



European partnership for  
health, equity & wellbeing

# EuroHealthNet Country Exchange Visit

Reducing alcohol consumption: policy and  
practice

Host: Santé publique France

19-21 June 2023, Paris



On 19-21 June 2023, EuroHealthNet, in partnership with its member [Santé publique France](#) (SpF), organised a Country Exchange Visit (CEV) in Paris. The purpose was to enable representatives of national and regional public health agencies from across the EU to explore the main alcohol policy-related challenges across the EU and at Member State level. The meeting was focused on how to address the societal, economic and commercial roots of health inequalities related to alcohol consumption within a legal remit of health and social policies. Participants also had the opportunity to discuss examples of social marketing campaigns in the field of reducing alcohol use, and shared experiences about effective partnerships that avoid conflicts of interests. This report provides an overview of the programmes, the activities and the main discussion points that emerged.

The meeting was moderated by Dorota Sienkiewicz, Policy Manager at EuroHealthNet and Jennifer Davies, Public policy expert in health promotion and disease prevention at Santé publique France. Thirteen EuroHealthNet member organisations and six guest experts took part in the meeting (See Annex 1 for the list of participants).

The Country Exchange Visit took place at the same time as the “[Rencontres de Santé publique France](#)”, the annual event of the French National Public Health Agency (SpF). A [session](#) dedicated to reducing the burden of alcohol at the “Rencontres” formed part of the CEV.

The visit falls within EuroHealthNet’s contract agreement with the European Commission’s DG Employment, Social Affairs and Inclusion programme of the European Social Fund Plus (ESF+).

Image 1. Country Exchange Visit participants on 19 June 2023



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# 1

## Public policies to reduce alcohol consumption: effectiveness and challenges at the European level

### European alcohol policy agenda

*Florence Berteletti, Secretary General, European Alcohol Policy Alliance (Eurocare)*

Florence Berteletti started her [presentation](#) by introducing [Eurocare](#), an alliance of 52 non-governmental and public health organisations with member organisations across European countries advocating the prevention and reduction of alcohol related harm in Europe.

She then introduced two major policy frameworks that attempt to govern most of the aspects related to the consumption of alcohol. The WHO European Framework for Action on Alcohol (2022–2025) and the Europe’s Beating Cancer Plan.

The [WHO European Framework for Action on Alcohol \(2022–2025\)](#): unanimously adopted by all 51 WHO European Member States in Tel Aviv during the 72nd Regional Committee Meeting (12–14 September 2022), it prioritises six policy domains for effective actions on: alcohol pricing; alcohol availability; alcohol marketing; health information, with a specific focus on alcohol labelling; health services' response; and community action (See image 2).

## Europe's Beating Cancer Plan

Launched in 2020, one of the key flagships of the European Commission's strategic priorities for health for 2019–2024, [Europe's Beating Cancer Plan](#) forms a key pillar of a stronger European Health Union. EU4Health programme, Horizon Europe and the Digital Europe programmes provide substantial financial support with €4 billion for Member States' efforts to make their health systems more robust and able to address cancers and underlying determinants, including alcohol use.

The aim of Europe's Beating Cancer Plan is to tackle the entire disease pathway, as it addresses four key areas of action of the biggest EU-added value: prevention; early detection; diagnosis and treatment; and quality of life of cancer patients and survivors. Importantly, particular attention is placed on inequalities throughout all four areas, with the [European Cancer Inequalities Registry](#) and bi-annual progress reports committed to.

The Cancer Plan includes several actions dedicated to the reducing alcohol consumption:

- Review of EU legislation on the taxation of alcohol and on cross-border purchases of alcohol by private individuals, ensuring that it remains fit for purpose to balance the objectives of public revenue and health protection. ([state of play](#))
- Following a [study](#) mapping fiscal measures and pricing policies on sugars, soft drinks and alcoholic beverages, the Commission will look into the feasibility of proposing new tax measures on sugars and soft drinks.
- Increasing support for Member States to implement best practices and capacity-building activities to reduce harmful alcohol consumption in line with the targets of the UN Sustainable Development Goals. This includes a target to achieve a relative reduction of at least 10% in the harmful use of alcohol by 2025, since between 2010 and 2016 in the European Union only a 1.5% reduction in total consumption has been reached.
- Launching 'Health Literacy for Cancer Prevention and Care' to develop and share best practice to strengthen health literacy in cancer prevention and care programmes, with a focus on disadvantaged groups.
- To reduce the exposure of young people to alcohol marketing => monitoring the implementation of the Audiovisual Media Service Directive provisions on commercial communications for alcoholic beverages, including on online video-sharing platforms.



Image 2. WHO European Framework for Action on Alcohol (2022–2025) six priorities



- Review of [EU promotion policy on agricultural products](#) (AGRIP), in particular on alcoholic beverages.
- Proposing of a mandatory indication of the list of ingredients and the nutrition declaration on alcoholic beverage labels before the end of 2022 (see progress [here](#)) and of health warnings on-labels before the end 2023. Both are delayed and [various public health stakeholders have called on the European Commission](#) to launch the new rules swiftly.

Europe's Beating Cancer Plan is laid out in the [implementation roadmap](#).

Florence then said that only 4 countries in the EU have mandatory health warnings on labels (France, Lithuania, Germany & Ireland). On the 22nd of May 2023, The Irish health minister signed into law the alcohol labelling regulation. Example of the label is on the image 3.

Image 3. Alcohol label in Ireland after the law comes into force.

XX grams XX kJ/ XX kcal	<b>DRINKING ALCOHOL CAUSES LIVER DISEASE</b>
	<b>THERE IS A DIRECT LINK BETWEEN ALCOHOL AND FATAL CANCERS</b>
	Visit <a href="http://askaboutalcohol.ie">askaboutalcohol.ie</a>

For decades, images related to alcohol, have been used as a promotional/marketing tool to increase products' appeal and decrease the perception of the level of harm of alcohol. Labelling and Health warnings should be key components of a comprehensive, integrated approach to alcohol policies which governments can use to inform the public regarding the dangers of alcohol consumption. There is a fundamental and irreconcilable conflict of interest between the alcohol industries and public health.

