



# National legislation and policies to reduce alcohol-related harm in the European Union

Christophe Palle

MEMO N° 2020-03  
PARIS, JULY 2020



With 11.3 litres of pure<sup>1</sup> alcohol per year per capita aged 15 years and over in 2016, the wider EU area<sup>2</sup> is the region with the highest alcohol consumption in the world (WHO Regional Office for Europe, 2019). It is also the world's largest producer and exporter of wine products (OIV, 2019). This region is also responsible for a quarter of the world's production of alcoholic beverages other than wine. Households in EU countries spent €130 billion on alcoholic beverages in 2016 (Eurostat, 2017), a figure which does not include spending on alcohol in cafés, hotels and restaurants<sup>3</sup>. This expenditure represents an average of 1.6% of consumer spending: **France is in line with the European average**, whereas this expenditure represents more than 4% of the consumer budget in the Baltic States but less than 1% in Greece, Italy and Spain.

Alcohol consumption is a major risk factor for a large number of diseases and causes significant health damage. In 2016, 5.5% of deaths were attributable to alcohol in the wider EU area. **In France, 41 000 deaths were attributable to alcohol in 2015** (Bonaldi and Hill, 2019), that is 7.4% of all deaths. Alcohol is thus the second cause of avoidable deaths in France, after tobacco. Aside from the number of deaths, the health consequences of drinking alcoholic beverages can also lead to “a reduced life span” due to living with disease (this is estimated to be equivalent to about 2.7 million years in 2016 for EU countries). Although more difficult to

Sources and methods	2
1. Limiting drinking and driving	3
2. Limiting the accessibility of alcohol	4
Prohibiting the sale of alcohol to minors	4
Limiting the availability of alcohol to the general population	5
Prohibit consumption	5
3. Limiting the demand for alcohol by acting on prices	6
Indirect alcohol duties	6
The introduction of a minimum price per unit of alcohol	7
4. Regulating advertising and marketing	8
The regulation of alcohol advertising on television and radio	8
The regulation of cinema advertising	9
The regulation of alcohol advertising in print media and on billboards	9
The regulation of alcohol advertising on the internet and social networks	9
The regulation of sponsorship of sporting activities by brands selling alcohol	9
5. Informing consumers about the dangers of alcohol	10
6. Other thematic areas for reducing excessive consumption	10
7. Overall comparison of France's position among the other EU countries	11
Discussion	13
Conclusion	15
Bibliography	16

1. As adding litres of whisky at 40% and litres of cider at 4% would make no sense, all alcoholic beverages are converted into their equivalent in litres of pure alcohol, i.e. litres at 100% containing 100% ethyl alcohol.

2. The 27 countries of the European Union, as well as the United Kingdom, Switzerland and Norway.

3. This figure is not known.

quantify, alcohol is also at the root of many social problems (violence, especially domestic violence, road safety, job losses, breakdown of relationships with friends and family) which lead to a reduced quality of life for the consumer and for third parties.

Governments have gradually become aware of alcohol-related harm and have taken steps to reduce it (Dargelos, 2007). A law against drunkenness on the public highway was passed at the end of the 19<sup>th</sup> century in France (law of 23 January 1873), with a greater aim of protecting public order than public health. It was not until the 1950s in France that a directive banned the consumption of alcohol at school for children under the age of 14, then in the 1970s a maximum legal blood alcohol level when driving (of 0.8 g/l) was introduced (Law of 9 July 1970). Until recently, however, one-off measures aimed at reducing this damage were not part of a coherent overall strategy in France or in other European countries.

The WHO European office played an important role in encouraging states to develop a real policy on alcohol by developing an “alcohol action plan” in the early 1990s for the period 1992-1999 (WHO Regional Office for Europe, 1992). For its part, in 2006 the EU adopted a strategy to support Member States in reducing alcohol-related harm, the aim of which was to coordinate the various actions aimed at reducing the negative consequences of alcohol.

In 2010, the pioneering work of the WHO Regional Office for Europe led to the adoption of a comprehensive strategy to reduce harmful use of alcohol by all 193 WHO Member States (WHO, 2010). This includes a set of measures, based on scientific evidence (evidence-based), to reduce these consumptions. WHO has also developed a questionnaire to measure progress in adopting the recommended actions. As a follow-up to the WHO document, a new action plan 2012-2020 for the European Region was adopted in 2011. This approach is less binding than the commitments made by States to combat tobacco consumption under the Tobacco Control Convention (FCTC). Nevertheless, it is a strong incentive to take concerted action to reduce the harm associated with problematic alcohol consumption.

Based mainly on data published by the WHO, this note aims to provide an overview of the main legislative and regulatory measures taken by the different EU countries to reduce harmful alcohol consumption. It also provides information on France’s position in relation to other countries. The analysis focuses on five themes defined by the WHO which bring together the most important recommended measures: limiting drinking and driving and the accessibility of alcoholic beverages, making alcohol more expensive, limiting alcohol advertising and marketing, and informing consumers about the consequences of alcohol.

## **SOURCES AND METHODS**

WHO periodically transmits a questionnaire to all Member States, the Global Survey on Alcohol and Health (GSAH), which includes a section on alcohol policies, with some specific questions for countries in the European Region. The most recent responses from all WHO member countries, including those from the EU, date back to 2016 and are available on the WHO website (WHO, 2018). The questions, most often closed (requiring Yes/No answers), focus on the adoption of a set of measures by each country, presented in the WHO strategy and grouped into ten themes. Fact sheets published for each country make it possible to situate each of them in relation to the average of the EU countries for the ten action areas under consideration. Based on the responses to questionnaires from EU countries, the WHO Regional Office for Europe has developed a tool for monitoring the implementation of the 2012-2020 action plan (WHO Regional Office for Europe, 2017) (see box).

## The ten action areas of the policy to reduce harmful use of alcohol

1. Governance and commitment of public authorities
2. Health response
3. Prevention
4. Driving under the influence of alcohol
5. Accessibility of alcohol
6. Alcohol Marketing
7. Price of alcohol
8. Consumer information on the consequences of alcohol
9. Illegal production and sale of alcohol
10. Monitoring and surveillance

A weighting system indicating the importance given to each of the measures considered was developed by a group of experts and allows the calculation of a score per country for each of these ten themes, expressing the degree of adoption of the measures recommended by WHO. The method of calculating the scores is described in detail in the cited document. By noting the scores obtained for each country and for each action area, it is also possible to determine an overall score and to prioritise the countries.

With few exceptions, the analysis in this note only covers the 28 countries that were members of the EU in 2016.

## I. LIMITING DRINKING AND DRIVING

In line with the recommendations of the European Commission, a majority of countries have set the maximum permitted blood alcohol level for drivers at 0.5 g/l of blood (see Map 1). However, ten countries, all of which are located either in Northern or Eastern Europe, apply more restrictive thresholds: five prohibit any presence of alcohol in the blood of a driver ("zero tolerance") and five have adopted a level of between 0.2 g/l and 0.4 g/l. All Western European countries, including **France**, have set this rate at 0.5 g/l, with the exception of Malta and the United Kingdom<sup>4</sup>, whose maximum legal rates are 0.8 g/l.

