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# Addressing Health Hazards or Promoting Commercial Interests?

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An application of the Advocacy Coalition Framework on contemporary  
EU Alcohol Policy

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## Abstract

Throughout its history, the EU has been centred around economic integration. Today, however, the EU's political ambitions extend to more areas, such as environment and health. How does the legacy of economic integration affect the EU's ability to pursue policy in these areas, especially when it may offset commercial objectives?

One such area is alcohol policy. While alcohol policy often involves a trade-off between health and commercial objectives, EU alcohol policy has historically prioritised the latter. This appeared to change with the announcement of Europe's Beating Cancer Plan in 2021. This thesis, using the Advocacy Coalition Framework, studies EU alcohol policy to determine whether or not a policy shift towards a more ambitious public health policy occurred as a result of the plan.

The results show that policy change did not happen in the wake of the cancer plan. Instead, policy was delayed or changed to not interfere with commercial goals. The findings also show that two coalitions fought for influence over the policy process. One, centred around public health actors, and one centred around alcohol industry actors. The study shows that the industry coalition was more influential at key stages that affected the outcome of the policy deliberations.

The conclusions show that the political culture and commercial structures set up to accommodate single market integration also act as defenders of commercial priorities. Notably, corresponding structures for public health were either limited or non-existent. This suggests that a bias exists that hinders significant political progress on health policy.

**Key words:** EU alcohol policy, Europe's Beating Cancer Plan, Advocacy Coalition Framework, Public Health Policy

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# 1. Introduction<sup>1</sup>

When the EU was created, it was with the foundation that joint trade and economic integration would both favour the European economy and peace. Since then, it has always been at the core of the European project.

This has created a challenging dynamic for the EU: How can and should the EU balance further economic integration with other values that possibly could be an obstacle for economic growth? Are the EU institutions able to foster both economic process while at the same time also expanding its ambitions in environmental, health and social policy?

This is especially true when it comes to the field of public health in the EU and the regulation of unhealthy commodities. While products such as tobacco, alcohol and unhealthy food can be seen as a public health hazard that needs regulation, it can also be seen as important European products on the internal market as well as prolific cultural exports. Policy in these areas reenact a constant trade-off between efficient health policy on one side, and competitiveness on the other.

Research on this trade-off has also shown that it has created a split inside the policy sphere on what values to prioritise (Princen 2007; Pesendorfer 2006; Lesch and McCambridge 2021; Pollack 1997). One coalition, often centred around industry actors and favouring economic growth, faces another coalition favouring so called “diffused interest”, such as environmental or public health goals.

Researchers have long pointed out that the EU institutions are set up in a way that will favour economic interests and growth over other values (Smith et al. 2010; Streeck 1995; Scharpf 1999). This mainly due to the primary interest of member states to foster economic integration and how that preference has shaped internal policy procedures inside the EU to accommodate mainly this type of integration. This sentiment has, however, been challenged with some researchers pointing out that the EU can still be a channel for diffused interest (Pollack 1997). A recent example is the Tobacco Products Directive that was voted through in 2014 implementing picture health warnings on all tobacco products to reduce tobacco-related harm (Vardavas 2022).

This thesis aims to expand this discussion and explore how these discussions take shape inside EU alcohol policy. Alcohol policy, in many ways, encapsulates this trade-off inside the EU system. The EU is both the largest consumers and producers of alcohol in the world, making its impact on both health and economic interest immense. Alcohol has both led to significant commercial success for many alcohol producers as well as countries inside the EU, but it has also led to significant negative health effects in the region, and alcohol is today estimated by WHO to be the cause of death for 1 million citizens in the European region every year (World Health Organization (WHO) 2023).

Alcohol policy throughout EU:s history has generally been commercially centred (Gordon and Anderson 2011; Princen 2007), with alcohol policy often being focused on trade and single market policy rather than reducing alcohol-related harm. Furthermore, when alcohol-related harm has been addressed, it has often been through policy options with limited positive effects on public health (Gordon and Anderson 2011).

This has nevertheless been challenged in recent years as many actors inside the EU, especially the EU Commission, have given more priority to health aspects of alcohol policy. A good example showing this ambition of the EU Commission was the “Europe’s Beating Cancer Plan” (also referred to as “the cancer plan”) initiative launched in 2021 (European Commission 2021b). The plan did not only define alcohol harm more clearly as a health hazard. It also included several policy solutions that were more in line with

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<sup>1</sup> **Non-financial conflict of interest** - Emil Juslin, as an author of this study, worked at the Swedish NGO IOGT-NTO during a majority of the period that is analysed in this study. The paper has however been written separately from the authors previous employer. Some unpublished data material that the author had access to through his former employer has been used in the study, with consent of the sharing parties. These documents will be published in Annex 1 of this thesis.

what public health actors has been advocating for, such as reviews of EU alcohol tax structures and stricter labelling requirements on alcohol products.

The cancer plan is particularly interesting since it came at a time when health issues, due to the COVID-19 pandemic, became more central to the EU agenda (Council of the European Union 2023). The health spheres in the institutions were both financially strengthened and became more influential due to the increased public pressure to deliver during the crisis (European Commission 2021c). This combination creates a unique point in European alcohol policy history. It is in many ways a best-case scenario for a shift from a commercially centred alcohol policy towards a more health-centred one in the EU.

However, three years after the launch of the plan, it seems like actual policy in the alcohol field has been delayed, postponed, or left behind.

This paper will study the development of EU alcohol policy during the von der Leyen Commission time period (2019-2023) by applying the Advocacy Coalition Framework to explain if the cancer plan caused a policy shift in the EU towards a more public health-focused alcohol policy or not. The research question in focus will be:

Did Europe's Beating Cancer Plan signify a policy shift in alcohol policy in the EU and how did it, or did not, happen?

EU alcohol policy is a good case for two reasons. First, it is a policy field where economic interests have been very prevalent inside the EU, especially with the strong cultural significance of the alcohol sector in the EU. It is therefore expected to be an especially challenging case for diffused interests to see policy progress in their desired direction. Secondly, alcohol policy in the EU is severely understudied despite researchers pointing out that alcohol should be a field where the EU could be a strong actor for public health (Edwards 1997).

The application of the Advocacy Coalition Framework (ACF) will provide an understanding of whether policy change has happened or not. ACF will also help explain the outcome by providing analysing on what actors engaged within the policy process and how they shaped the policy outcome. This will also give further insight into how the Advocacy Coalition Framework can be applied on current EU health policy.

The paper will start with a literature review on earlier research. This will be followed by an outlining of the theoretical framework from which some hypotheses are derived. After this, the methodology of the study will be described. Finally, the results will be presented along with an analysis of the hypotheses studied. The thesis will then end with a theoretical discussion in the concluding remarks.

## 2. Literature Review

### 2.1 The EU's historic heritage as an “commercial first” institution

Throughout the EU's history, an important scholarly debate has been on how the origin of the EU as a trade organisation affect policy development today. The general consensus is that trade-oriented policy still is favoured ahead of other policy areas, such as environment, social and health policy (Streeck 1995; Scharpf 1999; Pollack 1997; Österberg and Karlsson 2002). While many explanations have been discussed, the conclusions by Scharpf are prominent, pointing out that European integration have been the most successful in “negative integration” of policy, such as opening markets. This due to its more natural output-oriented foundation meaning the effects are clear and measurable, often in economic terms, for both policy makers and the citizens. The challenge, according to Scharpf, is that “positive integration”, mainly marketing regulation policies, are much harder to enact. This partly due to differences in policy cultures between different member states. It is also harder to see an “objective” output win, due to the inherent marketing limiting aspects of these policies. As concluded by Scharpf *“European-level policy is at its strongest in the field of negative integration where the Commission and the Court have been politically unconstrained in expanding the range and intensity of market competition, and it is at its weakest in those areas where existing market-correcting regulations at the national level are most directly challenged by more intense economic competition (Scharpf 1999).”*

A similar notion has been done by Streeck, who points out that the political integration of the European Commission has strengthened this trend. Streeck and Schmitter show that it is easier for industry to mobilize on the EU level compared to civil society due to its better organization on the EU level as well as more stable funding (Streeck and Schmitter 1991). Streeck, by studying the development of social policy in the EU, points out that EU has been limited to “market making social policy” which, in turn, is not actually social policy since it does not aim to do market-correcting policy towards negative industrial or economic outcomes (Streeck 1995, 40). Streeck further points out that social policy, due to preference of Member States to retain control of market correcting policies domestically, makes it very difficult for social policy to find “the needles eye” in the Council of Ministers (Streeck 1995).

Furthermore, studies also point out that the institutional structure in the EU favours neoliberal deregulation efforts rather than EU-wide initiatives to strengthen regulation and protection. An example of this is the work of Smith et al studies of the Better Regulation reform in the EU and their conclusion that these mandatory checks favour competitiveness over, for example, health (Smith et al. 2010). These effects have for example been seen in studies of European Chemicals Policy that shows that economic operators are overrepresented in, for example, public consultations compared to civil society (Persson 2007).

The long-term implications of this is an European policy culture focused primarily on strengthening markets and economic profits by removing trade barriers, and other obstacles. However, policies aimed at deterring negatives externalities from these markets are rarely adopted. This creates a Union that adopts policy that primarily favours commercial goals (Scharpf 1999).

Some of these points are however challenged in the literature by Vogel and Pollack (Pollack 1997; Vogel 1993). While they agree that the systems are set up to favour industry actors, they also believe so called “opportunity structures” can appear for diffused interest<sup>2</sup>. Vogels analysis of the US federal branch for example show that access points through specific committees and departments can appear for diffused interests even if the system at large is set up to favour commercial values.

