notes Member States may generate "guide levels" to how much alcohol can be imported by private individuals, but these are solely for evidence purposes.

Article 32 also states that the guide limits imposed by a Member State may not be less than 230 litres of various beverages. Mr Uusküla illustrated in detail how large this quantity really is. It equals to 24 litres or 19kg absolute alcohol. This is allowed to be brought back in a single trip, and there are no limits to how many trips an individual can make. For comparison, average per capita consumption in Estonia is about 10 litres per adult. If guide levels were to be looked at in the context of low risk drinking guidelines (40g for men, 20 for women per day), then the amount of alcohol allowed by the guide levels in a single trip would be sufficient for 475 men or 950 women.

The "guide levels" policy facilitates the movement of alcohol as a good and undermines the Member State's options to meaningfully regulate alcohol prices within its borders without options to erect barriers to travellers' imports.

The panel discussion was moderated by **Mr Dmitri Jegorov**, Deputy Secretary-General for Tax and Customs Policy from Estonian Ministry of Finance and participated by **Ms Anna Björklund** from Swedish Customs Law enforcement, **Ms Ewa-May Karlsson**, board member of the European Committee of the Regions and **Prof Pia Mäkela** from National Institute for Health and Welfare of Finland. Ms Karlsson stressed the importance of alcohol-related harm for the communities and the need to tackle that harm at European level. Ms Björklund introduced the situation on Swedish borders where large-scale fraud concerning cross-border alcohol purchases was tackled. Prof Mäkela introduced Finnish experience where alcohol excise taxes were reduced to avoid cross-border purchases increase - the result was significant increase in alcohol-related deaths and no result on avoiding cross-border purchasing of alcohol.

Session 3: Cross-border marketing: Challenges and opportunities

The aim of the session was to illuminate and discuss the ways in which the advertising and media landscape inevitably mean cross-border influences that undermine public health efforts of Member States.

Prof Dr David Jernigan, PhD, Director of the Center on Alcohol Marketing and Youth, John Hopkins Bloomberg School of Public Health, gave an overview of the mechanisms through which alcohol advertising impacts youth. A recent global systematic review of 12 longitudinal studies published since 2008 ascertained that all studies found significant associations between levels of youth exposure to alcohol marketing and subsequent levels of drinking among youth. Advertising influence youth to drink alcohol through creating expectancies and brand recognition. New forms of social media facilitate deeper forms of receptivity – liking an ad, ability to recall ad and participation in marketing were all associated with greater likelihood of alcohol initiation, binge drinking and hazardous drinking among youth.

Advertising in magazines, on television, radio, billboards and sports concessions, alcohol use in movies and ownership of promotional items all predict onset of drinking among youth. Alcohol companies have also moved into social media so rapidly that research has not kept up. Alcohol marketing is branded and different products target different audiences. Half or more of youth exposure to alcohol advertising (impressions), comes from less than 10% of brands.

Ms Fiona Godfrey, Director of EU Public Affairs, European Association for the Study of the Liver gave an



overview of the ways in which the new Audiovisual Media Services Directive (AVMSD) will do very little to curb youth exposure to alcohol advertising on television, radio and in social media. She discussed the campaign that Eurocare and a few other organizations put forth to be considered within the AVMSD negotiations, asking to minimize exposure of health-harmful marketing to youth watershed 6:00 and 23:00, to exclude alcohol and also food products that are high in fat (HFSS food), salt and sugar from the relaxation of product placement and sponsorship rules and to eliminate self-regulation. They also asked to ensure that Member States could effectively limit broadcasts from other countries on public health grounds.

With the European Parliament's resolution adopted in May 2017 on the proposal for a revised AVMSD, no 06:00- 23:00 watershed was granted. Instead, Member States will regulate advertising time limits on television. A limited alcohol product placement and sponsorship ban was adopted, excluding those from children's programs but they are allowed in programs with a significant minor audience. These provisions were also extended to video-sharing platforms.

The Council adopted its general approach also in May. The text is now in trialogues. If adopted in the spirit of the European Parliament's amendments, the new text on HFSS foods is worse than current legislation. Children's mental health is protected but not their physical health. Advertising of alcohol on TV and social media will be subject to self-regulation by the alcohol industry via codes that we know to be ineffective. Another generation of children and adults will develop alcohol related harm.

Ms Godfrey concluded that the failure to affect the AVMSD is unfortunate, yet understandable, as protecting children from undue influence of alcohol advertising would be at odds with the business models of very powerful alcohol industry companies. What would be needed is an end to self-regulation and voluntary codes that don't work and development of effective legislation restricting all forms of alcohol advertising in each EU country. Instead, the European Commission allows the children's mental health to remain unprotected and delegates control of harm to industry self-regulation which has been shown to not work.

