

INSIGHTS






Symposium of 3 December 2024

Reducing the burden of alcohol: Focus on two scientific and public policy challenges



CONFERENCE PRODUCING

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Working together to reduce alcohol-related harms: A public health imperative

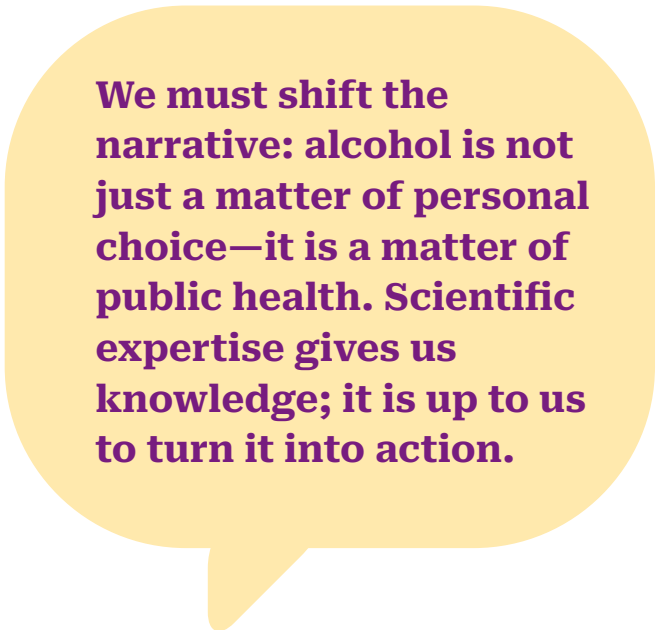
Caroline Semaille, Executive Director of Santé publique France,
the French national public health agency
Caroline Costongs, Director of EuroHealthNet

Alcohol holds a particular place in our societies. For many, it is a symbol of pleasure, conviviality, and culture—a marker of celebration and connection. And yet alcohol is one of the leading preventable risk factors for disease and premature death, not only in France but across Europe and globally.

The impact of alcohol on individuals and societies is considerable: in France alone, alcohol causes 41,000 deaths annually and is one of the top three preventable causes of death. Every year, it contributes to more than 4,000 hemorrhagic strokes and is the second leading risk factor for cancer after tobacco. Beyond these health impacts, the societal and economic burden is immense: alcohol-related hospitalizations cost over €3 billion in 2022, with an estimated total social cost of €102 billion annually in France. These figures underscore the critical role of scientific research to demonstrate the consequences of alcohol use and justify prevention strategies based on a solid foundation.

Within this context, **Santé publique France and EuroHealthNet co-organized an international scientific symposium on December 3, 2024, dedicated to the prevention of alcohol-related harms.** This high-level event brought together researchers, NGOs, public health experts, and institutional stakeholders from across Europe and beyond to collectively tackle a critical question: how can we reduce the burden of alcohol on population health?

The symposium focused on two pressing scientific and strategic challenges. First, the development and implementation of **low-risk drinking guidelines**. Scientific knowledge is clear in this respect: risk-free alcohol consumption does not exist. Do our citizens understand the health risks associated with their consumption levels? Are they even aware that they drink too much? To help people reduce their intake, many countries have adopted national guidelines. But how are these guidelines developed in light of the latest evidence? How do they influence behaviors, and how can they be effectively



We must shift the narrative: alcohol is not just a matter of personal choice—it is a matter of public health. Scientific expertise gives us knowledge; it is up to us to turn it into action.

communicated to the public? The first session explored these issues, drawing on international research and country experiences to identify paths toward more impactful guidelines.

Second, the symposium explored the **commercial determinants of health**. Evidence shows that commercial actors can influence public policy to the detriment of effective prevention. Research demonstrates that structural policies—such as increased alcohol taxation, stricter advertising rules, and enforced sales restrictions to minors—are among the most effective strategies to reduce harms. Another pressing issue is the absence of mandatory labeling for alcoholic beverages in the EU. However, these measures require bold political choices and are often challenged by economic interests. The second session of the symposium examined these dynamics at the national, European, and international levels based on research and experiences,

with the aim of better understanding how commercial interests operate—and how we, as public health actors, can respond with strategic and structural solutions. Our challenge is clear: how do we, as a public health community, balance the interests of health, culture, and commerce to protect our populations? How can we empower individuals to make informed decisions while advocating for policies that protect the most vulnerable?

This scientific symposium reinforced a core message: **the science is clear, but implementation is complex**. Strengthening prevention requires collective will, evidence-based policies, and international cooperation.

We would like to warmly thank all the experts who contributed to this event as well as the teams at Santé publique France and EuroHealthNet, whose dedication made this symposium possible.

Opening statements

Carina Ferreira-Borges, Regional Advisor for Alcohol, Illicit Drugs and Prison Health at the WHO Regional Office for Europe

The themes of this symposium—drawing on the latest scientific evidence on low-risk drinking guidelines and addressing the commercial determinants of health—are not only timely but also urgent.

Let us recall a fundamental truth: both for our health and for cancer risk, there is no safe level of alcohol consumption. This stark reality, backed by a growing body of evidence, underscores the urgency of our mission. Alcohol is not just a beverage and not just an ordinary commodity: it is a leading cause of harms that fuel over 200 diseases and injuries. It is a silent contributor to cancer, cardiovascular disease, and countless tragedies affecting families and communities. As public health advocates, we cannot stand silent in the face of such an epidemic.

However, amidst the challenges, hope remains. Change is underway in Europe. Young people are becoming “sober curious,” feeling the benefits of reducing or quitting alcohol or banishing it from social settings. Have you ever heard of a “sober sommelier”? In October, we met a French sober sommelier who is becoming exceedingly popular,

with his passion for non-alcoholic beverages reshaping our cultural norms. His work proves that there is a growing appetite for alternatives and new ways of enjoying yourself—proof that transformation is possible when we dare to challenge the status quo.

