



Some Additional Comments and Reflections

in the context of
DG SANCO's First Draft Working Paper
on a "Coordinated Approach in Europe
to Tackle Alcohol-Related Harm"
from 22nd July 2004

March 2005

*A Supplement to A First Submission,
as submitted to DG SANCO in September 2004*



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Preface

“Out of moderation a pure happiness springs”

*Johann Wolfgang Von Goethe (1749-1832)
German poet, dramatist, novelist*

This document is a supplement from ‘The Brewers of Europe’ to a [First Submission](#) in the context of DG SANCO’s “First draft working paper on a coordinated approach in Europe to tackle alcohol-related harm”, as the document stood on 22nd July 2004.

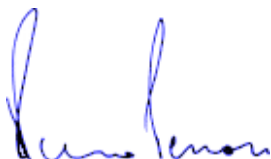
In the First Submission it was made clear that The Brewers of Europe shares the concerns expressed by the Council regarding alcohol-related harm and stands ready to be part of the solution. We welcome the Commission’s efforts to combat the problem and have already been working to confront this issue for many years.

This paper will respond directly, by chapter and sub-chapter, to DG SANCO’s first draft, and will therefore address each of the topics in the same order as they appear in the DG SANCO draft. The response will take the form of possible texts (*“in italics and in inverted commas”*) and topics to consider and incorporate, informal observations on the draft, proposed rewordings, and queries on certain statements. Please note that, since this document just contains comments, only a few references are given. The First Submission, on the other hand, provides references to substantiate the position of The Brewers of Europe.

Please note that this is not a separate document. It is designed to supplement the First Submission from The Brewers of Europe and the comments sent by The Brewers of Europe to DG SANCO following the workshop on the Health, Social and Economic Impact of Alcohol, which was held in Luxembourg on the 20th January 2005.

All the strategies proposed by The Brewers of Europe have as their direct aim the reduction of alcohol misuse, an enemy common to all stakeholders. We therefore think it is of utmost importance that any European strategy, as stated in the Council Conclusions of 5th June 2001, “recognises that there are cultural, social and economic differences between Member States”. In addition, education should be the cornerstone of the responses to the existing problems. It is parental guidance and education that shape the individuals and the societies.

We look forward to further collaborating with the Commission, national authorities and other stakeholders as appropriate.



Piero Perron
President

The Brewers of Europe

Founded in 1958 and based in Brussels, The Brewers of Europe is the voice of the European brewing industry to the European institutions and international organisations. Current members are the national brewers' associations of 21 European countries, representing more than ninety percent of the beer produced in the EU25. The Brewers of Europe also has close links with other brewers' associations across Europe.

By advising the EU institutions on all aspects of policy and legislation affecting the brewing industry, The Brewers of Europe is able to inform the institutions of its special needs and to ensure that legislative initiatives take its requirements into consideration.

In particular, The Brewers of Europe aims to further engage in constructive dialogue with all relevant Stakeholders, with a view to combatting alcohol misuse, the common enemy.

The current Members of The Brewers of Europe are:

Austria

Verband der Brauereien Österreichs

Belgium

Belgian Brewers

Denmark

Bryggeriforeningene

Finland

Panimoliitto

France

Brasseurs de France

Germany

Deutscher Brauer-Bund e.V.

Greece

Greek Brewers' Association

Ireland

The Irish Brewers' Association

Italy

Associazione degli Industriali della Birra e del Malto

Lithuania

Lithuanian Brewers Association

Luxembourg

Fédération des Brasseurs Luxembourgeois

Malta

Malta Federation of Industry

Netherlands

Centraal Brouwerij Kantoor – CBK

Norway

Bryggeri- og mineralvannforeningene

Poland

The Union of Brewing Industry Employers in Poland - Polish Brewers

Portugal

APCV - Associação Portuguesa dos Produtores de Cerveja

Spain

Cerveceros de España

Sweden

Svenska Bryggareföreningen

Switzerland

Schweizerischer Bierbrauerverein

Turkey

Beer and Malt Producers' Association of Turkey

United Kingdom

British Beer and Pub Association

**Comments and reflections from The Brewers of Europe,
following the structure of DG SANCO's First Draft Working Paper on a
Coordinated Approach in Europe to Tackle Alcohol-related Harm**

