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Draft Act amending the Alcohol Act (2010:1622)
TRIS Notification Number: 2024/0388/SE (Sweden)

Submission from Alcohol Action Ireland

Background

Alcohol Action Ireland (AAI) was established in 2003 and is the national independent advocate for reducing alcohol harm. We campaign for the burden of alcohol harm to be lifted from the individual, community and State, and have a strong track record in campaigning, advocacy, research and information provision.

Our work involves providing information on alcohol-related issues, creating awareness of alcohol-related harm and offering policy solutions with the potential to reduce that harm, with a particular emphasis on the implementation of the Public Health (Alcohol) Act 2018.

AAI is a member of the European Alcohol Policy Alliance, Eurocare.

We are highly concerned about legislative proposals from the Swedish government as notified to the European Commission **Draft Act amending the Alcohol Act (2010:1622)**
TRIS Notification Number: 2024/0388/SE (Sweden.)

We strongly agree with the points made by Eurocare in its submission to the TRIS process. In addition, we would also like to point to Ireland's experience in addressing alcohol issues through legislation.

OUR POSITION

Given that the proposed changes to the Swedish Alcohol Act which would allow for farm gate sales of alcohol poses a threat to Sweden's alcohol retail monopoly, one of the most effective strategies to prevent and reduce alcohol related harm in Sweden, Alcohol Action Ireland 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"[1] 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.[2]

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[3] was adopted by The World Health Organisation (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[4] 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 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'[5] 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:

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

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[1] https://www.oecd-ilibrary.org/social-issues-migration-health/health-at-a-glance-europe-2022_507433b0-en

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

[3] https://iris.who.int/bitstream/handle/10665/361662/72wd12e-Alcohol-220604.pdf

[4] https://www.who.int/publications/i/item/9789240090101

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

Ireland's experience

In recent years Ireland has made efforts to reduce alcohol consumption via implementation of controls on price and marketing through the Public Health (Alcohol) Act 2018.[6] This is having some impact with a 10% reduction in alcohol consumption per capita since the passage of the legislation. However, it is being hampered by the widespread availability of alcohol both in pubs and in shops/supermarkets/off-licenses. Ireland ranks 3rd highest in the world for the number of pubs per head, and three-in-four people live within walking distance of a premises licensed to sell alcohol.[7]

As noted in the Health Research Board report in Ireland, *Alcohol availability, affordability, related harm and policy in Ireland*,[8] "the convenience of accessing alcohol and the increased visibility of advertising through signage and marketing tools outside licenced premises influences drinking behaviours, particularly among adolescents[9] [10]. Young people were found to drink more alcohol in surroundings where alcohol-related advertising is prevalent, highlighting the impact that exposure to alcohol advertising can have on an individual[11] . Furthermore, the mere presence of alcohol sales outlets and their visibility in certain areas can influence attitudes towards drinking behaviours and drunkenness among locals and visitors alike, to the extent that such behaviours become normalised and

[6] Public Health (Alcohol) Act 2018 (irishstatutebook.ie)
[7] Doyle A, Mongan D, Galvin B, (2024) Alcohol: availability, affordability, related harm, and policy in Ireland. HRB Overview Series 13. Dublin: Health Research Board.
[8] Doyle A, Mongan D, Galvin B, (2024) Alcohol: availability, affordability, related harm, and policy in Ireland. HRB Overview Series 13. Dublin: Health Research Board.
[9] Chen M-J, Gruenewald PJ, Remer LG. Does alcohol outlet density affect youth access to alcohol? Journal of Adolescent Health 2009;44:582–9
[10] Azar D, White V, Coomber K, et al. The association between alcohol outlet density and alcohol use among urban and regional Australian adolescents. Addiction 2016;111:65–72.
[11] Ross CS, Maple E, Siegel M, et al. The relationship between population-level exposure to alcohol advertising on television and brand-specific consumption among underage youth in the US. Alcohol and Alcoholism 2015;50:358–64.

acceptable[12]. A higher density of alcohol retailers is associated with greater incidences of violence, assault, and domestic violence[13] [14] [15]. It is also associated with an increased risk of underage children purchasing alcohol, binge drinking, and incidents of drink-driving[16] [17] [18]."

AAI considers that the Swedish proposals are the thin edge of the wedge. In other words that if this extension is permitted in Sweden, it is only a matter of time before other proposals will come forward to further increase alcohol availability and the likelihood of Sweden finding itself in a similar situation to Ireland.

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 recognised 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, Alcohol Action Ireland urges the European Commission to learn from the evidence in Ireland and other jurisdictions and **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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[12] Richardson E, Hill S, Mitchell R, et al. Is local alcohol outlet density related to alcohol related morbidity and mortality in Scottish cities? Health & place 2015;33:172–80

[13] Zhu L, Gorman DM, Horel S. Alcohol Outlet Density and Violence: A Geospatial analysis. Alcohol and Alcoholism 2004;39:369–75. doi:10.1093/alcalc/agh062

[14] Livingston M. A longitudinal analysis of alcohol outlet density and domestic violence. Addiction 2011;106:919–25.

[15] Taylor N, Livingston M, Coomber K, et al. The combined impact of higher-risk on license venue outlet density and trading hours on serious assaults in night-time entertainment precincts. Drug and alcohol dependence 2021;223:108720

[16] Rowland B, Toumbourou JW, Livingston M. The association of alcohol outlet density with illegal underage adolescent purchasing of alcohol. Journal of Adolescent Health 2015;56:146–52.

[17] Martins JG, Guimarães MO, Jorge KO, et al. Binge drinking, alcohol outlet density and associated factors: a multilevel analysis among adolescents in Belo Horizonte, Minas Gerais State, Brazil. Cadernos de Saúde Pública 2019;36:e00052119.

[18] Wang S, Chen Y, Huang J, et al. Spatial relationships between alcohol outlet densities and drunk driving crashes: an empirical study of Tianjin in China. Journal of Safety Research 2020;74:17–25.