# Commitments made by members of the European Alcohol and Health Forum

## **Summary Report**

October 2013





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The views expressed herein are those of the consultants alone and do not necessarily represent the official views of the European Commission.

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#### Introduction

Harmful and hazardous alcohol consumption is a key health determinant and one of the main causes of premature death and avoidable disease. In this context, the European Commission adopted in October 2006 the Communication "An EU strategy to support Member States in reducing alcohol-related harm", which specifically targets the harmful and hazardous effects of alcohol consumption. The objective is to reduce the damage caused by this kind of alcohol consumption, both in terms of health and the economic and social impact. To this end, the strategy sets priority themes, identifies the different levels of action and lists the measures taken by the Member States to encourage good practices. The European Alcohol and Health Forum (EAHF) was established in June 2007 following the adoption by the European Commission of the EU strategy, of which it is one of the implementation structures. The Forum is an innovative policy tool seeking to involve as many relevant actors as possible in a multi-stakeholder dialogue on a voluntary basis. It encourages participants, according to their own capacity and focus, to take action toward the reduction of alcohol-related harm. The Forum's membership consists of different types of organisations that work in various alcohol-related fields and join their efforts to minimise the harm caused by alcohol consumption. It includes non-governmental organisations and professional health organisations, advertising, marketing, media and sponsorship organisations, production and sales organisations and research institutes.

The members of the Forum signed, at the Forum launch of 7 June 2007, the *Charter establishing the European Alcohol and Health Forum*<sup>2</sup>. As defined in the *Charter*, the Forum is a "platform for all interested stakeholders at EU level that pledge to step up actions relevant to reducing alcohol-related harm". In this context, all members are to develop 'commitments', at all levels, from the European to the local level, aimed at protecting European citizens from the harmful use of alcohol. The Charter expects that Forum Members submit commitments aimed at reducing alcohol-related harm under a number of priorities areas, selected by each actor, reflecting each organisation's objectives and resources. Members are requested to provide detailed information in the form of an action plan. These action plans indicate measurable objectives, who the owners of the commitments are, how the proposed action would contribute to reducing alcohol related harm (relevance), the resources allocated to each commitment, a timetable for the implementation, and the dissemination approach.

The present report on the membership status and the commitments made under the EAHF process analyses the situation as on May 2013. A short overview of the EAHF membership according to the latest updates, including the breakdown by sectors of activity and level of activity will be presented. As of May 2013, 255 commitments for action had been made by the members of the EAHF<sup>3</sup>. This first part of this document provides an overview of the membership of the Forum, taking into account the number of new members who joined throughout the years, the type of sector and the level of activity they are active in and the level. The second part analyses the commitments according to the following criteria:

- Active commitments / origin of commitments
- Priority areas targeted
- Commitments by types of member / sector of activity
- Types of planned activities within the commitments
- Geographical coverage of the commitments
- Duration of the commitments
- Nature of partnerships involved.

Where relevant, comparisons are made to the results presented in the Summary Report of April 2009.

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<sup>&</sup>lt;sup>1</sup>COM(2006) 625 final, Communication from the Commission of 24 October 2006, "An EU strategy to support Member States in reducing alcohol-related harm"

<sup>&</sup>lt;sup>2</sup> European Commission (2007), Charter establishing the European Alcohol and Health Forum <a href="http://ec.europa.eu/health/ph\_determinants/life\_style/alcohol/documents/Alcohol\_charter2007.pdf">http://ec.europa.eu/health/ph\_determinants/life\_style/alcohol/documents/Alcohol\_charter2007.pdf</a>

<sup>&</sup>lt;sup>3</sup> The full content of all commitment made can be consulted at <a href="http://ec.europa.eu/eahf/">http://ec.europa.eu/eahf/</a>

## 1 Overview of EAHF membership

#### 1.1 EAHF membership update

The European Alcohol and Health Forum currently has 70 members<sup>4</sup>. It was established within 50 founding members, and counted 60 members at the time of the April 2009 Summary Report. Since then, the following members have joined the Forum:

Table 1: New Forum members since 2009<sup>5</sup>

Member	2009	2010	2011	2012
Active – sobriety, friendship and peace		✓		
Association of European Professional Football Leagues (EPFL)	✓			
European Association for the Study of the Liver (EASL)	<b>√</b>			
European Federation of Pharmaceutical Industry EFPIA				<b>✓</b>
European Medical Students' Association (EMSA)				✓
European Trade Union Confederation (ETUC)	✓			
European Travel Retail Council (ETRC)			✓	
German Football League (DFL)	✓			
HORECA Vlaanderen (under the umbrella of HOTREC)				✓
International Federation of Medical Students Associations (IMFSA)			<b>√</b>	
Scottish Health Action on Alcohol Problems SHAAP (under the umbrella of Eurocare)				<b>✓</b>
The Swedish Youth Temperance Association (UNF)		<b>√</b>		
United European Gastroenterology Federation (UEGF)			✓	

Two members – the European Forum for Responsible drinking (EFRD) and the European Spirits Organisation (CEPS) merged in November 2012 to become spiritsEUROPE.

#### 1.2EAHF membership by sectors of activity

This section provides a short overview of the Forum's membership including total number of members and their respective sectors of activity.

A classification of Forum members was originally prepared by DG SANCO in a 2009 report on Forum commitments. <sup>6</sup> The following categories were identified:

- Alcohol-related NGOs
- Broader NGOs
- Health professionals
- Producers of alcoholic beverages

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<sup>&</sup>lt;sup>4</sup> The Summary Report from the plenary meeting held in April 2013 has not been published on the DG SANCO website yet. This figure has been calculated on the basis of the summary report from the Plenary meeting held in October 2012 and double checked with the database 'European Alcohol and Health Forum - Commitment Search Tool'

<sup>&</sup>lt;sup>5</sup> Summary reports of EAHF plenary meetings 2009 – 2012 : http://ec.europa.eu/health/alcohol/forum/forum\_details/index\_en.htm

<sup>&</sup>lt;sup>6</sup> Summary Report: <a href="http://ec.europa.eu/health/ph determinants/life style/alcohol/Forum/docs/report commitments en.pdf">http://ec.europa.eu/health/ph determinants/life style/alcohol/Forum/docs/report commitments en.pdf</a>, p.7-8.

- Advertising, marketing and sponsorship
- Media
- Retailers, wholesalers and caterers
- Research institutes
- Others

Following consultations with DG SANCO, the First Monitoring Progress Report<sup>7</sup> used a different classification with four categories on the basis of the nature of members' activities. The four categories are listed below:

- Non-governmental organisations and professional health organisations
- Advertising, marketing, media and sponsorship organisations
- Production and sales organisations
- Research institutes and others

For a detailed breakdown of membership by sector of activity, please see Annex 1.

The following table shows the total number of Forum members per sector of activity.

Table 2: Breakdown of Forum members by sector of activity, 2009-2013

Type of Forum member	profes hea	s and ssional alth sations	Advertising, marketing, media and sponsorship organisations		Production and sales organisations		Research institutes and others		Total*	
No. of Forum members (2009)	19	32%	7	12%	27	45%	7	12%	60	100%
No. of Forum members (2010)	20	31%	7	11%	27	42%	10	16%	64	100%
No. of Forum members (2011)	21	32%	7	11%	27	42%	10	15%	65	100%
No. of Forum members (2012)	23	34%	7	10%	28	41%	10	15%	68	100%
No. of Forum members (2013)	25	36%	7	10%	28	40%	10	14%	70	100%

<sup>\*</sup>total number of members at the spring plenary

The table shows that, although NGOs and health professionals are well represented in the Forum (25 members), the largest share of Forum members falls under the category of production and sales organisations (28 members). The presence of the other two categories (research institutes and other organisations; and advertising, marketing, media and sponsorship organisations) is comparatively smaller (respectively 10 and 7 members).

#### 1.3 EAHF membership by geographical coverage

This section provides a short overview of the Forum's membership according to their respective geographical coverage.

In terms of the geographic scope, three categories of Forum members have been defined. First, the Europe-wide members, including umbrella organisations operating at the European level. The international members include umbrella organisations working at the international level. Finally the

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<sup>&</sup>lt;sup>7</sup> EAHF First Monitoring Progress report, 2009 : http://ec.europa.eu/health/alcohol/docs/monitoring\_progress\_en.pdf

Member State level includes companies as well as organisations working at the national or subnational level.

Almost all member organisations are based in the EU15: only one, from Estonia, comes from a new Member State. Organisations based in the UK are well represented with ten members. Only one member organisation is based in Southern Europe (Italy).

Table 3: Forum members by level of activity

Geographic area	No
Europe-wide	32
International <sup>8</sup>	4
Member State level, including economic operators	34
Total	70
Breakdown by Member State	
Austria	1
Belgium	3
Estonia	1
Finland	1
France	4
Germany	2
Ireland	3
Italy	1
The Netherlands	3
Sweden	4
UK	10
Nordic Countries <sup>9</sup>	1

#### 2 Statistical Overview of Commitments

#### 2.1 Origin of the commitments

This section provides an overview of the total number of commitments submitted between 2007 and 2013, as well as a breakdown by individual members.

As of May 2013, 69 of the 70 members of the Forum have registered at least one owned or co-owned commitment into the commitment database; a total of 255 commitments have been received by that date. 207 of the 255 commitments are completed and 48 still ongoing.

The following table shows the distribution of the 255 commitment per Forum members. Members belonging to an umbrella organisation are listed below their respective organisation.

Table 4: Number of commitments per Forum members between 2007 and 2013 (Co-owned commitments are counted as one commitment)

EAHF Member	Number of commitments owned (co-owned)
Active - sobriety, friendship and peace	4
The Swedish Youth Temperance Association (UNF)	0 (2)
Advertising Information Group AIG (representing ZAW and WKÖ)	3
Alcohol Policy Youth Network – APYN	4
Association of European Cancer Leagues (ECL)	2(1)
Association of European Professional Football Leagues (EPFL)	0(1)

<sup>&</sup>lt;sup>8</sup> Alcohol Policy Youth Network (APYN), International Centre for Alcohol Policies (ICAP, based in the USA), International Federation of Medical Students Associations, World Federation of Advertisers (WFA).

<sup>&</sup>lt;sup>9</sup> Nordic Alcohol and Drug Policy Network, which is also a member of EUROCARE.

German Football League (DFL)	1
Association of television and radio sales houses (EGTA)	2
Association of television and radio sales houses (EGTA)  Association of small and independent breweries in Europe (SIB)	1
CEGROBB	0(1)
Comité Européen des Enteprises Vins (CEEV)	2
Confederation of European Farmers and European Agri-Cooperatives COPA-	0 (2)
COGECA CONTROL	0 (2)
European Mutual help Network for Alcohol related problems (E.M.N.A.)	2
EUROCARE	11
Alcohol Action Ireland	5
Association Nationale de Prévention en Alcoologie et Addictologie	2
(A.N.P.A.A)	
EUROCARE ITALIA	1 (3)
Estonian Temperance Union	3
German Centre for Addiction Issues (DHS)	2
Institute of Alcohol Studies (IAS)	3
YO COT NOTO	0 (3)
	3
National Foundation for Alcohol Prevention (STAP)	
NordAN - the Nordic Alcohol and Drug Policy Network	1
Scottish Health Action on Alcohol Problems (SHAAP)	1
EUROCOMMERCE	3
British Retail Consortium	1
Delhaize Group	3
Royal Ahold	1
European Association for the Study of the Liver (EASL)	2
European Association of Communication Agencies	2(1)
Association des Industries des Cidres et Vins de Fruit de l'U.E. (AICV)	1
European Federation of Magazine Publishers (FAEP)	1
European Federation of Pharmaceutical Industries and Associations (EFPIA)	1
European Medical Students' Association	1
European Midwives Association	3
European Public Health Alliance	2
Royal College of Physicians (RCP London)	3
European Publishers Council (EPC)	2
European Platform of Social Institutions (ESIP)	2
The European Sponsorship Association (ESA)	2
European Trade union Confederation (ETUC)	
European Transport Safety Council (ETSC)	3
European Travel Retail Confederation (ETRC)	1
European Youth Forum	1(1)
National Youth Council of Ireland	1
HOTREC	1
British Beer and Pub Association	2
Finnish Hospitality Association (FHA)	3
Horeca Vlaanderen	1
Visita - Swedish Hospitality Industry	4
Institut de Recherches Scientifiques sur les boissons alcoolisées (IREB)	7
International Center for Alcohol Policies (ICAP)	3
International Federation of Medical Students' Associations (IFMSA)	1
ReLeaf Europe	1
SpiritsEUROPE	9
Bacardi Martini	4 (3)
Brown-Forman	4 (4)
	12 (4)
• Diageo	
Moët Hennessy	3 (1)

Pernod Ricard S.A.	4 (4)
The Absolut Company	3 (1)
The Scotch Whisky Association	3
Standing Committee of European Doctors (CPME)	5
The Alcohol Beverage Federation of Ireland (ABFI)	2
The Brewers of Europe	45
Anheuser-Busch InBev (ABI)	12 (4)
Heineken (International)	8 (3)
SABMiller	25 (3)
United European Gastroenterology (UEG)	1
World Federation of Advertisers (WFA)	3 (1)

Between April 2009 (first summary report) and May 2013, 147 new commitments had been introduced. On average, Forum members have submitted 4.3 commitments. In general, members have submitted less than 5 commitments: half of them own or co-own only one or two commitments); 35% of members have submitted between 3 and 5 commitments. Six Forum members stand out as the biggest contributors in terms of number of commitments: four members (1 umbrella organisation and 3 individual companies 10) have submitted more than ten and two members, Brewers of Europe and its subsidiary organisation, SABMiller, have submitted more than twenty, respectively 45 and 28.

