

# ALCOHOL ACTION IRELAND **SUBMISSION**

Draft law 'Amendments to the  
Handling of Alcoholic Beverages Law'

TRIS Notification Number:  
2024/0351/LV (Latvia)

**October 2024**

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 support the Latvian government legislative proposals to address alcohol-related harm as notified to the European Commission, TRIS 2024/0351/LV "Draft Law 'Amendments to the Handling of Alcoholic Beverages Law'" and we also 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.

**Alcohol Action Ireland Directors:** Prof. Frank Murray (Chair), Pat Cahill, Aidan Connaughton, Paddy Creedon, Michael Foy, Dr Jo-Hanna Ivers, Dr Mary O'Mahony, Dr Colin O'Driscoll, Dr Bobby Smyth, Anita Whyte

**Patron:** Prof. Geoffrey Shannon

Alcohol Action Ireland is a registered Irish Charity.

Registered Charity Number: 20052713

Company No: 378738.

CHY: 15342.

**Alcohol Action Ireland**  
**Coleraine House**  
**Coleraine Street**  
**Dublin, D07 E8XF**  
**Tel +353 1 878 0610**  
**[admin@alcoholactionireland.ie](mailto:admin@alcoholactionireland.ie)**  
**[alcoholireland.ie](http://alcoholireland.ie)**

## 1. Introduction

On 1 July 2024, the Latvian government notified the European Commission of the “Draft Law ‘Amendments to the Handling of Alcoholic Beverages Law’” (TRIS 2024/0351/LV). This proposal aims to restrict the advertising and marketing of alcoholic beverages, limit the availability of alcohol, and provide consumers with information on ingredients, nutritional content, and the risks associated with alcohol consumption.

We urge the European Commission to support Latvia in its efforts to address alcohol-related harm, ensuring that the health and well-being of the Latvian population are prioritised over economic interests. We note that the Commission has previously supported Ireland with its legislation, Public Health (Alcohol) Act 2018, to address alcohol issues including restrictions on advertising, minimum unit pricing and health information labelling of alcohol products.

We applaud the Latvian Ministry of Health for their admirable efforts in advancing the ‘Amendments to the Handling of Alcoholic Beverages Law’. To enhance the effectiveness of the Draft Law, we strongly encourage the Latvian Government to better align the Draft Law with the WHO Best Buys:

**AlcoholAction**  
Ireland  
Independent Advocate Reducing Alcohol Harm

World Health Organisation’s ‘Best Buys’ are policy solutions that are highly cost-effective, evidence-based, and yield a significant return on investment for governments to adopt



Increase excise taxes on alcoholic beverages

**PRICE**



Enact and enforce bans or comprehensive restrictions on exposure to alcohol advertising (across multiple types of media)

**MARKETING**



Enact and enforce restrictions on the physical availability of retailed alcohol (via reduced hours of sale)

**AVAILABILITY**

1. Renew the National Alcohol Action Plan. This will ensure a responsive, cross-sectoral approach to address alcohol harm as a public health priority.
2. Prohibit all forms of alcohol advertising. This recognises the clear link between alcohol marketing and increased consumption, particularly among youth and other vulnerable groups. This approach has been taken in countries such as Norway and more recently Lithuania which has demonstrated significant success in reducing alcohol harms such as deaths and illnesses.
3. Mandate cancer warnings. This aims to raise public awareness, as current knowledge is insufficient. Only one in four people in Latvia are aware that alcohol use causes cancer. Ireland has mandated comprehensive health information labelling which is due to become operational from May 2026. Ireland's labelling regulations have also been considered by the EU Commission through the TRIS process and has not found any problem with this approach.
4. Avoid electronic labelling such as QR codes. Clear, on-label warnings are considerably more effective in communicating health risks to consumers than electronic alternatives.
5. Limit alcohol availability to youth. Young people are especially vulnerable to alcohol's effects, leading to risky behaviours and long-term social and health issues. Therefore:
  - a. Introduce total bans on sales at events involving minors.
  - b. Limit the density of alcohol outlets.
  - c. Raise the minimum legal age for purchasing and consuming alcohol to 20, aligning it with tobacco regulations set to take effect in 2025.
6. Establish regular evaluation mechanisms. Continuous assessment will ensure that interventions remain effective and responsive to emerging public health challenges.

