

**THE ROLE OF INTEREST GROUPS IN THE EUROPEAN UNION'S DECISION-
MAKING: ALCOHOL POLICY AS A CASE STUDY**

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I hereby certify that this material, which I submit for assessment on the programme of study leading to the award of MA in International Relations, is entirely my own work and has not been taken from the work of others, save as and to the extent that, such work has been cited and acknowledged within the text of my work.

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ABSTRACT

It is a commonly held view that interest groups influence decisions in the EU. The aim of this dissertation is to empirically examine the role of interest groups in EU decision-making. The pluralist theory Policy Network, which is the analytical tool used in this study, assumes that in modern government policy-making is split into different policy networks where groups influence decisions. The literature regarding the role of interest groups in EU decision-making argues, on the one hand, that interest groups influence decisions as they provide information and expert knowledge to the EU; on the other hand, it argues that potential influence by the interest groups is compromised by the EU's multi-level decision-making system. The research question answered in this dissertation is: which interest group is the most influential in the European Union's alcohol policy and what this tells us about the EU policy-making processes. The thesis focuses on the interaction between the EU Commission and two EU level interest groups, Eurocare and TAG, with competing interests in the alcohol policy area. The four contentious alcohol policy sub-groups are examined, as the focus of alcohol policies; alcohol advertising; alcohol taxation and countermeasures against drinking and driving. The result was then compared with the EU's decision outcome on those four alcohol policy issues. After that the group whose positions were most consistent with the EU's decision outcome was determined as being the most influential. It is concluded that interest groups achieve influence in the EU when their interests coincide with the institutionalized interests of the EU.

List of abbreviations

BAC	Blood Alcohol Concentration
CAP	Common Agricultural Policy
CEPS	European Spirits Organisation
DG	Directorate-General
DG SANCO	Health & Consumer Protection Directorate-General
EAAP	European Alcohol Action Plan
ECU	European Currency Unit
EPHA	European Public Health Alliance
ERT	The European Round Table of Industrialists
EUAP	European Union's Alcohol Policy
EU	The European Union
EUROCARE	European Council for Alcohol Research Rehabilitation and Education
IAS	Institute of Alcohol Studies
NGOs	Non-Governmental Organisations
PNT	Policy Network Theory
QMV	Qualified Majority Voting
RBT	Random Breath Testing
RSA	Road Safety Authorities
SAO	Social Aspects Organisations
SEA	Single European Act
TAG	The Amsterdam Group
TWF	Television Without Frontiers
WHO	World Health Organisation

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SUMMARY

Interest groups are a part of today's political establishment. By and large, liberal democracies across the world have allowed such groups to grow and exert influence on national governments, regional and international organisations. Interest groups are seen not infrequently as wielding major influence on EU policy-making. The purpose of this dissertation is therefore, to find empirical evidence for the role of interest groups in EU decision-making. It will be particularly focused on the EU Commission, since it has the responsibility to formulate EU level policies and as most EU level decisions are based on Commission proposals (Hull 2003). This study concentrates on the period between 1990 and 2005. Despite the extensive studies on EU policies on different issues, alcohol policies at EU level have been understudied and this study attempts to fill that gap. There are many reasons for this; one reason could be the fact that the EU, as mentioned above, has not yet a holistic alcohol policy and the member countries formulate their own policies. The research question of this dissertation is: which interest group is the most influential on EU's alcohol policy and what this tells us about EU policy-making processes. It is hoped that this study will increase our understanding of the role of interest groups in EU decision-making and the interests behind shaping the European Union's alcohol policy.

The beverages alcohol industry, on the one hand, brings a huge revenue to the EU Member States, for example, the exports of 'the European spirits sector' alone contributes around 'Euros 4, 2' billion to the EU's trade balance sheet (CEPS 2004: 1). In addition to that, 'the EU Member States produce about 60 percent of all wine in the world' (Osterberg & Karlsson 2003: 45). On the other hand, alcohol consumption causes huge social, criminal and health problems.

According to the World Health Organisation¹ (WHO), the economic loss as a result of alcohol-related problems such as 'lost productivity', 'domestic violence and child abuse as well as public order problems,' 'has been estimated at 2-3 [percent] of gross national product' (Lehto 1995: 2). In terms of alcohol-related health problems, WHO estimated that alcohol lies behind about 9 [percent] 'of the total disease burden' in Europe, as well as one fifth of all acute hospital admissions' (WHO 2000: 2). Moreover, alcohol is directly related 6 percent of deaths among people under 75 years of age (Lehto 1995: 2). Bearing these facts in mind, politics behind the European alcohol policy are, to say the least, worth studying. However, the issue considered here is not whether alcohol should be banned or restricted, although this is partially discussed. Rather, what is considered in this thesis is; which interest group is the most influential on decisions concerning issues related to alcohol regulation or deregulations in the EU's alcohol policy and what this tells us about EU decision-making processes.

Initially, debates on the literature regarding the role of interest groups in EU decision-making will be presented. It argues, on the one hand, that interest groups influence decisions as they provide information and expert knowledge to the EU; on the other hand, it argues that potential influence by the interest groups is compromised by the EU's multi-level decision-making system. Then in order to answer the posed question, two European level interest groups will be studied in two case studies. The first one is the interest organisation of the beverage alcohol industry (the industry), The Amsterdam Group (TAG), which is (an umbrella organisation representing the interests of pan European wine, beer and spirits producers) (TAG Report 2001). The other one is the umbrella organisation for non-governmental and public health advocacy organisations, which works under the title of 'Prevention of Alcohol Related Harm in

¹ WHO is an international body, which produces unbiased scientific researches on variety of different health-related issues that are used as a reference around the world.

Europe,' and is widely known as EUROCARE² (henceforth Eurocare) (Eurocare 2004). Then four alcohol policy sub-groups have been selected, such as the focus of the alcohol policies, alcohol taxation (excise tax), alcohol advertising, and finally, countermeasure against drinking and driving. These alcohol policy sub-groups are considered as being contentious issues between TAG and Eurocare and therefore relevant to the purpose of this study. Then, the existing EU policies on these four areas are examined. After that the two groups' position on each of these alcohol policy issues will be studied and examined. In the resultant analysis, the two groups standpoints will be compared with the EU's official position on these issues. It will finally be determined that the group whose position is the most consistent with the EU position on the four alcohol policy issues to be more influential than the other. Moreover, policy network theory (PNT) will be applied as an analytical framework in this study. The pluralist theory of policy network has been seen as the most appropriate when studying the interest groups. PNT assumes that policy-making in modern governments is compartmentalised into different policy networks where interest groups with competing interests influence policies in each policy area. The theory further assumes that a well-resourced interest group may dominate a certain policy network. As the PNT does not tell why one group is more influential than the other, it is assumed that in the context of the EU the interest group that advocates; *Narrow (economic) interests* and has a *sector-specific technical knowledge to be more influential*, than the interest group that advocates; *broad (social) interests* and lacks *specific technical knowledge to be less influential*. These hypotheses are tested in the result analysis. It is concluded that due to the predominance of economic interests in the EU and the cultural and traditional role of alcohol in the European societies, The Amsterdam Group, which represent the alcohol industry, was able to be more influential in the European Union's alcohol policy.

² EUROCARE stands for 'European Council for Alcohol and Research Rehabilitation and Education,' however, its members agreed in 1993 to adopt the above working title instead (Eurocare 2004).

Structurally, the dissertation is planned as follows. In chapter one the literature regarding the interest groups and the EU is reviewed and then the theoretical and methodological tools used in this dissertation are established. In chapter two, the EU alcohol policy and the role of interest groups is discussed. Chapters three and four deal with case studies of Eurocare and TAG respectively and their positions on the four-alcohol policy issues are examined. Finally, in chapter five, a discussion and analysis of the findings will be conducted followed by concluding remarks and future recommendations.

CHAPTER ONE

1.1 LITERATURE ON THE EUROPEAN UNION AND INTEREST GROUPS, THEORY AND METHODOLOGY

1.1.1 Introduction

The aim of this chapter is to establish the methodological and theoretical framework on which the rest of the dissertation will proceed. Furthermore, the literature concerning the role of interest groups in EU decision-making will be reviewed. As the role of the interest groups is contested and has been a subject to scholarly debates, the role of interest groups as advanced by those who argue they influence decisions in the EU will be presented first. Then the arguments of those who claim that it is difficult for interest groups to influence decisions in the EU will be put forward. After that the analytical framework used in this study will be established and its disadvantages discussed. In the same vein, the chosen methodology will be described and the potential problems of studying interest groups discussed. Structurally, the chapter is organized into three main headings; Interest groups and the European Union, the debates; analytical framework; and, methodology.

1.1.2 Interest groups and the European Union: the debates

Interest groups are a part of today's political establishment. By and large, liberal democracies across the world have allowed such groups to grow and exert influence on national governments, regional and international organisations. To start with, it is useful to give a definition of the term 'interest groups' as it has different connotations in different contexts. One definition of an interest group is as membership-based and 'restricted to those with a shared background, or performing a common socio-economic function' and primarily aims 'to protect members' self-interests as defined by the group' (Baggott 1995:). In broad terms interest groups can be divided into two groups, those that represent special economic and commercial interests, and those voluntary organisations, which advocate public issues such as public health and consumer protection issues (Pollack 1997). In this thesis both the narrow and broader definitions will be used. The European Union (EU) or the European Community (EC),³ (in this study they are used interchangeably) has become more integrated since the introduction of the Single European Act (SEA). Moreover, according to Baggott, the Maastricht Treaty 'has [both] further extended the competence of the European Institutions into areas such as public health and consumer protection' (1995: 207). The treaty has also transformed the decision-making system through the introduction of joint decision-making between the Council of Ministers and the European Parliament as well as the extension of qualified majority voting (QMV) into more areas in the 'internal market, environmental and consumer issues' (Pollack 1997: 586). This resulted in member countries losing their veto power in some areas such as in the economic realm. Consequently, the EU institutions became

³ 'the EC is a legal person whereas the EU has not got that legal status' (Osterberg & Karlsson 2001:43).

more important as the decision became dispersed and the EU gained competence in new areas (Mazey & Richardson 1993a; 1993b; Young 1998; Aspinwall & Greenwood 1998, 2003).

Today, there are numerous interest groups in the EU, which try to affect various policy issues. They range from public interest advocates such as 'European Citizens Action Service' (ECAS), business interest groups such as 'Union of Industrial and Employer Confederations of Europe' (UNICE) to 'the European Consumer Organisation' known as BEUA, (Greenwood 2003a: 18). These groups try to influence primarily in public policy and areas of 'economic integration' including 'the free movement of goods, services, labour, and above all capital' (Pollack 1997: 573). Greenwood (2003a: 9) put the number of 'interest groups active in EU public affairs' at around 1,450; other estimations put them at 3000 (Commissions Communication 1992), along with 3400 lobbyists.⁴ In contrast, the Commission, which is responsible for developing policies on behalf of the EU Member States, has staff numbering only 6000 officials. As this number is not sufficient to cover all the policy areas in which the Commission has to initiate new policies, the Commission, therefore, is open to outside input. In order to compensate, among other things, the staff shortage, the Commission has established contacts with two groups of 'advisory committees' (Greenwood 2003a: 44), an expert and consultative groups. While the expert group is made up of professionals in different areas of expertise, the consultative group is made of informal representatives of various European level interest organisations (groups).

In addition to acting as information supplier, interest groups can play three other main roles in different stages of the policy process. First, interest groups lobby the Commission officials by

⁴ 'A lobbyist is a person who is paid for to influence legislation as well as public opinion' (natiomaster.com 2003-2005).

meeting them in public hearings and plenary sessions in ‘an effort to influence the policies from outside.’ Second, they also play the role of decision-making, as a being members of the policy networks and thus influencing ‘the policy process from within’ (Lehmann & Brosche 2003: iii). ‘Policy networks’ consisting of members of the parliamentary committees, EU bureaucrats and representatives of interest groups dominate each policy domain in which EU has competence. Finally, they can act as policy implementers, where they play the role of ‘programme managers’ (Lehmann & Brosche 2003: iii). Peterson (1997) and Cox (1995) revealed that 70 percent of EU decisions are made in sub-system policy networks dominated by bureaucrats and representatives of interest groups. Interest groups promote, not infrequently, their own interests especially those of producer groups. Ostensibly, politicians will represent the broader interests of the public. However, as Peterson (1997), Bennett (1997) and Mazey & Richardson (1997) noted, politicians are far from the day-to-day work of the EU institutions and most negotiations take place between top bureaucrats and leading interest group representatives (see also Coxall 2001).

As Greenwood (2003, 2003a), Mazey & Richardson (1993a; 1993b), Young (1998) Aspinwall & Greenwood (1998) pointed out there are two major strategies that interest groups generally utilize when lobbying⁵ the EU; ‘National route’ and ‘Brussels Strategy.’ In the national route they try to influence EU decision through their national governments or through their country’s representatives in the EU such as the Committee of Permanent Representatives, known as (COREPER), which in cooperation with the Commission prepares draft proposals for the Council of the European Union. The other lobbying strategy is going directly to the EU institutions by setting up their own representatives in Brussels. The Brussels Strategy has

⁵ ‘Lobbying is the practice of private advocacy with the goal of influencing a governing body, in order to ensure that an individual’s or organisation’s point of view is represented in the government’ (natiomaster. com 2003-2005)

become popular among the interest groups since the adaptation of the SEA. Thus, many interest groups, who traditionally lobbied their governments, shifted their lobbying activities to Brussels where most of EU's bureaucrats and institutions are located. Although the Council of Ministers remains 'the most powerful [EU] decision-making body' (Mazey & Richardson 1993a:14), the preferred destination for interest groups is in the first hand the European Commission followed by the European Parliament and to some extent the European Court of justice, as it has the authority to 'enforce and interpret the Treaties and [European Community] regulations' (Pollack 1997: 577). According to new-functionalists, political leaders and bureaucrats saw pan-European interest groups as instrumental for wider EU integration. Thus, those interest associations of a pan-European nature were favoured and encouraged by the EU (Grant 1995; Greenwood 1997; 1992; Baggott 1995).

Interest groups are considered as bringing much needed information, expertise and technical knowledge to the administrators and politicians in the EU, who often lack technical knowledge on sector-specific matters, yet, had to make decisions affecting these areas. EU bureaucrats need information on technical issues as the Commission is responsible for and policy formulation and supervising its implementation. In order to get adequate and balanced information, officials in the Commission invite those interest organisations that can provide technical knowledge in their area of expertise. For example, when it comes to 'the formal standardization process by European or international standardization,' (Knill 2001: 229) policy-formulation, 'assessment of political response and support in implementing chosen policies' (Kohler-Koch 1997: 4, see also Greenwood 2003a). Interest groups in their turn will have a chance to influence the policy output. A Commission official has suitably explained this point. He pointed out that an official responsible for a policy development is:

[a]t the beginning ... very lonely official with a blank piece of paper, wondering what to put on it. Lobbying at this very early stage therefore offers the greatest opportunity to shape thinking and ultimately shape policy. The drafter is usually in need of ideas and information and lobbyist who is recognised as being trustworthy and a provider of good information can have an important impact at this stage (Hull 1993: 83).