The table below presents the number of commitments that have been introduced each year since the 2009 Summary report.

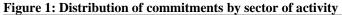
Table 5: Number of new commitments compared to number of active commitments

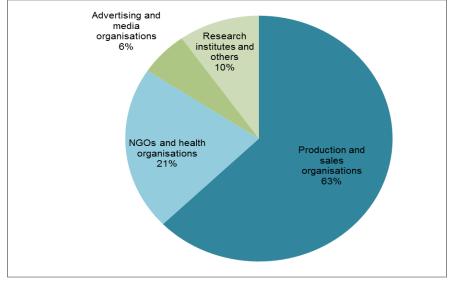
	2009*	2010	2011	2012	2013**
number of active	105	103	105	100	68
commitments					
number of starting	19	42	35	44	7
commitments					

<sup>\*</sup>Since April 2009

#### 2.2 Commitments by sectors of activity of Forum members

This section provides an overview of commitments according to the sector of activity of Forum members.





<sup>&</sup>lt;sup>10</sup> Eurocare, Anheuser-Busch InBev, Diageo, and Heineken.

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<sup>\*\*</sup>Until May 2013

More than half of the 255 commitments submitted up to May 2013 (63%) come from production and sales organisations, among which 86% come from producers of alcoholic beverages and 14% from retailers. Among the production and sales organisations, The Brewers of Europe stands out as an outliner as they own alone more than one fourth of these commitments.

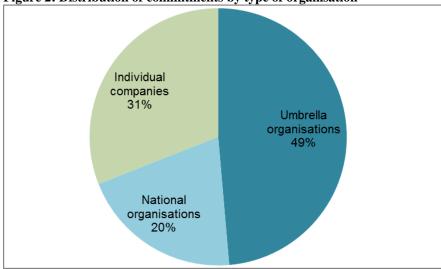
The table below shows the progression of this distribution over the years. Overall, the proportion of commitments owned by the different categories of Forum members remained relatively stable, and comparable to global membership distribution. After a peak in 2010/2011, the share of commitments coming from NGOs and health organisations has slightly decreased to come back to 2008/2009 figures, while the share of commitments from production and sales organisations is again on the rise. It is to be noted that the 2013 figures are based on the number of commitments submitted until May.

Table 6: Number of active commitments by category of Forum members and year, from 2007 to 2013

					J									
<b>Type of Forum member</b>	20	07	20	08	20	09	20	10	20	11	20	12	20	13
	No.	Share	No	Share	No	Shar								
														e
Non-governmental and	7	19%	17	17%	23	22%	30	29%	35	33%	26	26%	14	21%
health organisations														
Advertising, marketing,	0	-	7	7%	5	5%	5	5%	3	3%	4	4%	3	4%
media and sponsorship														
organisations														
Production and sales	25	69%	70	68%	68	64%	60	58%	57	54%	61	61%	45	66%
organisations														
Research institutes and	4	11%	9	9%	10	9%	8	8%	10	10%	9	9%	6	9%
others														
	36	100	103	100	105	100	103	100	105	100	100	100	68	100
Total		%		%		%		%		%		%		%

The following chart shows the distribution of commitments by type of organisation including umbrella organisations (both European and international), national organisations and individual companies, regardless of their sector of activity.





Although umbrella organisations (36 Forum Members) are the type of organisations that has produced the largest number of commitments (124), it should be noted that the 11 private companies participating in the Forum account for 31% of the commitments (79 commitments), which is very high compared to their membership: on average umbrella organisations have submitted 3.5 commitments, national organisations 2.3, and individual companies 7 commitments.

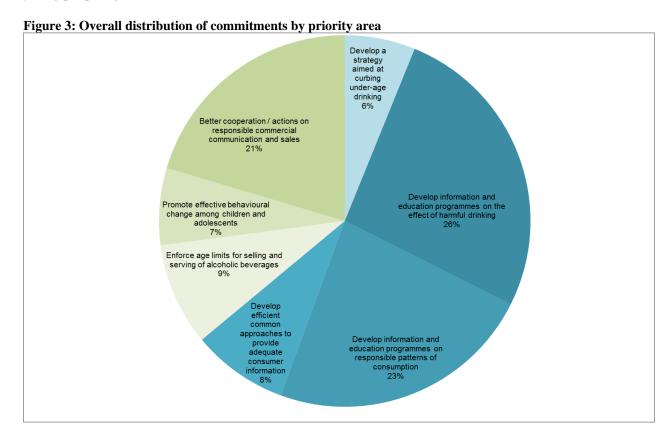
#### 2.3 Priority areas targeted

This section presents the distribution of commitments across the priority areas identified in the Forum Charter. It provides an overview of commitments by priority area, including a breakdown by member category. Examples of commitments submitted by Forum member under a specific priority area are also provided to illustrate the scope and diversity of the commitments. As the number of commitments has substantially increased since 2009, it was decided to describe only the type of activities undertaken under each priority area, rather than referring explicitly to particular commitments and describing their content.

The Alcohol and Health Forum has set the following seven priorities for action:

- 1. Develop a strategy aimed at curbing under-age drinking,
- 2. Develop information and education programmes on the effect of harmful drinking,
- 3. Develop information and education programmes on responsible patterns of alcohol consumption,
- 4. Develop efficient common approaches to provide adequate consumer information,
- 5. Enforce age limits for selling and serving of alcoholic beverages,
- 6. Promote effective behavioural change among children and adolescents,
- 7. Better cooperation/ actions on responsible commercial communication and sales.

The chart below shows the distribution of the 255 commitments by priority areas. It is noted that one commitment can refer to several priority areas. Overall, the most general priority areas, which do not focus on a specific target group, have been selected in half of the commitments: 'develop information and education programmes on the effect of harmful drinking' (26% of total commitments) and 'develop information and education programmes on responsible patterns of alcohol consumption' (23%). The high proportion of commitments dealing with commercial communication and sales can be explained by the high number of production and sales organisations members and the high numbers of commitments submitted. It should finally be noted that, despite a low number of commitments in each of the three priorities tackling underage drinking, probably due to the distribution of commitments among these three priorities, that alcohol and youth is an issue dealt with in 22% of the commitments. The low numbers can be explained by the fact that three priorities are referring to the protection of young people against alcohol-related harm.



The table below shows the distribution of commitments by priority areas since 2009. Overall, the proportion has remained fairly stable over the years. (For an overview of the distribution of priority areas in commitments over the years, by categories of members, please see annex 2).

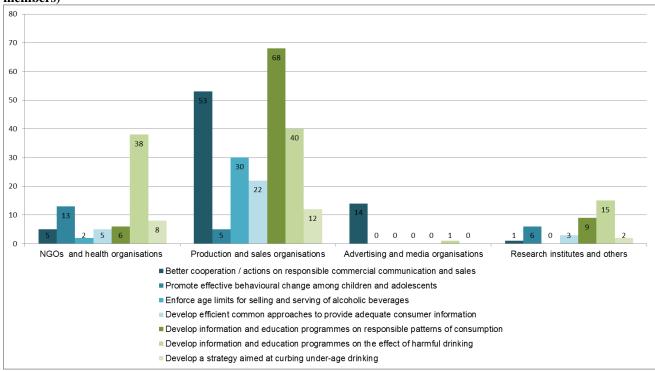
Table 7: Breakdown of commitment by priority area between 2009 and 2013\*

Action area	2009	2010	2011	2012	2013**
Develop a strategy aimed at curbing underage drinking	9	10	9	10	7
Develop information and education programmes on the effect of harmful drinking	28	40	37	43	26
Develop information and education programmes on responsible patterns of consumption	32	30	25	34	26
Develop efficient common approaches to provide adequate consumer information	5	14	17	16	8
Enforce age limits for selling and serving of alcoholic beverages	12	11	10	11	10
Promote effective behavioural change among children and adolescents	8	8	6	9	6
Better cooperation/actions on commercial communication and sales	26	26	18	24	22

<sup>\*</sup> It should be noted that one commitment can refer to several priority areas

The following chart shows how many commitments have been submitted under each priority area by the different categories of members.

Figure 4: Priorities per category of members (number of commitments submitted by each category of members)



<sup>\*\*</sup>until May 2013

#### 1) Develop a strategy aimed at curbing under-age drinking

22 commitments (6%) refer to this area<sup>11</sup>. More than half of these commitments (12) are from production and sales organisations, 8 are from NGOs and 2 from a research institute (STAP - Dutch Institute for Alcohol Policy).

The 12 commitments from the production and sales organisations are mainly from producers of alcoholic beverages (11); the last one is from a retailer.

Among the 8 commitments coming from NGOs, 7 are from alcohol related NGOs (Active, German Centre for addiction issues, Estonian Temperance Union and Nordan) and 3 from youth organisations (APYN and the National Youth Council of Ireland).

In 10 commitments, only this priority area is mentioned; otherwise it can be found mostly in combination with the priority 'Develop information and education programmes on the effect of harmful drinking'. Typical activities under this priority area are education, youth involvement and media activities:

- School programmes
- Education programmes, advocacy schools, training for trainers
- Conferences and seminars
- Campaigns addressing underage drinking to raise awareness the restrictions for serving and selling alcohol to minors and the role of adults in reducing under-age drinking
- Research on alcohol regulations

## 2) Develop information and education programmes on the effect of harmful drinking

26% of the commitments refer to this area. This is the priority area most chosen by Forum members. Commitments are almost equally coming from NGOs (38 commitments) and production and sales organisations (40 commitments); 15 commitments are from research institutes and other organisations, 1 from a media organisation (European Federation of Magazine Publishers).

Forum members tend to select only priority two in their commitment, or in priority two in combination with priority three: 'Develop information and education programmes on responsible patterns of alcohol consumption'. Typical activities under this priority include education and media activities:

- Consumer information campaigns: dissemination of responsible drinking messages and best practices
- Communication and advertising campaigns
- Creation of web platforms
- Education programmes
- Information and guidelines targeting health professionals
- Conferences and seminars
- Research and dissemination of data on alcohol consumption
- Treatment services

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<sup>&</sup>lt;sup>11</sup> It should be noted that one commitment can refer to several priorities. All the information in this section has been retrieved from the EAHF database.

## 3) Develop information and education programmes on responsible patterns of consumption

23% of the commitments cover this area. The majority of these commitments (82%) come from production and sales organisations; the remaining commitments are from research institutes (11%) and NGOs (7%).

Among the 68 commitments coming from production and sales organisations, 65 are from 13 producers of alcoholic beverages (half of them from the Brewers of Europe and SABMiller together).

Forum members tend to select only to priority three in their commitments, or priority three in combination with priority two: 'Develop information and education programmes on the effect of harmful drinking'. This combination, also observed above, as well as the similarity of the activities implemented show that members tend to use these two priorities for the same purpose. Typical activities under this priority include education, consumer information and media:

- Consumer information campaigns: dissemination of responsible drinking messages and best practices
- Communication and advertising campaigns
- Creation of web platforms
- Education programmes
- Information and guidelines targeting health professionals
- Conferences and seminars
- Research and dissemination of data on alcohol consumption
- Treatment services

## 4) Develop efficient common approaches to provide adequate consumer information

30 commitments (8%) refer to this area. The majority of these commitments (22) come from production and sales organisations, 5 are from NGOs (from Eurocare and the European Midwives association) and 3 from research institutes (IREB and ICAP).

17 commitments out of 22 have been created by producers of alcoholic beverages, the remaining 5 by retailers (Eurocommerce and the British Beer & Pub Association).

In most of these commitments, only priority four is mentioned, or mentioned in combination with priority 7: 'Better cooperation/ actions on responsible commercial communication and sales'. Typical activities under this priority involve consumer information, research and education:

- Dissemination of responsible drinking messages
- Improvement of labelling, especially towards pregnant women
- Creation of online dialogue platform
- Conferences and seminars

#### 5) Enforce age limits for selling and serving of alcoholic beverages

32 commitments (9%) refer to this priority area, almost exclusively coming from production and sales organisations. Only 2 commitments are from NGOs (APYN and Active). The majority of these commitments (18 commitments) come from retailers, mostly from European and national umbrella organisations (15 commitments); the remaining 3 commitments are from individual retail companies (Royal Ahold and Delhaize). The remaining 12 commitments have been created by producers of alcoholic beverages.