## 2. Context

### Latvia: the highest per-capita alcohol consumption in Europe

According to the WHO, the European Region has the highest levels of alcohol consumption and bears the greatest burden of alcohol-related harm globally. Of the 10 countries with the highest per-capita alcohol consumption in the region, seven are within the EU. Leading this list is Latvia, where alcohol consumption reached 12.4 Liters per capita in 2023, a significant increase from 9.8 Liters in 2010. Ireland also has a high alcohol consumption level but it should be noted that since the passage of the Public Health (Alcohol) Act in 2018, consumption has decreased by 10%.

Per-capita alcohol consumption is closely related to the prevalence of alcohol-related harm. In 2022, only half of Latvians reported being in good health. Nearly 80% of the population consumed alcohol in 2022. Around 60% of men aged 35 to 44 engaged in binge drinking, which presents immediate health risks.

Alcohol use in the country is linked to a range of serious outcomes, including cardiovascular and liver diseases, cancers, road injuries, drownings, violence, and suicides. Driven by unhealthy behaviours and made worse by Latvia having one of the lowest healthcare funding in the EU, mortality rates from preventable and treatable conditions significantly exceed EU averages.

### Early alcohol use among Latvian youth predicts problems later in life

Alcohol use among children and youth is a special concern, as early consumption is a strong predictor of excessive drinking and related negative outcomes in adulthood. According to the 2019 ESPAD survey, 89% of 15-16 year olds in Latvia had tried alcohol once in their lifetime. Around 38% had engaged in binge drinking in the past 30 days. Additionally, 2023 data from the Emergency Medical Service show an increase in calls related to children who

have consumed alcohol, whilst the National Health Service reported a sharp rise in the number of children receiving treatment for alcohol-related mental and behavioural disorders. This aligns with data from the ESPAD survey, which revealed that 80% of Latvian youth reported being able to easily access alcohol if they wished.

Delaying the onset of alcohol consumption among young people is crucial for safeguarding cognitive and neurological health and reducing the risk of long-term brain damage, alcohol dependence, and other alcohol-related harms. Recent data highlights that significant brain development continues throughout adolescence and young adulthood, making the brain highly susceptible to the adverse effects of alcohol, particularly binge drinking. High blood alcohol concentrations increase impulsivity and the risk of injuries, such as those resulting from violence, and in cases of traumatic brain injury, the damage can be permanent and lifelong.

Furthermore, binge drinking during adolescence is identified as a major risk factor for developing dementia later in life. Heavy drinking in adolescence, often in the form of binge drinking, is a critical risk factor for the later development of alcohol dependence. Data from a national study in the US indicates that a significant portion of alcohol dependence cases begin before the age of 21, with two-thirds developing by the age of 25.

### **The burden on Latvia's economy**

Additionally, a 2022 study commissioned by the Latvian Ministry of Health estimated the costs related to alcohol use in 2021, revealing the substantial societal losses caused by its high prevalence. In the given year, up to 88,620 years in good health were lost due to alcohol use. Around 1.3–1.8 percent of Latvia's GDP (EUR 290 to 453 million) was lost due to alcohol related health-care expenses, reduced workplace productivity from absenteeism, presenteeism, and premature death, legal and crime-related costs within the judicial system, and increased social services expenditures. Revenues from the excise tax on alcoholic beverages in 2021 accounted only for 0.7 percent of the GDP.

## Latvian Government's policy response

In the light of these challenges, on 30 June 2023, the Latvian Government introduced to Parliament comprehensive policy measures aimed at protecting public health with a particular focus on safeguarding children and young people. The notified Draft Law is a key component of these efforts. On 25 April 2024, the Latvian National Council on Alcohol Control announced that alcohol consumption in Latvia has reached epidemic levels, highlighting the urgent need for ambitious measures to address the crisis effectively.

This very much mirrors Ireland's experience. Alcohol consumption levels had reached over 14 litres per capita with very high levels of binge drinking. This led to the government establishing the National Substance Misuse Steering Group which reported in 2012 making a series of recommendations which aligned with the World Health Organization's 'best buys' on addressing alcohol harm. This paved the way for legislation which finally became law in 2018. The delay in both passing the legislation and in its implementation has been due to intensive opposition by global vested interests.