There are scarce regulations regarding health warnings in the EU, and harmonized regulations might aid in countries implementing their own regulations. The development of additional labels should begin with evidence of effectiveness derived from qualitative and experimental studies on new labels. This is because there is currently no evidence suggesting that existing labels are effective in capturing consumers' attention and increasing awareness of alcohol-related harms.

#### Take-away messages:

- People are not aware of alcohol related harm.
- Alcohol labelling and health warnings should be key components of a comprehensive, integrated approach to alcohol policies which governments can use to inform the public regarding the dangers of alcohol consumption.
- More qualitative and experimental studies should be funded to strengthen evidence that effective warning attract consumers attention and raise awareness on alcohol related harm.

# 2

## National policies and strategies across Europe focusing on reduction of alcohol consumption

The EuroHealthNet Country Exchange allowed for a rich round table discussion amongst the representatives of participating organisations, on relevant initiatives that they are involved in. This section highlights what participants shared about their work.

### Belgium, Walloon Region Agency for a Life of Quality (AVIQ)

In Belgium, the effort to reduce alcohol consumption is managed through a complex framework of competences shared between federal and regional levels, where prevention lies within the regional jurisdiction and treatment is governed at the federal level.

The Walloon Plan for Prevention and Health Promotion allocates funding through AVIQ to associations engaged in alcohol-related work, including data collection. On a national scale, [AVIQ](#) collaborated with other regions to develop the Interfederal Plan 2023-2025, a comprehensive strategy to combat harmful alcohol consumption inspired by WHO recommendations.

This plan encompasses 75 actions aimed at raising public awareness about alcohol-related risks, particularly link to cancer. It also focuses on facilitating early identification of 'harmful consumption' and guiding individuals toward appropriate care. An existing pilot project targeting risk detection in emergency departments will be reinforced.

To protect minors from alcohol advertising, regulatory measures will be enacted as law. An independent body under the Federal Public Service (FPS) Public Health will oversee stricter controls on alcohol advertising, accompanied by health advisories prepared by the FPS Public Health for authorized alcohol marketing.

Measures to curtail alcohol availability are implemented, including the prohibition of alcohol sales in vending machines, at highway service stations between 10 p.m. and 7 a.m., and within

hospitals (except cafeterias). Minors aged 16 - 18 will no longer be allowed to purchase strong alcoholic beverages.

An iconic campaign, the "[Tournée Minérale](#)," encourages self-reflection on alcohol consumption by inviting citizens to abstain from alcohol for a month, fostering a conscious relationship with the product. This annual campaign, held in February, has gained increasing participation over the years.

## Bulgaria, National Center of Public Health and Analyses

Bulgaria is addressing alcohol consumption through the [National Programme for NCDs Prevention 2021 – 2025](#). This program has set five main objectives, including a 5% reduction in average alcohol consumption, a 10% decrease in harmful consumption, a 20% drop in alcohol consumption among those under 18, and an increase in consultations for individuals with harmful alcohol consumption by general practitioners.

The programme's main priorities are: raising awareness, enhancing the skills of medical and non-medical professionals in offering support and counselling, involving public structures and communities, updating regulatory frameworks through working groups, and conducting thorough monitoring and evaluations.

The program's funding primarily comes from the Ministry of Health. There's potential for extra funding, which could be obtained from a one percent share of the budget, derived from excise taxes on tobacco products and alcoholic beverages. The Health Act specifies that this allocation should support national programs targeting the prevention of tobacco smoking, alcohol, and drug substance use. In reality, though, this one percent often gets directed into the general health budget instead.

Stringent regulations control the advertising and sale of alcoholic beverages. Sales to individuals under 18, those intoxicated, and within certain premises like schools and medical institutions are strictly prohibited. Advertising, both direct and indirect, is subject to extensive regulations, prohibiting content aimed at minors, associating alcohol with sports or driving, and making false health or social claims.

A significant recent development in alcohol-related regulations is evident in the Criminal Code. This change mandates the confiscation of a vehicle in cases of drunk driving with a blood alcohol content (BAC) exceeding 1.2, as well as for driving with a BAC over 0.5 if a prior conviction for the same offense has occurred, and rehabilitation has not transpired. If the vehicle is not owned by the driver, they are required to pay an amount equivalent to the market value of the vehicle.



## France, National Public Health Agency (SpF)

France's approach to reducing alcohol consumption is marked by several complexities and challenges. Unlike some other countries, France does not have a national program specifically focused on reduction of alcohol consumption. While there is an official strategy for addressing tobacco control and broadly cancer, alcohol issues have not been given the same level of attention.

One significant obstacle to a unified approach is the presence of contradictory interests among different ministries in France. While legislation in the country aligns with WHO guidelines and is ostensibly protective, it has seen some weakening over the years. For instance, [the Evan law of 1991](#) represented an important restriction on alcohol advertising, but subsequent legislations have chipped away an important part of these restrictions. The alcohol industry continues to spend substantial sums on advertising, including radio and billboards.

Despite regulations prohibiting the sale of alcohol to individuals under 18, underage alcohol purchases still occur. This gap between the law and its enforcement creates an "optical illusion" of strict controls.

In terms of public awareness and education, marketing campaigns funded by the tobacco taxation fund have the potential to inform the public about the risks of alcohol consumption. There is a need to address misperceptions about alcohol, as a significant percentage of the population believes it offers health benefits, such as protection against conditions like hypertension and cancer. Additionally, it is noteworthy that discussions around addiction often neglect to include alcohol as a key topic.

## Finland, Federation for Social Affairs and Health (SOSTE)

In Finland, reducing alcohol consumption has become a focus for the Ministry of Health and Social Affairs, reflecting similarities with Norway and Sweden. However, the government aims to weaken regulations and to establish an 8% retail limit and allow the sale of wine in regular supermarkets, emphasizing the individual's right to purchase alcohol.

To achieve these goals, politicians are advocating for extending selling hours and have already allowed the sale of alcoholic beverages with an alcohol content of 5.5% in supermarkets.

Finland operates an alcohol monopoly, like its gambling monopoly, which has undergone recent changes. While gambling has its own harmful effects, affecting approximately 3% of the population, alcohol abuse impacts nearly 50% of



Image 4. Pia Sundell, Member of the Board, SOSTE, giving an update on policies in Finland

individuals. This highlights the urgent need to address the issue of alcohol consumption and its associated problems.