In addition, more than half of the EU Member States also impose a lower rate for young drivers (licensed for less than two or three years), ranging from 0 to 0.3 g/l of blood: Croatia, Germany, Italy, Lithuania, Slovenia (0 g/l blood), Austria (0.1 g/l blood), Cyprus, **France**, Greece, Ireland, Latvia, Luxembourg, Malta, Portugal (0.2 g/l blood) and Spain (0.3 g/l blood) (ETSC, 2019).

Illegal blood alcohol levels are punishable in all countries by a fine and in 22 countries by imprisonment: only Austria, Romania, Slovakia, the Netherlands, Portugal and Spain do not provide for the possibility of imprisonment. Driving licences may be suspended or cancelled in 25 countries and the withdrawal of licence points concerns 17 countries<sup>5</sup>. Educational measures may also be offered in Austria, Belgium, Croatia, Germany, Ireland, the Netherlands, Portugal and the United Kingdom. Some countries also plan to introduce alcohol breathalyser engine immobiliser tests (Austria, **France**, Finland, Sweden, Poland and Lithuania from 1<sup>st</sup> January 2020).

In addition to direct measures to combat drink-driving, one third of EU countries prohibit or restrict the sale of alcohol to take away at all or certain service stations (Belgium, Cyprus, **France**, Ireland, Italy, Lithuania, Malta, the

4. In fact, England, Wales, Northern Ireland and Scotland have adopted the legal rate of 0.5 g/l of blood.

5. The vast majority of EU countries have adopted the points-based licence system. However, a few countries have not such as Belgium, Portugal, Slovakia, as well as Estonia, Finland and Sweden. Germany was the first country to introduce this type of licence as early as 1974. Six countries also adopted it in the 1990s, including **France** in 1992, but the majority introduced it in the 2000s. Like in France, some EU countries have a system with a capital of points which decreases in the event of an offence. Another group of countries increase their number of points for each offence and request not to exceed a maximum limit. The capital of initial points or the limit not to be crossed vary greatly from one country to another (LegiPermis, 2020).

Netherlands, Portugal, Slovakia, Sweden). For example, the sales restrictions apply in Portugal and Belgium only to petrol stations located on the motorway.

**In France, the sale of alcohol is totally prohibited in service stations only for self-service distribution. Non-self-service sales are only forbidden between 6pm and 8am.**

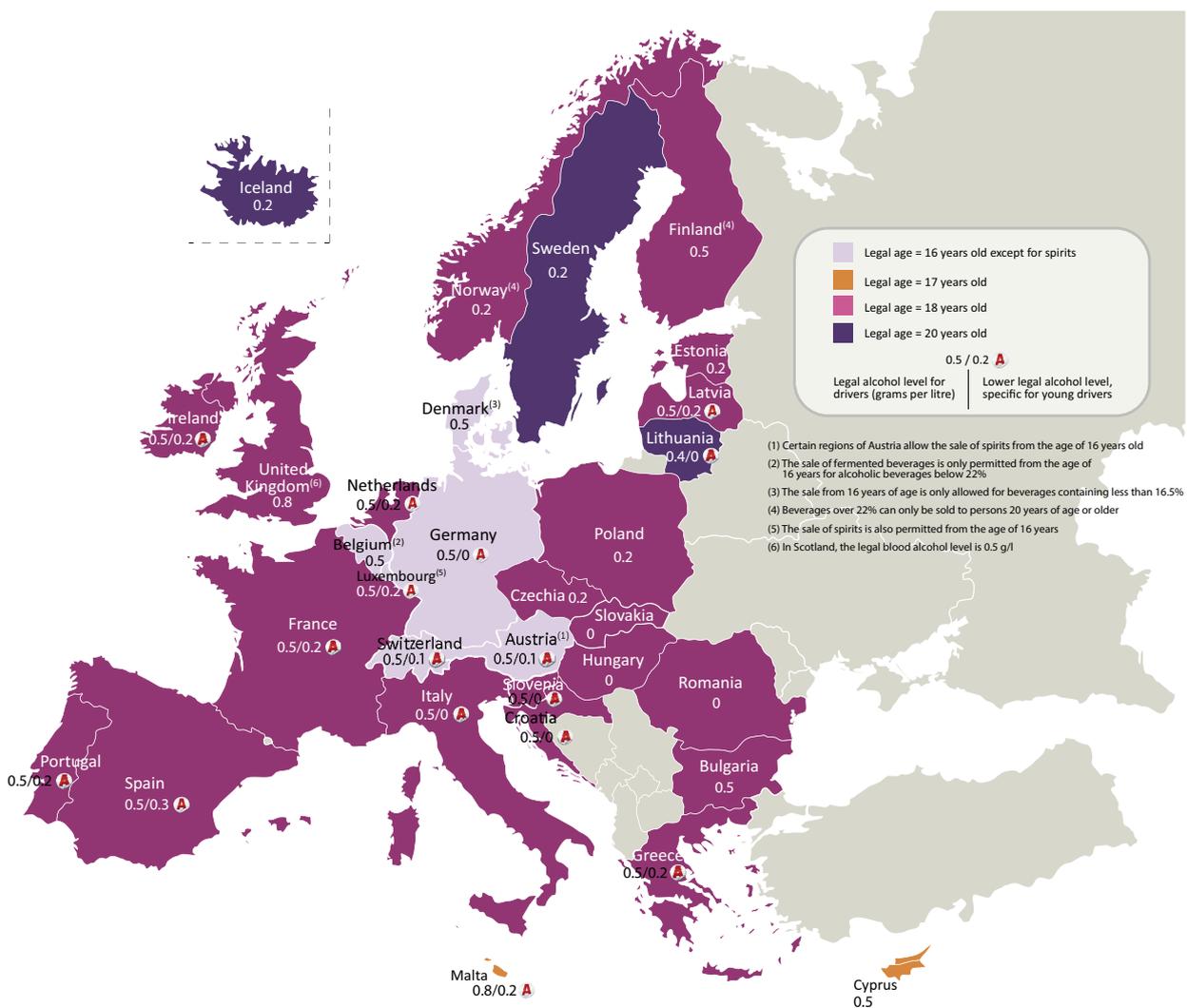
## 2. LIMITING THE ACCESSIBILITY OF ALCOHOL

The measures recommended by the WHO aim to prohibit the sale of alcohol to minors. For adults, the aim is to restrict access to alcohol by limiting the number and opening hours of points of sale.

### PROHIBITING THE SALE OF ALCOHOL TO MINORS

All EU Member States have set an age below which it is forbidden to sell alcohol to take away. A majority of countries (18 out of 28), like **France**, have set the age at 18 years, in accordance with WHO recommendations. However, five countries allow the sale of alcohol, excluding spirits, from the age of 16 (Germany, Austria, Luxembourg<sup>6</sup>, Belgium, Denmark). The legal age is 17 in Malta and Cyprus. In Sweden and Lithuania, the sale of alcohol is prohibited to persons under 20 years of age.