INTRODUCTION

“Across Europe the majority of the millions of adults who drink alcoholic beverages do so without causing harm to themselves or others. On the other hand, excessive drinking by a small minority of consumers can be harmful and is associated with many health problems. Even infrequent drinking in excess by those who are typically responsible can result in significant harm. Any strategy must therefore target alcohol-related harm and its causes without disproportionately interfering with the pleasure enjoyed by the millions of people who drink responsibly. It should also focus on evidence based measures and recognise that addressing misuse requires the involvement of all stakeholders.”

When considering the economic, social and public health impact, it is essential that figures take into account all the impact, which means including both the positive and the negative impact that alcoholic beverages have on the economy, the society and the public's health and wellbeing.

When making strategy proposals, it must be clear that this is a complex matter and the suggested actions can only be used as guidelines. No one blanket strategy can be used across a whole country, let alone across the whole EU.

It is absolutely essential to define the different terms, such as misuse, abuse and binge drinking before using them in the document, since the subject of alcohol-related harm is already a very complex issue.

The term stakeholders must continue to include the alcoholic beverages industry, since we continue to take the issue of alcohol-related harm seriously, have experience in helping to confront the issue, and wish to continue, as we have been for years, to be part of the solution.

The Brewers of Europe recommends that the report on the health, social and economic impact of alcohol, and the references that will be made to it in the DG SANCO document, take account of the observations made both by our organisations and the other representatives of the alcoholic beverages industry, at the workshop held in Luxembourg on 20th January 2005, in the context of the aforementioned report.

ALCOHOL'S HEALTH, SOCIAL AND ECONOMIC IMPACT

“Firstly, when making these assessments into the impact made by alcoholic beverages and the alcoholic beverages industry, it is also vital not to ignore the significant economic and societal contributions that are made to the EU, and also to take into account the potential health benefits of moderate consumption.”

It is better to refer to ‘responsible consumption’, rather than ‘consumption in small amounts’, since this covers a much wider range of situations. For instance, ‘a small amount’ means different things for different consumers and also, even the consumption of alcoholic beverages in small amounts is not advisable when, for example, pregnant or when taking certain medicines.

There is an ever growing body of evidence that the moderate consumption of alcoholic beverages may have health benefits, and this should not be underestimated.

The definitions of light/at risk levels of drinking, as indicated in footnote number 3, are questionable, and it is essential to define these terms accurately and clearly before proposing how to tackle the situation. The comment that “Light drinking can be associated with a reduced risk of coronary heart disease, of importance only for middle-aged and older people, particularly men” may be misleading. The relationship between light drinking and health is immensely complex and can't be summed up in this one sentence.

With reference to the comment that “about 50% of all deaths in the European Region from intentional and unintentional injury are attributable to alcohol consumption” we have two observations:

1) What is the definition of “the European Region” here? If this is the WHO definition, then it includes 52 countries stretching from Iceland to Kyrgyzstan and right across to the Russian Federation's Eastern border with the Bering Sea, so these figures can't be used as EU25 figures or used to compare trends with specifically EU figures.

2) What is the definition of “attributable to alcohol consumption”? Alcohol being present does not necessarily make it the cause of death. This figure of 50% should therefore be treated with caution.

Does the general statement that alcohol-related harm constitutes a high cost to the health service, social welfare and criminal justice system take account of the economic, social and health benefits that alcoholic beverages may offer?

It should be noted that the seriousness of the problem of drink driving varies considerably amongst different EU countries, and lessons should be learnt from those countries that have had considerable success in tackling the problem of drink-driving so as best practice can be shared.

We anticipate that some of the comments and references will be updated in light of the results of the latest ESPAD survey.