### 3. Key Issues

#### Health protection supersedes economic interests

Along with Eurocare, we extend our sincere congratulations to the Latvian Ministry of Health for their commendable initiative in proposing the 'Amendments to the Handling of Alcoholic Beverages Law' aiming to restrict the advertising and marketing of alcoholic beverages, limit the availability of alcohol, and provide consumers with information on ingredients, nutritional content, and the risks associated with alcohol consumption.

Latvia has exercised its rights under Article 36 of the Treaty on the Functioning of the European Union (TFEU) to implement necessary measures in response to the serious and tangible risks posed by alcohol use to public health. This provision allows to derogate from the internal market freedoms of Articles 34 and 35 TFEU, since the protection of internal market is not an end in itself; higher priorities, such as the protection of human health and lives, take precedence. Article 35 of the Charter of Fundamental Rights of the EU reinforces this argument by stating that a high level of human health protection shall be ensured in all Union policies and activities.

#### The Draft Law: evidence-based initiative

The measures proposed by Latvia align with the WHO's 'best buy' policies and other recommended strategies, which are recognised as effective approaches to mitigating alcohol-related harm at the population level. These are evidence-based policy solutions that are cost-effective and yield a significant return on investment for governments. The latest revision WHO's 'best buy' policies was approved by WHO member states at the 76th World Health Assembly in May 2023.

The table below illustrates the alignment between the WHO's 'best buys' and the measures proposed in the Draft Law, along with the rationale for these measures.



WHO recommends	Proposed measure in the Draft Law	Reasoning
<b>Restricting advertising and marketing</b>	<ul style="list-style-type: none"> <li>• Prohibit the advertising of prices and discounts for alcoholic beverages, including in print media and online.</li> <li>• Prohibit alcohol promotion tactics, including "2 for the price of 1" deals and offering free alcohol as a gift or compensation with the purchase of a product or service.</li> <li>• Prohibit the promotion of discounted alcoholic beverage purchases through loyalty programmes.</li> </ul>	<p><b>To reduce exposure to alcohol and protect vulnerable groups such as children, adolescents, and abstainers from the pressure to begin consuming alcohol.</b></p>
<b>Restricting availability</b>	<ul style="list-style-type: none"> <li>• Restrict alcohol sales: Monday to Saturday from 10am to 8pm, and Sundays from 10am to 6pm.</li> <li>• Prohibit alcohol consumption in gaming arcades and casinos.</li> <li>• Mandate a minimum six-hour delay for the delivery of alcohol purchased online.</li> </ul>	<p><b>To prevent easy access to alcohol by young people and other vulnerable and high-risk groups.</b></p>
<b>Informing consumers</b>	<ul style="list-style-type: none"> <li>• Mandate prominently displayed signs in retail locations warning consumers about the health risks of alcohol consumption, and stating that alcoholic beverages cannot be sold to minors, nor may minors purchase, consume, or possess them.</li> <li>• Require alcohol beverage labels to include pictograms warning against consumption during pregnancy and while driving, as well as information on ingredients and nutritional value, including energy content.</li> </ul>	<p><b>To equip consumers with relevant knowledge and empower them to make healthier choices.</b></p> <p><b>To increase awareness of the harmful effects of alcohol on children and youth.</b></p>

The Latvian authorities present comprehensive data and relevant information in the impact assessment attached to the notified Draft Law (see also Section 2 of our position). Thereby they have demonstrated that the proposed measures are appropriate to achieve better protection of public health and they do not go beyond what is necessary in order to attain this aim (see [Commission Notice Guide on Articles 34-36, TFEU](#)).

However, AAI along with Eurocare urges Latvia to implement more ambitious measures to more effectively curb alcohol-related harm in society, as outlined in the sections below. Strengthening these actions would lead to more sustainable progress in reducing alcohol related harm and its negative impact on public health. We would also point to Ireland's experience that vested interests will always seek to dilute any proposals to reduce alcohol consumption. Hence it is important to seek the strongest possible legislation when the opportunity arises.