Map. Legal age for the sale of alcohol and road-alcohol concentration in EU countries



6. In Luxembourg, the sale of spirits is also authorised from the age of 16.

In order to enforce age limits, most countries have introduced mandatory age checks by the seller. An identity document is most often required, but in some countries a document such as a library card may suffice.

**In France, the seller may require the customer to provide proof of his/her legal age, in particular by producing an identity document.**

Failure to comply with the age limit is punishable by a fine for the business owner (in all countries) but also for the seller in 19 countries. In just 3 countries it is only the buyer who is not of legal age who is punished (Estonia, Portugal and the United Kingdom).

## LIMITING THE AVAILABILITY OF ALCOHOL TO THE GENERAL POPULATION

### ■ *Measures limiting the number of establishments selling alcohol*

The WHO questionnaire asks about the existence of a monopoly or licensing systems for the retail sale of alcohol, without distinguishing between take-away and on-site consumption (cafés, restaurants), which sometimes makes the answers ambiguous. A small majority of EU member countries (17 out of 28) report either a monopoly system for the sale of alcohol (Sweden and Finland) or the existence of licences. In Sweden and Finland, the monopoly concerns only take-away sales. In **France**, the licences are different for take-away and on-site consumption. The first type of licence can be obtained on request by holders of an operating licence issued following training. The licensing system for on-site consumption of alcohol only (the IV licence) is much more restrictive since the number of licences cannot be increased at a local level<sup>7</sup>. A minority of countries including Austria, Croatia, Czechia, Denmark, Germany, Greece, Hungary, Slovenia, Slovakia, report that they do not impose any specific authorisation at national level for the retail sale of alcohol. However, in Germany, for example, opening a bar requires a licence from the municipal authority. However, at a federal level, there is no limitation on the number of licences.

The control of the creation of establishments marketing alcohol is sometimes also accompanied by a regulation of the density of these establishments. Apart from Finland and Sweden, only Cyprus, **France** and Poland (since a law of February 2018 at a local level) regulate the number of establishments selling alcohol per capita. **In France, for example, there cannot be more than one alcohol point of sale for every 450 inhabitants.**

### ■ *Measures to limit the opening times of establishments selling alcohol to take away*

In Sweden and Finland, the state monopoly allows a limit on the number of days on which establishments selling alcohol can be open. For example, in Sweden, shops selling alcohol can only be open from Monday to Saturday for limited hours (9 am to 6 pm on weekdays, 10 am to 1 pm on Saturdays).

Apart from Finland and Sweden, 14 EU countries (Austria, Cyprus, Estonia, Finland, **France**, Ireland, Italy, Latvia, Lithuania, Malta, Portugal, Slovenia, Spain, Sweden) reported in 2016 restricting time slots for the sale of alcohol. **In France, it is necessary to obtain an additional licence<sup>8</sup> to be allowed to sell take-away alcohol between 10pm and 8am.** Time restrictions are not set at a national level, however mayors have the possibility to ban consumption at certain times, but only on a temporary basis. Germany does not impose restrictions on working hours at a federal level, but such action is possible at *Länder* [Land] level. The sale of alcohol is thus prohibited during the night in Baden-Württemberg. Since 2016, Poland has also given municipalities the possibility to limit opening hours.

## PROHIBIT CONSUMPTION

Fifteen countries in different parts of the EU have also introduced an age limit, generally 18 years of age, for the possession and consumption of alcohol. Some countries set an age limit for entry into certain places such as cafés or nightclubs where alcohol may be consumed (**France**, Netherlands, Estonia).

---

7. According to the *Union des métiers et des industries de l'hôtellerie* (UMIH) [Union of Trades and Hospitality Industries], in 2014 there were 35 000 establishments with an IV licence, compared with 200 000 in 1960 (UMIH, 2016).

8. This licence can also be obtained through training.

The consumption of alcohol on the public highway or in parks and gardens is banned, totally in some EU countries (Poland, Lithuania, Estonia, Romania) and partially in 13 others. A total of 17 countries prohibit the consumption of alcohol in public places, either totally or partially. **France is one of the countries that have set a partial ban.** There is no law prohibiting such consumption in the street or in public gardens, but mayors are authorised to prohibit it, again on a temporary basis.

Outside public areas, alcohol consumption is also often regulated in various other specific places. Taking into account partial bans, consumption is restricted on public transport in the largest number of countries (25 countries), followed by places where sporting events take place (22 countries), as well as in educational institutions (22 countries), health institutions (21 countries), government (17 countries), and workplaces in general (16 countries). Alcohol consumption in the latter places is totally prohibited in 9 countries and partially in 7. **France is in the latter group, with the consumption of wine and beer permitted in company canteens and at events.** The countries that indicate that they do not ban consumption, even partially, are those that either do not impose any restrictions or rely on negotiated agreements or the initiative of officials (shops, businesses, etc.). A group of countries including Germany, Luxembourg, Belgium, Austria, Denmark, the Netherlands, the United Kingdom and Ireland never resort to total bans, opting either for partial bans or on the initiative of the actors involved. Germany, Luxembourg and Denmark seem to rely particularly on self-regulation of consumption in the various sectors concerned.

### 3. LIMITING THE DEMAND FOR ALCOHOL BY ACTING ON PRICES

The aim here is to discourage alcohol consumption by making it more expensive through taxation or the introduction of a minimum price.

#### INDIRECT ALCOHOL DUTIES

In all EU countries, apart from VAT, alcoholic beverages are subject to specific so-called indirect duties (or excise duties) which are based on the volumes of alcohol sold, in proportion to the ethyl alcohol content for beer and spirits (but not for wine). This taxation of alcohol, which has been practised for a very long time in **France**, was originally intended to increase public revenue. While this motivation is still present, volume-based taxation is also seen as a means of changing behaviour in order to reduce consumption.

