DEEP SEAS

DEVELOPING AND EXTENDING EVIDENCE AND PRACTICE FROM THE STANDARD EUROPEAN ALCOHOL SURVEY

Background Document for the DEEP SEAS Thematic Capacity Building Workshop

Alcohol Agricultural Policy to Protect Health?

Funded by the European Union

Co-hosted by

NIJZ National Institute of Public Health

REPUBLIC OF SLOVENIA MINISTRY OF HEALTH

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Contents

Background to the workshop

The two interlinked online workshop sessions, with the overall aim of exchanging effective policy options to promote agricultural mechanisms for alcohol which protect human and planetary health, will take place within the frame of the prevention strand of the EU beating cancer plan over two afternoons in November 2021.

The idea is to facilitate clear communication and exchange of perspectives and priorities on alcohol agricultural policies and support mechanisms as they impact on health and other areas, and to establish sustainable connections between Member States and with the Commission, which can endure after the events to promote health in all policy initiatives. Outputs will include a peer-reviewed scientific summary; a set of short videos introducing the evidence and European initiatives and experiences; and a workshop report, including policy recommendations at the national and European levels, coming out of discussions in the sessions.

The workshop is the fourth in a series of five. The first in the series, Alcohol Advertising and Sponsorship in Traditional and Digital Media was held in December 2020, hosted by Charles University Prague and the Government of the Czech Republic. The second workshop Alcohol and its relation to Cancer, Socioeconomic Inequalities, and Nutrition & obesity was held in March 2021 co-hosted by General Directorate for Intervention on Addictive Behaviours and Dependencies (SICAD), of the Portuguese Ministry of Health. The third workshop, Alcohol Taxation and Pricing Policies, including Unrecorded Alcohol and Cross-Border Issues was held in June 2021 and co-hosted by the Lithuanian Drug, Tobacco and Alcohol Control Department (NTAKD), the Lithuanian University of Health Sciences, and the Lithuanian Alcohol Control Coalition (NTAKK).

ACKNOWLEDGMENTS AND DISCLAIMER

This workshop is produced under the service contracts **DEEP SEAS** (Developing and Extending Evidence and Practice from the Standard European Alcohol Survey - www.deep-seas.eu, Contract No. 20177113). The information and views presented in the sessions are those of the speakers, and hence represent their sole responsibility. Accordingly, the information and views presented during sessions cannot be considered to reflect the views of the European Commission and/or the Health and Digital Executive Agency or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information presented during the workshop sessions.

The workshop is co-hosted and supported technically by the National Institute of Public Health (NIJZ) Slovenia.

Agenda

Session 1. Thursday 4th November

"Alcohol, no ordinary foodstuff" - *Agricultural policy and alcohol production: the place of health in the equation*

14:00	Introduction and briefing - Welcome from hosting Member State – Republic of Slovenia - Frame of the EU Farm2Fork initiative - Frame of the EU Common Agricultural Policy (CAP)	- Vesna Marinko (MoH, SI) - Claire Bury (DG SANTE) - João Onofre (DG AGRI)
14:20	- Evidence update – Sub-Topic 1: Health in alcohol agricultural policy: priorities for the food system and regulating primary production	Video presenters: - Laura Rossi (CREA, IT) - Joao Breda (WHO)
14:45	Stakeholder perspectives: - The OECD perspective on EU alcohol agricultural policy and health - The CAP and Farm 2 Fork strategy – where is health?	Video presenters: - Michele Cecchini (OECD) - Nikolai Pushkarev (EPHA)
15:10	10-minute break	
15:20	Summary by sub-topic expert + introducing discussions (live)	Toni Gual / Laura Rossi
15:25	Breakout discussions – (small parallel groups of 8-10 people): ▪ Discussion question (TBC): *How can EU Member States be supported to collaborate across sectors and reach balanced priorities for agricultural systems to reduce alcohol harm? (3-5 mechanisms)*	Moderators and rapporteurs pre-assigned to each group
16:00	Feedback to whole group – - Brief summaries by rapporteurs/moderators + Round of comments	Rapporteurs and Moderators
16:30	Wrap up by hosts and sub-topic expert	A Gual / L Rossi / J Breda
16:45	End of afternoon 1	

Session 2. Tuesday 9th November

"Farm 2 Glass – informing consumers" - *Agricultural and promotion policy compatible with health and sustainability*

14:00	Introduction and briefing - Welcome from hosting Member State - Slovenia - Frame of the EU - Health promotion & cancer prevention - Frame of the Agrifood Promotion Policy (Regulation 1144/2014)	Toni Gual (chair) - Ada Hocevar Grom (NIJZ, SI) - TBC (DG SANTE) - Christina Gerstgrasser (DG AGRI)
14:20	- Evidence update – Sub-Topic 2: Key scientific messages on agricultural policy impacting the promotion of alcohol products, including labelling.	Presenter: - Laura Rossi (CREA, IT) - Joao Breda (WHO)
14:45	Stakeholder perspectives: - Food systems which account for multiple priorities: implications of environmental findings for alcohol - Health consequences of promotion of alcohol products – reforms to the CAP, F2F and consumer preferences	Video presenters: - Katherine Severi (IAS, UK) - Florence Berteletti (Eurocare)
15:10	10-minute break	
15:20	Summary by sub-topic expert + introducing discussions (live)	
15:25	Breakout discussions – (4 small parallel groups of 8-10 active discussants): ▪ Discussion question: *What policy tools can EU Member States use in a comprehensive approach to protecting health through the alcohol production and marketing chain (3-5 pan-sectoral policy tools/options)*	Moderators and rapporteurs pre-assigned to each group.
16:00	Feedback to whole group – - Brief summaries by rapporteurs/moderators + Round of comments	Rapporteurs and Moderators
16:30	Wrap up by hosts and topic experts	A Gual / L Rossi / J Breda
16:45	End of afternoon 2	

Background briefing: Agriculture policies and support mechanisms, including alcohol-related health impacts

Laura Rossi, CREA Food and Nutrition, Rome

Key points

- The economy, environment and health are intrinsically linked
- Promoting healthy, sustainable diets is essential to tackle the increase in NCDs in Europe
- Alcohol use contributes substantially to the global burden of death and disability, particularly NCDs
- The Green Deal, Farm2Fork and CAP have an impact on health
- Current agricultural policy is not aligned with other EU policies concerning alcohol and health
- Agricultural policy needs to strike a balance between economic, environmental and health priorities
- Alcohol is not a basic food and contains empty calories – it adds calories to the diet without containing any nutritional value
- Lack of nutritional labelling limits consumers' ability to make informed choices

1. Introduction

The rise of non-communicable diseases such as chronic respiratory diseases, cardiovascular diseases, diabetes and cancer, puts a tremendous stress on society and on health care systems, although they could be largely prevented by healthier lifestyles particularly in relation to alcohol, tobacco, physical exercise, and diet. Europe is the region most affected by NCDs with over 90% of deaths and over 85% of DALYs estimated to be due to NCDs (1).

Paradoxically, many of the policies that impact on these lifestyle factors are largely designed by sectors not directly related to them, and often give priority to the profits of powerful economic actors, despite the detrimental impact of this on the Member States' populations in the long run. In addition, when it comes to alcohol, public health and policy decisions are often made or influenced by economic and policy sectors that are not directly related to health but have an important impact on health, well-being, and sustainability.