Ms Maud Sacquet, Senior Manager of Public Policy, the Computer & Communications Industry Association, affirmed that the social media platforms are law abiding and that no illegal exposure of youth to alcohol advertising takes place. She introduced the different measures the platforms apply to ensure the compliance with legal requirements and the self-regulation rules.

Mr Ismo Tuominen, Ministerial Advisor, Ministry of Health and Social Affairs of Finland introduced Finland's innovative initiative to tackle the new ways alcohol industry promotes alcoholic beverages in the social media, including creating deep bonds between the consumer and the product by the involving consumers into games and content production of promotion campaigns.

Finland is one of the few countries in the world who has devised a careful and nuanced plan to limit alcohol advertising in social media, especially for the youth. Ismo Tuominen explained both the philosophy and the practice behind the Finnish experiments. The best option - when a total ban is not possible - would probably be a modified French model: A comprehensive advertising ban excluding a defined range of advertising practices which are allowed (e.g. product information for adult consumers). The second best option is to define the most harmful practices and regulate them – as Finland has done. The worst option is to sit back and watch all new social media innovations getting ground to advertise alcohol. Mr Tuominen stressed that a single country alone is not able to solve the problems in the digital world, but someone has to start. The Finnish Alcohol Act does not apply to advertising of foreign origin – but it does prohibit targeting Finnish customers even from abroad.

The discussion panel was moderated by **Dr Maris Jesse**, Deputy Secretary General on Health, Ministry of Social Affairs of Estonia and participated by **Prof Dr David Jernigan**, **Ms Maud Sacquet**, Senior Manager of Public Policy, the Computer & Communications Industry Association and **Ms Myriam Savy**, National



Association of Prevention in Alcoholology and Addictology, France. Ms Savy introduced *Loi Evin* - the French solution to regulating alcohol marketing content-wise, were, rather than prohibiting certain content, the law lists the elements of content which are allowed. The panelists discussed the effectiveness of voluntary measures. Prof Dr David Jernigan presented several examples where the self-regulation has proven to be ineffective. The intervention from the floor was made by the Brewers of Europe, assuring that the members of this organization are dedicated to apply their own code. Prof Dr David Jernigan responded that the initiatives of the industry are very welcome and help, given that the statutory approaches are not implemented. Ms Saquet confirmed, that the platforms she is representing, are using the measures to prevent minors to see alcohol ads, but if the consumer lies about the age, they cannot detect it as the data protection legislation prevents them to verify the age of the consumer.

Session 4: Monitoring and research

The aim of the session was to give an overview of how and what data is being collected and compared on European alcohol consumption and harmful use patterns, and to highlight issues of data comparability by the WHO European Region.

Mr Dag Rekve technical officer at the Management of Substance Abuse unit, World Health Organization, introduced the WHO's approach to monitoring the situation on alcohol. The guiding framework document on alcohol is the WHO Global Strategy to reduce the harmful use of alcohol. The vision behind the global strategy is improved health and social outcomes for individuals, families and communities, with considerably reduced morbidity and mortality due to harmful use of alcohol and their ensuing social consequences.

Mr Jacek Moskalewitz, PhD, Head of the Department of Studies on Alcoholism and Drug Dependence at the Institute of Psychiatry and Neurology in Warsaw, Poland, discussed the Standardized European Alcohol Study (SEAS) which is the most comprehensive alcohol survey ever, encompassing the issues of alcohol consumption, harmful use, drinking context, unrecorded supply, harms to others and attitudes towards alcohol policy among others. The survey has several advantages: accurate representation of abstainers, accurate reporting of frequency of drinking, of usual quantity of drinking, of individual problems and harm from others as well as attitudes towards drinking. The survey has several shortcomings also: it can underrepresent heavy drinkers and heavier consumption as well as underestimate the annual consumption.

The survey was witnessing an overall homogenization of drinking cultures across Europe. Differences in per capita annual consumption have decreased and are now only 3-4 liters per capita, as compared to differences of up to 15 liters between European countries a few decades ago. Beverage preferences have diversified within individual countries; spirits drinking countries drink more beer and wine; wine drinking countries drink more beer and spirits while beer countries drink more wine and spirits.

The survey also pointed to a large diversification of abstainers in different countries with lifetime abstainers and former drinkers amounting to over 25% in Portugal and Italy, while Austria, Bulgaria, Greece and Denmark reporting less than 10% of current and lifetime abstainers. The EU average was slightly above 15%.

Prevalence in harms from others and individual harms from alcohol consumption vary widely across Europe, as do attitudes towards whether alcohol should be considered as a regular foodstuff, or treated differently.

Ms Marje Josing gave a detailed overview of the Estonian system data collection on alcohol and of estimating the annual consumption, highlighting some challenges with the changing cross-border trade. She also explained the trends in alcohol consumption in Estonia in the past two decades.