Pollack’s analysis of the EU context shows that specific member states that want to preserve their own high national standard are keener to support diffuse interests on the EU level. Similarly, different branches of the EU Commission, such as specific Directorate-Generals (DG: s) or agencies can have a stronger bond to some diffuse interests. Such developments has been seen in environmental, consumer rights, women’s rights and in health policy (Princen 2007; Pollack 1997). Barlow et al and Princen have showed that similar trends also exist between different international institutions with, for example, the WHO often favouring public health perspectives and that the World Trade Organisation more often favoured industry perspectives (Princen 2007; Barlow et al. 2022).

Pollack also highlights that the European Parliament consists of many so called “preference outliers” – members of parliament with interest in specific topics. An example is committee rapporteurs in the European Parliament according to Pollack. The rapporteurs are responsible for specific legislative files and can therefore be a point of contact for diffuse interest organisations (Pollack 1997).

Importantly however, both Pollack and Vogel point out that policy outcomes, despite these opportunity structures, are still difficult for diffused interest to reach. Pollack points out that in Environmental policy the plenary of the European Parliament often choses to not pick up on suggested amendments from the Environmental committee. Similarly, some other parts of the EU Commission, that are unsupportive of the diffused interest in question, can water down legislation or outright oppose it (Pollack 1997).

## 2.2 Case Selection – EU Alcohol Policy

This thesis will focus on the case of European alcohol policy to further understand these dynamics. European alcohol policy has been chosen for several reasons. First, alcohol policy consists of a strong trade-off between health and commercial policy (see next chapter). Research on alcohol-related harm show that the most efficient tools to reduce alcohol-related harm is through population-wide policies that often results

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<sup>2</sup> Defined as” Collective interests held by large numbers of individuals” by Pollack

in a decrease of the total consumption of alcohol, such as restrictions of availability and increased price through taxes (Babor et al. 2022). Notably, these are also policies that decrease sales of alcohol which goes against commercial interest. This indicates that the trade-off between different overarching goals are clearly visible.

Secondly, alcohol policy in the EU is in many ways a crucial case to test theories of the trade-off between commercial and other values. Alcohol products have a strong commercial and cultural value in the region. Similarly, Europe is the region in the world most affected by alcohol-related harm. The balance between these two extremes should make the trade-off easier to spot as well as analyse.

Thirdly, EU alcohol policy is severely understudied among scholars. While domestic alcohol policy has a strong research tradition both in political and health science, EU studies of it are still scarce.

Finally, alcohol policy in the EU is perceived to be changing in recent years and especially after the release of the Europe's Beating Cancer Plan in 2021 making recent developments interesting to study.

### 2.2.1 Understanding the history of European alcohol policy

In 1997, alcohol scientist Griffith Edwards wrote that a common European response to tackle the public health effects of alcohol is "both necessary and feasible" (Edwards 1997). However, as pointed out by several authors (Princen 2007; De Coninck and Gilmore 2020) success on European alcohol health policy inside the EU has been lacking. Any policy discussion on alcohol-related harm has only ever existed in the last 20 years, and even then in limited terms (Princen 2007). The only real success that is often highlighted is the EU Strategy on Alcohol from 2006 (European Commission 2006) that outlined how the EU can facilitate in reducing alcohol-related harm. However, as Gordon & Anderson have pointed out, the strategy still only mainly prioritised policy solutions that in research are not seen as the most efficient way to tackle alcohol-related harm (Gordon and Anderson 2011).

Österberg and Karlsson point out that due to the EU's historic heritage as a commercial organisation first, alcohol policy has historically been seen mainly as a product for trade and export. Wine is for example an integral part of EU agricultural policy where wine producers receive financial support from the EU system, both for production and for strengthening European wine as a trade good (Österberg and Karlsson 2002). This is also how alcohol policy has been framed, especially before the 2000s.

Other factors seem to reinforce this and further explain the inaction on public health-based alcohol policy. For example, the member states appear to have an inherently different view on what alcohol policy should prioritise. Many of the southern EU member states, especially France, Italy, Spain Germany and Portugal, see in particular wine as an important trade goods as well as an important cultural product primarily, rather than a public health threat (Princen 2007, 26–27).

While this framing has shaped alcohol-related policy discussions in the EU, many of the Nordic-Baltic countries view alcohol policy more as a public health issue. These are also countries that have had a history of widespread alcohol-related harm and therefore support actions such as high taxes to reduce alcohol-related harm (Princen 2007).

These differences have created conflict inside the EU at several times, for example when the EU has tried to harmonise taxes as well as when Sweden and Finland entered the EU with their respective sales monopolies on alcohol (Österberg and Karlsson 2002, 58–59; Neufeld et al. 2022; Princen 2007). Another contemporary example is the opposition posed by Italy on the EU level to Ireland's new law to implement health warnings on alcohol products, where Italy has pointed out how this will hurt single market conformity (Pascale 2023).

### 2.2.2 Earlier lessons from studying alcohol policy and coalition theory

Research on alcohol policy has often shown a division of alcohol policy between commercial actors and public health actors. This dynamic has become key to understand alcohol policy development in domestic

policy (Casswell 2013; McCambridge, Hawkins, and Holden 2013; McCambridge, Mialon, and Hawkins 2018; Babor, Robaina, and Noel 2018; Katikireddi, Bond, and Hilton 2014).

This thesis will refer to these two sides as the *public health actors* and *alcohol industry actors*

*Public health actors* are often composed of public health-oriented NGOs, patients organisations and scientists. The public health actors see alcohol as a public health threat first and that any positive effects of alcohol are negated by its net negative impact overall on society. Further, the public health actors view alcohol-related harm as a societal level threat and that policies should focus on population-level interventions to reduce the total consumption of alcohol (Katikireddi, Bond, and Hilton 2014).

*The Alcohol Industry actors* consists primarily of alcohol producers, but is often expanded to a larger sphere, such as larger trade organisations, supermarket chains as well as interest organisations for competitiveness, agriculture, and trade. The industry actors primarily view alcohol as an important commercial commodity with a positive impact on the economy and jobs. Further, they also often view alcohol as an important cultural product. Because of this, the main interest of the industry actors is to strengthen alcohol as a trade good (Rutkow and Teret 2007; Maani et al. 2022).

In contrast to the public health actors, The industry actors view alcohol-related harm as an individualistic issue, rather than a societal one. Therefore they oppose policy solutions that would affect the total sales of alcohol, and prefer policy solutions that target high and risk consumers (McCambridge, Mialon, and Hawkins 2018). The industry actors also often promote self-regulatory solution were the industry is the main problem solver. (Katikireddi, Bond, and Hilton 2014).

Many researchers have also pointed out that alcohol industry actors uses similar tactics often pursued by other industries of unhealthy commodities (Barlow et al. 2022; McKee and Stuckler 2018; Petticrew et al. 2018; Smith et al. 2010; Wiist 2010). While the dynamic between public health actors and the alcohol industry is severely understudied at the EU level, it has been the subject of many studies on the national level. Overall, these studies highlight that population level policies are often only adopted when the industry actors are curbed in either its lobbying efforts or resources. Two examples of this is the implementation of minimum unit pricing in the UK as well as the implementation of health warnings on alcoholic beverages in Ireland (McCambridge, Hawkins, and Holden 2014; Lesch and McCambridge 2021).

In summary, the previous dynamics of commercially centred policy is apparent and has characterized alcohol policy throughout the EU's history. However, the specific dynamics of alcohol policy in the EU remains relatively unknown. This thesis will contribute to this debate and try to understand the dynamic of these different perspectives in EU policy. As pointed out by Princen, a good way to understand policymaking in the EU is to apply the Advocacy Coalition Framework (ACF) which is a theory that categories these different sides into "advocacy coalitions" with the goal to explain and outline the power dynamic between the different sides of the policy spectrum.

ACF has often been applied to explain policy change over time and especially explain how different actors try to influence policy. Princen applied ACF to describe how different international organisations and departments are more likely to side with a specific coalition, as well as to explain the difference between alcohol and tobacco policy in the EU (Princen 2007). Lesch and McCambridge used it to explain the emergence of public health oriented alcohol policy in Ireland and how shifts in resources between the coalitions was key to deliver real policy change (Lesch and McCambridge 2021). Pesendorfer applied ACF to explain the development of EU Chemical Policy and how a push from a green coalition initially affected the EC proposal, but that the regulation at later stages got watered down, especially due to industry and commercial actors shifting the debate to focus on the economic costs for companies (Pesendorfer 2006). Similarly, Carboni studied the emergence of EU's pharmaceutical strategy to understand how lobbying affected the policy shift which led to the strategy being adopted (Carboni 2012).



This paper will build further on this by applying ACF on contemporary alcohol policy in the EU after Europe's Beating Cancer Plan. Did the cancer plan shift the dynamics between the two coalitions enough for actual policy change to occur?

This next chapter will explain the ACF in detail and will adapt its framework to the case of EU alcohol policy originating from Europe's Beating Cancer Plan adopted in 2021.

### **3. Theoretical framework**

#### **3.1 Advocacy Coalition Framework**

The Advocacy Coalition Framework (ACF) was established to explain how advocacy coalitions affects policy developments and changes in governmental policy (Sabatier 1988). The basis for ACF theory is that policy is developed through a battle between different advocacy coalitions that have inherently different belief system, or worldviews, of the policy issue that is on the agenda (Sabatier 1988). These coalitions compete between each other over the so-called policy subsystem, which is defined as the space were actors that are concerned or interested in a specific policy area operate. The policy subsystem was developed as a response to earlier theories of policy change that often was limited to only studying specific institutions. Instead, ACF points out that other actors, such as journalist, organisations, and regional governments, also can affect policy (Sabatier and Jenkins-Smith 1999).