We also anticipate that some of the figures given will be clearly referenced in the next draft of the document, since we fear that some of the figures referenced as WHO may not take account of the context or of the date when the figures were published.

When discussing alcohol-related harm specifically in the context of women's drinking, it is essential that any strategies are not discriminatory, since this may have adverse consequences.

Does the statement that “There is a close link between harmful alcohol use, mental health problems, violence and suicide” take account of key factors such as the age and sex of the consumer?

It is important to be extremely careful about the conclusions that are drawn from a statement that “approximately 30% of cases of violence against partners is under influence of alcohol”. Qualifying and quantifying the harm caused to third parties is extremely difficult because in most cases the problems are intrinsically linked with a wide spectrum of parameters ranging from psychological damage, family history, social status, to stress at work, education, living in economically disadvantaged regions etc.

What are the strategy implications of the statement that “On average, the level of alcohol consumption that is of lowest risk to health is zero for men and women under 35 years of age”?

Alcohol and health

Since this is a section on alcohol and health, it should cover the benefits of moderate consumption in the introduction too. A public health strategy should cover both aspects and a strategy should embrace the positive aspects too.

Will the final document also make reference to the WHO/FAO Report 2003/4?

What is the evidence behind the general statement that “an increase in consumption produces a net increase in harmful effects on the health of the population”? There is established evidence that the simple distribution theory has been shown to be invalid. How does this statement encompass situations where the extent of misuse seems not to be influenced by decreased overall consumption?

How should the following statement be interpreted? - “at the population level, the available evidence is that the extent of the cardio-protective effect is not influenced by changes in the population’s drinking level”. Does this not then mean that targeted approaches are still the best approach? At the population level, alcohol consumption may prevent more deaths than it causes? How are the alcohol misusers who die of other causes taken into consideration?

The blanket statement that the “population of a country tends to act collectively in terms of their alcohol drinking” seems very general, and therefore not a useful basis for drafting alcohol harm reduction strategies. What is the evidence for this comment?

It is essential at all times to keep a focus on the dangerous patterns of drinking, rather than the population’s overall consumption, since in the majority of cases it is the patterns that are abusive and lead to harm.

The WHO-acknowledged statement that “regular light consumption (lowest risk approximately 5g) can decrease risk of myocardial infraction and possibly ischemic stroke in men over 40 and post-menopausal women” should be made more visible, since acknowledgement of the potential benefits of moderate consumption is essential in order to tackle the harm associated with non-moderate consumption.

The table ‘comparing’ the calorie content of various different products is misleading, since the quantities taken are hardly comparable. For instance, 4 bottles of 300ml of beer is already over double the level considered by The Brewers of Europe as moderate consumption. Please see the booklet [“The Benefits of Moderate Beer](#)

[Consumption](#)”, which may be found on the website of The Brewers of Europe, for more information on these matters.

When considering the issue of the increase in women’s drinking, it is important to look at such changes against the backdrop of the society in which these changes occur – the past twenty-five years have seen the breaking down of traditional gender roles, with one consequence being an increase in the percentage of women entering the workforce. Across Europe, women now represent close to 50 per cent of the workforce, have an independent income, are marrying later and have more choice and freedom about how they spend their money.

What is the reasoning behind amalgamating the figures on young novice drivers, heavy drinkers and poly-drug users, to produce the figure that they cover 90% of all drink-driving problems and harms? It gives an incorrect perspective of the problem.

Alcohol’s economic and social impact

“Over 2000 breweries across the EU 25 generate and support, directly and indirectly, more than 4 million jobs through the production and sale of beer. Over 60% of world beer exports and 30% of world’s beer production come from the 25 EU Member States. The brewing landscape in Europe is characterised by a very large majority of small and medium-sized (family) breweries, whilst five of the six largest brewing companies worldwide are located in the EU and represent around 50% of the market share. Beer in the EU 15 contributes over 8.5 billion euros in excise duties, which is equivalent to 7.7% of the 109.5 billion euro Community budget for 2005.”

Economic benefits should be balanced against economic costs.