It is important to identify policy areas and sectors beyond public health and the 'traditional' alcohol control measures with potential overlap, cross-impact, and common and sometimes seemingly conflicting priorities. As alcohol beverages are made of agricultural raw materials, one such policy area to consider when it comes to public health is agriculture policy. In this sense, it is important to take into consideration the Food and Agricultural Organization of the United Nations (FAO) concept of Nutrition-sensitive agriculture (2), an approach that seeks to maximize agriculture's contribution to nutrition and health. In the area of alcohol production, this means reshaping production to include consideration of the potential health impact.

European agricultural policy and initiatives including the Common Agricultural Policy (CAP), Farm to Fork (Farm2Fork), and the Green Deal all have impacts beyond economic and environmental considerations. In their current form, with regard to alcohol, these initiatives appear to be in conflict with other European policy objectives aimed at protecting health. A common ground needs to be found which better aligns and balances the objectives of these different policy areas and supports health and sustainability in the EU.

2. Purpose of the document

The main objective of this paper is to give an overview of alcohol within agriculture policy and potential options which protect human and planetary health. It is intended to provide background for discussion within the thematic policy workshop Alcohol Agricultural Policy to Protect Health that will be Co-hosted by the National Institute of Public Health (NIJZ) in Slovenia on November 4 and 9 2021.

This paper endeavours to make the most of both qualitative and quantitative information in highlighting multi-sectoral policy concerns, and guiding recommendations for health in all policies, supported by evidence-based facts and figures. The results of these efforts are mainly addressed to national-level European policy stakeholders.

The paper has three specific objectives:

- to assess the role of alcohol production within current EU agricultural policy, including the new CAP and the Farm to Fork strategies that aim to ensure food security, nutrition and public health, and access to sufficient, safe, nutritious, sustainable food for everyone
- to evaluate the environmental impact of different alcoholic beverages (wine, beers, spirits)
- to address the issue of labelling of alcoholic beverages, mapping the situation in EU countries with respect to the achievement of WHO recommendations.

3. Methodology

A literature search between July and October 2021 for peer-reviewed and grey literature on the presence and implementations of agriculture policies and support mechanisms, including alcohol-related health impacts was carried out. Inclusion criteria were articles and papers published after 2000, not limited to EU studies. Documents from the private sector were included. No specific exclusion criteria were applied, all pertinent documents were included and critically examined for the purpose of the present paper.

4. Alcohol, health and nutrition

Alcohol is not an ordinary commodity; it is a psychoactive substance with dependence-producing properties. Ethanol (pure alcohol) is found in all types of alcoholic beverages and is a carcinogenic compound (3). Along with smoking, unhealthy diet and physical inactivity, alcohol use is one of the four most important risk factors for NCDs (4) and a leading risk factor for premature death and disability globally (5). The Global Burden of Disease (GBD) study (6) estimated alcohol use and alcohol-attributable deaths and disability-adjusted life-years (DALYs) for 195 locations from 1990 to 2016. Globally, alcohol use was the seventh leading risk factor for both deaths and DALYs in 2016, accounting for 2.2% of age-standardised female deaths and 6.8% of age-standardised male deaths. The GBD study concluded that the level of alcohol consumption that minimised harm across health outcomes was zero standard drinks per week. However, alcohol plays a role in European society, and is deeply rooted in peoples' perceptions of culture and tradition. At the same time that achieving zero consumption is unrealistic there is an urgent need to address alcohol-related harm.

Alcohol-related harm is a major public health issue in the European Union. Europe has the both the highest level of alcohol consumption and of alcohol-related harm in the world, and reducing alcohol use and related harm is a priority area for the European Commission. Alcohol consumption is associated with increased risk of heart diseases and stroke, liver cirrhosis, certain cancers and foetal alcohol disorders with the risk increasing with the amount consumed. However, even moderate alcohol consumption (2-3 units per day) increases the risk of developing such diseases (1).

Alcohol use is responsible for some 255 000 to 290 000 deaths each year across EU countries (7,8). Europe is also the region with the highest rates of foetal alcohol spectrum disorders (FASD) and foetal alcohol syndrome (FAS), its most severe form (9), caused by alcohol exposure during pregnancy.

In the case of cancer, a causal link has been established between alcohol use and a number of cancers (10-12). The Europe Commission's *Beating Cancer Plan,* launched in February 2021*,* includes cancer prevention as a

priority area with targets for addressing key risk factors including harmful alcohol use (13). Alcohol also contributes to morbidity and mortality through accidents and injuries, violence, homicide and suicide.

Alcoholic beverages, like sugary drinks, are non-basic, 'discretionary' foods, without nutritional value, and as such, cannot be recommended as part of a healthy diet. Ethanol (the alcohol in all alcoholic beverages) contains 7 calories per gram, only fat, with 9 calories per gram, contains more calories while sugar contains 4 calories per gram. The calories in alcohol are regarded as 'empty calories', in that they add calories to the diet without adding any nutritional value. The addition of sugar to some alcoholic beverages, or mixing with soft drinks adds even more empty calories to the diet. However, under current EU legislation drinks containing more than 1.2% alcohol by volume are exempt from nutritional labelling requirements (14), limiting consumers' right to know and their ability to make informed choices about what they consume.

4.1 Alcohol consumption patterns in EU

Measured through sales data, overall alcohol consumption stood at 10 litres of pure alcohol per adult on average across EU countries in 2018, down from 11 litres in 2008. Latvia and Austria have the highest level of alcohol consumption, with over 12 litres per adult while at the other end of the scale Greece, Sweden, Italy and Malta consume less than 8 litres of pure alcohol per adult. Over the past decade, alcohol consumption has decreased in most EU countries, with the largest reductions in Estonia, Greece and Lithuania (15). Men consume about four times more alcohol than women on average across EU countries (7).

Across the EU there are numerous cultural factors related to alcohol consumption and drinking behaviours and the nature of the resulting harm differs across the continent in terms of its impact on the individual, society and the economy. Traditionally, a distinction has been drawn between Northern European countries and their Southern European counterparts in terms of alcohol consumption and drinking patterns (16). A recent paper by Kilian et al. (17) examined the geographical variations in drinking practices throughout Europe, and considered drinking cultures, using data from the Standardized European Alcohol Survey which resulted from the Joint Action on Reducing Alcohol Related Harm (RARHA SEAS) in 2015/2016 (18), that suggested a predominance of beer drinking in the majority of the countries studied, and pointed to a growing popularity of beer consumption within the European Union (7).

The importance of drinking patterns

Although overall alcohol consumption per capita is a useful measure to assess long-term trends, it is also important to consider drinking patterns across population groups to identify those most at risk of alcohol-related harm. Beyond quantity, drinking frequency and intensity are also crucial to measure the extent of harmful consumption.

In 2016, one-third (33%) of adults on average across EU countries reported heavy episodic, or binge, drinking — having had six drinks or more alcoholic drinks on a single occasion during the last month. This proportion was three times higher among men than women (51% vs. 17%). Although alcohol consumption has declined overall in the EU, heavy and binge drinking is on the rise in many countries, especially among young adults and women (19). Men in lower socio-economic groups are also more likely to drink heavily than those in higher socio-economic groups, while the opposite is true for women (19).

Adolescents and young people

Alcohol use in adolescence continues to be very common in Europe. Despite the fact that the legal drinking age in most EU countries is 18, on average two-thirds of European adolescents report having drunk alcohol at least once in their life by age 15, and over 20% report having been drunk more than once in their life (20). Although the proportion of adolescents reporting to have been drunk more than once in their life has

decreased in recent years. Early initiation to drinking and heavy drinking in adolescence are of particular concern, since these can cause neurological damage in the still developing brain and have severe health, educational and social consequences. Adolescents who report early exposure to alcohol and having been drunk multiple times are more likely to develop problematic alcohol use and dependence later in life (21).