The belief systems are categorized in different levels, from deep core beliefs that are usually stable over time and rarely changed, to instrumental beliefs that can be changed pragmatically for strategic reasons. The coalitions are gathered around a joint policy core belief which is often the shared belief coalition members have for the specific policy area (Sabatier and Jenkins-Smith 1999). The actors inside the coalitions will then do advocacy work with the aim to convince stakeholders and decision-makers to adopt policy in line with the coalition's policy belief. This is done by mobilising the resources each coalition has at its disposal, which for example can be the ability to foster public support, use previous trust from policymakers as well as financial means (Sabatier 1988).

According to ACF, one coalition is usually in power, which also means that policy output inside the policy subsystem will build on the policy belief of the leading coalition. According to ACF, there are rarely large policy shifts inside a policy subsystem. Instead, policy that is adopted often follow the overarching goal of the coalition in power by for example adjusting policy to achieve its core policy beliefs more efficiently (Sabatier and Jenkins-Smith 1999).

However, large policy changes are still a possibility. In ACF, a substantial policy change is defined as when there is a full shift between the advocacy coalitions. This means that a new coalition is in power and therefore a new foundational value for the policy subsystem determines its policy output. According to ACF these shifts mainly happen through external shocks outside the policy subsystem, defined as "non-cognitive events". Examples of these events could be a change in public opinion, a new government or another change in a different policy subsystem that affects the subsystem in question. It could also be a change of resources between the two coalitions (Sabatier and Jenkins-Smith 1999).

ACF provides some key strengths compared to other theories on policy change for this study. First is the view of the actors. ACF focuses and analyses primarily the belief system, rather than the positional role, of the actor. ACF therefore do not distinguish between civil servants responsible for drafting a policy and civil society organisations, since they can both share the same core policy beliefs. This strengthens the understanding on how different actors can affect policy and collaborate to pursue joint policy objectives. As earlier research has shown, the dynamic between different actors seems to be key to understand policy development in alcohol policy (See for example Lesch and McCambridge 2021). Here ACF offers strong analysis.

Secondly, ACF offers nuance in what can be considered a significant policy change and what is smaller changes inside the current status quo. This differs from the MSF who view each policy process more

independently (Hoefer 2022; Kingdon 2010). This insight is important to understand the long-term implications of adopted policy for the policy subsystem.

### *The policy subsystem of European alcohol policy before 2019*

Based on earlier research the starting point for the analysis of this paper is as follows. Currently, it seems to exist a commercially centred coalition in power, where the main policy belief is to strengthen the sale of alcohol products. Actions aimed at strengthening public health have been limited, and when they have appeared they have often been defined by the current coalition in power, as seen by the European Alcohol Strategy of 2007. A strategy that prioritized for example self-regulation, often championed by industry actors, over taxation policies, often championed by public health actors (Gordon and Anderson 2011).

Due to this balance, it is expected that the coalition in power possesses greater resources compared to other coalitions, such as the support of wine producing member states as well as credibility among policy makers that are focused on strengthening trade and market integration in the EU. However, resources have slightly shifted with the idea that EU should be an active policymaker in more fields than just trade and commerce. There have also been policy changes in neighbouring areas such as in tobacco policy indicating that some shifts happen in similar policy subsystems.

### *Europe's Beating Cancer Plan and alcohol policy*

Europe's Beating Cancer Plan, and its follow-up initiatives announced by the Commission, has been chosen as the specific point in time to be studied. The plan, which will be described in detail below, was presented at a time when EU health policy both were given increased resources and in general a larger influence on the general EU policy agenda (European Commission 2021c). Mainly due to both an executive interest from the new commission in health policy as well as public pressure on the EU to tackle the COVID-19 pandemic (Zalc and Maillard 2020). These circumstances resemble an external shock to the policy subsystem. Therefore, the time period is a possible moment in time for EU alcohol policy to shift from a commercially focused policy towards a health-focused one.

Studying Europe's Beating Cancer Plan is therefore interesting to understand what effect this had on the policy subsystem. It also offers strong insight into the robustness of the policy subsystem. This, since the Europe's Beating Cancer Plan come close to a best-case scenario for alcohol policy in the EU to change. Therefore, a failure to achieve substantial policy change would indicate a policy subsystem that is then highly unlikely to shift towards health-oriented policy at another stage.

## 3.2 Theory Application and hypotheses

The primary focus of the thesis is to investigate whether a policy shift happened or not, which will also form the first hypotheses for the study. Secondly, the paper will also try and explain why that outcome occurred. For this analysis, the paper will define the coalitions existing in the policy subsystem, their priorities and what seems to be their influence on policy.

### 3.2.1 Main hypotheses concerning policy change

ACF indicate that significant policy change is rare and usually only happen in specific circumstances, called external or internal shocks. As mentioned earlier, this often due to external events outside the policy subsystem itself that changes the power balance inside the policy subsystem (Sabatier and Jenkins-Smith 1999).

As mentioned, Europe's Beating Cancer Plan shares traits with an external shock. It is, in many ways, a change of wider policy that affects the policy subsystem since the cancer plan is not directly tied to alcohol policy exclusively. Further, it was initiated by the executive parts of the Commission at a time when health policy was of higher priority in EU policy. Therefore, it is plausible that a policy shift was initiated since it indicates that the power balance shifted.

Two mutual exclusive hypotheses will explore this.

**Hypothesis 1:** The cancer plan led to a policy shift inside the alcohol policy subsystem on the EU level.

**Hypothesis 2:** The cancer plan did not lead to a shift inside the alcohol policy subsystem on the EU level.

The outcome of these two opposite hypotheses will test the robustness of the policy subsystem and the current policy coalition in power. If hypothesis 1 would be confirmed, it would indicate that the EU is transitioning towards a new status quo in EU alcohol policy making, reminiscent of the development seen in tobacco policy. This would also give strength to the conclusions reached by Pollack and Vogel that there are real opportunity structures in the EU system for diffused interest to shape policy.

However, if hypothesis 2 is confirmed, it would indicate that the current policy subsystem is robust. The external pressure put on alcohol policy, as well as the general strengthening of health policy in the EU, should have redistributed resources away from the coalition in charge. This would confirm the difficulties expressed by Streeck and Schmitter on advancing EU integration on social policy and would also indicate that diffused interests have limited impact on policy output.

### 3.2.2 Hypotheses concerning policy coalitions

Hypothesis 3 focuses on the coalitions of EU alcohol policy. The hypothesis expects there to be two coalitions that take different sides on alcohol policy discussions.

**Hypothesis 3:** There will be two clear coalitions in EU alcohol policy during this time, one public health coalition and one alcohol industry coalition, with different core policy beliefs. Both coalitions will adopt coordinated strategies to influence the policy subsystem.

For the public health coalition (PHA), it will be to get lasting policy change through Europe's Beating Cancer Plan with initiatives that focuses on population-level regulation by addressing alcohol as a societal issue.

For the alcohol industry coalition (AIA) it will be to keep the current direction of EU alcohol policy by avoiding regulatory initiatives that focuses on population-level regulation. This, by addressing alcohol-related harm as an individualistic issue that needs targeted responses for high consumers.

The hypothesis also expects that the coalitions are supported by other actors, such as member states, other NGOs and trade associations not only involved in alcohol policy, as well as actors from different institutions.

Hypothesis 4 focuses on if, and how these coalitions influenced the policy outcomes. This to determine if the strengths and strategies of the coalitions are directly related to the outcome of the policy processes.

Crucial to determining the outcome, the relative strength between the two coalitions is expected to be the key factor whether policy change do occur or not. Therefore, the final hypothesis is.

**Hypothesis 4:** The two coalitions influenced the policy outcome.

The hypothesis is important to ensure that the coalitions were detrimental for the policy outcome, and that other possible explanations, for example that the policy was decided in another policy subsystem, is tested.

It is therefore expected that the coalition that is observed to have the largest influence on policy, is also the coalition that is seen as "victorious" by the actors the policy subsystem.

A rejection of the hypothesis would indicate that the coalitions are not important for determining the outcome of policy. It would also weaken ACF as a policy analysis tool in the EU context.

## **4. Methodology**

### **4.1 Process Tracing**

This paper will aim to use a process tracing approach to test the hypotheses. Process tracing has been chosen as a method for several reasons. First, it offers both a description to the current outcome of the Europe's Beating Cancer Plan process as well as offering insights into the explanations behind that outcome.

Secondly, its flexible approach is useful to test the theoretical expectations despite a wide mix of operationalisations. Thirdly, due to the lack of documentation, as well as the variety of material used, it provides an efficient tool to inductively process information gathered.

The time period in European alcohol policy that has been chosen is the von der Leyen Commission from 2019 to the fall of 2023 when the study took place. During this period, several key policy processes regarding alcohol policy took shape, listed in the table below.

<b>Initiative</b>	<b>Responsible institution</b>	<b>Date</b>
Europe’s Beating Cancer Plan	European Commission	3 <sup>rd</sup> of February 2021
Strengthening Europe in the Fight against Cancer (The BECA Report)	European Parliament	Adopted 16 <sup>th</sup> of February 2022
Review of labelling of alcoholic beverages	European Commission	Review begun in 2021
Review of the EU Promotion policy of agricultural products	European Commission	Review begun in 2021

*Table 1: Policy processes in focus for the study*

The paper will study all these policy processes, with a specific focus on the BECA report and Europe’s Beating Cancer Plan, mostly due to these policy processes having most recorded data.