Social benefits should be balanced against social costs.

Health benefits should be balanced against health costs.

To say that there is clear evidence for a link between violence and alcohol consumption is to hugely over-simplify the situation. It is important to consider other contributing factors, including personality, sex, age and also the pattern of consumption.

The following comment that “the younger generation in southern Europe is moving away from a traditional wine drinking culture to a more binge drinking culture” is apparently a quotation from the Canadean Report, a publication commissioned by The Brewers of Europe. In fact, neither this comment nor any similar comment appears in the Canadean Report.

Caution should govern the affirmations that “alcohol consumed in public settings rather than in private settings has implications for harmful social consequences, particularly violence”. What are the implications? In theory, public settings can be a more controlled atmosphere, when codes and laws are enforced.

Any figures for economic cost must be balanced against the economic contributions figures. They must also take into account all parameters, which may include consumer expenditure, the impact on pensions, insurance, employees’ taxes etc. The situation is not as simple as a single figure might indicate.

Alcohol consumption

“Because of high taxes creating huge tax distortions between certain Member States, the sales statistics may differ significantly from the consumption statistics. A thorough review is needed into the impact of these high excise duties, which often lead to EU citizens traveling abroad in order to personally import alcoholic beverages already available in the buyer’s own country. In addition, sales figures in tourist destinations cannot be translated into average consumption figures for that country/area, since the beverages are not all being consumed by natives of that country/area.”

The focus should be on the misuse and not the overall consumption. Also, it is important to look at the different alcoholic beverages and the ways in which they are consumed. In Spain, for example, there has been a decrease in total alcohol consumption but an increase in beer consumption. There are many factors which may lead to changes in drinking patterns, not least climate change.

As stated, the “average consumption figures hide wide variations in individual levels of alcohol consumption and drinking habits”. However, this should be a major point and elaborated upon. This fact means that analysing changes in the overall consumption is not a very useful indicator when it comes to identifying problematic patterns of drinking and irresponsible individual consumption levels, which are the cause of the problems.

In the ECAS sub-study “Alcohol Policies in EU Member States and Norway - A Collection of Country Reports” (May 2003), at least 4 country reports openly question the relationship between the introduction of restrictions and the evolution of alcohol consumption:

- **France** – “... the decrease in the total alcohol consumption cannot be explained by alcohol control measures” (page 187).
- **Italy** – “It would be a huge exaggeration and misinterpretation to claim that the decrease in the consumption of wine and distilled spirits, and in the total alcohol consumption, during the last three decades could be explained by stringent alcohol control restrictions. On the contrary, social and cultural factors seem to have more explanatory power than legislative and control measures affecting Italian drinking practices and in explaining the sharp decline of alcohol consumption in Italy from the 1970s” (page 282).
- **Portugal** – “It is still totally clear that developments in alcohol consumption cannot be explained by changes in alcohol control measures” (page 357).
- **Spain** – “As with other Mediterranean countries, the decrease in wine consumption cannot be explained by stricter alcohol control measures” (page 381).

Alcohol consumption by adolescents and young adults

Alcohol consumption by young people, in particular binge drinking by young people in certain countries, involves a wide variety of complex factors. Personal, family, social and economic factors are important. They include:- the individual's ability and personality; their parents' ability, personality, habits and child rearing patterns; the young person's social world at school and work; their friendship network, sub-group alcohol consumption norms; as well as cultural factors.

It is important not to forget that drinking habits change with generations. Getting drunk is not a new issue that is hitting society for the first time. The key though is to try and help change society and people's attitudes towards alcoholic beverages.

A distinction needs to be made between young people having their first 'full' drink and having a small tippie in the family environment, since there is a big difference between having a small drink in the family when young and abusing the product from an early age. In addition alcohol misuse is more of a 'northern' problem but having a drink in the family when young may be a 'southern' phenomenon, so doesn't this indicate that more research is needed in this field to establish the actual nature of these first drinks and how/where/why they are consumed?