5. The impact of alcohol consumption on cancer

Alcohol use is associated with a range of injuries and diseases, including cancer, and is a leading risk factor for the global burden of disease (22). However, there is low awareness of the link between alcohol and cancer risk among the general public (23).

The consumption of alcoholic beverages has been causally linked to cancers of the upper aerodigestive tract (oral cavity, pharynx, larynx, and oesophagus) and cancers of the colon, rectum, liver, and female breast (24). There were an estimated 80.000 alcohol-attributable cancer deaths and almost 1.9 million alcohol-attributable cancer DALYs in Europe in 2016 (25).

Heavier drinking patterns contributed most to the global burden of alcohol-attributable cancers, but even moderate drinking, equivalent of up to one alcoholic drink per day for women or two per day for men, was also accountable for more than 100 000 global cases of cancer in 2020 (26).

In summary, alcohol use causes a substantial burden of cancer, a burden that could potentially be avoided through cost-effective policy and interventions to increase awareness of the risk of alcohol and decrease overall alcohol consumption. General population strategies include measures to reduce availability, increasing price via taxation, and banning or restricting marketing, and are the most effective for outcomes such as alcohol-attributable cancer, where even lower levels of drinking can increase the risk (27). With increases in alcohol consumption predicted until at least 2030 in several world regions, action must be taken to reduce the avoidable burden of cancer and other harm attributable to alcohol use (26).

6. Policy responses to alcohol-related harm

Many European countries have implemented a range of policies aimed at reducing alcohol consumption and related harms. These include evidence-based recommendations for cost-effective interventions as in the WHO ‘Best Buys’: reducing affordability through taxation and pricing, restrictions on the availability of alcohol, and restrictions or bans on alcohol marketing and advertising (28). Many Member States have also implemented public health campaigns (19) Other effective prevention measures include screening and brief interventions (SBI) for alcohol use in health care settings.

Taxes on alcoholic beverages exist in all EU countries. However, despite the existence of a common EU-wide legal framework, tax levels vary widely across countries and by beverage type. When it comes to advertising on social media and the internet, the most common type of regulation across EU countries relates to restrictions on the content and/or the placement of advertising, although some countries have gone further and adopted advertising bans on social media (e.g. Norway). Regarding industry sponsorship of sport and youth events, about one-third of European countries report having voluntary agreements in place, while one-quarter have no restrictions (7).

Recent measures with proven impact on drinking behaviour include minimum unit pricing, regulation of digital alcohol marketing, and alcohol labelling including nutritional information and warning labels. Minimum unit pricing, introduced in Scotland in 2018, has been associated with a reduction in alcohol purchases, especially among those households which bought the most alcohol (29).

Specific EU and global policies/initiatives which promote reducing alcohol consumption and related harms:

- The European Action Plan to Reduce the Harmful Use of Alcohol (2012-2020)
- The WHO Global Strategy to reduce the harmful use of alcohol (2010)
- Europe's Beating Cancer Plan (2021)
- WHO NCD Action Plan (2013-2020)
- UN Sustainable Development Goals

Specifically, regarding young people, a number of the aforementioned policies have proven to be effective in reducing alcohol use among adolescents, such as limiting accessibility to alcohol (e.g. through restrictions on location and hours of sales, and raising the minimum legal age for drinking), increasing prices (through taxation or minimum unit pricing), and stricter regulation or bans of advertising through sponsorship and social media.

7. Balancing risks and benefits of alcohol consumption: is it still appropriate to mention the J-shaped curve?

In recent years there was a "shift" in several nutritional guidelines, for example in Italy, from the previously recommended low-to-moderate alcohol consumption, to advising against at any level of consumption, a shift mainly driven by numerous and growing evidence of the link between alcohol intake and cancer. These observations led the World Cancer Research Fund and American Institute for Cancer Research (2017) (30) to position "ethanol in alcoholic beverages" within Group 1: Carcinogenic to humans, the group specifically containing substances (and food items) known to cause cancer in humans. This novel position, has been endorsed by the panel of experts who drafted the guidelines, targeting a maximum protection of the population from risk factors for chronic and non-communicable, deadly, diseases. However, this strategy is not unanimously shared by the entire research community, and in particular, by some scientists involved in the prevention of cardiovascular disease.

In fact, it is still claimed that the recommendation that the adult population avoid any alcohol consumption is unjustified and possibly even "harmful", based on a body of evidence that associates low to moderate alcohol intake to a lower risk of all-cause mortality and cardiovascular disease in specific age groups and by gender. This association is frequently referred to as a J-shaped curve of alcohol intake vs disease risk, indicating that a low intake is associated with good health outcomes and therefore advisable. In relation to cancer, a 2021 review found no protective effect at any level of use for those cancers for which a causal link has been established. It further notes that for breast cancer, even average alcohol intake as low as 10g per day or less is associated with a significant increase in breast cancer risk (31).

It is important to emphasise that the impact of alcohol use should be evaluated within the context of other effects of alcohol on health (1, 32). The GBD study, for example, found some protective effects for ischaemic heart disease and diabetes among women, but these were offset when overall health risks were considered. These findings emphasise the importance of assessing how alcohol use affects population health across the lifespan (1).

7.1 Alcohol within dietary guidelines/recommendations

However, this interesting debate regarding the J-shaped curve, involving outstanding scientists, has left consumers somewhat disoriented. In fact, going through the recommendations of food based dietary guidelines in Europe (33) it is evident that the messages related to alcohol consumption are very limited in a large number of countries and can appear contradictory or confusing. The general recommendation is "do not drink alcohol" without any associated guidance related to low-risk quantities. Similarly, when tolerated

quantities are provided, it is clearly specified that this “should not be taken as an encouragement to regularly consume alcohol”.

Indeed, considering the option of moderate alcohol intake within a healthy diet seems an overt contradiction after demonstrating its negative effects on health and advising the population to avoid any intake. This is particularly complex regarding wine when considering the ‘traditional’ Mediterranean diet, although the harmful substance (ethanol) is present in all alcoholic beverages, regardless of type.

Belgium and Spain avoided the problem by placing alcohol outside of the graphical representations (e.g., food pyramids) used in their food based dietary guidelines), and specify that alcohol is “not needed for a balanced diet and can harm your health”. Italy has recently chosen the same strategy and a similar approach can be found within the worldwide recommendations (34).

Therefore, we can assume that a general consensus exists among nutritionists not to recommend any alcohol consumption, and that the only guidance that could be given if people choose to drink is that the risk increases with intake. This is the philosophy of documents such as the Food-Based Dietary Guidelines (FBDGs), science-based recommendations for healthy eating integrating scientific knowledge about nutrients, foods and health in order to identify dietary patterns that facilitate choosing desirable food and nutrient intakes.

Evidently, the research regarding the protective effects of low alcohol intake on cardiovascular diseases in specific segments of the population (men 70+ for ischemic heart disease; women 90+ for CVD) have been progressively considered less relevant, and have been cancelled out by the other associated health problems and by the carcinogenic risks, at any level of consumption, when applied to the whole population, leading to the recent strong recommendation to avoid alcohol consumption to prevent cancers (35).

Dismissing the J-shaped curve therefore remains an exquisitely scientific problem, overtaken by the need to distribute guidelines which provide clear-cut and straightforward advice. From this perspective, the J-shaped curve related to alcohol is to be interpreted cautiously. Chokshi and collaborators (2015) (36), in an interesting viewpoint on the health policy significance of the J curve, highlighted that there may be situations needing public health strategies related to specific health harms (e.g., risk of cancer) or populations (e.g., low income or low education). In other words, the J shaped curve can be “linearized” when accounting for the overall mortality, including of cancer, with a slope that, for some types of cancer (e.g., breast cancer) is of significant concern (30).