Efforts to reduce alcohol consumption in Finland rely on the implementation of effective laws and regulations. Recognizing the impact of alcohol on both health and social issues is crucial in shaping these policies. It is important to remember that addressing alcohol abuse will have far-reaching benefits, not only for individuals but also for the broader society. By prioritizing the well-being of its citizens, Finland seeks to create a healthier and safer environment for everyone.

### Ireland, Institute of Public Health

Ireland has been taking significant steps to reduce alcohol consumption and its associated harms, with last important update in January 2023, aligning with WHO's best practices in this area that have proven effective in various countries, including [the Baltic states](#) (reducing alcohol-related deaths, especially among men).

Ireland's average alcohol consumption remains a concern, with an average equivalent to 40 bottles of vodka per year per person and ¼ of the population abstaining, using 11% of health care budget for treating alcohol use-related conditions. [The Health Act of 2019](#) introduced a range of measures including minimum unit pricing, structural separation of alcohol products in supermarkets and some restrictions on advertising and sponsorship.

The legislative process in Ireland has faced complexities and challenges. The [Lobbying Act 2015](#) has been a point of discussion, with questions on how to register individuals and organizations that meet with policymakers. Additionally, concerns about trade barriers and precedents have arisen, with ongoing discussions about potential impacts.

The change in approach and the passage of the Public Health Alcohol Act 2018 were driven by a coalition of health organizations and a broader alliance, with a focus on reducing health inequalities. This significant shift in policy-making took many years to become law.

[Ongoing discussions and upcoming legislation](#) on labelling of alcohol products and notices in licenced premises in 2026 indicate the government's dedication to reducing the harms related to alcohol consumption.



Image 5. Helen McAvoy, Public Health Ireland, giving an update on policies in Ireland (on the left), Sheila Gilheany from Alcohol Action Ireland (on the right)

## Italy, The National Institute of Health (ISS)

In Italy, the pursuit of reducing alcohol consumption has been a dedicated endeavour, backed by a comprehensive monitoring system. In 2001, Italy has introduced a [law \(125\)](#) supporting the Charter of Alcohol, which emphasizes the right of all individuals to protection from alcohol-related harm.

Following the endorsement of the alcohol and health plan, Italy hosted its second conference on alcohol, resulting in the establishment of a Technical Group on Alcohol within the Ministry of Health (MoH) and a launch of a [white book](#) on alcohol, aligning its strategies with WHO and EU guidelines.

To refine their approach, Italy has recognized the need to review their targets, indicators, and actions on alcohol. Collaborating with the WHO, the country is striving to reduce harmful alcohol consumption, particularly among young people and the elderly. An alarming statistic shows that only 3% of those in need have accessed support services, prompting a renewed commitment to early detection and intervention through training for healthcare professionals.

Focusing on key demographics, Italy has set legal age limits for alcohol sales and consumption, with road codes for driving under the influence (0% for 21 years of age, 0.5% for adults). However, enforcement remains a challenge due to limited local capacity. Additionally, Italy is actively exploring policies to address alcohol consumption during pregnancy, including the possibility of implementing warning labels.

## Latvia, Riga City Council

On a national level, Latvia struggles with a high per capita alcohol consumption rate of 10 liters per year, which contributes to various social problems, including violence and traffic accidents. On a local level, Riga City Council is committed to tackling this issue through a multifaceted approach encompassing legal measures, education initiatives, and results tracking. The Council has been collaborating closely with over 150 schools, where educators, school teachers, and students are engaged in efforts to foster awareness and education about the consequences of alcohol consumption.

This involves incorporating social peer workers to ensure effective outreach. The city's Social Care Service and Addiction Service play a crucial role, employing seven individuals to address alcohol-related issues in Riga. Notably, public drinking is prohibited, and underage individuals caught engaging in such activities are referred to addiction services.

However, challenges persist. Mortality rates linked to alcohol consumption have risen, and the accessibility of alcohol, including online sales, remains a concern, especially for minors. Efforts to limit marketing and price regulation have been underway, and the Council is exploring the potential of banning alcohol in gaming establishments.

Monitoring indicators of success is complex, and economic considerations add an additional layer of complexity. The availability of alcohol treatment and rehabilitation services is strained, leading to lengthy waiting lists.

### The Netherlands, Trimbos Institute

In the Netherlands, while the focus on mental health, obesity and smoking remains prominent, efforts are being directed towards reducing alcohol consumption, aiming to elevate it to the same priority level. Despite recent efforts in the 'Prevention Accord', statistics indicate minimal improvement. This is particularly vital given the increased alcohol-related traffic accidents, and the high level of youth binge drinking, necessitating prevention measures that underscore the need for more effective government interventions. Compared to many other EU countries alcohol consumption in the Netherlands is below average, with per capita alcohol consumption standing at 7,2 liters per year.

Despite a law restricting alcohol sales in numerous locations, the country's liberal government advocates for a collaborative approach, emphasizing joint efforts and social norms to enhance social awareness regarding alcohol consumption, rather than regulation. Health campaigns such as [IkPas](#) (an intervention similar to "Tourne Minérale" and "Dry January") are contributing to awareness raising. Although educational initiatives are being fostered, challenges persist in promoting healthy habits among youth engaged in sports. A notable case is the promotion of 0% beer in sports settings in the Netherlands. This seemingly paradoxical situation allows beer brands to advance their products despite the absence of alcohol content, underscoring the complexities of managing alcohol-related issues.

Taking inspiration from the Nordic model, the Netherlands is aiming to increase awareness about the alcohol-cancer connection through knowledge campaigns, as currently only 34% of the population is aware of this link.

However, the influence of the alcohol lobby, which employs delay tactics, poses a challenge to swift progress. A revision in the stance towards collaboration with the industry, influenced by the WHO advice to avoid such partnerships, has proven helpful in guiding policy decisions.