This brings me to the commercial determinants of health, the second theme of the conference. Behind every statistic lies an industry working tirelessly to market alcohol as glamorous, essential, and harmless. Tactics include lobbying against labeling laws, framing alcohol consumption as a personal choice, and undermining public health interventions. These strategies are not only unethical, but they can also be deadly. In June 2024, WHO/Europe launched the Commercial Determinants of Noncommunicable Diseases report, which underscored how the alcohol industry is one of the four deadliest industries in Europe. In November 2024, the WHO Alcohol Policy Playbook highlighted how the tactics of the alcohol industry are both predictable and preventable. The Playbook provides us with actionable tools

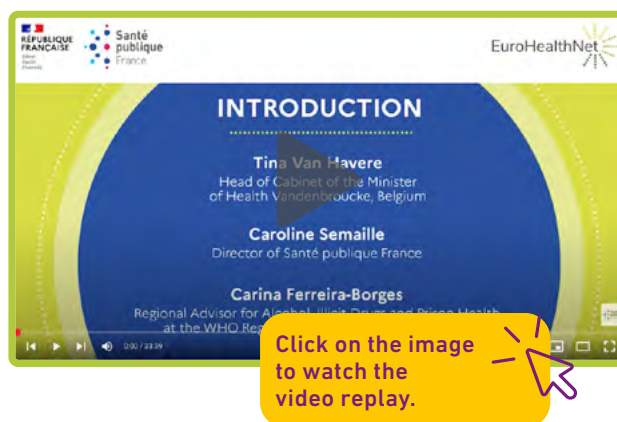
Alcohol is not just a beverage and not just an ordinary commodity: it is a leading cause of harms that fuel over 200 diseases and injuries. We cannot stand silent in the face of such an epidemic. We need to harness the courage to confront the common myths, challenge the powers that be, and inspire change, which is already underway in Europe and around the world!

to counter industry influence and protect public health.

The Playbook also reminds us that success is not just possible but that it is already underway around the world. Look at Ireland's Public Health Alcohol Act, which is overcoming relentless opposition to implement policies that are saving lives. Further, Canadian's low-risk drinking guidelines may be celebrated as a bold step forward in aligning policy with evidence. These examples teach us that persistence and solidarity among public health champions can prevail over even the most powerful opposition.

We are currently at a crossroads. This symposium is not just about exchanging ideas but also about building momentum. We need to harness the courage to confront the common myths, challenge

the powers that be, and inspire change. Together, we can change the narratives in order to reduce harms and create better, healthier societies. Let us make this symposium a catalyst for change.



Tina van Havere, Head of Cabinet of the Minister of Health Vandenbroucke, Belgium

There is no safe level of alcohol consumption. Even light or moderate consumption increases the risk of serious illness. Alcohol consumption has severe health consequences and leads to significant social and environmental losses for individuals and society as a whole. However, political debates often downplay this evidence, thus reinforcing outdated beliefs that alcohol is not unhealthy. Yet the public remains largely unaware of such risks. Despite the serious health risks and damaging outcomes, less than half of the Europeans are aware of the link between alcohol and cancer, its impact on the brain, and its contribution to other non-communicable diseases such as heart diseases.

Completely banning alcohol is an unrealistic goal. The link between alcohol and having a good time is still present in our society, and intense lobbying by the alcohol industry reinforces this perception. Marketing investments from the alcohol industry are massive, which is why guidelines are necessary: Belgian experts recommend a maximum of 10 standard drinks per week along with alcohol-free days, thus reflecting the balance between scientific evidence and social support.

Initiatives like “Tournée Minérale” and “Dry January” highlight the public’s growing awareness about the risks of alcohol consumption. The WHO’s recent “Redefine Alcohol” campaign calls for Europeans to rethink the role of alcohol and to make healthier choices. Harmonizing low-risk drinking guidelines across the EU would help strengthen these efforts. Finally, structural measures such as labeling, marketing restrictions, taxation, and availability controls are both necessary and cost-effective.

Addressing health determinants is a complex process often hindered by internal market regulations at the EU level and competences lying outside of health minister’s portfolio and diverging interests at national level. Therefore, addressing these topics at the EU level is extremely important. For too long, decision-makers have linked risk factors to individual choices. There is now a pressing need to reframe the problem as a systemic problem, where policy has to counter “hyper-consumption environments,” consider the impact of people’s social and physical environmental on their health, restrict marketing, and stop industry interference in policymaking.

Alcohol consumption leads to significant social and environmental losses for individuals and society as a whole. However, political debates often downplay this evidence. To make informed decisions about their alcohol consumption, citizens need to be well informed about the content of the product, the associated health risks, and the low-risk drinking guidelines.

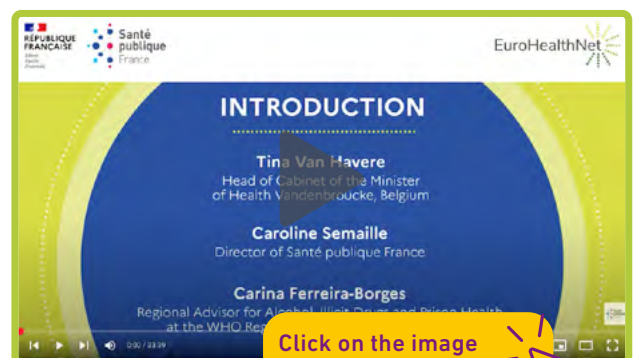
To make informed decisions about their alcohol consumption, citizens need to be well informed about the content of the product to be purchased and/or consumed and the associated health risks. Such information will empower them and help them decide the level of risk that they are willing to accept.

The European Beating Cancer Plan (EBCP) is a very useful tool that provides several proposals for EU-level legislative levers in the field of prevention. Regrettably, many of the proposals launched in 2021 under the plan have not been published according to the initial roadmap. Alcohol labeling and taxation were the focus of a dedicated workshop during

the High-Level Conference on the Future EU Health Union, which highlighted the importance of information provision in alcohol-related policies. At the end of the Belgian Presidency, through the Council Conclusions on the Future of the European Health Union approved in June 2024 by European health ministers, the European Commission was invited to accelerate its work on these actions.

Belgium intends to support EU legislation with regard to the mandatory labeling of ingredients and nutrient content for alcoholic beverages as well as health warnings, although the country has not yet succeeded. We are looking forward to new legislative initiatives on taxation, advertising, and labeling at the European level.

Cost-effective actions such as labeling, marketing restrictions, pricing policies, and reducing availability to address alcohol consumption and thus limit its harmful consequences are now necessary. The WHO's Best Buys serves as a good example to follow in this respect. Regarding the interference of the alcohol industry on policymaking, there is a need to adopt a similar strategy to article 5.3 from the WHO Framework Convention on Tobacco Control. This article should inspire us when formulating measures for other harmful industries. Indeed, the health of our citizens is more important than the commercial interests of multinationals. Making profits on the back of citizens' health can no longer be tolerated.



Click on the image to watch the video replay.

