Institute of Alcohol Studies

Institute of Alcohol Studies' response to DH Balance of Competence Review

The Institute of Alcohol Studies (IAS) welcomes the opportunity to respond as part of the Department of Health Balance of Competence Review process and to provide comment on the areas outlined in the consultation document.

The core aim of the Institute is to serve the public interest on public policy issues linked to alcohol, by advocating for the use of scientific evidence in policy-making to reduce alcohol-related harm. The IAS is a company limited by guarantee, No 05661538 and registered charity, No 1112671. For more information visit www.ias.org.uk.

How has the EU competence in public health, including alcohol harm, affected IAS?

The Institute of Alcohol Studies has a long history of involvement in alcohol policy, research and advocacy at the European level. In 1990, IAS worked alongside the French organisation ANPAA to establish Eurocare, the European Alcohol Policy Alliance, to enable alcohol issues to be addressed at the EU level, and to make the case for an EU alcohol strategy on alcohol. For a number of years this absorbed a large proportion of IAS' staff and financial resources. It included acquiring a building in Brussels to facilitate this work.

Throughout this time, IAS was involved in a range of EU activities and projects, perhaps the most notable of which was being commissioned by the EC to undertake a major review of the alcohol issue to serve as the evidence-base for the EU alcohol strategy. This was published as Peter Anderson and Ben Baumberg: Alcohol in Europe: A report for the European Commission. IAS London 2006.

IAS was also instrumental in the establishment of the European Alcohol Policy Youth Network (APYN), using funds from the EC. This organisation for young people was created in order to enable higher youth participation in the definition, implementation and evaluation of policies and programmes tackling the harmful consumption of alcohol in Europe.

Other projects funded by the EU that IAS has set up and/or facilitated include:

- Bridging the Gap
- Building Capacity
- Vintage: Good health into older age
- Alcohol Problems in the Family: A report for the European Union
- EU-US Transatlantic dialogue on underage drinking

IAS is also a member of the European Alcohol and Health Forum (EAHF).

What evidence is there that EU action in health advantages or disadvantages UK national interest, business and industry and patients and citizens?

Advantages of EU competences:

As demonstrated by the number of EU-funded projects that IAS has been involved in (see above), there are many examples where the EU has been able to **provide resources to build capacity, facilitate information sharing and fund research on effective alcohol policies across Europe**. In particular, projects designed to build capacity amongst the public health and NGO community have helped to create a more balanced European policy dialogue, that sees increasing involvement from representatives from different areas of the alcohol industry. The EAHF is one such example of this.

The EU competence on health provides many **opportunities to create a framework for supporting national actions and dealing with cross-border issues** that impact on public health. A good example of this is the **EU competence on tobacco control** which is exercised with clear public health objectives and which has supported national action and addressed cross-border issues such as advertising and sponsorship.

The EU competence for alcohol has also provided a framework for dealing with cross border issues, including commercial communications. As outlined in this consultation document, the **advertising of alcohol and the labelling of alcoholic beverages are regulated by EU legislation**. The EAHF has the potential to be a useful forum for prompting cross border actions by producers etc regarding regulatory codes, and for dissemination of good practices.

EU competence could possibly be useful for prompting action in regard to, for example, workplace policies having cross border aspects. The current Joint Action in regard to health guidelines on alcohol could also possibly be useful, given the lack of international consensus on the topic.

Finally, the **EU Alcohol Strategy** has provided a positive contribution in that it has created a shared conceptual framework and research base on public policies to reduce alcohol arm, and guidance for Member States. The future of the Strategy (which expired in 2012) remains unclear however, and the IAS sees its continuation as critical in addressing the burden caused by alcohol in Europe.

Disadvantages presented by EU competencies

Whilst EU activity and prompting has probably had beneficial effects on Member States in which alcohol had not previously been identified or recognised as an important area of activity, it is not so easy to identify evidence of concrete, tangible benefits to the UK, which has had for many years a relatively highly developed alcohol policy. Rather, perhaps (as with tobacco) the UK could strive

to achieve the position of an international leader on alcohol policy, sharing knowledge and expertise with other Member States on areas such as minimum unit pricing (MUP).

More generally, it is not clear that the EU has a useful role in disseminating/delivering alcohol health promotional material, given cultural/national differences that are presented by Member States.

It is apparent that the big issues that relate to alcohol policy have less to do with specific EU health competences and with DG SANCO than with the single market, tax policy etc, which tend to undermine national policies such as alcohol taxes and MUP. For example, **duty paid import allowances** were deliberately designed to undermine the tax regimes of higher alcohol tax countries such as the UK. More recently, the EC has submitted a detailed opinion to the Scottish Government outlining objections to the introduction of **MUP** on the basis that it will present a barrier to trade in the EU. It is a great concern that the EC is itself presenting a barrier to the implementation of a domestic public health policy the UK Prime Minister deems to be in the best national interest.

EU policies in other areas also have the potential to undermine health/alcohol policy, for example the recent DEFRA consultation to bring UK legislation into line with **EU nutrition labelling**. This move has the potential to cause confusion regarding the terms used to describe `low alcohol', which are currently regulated by the UK Food Regulations Act 1996, by adding a plethora of new terminology to describe low alcohol and other products, hence creating the possibility of misleading and thus dangerous claims being made (especially amongst drivers etc.).

Addressing these areas outlined above highlights the importance of adhering to the principle of subsidiarity with regards to alcohol policy, in that the EU must only intervene where UK national policy is insufficient and allow the UK Government the freedom to enact public health policies, such as minimum unit pricing for alcohol, that are deemed to be in the best national interest.

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