Hull (1993) further pointed out that in the final decision 80 percent of the official's initial policy-formulation would be adopted. Due to this mutual interest between the Commission and interest groups, the Commission offers open access policy for interested groups. As a result, both special and public interest groups make their way to Brussels, through 'peak' or 'sector' associations to establish contact with the Commission, so that they would be able to influence the policy in an early stage. Interest groups have 'information goods' to use Bouwin's (2003) term, which is needed by the Commission and the interest groups want to influence the policy so 'information is traded for influence' (Aspinwall & Greenwood 1998:3 see also Mazey & Richardson 1993a). Perhaps the archetype example of the role of interest groups in the EU is the role played by economic interests groups in the shaping of the Single European Act. In this regard Lehmann & Bosche (2003: 31) narrates that:

[T]he European Round Table of Industrialists (ERT) ... was assembled by the Commission in 1982 among representatives of some of the biggest European Community firms, with strong administrative support from the Volvo Company, and which played an instrumental role in the preparation of the European Single Act and the creation of the 1992 single market programme. (Lehmann Bosche 2003: 31)

However, the role of interest groups in EU policy-formulation and policy-making is rather contested in the literature. Some scholars have questioned the perceived influence of the interest groups in the EU. To this regard Kohler-Koch (1997) points out that institutions in general are difficult to change especially in the EU, as the decision-making system in the EU is sectorized, fragmented and complicated. She further explains ‘[i]n such a fragmented, multi-level system in which binding decisions are dependent on intergovernmental negotiations as much as on inter-institutional bargains’ it is difficult, she maintains, for groups to penetrate and influence policies in the European Union. Greenwood (2003a: 29) further explains this point; ‘[t]ypically, fragmented structures afford ease of access but limit the impact of civil society actors, whereas centralized structures create difficulties of access but tend to result in high policy impact.’ Furthermore, certain behaviour is prerequisite for interest groups to be consulted by the European Institutions such the Commission.

For instance, in the European Union, there are rules and regulations that govern how lobbying should be conducted. To this end, Consultation, of the European Union and the Civil Society (CONECCS) has developed principles and codes of conduct to interest groups have to adhere. In the principles, interest groups are expected to behave professionally, not misuse their position and to declare their interests as well as to follow institution’s codes of conduct (Commission Communications 1992: Greenwood 2003a, 2003). Should interest groups fail to obey the rules of the institutions they would have little chance of being listened or consulted. In this line of thinking, institutions not only offer channels of influence, or ‘points of access’ to use Bouwen’s (2003) words, for the interest groups but they also shape ‘the very constitution of actors, prescribe behavioural roles, constrain activities and shape expectations’ (Kohler-Koch 1997:4 see also Greenwood 2003a, 2003). In addition to that, interest groups are constrained by

the fact that there are diverse traditions and cultures in the EU, where there is no consensus on how special interest representations will be conducted or dealt with. For example, interest groups are more accepted in the UK as part of the political process than in Spain. This diversity constitutes another barrier, which interest groups have to overcome (Kohler-Koch 1997:5).

Moreover, it has been argued by Bouwen (2004), Grossman (2004), Pollack (1997) and Lorenzo (2003) that the Commission uses interest groups to its own benefit. For example, Bouwen (2004) points out that the Commission is a supranational institution whose mission is to facilitate translational cooperation and more integration among EU Member States. The Commission, while advances the general interests of the Member States, at the same time 'it promotes its own position' that is to say, 'policies that go beyond purely intergovernmental consensus' (Bouwen 2004: 346). To achieve this goal of more integration, normally the Commission initiates, as often happens, a new policy network where interest groups from various countries are invited to participate. The Commission uses these policy networks as catalysts to accomplish more integration in the Union (Lorenzo 2003; Grossmann 2004; Bouwen). To take an example, the EU allocates more than a billion Euros to public interest groups (Greenwood 2003a: 13), as implementers of services for the Commission such as information gathering on specific areas or to facilitate public projects. This Commission strategy is explicated by Kohler-Koch (2002: 5):

As soon as the EU embarks on a new field of competence, translational policy networks emerge. They provide an arena for discussion and testing ground for competing ideas. Furthermore, policy networks provide a resonance structure and an efficient transmission belt for an ideational entrepreneur [the commission] who wants to propagate a particular concept and push its diffusion throughout the Union

Greenwood (2003, 2003a) declares that the multitude of competing interest organisations in the EU should not be seen as private interest groups are ruling the Union. He points out that the Union is insulated from domination by a single group of interest through the complexity of its decision-making system. He further asserts that the EU decision-making system is designed to achieve three objectives; first it is designed to offer a '[h]igh access for all, but low impact for any type of interest'; second, it is intended to provide '[a]n avenue for members [of the interest organisations] to by-pass their associations', and; the third, it is premeditated to ensure '[i]nsulation of the political system from domination by any one type of interest as policy-making shifts venues' between the EP and the Council of Ministers (Greenwood 2003:9). Moreover, the EU decision-making system encourages competition between and within associations and this has partly caused the fragmented nature of interest representation in the Union, which after all, benefits the EU. The British Medical Association, for instance, has to link between ten different members in the EU 'representing sectional interests in the medical profession' (Greenwood 2003: 4). This disunion in the medical profession, on the one hand, makes it difficult for the EU to make a 'policy partner,' and on the other hand, makes it possible for the EU to apply a 'divide and rule' method (2003: 4).

Greenwood (2003, 2003a) makes it clear that private and public interest has always played an important part of the EU's policy-making. It is however import to point out that private interests, while contributing to the overall policy outcome have not regularly played an influential role in all areas of EU policy-making. According to him, a much-exaggerated example is the role the ERT played, mentioned above, in drawing up the Single European Act. What is not mentioned is, Greenwood argues, that the condition was then conducive for the

single market as Member States were ready for more integration and therefore they gave the ERT of Industrialists the green light. Under certain conditions, however, some interest groups might be able to dominate EU policy-making in an area of a narrow economic or technocratic character or some specific social policies (Greenwood 2003, 2003a). Pollack (1997: 580) noted that some public interest groups such as the 'European Women's Lobby' (EWL) and the 'European Network of Women' were able to influence the EU's equal opportunity policies. Finally, having discussed both the arguments for and against the role of the interest groups in the European Union, to examine their influence, one needs to apply a pertinent theoretical approach, which will be discussed in the subsequent section (Pollack).

1.2. Analytical framework

Policy network analysis has been seen as the most appropriate theoretical framework when studying interest groups (Coxall 2001; Baggott 1995; Peterson 1997). Pluralists, by whom policy network theory was first developed, see power as dispersed and non-accumulative. Reformed pluralists (policy network theory) perceive society as characterised by fragmentation and complexity whereas the political system is featured by open competition between contradictory and countervailing interests. Reformed pluralism views the role of the bureaucrats or the administrators (the state) as neutral among the groups, whose function is to regulate between these competing interests. Reformed pluralists recognise organised groups, not the individuals in the society, as political actors along with the bureaucrats and politicians. Pluralists argue that since the political arena is open for competition, no single group, class or interest organisation can dominate the political scene. Unlike classical pluralists, policy network theory admits that one sectoral interest group may dominate a certain policy area. In

other words, different groups dominate different policy network areas. This balance of power, according to reformed pluralists, ensures that groups function as counterweight to one another. (Smith1995; Coxall 2001; Baggott 1995;Greenwood 1997; Grant, see also Peterson 1997).

Policy network theory can be defined as:

[The theory that assumes] policy-making in modern government [as] compartmentalised in a series of a distinct policy areas, each with its specific range of groups and each with its own pattern of relationships between civil servants and groups. The term policy network is a generic term which encompasses a range of different relationships between officials and groups from the close, stable relations of a policy community at one extreme to the looser, less continuous, less close relations of an issue network at the other (Coxall 2001: 20).

Reformed pluralists further acknowledge that there is ‘rarely perfect competition’, since well resourced groups may dominate certain policy areas, which can lead to oligopolistic or even to monopolistic power concentration. Moreover, they also accept that relationships between state officials and interest groups can take the form of ‘stable networks.’ Institutionalised arrangements are employed in order for the government to maintain its ‘legitimacy and autonomy.’ They further emphasize that policy network constellations are not static but dynamic as new groups gain entry to the networks while others lose access: reformed pluralists ardently underline that ‘the pressure group universe is highly populated’ and vibrant, as new groups get organised when their interests are threatened (Smith1995: 221, see also Coxall 2001; Baggott 1995). According to Peterson (1997: 10) policy network analysis helps us to tell ‘how well different types of interest are represented in a given sector, as opposed to why some are better represented than others.’ Put differently, policy network theory describes ‘the political opportunity structures offered by EU governance more than it helps us to explain them’ (Peterson 1997: 10). In addition, the EU’s policy-making system is sectorized and fragmented

in different Directorate-Generals (DGs) and it is where multiple interests and cultures meet and fight over policy space in order to further their interests. Therefore it is not far fetched to expect, as Mazey & Richardson (1993a: 24 see also Kohler-Koch 1997a) put it:

[that][t]he most successful groups will be those who exhibit the usual professional characteristics – namely, resources advance intelligence, good contacts with the bureaucrats... and especially an ability to put forward rational and technical arguments which will assist in the formulation of practical policies at the European level.

In this line of analysis it is further expected that interest groups that represent '*narrow economic interests*,' such as business interest groups, would enjoy better representation and influence in the areas where the EU has competence than those interest groups that represent '*broad social interests*' such as consumer interest groups (Peterson 1997: 5 see also Mazey & Richardson 1993a).

There are many criticisms levelled against the pluralists in general, the kernel of which is that they fail to take consideration of context in which decisions are taken and how these decisions are biased to favour some vested interests in lieu of others. Furthermore, all brands of pluralists are criticised for their claim of neutrality of state, as well as for lacking a theory of state, and for their oversight of the role of ideological preferences in the decision-making process. Another major criticism is that access to policy networks is not always open to all groups, as empirical evidence from UK public policy-making shows, some groups tend to be excluded in policy networks for longer periods. Moreover, access and consultation does not necessarily mean influence, as groups may be consulted but not be influential on the outcomes (Coxall

2001; Smith1995; Baggott 1995; Aspinwall & Greenwood 1998). Having outlined the theoretical framework the methodological approach will be considered in the next section.

1.3 Methodology

Despite the extensive studies on EU policies in different policy issues, EU level alcohol policies have been understudied and this study attempts to fill that gap. Although there could be many reasons, one reason why this policy area has been understudied is thought to be the fact that the EU, as mentioned above, has not yet a holistic alcohol policy and the member countries formulate their own policies. However, the proposed EU Constitution, if ratified by all Member States, will enlarge EU's competence in areas such as public health. In the future, the EU has the potential to gain a full competence to harmonise member countries alcohol policy; and as the recent developments in the Union (EU) indicate such as the forthcoming EU's comprehensive alcohol policy strategy, this assumption is not far fetched. This thesis will focus on the EU Commission, since it has the responsibility to formulate EU level policies and as most EU level decisions are based on Commission proposals (Hull 2003). This study concentrates on the period between 1990 and 2005. Moreover, the role of the interest groups such as TAG and Eurocare in EU alcohol policy will be studied as empirical cases. It is hoped that this study will increase our understanding of the interests behind shaping the European Union's alcohol policy. Having outlined the purpose of the study, the method of inquiry is described in the next paragraphs.

First, it is worth mentioning a number of problems that one is likely to encounter when studying interest groups. To begin with, interest groups are not generally public bodies and therefore they are not obliged by law to disclose information relating to their activities. In addition, their activities are surrounded by confidentiality and are not always detectable and therefore cannot be evaluated. Finally, interest groups have normally different strategies when lobbying such as covert and hidden tactics, which makes it difficult for researchers to obtain documents from them for research purposes (Baggott 1995; Mazey & Richardson 1993a; 1993b). Having said that, some solutions have been devised in order to answer the posed question in this dissertation. The research question is, to reiterate, which group is the most influential in the European Union's alcohol policy (EUAP) and what this tells us about EU policy-making processes. A case study method was chosen as a research method on TAG, which represents the interest of the alcohol industry, and Eurocare, which represents non-governmental organisations. The two groups although they represent two different interest categories such as 'special interest' and 'public interest' respectively, will both be referred to here as interest groups. In this study, both secondary and primary sources have been utilised. First, available literature on the EU and interest groups has been used as a point of departure, including books, scholarly journals, articles and magazines. Moreover, as secondary material barely exists on the two groups subject to this study, first hand information was used, including Eurocare and TAG's official recommendations, their observable actions, position papers and official websites as well as other available information that could be found in the newspapers and the Internet. In addition to that, email contacts were made with representatives of the interest groups as well as well as the Commission official working with the alcohol file at DG Sanco.

A further problem is measuring the influence of interest groups in EU alcohol policy, since having access to policy-makers or being consulted by them does not per se lead to influencing the policy outcome as external factors such as global or local events could engender or propel decisions in a certain direction, which might benefit some groups without their intercession. In order to tackle this problem, first it is essential to explicate what is regarded as influence in this study. To give an example, an interest group can exercise influence by means of advocating a new policy, maintaining an existing policy or substituting it with a different one. Having clarified what is meant by influence then a connection between the two interest groups and DG Sanco will be established. It will then be concentrated on the positions of the two groups regarding four contentious alcohol policy areas where the two groups have different opinions: That are seen to be: the focus of alcohol policies, alcohol taxation, alcohol advertising and countermeasures against drinking and driving. Further, their positions on those areas will be studied and how their positions are reflected by the EU's decision outcome on those areas. Hence, where the EU recommendations and directives are consistent with the position of an interest group on the above-mentioned four alcohol policy sub-groups will be seen as an indication of influence by the interest group; unless otherwise there are evidently other factors that have propelled the decision-making in a certain direction. On the other hand, lack of other apparent factors that have influenced the decisions will lead to conclude that the interest of a particular interest group has prevailed. It will finally be determined that the group whose positions are the most consistent with the EU positions on the four alcohol policy issues, is more influential than the other. Further, some conclusions will then be made on what the finding tells us about EU policy-making processes. By applying this line of logic, it is hoped that the problem of gauging influence has been solved.

One final problem is the ‘external validity’ (Soy 1997) of this study, that is to say, whether or not the outcome of this research can be generalised beyond the alcohol policy area. As argued by Soy (1997) external validity is achieved by using ‘[t] echniques such as cross-case examination and within-case examination along with literature review.’ As this case study has not applied ‘cross-case examination,’ it is therefore decided not to draw a general conclusion on the role of the interest groups in the EU policy-making per se. The findings of this case study, however, will be discussed in relation to the existing literature.

1.4 Conclusion

After the Single Market Act came to force in the EU in early nineteen nineties, the number of EU level interest groups has increased. The European Commission is seen as the lobbying target of most interest groups; as the Commission is responsible for policy formulation and initiation. In this chapter, the role of interest groups at the EU level was described. In the literature, the role of the interest groups and their relevance to EU decision-making is contested. On the one hand, it is claimed in the literature that interest groups influence the decisions in the EU. The Commission is seen as in need of information and facts and the interest groups are regarded as having the information that the Commission needs. Interest groups, it is argued, by providing information for the Commission, influence the decision outcome. On the other hand, it was argued that it is difficult for interest groups to influence the decisions in the EU, as the decision-making system of the EU is dispersed and fragmented between the EP and the Council of Ministers. It was further argued that the Commission uses interest groups as information purveyors and as a ‘transmission belt’ for more integration in the EU Member States. In the next chapter the role of interest groups in European alcohol policy will be examined.