### Norway, Directorate of Health

In Norway, alcohol consumption patterns remain consistent, with eight out of ten adults having consumed alcohol in the past year, and approximately half of them drinking six or more units on a single occasion. Notably, the proportion of 15-16-year-olds who drink alcohol is relatively low compared to most European countries. During the pandemic, self-reported alcohol consumption decreased for the majority of the population, but heavy drinkers increased their consumption.

The [Norwegian Alcohol Act](#) reflects a stringent approach to alcohol regulation with the goal of preventing social and individual harms. The Act regulates import, sales, serving and producing,



setting age limits at 18 for beer and wine and 20 for spirits. The state holds a monopoly on alcoholic beverages exceeding 4.7% alcohol by volume, and a total advertising ban is in place with exceptions for specific information on websites and selected communication channels.

The country's comprehensive strategy focuses on reducing alcohol-related harm through measures like price control, availability restrictions, age limits, and drink driving laws. While information campaigns and school programs have limited effects, the government strives to provide accurate information to decision-makers and the public about effective, cost-efficient measures.

The [National Alcohol Strategy 2021-2030](#) is a key initiative, aiming to reduce harmful alcohol use by at least 20% compared to 2010. This strategy rests on the pillars of public health and solidarity, encompassing population-wide and high-risk strategies. Priorities include supporting municipal alcohol prevention, reinforcing early interventions, promoting alcohol-free venues, enhancing knowledge and competence about alcohol, and prioritizing research on alcohol-related harm.

The Norwegian Directorate of Health is actively engaged in developing health warning labels, a national prevention strategy, educational materials for schools, and low-risk drinking guidelines. The population generally supports strict alcohol restrictions and the country's commitment to reducing alcohol-related harm.

Image 6. Country Exchange Visit participants



## Scotland, Public Health Scotland

Scotland faces challenges in managing alcohol-related issues, and its health policies, including those related to alcohol consumption, fall under devolved powers, granting a level of autonomy. One significant approach here is the implementation of [Minimum Unit Pricing, a policy](#) that does not involve taxation but sets a minimum price for alcohol based on its alcohol content. This policy has been in place for five years and is evaluated, showing promising results in reducing alcohol-

related harm to health. While the policy has contributed positively to health outcomes, there are challenges, including inflation and diminishing effects over time, prompting consideration of higher price increases. An ongoing evaluation seeks to assess its continued impact.

Online sales have posed a concern, and the complex messaging around alcohol consumption, particularly the low-risk guidelines of one unit being equivalent to 8 grams and a recommended weekly intake of 15 units, presents difficulties for public comprehension.

Interactions with the alcohol industry are complex, and state resources are limited. The industry can create their own awareness campaigns and information materials, imitating support to preventive efforts with schools and law enforcement agencies.

Scotland's alcohol strategy includes commitments to collaborate with the central government in London on relevant lobbying efforts. However, there has been an overwhelming industry opposition. The government takes a proactive role in monitoring alcohol consumption, recognizing its legal responsibility and working to enhance surveillance and data collection.

### [Slovenia, National Institute of Public Health \(NIJZ\)](#)

Slovenia, known for its wine production and beer industry, is grappling with the challenge of reducing alcohol consumption within its own cultural context. The country produces ample wine for domestic consumption, but there is a growing concern about alcohol-related issues.

The "Zero Alcohol" labels, suggesting that one can drink and drive as long as it's 0% alcohol, represents industry's creative approach to engage public in consumption. The drinking patterns among the population reflect a worrying shift, with young women matching their male counterparts, and women aged 30 to 50 often consuming alcohol after work. Slovenia is actively collecting data on registered alcohol consumption and drinking habits, as well as on some health indicators of alcohol use.

Advertising regulations, established in a law from 2002, are outdated in the face of new media. While advertising is more restricted for stronger alcoholic beverages, the availability of alcohol remains high and the landscape evolved in 2017, permitting alcohol sales at sports events.

Although attempts have been made to create a national strategy, they have not received support from relevant ministries like finance and agriculture. The issue has been creatively integrated into various strategies including mental health, social sector, and traffic safety.

Collaborations with NGOs have resulted in many preventive programs including VKJ mobile app that provide information about alcohol's strength and calorie content, as well as different health messages/warnings about the risks and harms of alcohol aiming to enhance public knowledge. A social marketing campaign planned for autumn 2023 is set to address the link between alcohol and cancer.

## Spain, Ministry of Health in Spain and Andalusian Regional Ministry of Health and Consumer Affairs

In Spain, reducing alcohol consumption presents unique challenges for a country deeply rooted in wine production and with a culture that traditionally embraces alcohol. Alcohol-related issues fall within the purview of both public health and drug policies managed by the Spanish Ministry of Health (SMoH).

At the national level, Spain's efforts are anchored in various strategic initiatives. The [National Strategy on Addictions 2017-2024](#), led by the National Drugs Plan within the SMoH, is instrumental in developing the [Addiction Action plan 2021 – 2024](#). Additionally, the [Prevention and Health Promotion Strategy of the Spanish](#) National Health System integrates alcohol consumption as a primary risk factor for chronic and non-communicable diseases.

In 2020, the Spanish Ministry of Health initiated a Working Group for Alcohol Use Prevention, comprising professionals from autonomous regions. This group laid out a [roadmap](#) for forthcoming years, approved by the Public Health Commission in 2021. This roadmap is structured around three key objectives: 1) Elevating alcohol consumption prevention as a public health priority, 2) Establishing a shared framework for alcohol prevention and treatment, and 3) Coordinating prevention and treatment efforts within the National Health System, emphasizing equity.

The [Joint Action on Reducing Alcohol Related Harm](#) (RARHA, 2014-2016) revealed that Spain's low-risk alcohol consumption thresholds were higher than those of most European countries. Consequently, an expert group was convened to update these thresholds. In 2020, Spain published the [Low Risk Alcohol Consumption Thresholds](#), accompanied by [information brochures and videos](#) tailored for citizens, health professionals, and policymakers. In 2022, a [media campaign](#) dedicated to alcohol prevention was launched to further strengthen these efforts.

Taxation on alcohol, especially wine, is a complex issue in Spain. There has been a lack of taxes on wine, and advertising regulations have seen some relaxation.