How to take into account the latest scientific evidence to develop and promote low-risk drinking guidelines to reduce alcohol consumption?

Chaired by Việt Nguyen-Thanh, Head of the Addictions Unit at Santé publique France, and Caroline Costongs, Director of EuroHealthNet

Challenges in implementing low-risk drinking guidelines

Pierre Arwidson, Deputy Director of the Prevention and Health Promotion Department at Santé publique France

The history of French low-risk drinking guidelines goes back over 40 years.

The first television campaign advocating a limit on the number of alcoholic beverages was aired in 1984, humoristically using with the slogan “one glass is fine, three glasses, hello damages.” In response, the wine industry modified this slogan to align with its own interests, using variations such as “one drink is good, three is better.”

These guidelines were not established by the World Health Organization (WHO), as occasionally suggested. Indeed, the WHO has never established any official low-risk alcohol guidelines. Although a European Charter on Alcohol was adopted in Paris in 1995, it did not include specific guidelines. Instead, the recommendation was simply “Alcohol: less is better.”

In 2001, the WHO issued a document on alcohol screening and brief intervention (SBI), in which general practitioners were encouraged to advise people to limit their alcohol consumption to a

maximum of two drinks per day and to abstain from drinking at least two days a week. These recommendations were informed by guidelines from Australia and the United Kingdom. However, the document was primarily intended for clinical settings. In France, a working group was set up by a French non-governmental organization to contribute to the WHO’s Phase IV international study on the dissemination of screening and brief intervention. Their efforts involved evaluating various approaches to promote SBI, which ultimately led to the introduction of low-risk drinking guidelines in France.

In 2016, Santé publique France and the French National Cancer Institute were tasked with formulating the public discourse on alcohol in France. To accomplish this, an expert group was convened, chaired by Prof. Pierre Ducimetière. This initiative provided the opportunity to ask Jürgen Rehm and Kevin Shield to model the effect of different levels of alcohol consumption on mortality based on data collected from the French population for the first time. The group also incorporated the

The French low-risk drinking guidelines established in 2017 based on a scientific approach were subsequently promoted through a mass media campaign, which has proven effective in influencing knowledge and behavior. However, additional measures are necessary to address the risk of normalization and the manipulation of the low-drinking guidelines by the alcohol industry.

concept of accepted risks of harm associated with alcohol consumption, thus differentiating between unchosen environmental risks and chosen risks. The objective was to assess the acceptance of risk by both the population and the health authorities in order to establish appropriate guidelines. Concurrently, a qualitative study revealed that women did not favor sex-specific recommendations.

Following the comprehensive work undertaken, the expert group found that there was no safe level of alcohol consumption. For people who decide to drink, they introduced the following low-risk drinking guidelines, applicable to both women and men: no more than 15g of alcohol per day or 100g per week, with non-drinking days. Based on the results of a qualitative study, these guidelines were subsequently reformulated as “For your health, no more than two alcoholic beverages per day and not every day.” Consequently, a new indicator was created to monitor alcohol consumption in France: the percentage of the population exceeding the low-risk drinking guidelines.

A multi-channel prevention campaign was launched in 2019 to promote these new guidelines. A longitudinal study was conducted to assess the effectiveness of this campaign, revealing increased awareness of the guidelines and long-term risks of alcohol consumption as well as decreased alcohol consumption among women. However, these benefits were only observed in the short term in the immediate aftermath of the campaign. This highlights the importance of continuous campaign efforts: the French public health agency should never stop campaigning.

Low-risk drinking guidelines have received significant criticism, including from the WHO, notably because they are believed to have a normalization

effect, which is favored by the alcohol industry. In 2012, Sally Casswell argued that low-risk drinking guidelines alone are insufficient: an effective policy requires more comprehensive measures. The experts who established the 2017 low-risk guidelines in France also recommended additional complementary measures, including increasing alcohol prices and regulating advertising, especially on the Internet.

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The Canadian example: Scientific method and choices made in the development of Canada's Guidance on Alcohol and Health, released in 2023

Catherine Paradis, Technical Officer, Alcohol, Illicit Drugs and Prison Health Unit, Special Initiative on NCDs and Innovation, WHO Regional Office for Europe, ex-Canadian Centre on Substance Use and Addiction

In Canada, the first alcohol guidelines were introduced in 2011: for women, no more than 10 alcoholic drinks per week and no more than 2 per day, and for men, no more than 15 drinks per week and no more than 3 per day. Almost 10 years later, after significant developments in evidence-based knowledge about alcohol-related death, disease, and social harm, Health Canada recognized the need to update the 2011 guidelines, especially since other countries such as France, the United Kingdom, and Australia had recently updated their own with significantly lower limits.

Three research questions guided the project's data collection, analyses, and conclusions. (i) What are the long-term risks and benefits associated with alcohol consumption? (ii) What are the short-term risks and benefits associated with a single episode of drinking? (iii) What are the risks for women who are pregnant or breastfeeding? From the outset, the experts agreed that the best approach for updating the guidelines would be to address these questions through mathematical modeling by estimating the lifetime risk of alcohol-related death and disability as done in Canada in 2011 and in Australia and France more recently.

Modeling requires the alcohol-mortality risk functions for all diseases and injuries that can be linked to alcohol consumption. These risk functions are found in meta-analyses, which assess the dose-response relationship between alcohol and the risk of disease mortality. The Australians used the same methodology when updating their guidelines, meaning that they had already covered the period from 2000 to 2017. The Canadian team therefore focused on the post-2017 period, assessing almost

6,000 systematic reviews. For each of the 20 alcohol-related diseases, the best systematic reviews were identified: 16 systematic reviews for 20 conditions representing a total of 363 studies, 10 million participants, and 500,000 cases.

Based on these studies, WHO expert Kevin Shield developed risk curves to estimate the relationship between average alcohol consumption and years of life lost. The average alcohol intake associated with the mortality risk thresholds that people were willing to accept was identified. To strengthen the updated recommendations, the project considered Canadians' views, preferences, and expectations

The Canadian guidelines are based on a method similar to the French approach, but public consultations and expert reflections led to different choices. In Canada, a presentation featuring a continuum of risk was adopted.

regarding alcohol. The public consultation indicated the need to inform people about the reasons behind the guidelines for the sake of credibility.