CHAPTER TWO

2.1 ALCOHOL POLICY IN THE EUROPEAN UNION AND THE INTEREST GROUPS

2.1.1 Introduction

Having presented the debates regarding the role of interest groups in the EU in the preceding chapter, this chapter will focus on the status of alcohol and alcohol policies in the EU. Moreover, the relationship between the interest groups and the European Commission will be established. The aim of this chapter is, first, to define what is meant by alcohol policy in this study; second, to discuss the status of alcohol in the European Union, whether it is a public health determinant, foodstuff or a normal commodity; third, to describe the relationship between the Commission and the interest groups such as TAG and Eurocare; and finally, to establish the EU position on the four policy subgroups identified (in chapter 1), by referring to the relevant regulations, recommendations and directives on those issues. Structurally, this chapter is divided into five headings as follows; why alcohol policy is contested in the European Union?; interaction between the Commission and interest groups; the focus of alcohol policies; alcohol advertising; alcohol taxation and; finally, countermeasures against drinking and driving.

2.1.2 Why alcohol policy is contested in the European Union?

The EU is neither a super state nor it is a confederation of states and unlike its Member States has no fiscal interest on the alcoholic beverages (Osterberg & Karlsson 2003). The major debates on the alcohol issue emanate from differences of opinion on the status and economic importance of alcohol among the EU Member States. This has been seen as an impediment to EU level alcohol policy as the most EU decisions are based on inter-state agreement. Ugaland (2000) argues that the existing differences between the Member States on the alcohol issue make it difficult to reach a common alcohol policy in the EU. For example, 'in central and South European Member States, alcoholic beverages, and particularly wine, forms a part of daily nutrition' and are treated as a commercial commodity (Ugaland 2000:60). Contrastingly, in the Nordic Member States as Sweden and Finland it is viewed and treated as a public a health determinant. In countries as France, Ireland and Portugal, production and export of alcoholic beverages have significant economic importance, whereas in other countries they are of minor economic importance (Ugland 2000). Moreover, in the EU, on the one hand, alcohol is viewed from agricultural and commercial perspective (Hassellgren 2000). Wine, for example, is considered as a foodstuff and, as mentioned above, is regulated under the Common Agricultural Policy (CAP) (Osterberg & Karlsson 2003: 49). In 2004, the EU allocated a substantial part of its annual budget, 1.2 billion Euros (Hedberg 2005: 5), to wine production (grape producers) in the form of an agricultural subsidy. In addition to that, all alcoholic beverages should be granted free movement as other commodities under the internal market regulations. On the other hand, alcohol is, in some situations such as alcohol abuse, drunken driving, under-age and binge drinking, regarded as a public health hazard or as a 'risk factor'. It is within this context that Eurocare and TAG are trying to influence EU's alcohol policy. To this regard, Renstrom (2002) acknowledges that there is an ongoing battle in the EU about

whether alcohol should be regarded as a normal commodity or a public health determinant. She declares that the current balance of power is by a wide-margin in favour of those who advocate alcohol as a commodity and foodstuff. The provisions regulating alcohol in the EU reflect this balance of power. As Table 2:1 reveals sections regulating alcohol as a commodity and foodstuff have a ‘strong legal basis’: whereas those regulating alcohol as a public health determinant have a ‘relatively weak legal basis’ (Renstrom 2002).⁶

Figure 2:1 EU provisions regulating alcohol.

Alcohol as a public health determinant has a relatively weak legal basis and is regulated under (public health provisions)	Alcohol as a commodity or foodstuff has a strong legal basis and is regulated under (the Internal Market)
Art. 152 central	Free Movement, art. 23-31
Art. 30 (currently 28)	Agriculture, art. 32-38
	Transport, art. 70-80
	Competition and Taxes, art. 81-97

This figure is adopted from (Renstrom 2002)

⁶ Translated from Swedish by the author.

2.1.3 Interaction between the Commission and the interest groups

The European Union has not yet a comprehensive alcohol policy strategy. It has however, competence to encourage trans-national collaboration as well as to initiate general policy recommendations and measures to promote and improve public health-related issues in the EU countries. Member States, in strict legal terms, are not obliged to implement EU recommendations concerning public health issues (Osterberg & Karlsson 2003: 67). During the Sweden's⁷ presidency in 2001 alcohol was recognised as a major health concern by the Council of Health Ministers (*The Globe Magazine* 2001). Sweden, in alliance with Finland and Portugal, pushed the Union to consider alcohol as a public health issue instead of simply seeing it from the agricultural and commercial perspective (Hassellgren 2000: 52). The Ministers asked the Commission to put forward a proposal on a comprehensive alcohol policy strategy for the Union by 2005. Since then the Council has been consulting the Member States public health authorities, the alcohol industry, interest groups and other stakeholders such as the advertising companies and retailers. The proposal has not yet been finalised, as it is still a work-in-progress. Therefore, both the alcohol industry and the public interest representatives 'are engaged in a campaign to capture the heart and mind of alcohol research and public health people, as part of a major effort to win the war of ideas that shapes alcohol policy at national and international level' (McCreanor et al. 2000: 179). Alcohol policies, also called alcohol control policies, are defined, in this study, as 'public policies affecting the production, supply, marketing or consumption of alcohol with a view to preventing or reducing the harms associated with its use.' Moreover, alcohol policies can be aimed at 'the availability (supply) of alcohol, or the demand for it, or at tackling at specific issues such as drinking and driving. They may apply to

⁷ Sweden and Finland have had a long tradition of alcohol regulation such as state-owned alcohol distribution monopoly. Upon joining the European Union, they negotiated for derogation and exception on keeping the monopoly for a transitional period, as their alcohol monopoly conflicts with the EU's internal market rules of free movement of goods.

the whole population or to particular groups within it' (Institute of Alcohol Studies 2005:1 see also WHO 2004; Bruun et al.) such as problem drinkers and young people.

In the European Union, policy-making is fragmented into different policy areas and divided between different Directorate-Generals (DGs). The aim of this is that each DG, besides the administrative work, will provide 'specialized technical' knowledge and bureaucratic 'know-how' on its policy area to other DGs (Bouwen 2004: 354). Most of alcohol-related proposals emanate from different DGs such as the Internal Market DG, the Transport DG and the Health and Consumer Protection (DG Sanco). In this study, the most appropriate DG has been identified as DG Sanco. Alcohol policy in the EU is handled in the Sanco. In its turn Sanco is divided into four units, alcohol is dealt under the Health Determinants (C4) and the Health Information Units (European Commission: Health & Consumer Protection Directorate-General (DG Sanco) 2003). One of the major activities of the Sanco is to prepare and put forward proposals on alcohol policies in the EU (DG Sanco 2004). To this end, the Commission has established a 'Working Group on Alcohol and Health.' Both TAG and Eurocare are represented (DG Sanco 2004a; 2003). The working group holds regular meetings with the main stakeholders in alcohol issues such the industry, the civil society and representatives of the Member States (DG Sanco 2004a; 2003) In this regard, Maria Renstrom, a Swedish national expert who works on initiative from the Swedish Government with the alcohol file at DG Sanco (DG Sanco 2003), explains why the Commission consults, inter alia, interest groups. She tells:

When preparing policy documents, like for example the alcohol strategy document, the Commission is inviting all relevant stakeholders (Industry interest organisations and non-governmental

organisations, Member State experts, researchers) to take part in consultation rounds. The consultation process is essential for the Commission[']s own process to get better legislation, policy etc for EU Citizens[sic]. There have been several consultation meetings with the stakeholders on the alcohol working document (starting in 2004). At all these consultation meetings representatives from Eurocare and the Amsterdam Group (and several other interest organisations and Member State experts, researchers etc) have been invited and they have had the same opportunities to comment on the ongoing EU work on alcohol.⁸

Moreover, according to Renstrom, the Commission itself is invited to different lobbying activities from the stakeholders and interest groups. The interest groups organize press conferences to inform the policy-makers about the policy issues that they want to influence. In this regard she makes it clear that '[b]oth Eurocare and the Amsterdam Group also arrange their own conferences and meetings on alcohol policy to inform and influence policy both at community and national level.'⁹ In the next sections the EU position on the four alcohol policy sub-groups will be discussed.

2.2 The focus of alcohol policies

The Council of Ministers of Health in the EU adopted on 5 June 2001, a proposal from the Commission regarding alcohol consumption by children and adolescents. The Council recommendations called the members states to curb the under-the-age drinking and to take measures against the problem (*Official Journal of the European Communities (OJ)* 2001a). Furthermore, on the same day the Council as a Conclusion called for devising 'a community

⁸ Aurthor's interview with Maria Renstrom 26 July 2005. She answered the questions on behlaf of Mr Robert Madelin, DG Sanco.

⁹ Renstrom Interview

strategy to reduce alcohol-related harm' (*OJ* 2001). In the June 5 Council Conclusions, a high degree of alcohol use 'in the population' was regarded as leading to increased number of mortalities from diseases such as 'liver cirrhosis, alcoholism ' and 'alcohol poisoning.' In addition, the Council stated that there are established facts that 'alcohol abuse' leads to 'reduced productivity at work', family disintegration, criminality and 'mental illness' (*OJ* 2001). The comprehensive strategy is underway and will be finalised, as mentioned above, by the end of 2005. If the common alcohol strategy document is adopted by the Council of Ministers it will be the Union's first comprehensive alcohol policy (Osterberg & Karlsson 2003).

Most EU policies deal with alcohol as a normal commodity and see alcohol-related harm as a result of abuse and misuse. Therefore, EU's alcohol policies are directed towards special situations and groups such as restraining alcohol drinking among children and adolescents, and reducing alcohol-harm and binge drinking, rather than reducing the total alcohol consumption. In order to combat the abuse of alcohol, in the Maastricht Treaty in 1993, alcohol-related problems gained more attention, as the EU was obliged to promote information and awareness about the negative effects of alcohol abuse. Moreover, the Amsterdam Treaty furthered the EU's role from merely promoting information on alcohol-related harm to 'improving public health' (Osterberg & Karlsson 2003: 65), which obliged the EU to introduce preventive measures in order to improve the public health. In Article 152 of Amsterdam Treaty, the EU is obliged to give recommendations for measures enhancing the Community's public health, which will be complementary to National alcohol policies. However, this does not include harmonization of public health regulations as alcohol policies are regarded as a national competence in the EU (Osterberg & Karlsson 2003).

2.3 Alcohol advertising

Alcohol advertising at EU-level is regulated by the ‘Council directive 89/552/EEC’ known as Television Without Frontiers (TWF) directive. This directive was partially replaced with another directive 97/36/EC (Osterberg & Karlsson 2003:56). The directive appealed producers, to traders and advertisers alike, to be more responsible when marketing alcoholic beverages¹⁰ and urged them to adopt voluntary codes of conduct, that is to say self-regulation (OJ 2001a). The aim of this directive was both to protect minors from exposure to alcohol advertisements and to ensure the free movement of the broadcast media across the EU Member States as part of internal market policies. The directive sets criteria on the content of alcohol commercials: among other things; it should not target minors or encourage them to drink. The directive does not recommend statutory regulations; rather, it promotes voluntary self-regulation by the industry. In article 15 of the directive it is clearly stated that alcohol advertising should not be aimed at minors; it neither should encourage youth to drink nor glorify alcohol consumption; moreover alcohol advertising should not be specifically aimed at minors by advertising on TV sequences showing young people drinking alcohol. The directive further calls for the stakeholders such as producers, advertising firms and media to develop and adopt self-regulation based on standardized codes of conduct (Osterberg & Karlsson 2003;).

¹⁰ Alcoholic beverages include ‘wines, beers, ciders, spirits or other [b]everages containing more than 1.2 [per cent] in volume’ (TAG, Common Standards for Commercial Communications)

2.4 Alcohol taxation

The EU saw differences in alcohol taxation¹¹ in the Member States and the subsequent price variations as hampering the implementation of the single market: as some countries might use discriminatory excise duties on alcohol products. Therefore two consecutive Council Directives (92/83/EEC⁵ and 92/84/EEC⁶) aimed at ‘harmonisation and approximation’ of both the form and rates of excise duties on alcoholic beverages in the EU were introduced (Osterberg & Karlsson 2003; Ugland 2002 ; European Commission 2000). The excise tax harmonisation on alcoholic products was designed to safeguard against discriminatory taxation affecting the price. However, minimum excise duty on wine was decided to be zero (Osterberg & Karlsson 2003: 61) as a compromise to the wine producing countries such as France, Italy and Portugal¹². In turn, this tax exemption for wine has angered the European Spirits Organisation, known as (CEPS), which asserted that ‘all beverages should be taxed at the same rate by degree of alcohol’ (CEPS 2004: 3). In the EU alcoholic beverages are defined through the content of alcohol (except wine, which is considered as an agricultural product for political reasons) percent by volume. As a definition, excise tax is special tax that is paid by the producer or retailer, on special consumer goods such as tobacco and alcoholic beverages. When imposing excise tax public health or other political considerations play a key role (European Commission 2000:19). However, in the EU the aim of excise duty harmonisation was as mentioned previously to safeguard the functioning of the single market and political considerations rather than the public health.

¹¹ In the EU Member States there is variance on what is regarded as an alcoholic beverage. For example, in Sweden the ‘legal definition of an alcoholic beverage’ is set as high as ‘2.2[percent] by volume’ whereas in the United Kingdom and Ireland is 0.5. The impact of a high legal limit of what is considered as an alcoholic beverage, as the case of Sweden, is that beer containing alcohol under the legal limit is not seen as an alcoholic beverage,’ which puts it outside of any alcohol regulation and taxation (WHO 2004: 13-14).

¹² In the EU unanimous decision is required on the indirect tax harmonisation such excise tax.

2.5 Countermeasures against drinking and driving

The EU has recommendations on ‘the maximum authorised level of alcohol in the blood’ that to reduce alcohol-related accidents. Fatalities caused by drunken driving are estimated at 23,000 in the EU. One such was fatal accident was Princess Diana’s death in 1997. Against this background, an initiative was taken by the then European Transport Commissioner, Neil Kinnock, in the aftermath of Diana’s death. The Commissioner addressing the EU Transport Ministers said: “If, at a time when there is widespread and justified public grief about that tragedy, there can also be deeper public understanding about the causes of these preventable deaths, then perhaps some good can come out of the horror” (*The Globe Magazine* 1997). Mr Kinnock pleaded to eight EU Member States including the United Kingdom to reduce their maximum BAC to ‘a standard level of 50mgs of alcohol per litre of blood’ (*The Globe Magazine* 1997). As a result of Kinnock’s initiative the Commission adopted, in January 2002, a proposal recommending a uniform 0.5 g/L ‘as the maximum permitted blood alcohol level of drivers and 0.2g/L for commercial drivers, motorcyclists and inexperienced drivers’ (Eurocare 2003:3 see also *The Globe Magazine* 1997; *OJ* 2001b).