Statistics on what percentage of 15-year-old boys drink weekly serve little purpose unless there is also an analysis into how much is being consumed per occasion, where and for what reason.

A definition of young people must be established before data concerning young people are presented, and comparisons are made with other data where the definition of a young person may be totally different.

WHY IS A COMPREHENSIVE COMMUNITY APPROACH NEEDED?

To build evidence-based policy

Education/information is listed among some of the most efficient and cost-effective measures to reduce alcohol related harm. Why then is it omitted from the 'WHO/Babor et al' 10 policy options, despite it also being a key part of the Council Conclusions from June 2001? Please see the First Submission of The Brewers of Europe for more information. Education is an essential tool for changing behaviour.

There is evidence that shock tactics are not always the best way to tackle the problem of reducing misuse by young people. More subtle campaigns, in particular those based on normative education, have delivered promising results.

Account should also be taken of the fact that in Scotland, England and Ireland, instead of limiting hours and days of sale, the relevant authorities have gone / are going in the other direction, liberalising opening times to combat the problems.

A key aim must be to gain an understanding that misuse is inappropriate – for the individual, family, and the society.

We have difficulties understanding the comment that “Alcohol taxes are regarded as an effective instrument of alcohol policy because they can be used both to generate direct revenue and to reduce alcohol-related harm.” The northern European countries are known for their high excises and alcohol misuse. Also, in its “Report to the Council, the European Parliament and the European Economic and Social Committee on the rates of excise duty applied on alcohol and alcoholic beverages” the Commission stated that in most Member States health policy considerations do not influence the level of rates.

To develop comparative and comprehensive information and an effective monitoring system

There is at present indeed a lack of sharing of best practise and also of tools to evaluate the success of certain initiatives. Hence the difficulty seeing how the problem of misuse can be effectively tackled.

To get a good balance between economic, social and health policy

When drafting strategies, it is important that all the implications of certain measures are considered. To tackle alcohol-related harm, the benefits cannot be ignored, nor can the influence that the alcoholic beverages industry has on the society and the economy. For this reason, any strategies must involve consultation of a wide variety of stakeholders.

To solve cross-border issues

EU initiatives will not prevent alcohol advertising from reaching across and infringing national laws in Scandinavia and France – even world wide initiatives would probably fail. The best solution is for the alcoholic beverages industry to be involved in self-regulatory initiatives – so as it commits itself to responsible conduct.

The references that are used should be up-to-date; for instance, the reference 44 dates back to 16th June 2001.

To state that the brewing industry is controlled by a few multinationals does not paint the full picture. In fact, there are over 2000 breweries in the EU, many of which are thriving small and local breweries and account for around 40% of the overall beer production in Europe.

There is no evidence that harmonising BAC levels is important in the fight to reduce drink-driving. Issues such as enforcement and the threat of being caught, for instance through the use of breathalyser tests, and changing of attitudes, are far more essential.

To involve all actors – in their different roles

The brewing industry is fully aware of the potential harm from misuse of its products, and is responsible in its everyday business so as to minimise harmful consequences. The brewing industry wishes to continue to be part of the solution.

THE CONTEXT FOR THE SUGGESTED ACTIONS

The Legal Context

The “First Draft Working Paper on a coordinated approach in Europe to tackle alcohol-related harm” does not precisely enough point out how Art. 152 EC Treaty strikes the balance between national and community competences.

The major responsibility for the health area remains with the Member States. The competences at Community level are very limited. At Community level, within the Union, the Community should complement the policy of the Member States. Outside the Union, it should encourage international cooperation in this field.

The mere complementary character of Community competence on health issues is furthermore reflected in the wording of Art. 3 para. 1 lit.p EC Treaty. According to this article, the activities of the Community shall include “a contribution to the attainment of a high level of health protection”. Unlike the references of Art. 3 EC Treaty to issues such as social policy, policy in the sphere of transport or in the sphere of environment, Art. 3 para. 1 lit.p EC Treaty does even not use the term “policy” when describing the Community framework on health issues. This means consequently that granting only a complementary Community competence excludes the possibility to promote or regulate an autonomous health policy. Instead, any Community activity needs to orientate itself strictly at the policies of the Member States. Amongst all categories of competences, this complementary competence has to be qualified as the weakest as far as the possibilities of EU institutions to intervene are concerned.