### 4.2 Operationalisations

To be able to evaluate the hypotheses some key concepts from the ACF need to be operationalised. In table 2, all operationalisations are listed.

Centrally to test both hypothesis 1 and 2 is if actual policy results can be seen from initiatives announced in the cancer plan. Europe’s Beating Cancer Plan declared both specific policy objectives as well as a timeline when these objectives should be achieved which will be the primary focus of this analysis, specified in operationalisation A. Operationalisations B, C and D instead focuses on if policy was adopted, did it align with the current coalition in charge? If policy is well aligned with the coalition in power, it would indicate that a policy shift did not happen, and that the policy subsystem only adjusted to accommodate the cancer plan in the policy subsystem.

For hypothesis 3, the paper focuses on the coalitions. First, to be able to analyse the coalitions, it is necessary to define what a member of a coalition is. This is in general a challenge for the application of the ACF. While it has a strength in looking beyond decision-makers to understand policy outcomes, it is difficult to determine who should be regarded as a member of the coalition. This will be further discussed in the conclusion.

For this paper the coalition members have been defined as organisations that are explicitly working with lobbying on alcohol policy. This narrow definition has been chosen to be able to determine with certainty the strategy and policy belief of the coalition. This would have been harder with a wider definition, both due to lacking material as well as more ambiguous statements.

Therefore, operationalisation A and B will evaluate if two coalitions existed or not. Two preconditions exist to be considered a coalition. First, the actors share the same core policy belief. Secondly, the actors collaborated with each other to some degree. This will be determined by analysing statements and interviews.

Operationalisation C focuses on the strategies pursued by the coalition to understand how they tried to affect the policy process. Finally, operationalisation D will observe what other actors closely collaborated, or mirrored, the strategies used by the coalitions. This would indicate that they are also attempting to advocate for the coalitions’ core policy belief. Here the focus will be to look for similarities in the strategies pursued by these actors and if they match any of the coalitions.

The final hypothesis will document if the presence of the coalitions can be seen in the policy processes and how. Since studying the effect of lobbying and influence is inherently difficult, conclusions on this hypothesis will be more carefully concluded. However, both operationalisations focus on observations where correlation between coalition engagement and policy outcome exists. While causation cannot be determined, it does provide a good alternative where some conclusions can be drawn.

<b>Hypothesis</b>	<b>Operationalisation</b>
<b>Hypothesis 1</b>	<p>A: Policy was either proposed or voted through</p> <p>B: Suggested policy initiatives were kept without significant changes</p> <p>C: Policies that were pursued were well aligned with the priorities of public health actors</p> <p>D: The framing of the problem – alcohol-related cancer – was kept consistently in policies pursued after the release of the cancer plan</p>
<b>Hypothesis 2</b>	<p>A: Policy originated from the cancer plan was either stalled or changed</p> <p>B: Adopted policy during the time period was either recommendations, reiterations of earlier initiatives or policy that focused on individual responsibility</p> <p>C: Policies that were pursued were well aligned with priorities of alcohol industry actors</p> <p>D: The health framing was not consistent in policies originating from the cancer plan</p>
<b>Hypothesis 3</b>	<p>A: Two coalitions existed, one with public health actors such as NGOs and patient organisations and one with industry actors such as trade associations.</p> <p>B: The messages from actors inside each coalition were similar and shared a common policy belief.</p> <p>C: Each coalition used different strategies to both adapt to the agenda as well as to push their policy belief.</p> <p>D: The coalitions collaborated with other external actors, such as member states, that shared the coalition view to strengthen the position of the coalition in the policy subsystem</p>
<b>Hypothesis 4</b>	<p>A: Changes in policy or statements could be seen after documented intervention from the coalition</p> <p>B: Documented allies to the coalitions, if hypothesis 3 is confirmed, advocated on the policy processes.</p>

*Table 2 Operationalisation of hypotheses*

### 4.3 Material

The material for the study has been chosen from an inductive gathering by collecting news articles, position papers, official documents and voting lists as well as other sources. Material has been generated by identifying key policy processes following the cancer plan. In these policy processes, documents have been gathered first from official EU websites to outline the general timeframes and official documentation on the policy issue. This has been followed up by general internet searches for news articles, statements and other secondary material that has been produced in relation to the policy process in question.

Secondly, by analysing the material from the different policy processes, key actors belonging to different coalitions were identified. This was followed by gathering statements, policy papers and similar documents to understand how these actors tried to influence policy and if it represented a common coalition position. Two interviews were also conducted with two actors, one from a public health NGO and one from the European wine sector.

Material has also been gathered from a freedom of information request done towards the EU Commission by a journalist previously exploring the topic. Due to these documents not been publicly available, they will be found in annex 1.

Here follows a short description of materials used.

1. **Official EU documents (Voting lists, Commission publications)** – Official EU documents has been used to determine the process and have been relevant to analyse all hypotheses. The official documents give good insight into policy outcomes as well as the strength of the coalitions.
2. **Policy papers, and other produced material, from coalition members** – For example press releases, position papers, amendment suggestions and other statements made from leading members of each coalition. Due to the intense lobbying happening during the time period, a lot of material was produced by different organisations with the goal to influence policy. While these documents are tendentious, they do give good insight on the strategies and core policy beliefs of each coalition. They also help understand how the coalitions view the different policy processes. However, due to their tendentious nature, these documents should be viewed with caution to draw any conclusions on outcomes and other factual description of events.
3. **News articles** – News articles has been used to complement both the coalition perspectives as well as the descriptions on policy development. Since alcohol is understudied and a niche topic of EU policy, news articles need to be carefully analysed since inherent biases from the author can affect the view of the reporting. This is especially true for newspapers closely linked with actors in one of the coalitions. These newspapers with possible biases will be primarily used to understand the view of the coalition, rather than drawing larger conclusion of the policy outcome per say. When these articles are used also to contribute to the understanding of the policy outcome, it will be more carefully considered.
4. **Interviews** – Two interviews were conducted – one representative from the wine sector as well as one from an NGO working with alcohol-related harm. The interviews were semi-structured based on interview guides which can be found in Appendix 2. The interviews were mainly used in a complementary fashion to get a better understanding of the coalitions and their experiences of the policy development. The interviewees were also asked if they had any further information on, for example, policy outcomes that were not documented in the abovementioned categories. Any provided information regarding this was handled more carefully due to a possible tendency bias in how the policy process was experienced.

#### 4.4 Limitations

Some limitations exist to the study. The first issue is that of time. As a cornerstone for the application of the ACF, often a timeframe of 10 years is necessary to fully be able to study if policy change has happened or not. Since it has only three years since the cancer plan was released, it is possible that the effect of the cancer plan could be more visible at a later stage.

A similar challenge exists with determining policy outcomes. While this could be due to the hypotheses explored here, it could also be due to other factors, such as other policy areas taking up time. Nevertheless, it is determined that enough time has passed to be able to see a direction in how the cancer plan, and its following processes, seem to have affected EU alcohol policy.

Second, the study suffers from a limited amount of publicly available material on parts of the policy processes. This leads to gaps in documentation on some of the studied initiatives, as well as having to rely on tendentious sources for some parts. This is especially apparent in the analysis of the Commission processes since little information is public. While it does not hinder any conclusions whether policy change has happened or not, it does hinder explanations to why that is. For this reason, the study will draw conclusions carefully especially on policy processes with limited documentation.

Third, while this study does map key stakeholders participating in the processes, it is possible that other stakeholders have been influential off the record. This is especially true for the involvement of member states in the policy processes since their involvement, in general, is less documented in the EU system. However, with triangulation of official documents, interviews, and news articles, it is likely that if one member state was involved to the degree that it had a large impact on policy outcomes, it would have been noted.

Finally, as in all policy analysis, it is difficult to fully determine the effect of lobbying on policymakers. This is especially a weakness for hypothesis 4. To fully understand the decisions made, interviews would have had to be made of key decision-makers such as MEPs. Due to time constraints this was not possible, which is a weakness of the study.

## 5. Result and Analysis

The chapter will be split in two parts. The first part will describe the process of Europe's Beating Cancer Plan and the initiatives that followed it. The second part will present and analyse the time period based on the hypotheses presented earlier.

### 5.1 Policy development during the von der Leyen Commission

The idea of Europe's Beating Cancer Plan was announced early in the mandate period by the von der Leyen Commission. The overall goal with the initiative was to fight cancer from many different areas, including prevention. While alcohol was a part of the plan from the onset, it was still of limited discussion at early stages of the cancer plan drafting (European Commission 2021b).

In 2020 both a public consultation and a targeted consultation was released. The targeted consultation mainly included large umbrellas of public health organisations, as well as health-related international agencies such as WHO Europe. While alcohol was not a central part of the consultations at large, several international agencies and public health organisations brought up the need to strengthen regulation of alcohol in the targeted consultation (European Observatory on Health Systems and Policies 2021b). Furthermore, in the public consultation, some NGOs brought up the need to reduce alcohol-related harm while some actors, such as members of the wine industry, brought up that measures on alcohol should be focused on alcohol abuse (European Commission - DG SANTE 2020).

Around a month before its release, a draft version of the cancer plan was leaked to the press. It was also then clear that the EU Commission had made the prevention of lifestyle-related cancers caused by tobacco, alcohol, and unhealthy food a key priority (Fortuna 2021a; European Commission 2020a).