One challenge lies in generating and sharing data effectively across various departments and regions. Coordination between health, mental health, and addiction services has been lacking, resulting in fragmented resources and responses. The need for a more holistic approach to prevention and addiction treatment is evident.

Inequalities related to alcohol consumption and harm are also a concern. While some regions like Andalusia have focused more on drug-related issues, alcohol problems persist and are not receiving the attention they require. Additionally, the shortage of healthcare professionals poses a significant challenge, making prevention efforts more crucial.

## Sweden, Public Health Agency

The country's per capita alcohol consumption for the population of 15 years and older stands at 8.8 litres per year, with measures taken to monitor both registered and unregistered consumption. While alcohol consumption had increased after Sweden's entry into the EU, it has since been decreasing, although it remains a concern.

Sweden employs a multifaceted approach to curbing alcohol consumption, concentrating efforts on pricing, accessibility, and public awareness. This comprehensive strategy is underpinned by stringent alcohol legislation governed by the [Swedish Alcohol Act](#). This legislation covers various aspects, including import, sales, marketing, and surveillance.

Sweden maintains a state retail monopoly, a crucial tool for managing economic interests and regulating availability through factors like outlet density, opening hours, and age restrictions. The country vigorously enforces age limits, with nearly all individuals (97%) being asked for identification when purchasing alcohol at the state retail monopoly. Taxation is another significant deterrent, although there's potential for strengthening it, especially for spirits. Previously, the law was indexed to inflation up until 1998, but now it sees periodic increases, which are deemed insufficient.

Beyond legislation, Sweden's strategic approach includes an [action plan 2022-2025](#) that covers not only alcohol but also narcotics, tobacco, nicotine products, and gambling. The initial plan that combined these substances was introduced in 2011, with gambling being incorporated in 2022.

The overarching goal of the alcohol policy is to bolster public health by reducing the medical and social harms arising from alcohol consumption, a focus that has been consistently maintained. The strategy delineates seven long-term objectives, which involve efforts like reducing availability, safeguarding children and youth from the adverse effects of alcohol and other substances, and diminishing early-onset alcohol use. Monitoring the progress toward these goals involves a set of indicators.

Furthermore, the strategy revolves around the theme of safeguarding children and promoting equality and equity, aligning with Sweden's broader [public health policy](#). A key component of this strategy is its specific focus on raising awareness of the link between alcohol consumption and cancer. For instance, a 2023 campaign endeavours to enhance public understanding regarding this connection, bridging knowledge gaps and promoting healthier choices concerning alcohol consumption.



# 3

## Social marketing and measuring levels of consumption

Indicators and targets in the general population: measuring alcohol consumption, defining “at risk” consumption and identifying priority targets for social marketing campaigns

*Raphaël Andler and Guillemette Quatremère, Santé publique France*

The presentation explored the complexities of addressing alcohol consumption behaviour in the general population, drawing insights from the French context. Its primary goal was to examine the indicators suitable for characterizing this phenomenon, identifying key demographics for alcohol prevention strategies, and defining those individuals who are at risk. This understanding is necessary in the context of social marketing campaigns, which serve as one of the tools for enhancing awareness, reshaping behaviours, and mitigating the impact of alcohol-related issues.

Defining the targets for alcohol reduction campaigns is challenging due to the diversity of alcohol consumption behaviours. With a dataset of 25,000 individuals per survey, it was evident that nearly everyone drinks alcohol, but the patterns and risks vary significantly across demographics. For instance, older people tend to be daily drinkers, while heavy episodic drinking (6 or more drinks in one go) is more common among young people. This diversity in consumption patterns necessitates tailored messaging rather than a one-size-fits-all approach. French experts provided distinct recommendations tailored to specific groups in 2017, including young people/teenagers, pregnant women, and adults.



Image 7. Raphaël Andler and Guillemette Quatremère, Santé publique France

In 2021, 22% of adults in France consumed alcohol above the low-risk drinking guidelines. Younger individuals are more likely to take breaks from alcohol during the week, whereas older drink with higher frequency but in smaller quantities. Men drink more than women do.

While high-educated individuals may consume more, the adverse health and social impacts are often concentrated among those with lower socio-economic backgrounds.

This is why, in France, social marketing campaigns primarily focus on adults between the ages of 25 and 55 who exceed low-risk drinking guidelines, with particular emphasis on disadvantaged men. The strategy, aligning with expert recommendations, aims to encourage reduced alcohol consumption and to challenge the normalization of drinking.

The discussion among the participants that followed a presentation delved into various aspects of **alcohol consumption guidelines, communication, and challenges in different countries**. A recurring theme of uncontrolled industry involvement in public health, the need for clear, unambiguous guidelines and effective communication to address the complex issue of alcohol consumption and its associated harms.

- **Indicators and ambiguity:** During the implementation of the [Joint Action on Reducing Alcohol Related Harm](#) (RARHA, 2014-2016), there were discussions on the need for clear indicators and a system of grading in identifying at-risk groups. The group emphasized the importance of clarity of targets, for example, minors should not drink at all.
- **Industry interference:** Concerns were raised about industry interference in the formulation of guidelines and their influence on scientific research. The debate between universal prevention and targeted campaigns emerged, with "responsible drinking" criticized as a term influenced by the industry. Communication challenges were brought up, including the dilution of messages by industry influence.
- **Low-Risk vs. No-Risk:** The distinction between low-risk and no-risk guidelines, following WHO recommendations, was highlighted.
- **Updating guidelines:** The Italian guidelines on alcohol consumption are currently being updated. The group discussed the need for guidelines to evolve with new evidence, emphasizing the importance of avoiding conflicts of interest.

Guidelines should focus on guiding people to make informed choices. The low risk guidelines should not support drinking.

- **UK experience:** The UK's experience with committee messages and campaigns was mentioned, noting that guidelines were often not promoted effectively or at all. At the same time, there is public support for policies related to alcohol harms, including pregnancy, dementia, and domestic violence, was discussed.
- **Slovenia's approach:** Slovenia's "0 alcohol is safest" approach was praised for its straightforwardness and cooperation with the Ministry of Health. Slovenia emphasized

the importance of involving medical, social and nongovernmental sectors in promoting "0 alcohol" messages.