2.3 Conclusion

As has been discussed above, the EU is in the first hand an economic Union and therefore has little impact on the formation of social and public health policies. In this chapter alcohol control policies were defined as government policies to control the use of alcohol by imposing policies that either target the general population or a particular social group or behavioural type. The relationship between the interest groups and the Commission was also discussed. This interaction between the Commission bureaucrats, interest groups and other stakeholders takes place in the form of policy network such as the aforementioned alcohol and health-working

group. Moreover, the status of alcohol in the EU has been established as more to foodstuff and commodity than as a public health determinant. Further, when it comes to the focus of alcohol policies the EU formulates policies, that target specific situations and groups such as alcohol and the young people as well as the abuse and misuse of alcohol. Therefore the EU's alcohol policies are designed to target problem-drinkers rather than to reduce total population consumption of alcohol. In the next chapter Eurocare will be discussed, which is, as mentioned above, represented in the DG Sanco's working group on alcohol and health and is one of the two EU level interest group organisations that are subject to this study.

CHAPTER THREE

3.1 EUROCARE

3.1.1 Introduction

This chapter discusses and examines Eurocare, as it is one of the organisations that are subject to be studied in this thesis. The aim of this chapter is to describe the aims and objectives of Eurocare and examine its position on the four alcohol policy issues mentioned earlier. Eurocare as it represents the public health interest as opposed to TAG, which represents private interests, focuses on the harm caused by alcohol and its societal cost. It maintains that alcohol to be wholly regarded as a public health determinant. Its purpose is to eliminate the aforementioned duality in the EU's alcohol policy where alcohol is both regarded as a foodstuff and public health determinant. Unlike TAG, Eurocare largely advocates alcohol policy change in the EU. In this chapter these issues will be further discussed. The chapter is divided into five sub-heading; the first section will discuss Eurocare as an advocacy organisation, its mission, charter and objectives. In the following sections four alcohol policy options will be presented as advocated by Eurocare as; the focus of alcohol policies: population-based alcohol policy, alcohol advertising, alcohol taxation, and countermeasures against drinking and driving.

3.1.2 Aims and objectives of Eurocare

European Council for Alcohol Research Rehabilitation and Education (Eurocare) was established in 1990 by an alliance of several non-governmental organisations in (NGOs) the field of public health. Eurocare is an umbrella organisation for 56 NGOs from 25 European

countries, mostly from the EU.¹³ This alliance of public health advocates from Southern and Northern European countries is first and foremost ‘concerned with the possible negative consequences of the SEA on alcohol policy in Member States’ (Eurocare 1996-2005). Its members are mostly active in the European alcohol-harm related issues, consumer interest protection groups, ‘residential support and alcohol-free clubs for problem drinkers; and research and advocacy institutes, including some temperance organisations (Eurocare 1996-2005). Moreover, Eurocare is allied with a leading worldwide organisation in the field of alcohol research known as the ‘Global Alcohol Policy Alliance’ (GAPA) and closely cooperates with the Institute of Alcohol Studies (IAS) in the UK, which provides scientific research on alcohol issues. Moreover, the organisation has a close cooperation with WHO and is a member of the ‘European Public Health Alliance’ (EPHA) as well.¹⁴ In its mission statement Eurocare states that: ‘[its] mission is to promote the prevention and reduction of alcohol related harm, through advocacy, networking and collaboration, so that alcohol will no longer be a major cause of premature death, interpersonal violence and disability throughout Europe’ (Eurocare 1996-2005). This should be achieved through lobbying the policy-makers in the EU; promoting evidence-based research on alcohol-related harm; forming alliances with other organisations that are concerned with the reduction of alcohol harm in Europe; monitoring the activities of the alcohol industry especially their ‘policy initiatives and marketing strategies’ and; producing and publishing ‘reports and position papers’ (Eurocare 1996- 2005). Furthermore, Eurocare maintains a liaison office in Brussels with ‘a full time

¹³ They include: Alkoholpolitisk Landsråd (Denmark); Finnish Association for Healthy Lifestyles; Finnish Centre for Health Promotion (Finland); ANPA (Association Nationale de - Prévention de l’Alcoolisme); Mouvement Vie Libre (France); Deutsche Hauptstelle für Suchtfragen (DHS) (German Center on Addiction Problems) (Germany); Irish National Alliance for Action on Alcohol (Ireland); A.I.C.A.T. (Associazione Italiana Club Alcolisti in Trattamento); Eurocare Italia (Italy); ANDO (Netherlands); ACTIS- (The Norwegian Drugs and Addiction Alliance) (Norway); Centro de Alcoologia Novo Rumo (Portugal); Fundación Salud y Comunidad (Foundation Health and Community) (Spain); IOGT-NTO (Sweden); Institute of Alcohol Studies (United Kingdom); IOGT (Czech Republic); The Polish IOGT Foundation (Poland); International Federation of the Blue Cross (Switzerland) (Eurocare 1996-200a5).

¹⁴ Author’s interview with Mr. Derek Rutherford, 15 July 2005. His secretary Susan Robertson forwarded answers on his behalf.

officer monitoring what is happening in the EU' (Derek Rutherford 2005. 07. 08), and a secretariat in the United Kingdom (UK) with two employees, one of whom is a consultant on alcohol issues. When asked about what methods that they employ to influence the policy-makers, Derek Rutherford, the secretary of Eurocare, replied: 'We represent our views to appropriate DGs and Parliament on alcohol.'¹⁵ Currently, Eurocare is a leading advocate in the field of prevention and reduction of alcohol related harm in the European Union. As a result, DG Sanco frequently consults Eurocare and recently it has been recognised by the European Commission as a counterbalance to the Alcohol Industry (Hasselgren 2001).. It is worth mentioning that Eurocare has two registered lobbyists at the EP (EUROPAL n.d).

The organisation is regarded as one of the stakeholders in the EU's alcohol policy working alongside with the alcohol industry. Moreover, Eurocare is a member of 'the European Commission Network on "Alcohol and Health"[which] is a multi-stakeholder group consisting of NGOs, alcohol producers and the advertising industry' (EPHA 2003). Furthermore, following the recommendations of the EU Ministerial meeting in Stockholm, June 2001, on alcohol and the young people, which also called for a comprehensive strategy to reduce alcohol related-harm in the EU, Eurocare was awarded 'a three year grant of €1.3 million from DG Sanco to develop an alcohol policy network in the 25 Member States.'¹⁶ In its charter Eurocare emphasises the need for the EU to progress from solely being an economic union, to a union where social and health issues take precedence over narrow economic interests. Eurocare is of the opinion that alcohol is not as any other commodity; 'It is a toxic, psychotropic and dependence inducing drug. Its use must be publicly controlled'. Therefore its production, sale and consumption should be dealt with at European Union level through directives that will aid

¹⁵ Rutherford interview

¹⁶ Rutherford interview

the national governments to devise control and regulatory measures. Further, Eurocare stipulates the necessity for a holistic approach to alcohol policy; and ‘the need for legislative and regulatory measures to provide a foundation for prevention policy; the necessity for a coherent balance between information, education and alcohol control policies’ (Eurocare 1996-2005).

3.2 The focus of alcohol policies: population-based alcohol policy

The alcohol industry is of the view that alcohol is a normal commodity and a social drink, which facilitates social interaction and thus has an overall positive effect on society as whole; and therefore, the industry advocates an alcohol policy that targets those minority drinkers who abuse the product. Differing the alcohol industry, Eurocare’s view is that population-based alcohol policies are both legitimate and necessary. To begin with, consuming alcoholic beverages is not ‘a necessity for a balanced lifestyle or a long healthy life’ (Eurocare 2002: 24). Alcohol is classified by the World Health Organisation (WHO) as a ‘dependence producing drug, with dependence on alcohol being a recognized disorder’ (Eurocare 2002: 9). Moreover, according to WHO alcohol is one of the biggest public health problems in Europe as it ‘causes 9.2 percent of all ill-health and premature death. Between 40 and 60 percent of deaths from intentional and unintentional injury are attributable to alcohol consumption. The total societal costs¹⁷ of alcohol amount to between 1 and 3 percent of the gross domestic product (GDP) in the European region’ (EPA 2005). Eurocare estimated ‘the economic burden of alcohol problems’ in Europe at around 60 billion Sterling a year (*BMJ* 1995). Furthermore, a study was undertaken by the European Comparative Alcohol Study (ECAS) on whether there is

¹⁷ According to (Lehto 1995: 7) ‘[t]he external [societal] costs of [alcohol] consumption are the costs paid by others for an individuals alcohol-related problems.’ These costs include ‘costs to family members and friends, costs to other tax-payers, costs to others in the same insurance schemes and costs to employers.’

relationship between the population-wide alcohol consumption and the level of mortality in the EU countries. The study found that there is a direct relationship as ‘an extra litre of alcohol per person would result in a 12.4[percent] increase in homicide in northern Europe’ and 5.5 percent ‘increase in southern Europe’ (Eurocare 2002: 8). Against this backdrop, EURACARE sees alcohol as a ‘special commodity’, which causes harm and therefore its production, trade and consumption should be subjected to regulatory measures.

Eurocare is of the view that EU’s alcohol policy should be target to reduce general consumption of alcohol instead of designing policies aimed at excessive drinkers as the alcohol industry advocates. This population-based approach was recommended by WHO’s European Alcohol Action Plan 2000-2005 (EAAP), as guidelines for action on alcohol. This document was signed and adopted by all European Countries including the 25 Member States of the EU. In the preamble of EAAP, it is stated that: ‘the harm that can be done by alcohol extends beyond the individual drinker to families and communities across the whole population. Alcohol products are estimated to be responsible for 9[percent] of the total disease burden within the region’ (WHO 2000). EAAP approaches on alcohol policy do not focus on the individual drinker or problem drinkers, but on the drinking behaviour of the population as a whole. That is to say that although most of the population are not problem drinkers, statistics indicate that there is a relationship between the overall alcohol consumption in a given society and the total social and health problems associated with alcohol (Lehto 1995; Bruun et al. 1975).¹⁸ Eurocare encourages that the European Commission should recommend EAAP to be adapted and implemented by the member countries in the European Union. Eurocare upholds that any alcohol policy to be effective should target both the volume of alcohol consumed at population

the volume of alcohol consumed at population (discussed in the next chapter), which asserts that ‘low-consumption countries exhibit a low prevalence of heavy users, while countries with high per capita consumption have a high prevalence’ (Bruun et al. 1975: 44)

level and at the same time the environment under which it is consumed as recommended by WHO. Therefore, Eurocare strongly believes that alcohol policies aimed at restricting ‘the economic and physical availability of alcohol products are effective in reducing harm,’ while those targeting problem drinkers through education programmes are considered as mostly ineffective (Eurocare 2002: 7 see also WHO 2004).

Further, Eurocare maintains that the consumption of alcohol itself generally causes harm. One does not need to be a heavy or problem drinker to cause harm either to oneself or to others. For example, there are numerous crimes and offences that are ‘related to alcohol intoxication’ such as road and work accidents, domestic violence, robbery, suicide and rape. People who commit these offences do not necessarily need to be problem drinkers, but the condition under which they consumed alcohol and the volume of it has led to harm to the drinker or to a third party. So, Eurocare deems it appropriate that alcohol policies should be aimed at reducing the volume of alcohol on population level. This view is supported by the WHO report on alcohol harm entitled *Alcohol Policy and the Public Good* (1995), which is written by seventeen alcohol experts from all over the world. They found that ‘there is... a substantial body of evidence for a relationship between the overall level of consumption and population rates of alcohol-related accidents and criminal violence and suicide’ (Eurocare & WHO 1995:15). Despite the fact that population-based alcohol policy is recommended by WHO combined with the abundance of evidence supporting it, this policy was not adopted by the EU Ministerial Conference in Stockholm 2001 as its recommended strategy (Gual & Colom 2001).

According to Eurocare, the alcohol industry is very concerned about restrictions on alcoholic beverages as restrictions imposed on tobacco products led to decrease of tobacco sales and thus the reduction of its profits. For this reason, the alcohol industry is vehemently against alcohol policies that target the whole population; as the industry has learned from the effects of restrictions on the tobacco industry. In this regard, the Amsterdam group, which represents the industry's position, argues that preventive alcohol policies such as taxation and restriction on alcohol accessibility constitute 'as arbitrary infringements of personal liberty for no good purpose' (Eurocare 1996-2005). Eurocare counters this, argument by saying that the alcohol industry misses the point; undeniably people have 'the right to consume alcohol if they choose. However, the point is that people also have the right to be protected from, for example, alcohol-impaired driving and other alcohol-related crime' (Eurocare 1996-2005). Moreover, Eurocare accuses the industry of misinterpreting and even hiding the results of the scientific researches in order to mislead people about the adverse effects of alcohol even when consumed 'moderately.' As an example, the Portman Group, which is one of the industry's social aspects organisation (SAO) and closely linked to TAG, has offered money to researchers to discredit the WHO report mentioned above. 'They have also put out grossly misleading statements saying that there is no scientific evidence for a public health approach to alcohol use' (Griffith as quoted by Mayor 2004).

3.3 Alcohol advertising

The Commission Service DG Sanco, due to the preparation of a new comprehensive alcohol strategy commissioned by the Council of Ministers, asked Eurocare to give its opinion on the issue of alcohol advertising regarding the TWF directive. In this regard, Eurocare published a position paper on the TWF directive, in which it stated that the directive was obsolete and

toothless in dealing with the new circumstances regarding the broadcast media and protecting the young and adult population from exposure to alcohol advertising. Eurocare argued that alcohol advertising techniques have become more sophisticated and subtler. The existing provisions in the TWF directive regulating alcohol advertising need, therefore, to be adjusted due to the changing nature of society and the advertising methods. The main concern of Eurocare is article 15, which it recommends should be modified if TWF directive is to be effective. Contrary to the position of the alcohol industry, which claims that there is no 'direct causal connection between alcohol advertising and levels of alcohol consumption or alcohol-related harm,' Eurocare does not rule out that there is a relationship (Eurocare 2005: 3). Eurocare promotes, as it has always done, 'an evidence-led approach to alcohol policy', and this matter should not be different (Eurocare 2005: 3). The view of Eurocare is, although there is no conclusive evidence that alcohol advertising is 'likely' to change the pattern of drinking behaviour at population level, however, there is substantial evidence, which suggest that there is a positive relationship between alcohol advertising and increased alcohol use. In any case, one should ask, why the industry insists to advertise alcohol on TV if this does not change the pattern of behaviour or does not help to recruit new customers. The industry claims that they communicate with their customers through TV commercials, to inform them about different brands that are available. Eurocare together with other NGOs and public health workers consider the industry's so called informative communication with its clients as a way of recruiting new customers. Therefore, Eurocare calls for the EU to recommend its Member States put in place statutory regulations that limit both the content and volume of alcohol advertising Eurocare (2003).