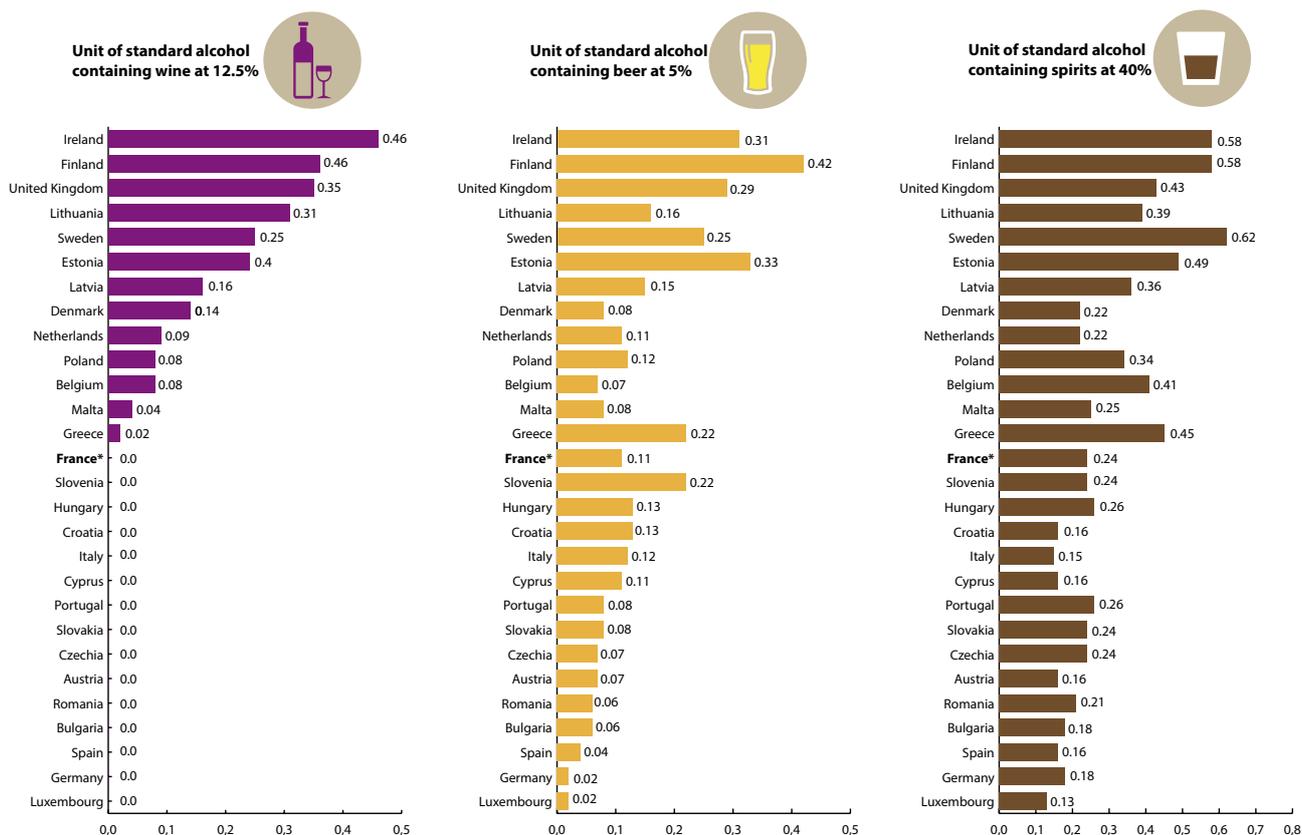
The EU set minimum rates of excise duty for beer and spirits in 1992 (Council of the European Communities, 1992), i.e. on 1 January 2020, 187 euros and 550 euros respectively for a volume of spirits comprising one hectolitre of pure alcohol, and 45 euros for one hectolitre of alcoholic beverages classified as intermediate products<sup>9</sup>. The Commission has not set a minimum rate for wine and half of the EU countries do not tax this product (unlike **France**, see below). On the other hand, duties above the minimum rates are levied in almost all countries on beer and spirits.

There are very large disparities in tax levels. A recent study has focused on calculating the levels of taxation per standard unit of alcohol<sup>10</sup> containing wine at 12.5%, beer at 5% or strong alcohol at 40% in EU countries, taking into account differences in per capita living standards. Five countries stand out with higher levels for all categories of alcohol: Finland, Ireland, Sweden, the United Kingdom and Estonia. At the other end of the scale, the countries that tax alcohol the least are Luxembourg, Germany, Spain, Austria and Bulgaria. The difference between the highest and lowest level of taxation between EU countries is 1-13 for beer, 1-5 for spirits and 1-115 for wine, taking into account only those countries with a non-zero tax on wine. Among them, **France**, the only producer country with Greece to tax wine, has the lowest level of taxation and in 2019 it was in 14<sup>th</sup> position for wine (in descending order of level of taxation), in 15<sup>th</sup> position for beer and in 17<sup>th</sup> position for spirits. In almost the whole of the EU, spirits are taxed much more per unit of alcohol than beer and wine. **In France, spirits are taxed twice as much as beer and about 59 times as much as wine.** They account for less than 20% of the volumes of pure alcohol consumed but 80% of the revenue from indirect alcohol duties. As a result of these differences in taxation, the excise duty was 1% of the price of a bottle of wine costing around three euros, compared with 32% of the price of a bottle of whisky costing 15 euros. The United Kingdom, Ireland and Finland are the only countries with fairly similar levels of taxation for all alcoholic beverages, although beer is still taxed somewhat less than spirits.

9. Products made from a mixture of fermented and distilled alcohol (e.g. Port).

10. Glasses of alcoholic beverages containing the same quantity of pure alcohol, between 8 g and 12 g depending on the country (10 g in France).

Chart 1. Adjusted excise duty on purchasing power parity per standard unit of alcohol by category of drinks in 2019 (in euros)



\* The amount of excise duty per standard unit of wine in France is 0.004 euros.

Source: based on Angus et al, 2019; values expressed in pounds sterling have been converted into euros using the exchange rate between the euro and the pound sterling on 31 December 2019

## THE INTRODUCTION OF A MINIMUM PRICE PER UNIT OF ALCOHOL

A constituent nation of the United Kingdom, Scotland, and one country, Ireland, have passed laws establishing a minimum price for alcohol. In Scotland, legislation passed in 2012 introducing a minimum price of 50 pence (0.615 euros) per unit of alcohol (a unit of alcohol containing 10 g of pure alcohol) came into force in May 2018. In Ireland, a minimum price of 10 cents per gram of alcohol was adopted in 2018, or about one euro for a standard glass of alcohol. However, this measure will still not be effective by the end of the first half of 2020 due in particular to difficulties of coordination with the authorities of Northern Ireland, as the tax is to be introduced in both geographical areas in order to avoid the transfer of part of the selling of alcohol to that region.

After Scotland, the Government of Wales has also come out in favour of a minimum price per unit of alcohol. However, the measure was not effective in May 2020 either.

## 4. REGULATING ADVERTISING AND MARKETING

The regulation of advertising is an indirect means of restricting consumption by limiting the incentive to consume that advertising seeks to create.

### The regulatory framework for alcohol advertising in France

The alcohol advertising regulations were transcribed in the French Public Health Code (CSP), which draws up the exclusive list of media and formats authorised for direct and indirect alcohol advertising, mainly with the aim of protecting minors (Art. L. 3323-2). Today, this includes specialist publications, print or digital editions (since 2009) targeting adults, radio (fixed timetables), posters (since 1994) and signs, objects strictly reserved for the consumption of alcoholic beverages, beverage delivery vehicles (content restricted to the designation of products, manufacturers and dealers), but also the organisation of traditional festivals and fairs devoted to local alcoholic beverages or events related to wine tourism.

The limit imposed on digital advertising is that it should not be intrusive and should not be placed on sites dedicated to youth. The definition of youth or a young audience was, however, left to the discretion of producers and advertisers. In points of sale, the law authorises signs of a maximum size of 0.35 m<sup>2</sup> and wine fairs.