In the light of this general approach, is it possible to suggest a pattern of alcohol consumption that could minimize the risk? It is often said that moderate alcohol intake during meals, as in the most “classical” Mediterranean diet could be the best “tolerable” option, a position shared by the Italian Guidelines for example. It is important to stress that this is neither a recommendation nor a suggestion: both would contradict the concept of health protection. There is therefore the need to explain to consumers that this is a way of minimizing, but not removing, the risk of harm. The only way to have zero risk, at present, remains zero alcohol intake (37).

This is indeed a compromise necessitated by the need for recommendations which address the population and not individuals and which confront a solid wall of generalized and traditional consumer habits. In addition to strong cultural habits, there are economic issues, in particular in countries where wine production has a significant impact on the overall economy, although the significance of this role has been debated in recent years. Finally, a continuous flow of peer reviewed scientific publications reporting alcohol drinking (usually wine) as an expedient “anti-aging”, health protecting strategy are in turn amplified by a more popular press and the involvement of the alcohol industry in research funding is of concern to public health advocates.

8. Sustainable agriculture in the CAP and in the Farm to Fork strategy: the position of alcohol

The European Union (EU) Green Deal aims to put sustainable food systems at its heart. Its related core strategies: the Farm to Fork Strategy (Farm2Fork), the EU Biodiversity Strategy for 2030 and the new Common Agricultural Policy (CAP), could substantially affect the future of European agriculture and food. The objectives of the Green Deal include quantitative targets related to climate, environment and health issues for agriculture, with substantial reductions in the use of pesticides, fertilizers and antibiotics, and large increases in agricultural land under organic farming, high-diversity landscape features and protected land areas. Objectives go far beyond the farm gate by adopting a whole food chain approach, generalizing the application of circular bio-economy principles, reducing food waste and losses, and encouraging a shift towards healthy and environmentally friendly food diets (although without setting quantitative targets).

A large proportion of the European population does not comply with dietary recommendations that are consistent with Green Deal nutrition and health objectives. Current trends show no change in the unrelenting increase in excess weight, obesity and related diseases. Considerably more ambitious policies are needed in this area. In addition, changes in population diets could also contribute to the reduction of greenhouse gas emissions (38).

8.1 Is the provision of healthy and sustainable food for society claimed by the new CAP compatible with alcohol production?

Agriculture occupies a unique position at the heart of the European Union's society, environment and economy. Agricultural activity is sustained by good environmental conditions, which allow farmers to harness natural resources, create their produce and earn a living. In turn, the money brought in by agriculture sustains farm families and rural communities, while the food produced by agriculture sustains society as a whole.

The common agricultural policy (CAP) combines social, economic, and environmental approaches on the path towards achieving a sustainable system of agriculture in the EU. Further steps in this path will be taken in the new CAP, which is built around a renewed and more ambitious green architecture (39). The new CAP, which starts in 2023, aims to foster a sustainable and competitive agricultural sector that can support the livelihoods of farmers and provide healthy and sustainable food for society, as well as vibrant rural areas (40). The CAP has long been considered the cornerstone of the European integration process. The gradual broadening of its original objectives has led to a progressive reshaping of the policy tools, which have resulted in a very large legislative framework, implemented through three main lines: farmer income support; expenditure and regulatory measures to stabilise or develop agricultural markets, measures for rural development (41).

There have been a number of calls for reforms to the CAP, including the need to develop links between agriculture and human health and to mainstream public health matters into the CAP. For instance, sustainable nutrition security could be made a CAP objective, phasing out 'health incompatible' subsidies and promoting a 'nutrition-sensitive' agricultural policy with links to regional and local strategies, such as urban agriculture. There is also a recognition that the role of the EU in health has been continuing to expand over the years (42).

The CAP implements a system of agricultural subsidies and other programmes and regulations. For instance, the European Union wine regulations (43) are common legislation related to wine. These regulations regulate aspects such as the maximum vineyard surface allowed to individual EU Member States, allowed winemaking practices, and principles for classification and labelling of wine.

Wine production and consumption within European agriculture

The alcohol industry, and in particular the wine sector, which represents an important segment of EU agriculture, is also obviously involved in the CAP revision process. The EU is the world's leading producer, consumer and exporter of wine. Policy addressing wine production has been part of the CAP since the very beginning.

The EU is the largest consumer of EU wines, with five Member States (France, Italy, Spain, Germany and the UK) accounting for over 70% of consumption of EU wines. Driven by health concerns and changing consumption patterns, the EU's annual per capita consumption of wine is decreasing. This trend is expected to continue, but at a slower rate (-0.4% per year), to reach around 25 litres per capita per year by 2030, although large differences between countries could remain.

The wine sector is adapting to a new generation of consumers with changing lifestyles and preferences. In particular, red wine consumption, often associated with the traditional dinner at home, is decreasing across the EU. Demand for white, rosé and sparkling wines, which generally have a lower alcohol content, is growing. The overall declining consumption of wine, together with a further expected decline of the use of vinified production for 'other uses' (e.g., distillation and the production of 'processed/elaborated products') is projected to lead to a decline in total domestic use of vinified production (-0.5% per year) by 2030. In a context of declining domestic consumption and growing opportunities on the world market, the wine sector has increasingly focused on competitiveness and quality rather than on volumes of production (44).

Overall, the EU's wine policy is fully consistent with EU economic, and CAP objectives. What is lacking is a coherence between the EU's wine policy and EU public health objectives. According to EUROCARE (45), European agricultural policies are important tools to support farmers' livelihood and sustainable rural development. However, EU policies must be coherent and cannot be evaluated according to economic metrics alone: Public health perspectives should always be weighed into evaluations.

The unprecedented EU funding for promotion for a single product disadvantages other major agricultural export sectors such as honey and olive oil, which receive far less EU funding. There is a dissonance between the CAP notion of providing a stable supply of "safe food" and EU's official view that "alcohol related harm is a major public health concern in the EU accountable for over 7% of all ill health and early deaths." (46).

8.2 The farm to fork strategy

The Farm to Fork Strategy (Farm2Fork) is a new comprehensive approach to how Europeans value food sustainability. It is an opportunity to improve lifestyles, health, and the environment. The creation of a favourable food environment that makes it easier to choose healthy and sustainable diets will benefit consumers' health and quality of life, and reduce health-related costs for society.

European food already sets a global standard for food that is safe, plentiful, nutritious and of high quality. This is the result of years of EU policymaking to protect human, animal and plant health, and of the efforts of farmers, fisheries and aquaculture producers. Now European food should also become the global standard for sustainability (47). The Farm2Fork Strategy is at the heart of the Green Deal (48) that sets out to make Europe the first climate-neutral continent by 2050. It maps a new, sustainable and inclusive growth strategy to boost the economy, improve people's health and quality of life, care for nature, and leave no one behind. In this scenario the question of whether alcohol production is compatible with the Farm to Fork strategy represents a key point of discussion.

EU promotion policies are under a global revision in 2021 to strengthen their contribution to the European Green Deal and the Farm2Fork strategy, and to *Europe's Beating Cancer Plan*, taking account of promotion

policy's important role in supporting the sustainable recovery of the EU agri-food sector in a challenging economic context (49). The position of some public health advocates including the European Public Health Alliance (EPHA) (50) is that the promotion of some agricultural products is no longer fit for purpose, and needs to be fundamentally revised.