- **France's challenge:** France faced a challenge in promoting the "0 alcohol" message to health professionals. They were not convinced to succeed transmitting such messages to patients.
- **Ireland's targeting:** Ireland pointed out that the bulk of harms occur in population that consume alcohol just above the guidelines. Reaching those people is challenging. It is important to acknowledge the scale of marketing that people are exposed to, and be realistic on what the health actors can do. This is why alcohol labelling is so important.

During the discussion on **social marketing campaigns** several key points emerged from various countries. The discussion highlighted the need for well-designed social marketing campaigns that consider the target audience and avoid stigmatization. Additionally, there was a consensus on the importance of education programs, especially in schools, and the potential impact of legislative measures on cultural attitudes toward alcohol. Finally, support networks for children affected by parental alcohol consumption were deemed essential.

- **Spain:** Mass media campaigns can be effective in educating people, but it's crucial to avoid increasing social inequalities and stigmatizing certain groups, such as women who consume alcohol. Efforts should focus on young people and families without blaming or shaming them.
- **Latvia:** they are asking for a social law, that would allow public authorities to have campaigns during the prime time.
- **Ireland:** They emphasize the need to support parenting and convey the message that drinking at home with children is not a better alternative. Education programs should address the impact of harmful drinking on children, helping them understand they are not alone and that support networks exist.
- **Netherlands:** There's a challenge in convincing communication professionals that the strategy goes beyond changing behaviour and contributes to cultural shifts. They believe that law and enforcement play a crucial role in cultural change.
- **Italy:** Advocate for legislative measures over campaigns, as they are cost-effective. Advocacy around wine culture is prominent, and school systems play a crucial role in preventing industry influence.

**Mediterranean diet and alcohol.** Italy points out that alcohol is not considered a nutrient and is an optional part of the Mediterranean diet. This perspective may influence cultural attitudes toward alcohol consumption.

- **UK:** Alcohol industry tries to displace public health and funds alternatives like charities and education campaigns and interventions. The alcohol industry's presence in schools in various countries, normalizing alcohol, is concerning. Initiatives like the SMASHED

theatre group aim to “educate” young people about alcohol harms. “Drink wise” – this is not educational campaign.

# 4

## Focus on regulatory measures

Overview and effectiveness of digital alcohol marketing regulations in 12 EU countries the AIHaMBRA (Alcohol Harm Measuring and Building Capacity for Policy Response and Action) project.

*Sandra Radoš-Krnel, Slovenian National Institute of Public Health*

The [presentation](#) explored the complex challenges associated with regulating alcohol marketing in the digital realm. Sandra Radoš-Krnel highlighted the rapid growth and influence of social media platforms, emphasizing their cost-effectiveness and ability to reach a wide audience, particularly young people. The digital space also poses similar challenges for the regulation of unhealthy food and gambling advertising.

One key issue discussed was the limited presence of statutory regulations in many European countries governing digital alcohol marketing and there is even less information about

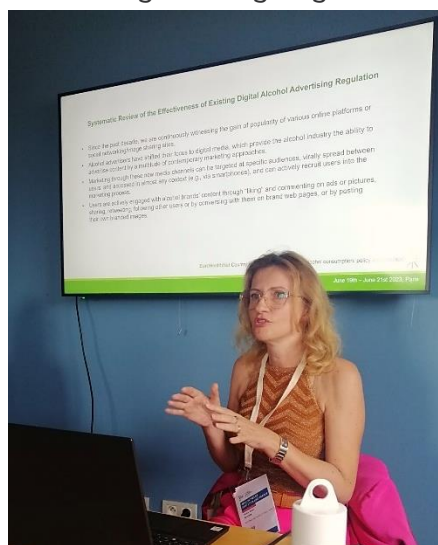


Image 8. Sandra Rados-Krnel, Slovenian Public health Institute

effectiveness of digital alcohol advertising regulations in the scientific literature. While some countries like Finland and Canada have established legal frameworks, others rely heavily on industry self-regulation, creating regulatory gaps. The dynamic nature of the digital landscape further complicates monitoring efforts.

Several countries, including Lithuania and Estonia, were recognized for their proactive approaches to curbing alcohol advertising, such as implementing complete bans. However, the presentation also shed light on the growing influence of social media influencers in alcohol marketing, which presents additional challenges.

The inadequacy of outdated alcohol laws, particularly those drafted in early 2000, in addressing digital media's nuances



was acknowledged. The project findings showed that public opinion appeared to favour stricter regulations, but questions were raised about the effectiveness of democratic processes in the face of industry interests.

The presentation concluded by underscoring the need for comprehensive and up-to-date regulations in the digital age. It urged countries to draw inspiration from the pioneering efforts of countries like Norway, Estonia, Finland, and Lithuania and adapt their legislative frameworks to address evolving challenges effectively.

The discussion revolved around the challenges of regulating digital alcohol marketing, particularly its impact on children and young people. Key points raised during the discussion include:

- **Data collection and assessment:** In Ireland, there are existing surveys about children, but there is a lack of questions addressing the driving factors behind their behaviours. The need to assess children's behaviours comprehensively was highlighted, and opportunities to do so were noted, with funding available from the WHO.
- **Influence of young people:** Young people are highly influenced by digital marketing, including platforms like YouTube. In France, there is a law prohibiting influencers from mentioning wine in their content. Influencers, even at the micro-level, have substantial reach and are often contracted by alcohol brands to promote their products.
- **European initiatives:** The Spanish presidency has placed the issue of digital alcohol marketing on the agenda.
- Questions were raised about whether research efforts should be siloed or if the challenges of food marketing overlap with those of alcohol marketing.
- **Working with target groups:** Slovenia has taken a proactive approach by forming expert group at National Institute to address digital marketing of different unhealthy behaviours including alcohol, unhealthy food, gambling, gaming. Scotland engages with its youth parliament, emphasizing children's rights.
- **Norway** has shifted its focus from direct campaigns targeting children to campaigns targeting parents. The idea is that parents have a more significant influence on their children's behaviour. Collaboration with parents is seen as essential in providing children with tools to navigate the digital world.
- **Accountability and branding:** Discussion turned to the power of alcohol brands and their vulnerability to damage. Some participants advocated for accountability, including naming brands for their actions, drawing a parallel to climate activists who hold CEOs accountable for environmental actions.
- **Corporate responsibility:** Lessons from the regulation of energy drinks were mentioned. Council conclusions in 2001 emphasized social corporate responsibility and the need to clarify that certain products, like alcohol, are not intended for minors.