The Amsterdam Group, which is the industry's representative in the EU, firmly maintains that the industry 'should voluntarily adopt responsible alcohol marketing policy that is not aimed to recruit minors.' However, Eurocare, with hindsight, does not support the self-regulation of the alcohol industry on advertising alcoholic beverages. In the most literature about self-regulation, there is a general agreement that self-regulation works best when the stakeholders, in this case the alcohol industry, advertising firms and media, are in fear of statutory regulation should the voluntary self-regulation fail to work. Moreover, as the available evidence in many EU member countries shows the alcohol industry often breaks its own codes of conduct when it comes to alcohol advertising on television. This is supported by other studies made on alcohol advertising in the EU member countries, which confirmed that the alcohol industry advertise their products in a way 'associating alcohol with the most enjoyable moments of life [while] leaving its harmful effects out of the picture' (Lehto 1995:21). This is a breach of the industry's own codes of conduct and therefore self-regulation should be replaced with statutory regulations. For instance, TWF directive's article 15 can be enforced by the member countries through statutory regulations and monitored by an independent body 'with financial penalties for infringement'(Eurocare 1996-2005). Moreover, Eurocare appeals to the 'European Commission to add objective parameters to article 15' such as measures controlling both the volume and content of alcohol advertising (Eurocare: 2004: 7). Finally, Eurocare principally supports the position of France on banning 'the advertising of alcohol on television', in junior magazines and at football stadia and calls for this ban to be extended to all member countries.

3.4 Alcohol taxation

Eurocare recommends increased excise tax on alcohol for the following reasons; first, from an alcohol control perspective as a vehicle to reduce population-wide alcohol consumption; second, as a way of paying for alcohol-related harm in society. Eurocare supports high taxation on alcoholic beverages including wine and taxes should be increased in relation to inflation to make it effective. Derek Rutherford, who is the Secretary of Eurocare, is worried about the fact that in the EU wine is regarded as an agricultural product under CAP, and therefore is not subject to excise tax (Liljesson 2005; Jogestr nd 2005). Taxation of alcoholic beverages has been seen as an effective instrument to tackle increasing alcohol consumption among young people. A number of scientific studies have demonstrated that high alcohol prices will result in reduced alcohol consumption on both population and individual level. Moreover, as alcohol-related harm in the EU is conservatively estimated at billions of Euros annually, alcohol taxes should be adequate to cover the harm done by alcohol. In other words alcohol ‘should at least pay its way’ (Eurocare 1996-2005). As has been mentioned before, various international studies have shown solid evidence that there is a relationship between the price of alcohol and alcohol consumption. As a case in point, in Denmark, the price of beer was increased twofold during the First World War. This led to a drop in the ‘per capita consumption of alcohol ... by three quarters’ (Eurocare & WHO 1995: 17). Another study sponsored by the World Health Organisation on alcohol control policies states that:

Alcoholic beverages are like any other commodity in respect of price. Demand increases if prices decrease or if the income of the consumers rises more than prices. Demand falls if prices increase more than the rise of income of consumers. Price regulation can thus be used as a means of alcohol control (Lehto 1995: 12 see also Eurocare & WHO 1995: 17).

One of the arguments used by the alcohol industry's social aspects organisation the Amsterdam Group against high taxation on alcoholic beverages is that taxation has no tangible effect on reducing 'alcohol related harm.' In addition, the Group argues, the majority of alcohol consumers are moderate drinkers and therefore one should not penalise them by increasing the price of alcoholic beverages through imposing high taxes because of a small minority who 'abuse alcohol'. Contrary to this, many studies have been made on the effect of price increases on consumption patterns of moderate and heavy drinkers; in these studies it has been concluded that 'heavy drinkers are more sensitive to price changes than moderate drinkers. Price increases would therefore be expected to reduce the alcohol consumption of heavy drinkers more than that of moderate drinkers' (Lehto 1995: 15). Moreover, a study made in several American states on the effects of different alcohol prices due to varying alcohol taxes between these states showed 'that higher taxes resulted in lower cirrhosis [a deadly alcoholic liver disease] mortality as well as reducing traffic crash fatalities' (Eurocare & WHO1995: 17).

According to EAAP 2000-2005, the European Union's tax harmonisation initiative as a result of the Single Market Act, sets 'a minimum rates of excise duty on alcohol products.' This has led to the decrease of alcohol tax in the higher tax countries and therefore an increase of alcohol in those countries. Moreover, tax harmonisation by setting a minimum level has led to limiting 'the use of pricing and fiscal policy as an effective alcohol policy strategy' (WHO 2000:2 see also McCreanor et al. 2000). Eurocare believe that total harmonization of excise tax will lead to the 'aims of the single market. However, if harmonisation is to occur, the target should be closer to the levels pertaining in the higher tax countries' (Eurocare 1996-2005). Eurocare is of the view that higher taxation on alcoholic beverages is an effective policy instrument, which

can prevent and even reduce ‘the level of alcohol-related harm.’ There is a widely established evidence that link tax, price and reduced levels of alcohol-induced harm. Thus, higher alcohol prices through excise tax can work as an incentive for problem drinkers to reduce their consumption, while it simultaneously encourages moderate drinkers to remain moderate. Finally, Eurocare suggests that the European Commission should allow the member countries to impose excise tax on alcohol, higher than the current level in order to achieve public health objectives, which is to reduce alcohol-related harm. (Eurocare 1996-2005).

3.5 Countermeasures against drinking and driving

Road accidents caused by alcohol intoxication in the EU caused 10 000 deaths in the year 2000, at a cost of 10 billion Euros. According to the World Health Organisation 45 percent of disability caused by car accidents in the European countries ‘is attributable to alcohol’ (Eurocare 2003a: 8). The European Union having seen these alarming statistics has set as a goal to cut ‘road traffic accidents by half between 2000 and 2010’ (Eurocare 2003a: 8). While Eurocare regards this as a step towards achievement of better public health in the Union, nevertheless, it calls for attacking the root cause of most road accidents, which is alcohol intoxication. Eurocare consider this as a major public health problem and calls for policies targeting the root cause of the problem, which is drunken driving. There is no doubt that alcohol is a major public health determinant in the EU and it should be regarded as such instead of treating it as an ordinary commodity which comes under internal market legislation. There are numerous policy options to reduce road accidents in the EU countries. One such policy that Eurocare recommends is common road safety measures in the Union. This can take the form of lowering the legal maximum level of blood alcohol concentration (BAC) when driving from the current 0.5 g/L- grams of ethanol per 100 millilitre of blood- to 0.2 g/L in the EU countries

as target for the future. The common BAC will then be enforced by the national governments. According to a scientific research, which investigated the relationship between reduced maximum level of BAC and reduced alcohol-related road fatalities found that it fell by 10 percent, this would save around 1000 lives in the EU member countries (Eurocare 2003a:14). In Sweden where the maximum BAC limit was reduced in the early nineteen nineties from 0.5 g/L to 0.2g/L, 'led to a reduction of fatal alcohol-related road accidents by between 8 ... and 10 [percent]' (Eurocare 2003a:14). Similar studies made in some Australian States showed a reduction in fatal road accidents from (eight to eighteen percent) as the maximum BAC limit was reduced in those states. All this evidence put together indicates the direct relationship between reduced BAC and less road accidents and thus safer roads. (Eurocare 2003a:3).

Further, Eurocare believes that a reduced BAC level alone would not lead to a reduction in alcohol-related road fatalities unless it is accompanied by measures such as random and frequent breath testing (RBT) and public campaigns that educate drivers about the new laws. In addition, harder penalties should be issued on those who break the rules. Moreover, Eurocare recommends adopting a common road safety policies in the EU, which would certainly have an effect on the drivers; as road users all around the European Communities are constantly subjected to frequent RBT checks and common penalties such as 'automatic licence suspension' then the number of drunken driving would fall. Studies made in Australia and New Zealand confirmed this. However, Eurocare is of the believe that in the long term one needs to deal with the road safety problem by reducing the level of alcohol consumption in the EU countries, while employing these drink driving countermeasures as temporary solutions. Furthermore Eurocare asserts that the alcohol industry's social aspects organisations, such as the Amsterdam Group, are in favour of some drink driving countermeasures such educational

campaigns; however, they oppose lowering the BAC limit, as they fear that alcohol consumption will fall. This would lead to their members from the alcohol branch making fewer profits in the event of a common BAC level all around the EU countries. Eurocare regards the Amsterdam Group's position as prioritising a narrow economic interest over the public good. Therefore, it urges the Union to take this fact into consideration when consulting this organisation, which is funded by the alcohol industry (Eurocare 2003a; Eurocare 1996-2005).

3.6 Conclusion

As has been mentioned previously, Eurocare is a Europe-wide alliance of non-governmental organisation. Eurocare is a consumer interest organisation working for a reduction of alcohol-related harm in Europe. Eurocare makes effort to bring about EU level alcohol policies that reduce alcohol consumption in the EU Member States. To achieve this, Eurocare employs a number of activities such as influencing the policy-makers through publishing position papers, informing policy-makers on alcohol issues, providing evidence-based scientific researches on alcohol harm and monitoring the strategies of the alcohol industry. Further, it has discussed Eurocare's positions and standpoints on alcohol policies in the European Union. It has particularly examined four alcohol policy options in relation to Eurocare's position: the focus of alcohol policies; alcohol taxation; countermeasures against drinking and driving and; alcohol advertising. On these issues Eurocare employs a population-based discourse. In other words, alcohol policies should be targeted at reducing consumption of alcohol in society. Its analysis of alcohol problem does not focus on problem-drinkers; rather it focuses on the total consumption of alcohol. Based on this approach Eurocare advocates that alcohol-related harm should be remedied through broad population-based alcohol policies such as availability control through higher taxation, restrictions or ban on alcohol marketing and alcohol

consumption such as lowering the current maximum BAC limit. In addition, Eurocare accuses the industry of misrepresenting the scientific evidence such as the validity of the population-based approach. In the next chapter, the Amsterdam Group, which is one of the social aspects organisations working in the area of alcohol-harm reduction and is funded by the alcohol industry, will be our second case study.

CHAPTER FOUR

4.1 THE AMSTERDAM GROUP

4.1.1 Introduction

Having studied Eurocare as organisation and discussed its positions on the four alcohol policy sub-groups in foregoing chapter, this chapter will focus on The Amsterdam Group. The aim of the chapter is to present TAG's aims and objectives as well as its standpoints on the four alcohol policy-subgroups examined in this study. TAG as the alcohol industry's EU level front organisation, unlike Eurocare, tries to portray alcohol as both as a health product and social drink. It focuses on the economic importance of the alcoholic beverages both from employment point of view and its overall positive contribution to EU's foreign trade balance. TAG mainly advocates for the continuity of the existing EU alcohol policy. It is the aim of this chapter to discuss these issues in more depth. As has been done in the previous chapter, this chapter is structured in five headings: Aims and objectives of TAG, the focus of alcohol policies: problem-based alcohol policy, alcohol advertising, alcohol taxation and finally countermeasures against drinking and driving.

4.1.2 Aims and objectives of TAG

The Amsterdam Group (TAG) is a European Alliance of leading producers of beer, wine and spirits.’ TAG was founded in 1990 by well-known brands in the alcoholic beverages industry (from now on the industry) such as Diageo, Bacardi-Martini and Allied Domecq, Brown-Forman and Scottish and Newcastle (TAG 2003a:1).¹⁹ TAG is funded by the industry as the industry’s Social Aspect Organisation (SAO) in order to, among other things, create and develop national-level SAOs all over Europe.²⁰ TAG’s main task is to provide ‘a pan-European platform’ for the local SAOs’ in order to facilitate co-ordination and exchange of best practice schemes ‘for building awareness and providing information on responsible alcohol consumption’. The Portman Group in the UK and The Mature Enjoyment of Alcohol in Society (MEAS) in the Republic of Ireland are two examples of such industry funded national-level SAOs (TAG n.db). In addition to that, TAG is dedicated to: produce scientific information for alcohol consumers by working with the industry-funded Washington-based International Centre for Alcohol Policies (ICAP); supporting conscientious product marketing; promoting moderate alcohol consumption; and helping efforts to lessen alcohol-induced harm (TAG n.db). Moreover, TAG promotes itself as providing unbiased information on alcohol issues, Helmut Wagner; Director General of TAG agrees that:

[TAG is] indeed industry funded but [its] role is different from a lobbyist’s: we are providing science based policy papers which need to offer a balanced view, i.e. not necessarily industry friendly to be

¹⁹ The other members are; ‘Coors Brewers, Heineken, Interbrew, Moët-Hennessey, Perond-Ricard, Rémy-Cointreau and German Brewers Association (as an affiliate member)’ (TAG 2003a: 1).

²⁰ These SOA include: the Arnoldus Group (Belgium): Forum Pour l’Education du Gout (Czech Republic): Forum PSR (Denmark): GODA – Gode Alkoholdninger: Entreprise &Prevention (France): Hungarian Association for Responsible Consumption (HAFRAC): The Mature Enjoyment of Alcohol in Society (MEAS): Centro Aspetti Social Alcool (CASA), Osservatorio Permanente Sui Giovani Ee L ’Alcool (Italy): The Sense Group (Malta): STIVA (The Netherlands): ANEBE – Associacao Nacional de Bebidas Espirituosas (Portugal): Fundacion Alcohol Sociedad (Spain): The Portman Group (The United Kingdom) (TAG n.db).

taken seriously; the role of lobbying in a traditional sense resides with the typical trade associations.²¹

The Amsterdam Group maintains an office in Brussels as well as two accredited lobbyists at the European Parliament (EUROPAL n.d). TAG states in its official website that it was set up by the industry in order to bring forth policies and recommendations on how alcohol-related harm can be reduced. In addition, TAG makes efforts to project the positive effects and benefits related to alcohol consumption. On the other hand, the organisation uses harm reduction approach through ‘awareness-building and prevention’ as this approach does not target aggregate reduction of alcohol consumption, but aims at informing and educating the consumers about safe drinking (TAG Report 2001).

The major objectives of the industry-funded SAOs such as TAG are, as it is evident from their publications, to recommend five viewpoints in relation to alcohol policy making. These are; first, alcohol policies should focus on those minority drinkers who misuse the product or the ‘patterns of drinking’ such as excessive drinking, binge drinking and drunken driving, and not the majority who drink it sensibly (Jackman & Hill 2003). In other words there should not be broad restrictions on alcohol availability or consumption except restrictions in relation to certain risk situations and behaviours. This point is clarified by the executive of TAG, Helmut Wagner, who presents the industry as being more focused on ‘the harm done by alcohol and not necessarily the level of consumption that needs to be looked at and to be tackled.’²² Second, educating young people on responsible alcohol consumption should be seen as essential in the

²¹ Author’s interview with Mr. Helmut Wagner, 20 July 2005.

²² Wagner interview

alcohol policy. Third, when it comes to advertising and marketing of alcoholic beverages, the industry is both competent and able to employ self-regulation and therefore there is no need for statutory regulations (Jackman & Hill 2003). According to Wagner TAG is ‘... offering support on developing education campaigns locally and [TAG is] driving the industry's efforts to increase compliance with self-regulatory codes of conduct in marketing.’²³ Fourth, the SAOs propagate for giving the industry ‘an equal place at the policy table’ (Jackman & Hill 2003: 9), as partners and stakeholders. The executive of TAG points out that ‘[i]t is important to get industry along the supply chain convinced to accept a share of responsibility for the issue and to act accordingly.’²⁴ Finally, the fifth alcohol policy perspective that SAOs advocate is by promoting the statement that: although alcohol may possibly be abused, its benefits for the society outweigh than its negative sides (Jackman & Hill 2003).