Furthermore, “the context for the suggested actions” does not take account of the application of the principle of subsidiarity. When applying the complementary Community competence of Art. 152 EC Treaty, the subsidiarity principle of Art. 5 EC Treaty needs to be respected. Accordingly, in the framework of Art. 152 EC Treaty, the subsidiarity approach even has a double restrictive effect: First of all, Art. 152 EC Treaty only permits powers to take actions of limited intensity and, secondly, the Community can only act if and insofar as the objectives of the proposed action cannot be sufficiently achieved by the Member States and can therefore, by reason of the scale or effects of the proposed action, be better achieved by the Community.

The restrictive approach for Community competence in the field of Art. 152 EC Treaty is moreover pinpointed in Art. 152 para. 4 lit. c EC Treaty where “any harmonisation of laws and regulations of the Member States” is explicitly excluded. Accordingly, normative and binding interventions by the Community into the competence of the Member States would be incompatible with EC law.

Against this background, the phrasing that “... the Treaty requires that in achieving harmonisation a high level of human health should be guaranteed (Art. 95 para.3)” is inadequate as it suggests – contrary to Art. 152 para. 4 lit. c EC Treaty – the possibility of harmonisation measures in the sphere of health. No harmonisation measures are possible in the area of health. The high level of human health is certainly the leitmotif in this field, but it is not the basis to justify measures which fall outside the scope of competences of the Community.

The Basis

It is important to remember the basis for the DG SANCO draft document. The Council Conclusions of 5 June 2001, on a Community strategy to reduce alcohol-related harm, clearly recognise the cultural, social and economic differences between Member States.

The New Constitutional Treaty

As far as the new Constitutional Treaty is concerned, it is stated in the First Draft, apodictically and in an undifferentiated manner, that the new Constitution is widening the Community competence on public health.

Art. III 179 para. 5 Constitutional Treaty allows incentive measures designed to protect and improve health and in particular to combat the major cross-border health scourges, as well as measures which have as their direct objective the protection of public health regarding tobacco and the abuse of alcohol excluding any harmonisation of the laws and regulations of the Member States. When examining this wording and when comparing this phrasing with the phrasing of the current Art. 152 para.4 lit. c EC Treaty, it can be concluded that Art. III 179 para.5 Constitutional Treaty just concretises its scope. This manifests itself in the wording “in particular ...”. It neither implies enhanced measures nor an extension of competences in the specific aspects mentioned after the term “in particular”.

It should furthermore be borne in mind that the term “excluding any harmonisation of the laws and regulations of the Member States” has not been changed in the Art. III 179 Constitutional Treaty compared to Art. 152 EC Treaty. This pinpoints that Art. III 179 Constitutional Treaty does not imply that “the new Constitution is widening the Community competence on public health.”

SEVEN KEY AREAS FOR ACTION

Could an 8th key area not be added – on ‘Promoting Healthy Lifestyles’?

There is a constant need to keep the focus on the health and social harmful consequences of alcohol misuse, not just of alcohol itself.

What is the exact status of the “cross-sector working group under the Inter-service group on Health”?

A section is required stating and defining who the key stakeholders are. Since the proposed actions are quite far-reaching in some cases it is important for example to define who the grouping ‘alcohol industry’ includes. In many issues, this term may mean the retailers, or the publicans etc.

Drinking and Driving

A standardised Community monitoring system could be used to facilitate identifying the countries and target groups where the problem is most serious, and also use this data to encourage sharing of best practise.

Evidence shows that BAC limits don’t have any great influence on the statistics. Fatalities have been reduced in countries where there is enforcement and where drivers who are over the limit are more likely to be punished.