The 3<sup>rd</sup> of February the full cancer plan was released. It was then notable that the alcohol chapter had been revised after its leaked version (see next chapter). In the final plan the EU Commission informed that they would:

- Review current alcohol tax structures.
- Review the inclusion of alcohol in the EU agricultural promotion programme.
- Review the tax rules regarding alcohol and tobacco bought abroad.
- Introduce labelling requirements for alcoholic beverages.
- Introduce health warnings for alcoholic beverages.
- Encouraging self and co-regulatory initiatives to reduce exposure of alcohol marketing to children and minors (European Commission 2021b).

However, the alcohol chapter seemed to be contested inside the Commission. In the draft presented for the internal consultation between the Directorate Generals in late 2020, a full exclusion of alcohol from the agricultural promotion programme was suggested, while in the version that followed the consultation, the proposal on removing alcohol from the promotion programme was removed in its entirety (European Commission 2020b). In the final version, the review of the promotion programme was once again added, however with different wording. Other text changes were also proposed in the interservice consultation, for example the inclusion of self-regulatory actions for stakeholders on marketing, which did not exist in the first draft (European Commission 2020b).

Reactions to the plan were generally positive, with both alcohol industry associations and public health organisations welcoming the plan. Public health organisations saw the release of the plan as more unequivocally positive while industry associations also pointed out the importance that moderate

consumption of alcohol is not considered a risk factor and was also sceptical towards the proposal to introduce health warnings (Foote 2021; Fortuna 2021b; Nicole Scholz 2021).

### *Implementation phase of Europe's Beating Cancer Plan*

After the plan was announced, the EU Commission began the implementation phase of the initiative presented in the cancer plan.

On the review of EU tax structures and the review of cross-border trade of alcohol, the commission opened public consultations. However, after the public consultations, there has not been any development on the topics and the impact assessments necessary to take the reviews forward are delayed (European Commission 2022c; 2021a).

Furthermore, the review of the possible exclusion of alcohol in the EU agricultural promotional programme has also not yet been completed. The review announced in the cancer plan pointed out that alcohol should be considered to be excluded from the promotional programme due to the negative effects of alcohol on health (European Commission 2021b). In December 2022, the minister of agriculture in Italy claimed that alcohol and red meat would remain in the programme for the time being. This has however not been confirmed by the EU Commission itself (WineNews 2022b).

The final initiative taken by the Commission was to introduce new labelling requirements on alcoholic beverages, such as a full list of ingredients by 2022, and health warnings on alcoholic beverages by 2023 (European Commission 2021b). Being a two-step approach, the first labelling initiative regarding nutritional value and list of ingredients is still ongoing, with the Commission releasing both a targeted and public consultation during 2022 (DG AGRI 2021). At the time of writing, the Commission has not published its final draft (European Commission 2022b).

To conclude, many of the initiatives announced in the plan are still internally discussed inside the Commission. While it is possible that the reasons differ between different initiatives why progress has been lacking, reports have shown that there are disagreements inside the Commission on how to proceed. For example, a leaked Commission document from the Directorate-General on Agriculture (DG AGRI) indicated that the DG is sceptical towards the switch happening inside the Commission with the Farm to Fork strategy<sup>3</sup> and the initiatives presented in Europe's Beating Cancer Plan relating to agriculture (Wax 2023).

### *The BECA Report of the European Parliament*

In 2020, during the final months of preparation for the release of Europe's Beating Cancer Plan, the European Parliament established a special committee on beating cancer, aiming to build further on the initiatives taken by the EU Commission. The main result of the committee became the report called "Strengthening Europe in the fight against cancer – towards a comprehensive and coordinated strategy", also referred to as the "BECA report". The rapporteur of the report was Veronique Trillet-Lenoir from the Renew Europe group who wrote the first draft.

The first draft, published in 2021, featured alcohol in a similar way to the Commission cancer plan and supported the Commission initiatives on tax and labelling. Furthermore, the draft report mentioned the importance of reducing alcohol marketing affecting children, and proposed a total ban of alcohol sponsorship of sport (European Parliament 2021).

While alcohol was not at the centre of discussion before the draft plan, it got increased focus in the committee work following the draft report. Several amendments were tabled, some advocating for more regulation on alcohol and some for less (Special Committee on Beating Cancer 2021a).

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<sup>3</sup> A strategy preceding the EU Beating Cancer Plan focusing on transitioning the EU food system towards more sustainable and healthier food.



The work concluded in a compromised text that was supported by a large majority of the party groups. The final compromised text included a mentioning that there is no safe level of alcohol consumption and that the EU should implement health warnings labels on alcoholic beverages (Special Committee on Beating Cancer 2021b). In the Committee vote the compromised amendments were adopted with an overwhelming majority, sending the report to the plenary.

The response from public health actors after the committee vote was that the report was a victory and step in the right direction for a health-based alcohol policy in the EU (Representative from Brussels-based NGO 2023). *The one [version of the report] that was adopted in the BECA Committee was pretty good. It didn't use the term harmful [alcohol consumption] and would have been unique because of that. That have not been in pretty much any other EU document* (Representative from Brussels-based NGO 2023).

However, among alcohol industry actors many voiced severe criticism towards the outcome in the Committee (Vitisphere 2021; Comité Européen des Entreprises Vins 2021; Ulrich Adam 2021). With some calling the report an attack on the wine industry. *"This decision is a provocation, a declaration of war and a condemnation of our industry"* - Jean-Marie Fabre, French independent winegrowers' organisation (Vitisphere 2021)

The alcohol chapter sparked a debate in the European Parliament before the final plenary vote and several amendments were tabled (Representative from Brussels-based NGO 2023, 1; European Parliament 2022a). The amendments suggested, for example, to consistently change the text from "alcohol consumption" to "harmful alcohol consumption". Furthermore, it was proposed to change the text on health warnings to read "responsible and moderate drinking information" and to change the ban of alcohol sponsorship of sport to specifically target events that are mainly attended by minors (Trillet-Lenoir 2022).

During the plenary vote, most of the tabled amendments were adopted (see Appendix 1)(European Parliament 2022b). After the debate, several public health NGO:s voiced strong criticism towards the changed report while several alcohol industry associations were positive to the changed text (Comité Européen des Entreprises Vins (CEEV) 2022; Movendi International 2022).

## 5.2 Analysis of hypotheses

### 5.2.1 Hypothesis 1 and 2 – did real policy change happen?

Analysing operationalisation A, whether policy initiatives from the cancer plan were adopted or not, it is determined that this has not happened. While it likely differs between different regulatory initiatives why progress have not been made, it is clear that the Commission could not deliver on its original plan on any initiative and that they have either been either abandoned or delayed (European Commission 2022a). For example, no progress beyond public consultations has been made on the review of alcohol excise tax structures, the review of cross-border trade as well as the labelling revision (European Health Forum Gastein 2023; European Commission 2022c; 2021a). Furthermore, the possible exclusion of alcohol from the agricultural promotion programme seems to have been abandoned (WineNews 2022b).

Therefore, operationalisation A gives strength to hypothesis 2, that there has not been a significant policy shift and that the power dynamic in the policy subsystem remains similar to before.

There are however some initiatives that proceeded. The first is the adoption of the cancer plan itself which was delivered on time. Secondly, the BECA report was also adopted. Analysing operationalisation B on whether adopted policy was changed or not, it is observed that both adopted documents were changed.

First, the BECA-report shows that the original report that was aligned closer with the public health actors (PHA), did go through changes in the plenary to a text more aligned with alcohol industry actors (AIA) positions (European Parliament 2022c; see below). The end result of the BECA report had a focus on less regulatory action, a larger focus on harmful consumption of alcohol, along with a focus on individual responsibility. The clearest example of this is the change from the original draft with the wording *"better information to consumers by improving the labelling of alcohol beverages to include health warning labels"* (European

Parliament 2021) to “*better information to consumers by improving the labelling of alcohol beverages to include moderate and responsible drinking information*” (European Parliament 2022c).

A second example are the late changes that were done by the Commission to the cancer plan after it had been leaked. These changes did slightly weaken some regulatory actions, especially the review of the promotion programme for wine. However, this example is a weaker indicator due to the changes not being as clear as in the BECA report.

The indication of operationalisations B is therefore also in line with hypothesis 2, that actual policy change did not happen.

Analysis of operationalisation C, on how close policy aligned with public health actors or industry actors, shows that the original cancer plan was well-aligned with PHA positions. However, it was still largely accepted by industry actors as well. Procedures that followed, however, showed a close alignment with the alcohol industry actors. This is especially clear with the revision of the EU agricultural promotional programme and the BECA report in the parliament as the following statement also confirms: “*The adopted text now makes the fundamental differentiation between harmful consumption and moderate consumption. It also recommends sharing with consumers moderate and responsible drinking information instead of promoting the use of unjustified health warnings.*” (Comité Européen des Entreprises Vins (CEEV) 2022).

Finally, analysing if the narrative switched from a solely health focus to a more commercial focus, it is indicated that the health perspective was mostly kept consistent for the discussions on the cancer plan. Nevertheless, some examples of diverging focus could be observed. In the parliament, one amendment suggested to state the importance of the wine sector in European economy with the following change: “*from including considering an increase of taxes on alcoholic beverages*” to “*with a view to ensuring a fair taxation system that takes into account the bigger and paramount role played by wine production in maintaining activities and jobs in rural areas, and higher costs of production*”. While the amendment was rejected, it does indicate that the commercial aspects did appear, which could also be seen by some debate remarks in the plenary (European Parliament 2022a).

The overall conclusion is that hypothesis 1 is rejected and that hypothesis 2 is accepted– real policy change did not occur. Instead, policy was either stopped or adapted to fit the existing focus of the policy subsystem which is closely aligned with alcohol industry positions. It is however notable that while policy change did not happen, the framing of alcohol-related harm was mostly kept during the time period.