### **Opportunities for improvement**

The measures proposed under the Draft Law are critically needed to address the alcohol epidemic in Latvia. However, they fall short of fully achieving the policy objectives and require further enhancement to effectively meet the desired outcomes.

The Latvian public health strategy, alcohol policy and the Draft Law could be further strengthened to enhance public health protection by:

- Renewing the Latvian Action Plan for Control and Restriction of the Consumption of Alcoholic Beverages and Alcoholism 2020–2022, which was adopted on 30 July 2020. Its successor, the Plan for Improving Preventive Measures and Healthcare Services to Reduce the Prevalence of Alcohol and Narcotic Substance Use for 2023–2025, references the expired 2020 Plan, and falls short of ensuring the continuous and adaptive evolution of Latvia's alcohol policy according to national needs and contexts and in line with the Global Alcohol Action Plan 2022–2030, adopted by the 75th World Health Assembly. A coordinated, cross-sectoral approach through comprehensive planning is essential to effectively combat alcohol-related harm, which remains one of the greatest threats to public health and citizens' well-being in Latvia.

- Prohibiting advertising of alcoholic beverages altogether, not only of prices, discounts and offers. Restricting alcohol marketing is one of the WHO's recommended 'best buys' to address noncommunicable diseases (NCDs). Evidence shows a clear link between exposure to alcohol advertising and increased consumption and related harms, with young people being particularly vulnerable. One of the key priorities identified by WHO Member States in the European Framework of Action on Alcohol 2022-2025 is to limit the content and volume of commercial alcohol communications. This includes restricting messages and images to factual content, without connections to celebrities or influencers, or banning all alcohol-related communications altogether in television, radio, films and sports sponsorships. Regulatory frameworks should clearly define what is permitted, with the legal presumption that anything not explicitly allowed is prohibited.
- Including information about the causal link between alcohol consumption and cancer on the pictogram warnings. Public awareness about the harms associated with alcohol consumption is low, with many people unaware of the cancer risks associated with even minimal alcohol intake. A 2022-2023 cross-sectional survey conducted across 14 European countries revealed that only 26% of those surveyed in Latvia were aware that alcohol is a cause of cancer. Consumers have the right to be informed about the risks posed by products they consume, including alcohol, which is not an ordinary commodity. This enables them to make informed choices. One of the priorities for action, adopted at the 72nd session of the WHO Regional Committee for Europe in September 2022, is the implementation of mandatory labelling requirements, guided by WHO recommendations. These labels should include nutrition and ingredients as well as health warnings to raise awareness at the point of purchase and consumption about the health risks related to alcohol consumption.

- We would like to draw attention to Ireland's experience on health information labelling and note that despite global opposition from vested interests, Ireland has withstood this pressure and is introducing comprehensive labelling including a warning about the link between alcohol and fatal cancers. Additionally, we strongly urge the Latvian Government to exclude the option of using electronic means, such as QR codes, for alcohol labelling in the Draft Law. Research demonstrates that relying on QR codes for health information is largely ineffective, as many consumers are unlikely to access online content through these channels. Instead, clear, on-label warnings have proven to be a far more impactful and reliable way of ensuring consumers are properly informed about the dangers of alcohol use.
- Further reducing the availability of alcohol to young people. The provisions of the Draft Law target certain environments, such as gaming arcades and casinos. However, since alcohol products currently serve as a form of self-promotion, it is crucial to reduce their physical availability to effectively reduce consumption among young people and the society at large. The European Framework of Action on Alcohol 2022-2025, adopted by WHO Member States at the 72nd session of the WHO Regional Committee for Europe in September 2022, identifies the following priority: considering total bans on alcohol sales at and around sporting and cultural events that involve minors. Other important measures include limiting the number and density of alcohol outlets, as alcoholic beverages in Latvia are sold not only in liquor stores but also in regular grocery stores, markets, and petrol stations.
- Additionally, raising the minimum legal age for the sale and consumption of alcoholic beverages is crucial. In Latvia, the minimum legal age to purchase alcohol should at least be aligned with the age for purchasing cigarettes, which from 1 January 2025 will be 20 years of age. Delaying alcohol consumption in young people will help protect their cognitive and neurological health, reducing the risk of long-term brain damage, alcohol dependency, and other related harms. Early intervention will lower the likelihood of future alcohol-related issues, allowing for healthier brain development during formative years.