Promotion policy needs a renewed objective that will drive an intervention logic that is fundamentally coherent with the new overarching vision for food systems. For EPHA this new objective should be to help create changes in demand to provide producers with market incentives that are consistent with a transition towards healthy diets, a nutrition-sensitive agriculture, and environmentally, socially and animal welfare friendly food systems. This new objective will need to be accompanied by a full revision of the logic by which funding is allocated, prioritizing health-enhancing products that are currently under-consumed, especially fresh or minimally processed fruit and vegetables, whole grains, pulses and nuts. The position on alcohol is strong, saying that alcoholic drinks, including wines, beers, ciders and spirits, should be excluded from eligibility for promotion support. This is in line with EPHA position on products with a geographical indication (GI), a category in which alcoholic beverages are often included, that should no longer be automatically considered as priority products for promotion. In fact, GIs appear to leave space for considerable heterogeneity in product requirements, questioning the ability of the current schemes to consistently represent higher added value in terms of sustainability.

The reasons behind the EPHA's strong position relate to the fact that the ongoing vote on an applicative document related to Farm2Fork (51) includes consideration of wine consumption as part of the sustainable food system strategy which, according to EPHA was added without any consultation with the public health community and appears to have been influenced or written by the alcohol industry (52). The verification of this is the scope of this document. However, it should be pointed out that the mentioned point presents some criticisms, for example mentioning the concept of "moderate consumption of wines as part of the Mediterranean Diet" that is definitely not in line with WHO recommendations and with cancer prevention actions.

8.4 Environmental impact of alcoholic beverage production

The impact of alcoholic beverages on the environment is a topic of increasing interest related to water and fertilizer needed for their production. Wine is less damaging to produce than spirits even though vineyards use large amounts of energy to harvest grapes, contribute heavily to global glass production, and leave behind chemicals in the surrounding soil. Beer has the least impact even considering the energy and fuel required for production, refrigeration and transportation.

Data on this topic are frequently from the private sector, such as the Drinks Industry Sustainability Index - Trends Report 2020 (53). The Nordic Alcohol Monopolies (Alko in Finland, Systembolaget in Sweden, and Vinmonopolet in Norway) published a report assessing the environmental impact of alcoholic beverages (54). The following three impact categories were identified as the most significant contributors:

- Respiratory inorganics (air emissions: particulates, ammonia, NOx, SO2)
- Global Warming (CO2, CH4, N2O)
- Nature occupation (loss of biodiversity from indirect land use changes)

The two first impacts are mainly caused by burning fuels for energy production. The largest contributing life cycle stages, contributing more than half of the total impacts, are packaging manufacture and agriculture. Packaging contributes 35% and 44% of the overall impact for wine and beer respectively, and 17% for distilled beverages. More than 45% of the overall impact from packaging is from glass manufacture, approximately 18% from aluminium, 16% from plastics and around 16% from paper.

Some of the global warming impact from packaging production is alleviated through recycling, most for beer with 46%, over 30% for wine to 19% for distilled beverages. The second largest contribution comes from agriculture (26% of the overall impact). Another 15% of the impacts come from the emissions from fuel use by the beverage industry itself. Another 14% come from other inputs to the beverage industry, which is dominated by electricity and upstream transport. For nature occupation, 33% of contributions come from wine, 45% from distilled beverages, and 22% from beer.

What emerges from this literature is that to reduce the environmental impacts, it is important to focus on the large impacts first, because all problems cannot be solved at the same time. In terms of differences and mapping of various sectors, on average, breweries in the Nordic countries use less and cleaner energy for brewing and for packaging than breweries in the rest of Europe. Likewise, spirits produced in Norway, Sweden and Finland have, on average, lower global warming footprints than spirits produced elsewhere. While wines from Germany and France for example are likely to have less environmental impact than wines from further abroad. This can be used to focus the efforts for reducing environmental impacts on the locations where the largest improvements can be expected.

9. Alcohol Labelling in EU Member states [55]

Labelling is part of the Farm2Fork strategy. Nutritional labelling has been found to lead to changes in consumer behaviour, both by increasing the number of people selecting a healthier product (56) and by reducing consumer dietary intake of unhealthy options. Nutritional labelling for food products has also been found to influence industry responses, leading to changes in the composition of some products (57). There has been less research on the effectiveness of labels for alcohol.

A 2017 meta-analysis found medium effect sizes for consumers in remembering warning labels, but an enhanced impact when the message is made explicit, rather than inferred or requiring the consumer to translate numbers into a given risk (58). Labels with standard drink information and low-risk drinking guidelines have been found to be effective for helping drinkers to accurately estimate their alcohol consumption (59-61) and have the support of the public (62).

Alcoholic beverages fall under the definition of food (63) in the labelling-related provisions of the Codex Alimentarius Commission standards and guidelines, and so are not exempted from the obligatory listing of all their ingredients and nutrient declaration (64). Yet, this has not been clearly understood by Codex Alimentarius Member States and discussions around standards and procedures for labelling alcohol products within the Codex are still ongoing. Countries are not in agreement as to whether to devote special attention to alcohol labelling separately from food labelling and, if so, which alcohol labelling issues (e.g. alcohol units, nutritional information, health risks) should be considered (55). Under current EU legislation drinks containing more than 1.2% alcohol by volume are exempt from nutritional labelling requirements (65), limiting consumers' right to know and their ability to make informed choices about what they consume.

9.1 State of art of alcoholic beverages labelling across the EU: initiatives and rationales

At EU level, the 2017 European Commission labelling report concluded there were no objective grounds that would justify the absence of information on ingredients and nutritional information from alcohol products (66). As consequence, the industry was given the option to deliver its own proposal for nutritional labelling.

Labelling regulations were more likely to mandate the inclusion of listing ingredients (9 Member States out of 28 (32%)) as opposed to information on nutritional values (1 Member State (4%)). Health information was provided by 4 Member States (14%). Considering the inclusion of both an ingredients list and nutritional

values, and health information, only 1 Member State, Ireland complies with the recommendations of the WHO discussion paper on policy options for alcohol labelling (55).

Based on the recommendations in the 2017 WHO discussion paper on policy options for alcohol labelling (67), the following characteristics of labels could be found in the existing practice:

Nutritional information labelling:

- list of ingredients on the label
- list of nutritional values on the label

Health information labelling:

- any health- or harm-related messages on the label
- specification of the messages (e.g., size and visibility).

9.1.1 Labelling legislation in EU Member States

Requirements predominantly pertain to disclosing the list of all ingredients, as currently is the case in 8 countries (Austria, Bulgaria, Croatia, Czechia, Greece, Ireland, Portugal, Romania). Some of the countries (Austria, Bulgaria) only have this requirement for beer. No EU member state is currently required to declare the nutritional value; Ireland passed the legislation in 2018, with implementation still to start. Ireland, with its recently passed Public Health (Alcohol) Bill, is the first, and, so far, the only, EU Member State that has the requirement for listing the energy value (expressed in kilojoules and kilocalories) for alcoholic beverages (55).

France, Germany, Ireland and Lithuania are the only EU Member States with health information legislation (which covers all alcoholic beverages, with the exception of Germany where it is only for alcopops). Germany, in 2002, was the first Member State to introduce a regulation covering health information labels on alcopop drinks in order to protect young people. In France, labelling regulations on alcohol were introduced in the framework of strategies to protecting people with disabilities. While in most cases alcohol labelling messages are mandated to be in written form, there are some countries where the message can also be in pictorial form. For most countries, the decision-making process regarding message content, and whether evidence-informed options were discussed, was unclear. The pregnancy pictograms are the most commonly used, as in France and Lithuania (55).