### 5.2.2 Hypothesis 3 – The structure and strategies of the coalitions in the policy subsystem

Analysing operationalisation, A, two coalitions were observed in the policy subsystem, one consisting of public health-oriented actors, and one consisting of industry actors. The following chapter will describe each coalition separately.

#### ***The Public Health Actors Coalition (PHA)***

Looking at operationalisation A and B, the Public Health Actors Coalition (PHA) was centred around larger umbrella organisations working with public health and alcohol-related harm, such as the European Alcohol Policy Alliance (Eurocare) and the European Public Health Alliance (EPHA). Both actors, together with their members, appeared to be well coordinated during the process (Representative from Brussels-based NGO 2023). The organisations for example sent out joint statements and wrote joint position papers, to affect the cancer plan and the policy initiatives that followed (European Public Health Alliance et al 2020; 2020).

Other key actors in this coalition were larger cancer organisations and professional organisations often working with specific diseases, such as United European Gastroenterology and the European Cancer Organisation (ECO). ECO, for example, pushed for the inclusion of alcohol in the targeted stakeholder consultations before the release of the cancer plan (European Observatory on Health Systems and Policies 2021b). These observations give strength to hypothesis 3.

Looking at operationalisation C on the coalitions' policy belief and strategy, the PHA gathered around a policy belief that alcohol policy in the EU should be focused on more population-level regulatory action based on WHO recommendations. This is consistent in joint statements as well as other input provided by coalition members during this time (see below).

The PHA took quite early a clear stance to use the cancer plan to advocate for a shift on alcohol policy in the EU. While alcohol was not focused on early on, it was brought up by civil society actors in the coalition before the release of the plan on several occasions (European Observatory on Health Systems and Policies 2021a). Further, after the adoption of the cancer plan, the public health coalition saw and referred to the cancer plan as a milestone in public health policy in general, and alcohol policy specifically (European Public Health Alliance 2021).

To realise the policy belief, the PHA coalition adopted strategies centred around using the framing of alcohol-related cancer to highlight alcohol as a health harming substance that needs to be regulated further. These following strategies were pursued:

**1. Advocating that it should be politically acknowledged that there is no safe level of alcohol consumption**

This was an important strategy for the PHA since communications that alcohol harm affects all consumers is necessary to communicate the need for population-based interventions, and to counteract arguments by the alcohol industry coalition that small amounts of alcohol can be healthy. The PHA often also mentioned that the knowledge of this is low among the public, which indicate a need for better consumer information through labelling. This is exemplified by the quote below from the European Alcohol Policy Alliance: (European Alcohol Policy Alliance 2022; The European Alcohol Policy Alliance 2023): *About half of alcohol-attributable breast cancer cases in the Union are caused by light to moderate alcohol consumption, which underlines the need for measures to reduce alcohol consumption at any level of intake among the population. Public awareness of the cancer risk posed by alcohol is generally very low.*"

(...) *"Is the current ingredient and nutrition labelling on alcohol sufficient to inform consumers? The answer is no. As we have already pointed out, there is increasing evidence that there is a deficit in consumer knowledge and understanding of the nutritional content and ingredients of alcoholic beverages as well as the consequences of alcohol consumption. Across the EU, consumers are interested in alcohol labelling"* – European Alcohol Policy Alliance, Public Consultation on the Revision of Rules on information provided to consumers (European Alcohol Policy Alliance 2022)

**2. Highlight the scope of alcohol-related cancer to justify more regulatory intervention**

Another strategy from the PHA was to inform of the scope of alcohol-related harm as seen by the following quote: *"Alcohol consumption is a major preventable risk factor for cancer, which in 2020 accounted for an estimated 181,000 cases of cancer within Europe. Alcohol has been classified for decades as a Group 1 carcinogen"* – Several members of the European Public Health Alliance (European Public Health Alliance et al 2022). The strategy was often used to motivate the need to prioritise regulation on alcohol.

**3. Discrediting the AIA coalition and highlight the conflict of interest they have on health issues**

Especially towards the latter part of the time period, the PHA often included statements on the conflict of interest of the AIA, like this quote from Eurocare *"This is a war. What they [The Alcohol Industry] really want to avoid is regulations. They want to see their profit growing. We don't want to prohibit but to regulate and to make sure that European Citizens consume less alcohol."* – Florence Berteletti, translated from French (Francois Lizen 2023)

This was especially apparent when the BECA report was changed in the European Parliament plenary as seen by this quote: *"Alcohol industry lobbying succeeded in making the alcohol policy elements of the report prepared by the European Parliament's Special Committee on Beating Cancer (BECA) the most controversial of the entire debate."* – Movendi International (Movendi International 2022)

Outside of this, it was also observed that the PHA adjusted its strategies to maximise possible policy impact, as seen by this quote. *“It should be a bigger priority to work on issues that are actual alcohol policy best buys like taxation, availability, and marketing, rather than health warnings. But health warnings is what we have right now [on the agenda], so of course you have to work on that”* (Representative from Brussels-based NGO 2023, 1).

The observations of operationalisation C are in line with hypothesis 3. The PHA adopted strategies based on the opportunity provided with the cancer plan. It is also observable that the PHA adjusted its strategy to maximise policy impact, as seen by the case of health warnings.

Reviewing operationalisation D, it is observed that the PHA did closely collaborate with both interinstitutional actors, as well as other external actors.

In the European Commission, the directorate general for health, DG SANTE, appeared to be well aligned with the PHA. This could be observed in two ways. First, the draft cancer plan that was sent to the other DG: s in the Commission was closely aligned with policy priorities that the PHA advocated for, such as stronger labelling requirements. Secondly, DG SANTE mainly invited actors from the PHA to the targeted stakeholder consultations and also participated in seminar arranged by PHA actors (IOGT-NTO förbundet 2020; European Observatory on Health Systems and Policies 2021b).

Furthermore, a strong ally to the PHA was the WHO, who was an organiser behind the targeted consultation and participated in hearings for the BECA report to encourage initiatives to reduce alcohol-related cancer (Special Committee on Beating Cancer 2020). The WHO especially advocated for the recognition that there is no safe level of alcohol consumption.

Notably, low or no activity for the PHA could be observed from member states. The only notable exception is Ireland’s own introduction of health warnings on alcoholic beverages during this time, but this engagement was limited to their own policy procedure and did not affect the cancer plan discussions.

Overall, hypothesis 3 is accepted when looking at the PHA. The coalition consisted of the expected actors, were coordinated, and adopted strategies to influence the policy process.

### *The Alcohol Industry Actor Coalition (AIA)*

Observations of operationalisation A and B indicate that the AIA coalition were centred around the trade associations of the three largest alcoholic beverages, Beer, wine, and spirits. While these organisations differ in their view on several aspects of alcohol policy, for example on labelling, they share a joint policy belief that alcohol policy should primarily enable sales of alcohol and that the current EU system is benefitting that goal (Nicole Scholz 2021; WineNews 2021a).

The coalition further consisted of actors in the agricultural sector often closely connected to wine production. While these larger agricultural organisations did appear to share the main core policy belief of the coalition, they also specifically prioritised to counteract agricultural funding cuts and labelling regulation (Regione Lombardia 2021).

The AIA did not appear as coordinated as the PHA coalition, with less joint statements and initiatives. This appears to be mostly due to the split between the main actors in the AIA coalition having some differences in policy priorities (Representative from the Wine sector 2023).

One observation of this was in the BECA vote where the AIA coalition did not seem to act as coordinated as could have been expected. Beer organisations prioritised removing a mentioning of a ban on alcohol sponsorship marketing while the wine industry preferred removing text alluding towards health warnings (Sports Sponsorship Coalition 2022; Schmitt 2022). While the general core policy belief remained intact, the deep core beliefs here seem to have swayed the actors to prioritising their own fields (Representative from the Wine sector 2023).

However, some areas of coordination do appear. The largest spirits and wine organisations jointly launched a campaign, promoting digital labels (Fortuna 2022; U-Label 2023). Further, several large actors in the AIA

coalition sent similar letters to the Commission shortly after the cancer plan leaked, indicating that there was a joint effort (See Annex 1).

The general assessment of the observations gives strength to hypothesis 3. While the coordination seemed weaker compared to the PHA, it is still apparent that the core policy belief was the same, and no member of the coalition took a widely different stance. The different priorities seen in the BECA report, for example, were all still in line with the joint core policy belief.

Analysing operationalisation C, it was observed that the coalition did not consider an approach to outright oppose the cancer plan. Instead, the AIA coalition was centred around the following strategies, all with the goal to avoid population-level approaches that would reduce alcohol sales.