12 commitments refer only to this priority area. It is often associated (17 times) with the priority 'Better cooperation/ actions on responsible commercial communication and sales', as both refer to the enforcement of legislation on alcohol sales. Typical activities under this priority involve education, counseling and consumer information:

- Bartenders / cashiers training schemes on responsible service
- Guidelines from retailers' umbrella organisations to member companies
- shops and bars/ pubs testing
- Educational campaigns / consumer information campaign
- Self-regulatory code of conduct for the sale of alcohol products

#### 6) Promote effective behavioural change among children and adolescents

24 commitments (7%) of the commitments cover this priority area, mostly from NGOs and health organisations (13 commitments). Others are coming from research institutes and other organisations (6 commitments) and production and sales organisations (5 commitments).

Only 6 commitments refer to this priority area only. In can be found mostly in combination with the priorities 'Develop information and education programmes on the effect of harmful drinking' and 'Develop information and education programmes on responsible patterns of consumption'. Typical activities under this priority are education, youth involvement and research:

- Awareness raising campaigns
- Production of reports, expert guidance and tools on alcohol and young people
- Conferences and seminars
- Research on attitudes and behaviour towards alcohol / surveys

#### 7) Better cooperation / actions on responsible commercial communication and sales

21% of commitments refer to this priority area. Of these 73 commitments, 53 are from production and sales organisations, 14 from advertising organisations, 5 from NGOs and professional health organisations, and one from a research institute (STAP - Dutch Institute for Alcohol Policy).

The 53 commitments of the production and sales organisations come from 16 members, mainly producers of alcoholic beverages (48 commitments) and retailers (5 commitments). The Brewers of Europe manage 21 of these commitments.

51 commitments refer to this priority area only; the rest of the commitments combine this priority area with priority three and five. Typical activities under this priority area mainly involve commercial communication:

- Self-regulation on commercial communication, including advertising and social media
- Implementation of common marketing standards
- Placement of Responsible Drinking Messages / age verification procedure in social media
- Trainings on responsible marketing / recommendations to rights holders on their relations with alcohol sponsors
- Internal trainings on corporate code of practice

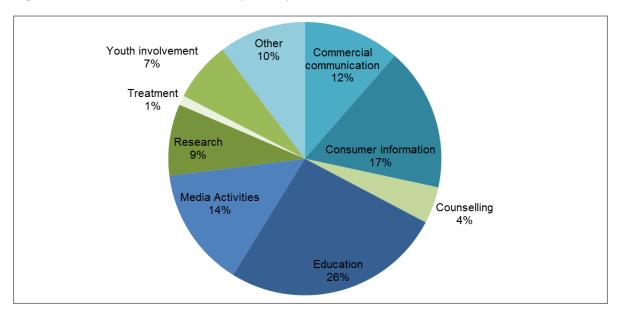
#### 2.4Type of planned activities within the commitment

This section provides an overview of the nine different planned activities within the commitment:

- Commercial communication
- Consumer information
- Counselling
- Education
- Media Activities
- Research
- Treatment
- Youth involvement
- Other

Activities are distributed as follows over the 255 commitments:

Figure 5: Breakdown of commitments by activity



Compared against the analysis made in the 2009 summary report, the distribution of the 255 commitments over the nine types of activity has not changed significantly; education and consumer information are still the most favoured activities. The biggest changes occur for research, up from 6% to 9%, and education, down from 29% to 26%. Changes in the other type of activity fields are 2% or less.

The chart below shows how many members in each category have selected the nine activities in their commitments. Commercial communication, consumer information and counselling are almost exclusively undertaken by industry members, while NGOs are more active on youth involvement, education, or media activities, which is in line with their core activities.

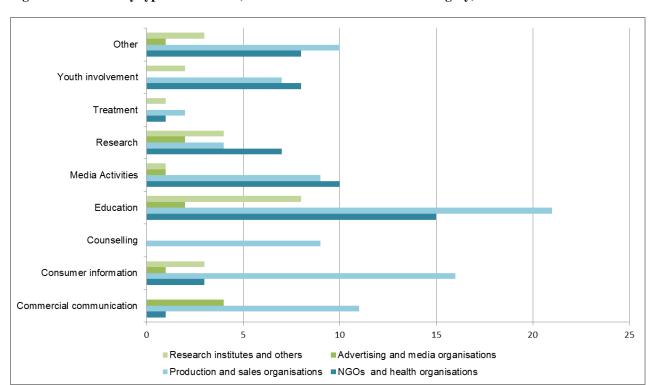


Figure 6: Activities by type of members (number of members from each category)

#### 2.5 Member State coverage

This section provides an overview of the geographical distribution of action of the commitments in order to understand where the commitments are being implemented (national, EU 15, EU15, EUwide).

The European Union's Member States are covered as follows by the 255 commitments carried out between 2007 and 2013:

**Table 8: Commitments implemented in EU Member States** 

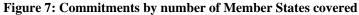
Member State	No. of commitments implemented in this MS*	No of commitments implemented in only one MS
Austria	29	2
Belgium	49	10
Bulgaria	27	1
Cyprus	13	1
Czech Republic	42	7
Denmark	33	7
Estonia	22	2
Finland	30	4
France	45	11
Germany	53	7
Greece	25	0
Hungary	34	6
Ireland	36	9
Italy	50	7
Latvia	22	0
Lithuania	20	0
Luxembourg	20	0
Malta	11	0
Netherlands	48	5
Poland	50	13

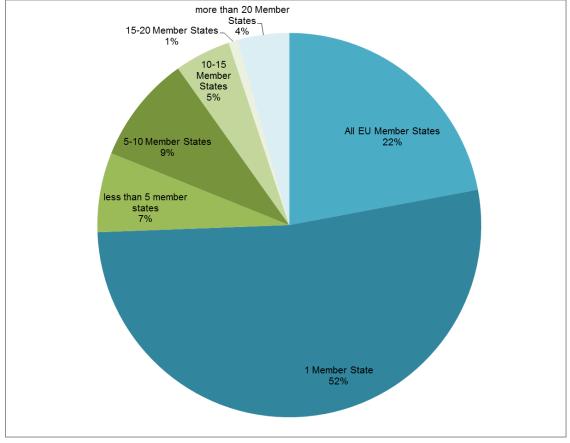
Portugal	28	1
Romania	40	6
Slovakia	27	2
Slovenia	20	0
Spain	40	8
Sweden	39	5
United Kingdom	65	19
EU Level	51**	
Non EU countries	35	

<sup>\*</sup>Commitments can be implemented in several countries.

The table shows that all Member States are covered by the Forum activities. The only exception is Croatia, which only entered the EU in July 2013<sup>12</sup>. Although there is no balance between Northern and Southern Europe or 'old' and 'new' Member States among Forum Members (only one member is from Southern Europe (Italy) and one member from EU12 (Estonia), see table 3), there are not such marked differences in the distribution of commitments.

Though the analysis does not differ substantially from the 2009 summary report, the figures are less homogeneous than in 2009. There is a large difference between 'bigger' and 'smaller' Member States, with most of the bigger countries being covered by more commitments than the smaller ones. The United Kingdom still has the highest number of commitments, followed by Germany, Poland, Italy, Belgium, France, and Czech Republic, that were all in the highest part of the table in 2009, except for Belgium. While the number of commitments in each Member State has generally decreased over time, in some smaller countries this decrease is substantial (Malta decreased from 44 to 11, Cyprus from 43 to 13, Lithuania from 44 to 20, or Slovenia from 45 to 20).





<sup>&</sup>lt;sup>12</sup> One commitment covers Croatia as 'Other concerned countries'.

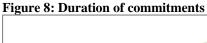
<sup>\*\*</sup> Commitments referring only to EU level (commitments indicating MS and EU level have not been counted)

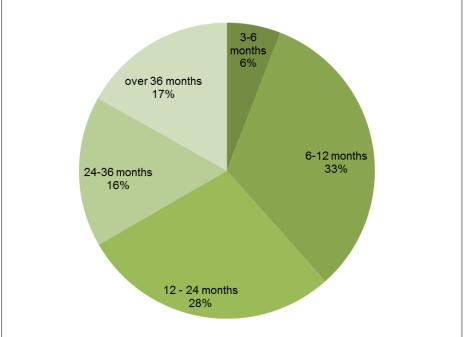
The figure above clearly distinguishes between two categories of commitments: those that are Europewide, and those that are implemented within a single Member State. 74% of the commitments belong to one of these two groups. The amount of commitments implemented in one country comes from national organisations and research institutes but also, in a large proportion from alcohol producers, notably Diageo, SABMiller, or the Brewers of Europe, accounting alone for 29% of these 133 commitments.

For a detailed analysis of commitments in each Member State – commitments broken down by priority areas, and commitments implemented in a single Member State sorted by type of members -, please refer to Annex 3.

#### 2.6 Duration of the commitments

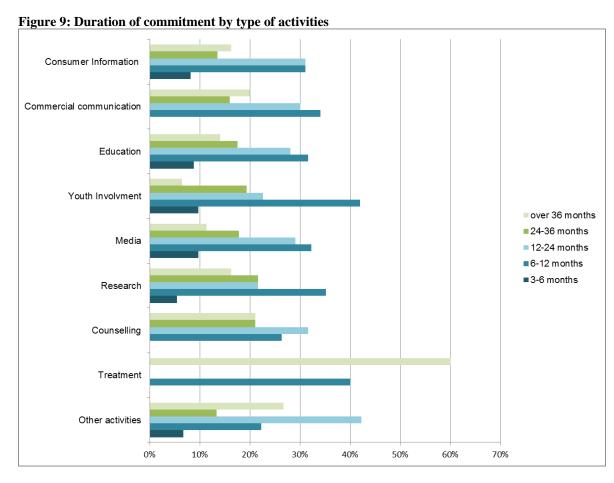
This section presents an overview of the duration of the commitment by types of activity.



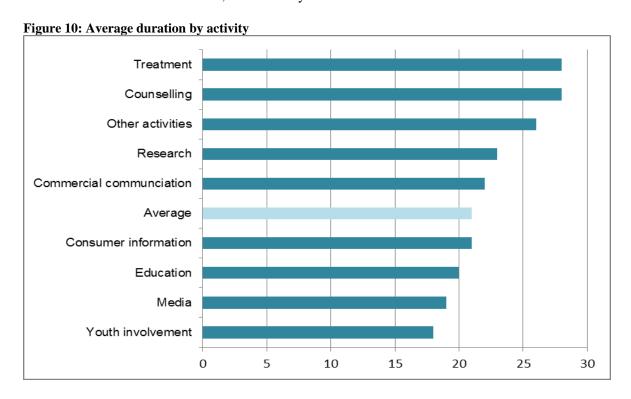


The table shows that about 40% of the commitments are one year commitments or less and 30% range between one and two years. Short commitments often come from industry members from the Brewers of Europe, with notably a large number of commitments in this category.

The figure below shows the duration of commitments by activity. Commitments have been ranked by duration on the following scale: less than 1 year, 1 year, 2 years, 3 years, more than 3 years.



On average, commitments last 21 months. Treatment and counselling activities are planned on the long term, in commitments exceeding two years. Commitments involving youth involvement and media activities tend to be shorter, around one year and a half.



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#### 2.7 Nature of partnerships involved

This section provides an overview of partnerships that exist among Forum members. As stated in the EAHF database, two types of partnerships can be formed: either one member co-owns a commitment or is associated to another Forum member in one commitment). It seems that co-owning a commitment entails more responsibilities that being associated to the implementation of a commitment.

As in 2009, there are no partnerships between Forum members representing economic operators and those representing NGOs. Most partnerships are between members belonging to the same category of stakeholders, with only few exceptions of partnerships between producers of alcoholic beverages and business associations of advertisers.