The experts agreed that instead of giving people strict rules or messages that could be deemed patronizing, they should present a clear continuum of risk corresponding to the individual's own level of alcohol consumption: low (for 2 standard drinks or less per week), moderate (for 3–6 standard drinks per week), and increasingly high (7 standard drinks or more per week). In the continuum of risk, every standard drink counts, and any reduction is beneficial to health. The experts also found that consuming more than 2 drinks on one occasion is associated with an increased risk of harm to oneself or others, including injury and violence.

The key messages of the project are that people have the right to know about the overwhelming evidence, which confirms that less alcohol consumption means a reduced risk of harm and that even a small amount of alcohol can be harmful. Consumers need consistent and easy-to-use information on the labels of alcohol bottles in order to monitor their consumption accurately. The report

recommended mandatory labeling with health warnings for alcoholic beverages, especially since Canada is a global leader in tobacco health warnings.

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The British example: Lessons learned from an evaluation of the impact of (not) promoting revised low-risk drinking guidelines

John Holmes, Sheffield Addictions Research Group, School of Medicine and Population Health, University of Sheffield, UK

Since the 1980s, alcohol guidelines have proliferated internationally. However, despite being a common public health intervention, little evidence is available regarding their impact. Evidence typically comes from one-off surveys, which simply show that people are aware of the guidelines (especially those promoted by mass media campaigns). Yet there is little evidence as to whether this awareness translates into actual changes in drinking behavior.

Evidence from qualitative research suggests that people tend to disregard drinking guidelines, as they find them hard to apply to their drinking behavior, which often involves drinking at much higher levels than the recommendations. Many people do not fully understand the concept of a standard drink or unit; instead, they tend to manage their alcohol consumption according to embodied feelings such as intoxication, previous experiences, or after-effects.

Promoting low-risk alcohol guidelines alone does not seem to be an effective public health strategy. However, drinking guidelines may help shape social and cultural norms around drinking and improve people's understanding of the associated risks, which is important from the perspective of consumer rights. This could underpin support for more effective policies based on pricing, marketing, or availability among others.

In the UK, the 1995 guidelines (not regularly consuming more than 2–3 units per day for women or 3–4 units per day for men) were reviewed between 2013 and 2016 following new evidence on alcohol-related harms. The new guidelines, announced in January 2016, were based on a recommended weekly limit of 14 units (equivalent

to 3 liters of beer or 1.5 bottles of wine), applicable to both women and men.

The proposed guidelines were put forward for public consultation in January 2016. In parallel, the Department of Health published a report on evidence related to alcohol and the higher risk of cancer even at low consumption levels. Media coverage focused on the message of “no safe level of drinking for cancer,” which was in conflict with the recommendation of a “maximum of 14 units per week.” This report allegedly infuriated the alcohol industry, and the industry regulator (Portman Group) stopped recommending that the guidelines should appear on product labels. The government did not commission a large-scale campaign to promote the guidelines.

As a consequence, the evaluation of the guidelines' impact was more an evaluation of the media launch. A study to assess the impact of the guidelines was designed based on monthly cross-sectional surveys using the Alcohol Toolkit and interrupted time series analysis between November 2015 and October 2017. The results showed few substantial or sustained changes in any outcomes related to the new drinking guidelines. The proportion of people who reported seeing or hearing about the guidelines increased in January 2016 – mostly exposure through television and radio – but rapidly dropped back to its initial level. None of the assessed measures of capability, opportunity, or motivation to adapt behavior changed in any meaningful way after the announcement of the guidelines.

Media coverage analysis showed that news reports routinely mentioned the guidelines and that most related discussions were neutral and factual. It also

The assessment of the impact of the UK's new guidelines in 2016 revealed that they had no effect, as they were not promoted through a prevention campaign, with media coverage interfering with the message.

showed that a long period of critical commentary followed the launch of the guidelines, questioning their scientific basis and describing the health advice as inconsistent. Public health actors even fed into this criticism, notably because of the supposed contradiction between the no risk-free quantity of alcohol consumption and the guideline thresholds.

Lessons learned from this work are that to change behavior, new drinking guidelines must be promoted beyond the media launch. Mixed messages on alcohol and health should also be

avoided. Drinking guidelines are important tools for informing the public. They can support an effective alcohol strategy but cannot work alone.

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Disseminating low-risk drinking guidelines: What does the scientific literature say about effective approaches for raising awareness of the guidelines?

Emily Brennan, Centre for Behavioural Research in Cancer, Cancer Council Victoria, Australia

In Australia, low-risk drinking guidelines have been developed by the National Health and Medical Research Council (NHMRC). Between 2009 and 2020, four guidelines were elaborated, one of which focused on reducing the risk of long-term harms (“To reduce the long-term risk of harms from alcohol-related disease or injury: no more than 2 standard drinks on any day”) and another on reducing the risk of short-term harms (“To reduce the immediate risk of injury on a single occasion: no more than 4 standard drinks on a single occasion”). The Australian guidelines were revised more recently in 2020, with a single guideline now addressing the risk of both long-term and short-term harms: “to reduce the risk of harms from alcohol-related disease or injury, consume no more than 10 standard drinks per week and no more than 4 standard drinks on any one day.” It also advises that “the less you drink, the lower your risk of harm.”

Between 2014 and 2021, five studies were conducted on whether television advertisements could be used to raise awareness and increase the impact of low-risk drinking guidelines, with the aim of identifying the most effective messages.

Study 1. The first study involved an exhaustive search of all existing alcohol harm prevention television advertisements produced between 2005 and 2015. Content analysis of the characteristics of the 110 English advertisements was performed. Regarding the topic, 52% focused on short-term harms, while only 10% focused on long-term harms. The objective of 38% of advertisements was to reduce alcohol consumption. However, only 10% mentioned low-risk drinking guidelines.

Study 2. The second study was an advertisement response rating study in which over 2,000 Australian adult drinkers were exposed to 3 out of 83 advertisements. One of the measures used by participants to rate the advertisements was the extent to which they felt motivated to reduce their alcohol intake after viewing. The highest-ranked advertisement, *Spread*, focused on the link between alcohol and cancer, and in previous research, it has been shown to be effective in increasing people’s knowledge about low-risk drinking guidelines and their intention to reduce consumption. Overall, the top-ranked advertisements were more likely to feature a “why change”

Experimental studies and real-world evaluations show that well-designed campaigns that combine messages about long-term harms and low-risk drinking guidelines can have an effect on awareness, attitudes, and drinking behaviors.

(rather than a “how to change”) message. They also addressed long-term harms and included a low-risk drinking guideline.