### **1. Shift the narrative towards harmful consumption of alcohol, and question population-level regulatory initiatives**

The most common strategy was to focus on harmful, or excessive, alcohol consumption. This focus shifts the policy discussion to focus on excessive drinking only rather than limiting consumption on the population level, which would also decrease sales. These three quotes show examples on how this was communicated: *“We are concerned that the actions should be focused on reducing the harmful use of alcohol, versus reducing consumption of alcoholic beverages per se, as some of the proposals and recommendations included in the draft communication seem to do”* – Comité Européen des Entreprises Vins (CEEV) – Letter to Commissioner Stella Kyriakides regarding the leaked cancer plan (Comité Européen des Entreprises Vins (CEEV) 2021)

*“Instead of touting lofty no-safe level slogans, the European Parliament’s report on Europe’s Beating Cancer Plan should rather focus on developing robust strategies that are proven to curb the harmful consumption of alcohol and help achieve the planned target of a reduction of 10% in the harmful consumption of alcohol by 2025.”* – SpiritsEurope from SpiritsEurope (Ulrich Adam 2021)

*“We call on the Commission to maintain the focus on tackling harmful consumption of alcohol and avoid disproportionate policies that will harm our wine communities and territories, an Intangible Heritage of Humanity, European art-de-vivre and a gastronomic culture, of which wine is an inextricable component.”* – CEEV Statement following the European Parliament vote on the report “Strengthening Europe in the fight against cancer” (Comité Européen des Entreprises Vins (CEEV) 2022)

### **2. Question scientific studies that acknowledge that all levels of alcohol consumption affect cancer risk.**

Another common strategy was to discredit the science behind the cancer plan, as well as the BECA draft report, especially regarding the WHO study that there is no safe level of alcohol consumption. This was often followed by remarks regarding positive health effects of moderate drinking. The following two quotes shows this strategy: *“While there is clear evidence that regular heavy, excessive consumption of alcoholic beverages and binge-drinking patterns are associated with increased morbidity and mortality (...) the data behind the “no safe level” concept, when speaking about alcohol consumption and cancer risk, is incomplete.* – CEEV, Letter to Commissioner Stella Kyriakides regarding the leaked cancer plan.

*“Cancer is a disease caused by multiple factors. These are simplistic analyses based on a partial study by the Lancet that reflect an ideological, dogmatic and utopian viewpoint”* - French independent winegrowers’ organisation (Vitisphere 2021).

It was also common to combine the critique of the no safe level claim with the need for targeted interventions, rather than population-wide actions. *“We would like to communicate our support for policy recommendations that have as their goal a reduction in the harmful consumption of alcohol. Alcoholic beverages can be enjoyed responsibly - in moderation – as part of a balanced lifestyle”* – SpiritsEurope – Letter to Commissioner Stella Kyriakides regarding the leaked cancer plan.

### 3. Try to uphold existing commitments, especially self-regulatory commitments, as well as promote self-regulatory initiatives

A more infrequent strategy was to promote self-regulatory actions, or to refer to already existing commitments made. The goal was to communicate an approach that the current system is already tackling the issues brought up in the cancer plan. These two examples show that reasoning regarding the labelling commitment in the cancer plan.

*“CEVI, together with the other EU associations representing the alcohol beverages sector, is committed within the self-regulation to provide the nutritional declaration and the list of ingredients on-label and/or off-label through an e-label. This reform of the Common Market Organisation Regulation (CMO) (...) addresses already this challenge. (...) In view of the above, we invite the European Commission to maintain the future provisions on labelling under the CMO legal framework and not to add extra legislative burden to an already extremely regulated sector.”* – Feedback response by CEVI to the EU labelling initiative launched with the cancer plan (European Confederation of independent Winegrowers 2021)

*“In the spirit of cooperation and mutual good practice of implementing self-regulation between the Commission and our sector, we would greatly appreciate a discussion with you and the colleagues covering food law (...) to understand what any potential calls for a new legislative labelling approach in the Plan would mean for the current implementation of the MoU approach”* – SpiritsEurope in a letter to Stella Kyriakides regarding the leaked cancer plan (Annex 1)

The overall observations of operationalisation C are in line with the hypothesis that clear strategies were adopted to try and push the core policy belief.

Looking at operationalisation D concerning allied actors to the coalition some observations could be seen. Both the government of Italy and France appeared to align closely with the AIA and expressed a priority in defending the interest of wine producers. While France mainly raised concerns on the BECA-report, Italy both expressed critique towards the initial cancer plan as well as the BECA report. *“For Italy, wine means economy: we are the world’s leading producer and the sector employs 1.3 million people. Wine cannot be criminalized. (...) Just as we opposed the proposal for alcohol-free wine, we will fight against the hypothesis of tax increases or the introduction of alarmist messages on labels, as happens with smoking. We are defending our Made in Italy, the excellence of our agri-foodstuffs and the Mediterranean Diet, of which wine is a part”* - Gian Marco Centinaio, Undersecretary for Agricultural Policies, Italy (WineNews 2021b)

Italy, at this time, also put pressure towards Irelands’ proposal to introduce health warnings where they used similar arguments as the Alcohol industry associations (Pascale 2023).

While not directly observed for the cancer plan, it appears likely the AIA have over time had close collaboration with the agricultural branch of the Commission, DG AGRI. It has been noted that the AIA coalition previously has worked closely with agricultural branches of the Commission (Representative from Brussels-based NGO 2023). This can be observed with the Commissioner for Agriculture having meetings with industry representatives, especially the wine industry, on topics of health. One recent occurrence of this was on the Irish health warning labels on alcohol (Lobbyfacts 2023).

To conclude, the observations overall are in line with hypothesis 3. Two clear coalitions existed, both with different core policy beliefs and strategies. Support for the coalitions also branched out to other actors as expected. While the AIA coalition remained slightly less coordinated compared to the PHA coalition, it is not deemed to be to the degree that it can be considered separate coalitions.

#### 5.2.3 Hypothesis 4 – The observed influence of the coalitions on policy outcomes

The analysis will be split into two parts, one focusing on Europe’s Beating Cancer Plan. The second part will focus on the BECA report in the European Parliament.

### *Europe's Beating Cancer Plan (EU-Commission)*

Analysing operationalisation A, the results indicate that both coalitions influenced the process, but that the AIA had a more decisive influence, especially close to the release of the cancer plan.

Looking at the PHA coalition, it is observed that the coalition did seem to modestly influence the alcohol chapter in Europe's Beating Cancer Plan. This could be observed by the conclusions from both the public and targeted consultations highlighting the request from the PHA on stronger recognition of alcohol and cancer (European Observatory on Health Systems and Policies 2021a; 2021b).

Similarly, large parts of the final version of the cancer plan aligns well with the input provided by the PHA in the targeted stakeholder consultation. This indicates that the Commission, and specifically DG SANTE responsible for the draft of the cancer plan, aligned close to the PHA as can be seen by the following comparison.

*“Articulate stronger regulations on tobacco and alcohol control (including cigarette prices, uniform tax policies, alcohol industry is still being promoted via agricultural incentives” - Stakeholder input by Public Health Organisations for the consultation.*

*The Commission will review EU legislation on the taxation of alcohol and on cross-border purchases of alcohol by private individuals (...) Furthermore, the Commission will review its promotion policy on alcoholic beverages. – Europe's Beating Cancer Plan (European Commission 2021b)*

However, notable is that the proposal to introduce health warnings was not heavily advocated by the PHA before the release of the plan. This indicates that the Commission was already set on this proposal regardless of other input. This slightly weakens the influence of the PHA and more indicate that the Commission was closely aligned with the PHA despite advocacy efforts.

Analysing the AIA coalition, most observations of possible influence were visible at the final stages before the release of the plan. A possible reason why advocacy efforts seemed to intensify at this stage could be that the leaked cancer plan was perceived as a threat towards the current policy subsystem status quo.

After the cancer plan was leaked in December 2020, efforts were observed by the AIA coalition to change the draft cancer plan. Several industry actors as well as agricultural actors sent letters to the Commission. The letters, among other things, pointed out that scientific references were wrong, that proposed regulatory initiatives were ineffective and aimed critique to the possible exclusion of alcohol from the agricultural promotion programmes. *“The measures recommended in the draft communication, in a logic of demonization, indiscriminate, seem to us to be totally inappropriate, ineffective, and inadequate, even counterproductive. The warnings on health risks, which the draft document envisages making on the bottles, they are not relevant as far as wine is concerned (...)”* – Letter from Italian wine producers regarding the leaked cancer plan (translated from Italian) (Unione Italiana Vini 2021).

Looking again at operationalisation A, notably, the two parts of the plan that changed in the alcohol chapter for the final version of the cancer plan were the text on labelling and especially the text on the promotion programme. Here it is deemed likely that the influence of the AIA coalition has played a role in changing the final version, which also is indicated by thank you letters sent out after the final version of the plan was announced (...) *Finally, we were relieved to listen to your reassurances in particular about the intention of the European Commission not to penalize the EU wine sector with health warnings and we recognized the important improvements on the final wording of the Communication as far as EU promotion policy is concerned.”* - Letter from Coldiretti to Commissioner Schinas regarding the release of the cancer plan (Coldiretti 2021).

Analysis of operationalisation B, regarding the activity of close allies to the coalition, some observations were found. First, while not being able to be confirmed, it is deemed likely that DG AGRI opposed the leaked drafted cancer plan. For example, the decision to backtrack on removing alcohol from the promotion

programme is a topic closely related to the agricultural sector specifically. It is also likely, but unconfirmed, that the pushback in the internal Commission consultation that suggested to not mention the promotion programmes in the cancer plan, came from the agricultural parts of the Commission based on leaked internal documents (Wax 2023).

It is also indicated that Italy advocated for the AIA in keeping alcohol in the agricultural programme as seen by this quote. *“Great result in Europe: the Commission has removed meat and wine from the list of foods considered harmful to health. This is very important news for the whole nation, a victory that we have obtained by fighting with determination in defense of Italian excellence”* – Italian Minister of Agriculture and Food Sovereignty, Francesco Lollobrigida (WineNews 2022b). While not possible to confirm from first-hand sources, it is estimated to be likely that Italy’s involvement on the topic affected the outcome as indicated by the quote.

Finally, it appears like WHO Europe advocated in line with the PHA coalition in the targeted consultation. This effect is likely to be two-fold. First, the input provided by WHO is expected to be carefully considered as WHO appeared to be an important actor to align with, especially in the health-centred parts of the Commission. Secondly, the WHO also co-arranged the targeted stakeholder consultation, which makes it likely that the view of the WHO affected both who was invited to the consultations, as well as key takeaways.

