

**EUROCARE ITALIA POSITION ON**  
**Notification of the Draft Act amending the Alcohol Act (2010:1622)**  
**TRIS Notification Number: 2024/0388/SE (Sweden)**

7 October 2024

**EUROCARE ITALIA**

Eurocare Italia is an Italian non-governmental organization that promotes actions and policies to prevent and reduce alcohol-related problems for the improvement of mental and global health. The mission is the harmonization of prevention activities and policies with treatment tasks (in a social-ecological perspective), through a cultural action aimed at the general population. A care process includes both the treatment of alcohol-related problems and the development of competent citizenship that is critical of policy choices. The social-ecological perspective emphasizes the need to change the health and general culture of the community in which people live and work, promoting in people the development of individual responsibility regarding their own health and that of the entire community.

Eurocare Italia is a member of the European Alcohol Policy Alliance (Eurocare), an alliance of non-governmental and public health organizations with around 50 member organizations across 23 European countries and works to prevent and reduce alcohol-related harm in Europe through advocacy.

**OUR POSITION**

We agree with Eurocare's position submitted to the TRIS process.

Given that the proposed changes to the Swedish Alcohol Act poses a threat to Sweden's alcohol retail monopoly, one of the most effective strategies to prevent and reduce alcohol related harm in Sweden, Eurocare Italia urges the European Commission to **reject the proposed legislation** and by doing so to protect and promote the health and well-being of Swedish society, in line with national and international commitments.

## ARGUMENTATION

### *Alcohol retail monopoly works*

**Alcohol retail monopoly is one of Sweden's most effective public health measures preventing and reducing alcohol-related harm.**

According to the latest data, the OECD's "State of Health in the EU Cycle, 2022"<sup>1</sup> report, Iceland, Norway, Sweden and Finland have the lowest rates of heavy drinking among 15-16-year-olds. This is essential, since adolescent heavy drinking is related to a range of acute alcohol-related harms later in life, including blackouts and injuries, car crashes, or increased risk for sexually transmitted infections. Alcohol use in adolescence is also associated with poor educational outcomes, including bullying and social exclusion.

Compared to other alcohol trade systems, Nordic retail monopolies have proven to be an effective tool to limit the physical availability of alcohol and have been **recognized as a best practice in international research and rating systems**, such as the global 'Alcohol: No Ordinary Commodity' collaborative effort by an international group of addiction scientists.<sup>2</sup>

The Swedish alcohol retail monopoly is highly effective in limiting alcohol availability by limiting the number of sales points for alcohol compared to a privatized system and enforcing strict age restrictions. It is also contributing to a reduction in alcohol consumption by removing the profit interest from sales.

### *International standards and commitments supporting alcohol monopolies as a way to limit the availability of alcohol*

The European Framework of Action on Alcohol 2022-2025<sup>3</sup> was adopted by The World Health Organization (WHO) Member States at the 72nd session of the WHO Regional Committee for Europe in September 2022. This framework draws on the latest evidence on alcohol attributable harm and ways to reduce it, highlighting priority areas for action. A priority for action has been managing the **availability of alcohol**, with measurable outcomes and support for enforcement.

The Global Alcohol Action Plan 2022-2030<sup>4</sup> was adopted by WHO Member States at the World Health Assembly in May 2022. This plan aims to reduce alcohol use through effective, evidence-based strategies at national, regional, and global levels. The plan sets specific targets for reducing alcohol consumption and improving health outcomes, with a focus on population's health and integrating alcohol policy within broader public health agendas. Implementing high-impact measures to address

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<sup>1</sup> [https://www.oecd-ilibrary.org/social-issues-migration-health/health-at-a-glance-europe-2022\\_507433b0-en](https://www.oecd-ilibrary.org/social-issues-migration-health/health-at-a-glance-europe-2022_507433b0-en)

<sup>2</sup> <https://www.who.int/europe/news/item/30-06-2023-reducing-alcohol-consumption--the-nordic-way--alcohol-monopolies--marketing-bans-and-higher-taxation>

<sup>3</sup> <https://iris.who.int/bitstream/handle/10665/361662/72wd12e-Alcohol-220604.pdf>

<sup>4</sup> <https://www.who.int/publications/i/item/9789240090101>

the availability of alcohol, by **enacting and enforcing restrictions on spatial and temporal availability of alcoholic beverages** is one priority action area (Action 3, Global target 1.2).

The WHO provided policymakers with a list of ‘best buys’<sup>5</sup> to address noncommunicable diseases (NCDs). These are evidence-based policy solutions that are cost-effective and yield a significant return on investment for governments. The latest revision was approved by WHO Member States at the 76th World Health Assembly in May 2023. When it comes to alcohol, the key priorities are the following:

- bans or restrictions on the marketing of alcohol;
- taxation and pricing policies;
- **limiting alcohol availability.**

### ***The need for a comprehensive approach***

There is no single policy measure to combat and reduce all alcohol-related problems. Rather, it is more effective to incorporate a range of measures in a comprehensive alcohol control strategy. The WHO highlights the need for such a comprehensive approach, emphasizing the importance of combining high-impact policies (Best Buys) with broad public health initiatives, multisectoral collaboration, and strong governance frameworks. Effective alcohol policy should include regulatory measures like increased pricing (through excise duty on alcohol beverages), marketing restrictions, and availability control, alongside public health strategies such as awareness campaigns, education, and support for individuals at risk. This holistic method ensures that the policies not only reduce the immediate consumption of alcohol but also address the social and cultural factors that contribute to alcohol consumption in a sustainable and durable manner.

## **CONCLUSION**

The health, economic, and social burdens associated with alcohol consumption in Sweden, the European Union and globally are largely preventable. The Swedish alcohol retail monopoly effectively reduces alcohol availability and consumption and is recognized internationally as a best practice.

The proposed changes to the Swedish Alcohol Act threaten Sweden’s alcohol retail monopoly, which is one of the most effective measures to prevent and reduce alcohol related harm. If adopted, these changes could have far-reaching and lasting negative impacts on public health across the country.

Given the arguments presented above, Eurocare Italia urges the European Commission to **reject the proposed legislation** and to support measures that continue to protect and promote the health and well-being of Swedish society, in line with national and international commitments.

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<sup>5</sup> <https://iris.who.int/bitstream/handle/10665/259232/WHO-NMH-NVI-17.9-eng.pdf?ua=1>