Study 3. The third study consisted of 10 qualitative focus groups and examined responses to end-frame messages designed to convey the guidelines to reduce long- and short-term harms in a clear, believable, and memorable way. The most promising end-frame messages were selected to be used as part of the stimuli in the fourth experimental study.

Study 4. The objective here was to assess the effectiveness of combining the most effective television advertisements from Study 2 with the most promising end-frame messages identified in Study 3. A sample of 3,178 adults viewed advertisements depicting the long- and short-term harms of alcohol with voiceovers communicating the details of the drinking guideline. Among participants exposed to advertisements highlighting the long-term harms and including the guideline message, 77% were able to correctly identify the recommended daily drinking limit compared with just two-thirds of participants in the control setting. These advertisements not only helped correct common misconceptions about the recommended levels of consumption but also reduced uncertainty and increased participants’ intentions to drink less in the next week.

Study 5. A follow-up analysis showed that long-term harm advertisements and low-risk drinking guideline messages increased the correct estimation of the recommended levels of consumption and improved negative attitudes toward drinking that reinforced intentions to reduce drinking. Advertisements with guidelines improved compliance with low-risk drinking levels over the past week.

These findings indicate that television advertisements that combine clear guideline messages with compelling reasons to reduce drinking can raise awareness of harmful drinking levels, influence attitudes, and encourage behavioral change. Adapting these campaigns across countries can save time, reduce costs, and still maintain effectiveness.

Despite these successes, many countries still lack robust efforts to communicate low-risk drinking guidelines, with research in this area remaining limited. However, the evidence is clear: well-designed campaigns have the power to drive meaningful behavioral change.

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Round table

Chairwomen:

Viêt Nguyen-Thanh, Head of the Addictions Unit at Santé publique France

Caroline Costongs, Director of EuroHealthNet

Experts:

- **Pierre Arwidson**, Deputy Director of the Prevention and Health Promotion Department, Santé publique France
- **Catherine Paradis**, Technical Officer, Alcohol, Illicit Drugs and Prison Health Unit, Special Initiative on NCDs and Innovation, WHO Regional Office for Europe
- **John Holmes**, Sheffield Addictions Research Group, School of Medicine and Population Health, University of Sheffield, UK
- **Emily Brennan**, Centre for Behavioural Research in Cancer, Cancer Council Victoria, Australia

Main topics of discussion during the round table.

- Promotion of low-risk drinking guidelines, notably the role of social media and other ways to promote the guidelines.
- Accounting for social inequalities in health regarding alcohol consumption and the impact of guidelines.
- Which is more effective: digital guidelines or a qualitative message such as “less alcohol is better”? What are the implications of each approach?
- Evolution of social norms regarding alcohol consumption and normalization of non-drinking behaviors.
- Relevance of the standard drink/unit concept.
- Practices of the alcohol industry regarding the guidelines.
- Critiquing the alcohol industry’s role in promoting alcohol consumption: is this an effective approach for engaging young people?



Commercial determinants of health:

What impact on alcohol prevention policies and what levers for public health action?

Chaired by Myriam Savy, Director of Advocacy and Communication at Addictions France, and Caroline Costongs, Director of EuroHealthNet

Strategies of the alcohol industry to influence health policies: An overview

Mark Petticrew, Faculty of Public Health and Policy, London School of Hygiene & Tropical Medicine; SPECTRUM Consortium, UK

In 2023, the Lancet Commission published an article regarding the seven commercial practices that negatively affect health and equity. The first is the political practices used to undermine policy. For this purpose, the alcohol industry uses several tactics:

- It demands to initiate partnerships and presents itself as part of the solution while the evidence shows that it is harmful.
- It engages in lobbying to insert misinformation into decision-making.
- It denies significant evidence on alcohol harms using the tactics of the tobacco industry.
- It shifts the blame to consumers. Phrases like “drink in moderation” and “drink responsibly” are not just aimed at consumers but also distract from effective public health policies that could genuinely reduce harms.

The alcohol industry’s efforts to shift the blame to individuals are not new. This practice is seen across various sectors. Terms like “litter bug” coined by the

plastics industry and “carbon footprint” by British Petroleum perpetuate the idea that the public bears responsibility, thus absolving industries from accountability. The message is to “enjoy responsibly,” but we never say “market responsibly.”

The alcohol industry is active in schools around the world. For example, Diageo runs a theatre group called “Smashed” in 38 countries aimed at educating students about underage drinking while simultaneously promoting and normalizing alcohol consumption. Their goal is to reach 30 million children by 2030. These activities serve to undermine effective public policies and give the impression that regulation is not necessary because they claim to be acting responsibly. This normalizes the presence of the alcohol industry in schools despite their lack of public health competence.

Activities presented by the industry as “educational” are in reality branding opportunities. For instance, Heineken promotes drink-driving awareness while simultaneously pushing its zero-alcohol products in collaboration with the Department for Transport. Nevertheless, extensive evaluations of such campaigns reveal little evidence of their effectiveness.

Many of these practices are intended to shape norms, inducing the policy norms that make it normal to collaborate with a dishonest industry and to make the alcohol industry a public health actor. Yet other less visible strategies emerge, such as creating divisions among the scientific community.

To weaken opposition, the tobacco industry employed divide-and-conquer strategies like Philip Morris’s Project Sunrise. It is thus necessary to be vigilant against similar attempts in the alcohol sector, where they target splits within public health discussions around low-alcohol products and other industry activities. Attacking experts and scientific expertise, funding think tanks to influence

Commercial determinants have a strong impact on the health of populations. The political practices of the alcohol industry are varied and aim at undermining public health policies.

politicians, and using the media to undermine policy and misrepresent harms are other such less visible strategies.



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Alcohol labeling: Why our citizens are denied the right to know?

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

Unlike other food and drinks, the Food Information to Consumers (FIC) Regulation (EU) 1169/2011 currently exempts most alcoholic drinks containing more than 1.2% by volume of alcohol from the mandatory indication of the product's energy value, full nutrition declaration, and list of ingredients. The alcohol industry's current self-regulation of labeling fails to inform consumers about the nutritional and health impacts of alcohol. A significant majority of physical and online labels across product types are still missing this information, which leaves consumers struggling to find out the true health impacts when making the decision to consume alcohol.

In 2021, the Commission's Beating Cancer Plan placed a high priority on raising public awareness of the impact of alcohol on cancer rates, with accurate, universal product labeling identified as a key action. As part of this plan, the Commission indicated that it would make a proposal to amend the FIC and mandate ingredient and nutritional labeling on all alcoholic beverages by late 2022. However, in 2025, this has not yet happened, and EU citizens and Members of Parliament are still waiting for the proposal from the EU Commission.