In drinking establishments, restaurants and hotels, equipment, dishes and objects strictly reserved for the operation of the establishment, the professional activities of the staff and for the use of customers during their stay in the establishment may evoke the name of an alcoholic beverage (Art. R3323-4).

Any sponsorship operation with the objective or effect of propaganda or advertising, whether direct or indirect, in favour of alcoholic beverages is prohibited (Art. L3323-2). "Propaganda or indirect advertising is considered as the propaganda or advertising for a body, service, activity, product or article other than an alcoholic beverage which, by its graphics, presentation, use of a name, trademark, advertising emblem or other distinctive sign, is reminiscent of an alcoholic beverage" (Art. L3323-3).

In terms of content (Art. L3323-4), advertising is limited to objective arguments (specifications of the local areas, olfactory and gustatory characteristics, etc.), thus excluding any positive or inciting suggestion, evocative of pleasure, success, performance, sensuality (to mention but a few). Since the law of 26 January 2016 on the modernisation of our health system, alcohols benefiting from a quality label or linked to cultural heritage have been authorised to exploit a wide range of promotional subjects: local area, production area, geographical indication, know-how, cultural, gastronomic or landscape heritage, etc. (Art. L.3323-3-1).

## THE REGULATION OF ALCOHOL ADVERTISING ON TELEVISION AND RADIO

A European directive dating back to 1989 sets a framework for the regulation of television advertising. It defines six criteria that must be met (see box below). Nevertheless, as a recommendation adopted by the Council of Ministers in 2001 points out, the European rules are not binding. The recommendation relies on professionals to self-regulate.

The regulations adopted by the Member States are quite diverse. **Only three countries, France<sup>11</sup>, Lithuania and Sweden, have a total ban on alcohol advertising on television.** Just under half of the Member States (12 countries) limit the ban to advertising for spirits or, in the case of Spain, for spirits above 20°. Three of them also forbid it for wine. Five countries chose to allow advertising only in the middle or late evening until the next morning. Finally, eight countries have not set mandatory rules. They include Germany, Belgium, Denmark and Luxembourg. Among the latter group of countries, and among those that allow advertising only for certain drinks and/or at certain times, most are introducing rules on the content of messages based on the 1989 European Directive detailed below.

11. Regulated in numerous disseminated texts (Consumer Code, Public Health Code, Environment Code, etc.), in France, television advertising for beverages containing more than 1.2 degrees of alcohol is prohibited on public service and private sector television.

## Les règles européennes

L'article 15 de la directive 89/552/CEE de 1989 relative à l'exercice d'activités de radiodiffusion télévisuelle dispose que la publicité pour les boissons alcoolisées doit respecter plusieurs critères :

- a) elle ne peut pas être spécifiquement adressée aux mineurs et, en particulier, présenter des mineurs consommant ces boissons ;
- b) elle ne doit pas associer la consommation d'alcool à une amélioration des performances physiques ou à la conduite automobile ;
- c) elle ne doit pas susciter l'impression que la consommation d'alcool favorise la réussite sociale ou sexuelle ;
- d) elle ne doit pas suggérer que les boissons alcooliques sont dotées de propriétés thérapeutiques ou ont un effet stimulant, sédatif ou anticonflictuel ;
- e) elle ne doit pas encourager la consommation immodérée de boissons alcooliques ou donner une image négative de l'abstinence ou de la sobriété ;
- f) elle ne doit pas souligner comme qualité positive des boissons leur forte teneur en alcool.

## THE REGULATION OF CINEMA ADVERTISING

The ban on advertising is extended to the cinema by the three countries that have banned it on television, as well as by Poland. Two countries limit this ban to spirits only (Finland and Slovenia).

Other countries restrict advertising to certain time slots, such as Germany where advertising is only allowed to be screened after 6 p.m. In Ireland, alcohol advertising may only be shown during screenings of films that are rated for over 18s. As with television advertising, many countries regulate the content of advertisements in cinemas. Other countries do not regulate such advertising or rely on codes of conduct developed by advertising professionals.

## THE REGULATION OF ALCOHOL ADVERTISING IN PRINT MEDIA AND ON BILLBOARDS

Only Lithuania bans all alcohol advertising in the print media. This same country, as well as Sweden, also prohibits it completely on billboards. Four countries limit the ban on spirits only and four others prohibit it for spirits on billboards (two of which prohibit both print and billboard advertising).

Some 20 Member States regulate the content of advertising. This is the case in **France**, where alcohol advertising authorised for the written press and billboards must be limited to a description covering the technical aspects (alcoholic content, origin, product name, etc.) detailed in the law (see box). Other countries either have no regulations or rely on codes of conduct adopted by professionals (e.g. the United Kingdom or Germany).

## REGULATION OF ALCOHOL ADVERTISING ON THE INTERNET AND SOCIAL NETWORKS

Lithuania is the only country that completely bans alcohol advertising on the Internet. Six countries ban it for spirits: Denmark, Sweden, Finland, Slovenia, Croatia, Poland, the last two also prohibiting it for wines.

Several countries regulate the content or type of site as in **France**, where advertising is allowed except for sites aimed at young people or those dedicated to sports. About half of the countries do not regulate alcohol advertising on the Internet, although some do rely on code of conduct guides.

## THE REGULATION OF SPONSORSHIP OF SPORTING ACTIVITIES BY BRANDS SELLING ALCOHOL

It is probably the least regulated action area in the EU. Three countries ban it for all alcoholic beverages: **France**, Portugal and Malta. Five other countries ban it exclusively for spirits. Other countries do not ban sponsorship or rely on self-regulation by professionals.

## 5. INFORMING CONSUMERS ABOUT THE DANGERS OF ALCOHOL

At the end of the first half of 2020, European regulations were limited to the inclusion of alcohol titration of alcoholic beverages. It thus exempts beverages containing more than 1.2% in volume from the obligation to display the ingredients and the number of calories, which is mandatory for all food products. A willingness to move towards the abolition of this exceptional regime has emerged within the European Commission, but the professionals in the sector have obtained that this transformation should be done on a voluntary basis, with no obligations for producers.

By 2016, only five countries (**France**, Lithuania, Poland, Portugal and Sweden) have introduced a mandatory warning to prevent alcohol consumption by pregnant women on alcohol bottles. Poland, Portugal, Sweden and Slovakia also include a warning to prevent under-age drinking and for the first three a warning to prevent drink-driving. Information on other health risks related to alcohol consumption is only compulsory in Ireland. Information on the composition of the product and the number of calories is compulsory in only four countries: Greece, Ireland, Romania and Portugal (for wine only).

In addition, ten countries require an information message about the dangers of alcohol in alcohol advertising: **France**, Estonia, Greece, Latvia, Lithuania, Poland, Portugal, Romania, Slovenia and Sweden. Some countries set a fixed size that the warning must represent in proportion to the surface area of the advertising message (20% in Lithuania) (WHO, 2018).