No country uses rotating messages (evidence suggests that changing messages with relative frequency avoids desensitization and maintains the positive effect) or graphic pictorials (photographs) depicting the harm done by alcohol (55).

9.2 Industry-led voluntary commitments on labelling for alcoholic beverages

In recent years, there has been an increased number of voluntary actions by the alcohol industry as part of national or international pledges, including specific commitments to the European Alcohol and Health Forum, the European Commission-led stakeholder platform where public and private sectors can pledge actions to tackle harmful levels of alcohol consumption. In 2018, the European alcoholic beverages sectors submitted a self-regulatory proposal to the European Commission voluntarily providing information on their products, with one common part applicable to the industry as a whole plus separate annexes for beer, spirits, wine, cider and fruit wine sectors (68-72).

As the European Commission request referred to listing ingredients and nutritional information only, the proposed information by the industry for the labels included ingredients, energy and nutrient information (energy, total fat, saturated fat, carbohydrates, sugars, protein and salt) per portion size as well as per 100 ml.

The proposal allowed this information to be provided either on the label or off-label (e.g., online) and for the information to be presented in a non-standardized way (not aligning with the EU regulation 1169/2011). The Brewers of Europe was the only sector association to commit to including ingredients and nutritional information on labels.

The Brewers of Europe announced plans to sign a memorandum of understanding with the European Commission in September 2019 to include ingredients and energy values on the labels of all beer bottles and cans in the EU by the end of 2022 (73). The other sectors (spirits, wine, cider and fruit wine sectors) did not fully commit to include the ingredients and nutritional information on the label and, instead, stayed with the option of providing the information online. In June 2019 spirits EUROPE signed a memorandum of understanding with the European Commission committing to providing energy values on the label but the other information online (ingredients and full nutritional values) (74). While many of the commitments, particularly from the beer sector, reflect the recommendations in the WHO discussion paper on policy options for alcohol labelling by including both ingredients and a full list of nutritional values on the label, some of the commitments are worded in such a way as to allow information to be published online rather than on the label.

In 2013 the world's biggest beer, wine and spirits producers made a series of joint commitments to reduce the harmful use of alcohol (75). The labelling-related commitment included health information labelling as follows: provide consumer information through the products carrying symbols or words warning against harmful drinking of their products worldwide. Health information labelling commitments could be identified for individual producers. Some of these preceded the joint commitments, with some pledged at national level (Greece, the Netherlands, Portugal, Spain, Sweden and the United Kingdom) (55). In general, commitments most commonly referred to inclusion of "pictograms related to pregnancy, underage drinking and drinking and driving". While industry has committed to putting some health information on labels, so far this has been mainly limited to inclusion of pictograms and has not specified precise size and visibility as called for by the WHO discussion paper on policy options for alcohol labelling (19).

9.3 Factors supporting the development and implementation of regulatory frameworks for alcohol labelling

According to WHO (55), a large proportion of consumers in the EU do not have access to ingredients and health information on labels on alcoholic beverages, which is not the case for other similar products or consumable items on the dinner table. While some health messages are available, these tend to target only specific groups (e.g., pregnant women or underage drinkers) and might be misunderstood by consumers to mean that alcohol is only a risk for those in those specific groups.

Given the rights of consumers, and as is done with other carcinogenic products harmful to the whole population, messages should clearly reflect the risks of alcohol consumption to all and provide warnings to all consumers about its harms (e.g., as for tobacco). Moreover, given the right to consumer information in Europe, the scaling up of mandatory labelling seems a worrying omission in most countries. Examples of success in this review highlight government-led regulation as an effective route by which countries can ensure that WHO recommendations are followed, and labelling of alcoholic beverages becomes a reality.

When alcohol labelling has been successfully introduced in regulation, it has normally been as part of a larger package of measures aimed at curbing alcohol-related harm, either produced at the same time or in close succession. This has eased the introduction of labelling itself and, overall, has resulted in stronger policy packages that are more effective in reducing alcohol-related harm (76). Overall, evidence also points to the effectiveness of supplementing labelling with an integrated evidence-informed strategy that, in addition to point-of-purchase information, advertisements, and package inserts, includes broader communication

actions, such as those aimed at changing social norms (77). Strong political will has played a role in pushing forward alcohol control policies, including labelling. Recognition of the direct and indirect harm done by alcohol and the associated costs of alcohol consumption have contributed to making this issue a political priority.

The views of consumers and pressure from consumer groups have played an important role both in facilitating and in hindering the development of alcohol legislation, including alcohol labelling. For example, warnings regarding drinking alcohol during pregnancy in France were first proposed in 2004 as an amendment to the law on disabled people's rights (78). Initially, the amendment was rejected; however, after a lawsuit threat by three mothers of children with foetal alcohol syndrome for not informing them about the dangers of drinking alcohol during pregnancy, and the accompanying press attention, the government proposed legislation (79,80).

Opposition to the introduction of alcohol labelling legislation often uses arguments related to the negative effects of labelling on the economy. In France, for example, during the debate on the introduction of pregnancy warnings, the arguments against the amendment predominantly focused on political, cultural and economic factors (81). In Ireland, arguments against the proposed legislative program included the negative effects of the bill on the Irish economy and on the alcohol industry, as well as predictions of job and export losses (82). The argument (mostly led by wine producers) that drinking is intrinsic to the culture in some European countries and part of the daily culture, and that most consumers drink in moderation, has equally been used as a strong lobby against labelling practices and to slow down discussions on alcohol labelling (83,84).

The different examples of application of alcohol labelling legislation show that not all legislation is introduced in a single step. In some cases, a less comprehensive law or smaller package of measures is agreed and passed as a first step to further revisions. Dividing the process into smaller requests facilitates achieving a full labelling policy eventually. Dividing changes into smaller requests facilitates the process of achieving the full labelling policy in line with WHO recommendations (55).

10. Conclusions

Food systems have the potential to nurture human health and support environmental sustainability; however, they are currently threatening both. Transformation to healthy diets from sustainable food systems is necessary to achieve the UN Sustainable Development Goals (85). To achieve healthy diets will require substantial dietary shifts, including a strong reduction in global consumption of unhealthy foods, such as alcohol, as recently pointed out by Willet and colleagues, 2019 (86).

The Common Agricultural Policy (CAP) is the agricultural policy of the European Union, aimed at implementing a system of agricultural subsidies and other programmes and regulations. For instance, The European Union wine regulations (87) are common legislation related to wine within the EU Member States which account for almost two-thirds of the world's wine production (88). These regulations are part of the CAP and regulate aspects such as the maximum vineyard surface allowed to individual EU Member States, allowed winemaking practices, and principles for classification and labelling of wine. The regulations are based on a common strategy by stakeholders and regulatory tools to adjust supply to demand, i.e., to regulate total production in order to combat overproduction of wine and to underpin Protected Designations of Origin. It is also important to mention that the wine sector has been an exception to the CAP deregulation process.

However, beyond regulating production, the CAP does not relate to nor has it been harmonised with regulations on age limits for buying or drinking alcohol, advertising, retailing, or pricing; and, thus, it does not

consider the collateral impact of its regulations on public health and safety aspects associated with the amount of wine supplied to the market. Since the volume and quality of production of alcoholic beverages is fully dependent on the raw materials coming from the agriculture, it is essential to identify and analyse the crossing points and conflicting areas between alcohol and public health policies and agricultural policy in order to identify trends, challenges and opportunities with a view to the future modifications of the CAP and with the intention to show the cross-impact between health policies and other policy areas as required from the Farm2Fork strategy.