This is the consequence of the health harming industries that Block, Amend, and Delay ("BAD industries") crucial policies at various levels, whether regional, national, or European. It is therefore essential to identify these industries and their intentions and to understand how and where they operate.

At the EU level, three main lobbyist organizations—*Comité Européen des Entreprises du Vin* (CEEV), Spirits Europe, and Brewers of Europe—are located in Brussels and registered on the transparency registry. They are part of a vast network of lobbyists and make alliances: for example, U-Label (partnership between CEEV and Spirits Europe) lobbies

to ensure that alcohol labeling continues to be treated differently than other products in the EU market. This alliance represents a massive army of hundreds of lobbyists seeking to prevent the regulation of alcohol. They participate in various discussions, including those related to legislation on alcohol labeling as well as other alcohol policies such as alcohol taxation and international trade agreements. Above all, they rally together to prevent the implementation of alcohol labeling in Europe. In addition, in the European Parliament, these industries have a strong presence, forming intergroups that unite a significant number of Members of Parliament.

Alcohol lobbyists are highly influential within European institutions and exert significant pressure on decision-making processes. Preventing the implementation of alcohol labeling in Europe is one of their primary objectives. Consequently, public health bodies should unite to resist against this push and make progress.

The consequences of this lobbying become evident when examining the developments on the supply of alcoholic products. With EU funding of up to €1.061 billion annually going toward wine production and promotion, there is a clear push to encourage consumption, particularly among younger people. Under the Directorate-General for Agriculture and Rural Development, the High-Level Group on Wine Policy, a specialized group within the European Commission focused on policy issues related to the wine sector, contributes to this push. It provides a structured forum for dialogue between the European Commission and stakeholders in the wine industry to ensure that European wine policies are aligned with the sector's needs and broader agricultural objectives. In the fall of 2024, the public health sector, for its part, had not been consulted.



In conclusion, while the future tasks may be challenging, it is worth recalling that notable progress has been made in tobacco control. By aligning efforts and implementing comprehensive strategies—starting with labeling—a healthier market can be promoted. It is essential that alcohol-related issues remain a priority when moving forward.

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The French example: Political activities, successes, and failures of French alcohol producers

Daniel Benamouzig, Director of Research at the CNRS, holder of the Health Chair at Sciences Po and researcher at the Centre of Sociology of Organisations (CSO - CNRS), France

A recent study on the corporate political activities (CPAs) of the alcohol industry in France, which is based on a mixed-method, follows on from a previous work on the CPAs in the agri-food sector, which offers useful comparisons. Three different strategies are used by the actors.

The first category consists of cognitive strategies reliant on knowledge, not only scientific knowledge but also cognitive arguments and narratives. However, the knowledge presented is often biased, embedding ignorance and fostering doubt. For example, actors in the alcohol industry use the French paradox debates, introducing doubt (“correlation is not causation”) among others. They also reframe the scientific evidence into cultural arguments. The wine industry in France shifts the conversation toward the “*terroir*”: the land and its cultural value. This serves to divert attention away from public health concerns. Cognitive strategies are primarily driven by research centers, think

tanks, and university programs that produce and disseminate biased knowledge under the guise of credibility.

The second category involves relational strategies. These strategies focus on direct contact with executive decision-makers such as Members of Parliament, government officials, or administrative staff. Industries engage intensively with individuals by participating in informal meetings and personal outreach or by sending letters or documents directly. Beyond this direct engagement, two broader political approaches also emerge. First, there is alliance building: the alcohol industry does not act alone but often collaborates with other sectors (communication, sports, culture) to increase its influence. Second, there is a clear effort to substitute themselves for policymakers by promoting their own solutions, framed them as viable options for policymakers to consider. Relational strategies are implemented by professional

The three strategies typically employed by industries to promote their corporate political activities are observed in the alcohol sector in France, with certain specificities. The success or failure of these activities depends on both the ability of alcohol stakeholders to build sufficiently broad political coalitions and the strength and structure of health sector opposition.

lobbying groups, communication agencies, parliamentary clubs, and so on. Indeed, in France alone, 32 organizations work full-time on these activities for the alcohol sector.

The third category encompasses symbolic strategies, which aim to enhance the industry's public image while undermining its critics. These strategies include portraying the industry as a collaborator in public health or prevention efforts, systematically discrediting public health advocates by questioning their credibility ("activists") or motives ("hygienists") and engaging in lawsuits. A common tactic involves sponsoring community projects, local cultural or sporting events, and presenting the industry as socially responsible while deflecting attention from its detrimental impacts. Symbolic strategies are often executed by philanthropic foundations of which 20 were identified for alcohol.

Two recent cases illustrate the critical role played by alliances and narratives in shaping outcomes. In one instance, the alcohol industry succeeded in diluting some aspects of the "Evin Law" regulation such as permitting advertisements that highlight cultural and regional associations. The alcohol industry managed to relax the advertising rules by mobilizing a broad coalition that included media and communication stakeholders, which benefit from the industry's advertising investments. The main argument used was the need to better distinguish between "advertising and information." The opposition was quite isolated and had limited resources.

In another case concerning the attempt to authorize the consumption of alcohol in stadiums during sporting events, the industry's efforts failed due to weaker coalitions (less officials involved, lesser influence of the beer sector than the wine sector in

Parliament, local and less powerful alliances) and less persuasive arguments (alcohol consumption as part of the enjoyment of sports). Strong opposition from public health advocates and key government officials further contributed to this failure.

The strategies employed by the alcohol industry bear striking similarities to those used in other sectors such as tobacco, food, and pharmaceuticals. One clear area for improvement is increasing transparency, particularly around lobbying and promotional expenditure to mitigate their undue influence on public health policy.

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The Irish example: Ireland's Public Health Alcohol Act as a story of big ambition and persistence

Eunan McKinney, Strategic advisor, Institute of Public Health, Ireland

Ireland has a specific historical context due to its pattern of harmful alcohol use. Currently, 51% of adult drinkers show hazardous drinking patterns, and 15% have alcohol use disorders. Unlike other countries, youth drinking has not yet significantly declined. Around 600,000 people face serious alcohol-related problems: 200,000 children live with the impact of parental alcohol misuse, four alcohol-related deaths occur each day, and 50,000 children start drinking alcohol annually. The societal cost is immense: €2 billion annually for healthcare alone. Despite these harms, the alcohol industry spends an estimated €116 million annually on advertising, much of it targeting young people.