TAG, not only defends the interest of the industry in the EU, but also it produces and publishes scientific researches on the alcohol-related issues. It also arranges conferences on alcohol harm reduction, where scientists, epidemiologists, politicians and social workers as well as people with alcohol problems are invited. With the aim of discussing and learning the best practice and the latest scientific researches on the area of alcohol and harm-reduction. The latest such conference was held in March 2005 in Belfast, Northern Ireland. A TAG report titled *Alcoholic beverages and European society* that was first published in 1993 and updated 2001, presents facts and figures showing the importance of alcoholic beverages in the European Union's economic performance. TAG included in the report some research results and statistical figures that support its position on the alcohol policies. Some of these researches will be used in the next sections.

²³ Wagner interview

²⁴ Wagner interview

4.2 The focus of alcohol policies: problem-based alcohol policy

The Amsterdam Group advocates more balanced approach when shaping alcohol policy in Europe. The organisation stresses the importance of considering cultural societal and economic aspects of alcohol consumption. As TAG's report (2001) demonstrates, alcoholic beverages constitute an important component in the European Union's balance of trade. For example, in 1997 the EU made a total of European Currency Unit (ECU) 49.8 billion (BN) in trade surplus, 15 percent of which, circa: ECU 7.5 came from the alcoholic beverages (Naert et. al 2001: 35). Moreover, the number of people direct or indirectly employed by the alcohol industry is 'more than 3.5 million' (Naert et. al 2001: 36). Further, TAG emphasizes that alcohol is a central component in many walks of life such as 'festivities...weddings and birthdays, but also of moments of our daily lives such as to make transition from work to leisure' (TAG Report 2001: 13). In most cultures moderate drinking is the norm while 'excessive drinking and abstention are abnormal behaviour' (TAG Report 2001: 28). Therefore, The Amsterdam Group unlike Eurocare is in the view that alcohol is a social drink that most people enjoy in a moderate and responsible fashion. Also it has been scientifically confirmed that in some medical conditions such cardiovascular diseases alcohol is rather beneficial. However, in contrast to the vast majority of moderate drinkers, TAG accepts that there is a small minority, which abuse the product. TAG recognises as well that alcohol when abused can lead to health problems for the individual and beyond that can cause social problems or harm to a third part. TAG is fully aware of this fact and therefore it funds researches on ways in which can alcohol related-harm in general and 'alcoholism' in particular can be prevented or reduced. Moreover, it encourages its members in the industry to create a balance between the positive social aspects of alcohol consumption on the one hand and the negative sides when alcohol is misused on the other. In

the latter aspect of alcohol misuse TAG recommends that the industry work with ‘governments and other interested groups to address social problems related to the excessive or inappropriate consumption of alcoholic beverages’ (TAG Report 2001: 5).

According to TAG, the majority of problems related to alcohol consumption, as mentioned above, originate from ‘abuse and misuse.’ In addition, TAG believes that use of ‘beer, wine and spirits’ is important part of many European’s daily life ‘enhancing quality of their lives’ (TAG 2003:5). Against this background, TAG, promotes, that alcohol control policy measures should focus on problem drinkers and not the whole population. The available research confirms that alcohol-induced are not generally related to the per capita consumption of alcohol ‘but rather to problematic patterns of drinking’ (TAG Report 2001: 13). In this line of analysis:

TAG believes that policies aimed at the reduction of overall per capita consumption (in the form limiting the overall sales of alcoholic beverages through marketing and production restrictions and high taxation) do not address those who abuse the product. In fact, history thought us that such an approach taken to the extreme (prohibition) can have unintended adverse effects (TAG Report 2001: 13).

In combating the negative effects associated with alcohol misuse TAG recommends that alcohol policies should not be identical all over Europe, as there are different traditions of alcohol consumption between South and North European countries. TAG asserts that researches have shown that the prevalence of alcohol-related problems in a country is not linked to the normal per head consumption. Rather, they are linked to the people’s ‘attitudes norms and expectancies about drinking’ (TAG Report 2001: 27). For example, the prevalence

of alcohol-induced problems are lower in South European countries where people's attitude and beliefs to alcohol are positive and high in the Nordic countries, such as Sweden and Iceland, whose alcohol attitudes and anticipations from alcohol are negative. Therefore, alcohol policies should be based on flexibility at the same time promote more positive attitude towards alcohol. In the same token, TAG emphasises the importance of individual responsibility when it comes to alcohol abuse. Instead of introducing broad restrictions that target the whole population, TAG appeals for alcohol policies that target problem drinkers and at the same time promote individual responsibility; as 'no collective action can ever replace individual responsibility' (TAG Report 2001: 27). The Amsterdam Group is aware that some people are at risk on developing alcohol-dependence generally known as 'alcoholism' caused by alcohol abuse, and vehemently works to reduce this problem. To this end, TAG funds researches in order to develop an early detection model for people who might have tendency to becoming alcoholics. Moreover, in order to minimise alcohol-related harm, TAG promotes sensible drinking and discourages 'inappropriate or excessive' use of alcohol. In addition, although the industry believes that parents are in the first responsible for educating their children safe alcohol consumption, TAG supports educational campaigns that inform young people about harmless alcohol consumption and in order to help young people 'to make informed choices' (TAG Report 2001:15). TAG regards educational and informational campaigns as being the most effective way to reduce alcohol abuse. Moreover, although TAG encourages policy-makers that education and information campaigns should be the corner stones in the alcohol policy, it also believes that this should be combined with 'legislation, industry self-regulation and individual responsibility' (TAG 2003: 5). Most importantly, alcohol policies should be 'based on sound scientific evidence rather than on political or personal convictions' (TAG 2003: 5).

4.3 Alcohol advertising

To start with, alcohol advertising or ‘commercial communication’, as it is called by the industry, is defined in TAG’s publications as ‘[a]ll brand advertising or marketing communications to consumers regardless of the medium used [such as] print, broadcast media ... including consumer promotion, merchandising, point of sale material and sponsorship’ (TAG Report 2001:18). TAG in contrast with Eurocare would like to see self-regulation rather than statutory regulations when it comes to alcohol advertising or ‘commercial communications.’ As has been mentioned previously the TWF directive obliged the industry to develop a responsible marketing when it comes to alcoholic beverages, vulnerable people such as children and adolescents should not be encouraged to drink. To this regard DG Sanco asked The Amsterdam Group to give its opinion on an EP Green Paper on alcohol advertising. As a result, TAG in consultation with its members from the industry produced ‘*Guidelines for Commercial Communications on Alcoholic Beverages*’ first published in 1994 and updated in 2002 (TAG Report 2001: Eurocare 2002); where it developed common standards on alcohol advertising. The aim of this document was, first to declare the industry’s position on the issue and second, to serve as common codes of conduct for its members on alcohol advertising. In the document TAG recommends codes of conduct regulating the content of alcohol advertisement but not its volume. For example, TAG discourages alcohol advertisements that target vulnerable groups such as children, despite the fact that there is no conclusive evidence linking alcohol advertising with increased alcohol consumption. The most important elements in the guidelines are provisions restricting inappropriate alcohol advertising such as: ‘ “no promotional free gifts” of alcoholic beverages to minors, no advertising of alcoholic beverages aimed specially at minors, not showing under-

25s consuming alcoholic beverages or encouraging the consumption in advertising' (TAG 2003: 10).

Furthermore, the document recognises that there are different approaches to the issue of alcohol advertising due to the existence of different cultures and national codes among its members. What is regarded as appropriate and acceptable in one country is seen as vulgar or inapt in other. This cultural difference is also true to the commercial communications. Helmut Wagner the Director-General of TAG pointed out that there is almost impossible to put in place a policy that accommodates these cultural differences. 'For this reason, the Common Standards need to be at once broad enough to accommodate cultural differences among Member States yet specific enough to discourage inappropriate behaviour by the industry,' he argued (Generation Europe SA 2004: 8). Under these premises, TAG encourages its members to incorporate the guidelines with their existing national codes where necessary. Moreover, in order to make the process of self-regulation possible, the alcohol industry in corporation with the advertising companies represented by the European Advertising Standards Alliance (EASA) and the media 'put in place mechanisms to ensure that any advertisements that fail to meet those standards are quickly corrected or removed' (Draughn 2001: 83). To make sure that both national codes and common standards on alcohol advertising are properly followed the drinks industry together with EASA established 'an internal compliance mechanism,' known as self-regulatory organisations (SROs), which handles violations against 'advertising codes' on national level, in the most of EU countries (TAG 2003). To illustrate this, '[i]n Ireland, all alcohol advertising must pass through Central Copy Clearance Ireland (CCCI) to obtain a certificate before it airs on radio or TV' (Generation Europe SA 2004: 7). This is in order to support the functioning of 'the advertising code of conduct' (TAG 2003: 10).

The Amsterdam Group responding to a second public consultation from DG Sanco's on the existing TWF directive published an official position paper on the issue. In the position paper it was stated that: 'TAG believes that the "Television without Frontiers" Directive works effectively in the Member States and that self-regulation is an adequate tool for its implementation' (TAG 2003a: 1). Moreover, TAG argued that self-regulation when implemented efficiently, is sufficient to guarantee 'responsible commercial communication' (TAG Report 2001: 1). TAG reported that there were some 'advertising campaigns' that were not seen as meeting the industry's codes of conduct and therefore they were either revised or removed (TAG Report 2001: 4). Moreover, it admitted that the level of adherence to self-regulation worked in some Member States but not all of them. In order to remedy this problem, TAG reassured the Commission on behalf of the industry that it was committed 'putting into place by 2005 a system which ensures effective self-regulation, without any gaps, weaknesses and loopholes' (TAG 2003a: 4).

4.4 Alcohol taxation

Ugland (2001: 94) reveals that the alcohol industry has always lobbied national governments in order to keep 'alcohol tax at low level.' TAG as a representative of the alcohol industry in the EU is not an exception (Eurocare 2002). As has been indicated earlier on alcohol plays a vital social function as many Europeans enjoy alcohol as a social drink. A study in the TAG report, mentioned above, by Naert et. al (2001) shows that the importance of alcohol for the EU citizens is manifested as the consumption of alcoholic beverages stand for 3.0 percent 'of total consumer expenditure in the EU' (Naert et. al 2001: 34).²⁵In the study, it is estimated that around '245 Million Europeans Citizens drink alcohol' (Naert et. al 2001: 36). They further claim that alcohol not only plays a social role but it also has an economic dimension. Alcoholic drinks bring huge revenues to the governments of the EU Member States in the form of direct and indirect taxes. As a case in point, excise tax alone, discussed in chapter 2, collected from the alcoholic beverages in the Member States amounted to ECU 23.6 BN in 1998; whereas 'sales tax' or value added tax (VAT), raised from alcoholic beverages reached more than 'ECU 34 BN.' The total tax revenue from alcoholic beverages was 'ECU 7.5 BN' in 1997 (Naert et. al 2001: 36).

The Amsterdam Group, as has been discussed above, emphasizes that alcohol has positive health benefits when moderately consumed and negative sides when abused. TAG, considers therefore taxation as a blunt policy, which may reduce per capita consumption on alcohol and beyond that the number of problem drinkers, nonetheless it haphazardly targets also moderate

²⁵The highest per capita expenditure on alcohol is found in Ireland where (data from 1998) (ECU 1, 077) of 'consumer budget' is spent on alcoholic beverages; 'due to a combination of high excise duties [and] VAT levels.' (Naert et al. 2001: 34). Whereas the lowest per capita spending is found in Italy, as '(ECU 249 per head)' is spent on alcoholic drinks (Naert et al. 2001: 34).

drinkers as well who may lose some health benefits by stopping drinking due to the high prices caused by higher taxation. That taxation still remains as a central component in the alcohol policy measures when governments aim at reducing total alcohol consumption in most countries. A study, supportive to TAG's position and published as part of its report mentioned earlier asserts that taxation as an alcohol control policy has its roots in the total population model theory developed Ledermann in nineteen fifties. Ledermann, who was a mathematician, asserted that 'there [was] a direct relationship between the average use of alcohol per capita and the number of excessive alcohol users' (Vrijmoet et. al 2001). Vrijmoet et al. (2001) and Naert et al.. (2001) strongly argue that Ledermann theory has been seen as imperfect both in terms his theoretical premises and empirical research. Vrijmoet, Rinjhart (2001: 68) further argue that Ledermann's assumption 'that drinking habits of a population are homogenous is also in a sharp contrast with reality. Drinking patterns vary widely within a population (and between populations).' Naert et al. 2001) declare that there is no scientific evidence supporting the argument that reduced per capita consumption leads to reduce number of problem drinkers such as alcohol abusers. Therefore, total population-based alcohol policies are misplaced as this don not address the abuse problem. Besides, decreasing the number of alcohol users can have economic disadvantages 'for employment, tax revenues and the balance of foreign trade' (Naert et al. 2001: 39). More to the point, Vrijmoet et al. (2001) point out that alcohol taxation whether the motivation behind it is to raise more revenue or public health considerations, in effect it reduces average consumption on alcohol due to the tax-induced price increase of alcoholic drinks. Grant & Kirsch (2001) refer taxation as a alcohol control policy as being 'undifferentiated' and a blunt measure that affects both moderate and excessive drinkers alike, and therefore is unfair.' Further, the authors appealed politicians to:

work out a more effective policy instruments that differentiate between alcohol abusers and users. [That] recognises the important economic and social contribution of moderate beverage alcohol consumption ... Policies should support the forgotten majority of consumers-moderate drinkers with no alcohol-associated problems during their lifetimes (Grant & Kirsch 2001: 57).

4.5 Countermeasures against drinking and driving

TAG is fully concerned about the problem of drunken driving and it regards as a major concern throughout Europe. While the industry is actively discouraging people to drive when their ability to do so is impaired, the industry emphasises simultaneously that it is the individual's responsibility to refrain from driving when drunk. In addition, TAG does not support a harmonised approach or common measures against such collective drinking and driving as it recognises the vast cultural and traditional differences between the European countries in relation to alcohol consumption. Instead of common measures such as maximum BAC limit all over the EU countries, TAG recommends instead of that individual countries should put in place measures against drunken driving that suit their local context. A locally adjusted anti-drinking and driving approach is regarded to being more effective than a harmonised one as the local approach focuses on a particular population with its own cultural characteristics. Moreover, substantial evidence shows that the best way to reduce drunken driving is through educational campaigns aimed at young drivers. Most TAG sponsored educational or informational programmes target the individual risk-drinkers such drunken drivers or problem drinkers such as alcoholics. This approach is supported by a survey commissioned by TAG which shows that the majority of the respondents believe that society should not wholly be blamed for some people becoming excessive drinkers, as it is primarily the individual who is responsible for how he or she drinks and the consequences of her or his drinking. On this basis,

TAG recommends individually designed alcohol policies including countermeasures against drunken driving.