Table 9: Co-owned commitments and associated Forum members from 2010 to 2013\*

Owner	<b>Commitment Title</b>	Associated Forum	Co-owner(s)
		member(s)	1
Active	ALL RIGHTS Campaign		The Swedish Youth
	(1340)		Temperance Association
Active	Mystery Shopping (1346)		UNF - The Swedish
			Youth Temperance
			Association
Alcohol Policy Youth	Alcohol and Youth:	Institute of Alcohol	
Network	Engaging European young	Studies (IAS),	
	people in the debate! (the First European Alcohol	EUROCARE	
	Policy Youth Conference -		
	EAPYC)		
DFL Deutsche Fußball	Kids Clubs (984)	Diageo	European Professional
Liga GmbH (DFL)	, ,		Football Leagues (EPFL)
Comité Européen des	"Wine in Moderation - Art	Moët Hennessy,	COPA-COGECA
Enteprises Vins (CEEV)	de Vivre" Program (1448)	Pernod-Ricard S.A.	
		Bacardi Martini	
EUROCARE	Awareness raising of the		The Association of
	link between drinking		European Cancer
	alcohol and risk of		Leagues
	developing certain types of		
F M. P 1	cancer (1444)	A111 D.1' X/(1.	
European Medical Students' Association	Capacity building through training (1554)	Alcohol Policy Youth Network - APYN	
European Transport	"The Drink Driving Policy	Network - Ar Tiv	
Safety Council (ETSC)	Network" Programme		
Surety Council (LTSC)	(1390)		
European Youth Forum	Building Capacities for	Alcohol Policy Youth	
ī	Young People's Advocacy	Network	
	and Awareness Raising on		
	Alcohol (1056)		
SpiritsEUROPE	Market Responsibly:		World Federation of
(formerly EFRD)	Training Road Shows		Advertisers – WFA
	across Europe (1388)		European Association of
			Communications
Dutah Ingituta fan	Alashal Maylastinasia		Agencies - EACA
Dutch Institute for	Alcohol Marketing in		Eurocare Italia
Alcohol Policy (STAP)  Dutch Insitute for	Health Perspective (1172)  Overview European		IOGT-NTO Eurocare Italia
Alcohol Policy (STAP)	Alcohol Marketing		IOGT-NTO
monori oney (STAL)	Regulations & Overview		
	Research on Effects		
	Alcohol Marketing (1064)		
World Federation of	Responsible Marketing		Anheuser-Busch InBev

Advertisers	Pact: Common standards	Bacardi Martini Brown-
	for alcohol beverage	Forman Carlsberg Diageo
	marketing communications	Heineken Pernod Ricard
	on social media (1550)	SABMiller
World Federation of	Responsible Marketing	Anheuser-Busch InBev
Advertisers	Pact: Driving the	Bacardi Martini Brown-
	implementation of the	Forman Carlsberg Diageo
	70/30 rule as a standard	Heineken Pernod Ricard
	alcohol beverage industry	SABMiller
	advertising practice (1514)	
World Federation of	Responsible Marketing	Anheuser-Busch InBev
Advertisers	Pact: Reinforce standards	Bacardi Martini Brown-
	ensuring that alcohol	Forman Carlsberg Diageo
	marketing communications	Heineken Pernod Ricard
	are not designed to target	SABMiller
	or appeal primarily to	
	those under legal purchase	
	age (1548)	

<sup>\*</sup>Only partnerships created since 2010 are presented in the table. Previous partnerships are presented in the 2009 Summary report.

The table below presents some examples of partnerships that have been set up at national level. Typical partnerships involve:

#### NGOs with

- Relevant national Ministries
- Youth organisations
- Medical associations and foundations

#### Production and sales organisations with:

- NGOs providing alcohol treatment services
- National alcohol producers
- National retailers
- Consumers associations
- National police
- Driving schools, automobile clubs
- National media
- Youth organisations
- Associations of physicians and medical universities
- Relevant national ministries and regional/city councils
- Universities

Advertising, marketing, media and sponsorship organisations with the European Advertising Standards Alliance and the Interactive Advertising Bureau Europe.

Research institutes with, alcohol related NGOs, charities and NGOs specialised on drug addiction.

Table 10: Partnerships established within the commitments

Owner	Commitment Title	Associated partner(s)
Alcohol Policy Youth	Alcohol and Youth: Engaging	Slovenian Ministry for Health
Network - APYN	European young people in the	
	debate! (the First European	
	Alcohol Policy Youth	
	Conference - EAPYC)	
Diageo	Alkohol to Odpowiedzialnosc	- REAL Hypermarkets,
	Pij Rozwaznie-Poland	- Institute of vehicle transport,
		- Medical University of Warsaw,

		- Warsaw Police,
		- Institute for motor transport research
		SAMAR,
		- Foundation Cristopher
Diageo	Conoscere L'alcol	- Auchan Hyper stores/SMA
		- Fondazione Veronesi
Pernod-Ricard S.A.	"Responsible Party", implementation in Europe, 2nd Edition	Erasmus Student Network (ESN)
Heineken	Know the signs campaign Heineken NL- Gemeente Noordwijk	The City of Noordwijk
Heineken	Manchester Resettlement Project	Addaction
The Brewers of Europe	La Carretera te pide SIN	<ul> <li>- Dirección General de Tráfico (DGT)</li> <li>(Ministry of Interior)</li> <li>- Confederación Nacional de Autoescuelas</li> <li>(CNAE) - Asociación Española de Operadores de Productos Petrolíferos (AOP),</li> <li>- Real Automóvil Club de España (RACE),</li> </ul>
THE DOCUMENT	B : ((IIII I I I I I	- RACC Automóvil Club
The Brewers of Europe	Project "When I Drive I Drink NA Beer" - Czech Beer and Malt Association	Czech Police
The Brewers of Europe	Brewers of Romania - Upgraded marketing selfregulatory system	Romanian Advertising Council (RAC)
The Brewers of Europe	"UN EMBARAZO SIN" (A pregnancy without alcohol) and "UNA LACTANCIA SIN" (Breastfeeding without alcohol")	Spanish Society of Gynecology and Obstetrics (SEGO)
Royal College of Physicians (RPC)	Raising Awareness of the link between alcohol and cancer (provisional title)	Cancer Research UK
World Federation of Advertisers (WFA)	Responsible Marketing Pact: Common standards for alcohol beverage marketing communications on social media	European Advertising Standards Alliance (EASA)

## 3 Conclusions and way forward

#### a. Membership

The total number of members has increased from 53 in 2007 to 70 in April 2013<sup>[1]</sup>, with total membership up by about 30% since the Forum's creation. Production and sales organisations along with NGOs and health professionals are the two largest membership categories.

The overall composition of the Forum members has remained fairly constant despite some fluctuations in the percentages over the years.

Roughly half of the members are organisations operating at EU level. These include EU umbrella organisations for the beer, wine and spirits industries and for public health. National-level members

-

<sup>[1]</sup> Plenary meeting, April 2013

include national associations and individual companies. Only one member, from Estonia, is based in the EU12, though the European umbrella organisations include EU12 entities among their own members. Organisations based in the UK are well represented with 10 members. Only one member organisation is based in Southern Europe (Italy).

#### b. Origin of the commitments

The number of active commitments has remained fairly stable over time, which denotes a constant motivation of Forum members in the implementation of new commitments. A major drop is noticeable so far in 2013, with only 68 active commitments registered. It should be noted, however, that this Summary report only considers commitments active in May 2013, and that a higher number of commitments ended in 2012 compared to the previous years.

The Summary Report also shows that many commitments, with the majority from production and sales organisations, are the continuation of previous ones. This could be positively interpreted as a willingness of some members to pursue long term activities. This trend could facilitate the assessment of the commitments' effectiveness in a longer term perspective.

If we look at the distribution of commitments across the different sectors of activity, production and sales organisation at 63% are dominant across the 255 commitments. The second most represented sector at 21% are NGOs and health organisations.

#### c. Priorities targeted and planned activities

This Summary Report shows that commitments actions have not been equally distributed, with a concentration of action on some topics and scant attention to others.

The priority areas that received higher attentions are: 'cooperation on commercial communication and sales'; 'information and education programmes on the effect of harmful drinking' and 'information and education programmes on responsible patterns of consumption'.

The action area that has received the lowest number of commitments is 'Develop a strategy aimed at curbing under-age drinking' (under-age drinking is also directly addressed under the action area 'Enforce age limits for selling and serving of alcoholic beverages').

In general, the production and sales organisations' and the advertising, marketing, media sponsorship organisations' commitments regarding responsible business practices include activities such as self-regulation of commercial communication (marketing), training of staff and encouragement of ID-checking (sales). The commitments of the non-industry organisations address controls on the enforcement of legal age limits and on alcohol policy laws, monitoring of the alcohol industry's alcohol advertisements, and provision of information on alcohol marketing regulation and on the impacts of marketing and of minimum pricing.

Action dedicated to education and awareness-raising has also been a leading area for member commitments. Among these activities, several alcohol producers have made voluntary commitments to provide information on the risks of alcohol on packaging labels; NGOs and health professional organisations implemented activities essentially aim at raising awareness and increasing knowledge on alcohol related harm.

It must be noted that members tend to use priority 2 and 3 without distinction to implement activities aimed at raising awareness and increasing knowledge on alcohol related harm, or enforce legislations regarding alcohol sales and marketing. The types of activity more frequently implemented include mainly communication and education. At the same time, three priorities ('Enforce age limits for selling and serving of alcoholic beverages', 'Develop a strategy aimed at curbing under-age drinking'

and 'Promote effective behavioural change among children and adolescents') all concern youth and alcohol. In order to address these issues, a rationalization of the selected priority should be encouraged. In this regard, a greater alignment between the Forum priority areas and the EU alcohol strategy aims should be investigated.

#### d. Geographical coverage

In terms of the geographical distribution of commitments, the information provided in the Forum database indicates the EU15 as a locus of implementation about twice as often as the EU12. The amount of commitments implemented in one single country accounts for over half of the commitment (52%). This is due to the fact that such commitments come from national organisations and research institutes but also, in a large proportion from Member state based alcohol producers. Only 22% of the total number of commitment is implemented EU-wide.

Annex 3 provides an overview of the geographical coverage of commitments by membership sector since the establishment of the Forum. Although geographical balance is not reflected in the membership geographical distribution, it is interesting to observe that in all Member States several commitments are implemented, and that the distribution of commitments among Member States is fairly balanced.

#### Annex 1. Breakdown of Forum members by sector of activity.

#### Non-governmental organisations and Health Professionals

Active - sobriety, friendship and peace

• The Swedish Youth Temperance Association (UNF)

Alcohol Policy Youth Network - APYN

Association of European Cancer Leagues (ECL)

#### **EUROCARE**

- Alcohol Action Ireland
- Association Nationale de Prévention en Alcoologie et Addictologie (A.N.P.A.A)
- Estonian Temperance Union
- EUROCARE ITALIA
- German Centre for Addiction Issues (DHS)
- IOGT-NTO
- NordAN the Nordic Alcohol and Drug Policy Network
- Scottish Health Action on Alcohol Problems (SHAAP)

European Association for the Study of the Liver (EASL)

European Federation of Pharmaceutical Industries and Associations (EFPIA)

European Medical Students' Association

**European Midwives Association** 

European Mutual help Network for Alcohol related problems (E.M.N.A.)

European Public Health Allianc

European Youth Forum

National Youth Council of Ireland

International Federation of Medical Students' Associations (IFMSA)

ReLeaf Europe

Standing Committee of European Doctors (CPME)

United European Gastroenterology (UEG)

#### **Production and Sales Organisations**

Alcohol Beverage Federation of Ireland (ABFI

Association of small and independent breweries in Europe (SIB)

Comité Européen des Enteprises Vins (CEEV)

Confederation of European Farmers and European Agri-Cooperatives COPA-COGECA

#### Eurocommerce

- British Retail Consortium
- Delhaize Group
- Royal Ahold

#### **HOTREC**

- British Beer and Pub Association
- Finnish Hospitality Association (FHA)
- Horeca Vlaanderen
- Visita Swedish Hospitality Industry

#### SpiritsEUROPE

- Bacardi Martini
  - Brown-Forman
  - Diageo
  - Moët Hennessy
  - Pernod Ricard S.A.
  - The Absolut Company
  - The Scotch Whisky Association

European Cider and Fruit Wine Association

European Federation of Associations of Beer and Beverages Wholesalers (CEGROBB)

European Travel Retail Confederation (ETRC)

The Brewers of Europe

- Anheuser-Busch InBev (ABI)
- Heineken (International)
- SABMiller

#### Advertising, marketing, media and sponsorship organisations

Advertising Information Group AIG (representing ZAW and WKÖ)

Association of television and radio sales houses (EGTA)

European Association of Communication Agencies

European Federation of Magazine Publishers (FAEP)

European Publishers Council (EPC)

The European Sponsorship Association (ESA)

World Federation of Advertisers (WFA)

#### Research institutes and others

European Transport Safety Council (ETSC)

Royal College of Physicians (RCP London)

Institut de Recherches Scientifiques sur les boissons alcoolisées (IREB)

Institute of Alcohol Studies (IAS)

International Center for Alcohol Policies (ICAP)

STAP - Dutch Institute for Alcohol Policy

Association of European Professional Football Leagues (EPFL)

• German Football League (DFL)

European Platform of Social Institutions (ESIP)

European Trade union Confederation (ETUC)

Annex 2. Distribution of commitments by priority areas and categories of members from 2009 to 2013.