We need end the false dichotomy of production and health considering that agriculture and health are intimately connected. Good food is essential for a healthy life. The CAP was successful in tackling food insufficiency in post-war Europe. However, despite numerous reforms, it fails to meet the public health challenges of today. Unhealthy diets, smoking and harmful alcohol consumption are key causes of chronic diseases, responsible for the overwhelming majority of Europe's burden of mortality and disease. There is a need to develop and put in place actions and recommendations for ways to enhance coherence between the agricultural production and public health.

11. Key messages

- Alcohol use causes a substantial proportion of cancer burden - a burden that could potentially be avoided through cost-effective policy and interventions to increase awareness of the risks associated with any type of alcohol, and to decrease overall alcohol consumption
- EU agriculture and food practices are currently not on the right track to meet the Green Deal targets related to climate, environment, nutrition or health issues
- There is an urgent need to significantly strengthen many technical provisions of the CAP; in particular those related to conditionality requirements and eco-scheme measures, and those to improve the CAP governance, that need to include public health nutrition indicators.
- It is also crucial to complete the CAP regulations by means of a global and consistent food policy, including interventions focusing on healthy diets for healthy people.
- Data are encouraging, however there is a need to change consumers' awareness of alcoholic products (wine and beer in particular, but also others); shifting from "good for health" to "harmful to health". The wording, in this sense, is not secondary.
- Protect young people from initiatives at school which indirectly promote alcohol consumption, even in moderate quantities (e.g., wine production excursions, brewing in lab settings, taste courses or highlighting the historical Eno gastronomic significance of wine).

12. Policy discussion areas

- The Farm to Fork Strategy aims for a sustainable and inclusive growth strategy to boost the economy, improve people's health and quality of life, care for nature, and leave no one behind.
  What are the areas of cross-over and potential synergy between the different sectors (e.g., health, environment, economy and alcohol production)? How can priorities be balanced?

- There is a need to make primary production consistent with reducing alcohol consumption.
  What is the impact of promotion subsidies on health? How could subsidy awarding be better tailored and used to promote health?
  Where do low/zero alcohol products fit within agricultural policy incentives and health objectives?

- Labelling of alcoholic beverages is an urgent issue. A large proportion of EU consumers do not have access to ingredients and health information in labels on alcoholic beverages.
  How does the consumer's right to know impact on nutritional and health labelling of alcoholic beverages?
  Which key content and characteristics of alcohol product labels are essential to promote health?

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Annex 1. The situation in the hosting Member State - Republic of Slovenia

Slovenia has one of the highest rates of alcohol consumption in the world, and is consistently above the European average. Addressing alcohol use and related harm is a policy priority in Slovenia. In 2020 people over the age of 15 consumed 9.82L of pure alcohol per capita in Slovenia (1), a drop from 11L in 2019. In addition to this, almost 60% of those who do drink can be classified as hazardous drinkers. (2) In particular, Slovenia has seen a notable increase in hazardous drinking among women. (3)

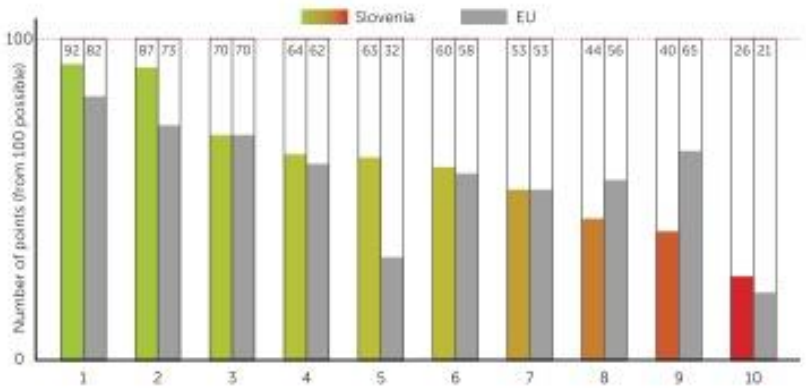
Drinking among adolescents and young people is of particular concern in Slovenia. Seventy percent of 15 year-olds have tried alcohol and 26.6% of 15 year-olds have been drunk at least twice in their lives. Forty percent of 15 year-olds tried alcohol before the age of 13. (3)

As observed in many other countries of the world, the harm from alcohol follows a social gradient in Slovenia, with people with lower socioeconomic status (lower levels of education, employment etc) suffering a greater burden of alcohol-related harm (2, 4).

In terms of costs, it is estimated that alcohol-related health costs alone, in the years 2012-2016, were on average, €147 million per year. Adding costs resulting from traffic accidents, crime, domestic violence and theft, the figure rises to €228 million (3).

Alcohol policy in Slovenia

In response to the high level of alcohol-related harm in Slovenia, has implemented policy focused on reducing alcohol use and related harm. Looking at the 10 recommended target areas of the *WHO global strategy to reduce the harmful use of alcohol* (5) which form the basis of the *European action plan to reduce the harmful use of alcohol 2012–2020* (6) Slovenia has made most progress in areas including drink-driving, monitoring, and restricting availability while more is to be done regarding restricting marketing, addressing unrecorded alcohol and alcohol affordability.



1. *Drink driving policies and measures*
2. *Leadership, awareness and commitment*
3. *Monitoring and surveillance*
4. *Availability of alcohol*
5. *Reducing the negative consequences of drinking and alcohol intoxication*
6. *Health services' response*
7. *Community and workplace action*
8. *Marketing and communication for alcoholic beverages*
9. *Reducing the public health impact of illicit alcohol and informally produced alcohol*
10. *Pricing policies*

Figure 1. Comparison of Slovenia with the average of 30 European countries in adopting alcohol policy measures related to the 10 action areas identified in the WHO global strategy and European action plan (Source: (3))

Slovenia, agricultural policy and health

Slovenia is one of the few countries to take concrete action regarding the links between agricultural policy and health. One of the first attempts to assess the health effects of agricultural policy at national level was in the form of a Health Impact Assessment (HIA) looking at the potential impacts of the proposed policy over six policy topics and identified a range of health determinants potentially affected by agricultural policy, undertaken by the Slovenian Ministry of Health in 2003. This was done in the context of joining the EU in 2004, negotiations for adopting the EU legislative framework and Common Agriculture Policy (CAP) financial package and the National Food and Nutrition Action Plan being due to end in 2003. (7, 8)

A 2020 report from the European Parliamentary Research Service of the European Union aimed to examine issues in health food and agriculture and the role played by the CAP in connection with nutrition-related health issues. This report notes that an important part of the Slovenian HIA was the "*engagement with a wide range of stakeholders and other ministries to create shared agendas and goals, offering the opportunity for intersectoral policy making*." (9)

Conclusion

Overall, as seen across the EU, Slovenia is seeing a decline in alcohol consumption, but with alarming rises in consumption in some groups and in binge drinking. Building on significant gains in some areas, Slovenia continues to work towards implementing action in areas such as marketing and advertising, unrecorded alcohol and affordability as well as addressing inequalities health in general and in alcohol-related harms.

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Annex 2. Reviewer report

This report is intended to compliment and complete the information provided in the briefing documents and executive summary; which have the aim of giving relevant background information to the participants of the DEEP SEAS Workshop: *Agricultural policy to protect health?*

The workshop objective is to facilitate clear communication and exchange of perspectives and priorities, and to establish sustainable connections which can endure after the events to enhance and promote health in all policy initiatives. To achieve this, participants need a grounding in the topic which enables them to join in discussions and address the most relevant overlapping cross-sectoral concerns.