Based on the above-mentioned background, TAG instructs its members to develop measures against the problem of drunken driving and it specially recommends educational programmes designated to make drivers aware of the consequence and risk related to drunken driving, as well as the importance of following the law. Most importantly TAG strongly recommends that the industry in co-operation with the hospitality industry, should create schemes that discourage driving in a drunken state and at the same time make available alternative alcohol free drinks for drivers. In addition to the above-mentioned anti-drunken driving approaches, the industry supports and funds research in order to develop methods that motivate attitudinal changes among chronic drunken drivers (TAG report 2001). As a way of achieving its goal of responsible drinking TAG produced informative and educational videos that discourage drunken driving, drinking alcohol when pregnant and drunkenness, and distributed them through national level SAOs. These educational campaigns were produced in tandem with national Road Safety Authorities (RSA)(TAG 2003 8), ‘the European Road Safety Federation’ and ‘the European Commission (DG Transport),’ which co-funded the project (Winstanley 2001: 90). The video campaigns, while having a common theme, were specifically designed to correspond with each country’s drinking tradition, language and culture. This is thought to be more effective, as such campaigns received the prize of the politicians and the public alike (Winstanley 2001: 90). There are many examples showing that these campaigns were successful on a national level; in Belgium for instance, as a result of highly visible driver designated anti-drunken driving campaigns known as BOB. There was 20 percent reduction in road fatalities in 2002 compared with the previous year. This made the BOB campaign made much admired among the population and it was praised by the national RSA. In France a

similar anti-drunken driving informational campaign focused on specific groups such as ‘night clubs schools, sports associations and town councils’ resulted in a decrease in the overall number of road accidents by almost half during October and December 2001. A further school-based anti-drinking and driving project in Spain dubbed as ‘Alba Project’, which particularly targeted children and adolescent between the ages of 12-18 in the period between 2001-2004 resulted in a ‘change in their drinking patterns’ (TAG 2003: 8-9).

4.6 Conclusion

This chapter focused on The Amsterdam Group as an organisation and its aims and objectives. Moreover, TAG’s positions in the four policy areas were examined. TAG, as an industry-funded European level social aspects organisation, promotes the alcohol industry’s interest in the EU. Consequently, its positions on the four alcohol policy issues are those preferred by the alcohol producers. For example, TAG is zealously against policies that are aimed at reducing the overall consumption of alcohol, it argues for lower alcohol taxation, and promotes industry self-regulation when it comes to restrictions on alcohol advertising. Moreover, it does not support a common maximum BAC limit in the EU. In addition, the discourse used by TAG is problem-based alcohol policies as opposed to a population-based approach. TAG considers this problem-based approach as the most appropriate measure as alcohol is only harmful when misused or abused. Having examined standpoints of TAG and Eurocare and on the alcohol policy issues subject to this study, in the next chapter the empirical result will be analysed and contrasted with the official EU positions on those areas.

CHAPTER FIVE

5.1 RESULT ANALYSIS AND DISCUSSION

5.1.1 Eurocare, TAG and the Commission

In this dissertation the role of two EU level interest groups in the EU alcohol policy has been studied: The Amsterdam Group and Eurocare. The two organisations adopt the Brussels Strategy and maintain offices in Brussels in order to lobby, among others, the European Commission and the European Parliament as they try to affect EU level alcohol policies. Eurocare and TAG are membership-based EU level interest groups: TAG represents narrow socio-economic interests, whereas Eurocare advocates public health interest. In terms of resources, TAG is the alcohol industry's EU level SAO. It has four employees in its Brussels office and the financial backing of the industry. Eurocare, unlike TAG, has an employee in Brussels and its members are voluntary non-governmental organisations. So, in terms of resources TAG is more resourceful and therefore is able to produce more research as it has four employees in Brussels.

This study has focused on the role of the interest groups in the Commission. The Commission is the most lobbying targeted among the EU institutions. As it has the responsibility for policy initiation and policy-formation, the Commission became the target for interest groups wanting to influence policies at early stage. The pluralist theory of policy network, which is the analytical tool used in this study, assumes that policy-making in the modern governments is compartmentalized into different policy domains. In this study, this assumption holds true to the EU, where policy-making is fragmented, for example alcohol is handled under different

DGs such as Transport, Consumer and Internal Market. This policy fragmentation makes it difficult for an interest group as argued by Greenwood (2003, 2003a) to dominate all these areas. Although, the four alcohol policy issues considered in this study are dealt with under different Directorates such as the Internal Market, Agriculture and Transport, it is Sanco that provides expert and bureaucratic knowledge on alcohol in the EU. In the Sanco both Eurocare and TAG are consulted by the Commission's Network on Alcohol and Health. Moreover, Eurocare is recognised by the Commission as a counterbalance to the alcohol industry and works with the Commission-funded 'Bridging the Gap' project. Similarly, TAG works in collaboration with the Commission on road safety projects and campaigns through its affiliated SAOs in most of the EU countries. Eurocare and TAG are frequently represented in Sanco's Alcohol and Health Working Group, which can be characterised as a stable close network. Moreover, both groups provide scientific research supporting their positions on alcohol policies. In addition, the groups do not only provide information for the Commission, but, as mentioned, they also implement Commission sponsored projects and programmes. This gives them a position where they can ostensibly exert influence on the EU's alcohol policy.

5.2. Results and result analysis

The research question of this dissertation is: which group is the most influential in the European alcohol policy and what this tells us about EU policy-making processes. To answer the first part of this question, the positions of the two interest groups on four contentious alcohol policy areas have been discussed such as the focus of alcohol policies, alcohol taxation (excise tax); countermeasures against drinking and driving, and; alcohol advertising. After that the EU's position on those alcohol policies such as, regulations, directives and

recommendations have been compared with the two groups' positions. Then their standpoints are linked to the EU decisions on those alcohol policy issues. Then the group whose positions are for the most part consistent with the EU's is seen as the most influential. The result is, as it is shown in table 1:2, that three of The Amsterdam Group's positions on the selected alcohol policy issues are most consistent with the EU's. Contrastingly, only one of Eurocare's positions is consistent with the EU's, which is the common maximum BAC limit. Still, it cannot be claimed this was as a result of Eurocare lobbying even though this is in line with its position, other factors have led to this. As have seen the BAC limit was initiated by the then EU Transport Commissioner Neil Kinnock using the tragic death of Diana and thousands of other Europeans as a result of drink and driving. The other three alcohol policy areas in the EU such as the focus of alcohol, alcohol advertising and alcohol taxation are consistent with TAG's. The implications of this finding is that, in accordance with the method applied in this study, the Amsterdam Group should be regarded as the most influential interest group in the European alcohol policy. However, it would be wrong to say that TAG has single-handedly influenced the EU's alcohol policies. Member States, as it has been shown, have both economical and political interests in the production, selling and exporting of alcoholic beverages as they generate billions of Euros in state revenue. Moreover, alcohol not only provides economic profits and employment opportunities for the citizens of the European Union but it also plays an important role in the social activities of millions of Europeans. Some Member States such as Sweden and Finland are traditionally in favour of more alcohol control policies as they view alcohol from a public health perspective, whereas wine producing countries such as France and Italy oppose EU level restrictions. Consequently, they block policies restricting alcohol such as imposing excise tax on wine. In more analytical plan, the difference between the Member States is thought to be deeply rooted in religion, where predominantly protestant countries in the North, with traditionally strong temperance movements, have generally negative attitude to

alcohol drinking, while catholic countries in the South view alcohol drinking positively. It is within this context of economic and traditional importance of alcohol in most of the EU Member States that the Amsterdam Group was able to be more influential in the European alcohol policy as its interests are corresponding to those of the EU and Member States.

Figure 5.1: this figure crudely shows the positions of Eurocare, TAG and EU on the four alcohol policy sub-groups discussed.

	The Focus of Alcohol policies	Alcohol Advertising	Countermeasures Against Drinking and Driving	Alcohol Taxation
EUROCARE	Advocates population-based alcohol policies.	It would rather see alcohol advertising be totally banned and statutory regulations in place instead of industry self-regulation.	Advocated common maximum BAC limit of 0.5 g/L drivers and 0.2 g/L for novice and commercial drivers in the EU.	Advocates higher taxation on alcoholic beverages in order to reduce per capita alcohol consumption.
The Amsterdam Group	Advocates problem-based alcohol policies and harm minimisation targeting only certain groups such as excessive drinkers.	Advocates that the industry should adopt voluntary self-regulation rather than statutory regulations.	Educational and informational campaigns against drunken driving, enforcement of the existing laws in the Member States without common maximum BAC limitation.	Advocates lower taxes.
The European Union	Recommends problem-based alcohol policies, such as harm-reduction measures.	TWF directive bans alcohol advertising aimed at children and adolescents. Recommends voluntary self-regulation.	Recommends maximum BAC limit of 0.5 g/L for drivers and 0.2 g/L for novice and commercial drivers.	Directives on common minimum excise duty on alcoholic beverages except wine.

It is therefore argued that the predominance of economic interests in the EU Member States coupled with the cultural and societal importance of alcohol has made it possible for the Amsterdam Group to be the most influential in the EU alcohol policy. In other words, the

political and cultural infrastructure of EU, and the institutionalised interests of the Member States in the EU were favourable to the interests advocated by TAG. To elaborate this, the European Union is first and foremost an economic union and therefore it views alcohol from a business perspective. The analytical framework used in this study, which is the pluralist theory of PNT, omits, as has been indicated in chapter one, the role of ideology and institutionalised interests. As it assumes that state bureaucrats are neutral and groups with competing interests influence decisions. However, this empirical study shows that in the EU there is institutionalised interest, such as agricultural subsidies for wine producing Member States under CAP, in which employment and economic growth take precedence over public health issues. As a result, groups that represent economic interests are more likely to get structural support for their interests.

More to the point, as has been discussed earlier, the industry represents narrow economic interest and it is here where the role of the EU coincides with the interests of the alcohol industry, which is to protect the economic interests of the Member States by protecting the interests of the alcohol industry through economic and employment perspectives. From this outlook, the European Union supports, as demonstrated in table 5.1, TAG and the industry's point of view that endorses problem-based alcohol policies and less restriction on alcohol products. This position, however, diametrically opposes the view held by Eurocare and the World Health Organisation, which is the highest authority on public health issues. WHO and Eurocare consider alcohol from a public health and harm perspective and therefore they advocate alcohol policies that reduce general alcohol consumption in the population and more restrictions on the availability of alcoholic beverages. Broadly speaking, Eurocare advocates alcohol policy change and 're-categorization' (Ugland 2001) of alcohol as a health detriment, whereas TAG advocates policy continuity and wants to maintain the existing policies. Unlike

Eurocare, most of TAG's positions on the four alcohol policy issues are consistent with the EU positions. Therefore, from this analysis it is concluded that interest groups play an important role in EU alcohol policy-making as long as their interests are in line with or supported by the Member States.

As regarding to the assumptions made in the beginning that: interest groups that advocate; *Narrow (economic) interests* and have a *sector-specific technical knowledge to be more influential*, than the interest groups that advocate; *broad (social) interests* and lack *specific technical knowledge to be less influential*. Although these assumptions hold true to the findings of this study, it must however, be acknowledged that while resourcefulness and technical knowledge are important as means to influence decisions in the EU, they were not a decisive element in influencing the decisions in the EU. On the other hand, advocating broad social issues such as public health and lack of specific technical knowledge was not by itself a reason to be less influential in EU alcohol policy. What mattered was whether or not the interests advocated by the groups had political, and cultural infrastructure both in the EU Member States. To put it differently, according to the finding of this study, for an interest group to influence EU policies its interests should be, as mentioned above, in line with the interests of the EU (the Commission) and the Member States (the Council).

5.2.1 The result in relation to the literature

In the literature there are different positions on whether interest groups influence decisions in the European Union or not. The view held by scholars such as Mazey and Richardson (1993; 1997) asserts that interest groups do influence decisions: as most decisions, around 70 percent

(Cox 1995), in the EU are negotiated between bureaucrats and representatives of leading interest groups. On the other hand, it has been argued by Greenwood (2003; 2003a) and Bouwen (2004) that due to the multi-level decision-making system in the EU, interest groups have difficulty in influencing decisions in the EU. The fragmented nature of EU policy-making where each policy area is sectorised and divided between different DGs, and the decision making system which is also divided between the EP and Council, all put severe limits the impact of the interest groups on the EU decisions. Greenwood (2003a) further points out that interest groups can influence decisions in the EU when there is approval from the Member States, as in the case of the role of the ERT in the preparation of the Single Market Act, which had the tacit support of the Member States. This study has focused on the Commission and particularly on the alcohol policy area. It has empirical evidence supporting Greenwood's position that interest groups do influence decisions under certain conditions such as when Member States are supportive to their cause. On the other hand, when an interest group promotes issues that are at odds with the interests of the Member States it is difficult to influence the decisions. Moreover, this study found that the Commission uses the interest groups, initially as a source of information, but as implementers of Commission supported projects as well. However, this study has no empirical evidence that can affirm the view asserting interest groups generally influence decisions in the EU.

5. 3 Concluding remarks and future recommendations

Public health considerations play a smaller role in EU alcohol policy. Nevertheless, Member States such as Sweden and Finland together with WHO and Eurocare are pushing the EU to consider alcohol from a public health perspective. Scientific evidences support their arguments

and to some degree things are slowly moving in favour of the public health advocates. In part, due to the efforts made by, in the first hand, Sweden, alcohol is to some extent considered as a public health determinant in the EU. This can be seen as a compromise between EU Member States, which have different approaches to the alcohol issue. However, in the future it is unlikely that the EU will adopt the view advocated by Eurocare and WHO as this is against the interests of wine and beer producing Member States. Therefore, it is very likely that even in the future the view advocated by TAG and the alcohol industry will prevail in EU alcohol policy.

Finally, I would like to point out that WHO declared in the EAAP, which all EU Ministers of Health signed, that alcohol is not an ordinary commodity and recommended alcohol policies that reduce the total consumption of alcohol. This view, however, is not reflected in the EU alcohol policy where vested interests exist in the Member States. Contrastingly, the EU successfully adopted similar WHO recommendations calling for reducing smoking and more restrictions on tobacco products. One would ask; why is that so? Have alcohol products unlike the tobacco products more economic, cultural and political importance in the EU? Is it so, that the EU countries have more comparative advantage in alcohol products than in tobacco products? This question should be further investigated.

Interviewees

Renstrom Maria. Email contact. 26. July 2005

Rutherford Derek. Email contact. 15 July 2005

Wagner Helmut. Email contact. 20 July 2005

BIBLIOGRAPHY

Baggott R (1995), *'Pressure Groups Today,'* Manchester and New York: Manchester University Press.

Bennett R. J. (1997). 'The impact of European Economic Integration on Business Associations: The UK case,' *West European Politics*, 20(3) 61-90.

BMJ (British Medical Journal) (1995) 'EU's alcohol subsidies come under attack,' Available at, <http://bmj.bmjournals.com/cgi/content/full/310/6993/1488?eaf> [15 July 2005]

Bouwen P (2004) 'Exchanging access goods for access: A comparative study of business lobbying in the European Union institutions,' *European Journal of Political Research*, 43: 337-369.

Bruun, K., Edwards, G., Lumio, M., Mäkelä, K., Pan, L., Popham, R. E., Room, R., Schmidt, W., Skog, O.-J., Sulkunen, P. & Österberg, E. (1975) *Alcohol Control Policies in Public Health Perspective*, The Finnish Foundation for Alcohol Studies, Volume 25 (Helsinki, The Finnish Foundation for Alcohol Studies).