**In France, advertisements must include a preventive health message: “Alcohol abuse is dangerous to your health”.**

## 6. OTHER THEMATIC AREAS FOR REDUCING EXCESSIVE CONSUMPTION

The first relates to the expression of the will and commitment of public authorities to pursue a coherent policy to combat excessive alcohol consumption, which, according to WHO, presupposes the existence of a body responsible for defining and coordinating the implementation of such a policy. This must be expressed in a written document defining the objectives and the means to implement them. Another action area concerns the establishment of a system for observing and monitoring alcohol consumption and related harm. The report on the alcohol situation in Europe published by the WHO (WHO Regional Office for Europe, 2019) notes that it is the latter two sets of measures that have been adopted most extensively in most EU states. It notes that these are also the easiest requirements to meet.

A third action area relates to health response. The WHO recommendations focus on the practice of screening and brief intervention as an effective means of reducing consumption among people seen in primary care settings. A large number of countries, including **France**, did not provide the requested information on the existence of official recommendations (national guidelines) for the practice of brief intervention and on the estimated proportion of primary care organisations that use it in their current practice. This very limited approach to health response and the large number of countries that did not respond does not allow for a comparative analysis of this action area of alcohol policy in EU countries.

A fourth theme concerns prevention in schools, at a local level (community-based prevention), or in the workplace. The WHO questionnaire includes some questions<sup>12</sup> on prevention. The majority of States (22 out of 28) responded positively to the question on the existence of a legal requirement for the inclusion of alcohol prevention programmes in the school curriculum, but only 13 to the question on the existence of official recommendations for the prevention and reduction of alcohol-related harm in schools. An overall comparative analysis of alcohol prevention policies in all EU countries is without a doubt particularly difficult to carry out.

A final action area concerns the establishment of a monitoring system and measures to combat illegal alcohol sales channels. This does not seem to be a major issue in a country like **France**.

---

12. Refer to the report presenting the tool to assess the implementation of WHO-recommended alcohol policies in EU countries (WHO Regional Office for Europe, 2017).

## 7. OVERALL COMPARISON OF FRANCE'S POSITION AMONG THE OTHER EU COUNTRIES

If we refer first of all to the list of the best cost-effective measures to reduce harmful use of alcohol (best buys) drawn up by the WHO (WHO Regional Office for Europe, 2018), France appears to be one of the countries that ticks the most boxes. However, France has not put in place certain recommended measures: restricting the number of take-away alcohol outlets, banning alcohol advertising on the internet and social media networks, prohibiting sales at a loss (below costs), introducing a minimum price per unit of alcohol.

### WHO's most cost-effective measures to reduce harmful use of alcohol

#### Availability

- Minimum age for sale
- Retail monopoly
- Retail licence
- Restrictions on opening hours for take-away sales
- Limiting the density of take-away outlets
- Restrictions on opening hours for on-site consumption
- Limiting the density of on-site drinking establishments

#### Marketing

- Ban on advertising on the internet/social networks
- Ban on promotional sales at a loss
- Ban on sponsorship of sporting events
- Ban on sponsorship of youth events

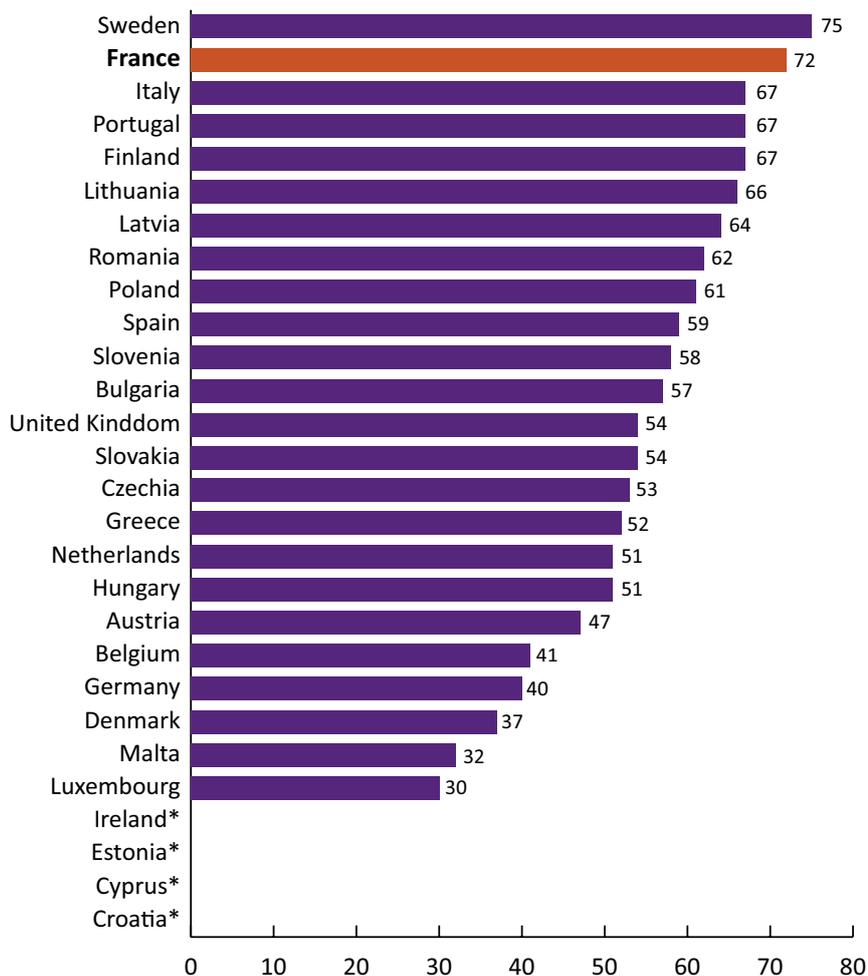
#### Cost

- Indirect alcohol duties varying with inflation
- Minimum price per unit of alcohol
- Ban on volume discounts

More generally, out of each of the ten alcohol policy action areas, France always scores at or above the European average (WHO Regional Office for Europe, 2018). It has the maximum score for the marketing action area and it is well above average for consumer information. **According to the WHO analytical framework, the weak point in France (as in most Member States) is that of pricing policy.** In addition to the absence of minimum prices and a ban on sales at a loss already mentioned, France does not ban discounts based on the volume of alcohol purchased, nor does it require that the cheapest drink to be consumed on site must be non-alcoholic. **Finally, France is one of the countries where alcoholic beverages are relatively inexpensive,** the comparison being made by taking into account the income levels in the different countries. **Apart from the issue of prices, there is also room for improvement for France in terms of prevention, where it obtains about half of the maximum score, which is the average for EU countries.** The lack of responses from France and many countries on questions related to the health response complicates the comparative analysis. It would nevertheless be interesting to measure, as WHO wishes to, the dissemination of the practice of screening and brief intervention among primary care actors and organisations.