# 5

## Partnerships and ethics

The session on partnerships, sports, and ethics delved into critical questions surrounding alcohol consumption reduction strategies. Participants discussed methods for establishing and nurturing partnerships aimed at curbing alcohol consumption, particularly in sports settings. A key concern was the prevalence of alcohol industry sponsorship in various events and how this influences drinking behaviours, especially among the youth.

Key points from the discussion include:

- **Challenges in regulating alcohol at sporting events:** in Scotland, there's a history of alcohol-related issues, including violence, around sporting events, especially football. Measures have been implemented such as timing matches for midday, restricting alcohol sales and not allowing alcohol consumption on public transport after specific hours. There is no alcohol and food culture, people tend to consume only alcohol.

**Sweden** shared a successful initiative involving venues, football clubs, and police to create "[Football without alcohol/drunkenness](#)". It involved training staff to create a responsible alcohol service culture in sports events. Such initiatives focus on changing the culture around alcohol and sports.

The [FYFA project](#) provided recommendations on addressing youth and underage drinking in sports. However, the challenge lies in getting the outcomes of these projects recognized and implemented by relevant authorities.

- **Evidence of alcohol's impact:** UK has evidence linking increased domestic violence to sporting events and alcohol consumption. The influence of alcohol industry funding on sportsmen's drinking habits was also discussed.
- **Interdepartmental issues:** When it comes to finance and taxation, Ministries of Health have no say on these issues making it challenging to address alcohol-related concerns effectively. Governments often face challenges balancing health and economic interests. Safety and public health need to be prioritized. Coordinated efforts involving various ministries and regions are needed.
- **Lack of attention from sports ministries:** Sports ministries often prioritize issues like women's inclusion and older people's involvement but may not address alcohol-related problems that tarnish the image of sports.

- **Partnering ethically:** There was a call to partner with organizations genuinely committed to promoting health and healthy lifestyles, rather than the alcohol industry. Alcohol industry is part of the problem, they are not the solution. Concerns were raised about industry involvement and the need for ethical frameworks, with some examples such as Scottish Health Action on Alcohol Problems ([SHAAP](#)) partnership.
- **Enforcement of Alcohol Advertising Laws:** Issues were raised about the enforcement of laws related to alcohol advertising. Public health experts may not have the legal expertise to challenge the alcohol industry effectively.
- **Ethical frameworks and legal action:** Participants discussed the need for ethical frameworks to guide partnerships and actions. Legal actions against "alibi marketing" and violations of advertising laws were mentioned, emphasizing the role of NGOs and governmental health departments.

In summary, the discussion highlighted the need for coordinated efforts involving various stakeholders to address alcohol-related issues in sports settings, especially among young people. Ethical considerations, effective enforcement of laws, and collaboration with organizations genuinely dedicated to public health were emphasized.

# 6

## Final discussion and next steps

During the three days of intensive discussions and exchanges, participants consolidated their shared experiences and insights, built capacities to capitalise on lessons learnt in their national contexts. The Country Exchange Visit (CEV) featured key sessions on reducing alcohol consumption through public policies, and investigated the socio-economic factors influencing alcohol consumption. It further explored the efficacy of social marketing campaigns and ethical partnerships.

During the CEV, EuroHealthNet shed light on the European alcohol policy agenda, highlighting the potential of the prevention pillar of Europe's Beating Cancer Plan and the WHO European Framework for Action on Alcohol (2022–2025). Through our programme, we emphasized the need for mandatory on-label health warnings on alcoholic beverages and the persisting conflict of interest between alcohol industries and public health goals. Participants also discussed the lack of EU-wide harmonized regulations for alcohol labelling and health warnings, and the necessity of studies assessing the effectiveness of new labels in raising awareness of alcohol-related harms.

Common challenges and concerns shared among the participants:

- **Cultural norms:** Many of the European countries have deep-rooted cultural traditions related to alcohol consumption, making shifting societal attitudes and behaviours towards alcohol a challenge. This is especially the case in countries with a strong historical and economic connection to alcohol production and consumption.
- **Industry influence:** The alcohol industry, including powerful advertising lobbies, exert significant influence on policies and regulations. They often oppose or delay measures aimed at reducing consumption, in line with their economic interest which is to keep selling more of their products – alcoholic beverages.
- **Enforcement and compliance:** Despite having regulations in place, there can be issues with effective enforcement. Laws prohibiting sales to minors or restricting advertising may not always be effectively implemented, leading to gaps between policy and practice.



- **Online space:** Some countries struggle with outdated alcohol laws and regulations that might not address modern challenges. The digital marketing and online social media influencers are key examples, where regulations might not be as well-established or effective.
- **Interdepartmental coordination:** Collaboration between different government departments, such as health, finance, and agriculture, is crucial to tackling alcohol-related issues effectively. In some countries, effective coordination mechanisms and collaborative spaces can be lacking.
- **Health Inequalities:** Reducing alcohol consumption and its negative impact on health often involves addressing socio-economic inequalities in health, as certain demographic and social groups are more affected by alcohol-related harm. Strategies need to ensure that all segments of the population benefit from prevention efforts. Measures aimed at changing the affordability of the products need to be proportionate to associated harm, yet prevent people from replacing more expensive alcohols with cheaper but more harmful substitutes, hence contributing to further growing inequalities in health.
- **Data collection and monitoring:** Effective policy-making relies on accurate data, and there are challenges in collecting and sharing relevant data across various regions and departments.