Reviewer: Nikolai Pushkarev, European Public Health Alliance (EPHA) Title of background document: Agriculture policies and support mechanisms, including alcohol-related health impacts
Short biography – Position, institution and background in the field: Nikolai Pushkarev is policy coordinator at the European Public Health Alliance (Epha), a leading European civil society network advocating for policies to improve health and well-being. Nikolai leads EPHA's work on Food Systems & NCD Prevention, promoting policies to tackle the common risk factors for non-communicable diseases (NCDs), and to advance a transition towards sustainable food systems with health-enabling food environments. Previous experiences include human rights, environment, energy, as well as work in the cultural and private sectors. He gained an MA in European Law from Maastricht University and a postgraduate degree in agricultural economics through the School of Oriental and African Studies (University of London). Over the last six years, Nikolai has lead EPHA's engagement on the reform of the EU Common Agricultural Policy. A wide range of materials can be accessed through the online CAP4Health portal, including the reports: EPHA (2016) A CAP for Healthy Living – Mainstreaming Health into the EU Common Agricultural Policy EPHA (2018) Policy Briefing. CAP: 11 Ways to Deliver for Better Health Other publications: Pushkarev, N., et al., EU Public Health Policies - State of play, current and future challenges, Study for the Committee on the Environment, Public Health and Food Safety of the European Parliament, Policy Department for Economic, Scientific and Quality of Life Policies, European Parliament, Luxembourg, 2019. https://www.europarl.europa.eu/RegData/etudes/STUD/2019/638426/IPOL_STU(2019)638426_EN.pdf Pushkarev, N. (2015). A CAP for Healthy Living - Mainstreaming Health into the EU Common Agricultural Policy: European Public Health Alliance (EPHA), 2015. AIMS public health, 2(4), 844. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5690448/ U Erklavec, C Birt, N Pushkarev, Common Agricultural Policy (CAP) from a Public Health Perspective, European Journal of Public Health, Volume 31, Issue Supplement_3, October 2021, ckab164.188, https://doi.org/10.1093/eurpub/ckab164.188

Reflections on the briefing document:

Topic: sustainable healthy diet, alcohol and Farm to Fork Strategy

This paper provides a very valuable contribution to help reframe, in an evidence-based way, the narrative about the relationship between alcohol and healthy diet. Such a reframing is urgently needed, as evidenced, for instance, by a highly questionable paragraph on alcohol adopted on 20 October 2021 as part of the European Parliament's Own Initiative Report on the EU Farm to Fork Strategy.

Paragraph 86 of the report "*Underlines the need to boost European information campaigns on moderate consumption of wines while maintaining the promotion of quality products; considers that only broad information and education campaigns would be effective in combating the abuse of consumption and recalls that moderate wine consumption is part of the Mediterranean diet*".

This paragraph is problematic on at least two accounts.

First of all, the assertion that information and education campaigns are especially effective in combating alcohol harm is not at all supported by evidence. Public health evidence on the effectiveness and cost-effectiveness of interventions, as for instance summarised in the World Health Organization's 'Best Buys', prioritises measures involving pricing, marketing restrictions and controlling availability.

Secondly, it implies that moderate wine consumption contributes to the (well-attested) healthfulness of the Mediterranean diet. The current paper points out that "*moderate alcohol intake during meals, as in the most "classical" Mediterranean diet could be the best "tolerable" option*", and thus possibly a way to reduce harm, but is "*neither a recommendation nor a suggestion*". It is important that this narrative and understanding of the evidence gets hold among policy-makers across Europe.

In discussing the Farm to Fork Strategy, more can be said about the ambiguous relationship between alcohol and the debate on sustainable food systems. While alcoholic beverages are classified as a food in the EU, they are usually absent from policy processes dealing with food sustainability, including from the Farm to Fork Strategy which represents the most comprehensive approach to the topic so far.

Given alcohol's special properties, including its toxicity and addictiveness, it can indeed be argued that alcoholic beverages should not be considered to be 'food products' and therefore not figure prominently in the context of debates on sustainable healthy diets and the future of food. At the same time, while arguing for a special approach to alcoholic drinks, it is important to ensure they do not become exempted from food policies. The risk of this happening is clearly shown by the case of nutrition and ingredient labelling.

Moreover, the paper rightly points out that, next to other harmful effects, alcohol provides 'empty' calories to the diet. This while producing the raw materials for alcoholic drinks requires valuable natural resources, such as land and water, involves significant agrochemicals use and has climate impacts. These considerations certainly deserve scrutiny as part of thinking about how a food system that should meet nutrition objectives within planetary boundaries should look like, and which incentives are necessary, and which ones stand in the way, of achieving it.

Topic: Common Agricultural Policy and alcohol

While the Regulations that will constitute the new EU Common Agricultural Policy (CAP) are still to be formally adopted, the political agreement on the latest reform has been reached and there is a good perspective on the shape of the provisions that will constitute the new CAP. Some further reflections on the new CAP and its coherence with alcohol harm reduction can therefore be made.

First, the new CAP (see CAP strategic plans Regulation) will, for the first time ever, include a specific objective on health. This objective will refer to "societal expectations" (note: not societal *needs*) on "food and health", mentioning dimensions such as nutrition, food safety and combatting antimicrobial resistance.

While this is indeed a major step forward, the current framework seems to fall short in its incentives to achieve the objective. For instance, among health-related dimensions, only an indicator on antibiotics use has been included into the performance matrix. There is neither an indicator on nutrition, nor an explicit recognition of alcohol-related harm as part of the health objective.

Secondly, the dedicated funding to the wine sector, referred to in the report, also deserves further scrutiny. The current CAP dedicates over 1 billion EUR per year in support of the wine sector. Around one fifth of that funding is dedicated to supporting wine promotion measures. The European Court of Auditors, having reviewed this scheme in 2014, considered that this type of activity essentially constitutes a subsidy to the companies' marketing budgets.

Supporting such use of public money appears to be in direct contradiction with the aims of public health and the reduction of alcohol-related harm. In the context of international promotion campaigns, this may be inconsistent with the EU's commitments under the Sustainable Development Goals (SDGs). The use of messaging to encourage the 'responsible consumption' of wine does little to change this.

For the other expenditures eligible under the scheme, it should be considered how such activities can be made to better align with public health and sustainability objectives. It can also be questioned whether these actually deserve a special budget in the first place, given that support is also available under, for instance, the rural development schemes. There is little indication that the new CAP has addressed these considerations in any depth.

Thirdly, a more profound question can be raised about the CAP that goes well-beyond alcohol, but is certainly relevant to it. This question touches on which basis, ultimately, the main portion of funding gets distributed. While the core of the new CAP is still based on the principle of payment per hectare of land, other ways are imaginable and have been proposed that could arguably enhance public good delivery. A more genuinely performance-oriented delivery system could bring a nutrition-sensitive agriculture, mentioned in the paper, within closer reach.

Topic: alcohol labelling

A further note can be added on labelling. One of the Regulations (CMO Regulation) that will constitute the new CAP will probably introduce provisions on nutrition and ingredient labelling of wines. Under these provisions, it will only be mandatory to include total energy value on the label. The nutrition declaration can be limited to energy value alone and the ingredients listing can be placed online. This approach has been found wanting by consumer and health organisations alike.

At the same time, in Europe's Beating Cancer Plan the European Commission commits to "*propose a mandatory indication of the list of ingredients and the nutrition declaration on alcoholic beverage labels before the end of 2022*", which allows this situation to be mended. The inclusion of alcoholic beverages into a Europe-wide front-of-pack nutrition labelling scheme, also to be proposed by the European Commission in 2022, is also an opportunity to highlight.