The sum of the scores obtained for the five main action areas (driving, accessibility, marketing, prices, information) **places France among the countries that best comply with WHO recommendations, along with Sweden, Portugal, Italy, Finland and Lithuania.** The countries which, on the other hand, seem to comply least with these recommendations are Luxembourg, Malta, Denmark, Germany, Austria and Belgium.

**Chart 2. Total score of EU countries for the five action areas of the WHO-recommended alcohol policy (driving, accessibility, price, marketing, consumer information)**



Source: WHO data compiled by OFDT (WHO Regional Office for Europe, 2018)

Note: The total score is the weighted sum of the scores obtained for each of the five action areas considered; the weights are calculated from the maximum numbers of points set by WHO for each of these action areas (WHO Regional Office for Europe, 2017); \* four countries that did not answer all the questions relating to one of the action areas are not shown on the graph (Croatia, Cyprus, Estonia, Ireland). Germany, which did not fully complete the price questions, has been included in the graph by assigning it the average European score for this action area.

Five countries that did not provide at least 80% of the questions on one of the action areas considered cannot be included in this comparison. This is particularly the case for Germany, which did not answer some questions on pricing policy. However, given the available price information and the low taxes on alcoholic beverages for this country, its score could not be higher than the European average and would most likely be lower. Germany can thus be placed with certainty in the last group of countries which, apart from Malta, are all its neighbours.

## DISCUSSION

Within the EU, alcohol policies are fairly convergent and close to the objectives set by the WHO in the areas of governance and state commitment, monitoring and surveillance, as well as driving under the influence of alcohol. For the theme of accessibility of alcohol, which brings together a large number of measures considered the most cost-effective by the WHO, there is also a majority of countries prohibiting the sale of alcohol to minors and the sale and, at least partially, consumption on the public highway and on public transport, sporting or youth events, as well as educational and health establishments. A significant minority of countries, however, allow the sale of certain alcoholic beverages from the age of 16 and have not introduced legal bans concerning places frequented by minors.

For the other action areas of the policy to combat excessive alcohol consumption, there are still very wide disparities between Member States.

With regard to indirect taxation on alcohol, all countries comply with the relatively non-binding minimum rates set by EU directives. Nevertheless, the differences between the rates applied in different countries are considerable. The countries that tax alcohol the most are all located in Northern Europe (Sweden, Finland, the Baltic States, the United Kingdom and Ireland), while the countries that tax alcohol the least seem to be located in Central Europe (Germany, Luxembourg, Austria, Czechia, Slovakia, Hungary) but also in the South (Spain) or the East (Bulgaria, Romania). In the post-Brexit EU the minimum price policy is currently only foreseen in Ireland where it is not yet effective.

Restrictions on the possibilities of selling alcohol to the general population, whether through compulsory licensing (with monopoly as an extreme form) or through time restrictions, appear in only half of the Member States each time.

Alcohol advertising policies also vary widely. About half of the Member States ban advertising on television for spirits, but only three countries ban it for all alcoholic beverages. Taking into account the States that ban the broadcasting of advertising at certain times, we find that a large third of the countries do not set bans. Most States indicate that they refer to European recommendations on the content of advertising messages, but only some of them make them mandatory. Apart from content monitoring, few countries quantitatively limit advertising in print media and billboards. This is even less the case for advertising on the Internet. Even the rules on content appear to be less well defined and less applicable than for other media.

Finally, seven countries require warnings on the risks associated with consumption on alcohol containers. **France is part of this limited group of countries only because of the pictogram relating to pregnant women.** Very few countries, such as France, impose a health warning message on alcohol advertising.

The scores calculated by the WHO on the five themes analysed in this study show a group of countries, including **France**, which seem to comply best with the WHO recommendations. This group includes both the northernmost countries of Europe and also some of the countries of Southern Europe. These may be countries where the damage has been shown in the past or more recently to be particularly significant, which would explain the adoption of more active alcohol policies. **France** in particular, but also Portugal and Italy, stood out in the mid-1960s as having significantly higher levels of alcohol consumption than other European countries (Eurocare, 2016). These are the countries where alcohol consumption has declined most sharply over the last 50 years. Conversely, in countries such as Finland, Latvia or Lithuania, consumption has increased sharply over the long term in Finland and recently in Latvia and Lithuania. This is not the case in Sweden, whose per capita consumption, already among the lowest in the 1960s, has changed very little since then. Perhaps we need to go back even further in history to explain the intensity of alcohol policy in this country<sup>13</sup>. Germany and some of its neighbours, all producers and large consumers of beer, seem on the contrary to constitute a “cluster” of countries less inclined to follow the WHO recommendations than the other EU countries. The alcoholic properties of beer, an “identity” drink in these countries, is perhaps even more easily denied than for wine in Mediterranean countries because of its lower

---

13. The consumption of “Swedish vodka” (“brannvin”), an alcohol with a strength of 50°, seems to have developed spectacularly during the 19<sup>th</sup> century. In the second half of the nineteenth century, this consumption, perceived as a major social problem, became a central issue in public debate, where temperance societies and religious movements played an important role. As a result of this debate, a system of municipal control over the sale of alcohol became widespread between 1914 and 1919, when it became compulsory. In spite of transformations, the principle of a public monopoly on sales has persisted to this day (Tomasson, 1998).

alcohol content and because the damage was not as obvious as in **France**. Furthermore, it can be hypothesised that Germany in the first place, but perhaps also its neighbours, would be marked by a culture favourable to negotiation with economic actors rather than legislative constraint. These are, of course, only explanatory leads that would require further investigation.

However, this exercise of comparing measures taken by different EU countries to reduce harmful consumption of alcohol has several limitations. The assessment of the compliance of the policies followed with the measures recommended by WHO is based on the responses to the questionnaires transmitted by States, without verification of the relevance and accuracy of the responses by an external observer. Without calling into question the sincerity of the responses, the questions, which are identical for all WHO Member States and therefore sometimes quite general, may be interpreted differently from one country to another. Secondly, this report provides information on whether or not a set of measures has been formally adopted, usually by legislation, but says nothing about the effective implementation of these measures: a measure can only be effective if it is effectively implemented and accompanied by an appropriate system of monitoring and sanctions. The result of the WHO study, which gives France almost the same score as Sweden, may raise a few questions, since both countries have very different levels of alcohol availability, consumer cost and consumption levels ("taxed" consumption<sup>14</sup> of 11.8 litres of pure alcohol per capita aged 15 and over for France in 2016 compared to 7.2 for Sweden). Here we are concerned with the difficulties of assessing national situations through quantified indicators that do not necessarily reflect the impact of the measures in question on the population (Nelson and Young, 2001), especially since they do not take into account the actual application and compliance with the measures (Bergeron, 2008).

---

14. Consumption for which indirect taxes on alcohol have been paid; WHO also calculates by modelling the volumes of alcohol that have escaped taxation. In France, this amount would represent 10% of the total volume in 2016, which seems very excessive in view of the very low taxation of wines (the only category of alcohol likely to give rise to significant volumes of untaxed sales) and would have doubled between 2011 and 2016, a trend that no explanation seems to justify.