Over the past two decades, Ireland's public health approach to reducing population alcohol use has largely evolved. The first phase (pre-2009) relied on voluntary agreements with the alcohol industry, which proved ineffective. By 2009, although the annual consumption of alcohol had fallen from a peak of 14.3 liters (2001), there was little momentum to reach the then (government-preferred) OECD average of 9.1 liters per capita.

A second phase started in 2009 when alcohol policy designs began aligning with the WHO's Global and European Alcohol strategies, which focused on statutory interventions around price, promotion, placement, and product. In Ireland, this led to the creation of a steering group under the Chief Medical Officer. A National Substance Misuse Strategy was published and agreed by the government in 2013, leading to the presentation of the Public Health (Alcohol) Bill to parliament in 2015: a shift toward statutory regulation led by policy leadership and political champions. This legislation was enacted in October 2018 after an exceptionally long and difficult legislative process.

Key measures included minimum unit pricing to limit cheap alcohol, health warning labeling to

highlight the direct link between alcohol and fatal cancers, advertising restrictions such as prohibition in certain places, broadcast watershed and cinema bans, and separation and visibility of alcohol products in retail spaces. Implementation has been slow, with labeling set for 2026—14 years after the process began. Advertising content regulations remain unenforced.

The alcohol industry mounted strong opposition. Alcohol producers, businesses, and allied representative bodies as well as public affairs consultancies, including 351 lobbying activities in 2018 alone, targeted Members of Parliament,

Ireland's Public Health Alcohol Act is the result of a 20-year-long effort. Statutory measures were implemented despite significant resistance from the alcohol industry thanks to policy leadership and political champions, not to mention the unwavering commitment of a unified public health community and its advocacy strategies.

government figures, and senior officials. Tactics included disputing scientific evidence and raising fears about the economic consequences. Despite these efforts, public health advocates maintained a unified front, both nationally and internationally.

The health warning labeling debate highlights the alcohol industry's resistance. In 2022, draft regulations on health warnings, including alcohol's direct link to fatal cancers, faced scrutiny during the EU review process, with 18 industry objections countered by 60 supportive submissions from public health advocates. This episode underscored the importance of solidarity among the public health community, civil society organizations, and broader international alliances.

Sustained efforts have yielded results. Since 2012, per capita alcohol consumption in Ireland has dropped by 14%. In addition, fewer adults report drinking, and more young people are delaying alcohol use. However, challenges remain, such as adjusting the minimum unit pricing for inflation and addressing the rise of substitute zero-alcohol same brand marketing, which may undermine progress.

Ireland's success has been driven by several factors, including sustained leadership from policymakers and political champions, anticipation and combatting of commercial interests, unified advocacy by public health groups, NGOs, and civil society, and international support to counter domestic and industry resistance. This achievement was further bolstered by resilience through years of legislative navigation and the persistent commitment to their goals.

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Round table

Chairwomen:

Myriam Savy, Director of Advocacy and Communication at Addictions France
Caroline Costongs, Director of EuroHealthNet

Experts:

- **Mark Petticrew**, Faculty of Public Health and Policy, London School of Hygiene & Tropical Medicine; SPECTRUM Consortium, UK
- **Florence Berteletti**, Secretary General of The European Alcohol Policy Alliance (Eurocare)
- **Daniel Benamouzig**, Director of Research at the CNRS, holder of the Health Chair at Sciences Po and researcher at the Centre of Sociology of Organisations (CSO - CNRS), France
- **Eunan McKinney**, Strategic advisor, Institute of Public Health, Ireland

Main topics of discussion during the round table.

- What measures should be prioritized to counter the influence of the alcohol industry? The following key issues were discussed:
 - Transparency;
 - Ban on contacts with the alcohol industry;
 - Involvement of healthcare professionals in advocacy;
 - NGO advocacy and funding;
 - Advocacy training;
 - Importance of political champions over time;
 - Scientific evidence;
 - Building alliances.



Conclusion

Conclusion

François Beck, Director of the Prevention and Health Promotion Department
at Santé publique France

This symposium allowed us to examine the complexities of reducing the burden of alcohol while focusing on two challenges: low-risk drinking guidelines and the lobbying by the alcohol industry, which have a major impact on health policies.

During the first session, we explored various approaches to developing and communicating low-risk drinking guidelines and shared the valuable lessons learned from these experiences. Our discussions highlighted the importance of basing these guidelines on the most rigorous scientific evidence available. However, we also noted that different countries make different strategic choices. These strategies attempt to reconcile the most accurate information with issues of understanding and acceptability in order to elaborate the most accurate and impactful guidelines. This was the case, for example, with Canada's risk continuum strategy presented by Catherine Paradis.

However, as highlighted in the presentations by John Holmes and Pierre Arwidson, we are reminded that these guidelines can only be truly effective in changing people's behaviors if they reach their target. The dissemination of these guidelines appears to be a crucial factor in their success. Emily Brennan demonstrated how media campaigns that incorporate messages about both long-term alcohol-related harms and low-risk drinking guidelines have promising effects, not only in terms of raising awareness and reshaping attitudes toward alcohol but also in terms of impacting behavior, as seen in France at least in the short-term.

Importantly, these campaigns can also indirectly strengthen public acceptance of other regulatory measures that further reduce alcohol-related harms. In this way, they contribute to the process of denormalizing alcohol use.

Nevertheless, it is crucial to recognize that disseminating such messages is not enough. As stated by our expert guests in the first session, low-risk drinking guidelines carry their own limits: they can contribute to the normalization of alcohol consumption, with the alcohol industry even hijacking them in some cases. Therefore, while low-risk drinking guidelines and persuasive campaigns are essential tools to help reduce the alcohol burden, they are only part of the solution. We must also look toward other effective strategies such as alcohol taxation and advertising limitations, especially concerning adolescents and young people on digital platforms and social networks. In addition, we need to innovate by implementing other proven and recommended measures that can work together in synergy. As a scientific public health agency, it is the responsibility of Santé publique France to advocate the implementation of such measures.

In France, from 1991 to 2009, a law known as the Evin law provided a protective framework for young people's exposure to alcohol advertising in the media, even if regulation in today's digital media and social networks is much more difficult to implement than it was for television. Other significant successes include the taxation of alcopops in France in 1996 and vinipops in 2019. These successes prove that change is possible but that we need to tackle the issue on simultaneous fronts: scientific research and political channels through powerful advocacy with stakeholders and the mobilization of civil society and the media.