Priority area	20	009	2	2010	2	011	2	2012	2	2013
	no	Share								
Develop a strategy aimed at curbing under-age drinking										
Non-governmental and	4	44%	3	30%	5	56%	4	40%	3	43%
health organisations										
Advertising, marketing,	0	0%	0	0%	0	0%	0	0%	0	0%
media and sponsorship										
organisations										
Production and sales	5	56%	5	50%	2	22%	5	50%	3	43%
organisations										
Research institutes and	0	0%	2	20%	2	22%	1	10%	1	14%
others										
Total	9	100	10	100	9	100	10	100	7	100
		%		%		%		%		%

Develop information and e	Develop information and education programmes on the effect of harmful drinking									
Non-governmental and	9	32	17	43	16	43	17	39	11	42%
health organisations		%		%		%		%		
Advertising, marketing,	1	4%	0	0%	0	0%	0	0%	0	0%
media and sponsorship										
organisations										
Production and sales	12	43	15	37	15	41	21	49	13	50%
organisations		%		%		%		%		
Research institutes and	6	21	8	20	6	16	5	12	2	8%
others		%		%		%		%		
Total	28	100	40	100	37	100	43	100	26	100
		%		%		%		%		%

Develop information and e	Develop information and education programmes on responsible patterns of consumption									n
Non-governmental and	1	3%	1	3%	1	4%	3	9%	2	8%
health organisations										
Advertising, marketing,	0	0%	0	0%	0	0%	0	0%	0	0%
media and sponsorship										
organisations										
Production and sales	26	81	25	84	21	84	29	85	22	84%
organisations		%		%		%		%		
Research institutes and	5	16	4	13	3	12	2	6%	2	8%
others		%		%		%				
Total	32	100	30	100	25	100	34	100	26	100
		%		%		%		%		%

<b>Develop efficient common</b>	Develop efficient common approaches to provide adequate consumer information									
Non-governmental and	0	0%	2	14	2	12	3	19	1	12,5
health organisations				%		%		%		%
Advertising, marketing,	0	0%	0	0%	0	0%	0	0%	0	0%
media and sponsorship										
organisations										
Production and sales	4	80	10	72	13	76	12	75	6	75%
organisations		%		%		%		%		
Research institutes and	1	20	2	14	2	12	1	6%	1	12,5
others		%		%		%				%
Total	5	100	14	100	17	100	16	100	8	100
		%		%		%		%		%

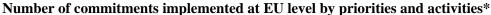
Enforce age limits for selling	Enforce age limits for selling and serving of alcoholic beverages									
Non-governmental and	0	0%	0	0%	1	10	1	9%	1	10%
health organisations						%				
Advertising, marketing,	0	0%	0	0%	0	0%	0	0%	0	0%
media and sponsorship										
organisations										
Production and sales	12	100	11	100	9	90	10	91	9	90%
organisations		%		%		%		%		
Research institutes and	0	0%	0	0%	0	0%	0	0%	0	0%
others										
Total	12	100	11	100	10	100	11	100	10	100
		%		%		%		%		%

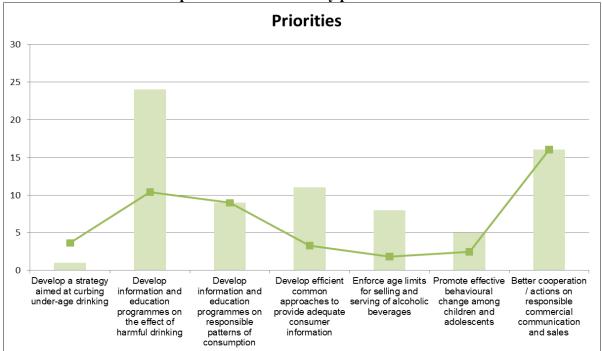
Promote effective behavior	ıral ch	ange a	mong c	hildrei	n and a	dolesc	ents			
Non-governmental and	2	25	4	50	5	83	6	67	3	50%
health organisations		%		%		%		%		
Advertising, marketing,	0	0%	0	0%	0	0%	0	0%	0	0%
media and sponsorship										
organisations										
Production and sales	2	25	2	25	0	0%	2	22	2	33%
organisations		%		%				%		
Research institutes and	4	50	2	25	1	17	1	11	1	17%
others		%		%		%		%		
Total	8	100	8	100	6	100	9	100	6	100
		%		%		%		%		%

Better cooperation / action	Better cooperation / actions on responsible commercial communication and sales									
Non-governmental and	1	4%	2	8%	3	17	3	12	1	4%
health organisations						%		%		
Advertising, marketing,	3	11	5	19	3	17	4	17	3	14%
media and sponsorship		%		%		%		%		
organisations										
Production and sales	21	81	19	73	12	66	17	71	18	82%
organisations		%		%		%		%		
Research institutes and	1	4%	0	0%	0	0%	0	0%	0	0%
others										
Total	26	100	26	100	18	100	24	100	22	100
		%		%		%		%		%

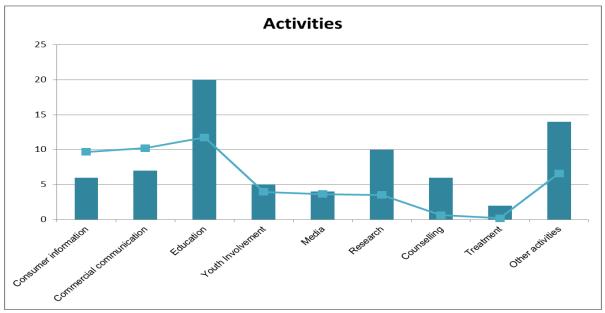
## Annex 3: Geographical distribution of action of the commitments by priorities areas and activities

#### **EU level**





(The line represents the average number of commitments for each priority in all Member States)



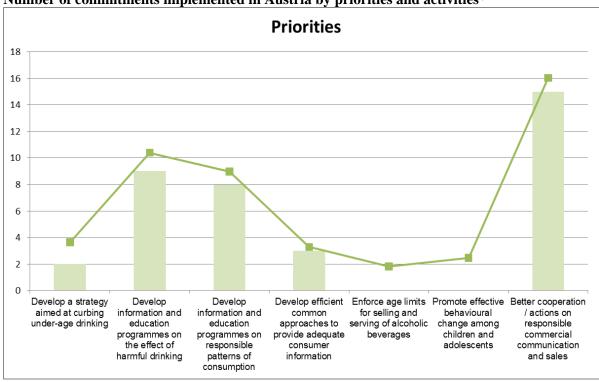
<sup>\*</sup> Commitments referring only to EU level (commitments indicating MS and EU level have not been counted) (The line represents the average number of commitments for each activity in all Member States)

#### Austria

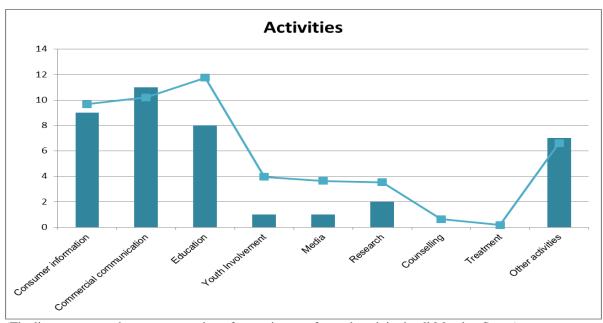
Number of commitments implemented only in Austria by category of members

Members	Number of commitments
NGOs and health organisations	0
Production and sales organisations	1
Advertising and media organisations	1
Research institutes and others	0

Number of commitments implemented in Austria by priorities and activities\*



(The line represents the average number of commitments for each priority in all Member States)



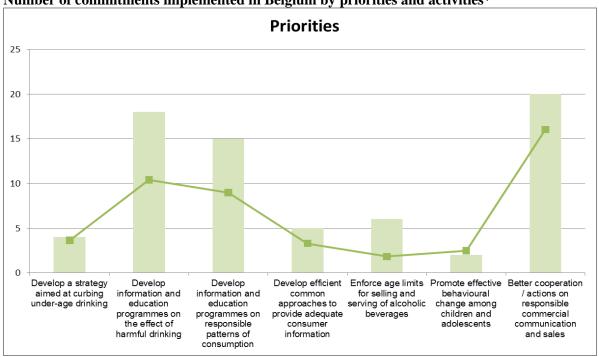
<sup>\*</sup>All commitments including those implemented in several countries

#### **Belgium**

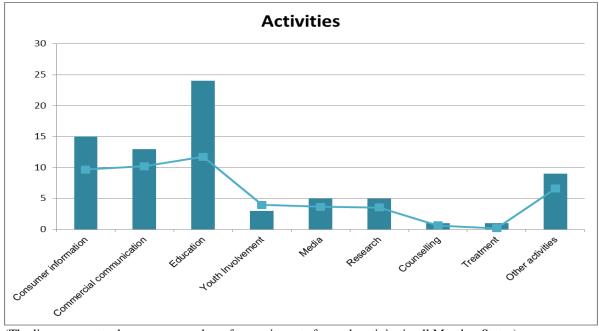
Number of commitments implemented only in Belgium by category of members

Members	Number of commitments
NGOs and health organisations	4
Production and sales organisations	6
Advertising and media organisations	0
Research institutes and others	0

Number of commitments implemented in Belgium by priorities and activities\*



(The line represents the average number of commitments for each priority in all Member States)



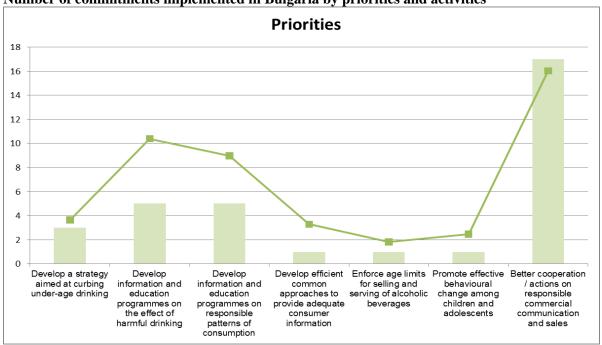
<sup>\*</sup>All commitments including those implemented in several countries

## Bulgaria

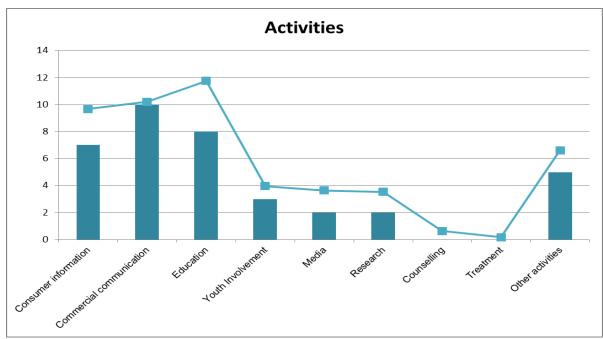
Number of commitments implemented only in Bulgaria by category of members

Members	Number of commitments
NGOs and health organisations	0
Production and sales organisations	1
Advertising and media organisations	0
Research institutes and others	0

Number of commitments implemented in Bulgaria by priorities and activities\*



(The line represents the average number of commitments for each priority in all Member States)



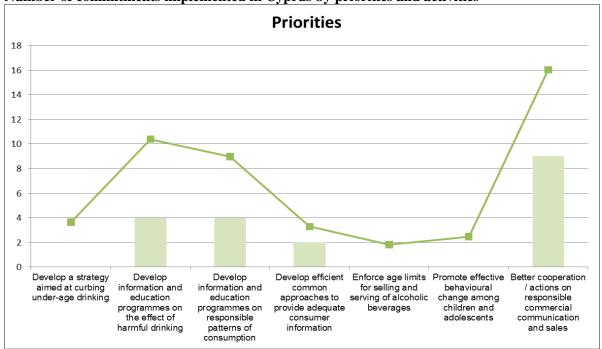
<sup>\*</sup>All commitments including those implemented in several countries

### **Cyprus**

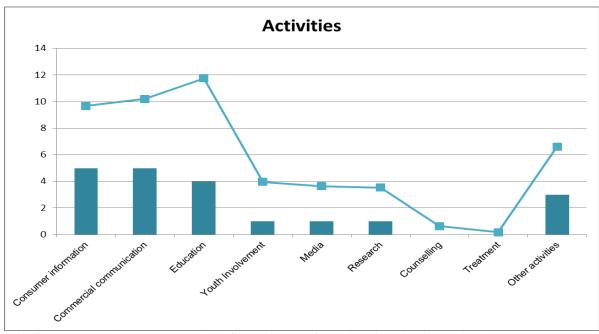
Number of commitments implemented only in Cyprus by category of members

Members	Number of commitments
NGOs and health organisations	0
Production and sales organisations	1
Advertising and media organisations	0
Research institutes and others	0

Number of commitments implemented in Cyprus by priorities and activities\*



(The line represents the average number of commitments for each priority in all Member States)



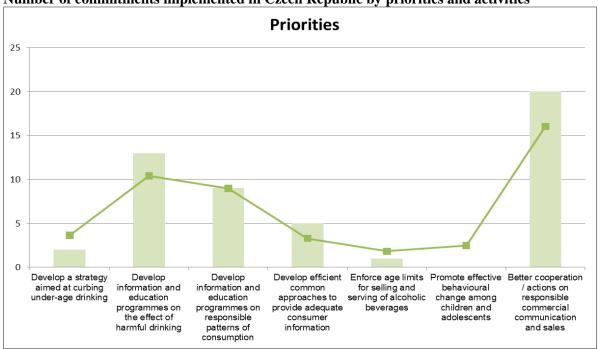
<sup>\*</sup>All commitments including those implemented in several countries

### **Czech Republic**

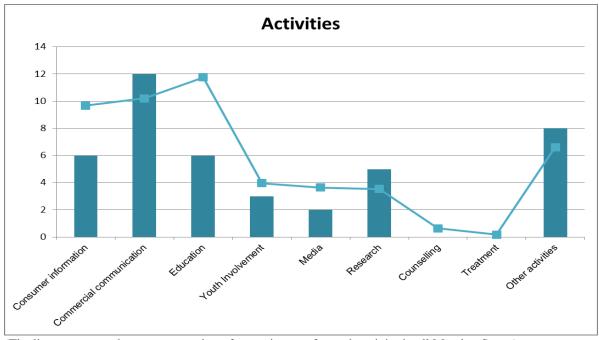
Number of commitments implemented only in Czech Republic by category of members