## CONCLUSION

**Despite the convergences, which are the result of sustained efforts towards an integrated European policy, there are still significant differences in the ways in which alcohol is regulated and the policies followed in the different EU countries.** Thus, the Scandinavian countries remain much more interventionist: the management of alcohol is highly state-run (alcohol companies), alcoholic beverages are heavily taxed and indirect taxation on alcoholic beverages is high. However, some southern European countries such as Italy, Portugal and France are also characterised by fairly interventionist policies according to WHO criteria. Conversely, Germany and some of its neighbours, countries with high beer consumption, seem less inclined to adopt binding policies and make less use of the legislative and regulatory provisions recommended by the WHO. Beyond the historical and cultural determinants that explain some of the divergent policies in Europe (Obradovic and Beck, 2016), it is also necessary to underline the importance of economic interests in the choices made by different countries on the issue of alcohol, particularly in terms of taxation (Fortané, 2016).

**Policies to reduce harmful alcohol consumption in the different EU countries are still far from being standardised.** Reports published by WHO can be an incentive for policy convergence. However, this requires the information provided in these reports to be sufficiently disseminated and publicised.

**France is one of the countries within the EU that has adopted the largest number of measures to limit harmful alcohol consumption recommended by the WHO.** There is, however, room for improvement, particularly with regard to action on alcohol prices, which, compared to other EU countries, remains low. In terms of prevention, the WHO criteria, even if very limited, show that improvements must be sought in any case.

The comparison of policies to reduce harmful alcohol consumption based on binary responses on the formal existence in each country from a set of measures is an initial piece of information. This approach would need to be complemented by evaluations of the effective implementation of these measures.

It is also necessary to take into account the specificities of each country's history and culture. France shares the tradition of wine making with Italy and Spain, but remains one of the countries that has established wine as a national emblem and cultural symbol. It is also the country that, in the past, consumed far more alcohol than all other European countries. Awareness of the scale of the alcohol problems affecting France has undoubtedly facilitated the introduction of measures to limit the damage caused by excessive alcohol consumption. This dynamic in favour of public health comes up against the defence of the economic interests of the profession. With the exception of the United Kingdom and Ireland, all European countries, as we have seen, tax alcoholic beverages that are not or only slightly produced on the national territory much more heavily and what is produced in the country less heavily. Unlike Spain, Italy and Portugal, at least France has the merit of having retained a tax on wine. However, this is very low: just under 60% of the volume of pure alcohol were consumed in France in 2019 in the form of wine, which nevertheless represents barely 3% of the indirect duties levied on alcohol.

It is still difficult to conduct a dispassionate debate on alcohol in France today. It is hoped that by the first half of 2021, the publication of the results of the new collective expertise on alcohol will facilitate communication on this thorny issue.

## BIBLIOGRAPHY

(Websites accessed on 25/09/2020)

- Angus C., Holmes J., Meier P.S. (2019) [Comparing alcohol taxation throughout the European Union](#). *Addiction*, Vol. 114, n° 8, p. 1489-1494.
- Bergeron H. (2008) [Qualifier en politique : l'exemple du problème de l'alcool](#). *Santé Publique*, Vol. 20, n° 4, p. 341-352.
- Bonaldi C., Hill C. (2019) [La mortalité attribuable à l'alcool en France en 2015](#) [Alcohol-attributable mortality in France in 2015]. *BEH - Bulletin Epidémiologique Hebdomadaire*, n° 5-6, p. 97-108.
- Council of the European communities (1992) [Directive 92/83/EEC of 19 October 1992 on the harmonization of the structures of excise duties on alcohol and alcoholic beverages](#). *Official Journal of the European Communities*, n° L 316 of 31/10, p. 0021-0027.
- Dargelos B. (2007) *Le bon grain et l'ivraie. Genèse et institutionnalisation de la lutte anti-alcoolique en France, XIX<sup>e</sup>-XX<sup>e</sup> siècles*. Université Paris I - Panthéon-Sorbonne, Thèse de Science politique, 545 p.
- ETSC (2019) [Blood alcohol content \(BAC\) drink driving limits across Europe](#). European Transport Safety Council.
- Eurocare (2016) [European report on alcohol policy. A review](#). Brussels, European Alcohol Policy Alliance, 20 p.
- Eurostat (2017) [Household spending on alcohol close to €130 billion](#). European Commission.
- Fortané N. (2016) [Une mobilisation contre la santé ? Les producteurs d'alcool face à la notion d'addiction](#). *Sciences Sociales et Santé*, Vol. 34, n° 1, p. 77-101.
- Inserm. Réduction des dommages associés à l'alcool : stratégies de prévention et d'accompagnement. Collection Expertise collective. Montrouge : EDP Sciences, sous presse.
- LegiPermis (2020) [Le permis à points en Europe](#).
- Nelson J.P., Young D.J. (2001) [Do advertising bans work? An international comparison](#). *International Journal of Advertising*, Vol. 20, n° 3, p. 273-296.
- Obradovic I., Beck F. (2016) Évolution du cadre légal des politiques de lutte contre les addictions en Europe et aux États-Unis. In : *Traité d'addictologie*. 2e édition, Reynaud M., Karila L., Aubin H.-J., Benyamina A. (Dir.). Paris, Lavoisier Médecine Sciences, p. 206-213.
- OIV (2019) [Note de conjoncture 2019 du secteur vitivinicole mondial](#). Paris, Organisation Internationale de la Vigne et du Vin, 15 p.
- Tomasson R.F. (1998) [Alcohol and alcohol control in Sweden](#). *Scandinavian Studies*, Vol. 70, n° 4, p. 477-508.
- UMIH (2016) [Licences de débits de boissons](#). Union des métiers et des industries de l'hôtellerie.
- WHO (2010) [Global strategy to reduce the harmful use of alcohol](#). Geneva, World Health Organization, 44 p.
- WHO (2018) [Global Health Observatory data repository - Alcohol control policies](#).
- WHO Regional Office for Europe (1992) *European Alcohol Action Plan 1992-1999*. Copenhagen, World Health Organization Regional Office for Europe.
- WHO Regional Office for Europe (2017) [Policy in action: A tool for measuring alcohol policy implementation](#). Copenhagen, World Health Organization Regional Office for Europe, 61 p.
- WHO Regional Office for Europe (2018) [Alcohol consumption, harm and policy response fact sheets for 30 European countries](#). Copenhagen, World Health Organization Regional Office for Europe, 104 p.
- WHO Regional Office for Europe (2019) [Status report on alcohol consumption, harm and policy responses in 30 European countries 2019](#). Copenhagen, World Health Organization Regional Office for Europe, 64 p.

## ACKNOWLEDGEMENTS

To Émeline Guibon-Bonin, justice auditor at the École nationale de la magistrature [French National School for the Judiciary]. This communication is largely based on the work she did during her time at the OFDT.

To Ivana Obradovic, Stanislas Spilka and Julien Morel d'Arleux for their proofreading.