Meanwhile, the alcohol industry is also likely to influence alcohol consumption using numerous strategies that may include commercial, political, and pseudo-scientific activities. The second session focused on the alcohol industry's lobbying practices to influence public policy decisions, as already observed with the tobacco, fossil energy, and junk food sectors.

Mark Petticrew, Florence Berteletti, and Daniel Benamouzig provided an excellent explanation of the alcohol industry's methods for influencing health policy at the international, European, and national levels. These economic lobbies are active, highly organized, and financially endowed.

Nevertheless, public health can prevail! Daniel Benamouzig gave several examples of failures from the alcohol industry in France, where the sector relies on its ability to build sufficiently broad political coalitions, particularly among elected politicians, in order to promote their point of view and influence regulations. Eunan McKinney also shared the success of the enactment of Ireland's Public Health Alcohol Act, or in his words: "a story of big ambition and persistence."

Despite the many obstacles, the exchanges at this symposium may give hope by showing how we can make public health more effective against economic interests that have a negative impact in our countries. For this, we are grateful.

To conclude, I would like to return to this fundamental notion of complementary approaches. Health policies must include measures of different

kinds that act on the environment of individuals and address the behavior of individuals themselves. To build, defend, and implement these policies, it is essential to cross perspectives and disciplines while promoting complementary approaches. For example, given the importance of the return on investment argument used for advocacy and decision-making, Santé publique France has decided to develop economic evaluations of its prevention interventions and calculate the return on investment to support its prevention missions.

Currently, only a minority of countries have comprehensive national alcohol control plans despite the growing evidence of the effectiveness of certain measures in terms of behavior change.

This symposium underscores several key lessons that we need to reflect on as we move forward. The collective discussion does not end here; we need to continue working together to share insights, build advocacy strategies, and support each other with the goal of reducing alcohol-related harms. I would like to thank everyone involved for their commitment, contributions, and dedication to this major issue.

John Newton, Professor of Public Health and Epidemiology, University of Exeter, UK, and Chair of the Scientific Advisory Board of Santé publique France

This symposium brought together speakers and participants with a rich diversity of expertise and experience in the crucial area of alcohol and its effect on health. As an important sign of the commitment of Santé publique France to tackling the harms of alcohol consumption in France, this hard-hitting symposium was developed in partnership with EuroHealthNet, despite the strong links between the French alcohol industry and other powerful French institutions. The content of the day emphasized the value of sharing perspectives internationally and across sectors with valuable contributions from speakers from Europe and beyond as well as from many different types of organizations: governmental, academic, and specialist NGOs.

The symposium reminded us of the importance of learning from real-world evidence in relation to

two of the most challenging issues in alcohol harm reduction. The first was the promotion of evidence-based low-risk alcohol guidelines, which can be a powerful tool in raising awareness and reducing risk across the population. In the last decade or so, an important shift has occurred in our understanding of alcohol-related harms, even at low levels of exposure. This needs to be communicated in a way that allows individuals to better understand how alcohol can affect their health. This message is often in direct contrast to the widely promoted messages from the industry.

The challenges of dealing with the alcohol industry were covered in depth as the second topic of the symposium, with leading international experts explaining the methods adopted by the industry and the ways in which they can be addressed. We also

heard from senior figures with a direct experience of novel policy approaches adopted in several countries with some encouraging success.

In the opening session, speakers effectively demonstrated the need to understand different perspectives on alcohol and the importance of partnership work. Caroline Semaille, Director of Santé publique France, described the burden of alcohol by presenting powerful data published by her organization on alcohol-related harms. What she described as “a cultural good but a health harm” causes over 4,000 strokes annually in France and is the second cause of preventable cancers. This is in addition to the significant social and economic cost. Tina Van Havere, Head of Cabinet of the Minister of Health in Belgium, explained that even though such harms are known and understood by politicians and other policymakers, public health advocates must also understand and consider the political feasibility of implementing any policy proposals. She was, however, generally encouraging when reporting her country’s political commitment to an overall strategy to combat alcohol harms. Carina Ferreira-Borges, Regional Advisor for Alcohol at the WHO Europe, also left us on an optimistic note as she described a number of promising policy developments across Europe and presented a valuable new publication from the WHO entitled “Empowering public health advocates to navigate alcohol policy challenges.”

The overall message of the symposium was that reducing alcohol harms should remain a top priority

for national and international public health bodies despite opposition from powerful commercial and political opponents. There is strong existing evidence on alcohol-related harms with good evidence available to support effective policy and other interventions, although plenty of gaps still exist.

The approach recommended to Santé publique France by its Scientific Advisory Board aligns closely with the content of this symposium and can be summarized under five headings. First, adopting a suitably broad **strategy**, including social marketing but also working on underlying social determinants and the need for regulatory and fiscal action. Second, building effective **partnerships** with agencies that have a relevant remit, which is especially important at the national level when no single agency has a sufficiently wide remit. Third, **exposing and challenging the alcohol industry** when it promotes misleading messages. Fourth, continuing to collect and publish **surveillance information** on alcohol-related harms and undertake or support the necessary **research** on effective interventions through both controlled studies and real-world evaluations. Finally, **engaging** the public enthusiastically in the debate and **informing and empowering** citizens and community agencies to act for themselves.

Participants left the symposium with a renewed commitment to action in their various roles and the strengthening of existing partnerships and, we hope, the creation of new ones.

Appendices

Documentary resources

- Addictions France <https://addictions-france.org/>
- EuroHealthNet <https://eurohealthnet.eu/>
- Eurocare <https://www.eurocare.org/>
- Santé publique France <https://www.santepubliquefrance.fr/determinants-de-sante/alcool>
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Steering committee

- **Viêt Nguyen-Thanh**, Head of the Addictions Unit, Santé publique France
- **Guillemette Quatremère**, Scientist in public health, Addictions Unit, Santé publique France
- **Jennifer Davies**, Public Policy Officer, Addictions Unit, Santé publique France
- **Maïka Kracher-Solomon**, Communications Account Director, Santé publique France
- **Caroline Costongs**, Director, EuroHealthNet
- **Samuele Tonello**, Senior Research Coordinator, EuroHealthNet
- **David Hargitt**, Senior Operations Coordinator, EuroHealthNet
- **François Bévan**, Event Project Manager, Formule Magique Agency

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