Members	Number of commitments
NGOs and health organisations	0
Production and sales organisations	7
Advertising and media organisations	0
Research institutes and others	0

Number of commitments implemented in Czech Republic by priorities and activities\*



(The line represents the average number of commitments for each priority in all Member States)



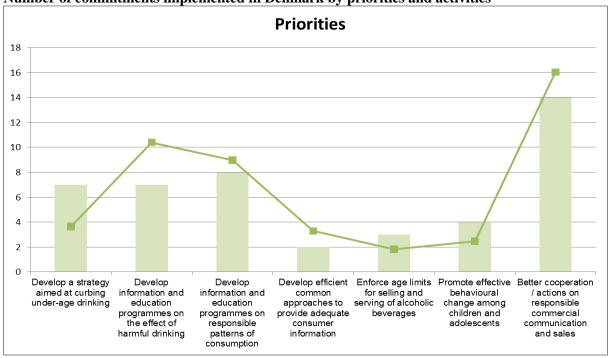
<sup>\*</sup>All commitments including those implemented in several countries

### **Denmark**

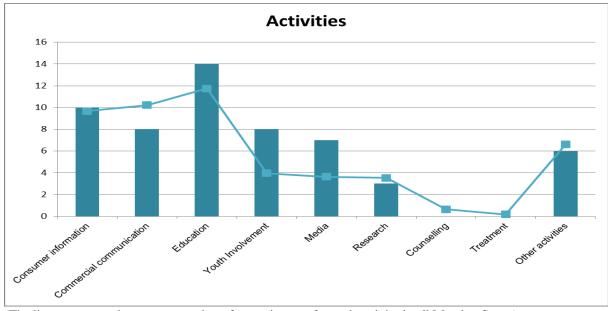
Number of commitments implemented only in Denmark by category of members

Members	Number of commitments
NGOs and health organisations	0
Production and sales organisations	7
Advertising and media organisations	0
Research institutes and others	0

Number of commitments implemented in Denmark by priorities and activities\*



(The line represents the average number of commitments for each priority in all Member States)



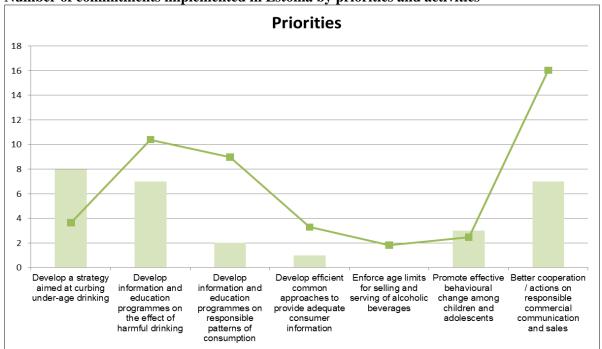
<sup>\*</sup>All commitments including those implemented in several countries

### **Estonia**

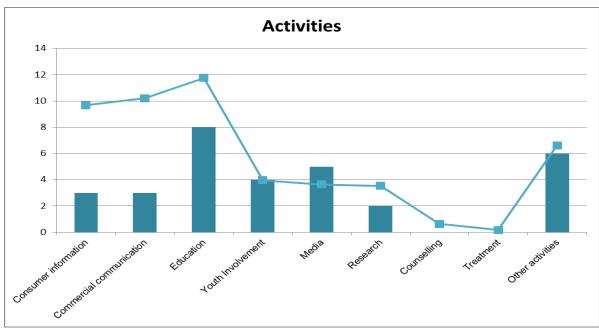
Number of commitments implemented only in Estonia by category of members

Members	Number of commitments
NGOs and health organisations	2
Production and sales organisations	0
Advertising and media organisations	0
Research institutes and others	0

Number of commitments implemented in Estonia by priorities and activities\*



(The line represents the average number of commitments for each priority in all Member States)



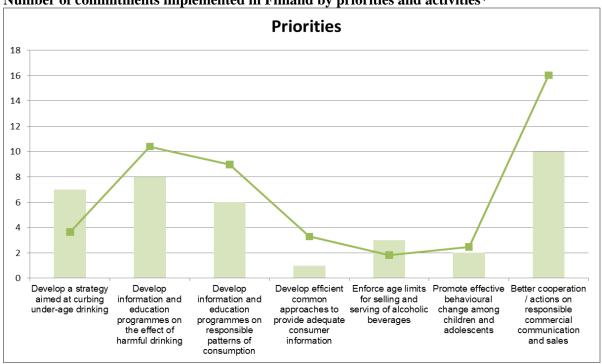
<sup>\*</sup>All commitments including those implemented in several countries

### **Finland**

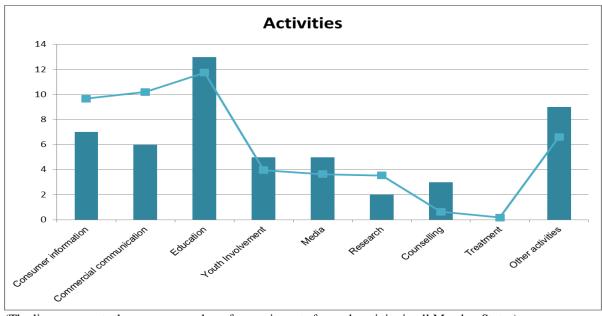
Number of commitments implemented only in Finland by category of members

Members	Number of commitments
NGOs and health organisations	0
Production and sales organisations	4
Advertising and media organisations	0
Research institutes and others	0

Number of commitments implemented in Finland by priorities and activities\*



(The line represents the average number of commitments for each priority in all Member States)



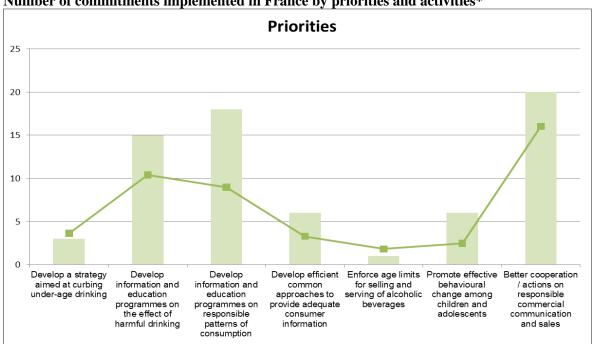
<sup>\*</sup>All commitments including those implemented in several countries

#### **France**

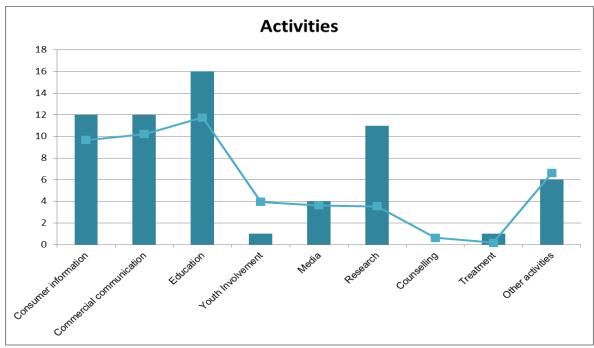
Number of commitments implemented only in France by category of members

Members	Number of commitments
NGOs and health organisations	2
Production and sales organisations	2
Advertising and media organisations	0
Research institutes and others	7

Number of commitments implemented in France by priorities and activities\*



(The line represents the average number of commitments for each priority in all Member States)



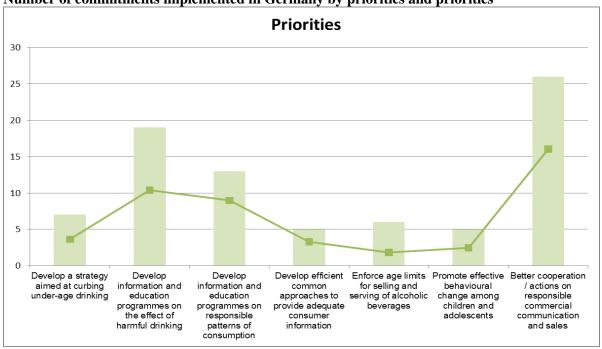
<sup>\*</sup>All commitments including those implemented in several countries

# Germany

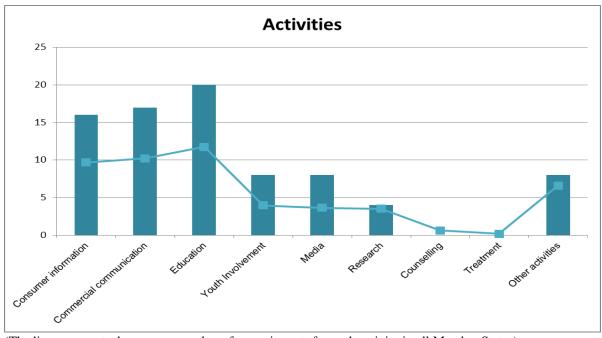
Number of commitments implemented only in Germany by category of members

Members	Number of commitments
NGOs and health organisations	2
Production and sales organisations	3
Advertising and media organisations	1
Research institutes and others	1

Number of commitments implemented in Germany by priorities and priorities\*



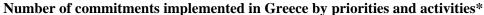
(The line represents the average number of commitments for each priority in all Member States)

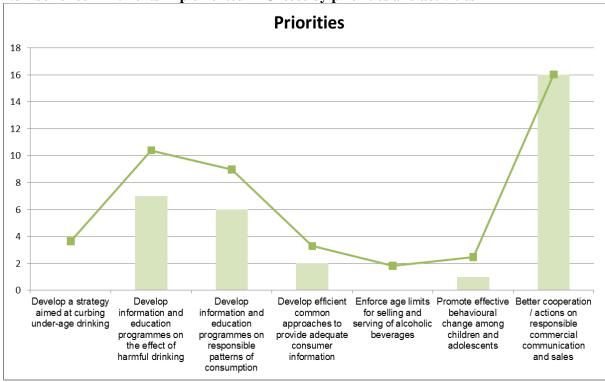


<sup>\*</sup>All commitments including those implemented in several countries

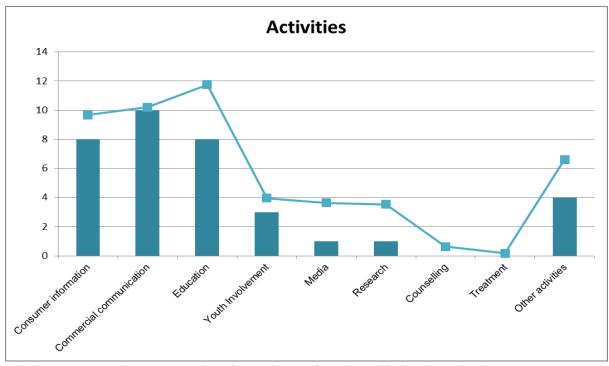
#### Greece

No commitments have been implemented only in Greece.





(The line represents the average number of commitments for each priority in all Member States)



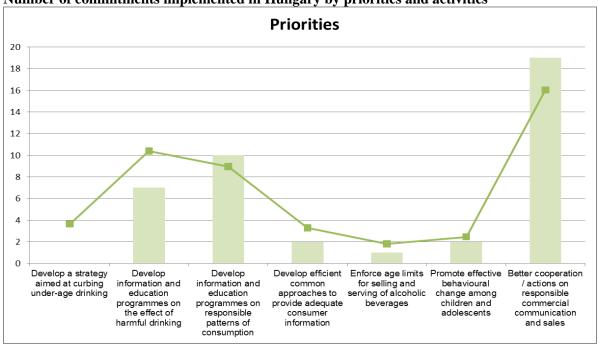
<sup>\*</sup>All commitments including those implemented in several countries

## Hungary

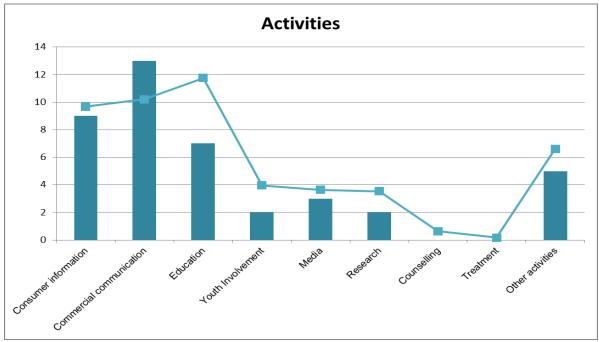
Number of commitments implemented only in Hungary by category of members

Members	Number of commitments
NGOs and health organisations	0
Production and sales organisations	6
Advertising and media organisations	0
Research institutes and others	0

Number of commitments implemented in Hungary by priorities and activities\*



(The line represents the average number of commitments for each priority in all Member States)