These common challenges reflect the complexities involved in reducing alcohol consumption, despite varying approaches and priorities in each country. At the end of the meeting, Dorota Sienkiewicz guided the discussions towards the possible next steps to support the EuroHealthNet Partnership's effort to continue to work together on the theme:

- Applying for (single or multi-country) technical support from the EC via the [Technical Support Instrument \(TSI\)](#) - an EU programme (€864 million for 2021 – 2027) that provides tailor-made technical expertise to authorities in Member States to design and implement policies and reforms on a range of topics. One of the examples could be in the field of public health policies and building capacity to implement alcohol use reduction practices. The support offered take the form of strategic and legal advice, studies, training and expert visits on the ground. It can cover any phase in the reform process and does not require co-financing from Member States. An EU Member State wishing to receive technical support submits a request to the Commission, via a national Coordinating Authority. This request must be submitted by 31 October of each year. Examples of projects and how to find your national contact point, [here](#).
- [EU4Health programme](#) and [Horizon Europe Research Programme](#) are most suitable for funding pilot projects, developing policy frameworks, conducting research to generate evidence that support policy and practice. Don't hesitate to get in touch with Alba Godfrey ([a.godfrey@eurohealthnet.eu](mailto:a.godfrey@eurohealthnet.eu)), if you have ideas for collaboration.

- Joint Action PreventNCD lead by the Directorate of Health in Norway is still in preparatory phases but will soon become an important platform to continue working on the reduction of alcohol consumption. There's a particular focus on underlying common risk factors (alcohol, tobacco, diets, physical activity) for NCDs. Commercial determinants and healthy taxation will be focused on too.
- EuroHealthNet Thematic Working Group (TWIG) on Social Marketing to Address Addictions could take forward the following activities:
  - a. There is a suggestion to hold more targeted TWIG meetings on a regular basis, where rotating meetings would focus on tobacco, alcohol, gambling, expanding the collaborative space to other addiction related issues.
  - b. The TWIG could prepare an outcome statement from the CEV. This statement could be a useful set of priorities on issues related to NCDs risk factors, and it could be useful to have before the EP election. EuroHealthNet could help further disseminate it.
  - c. TWIG members could work together to identify which organisations are more successful in implementing policies and practice, and support each other through exchange.
  - d. TWIG members could support each other on literature review, to document how the evidence on policy and interventions is gathered and ensure transparency.
  - e. TWIG members could organise a follow up seminar at the [17th European Public Health Conference in Lisbon](#) on 12-15 November 2024.
  - f. Alcohol labs research by Mark Petticrew's team at London School of Hygiene and Tropical Medicine could be presented at a TWIG meeting.
  - g. Any of the activities mentioned above could lead to a publication.

## Annex 1. List of participants

	Country	Organisation	Name	Position
1.	Belgium	Agence pour une Vie de Qualité (AVIQ)	Didier Agazzi	Manager for Health, Social Action and Social Cohesion
2.	Bulgaria	National Center of Public Health and Analyses	Mirela Strandzheva	Chief Expert
3.	Finland	Federation for Social Affairs and Health (SOSTE)	Pia Sundell	Member of the Board
4.	Ireland	Institute of Public Health	Helen McAvoy	Director of Policy
5.		Alcohol Action Ireland	Sheila Gilheany	CEO
6.		Health Service Executive	Katie Dunphy	Project Manager
7.	Italy	Institute of Health	Emanuele Scafato	Director of National Observatory on Alcohol
8.	Latvia	Riga City Council	Inga Solovjova	Head of the Health Administration, Deputy Director of the Welfare Department for Health Affairs
9.			Nikola Tilgale-Platace	Head of Public Health, Deputy Head of the Health Administration of the Welfare Department
10.	Netherlands	Trimbos Institute	Ninette van Hasselt	Program Manager
11.	Norway	Directorate of Health	Maj Berger Sæther	Senior Advisor
12.			Kristiane Bugge Dugstad	Advisor
13.	Scotland	Public Health Scotland	Tara Shivaji	Consultant
14.	Slovenia	National Institute of Public Health (NIJZ)	Sandra Radoš-Krnel	National expert
15.			Ina Hristova Dakova	Government Delegation for the National Plan on Drugs

16.	Spain	Ministry of Health	Inés Zuza Santacilia	Technical officer in prevention; General Directorate of Public Health
17.		Andalusian Regional Ministry of Health and Consumer Affairs	Antonio Padilla	Unit for Evaluation and Control of Substance and Behavioral Addictions
18.	Sweden	Public Health Agency	Eleonor Säfsten	Analyst, Unit of Alcohol prevention
19.	United Kingdom	London School of Hygiene and Tropical Medicine	Mark Petticrew	
20.	France	National Public health Agency (SpF)	Jennifer DAVIES	Public policy expert in health promotion and disease prevention
21.			Anne-Catherine Viso	Director, International Affairs
22.			Paula Garcia Lobato	Policy advisor, International Affairs
23.			Olivier Smadja	Head of Addictions project
24.			Chloé Champion	Alcohol communication officer
25.			Viêt Nguyen-Thanh	Head of the Addictions Unit
26.			Guillemette Quatremere	Research Officer (addictions)
27.			Raphaël Andler	Research Officer
28.			Victoria Leboulanger	Communication Officer
29.			Virginie Bresson	Communication Officer
30.			Emmanuel Lahaie	Project manager (preventing addictions)
31.		Société française d'adictologie	Mickaël Naassila	President
32.		European Alcohol Policy Alliance, Eurocare	Florence Berteletti	Secretary General
33.		OECD	Michele Cecchini	Head of Public Health
34.		EuroHealthNet	Lina Papartyte	Project Coordinator
35.			Dorota Sienkiewicz	Policy Manager

# EuroHealthNet

European partnership for **health, equity & wellbeing**



**Our mission is to help build healthier communities and tackle health inequalities within and between European States.**

EuroHealthNet is a not-for-profit partnership of organisations, agencies and statutory bodies working on public health, promoting health, preventing disease, and reducing inequalities.

EuroHealthNet supports members' work through policy and project development, knowledge and expertise exchange, research, networking, and communications.

EuroHealthNet's work is spread across three collaborating platforms that focus on practice, policy, and research. Core and cross-cutting activities unite and amplify the partnership's activities.

The partnership is made up of members, associate members, and observers. It is governed by a General Council and Executive Board.

[EuroHealthNet.eu](https://eurohealthnet.eu)

[Health-inequalities.eu](https://health-inequalities.eu)

[EuroHealthNet-Magazine.eu](https://eurohealthnet-magazine.eu)



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