CEPS (The European Spirits Organisation) (2004) *'Position paper report from the Commission on the rates of excise duty applied on alcohol and alcohol beverages,'* CP.FIS-037-2004-FINAL, Available at http://www.europeanspirits.org/documents/eu_minimum_excise_rates-position.doc [20.07.2005].

Commission Communication (1992) *'Minimum Requirements for a Code of Conduct between the Commission and Special Interest Groups,'* 2nd December. Available at, http://europa.eu.int/comm/secretariat_general/sgc/lobbies/communication/annexe2_en.htm#public [16 August 2005]

Cox B (2001) *'Pressure Groups in British Politics,'* Harlow: Longman.

DG Sanco (2003) *'Draft minutes of the Meeting of the working group on alcohol and health,'* 11th June Luxembourg. Available at, http://europa.eu.int/comm/health/ph_determinants/life_style/alcohol/documents/ev_20030611_mi_en.pdf [22 July 2005]

DG Sanco (2004) *'Discussion Paper on the EU Strategy on Alcohol,'* Available at, http://europa.eu.int/comm/health/ph_determinants/life_style/alcohol/documents/ev_20050307_rd01_en.pdf [16 July 2005]

DG Sanco (2004a) *'Draft minutes of the Meeting of the working group on alcohol and health,'* 09 - 10 June Luxembourg. Available at, http://europa.eu.int/comm/health/ph_determinants/life_style/alcohol/ev_20040609_en.htm [20 July 2005]

Draughn G (2001) 'Advertising and self-regulation,' *'Alcoholic beverages and European society,'* The Amsterdam Group Report,

European Commission (2000) 'Tax Policy in the European Union,' *Europe on the move*, Luxembourg: Office for official publications of the European communities.

ECHCDG (European Commission, Health and Consumer Directorate-General) (2002) *'Meeting of the Working Group on "Alcohol and Health" (with representatives of Member States, EEA Countries, Candidate Countries and interest groups),'* 25-26 November, Luxembourg,
http://europa.eu.int/comm/health/ph_determinants/life_style/minutes_wg_alcohol_participants_en.pdf [19 July 2005]

Eurocare & WHO (1995) *'A summary of Alcohol Policy and the Public Good: A Guide for Action.'* Available at, <http://www.eurocare.org/pdf/pubs/appg.pdf> [16 Aug. 2005]

Eurocare (1996-2005) *'Counterbalancing the drinks industry,'* 'A summary of the Eurocare Report on Alcohol Policy in the European Union.' Available at <http://www.eurocare.org/projects/counterbalancing/index.html> [10 July]

Eurocare (1996-2005a) *'Eurocare Membership.'* Available at, <http://www.eurocare.org/abu/members/index.html> [6 Aug. 2005]

Eurocare (2003) *'The Beverage alcohol industry's Social Aspects Organisation- A public health Warning.'* Available at, <http://www.eurocare.org/publications/papers.html> [10 June 2005]

Eurocare (2003a) *'Drinking and Driving in Europe,'* 'Eurocare report to the European Union' June. Available at, <http://www.eurocare.org/publications/papers.html> [10 June 2005]

Eurocare (2004) *'Directory 2005.'* Available at, <http://www.eurocare.org/abu/members/directory2004.pdf> [6 Sep. 2005]

Eurocare (2005) *'Review of the "Television Without Frontiers" Directive: Level of detail in the regulation of television advertising.'* Available at, <http://www.alkoholpolitik.ch/internat/twfeuroc.htm> [21 Aug. 2005]

EUROPAL (n.d) 'lobbyists accredited to the European Parliament.' Available at, <http://www2.europarl.eu.int/lobby/lobby.jsp?lng=en> [29 August 2005]

(EPA) European Public Alliance (2003) *'Agenda Commission Network on Alcohol and Health, 1-2 December,'* 6, Nov. Available at, <http://www.epa.org/a/876> [03 Aug. 2005]

Generation Europe SA (2004) *'Workshop Report: The Amsterdam Group's Common Standards for Commercial Communications,'* Brussels, October. Available at, <http://www.generation-europe.eu.com/images/TAG/Self-Regulation CommercialComms Alcohol.pdf> [21 July 2005]

Grant M & Kirsch G (2001), 'Effective alcohol policy: targeting problems; promoting health,' *'Alcoholic beverages and European society,'* The Amsterdam Group Report,

Greenwood J (1997) *'Representing Interests in the European Union,'* New York: St Martin's Press Inc.

Greenwood J & Aspinwall M (ed) (1998) 'conceptualising collective action in the European Union: An introduction', *'Collective Action in the European Union: Interests and the new politics of associability'*, London and New York, Routledge;

Greenwood J (2003) 'Interest Representation in the EU: Demos rules OK?' *Arena Research Seminar April 8th*. Available at, <http://www.arena.uio.no/events/papers/Greenwoodpaper.pdf> [18 Aug. 2005]

Greenwood J (2003a) *'Interest Representation in the European Union,'* Palgrave, Macmillan: Houndmills, Basingstoke, Hampshire.

Grossman E (2004) 'Bringing politics back in: rethinking the role of economic interest groups in European integration,' *Journal of European Public Policy*, August, 11(4): 637-654,

Gual, A & Colom, J (2001) 'From Paris to Stockholm: where does the European Alcohol Action Plan lead to?' *Addiction* 96(8): 093-1096. doi: 10.1046/j.1360-0443.2001.96810931.x [14 July 2005]

Hassellgren S (2000) 'WHO-Konferens om alkohol: Avstamp inför Sveriges EU-ordförandeskap [WHO Conference on alcohol ...]' *Alkohol & Narkotika* Vol. 1: 52-53

Hassellgren S (2001) 'Eurocare - Alkoholaktivist på europeaniva [Eurocare- European level alcohol activist],' *Alkohol & Narkotika* Vol. 1: 18-19,

Hedberg S (2005) 'Gunnar Larsson fragar EU! [Gunnar Larsson asks the EU],' *Alvsborgs Fläten*, En tidning från IOGT-NTO-rotelsen i Alvsborg, 2: 5.

Hull R (1993) 'Lobbying Brussels: A View from Within,' in *'Lobbying in the European Community,'* in Mazey S & Richardson J (eds.), Oxford University Press, New York

Institute of Alcohol Studies (n.d) 'Alcohol policies,' *'ias: Fact Sheet,'* Available at, http://www.ias.org.uk/factsheets/alcohol_policies.pdf [28 July 2005]

Jackman S & Hill L (2003) 'Global Perspectives on Alcohol Marketing: Issues for Young People,' *'4th International Conference on Drugs & Young People'* 26-28 May, Wellington, NZ

Jogestränd K (2005) Finansministrar vill se höjda minimivärden för alkoholskatt inom EU [EU Finance Ministers want to raise the minimum excise tax in the EU] *'Alkohol & Narkotika'*, Vol. 3: 41-42,

Knill C (2001) 'Private governance across multiple arenas: European interest associations as interface actors,' *Journal of European Public Policy*, 8(2); 227-247,

- Kohler-Koch B (1997) 'Organized interest in the EC and the European Parliament', *European Integration online Papers* (EIoP) 1(009): [Http: // eiop/texte/1997-009.htm](http://eiop/texte/1997-009.htm)
- Kohler-Koch B (1997a) 'Organized Interests in European Integration: The Evolution of a New Type of Governance?' in '*Participation and Policy-Making in the European Union*', in Helen Wallace & Alasdair R. Young (eds), Clarendon Press: Oxford
- Kohler-Koch B (2002) 'European Networks and Ideas: Changing National Policies?' *European Integration online Papers* (EIoP) 6(6): <http://eiop.or.at/eiop/texte/2002-006a.htm> [17 Aug. 2005]
- Lehmann W & Bosche L (2003) 'Lobbying in the European Union: Current Rules and Practices,' *European Parliament: Directorate General for Research Constitutional affairs series*. Working paper, AFCO 105. Available at, http://europa.eu.int/comm/secretariat_general/sgc/lobbies/docs/Workingdocparl.pdf [15 April 2005]
- Lehto, J. (1995a) *Approaches to Alcohol Control Policy*, WHO Regional Publications, European Series No. 60 (Copenhagen, WHO Regional Office for Europe).
- Lehto, J. (1995b) *The Economics of Alcohol Policy*, WHO Regional Publications, European Series No. 61 (Copenhagen, WHO Regional Office for Europe).
- Liljesson J (2005) ' "Sverige fick upp alcohol fragan I EU" [Sweden put the alcohol issue on the EU's (political) agenda], ' *Drugnews.nu*. Available at, <http://www.drugnews.se/articleprint.asp=2523> [19 Aug. 2005]
- Lorenzo A. G (2003) 'The Role of Interest Groups in the European Union Decision-Making Process,' *European Journal of Law and Economics*, Vol. 15: 251-261,
- Maria Renstrom (2002) 'Globaliseringen och Framtida utmaningar [Globalization and the future challenges].' Available at, '*Social- och hälsovårdsministeriet*,' Stencilserie 4, <http://pre20031103.stm.fi/svenska/pao/publikat/alkohol/osa5.htm> [18 July 2005],
- Mazey S & Richardson J (ed) (1993a) Introduction: Transference of Power, Decision Rules, and Rules of the Game', '*Lobbying in the European Community*', New York: Oxford University Press,
- Mazey S & Richardson J (1993b) 'Interest Groups in the European Community,' in Richardson J (eds), '*Pressure Groups*,' New York: Oxford University Press.
- Mayor S (2004) 'Researcher objects to drinks industry representative sitting on an alcohol research body,' 10 July, *British Medical Journal*. Available at, <http://bmj.bmjournals.com/cgi/content/full/329/7457/71-b> [01 September 2005]
- McCreehan, T, Casswell, S & Hill, L (2000) 'ICAP and the perils of partnership. *Addiction* 95 (2): 179-185. doi: 10.1046/j.1360-0443.2000.9521794.x

Naert Ph. A, Naert S & Maex D (2001) 'The socio-economic impact of the European alcoholic beverages industry,' *Alcoholic beverages and European society*, The Amsterdam Group Report,

Natiomaster.com (2003-2005) 'Encyclopedia: Lobbying.' Available at, <http://www.nationmaster.com/encyclopedia/Lobbying> [29 Aug. 2005]

Official Journal of the European Communities (2001) 'Council Conclusions of 5 June 2001: on a community strategy to reduce alcohol related harm,' C/175, 20, June. Available at, http://europa.eu.int/comm/health/ph_determinants/life_style/legal_alcohol_en.htm [20 July 2005]

Official Journal of the European Communities (2001a) 'Council recommendation of 5 June 2001: of the drinking alcohol by young people,' 16 June, L161/30. Available at, http://europa.eu.int/comm/health/ph_determinants/life_style/legal_alcohol_en.htm [20 July 2005]

Official Journal of the European Communities (2001b) 'Commission recommendation of 17 January 2001: on the maximum permitted alcohol blood content (BAC) for drivers of motorised vehicles,' 14 February, L 43/31. Available at, http://europa.eu.int/eur-lex/pri/en/oj/dat/2001/l_043/l_04320010214en00310036.pdf [9 August 2005]

Osterberg E & Karlsson T (ed) (2003) 'Alcohol policies in EU Member States and Norway. A collection of country reports.' Available at, http://europa.eu.int/comm/health/ph_determinants/life_style/keydoc_alcohol_en.htm [15 July 2005]

Peterson J (1997) 'States, Societies and the European Union', *West European Politics*, 20(4), 1-18.

Pollack M. A (1997) 'Representing diffuse interests in EC policy-making,' *Journal of European Public Policy*, 4(4): 572-590.

Smith M (1995) 'Pluralism,' in David Marsh and Gerry Stoker (ed) *Theory and Methods in Political Science*, Basingstoke, Hampshire: Palgrave.

Soy S (1998) 'The Case Study as a Research Method.' Available at, <http://fiat.gslis.utexas.edu/~ssoy/usesusers/1391d1b.htm> [03 September 2005]

The Amsterdam Group (n.da) 'What we believe,' *Corporate Brochure*. Available at, <http://www.amsterdamgroup.org/library/docs/TAG%20Folder%20European%20Forum.pdf> [18 August 2005]

The Amsterdam Group (n.db) 'Management and Network: Social Aspects Organisations,' *European Forum For Responsible Drinking*. Available at, <http://www.amsterdamgroup.org/main.html> [20 July 2005]

The Amsterdam Group Report (2001) '*Alcoholic Beverages and European Society*,' The Amsterdam Group (paper version acquired from TAG is used in this thesis), online version is available at, www.amsterdamgroup.org [15 June 2005]

The Amsterdam Group (2003) '*Promoting Responsible Consumption and Fighting Alcohol Abuse and Misuse in Europe: The Role of the social Aspects Organisations*,' September, Brussels. Available at, <http://www.amsterdamgroup.org/library/docs/Brochure%20Promoting%20Resp.pdf> [11 August 2005]

The Amsterdam Group (2003a) '*The Amsterdam Group Statement on the Public Consultation on the review of the "Television Without Frontiers" Directive*,' 15 July. Available at, http://europa.eu.int/comm/avpolicy/regul/review-twtf2003/wc_amsterdamgroup.pdf [29 July 2005]

The Globe Magazine (1997) 'Kinnock urges common EU alcohol level,' Issue No. 3: Available at, http://www.ias.org.uk/publications/theglobe/97issue3/globe9703_p3.html [23 July 2005]

The Globe Magazine (2001) 'EU Ministers act on alcohol,' Issue No.1: Available at, http://www.ias.org.uk/publications/theglobe/01issue1/globe0101_p11.html [20 July 2005]

Ugland (2000) 'Impact of Europeanization on Nordic alcohol control policies: a discussion of processes and national differences,' *Journal of European Social Policy*, 10 (1): 58-67.

Ugland (2002) '*Policy Re-categorization and Integration: Europeanization of Nordic Alcohol control Policies*,' Oslo: University of Oslo,

Vrijmoet D, Rood-Baker D. S & Rinjhart O (2001) 'Social costs: externalities of alcohol consumption,' '*Alcoholic beverages and European society*,' The Amsterdam Group Report,

Wallace H & Young A. R (eds) (1997) '*Participation and Policy-Making in the European Union*,' Clarendon Press: Oxford

WHO (2000) '*European alcohol Action Plan 2000-2005*' WHO regional Office for Europe, Copenhagen. Available at, <http://www.eurocare.org/pdf/who/2000-05eaap.pdf> [10 June 2005]

WHO (2004) '*Global Status Report: Alcohol Policy*,' World Health Organisation, Geneva. Available at, <http://www.eurocare.org/btg/policyeu/pdfs/2004-whoglobalap.pdf> [20 August 2005]

Winstanley G (2001) 'Social aspects activity,' '*Alcoholic beverages and European society*,' The Amsterdam Group Report,

Young A. R (1998) 'European consumer groups; Multiple levels of governance and multiple logics of collective action', in '*Collective Action in the European Union: Interests*

an the new politic of associability, in Greenwood J & Aspinwall M (eds), London and New York; Routledge