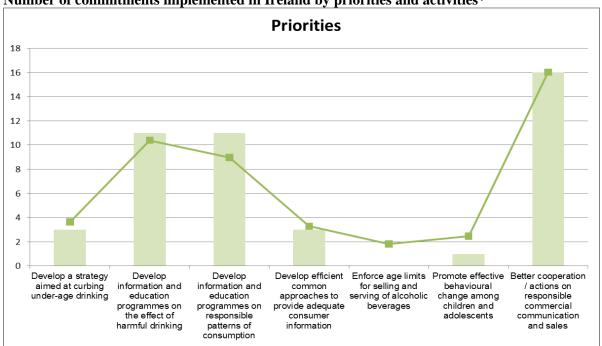
<sup>\*</sup>All commitments including those implemented in several countries

## **Ireland**

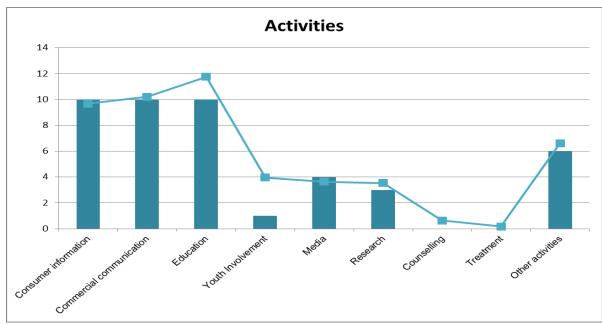
Number of commitments implemented only in Ireland by category of members

Members	Number of commitments
NGOs and health organisations	6
Production and sales organisations	3
Advertising and media organisations	0
Research institutes and others	0

Number of commitments implemented in Ireland by priorities and activities\*



(The line represents the average number of commitments for each priority in all Member States)



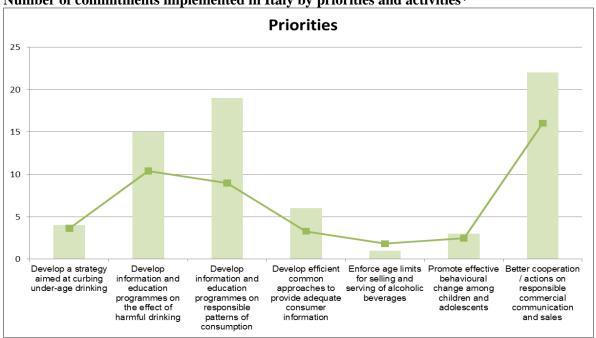
<sup>\*</sup>All commitments including those implemented in several countries

# Italy

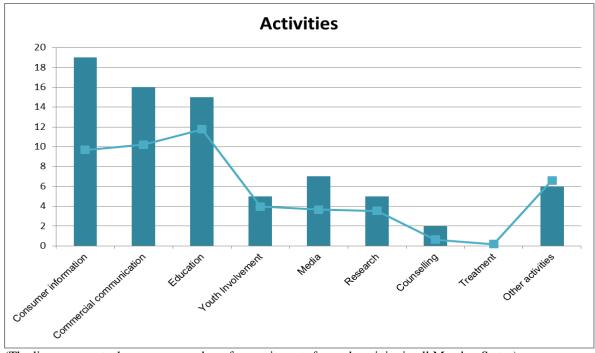
Number of commitments implemented only in Italy by category of members

Members	Number of commitments
NGOs and health organisations	1
Production and sales organisations	6
Advertising and media organisations	0
Research institutes and others	0

Number of commitments implemented in Italy by priorities and activities\*



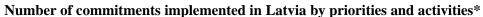
(The line represents the average number of commitments for each priority in all Member States)

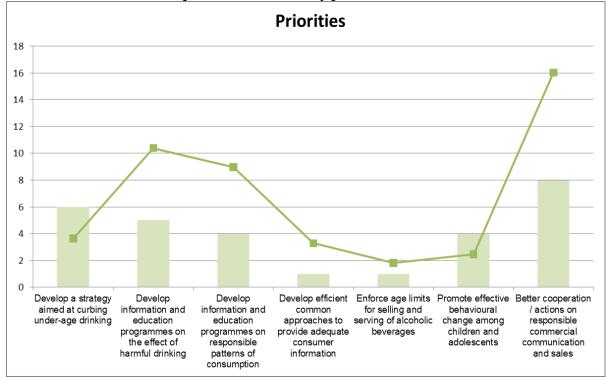


<sup>\*</sup>All commitments including those implemented in several countries

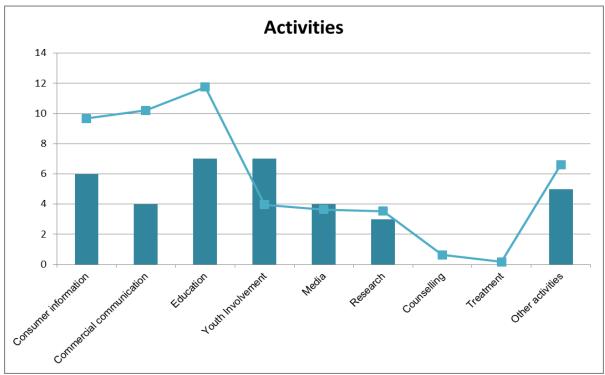
# Latvia

No commitments have been implemented only in Latvia.





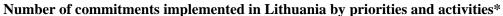
(The line represents the average number of commitments for each priority in all Member States)

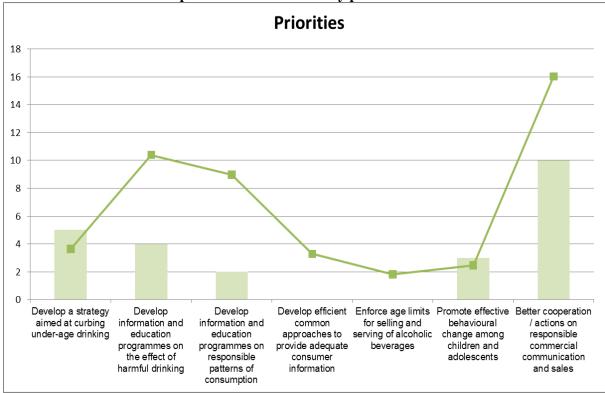


<sup>\*</sup>All commitments including those implemented in several countries

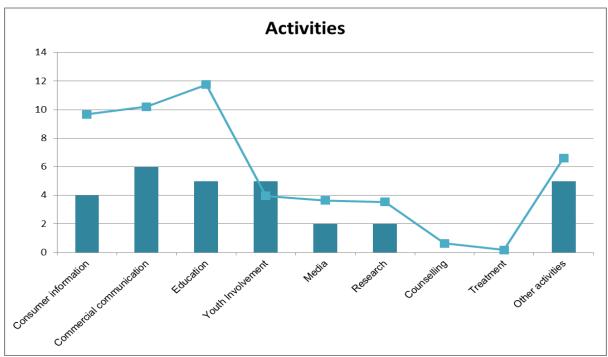
## Lithuania

No commitments have been implemented only in Lithuania.





(The line represents the average number of commitments for each priority in all Member States)

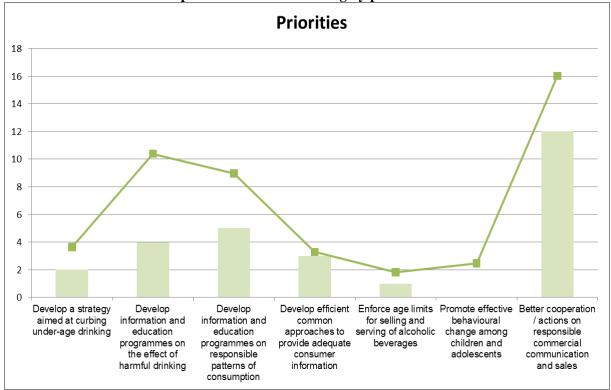


<sup>\*</sup>All commitments including those implemented in several countries

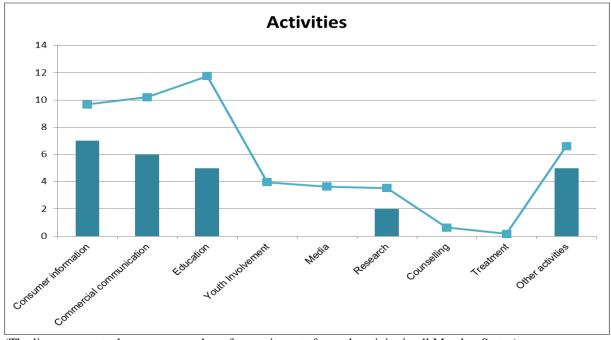
# Luxembourg

No commitments have been implemented only in Luxembourg.





(The line represents the average number of commitments for each priority in all Member States)

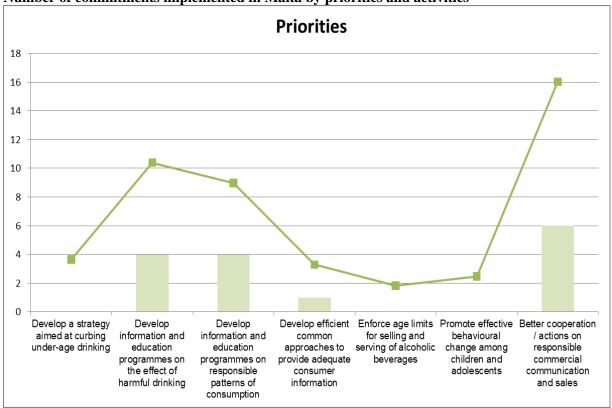


<sup>\*</sup>All commitments including those implemented in several countries

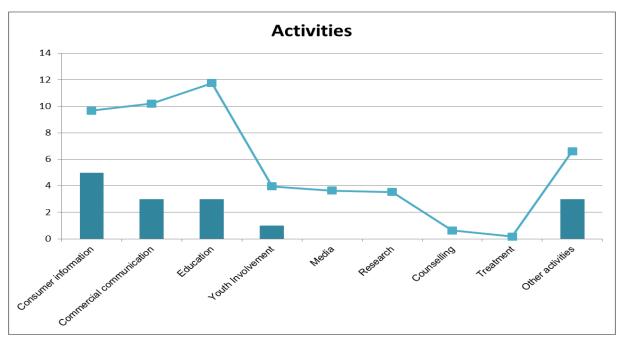
## Malta

No commitments have been implemented only in Malta.

Number of commitments implemented in Malta by priorities and activities\*



(The line represents the average number of commitments for each priority in all Member States)



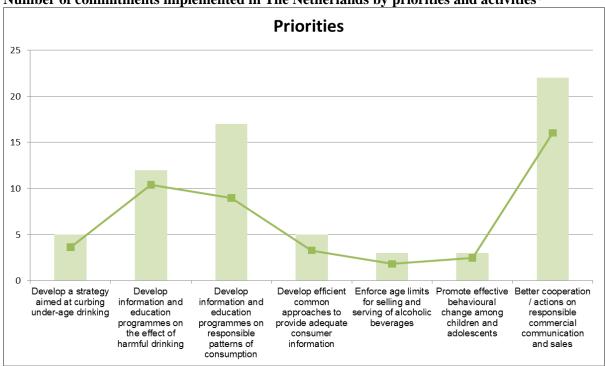
<sup>\*</sup>All commitments including those implemented in several countries

### The Netherlands

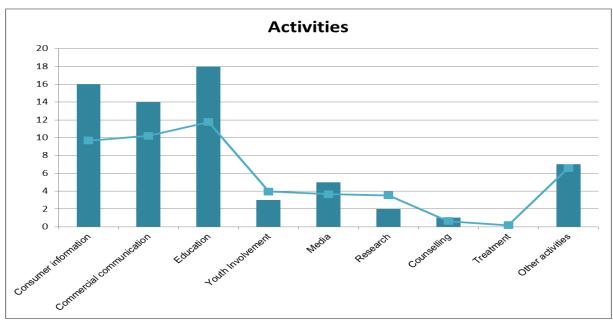
Number of commitments implemented only in the Netherlands by category of members

Members	Number of commitments
NGOs and health organisations	0
Production and sales organisations	5
Advertising and media organisations	0
Research institutes and others	0

Number of commitments implemented in The Netherlands by priorities and activities\*



(The line represents the average number of commitments for each priority in all Member States)



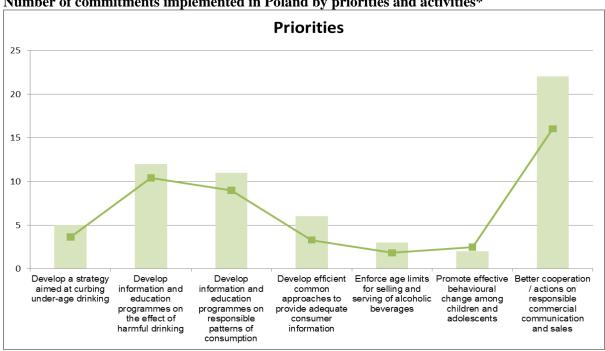
<sup>\*</sup>All commitments including those implemented in several countries