In the First Draft the industry has a role to carry out activities but not really to have any input, even though current best practise has shown that greater industry involvement can produce the best results. When the draft says ‘contribute to the work’, what does it mean exactly?

Under-age drinking

The specific aim to “postpone the age at which children and adolescents start to drink alcohol” must be clarified and be backed up by evidence. In ‘southern’ countries there is less of a problem but people may start to drink at an earlier age. The circumstances and exact nature of these under age drinks is important. A more sensible aim might be to aim to reduce the amount of sales of alcoholic beverages being made to young people, and the success of the measures proposed can also be monitored much more easily too.

The commitment of retailers, through partnership, is required to ensure better staff training and enforcement of laws regarding the minimum alcohol purchasing age.

The brewing industry does not target children and adolescents but must also ensure that products do not specifically appeal to them either. It must also be remembered that young people do not just change into adults on their eighteenth birthdays.

The brewing industry will aim to guarantee that codes are followed to ensure that commercial communications are not aimed at minors and do not encourage under-age drinking.

Commercial communications

It seems illogical to draw conclusions from a comparison between the sums spent by the alcoholic beverages industry on advertising and the sums spent on self-regulation activities, since they are two separate, incomparable issues. Self-regulation is a matter of willingness, implementing codes and enforcing them.

It is incorrect to state that self-regulation of alcohol advertising and marketing is fragile and generally ineffective, and that therefore more effective measures should be considered. In the UK, for example, the conclusions have been the opposite. Any comment that self-regulation doesn't work must be based on the assumption that there is a better system, but what is this? It should be noted now that we advocate a balance between regulation and self-regulation as self-regulation cannot work on its own.

We are slightly concerned by the use of the phrases "stop exposure of commercial communication to young people" "stop commercial marketing that reaches young people". What does this mean exactly? – since it is impossible to prevent exposure, but it is possible to not target under-age people, which is why this provision appears in the many codes of self-regulation. The brewing industry has no interest in targeting illegal, under-age drinkers.

Consumer information

It is essential that the consumer is given the necessary information, in order to empower the consumer to make an informed choice. However, there is still no evidence that health warnings work, and that they do not even have a negative effect on the consumer's behaviour. Please see the website of The Brewers of Europe for our [position on health warning labels on drinks' containers](#).

Availability of alcohol

Since the draft chooses to confront the issue of taxation under the heading 'Availability of alcohol', we would like to refer to the 2004 report from the Commission on the rates of excise duty applied on alcohol and alcoholic beverages, which states that the majority of Member States usually do not take into account health policy considerations when they fix their excise rates for alcoholic beverages.

The very high rates of excise duties do have a considerable negative effect on the functioning of the single market however. The high taxes also seem to have led to an increase in smuggling, fraud and so-called moonshine products.

Please see the publication of The Brewers of Europe, entitled '[Bringing the Northern High Tax Member States into the Single Market](#)', which may be found on the website of The Brewers of Europe.

Protection of third parties, especially families and children

It should not be forgotten that providing information is essential here too. Young people are aware that adults drink, but it is necessary to provide them with the information they need to make informed drinking decisions once they are legally able to do so.

Exchange of information, data and research

This is an essential field, which probably should be the first of the action areas, since all the actions must be based on sound, clear evidence before implementation. It is important that more research is carried out and that, where there are examples of best practise, information is shared so as actions can be adapted and implemented at national, regional and local levels.

Conclusion

The Brewers of Europe shares the concerns expressed by the Council regarding misuse and welcomes the Commission's efforts to combat the issue. We recognise that there are problems and consider that these must be addressed, in partnership.

Europe is a cultural and societal patchwork. Any initiative or measure taken at the appropriate level must take fully into account the diversity of economies, societies, cultures and traditions across the enlarged European Union.

We believe that any solution to the problems must be based on all the evidence. This is why The Brewers of Europe strongly supports research across Europe into the effects of beer and alcohol on behaviour and health.

It is our conviction that education is at the heart of the equation.

The European brewing industry will continue to be part of the solution.