- Incorporating provisions on regular evaluation and revision. While the proposed Draft Law represents a commendable step towards addressing alcohol-related harm among at population level in Latvia, it lacks critical elements needed for ensuring the law's long-term effectiveness and adaptability. Specifically, the proposal does not clearly define the mechanisms for ongoing evaluation and revision. Although the Draft Law includes a provision for a one-time assessment of the impact of its restrictions on the economy and their alignment with public interests, regular evaluations and timely revisions are crucial to effectively address emerging challenges and measuring the effectiveness of the interventions implemented under the law.

### **Minimal impact on cross-border trade**

The Draft Law introduces additional labelling requirements for alcoholic beverages, classifying it as a draft technical regulation under Directive (EU) 2015/1535. This necessitates notifying the EU Commission to prevent internal market barriers and ensure alignment with EU law.

The Draft Law is expected to have minimal impact on cross-border trade due to the flexibility it grants to producers, retailers, and wholesalers. It permits consumer information to be added via packaging or stickers, allowing imported products to be labelled before sale on the territory of Latvia. The presentation of information aligns with Regulation (EU) No 1169/2011, governing food labelling across the EU. A three-year transition period, effective until January 1, 2028, gives businesses ample time to adapt to the changes. A similar approach was taken in Ireland which also allows for retailers to add the required label if this has not already been added by the producers.

While the EU is reviewing food labelling regulations under Regulation (EU) No 1169/2011, including for alcoholic beverages, this process is still in the early stages. Many Member States such as Austria and Lithuania already mandate ingredient disclosure, and countries like France and Lithuania require pregnancy health warnings on alcoholic beverages. Ireland recently introduced legislation which is due to come into operation from May 2026 which will provide for

comprehensive health information labelling including cancer warnings. These regulations have been accepted by the EU Commission as necessary and proportional to the scale of the alcohol issues in Ireland.

This national-level action is necessary to protect citizens while awaiting EU-wide regulation updates.



#### 4. Conclusion

The health, economic, and social burdens associated with alcohol consumption in Latvia, the European Union and globally are largely preventable. The 'Amendments to the Handling of Alcoholic Beverages Law' represents a historical and commendable effort by the Latvian government to address alcohol related harm at national level.

However, to enhance the effectiveness of the Draft Law, we strongly encourage the Latvian Government to better align the Draft Law with the WHO Best Buys.

We urge the European Commission to support Latvia in its efforts to address the substantial harm caused by alcohol, and provide a detailed opinion on the Draft Law to facilitate its adoption, ensuring that the health and well-being of the Latvian population are prioritised over economic interests.

1. Renew the National Alcohol Action Plan. This will ensure a responsive, cross-sectoral approach to address alcohol harm as a public health priority.
2. Prohibit all forms of alcohol advertising. This recognises the clear link between alcohol marketing and increased consumption, particularly among youth and other vulnerable groups. This approach has been taken in countries such as Norway and more recently Lithuania which has demonstrated significant success in reducing alcohol harms such as deaths and illnesses.
3. Mandate cancer warnings. This aims to raise public awareness, as current knowledge is insufficient. Only one in four people in Latvia are aware that alcohol use causes cancer. Ireland has mandated comprehensive health information labelling which is due to become operational from May 2026. Ireland's labelling regulations have also been considered by the EU Commission through the TRIS process and has not found any problem with this approach.
4. Avoid electronic labelling such as QR codes. Clear, on-label warnings are considerably more effective in communicating health risks to consumers than electronic alternatives.
5. Limit alcohol availability to youth. Young people are especially vulnerable to alcohol's effects, leading to risky behaviours and long-term social and health issues. Therefore:
  - a. Introduce total bans on sales at events involving minors.
  - b. Limit the density of alcohol outlets.
  - c. Raise the minimum legal age for purchasing and consuming alcohol to 20, aligning it with tobacco regulations set to take effect in 2025.
6. Establish regular evaluation mechanisms. Continuous assessment will ensure that interventions remain effective and responsive to emerging public health challenges.

**AlcoholAction**  
Ireland