# **Poland**

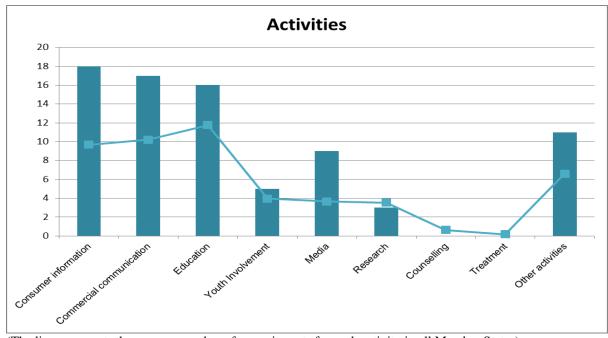
Number of commitments implemented only in Poland by category of members

Members	Number of commitments
NGOs and health organisations	0
Production and sales organisations	13
Advertising and media organisations	0
Research institutes and others	0

Number of commitments implemented in Poland by priorities and activities\*



(The line represents the average number of commitments for each priority in all Member States)



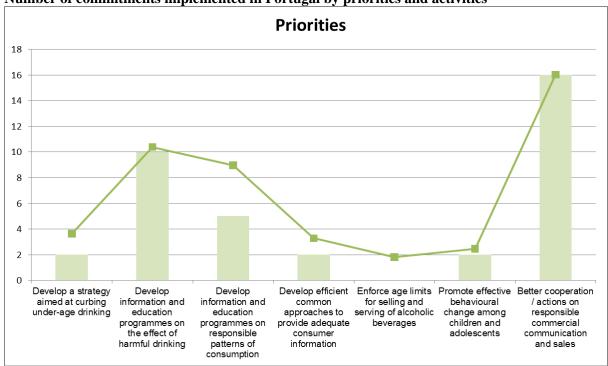
<sup>\*</sup>All commitments including those implemented in several countries

# **Portugal**

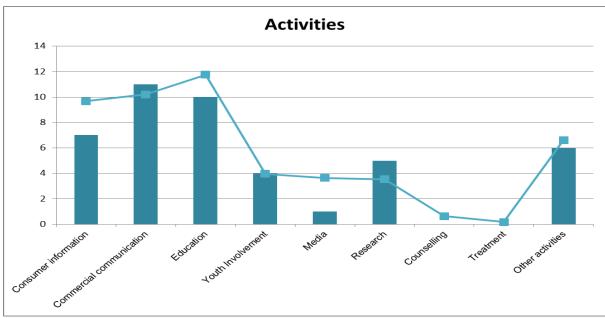
Number of commitments implemented only in Portugal by category of members

Members	Number of commitments
NGOs and health organisations	0
Production and sales organisations	1
Advertising and media organisations	0
Research institutes and others	0

Number of commitments implemented in Portugal by priorities and activities\*



(The line represents the average number of commitments for each priority in all Member States)



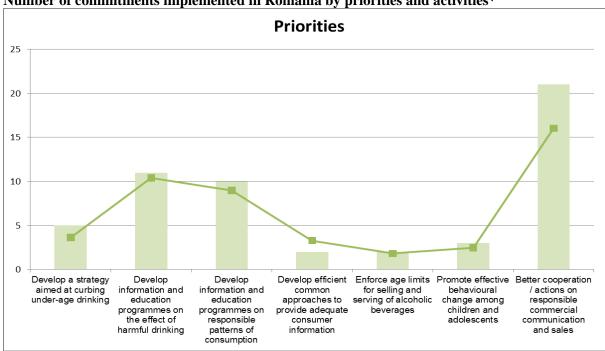
<sup>\*</sup>All commitments including those implemented in several countries

### Romania

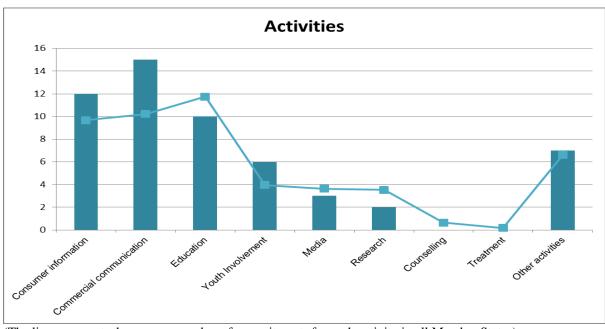
Number of commitments implemented only in Romania by category of members

Members	Number of commitments
NGOs and health organisations	0
Production and sales organisations	6
Advertising and media organisations	0
Research institutes and others	0

Number of commitments implemented in Romania by priorities and activities\*



(The line represents the average number of commitments for each priority in all Member States)



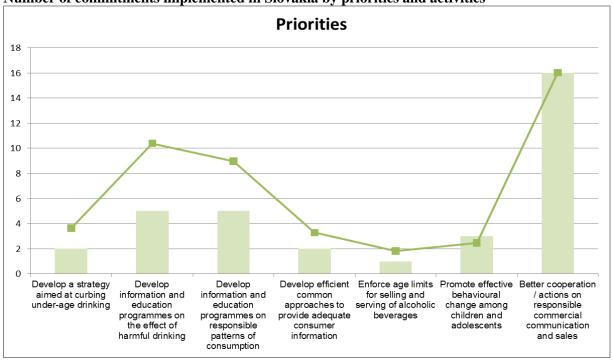
<sup>\*</sup>All commitments including those implemented in several countries

### Slovakia

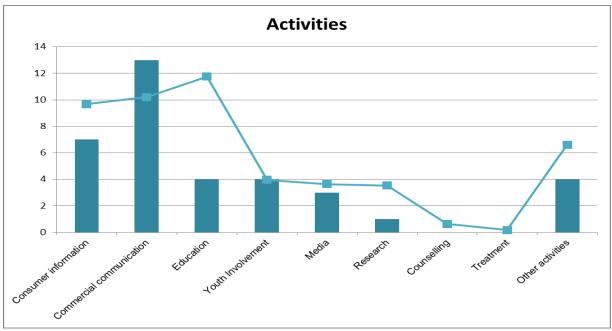
Number of commitments implemented only in Slovakia by category of members

Members	Number of commitments
NGOs and health organisations	0
Production and sales organisations	2
Advertising and media organisations	0
Research institutes and others	0

Number of commitments implemented in Slovakia by priorities and activities\*



(The line represents the average number of commitments for each priority in all Member States)

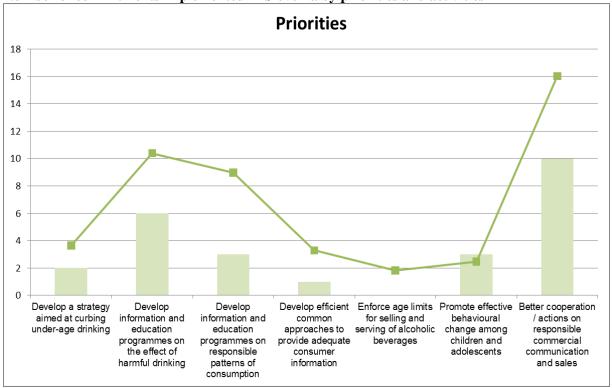


<sup>\*</sup>All commitments including those implemented in several countries

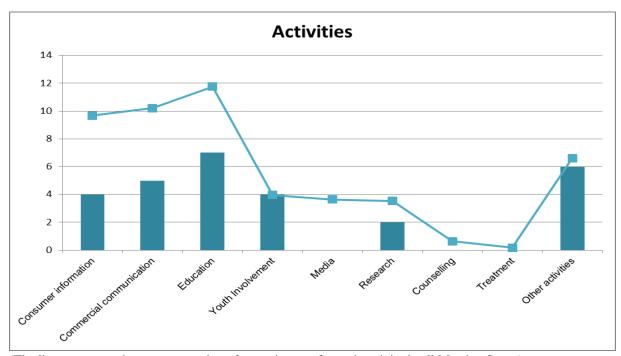
### Slovenia

No commitments have been implemented only in Slovenia.

Number of commitments implemented in Slovenia by priorities and activities\*



(The line represents the average number of commitments for each priority in all Member States)



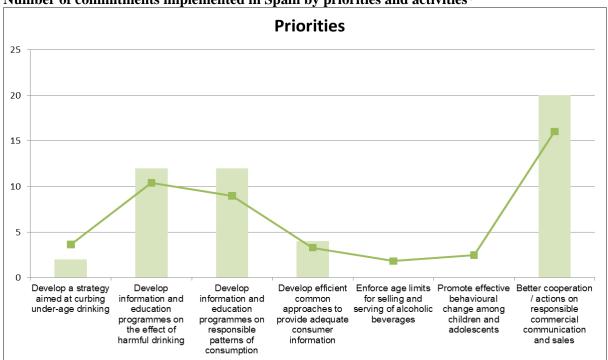
<sup>\*</sup>All commitments including those implemented in several countries

# **Spain**

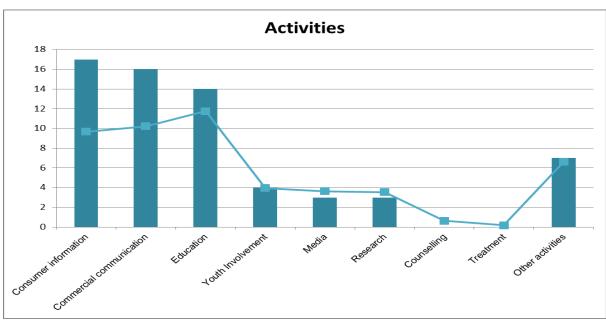
Number of commitments implemented only in Spain by category of members

Members	Number of commitments
NGOs and health organisations	0
Production and sales organisations	8
Advertising and media organisations	0
Research institutes and others	0

Number of commitments implemented in Spain by priorities and activities\*



(The line represents the average number of commitments for each priority in all Member States)



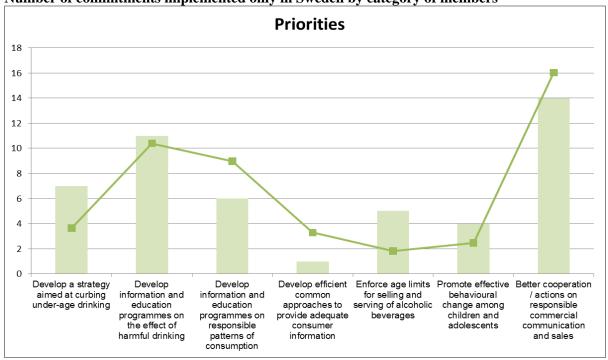
<sup>\*</sup>All commitments including those implemented in several countries

### **Sweden**

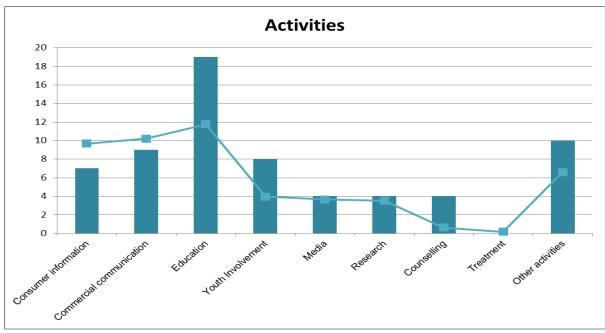
Number of commitments implemented only in Sweden by category of members

Members	Number of commitments
NGOs and health organisations	0
Production and sales organisations	5
Advertising and media organisations	0
Research institutes and others	0

Number of commitments implemented only in Sweden by category of members\*



(The line represents the average number of commitments for each priority in all Member States)



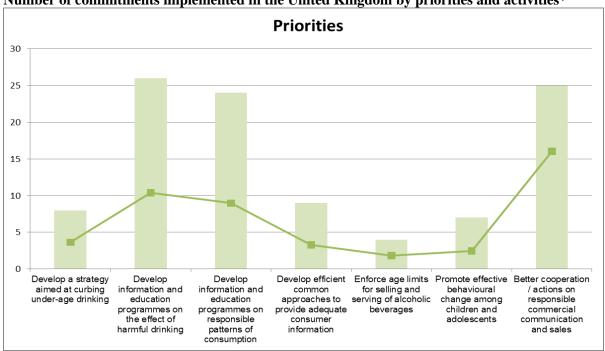
<sup>\*</sup>All commitments including those implemented in several countries

# **United Kingdom**

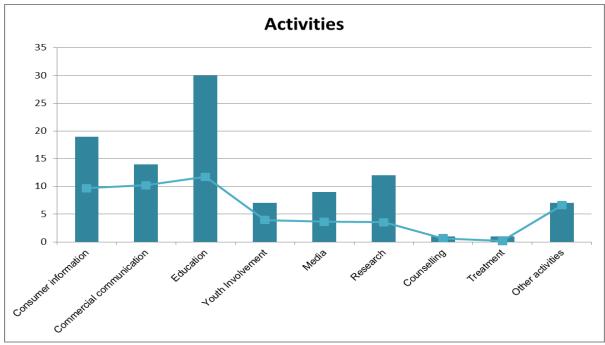
Number of commitments implemented only in the United Kingdom by category of members

Members	Number of commitments
NGOs and health organisations	2
Production and sales organisations	12
Advertising and media organisations	0
Research institutes and others	5

Number of commitments implemented in the United Kingdom by priorities and activities\*



(The line represents the average number of commitments for each priority in all Member States)



<sup>\*</sup>All commitments including those implemented in several countries