In summary, while being cautious due to the nature of the hypothesis, hypothesis 4 is confirmed for Europe’s Beating Cancer Plan process. The coalitions seemed to affect the policy process both directly as well as through allies to the coalitions. While the PHA had some influence, especially at the early stages of drafting, the results indicate that the AIA was more influential at key moments. This was for example seen by the changes made to the cancer plan just before its adoption and that it is indicated that alcohol is kept in the promotion programme.

### *The BECA-report (European Parliament)*

Analysing operationalisation A on documented intervention, it seems like the PHA coalition had an influence on especially the S&D group during the committee work with the report. One example is that amendments proposed by the S&D group, as well as the final compromise, aligned closely with the PHA priorities as seen by the comparison below. *Recognises that there is no safe level of alcohol consumption, and that the cancer risk starts to increase even with low levels of alcohol consumption.* Suggested amendment by Eurocare and IOGT-NTO (European Alcohol Policy Alliance and IOGT-NTO 2021)

*(...) highlights that there is no safe level of alcohol consumption when it comes to cancer prevention and stresses the need to take this into account when designing and implementing policy;* - Proposed amendment 318 by S&D members in the BECA committee (Special Committee on Beating Cancer 2021a)

A key actor the PHA appeared to work closely with was the shadow rapporteur for the S&D group. Except proposing the amendment above, the rapporteur also voted against the amendments connected to the AIA in the plenary despite their closest colleagues from the same party and member state voted in favour (European Parliament 2022b). The rapporteur also received an award by leading members of the PHA for the work done with the report (Casares 2022; Representative from Brussels-based NGO 2023).

While there are less examples of documented interventions from the AIA coalition during the committee work, some examples can be seen. For example, one MEP proposed the exact same amendment as found on Spirits Europe’s proposed amendments for the Committee (Francois Lizen 2023).

Analysing the plenary vote shows a different result. The AIA coalition engaged with MEP:s closely aligned to the coalition to ensure the report was amended in the final vote (Vitisphere 2021). After concerns were raised to the Intergroup of Wine and Spirits<sup>4</sup>, a member, and former chair of the group, led the work with gathering support for the amendments (WineNews 2022a). While the AIA coalition member themselves

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<sup>4</sup> The intergroup of Wine, Spirits and Foodstuff is an intergroup inside the European Parliament where members gather to discuss a specific topic of interest.



claim that they did not determine the outcome, it does seem to have affected that the amendments were pursued (Representative from the Wine sector 2023).

*“Did we draft the amendment or something like this? (...) They are MEP: s with a huge, long presence at political level and extreme experience. So, nobody could think that a sector could arrive (...) and say OK drop this, no it does not work like that.”*

*So, we at the end of the BECA vote we told the MEP: s from the wine intergroup [Intergroup on Wine, Spirits and Foodstuffs] that our assessment of the draft report is bad, and we think it is simplistic. We have this, this and this concerns about it. So the MEP: s worked together between different political parties, between different nationalities, and they issued a compromise.”*  
– (Representative from the Wine sector 2023)

A similar intervention was seen from the EP Beer Club, a forum for MEPs, supported by The Brewers of Europe, with the goal discuss the brewing sector. (EP Beer Club 2023). The chair of the club tabled the amendment regarding sport sponsorship that was later spread and supported by the beer and marketing industry (Sport Sponsorship Coalition 2022).

In the final vote, some patterns could be observed that indicate coalition influence. Many MEPs from wine producing member states voted in favour of the amendments. Similarly, members of the Intergroup of Spirits and Wine, Members of the EP Beer Club and members of the Agricultural Committee voted in favour to a larger extent. While no documented intervention could be seen with the agricultural committee directly, it is indicated that, similar to the close relationship the AIA appears to have with DG AGRI, the same collaboration exists here (Representative from Brussels-based NGO 2023).

Operationalisation A therefore indicate that the coalitions did affect the policy outcome in the BECA report. While the PHA seemed to be more influential at the committee stage, the AIA appeared more influential at the plenary stage which also defined the outcome.

Analysing operationalisation B on activities from coalition allies some observations can be seen.

While not possible to observe any direct lobbying, the stance of the WHO seemed to affect the policy outcomes. WHO-backed research was both used in the report itself and by many MEPs in discussions regarding the science behind alcohol and cancer. It is however hard to determine if WHO actively engaged in advocacy work directly since no such activity was observed. It is however noted that the WHO have made lobbying efforts on a similar alcohol chapter in the parliament (Fortuna and Iraola 2023).

Analysing the AIA, the engagement from the member states Italy and France is likely to have affected the outcome. While clear documentation on correlation is weaker here, it does seem like Members of the Italian cabinet raised concern about the committee draft in the Parliament (WineNews 2021b). Similarly, the French minister of agriculture, for example, said that the Committee report was *“beyond those [positions] that we have always advocated”* (Vitisphere 2022) and said that: *“Since then, we have engaged considerably with MEPs to ensure that when the report is voted on (in February), they can adopt a position that, I hope, will restore proper balance”* – Julien Denormandie on the BECA Committee Report (Vitisphere 2022).

An indication on the impact of the Member state is that 82 % of Italian MEP: s voted in favour of the amendments, indicating a unified member state interest. However, weakening this conclusion is that the same trend was not visible for French MEP: s.

To conclude operationalisation B, it is hard to determine to what degree coalition allies affected the outcome due to limited documentation, but the engagement from the abovementioned actors did seem to affect to some degree. This gives modest support to hypothesis 4.

To conclude, while it is difficult to fully confirm due to the nature of the hypothesis analysed, hypothesis 4 is accepted with caution. It appears like both coalitions had an impact at different stages, similar to the Commission process. The AIA coalition was more successful in gaining widespread support which was

especially noticeable in the plenary vote. The PHA coalition support instead seemed more limited to the early stages of the committee work and a more limited number of MEPs.

## 6. Concluding remarks

The results shows that while Europe's Beating Cancer Plan appeared to challenge the status quo, it did not change it. This is mostly determined by two factors. First, the inaction of the Commission on implementing policy from Europe's Beating Cancer Plan. Secondly, that the BECA-report in the parliament was changed to closely align with the priorities of the alcohol industry actor's coalition.

The results also seem to indicate that the coalitions have had a strong influence on policy, especially shown by policy being changed after intervention from the coalitions. That said, this study indicates that the alcohol industry actors appeared to be stronger in its influence on policy compared to the public health actors. The public health actors appeared to have had some influence, especially in more health-centred parts of the institutions. However, this influence seems to be outcompeted by the influence from the industry actors in larger institutional settings, especially the plenary of the European Parliament. This is reminiscent of similar trends observed on environmental policy where environmental committee amendments often were rejected in the plenary (Pollack 1997).

However, the results indicate that public health aspects are not fully ignored. Instead, the key rift between the coalitions, seen by their strategies, is on the definition of alcohol-related harm. Is it an individual issue for high consumers, favouring targeted responses, or a societal issue with population-level interventions? Since both coalitions claiming to be backed by science, this caused a strong disconnect inside the policy subsystem on what evidence-based policy is. For the alcohol industry coalition, winning this narrative appears to be central to be able to keep the current status quo. This, since its narrative leads to "market making social policy", as phrased by Streeck, instead of policies that could interfere with alcohol sales. Here, the focus by alcohol industry actors on targeted interventions serves as a good example of Streeck's earlier work on EU social policy.

What does this mean for EU alcohol policy going forward? What this study seems to indicate is that the historic commercial heritage of the EU has created structures that favour policy development towards commercial interest. A good example is the Intergroup in the European Parliament on Wine and Spirits as well as the EP Beer Club that has been established to focus on the commercial success of alcoholic beverages in the EU. Notably, there is no representative counterpart for the public health actors showing how the imbalance of the current structures will systematically favour one side in alcohol policy. This indicates that if future policy proposals on population-based alcohol measures would be proposed, it is likely to be changed, or rejected. This due to the structures that exists to strengthen alcohol as a commercial product.

The question is then, what would have been necessary for actual policy change to happen? Here, two conclusions can be drawn. First, member states supporting EU integration on public health seems important. This since the strong interest shown from several wine-producing member states advocating against regulation seemed to have an effect on the outcome. Secondly, the lack of comparable ways of organising on the health side that can be seen with for example the Intergroup for spirits and wine and the EP Beer Club. These structures, developing from the long history of a commercially focused alcohol policy, does seem to help to uphold the current status quo.

Some parts, however, need future studies. This thesis did manage to map out the actions between the coalitions that are mostly public, as well as the process in the parliament. However, it did not manage to fully explain how the balance of these interests substantiated inside the EU Commission during this time. To fully understand how the cancer plan affected the EU Commission's view of alcohol policy, further documentation of the internal procedures would be necessary.

Another important aspect to consider further is the effect of existing institutional structures on policy. The study showed that institutional groupings focused on strengthening the commercial interest of alcohol generally voted according to the industry coalition. Here further studies are necessary to understand how

these existing structures shape policy. For example, in the parliament – do members of the EP Beer Club vote equivalent to the beer industry due to its closer contacts with the industry through the club? Or do they already favour the commercial aspects of beer and therefore join the EP Beer Club and vote accordingly?

Going further, the study highlights the strengths of the Advocacy Coalition Framework (ACF) as an analytical tool, especially due to the observed interventions from the coalitions, its collaboration across different forms of organisations, and its likely impact on policy. However, one challenging aspect with the application of ACF was also apparent, namely, how to separate between coalition membership and coalition influence. Who is expected to count as a member of the coalition, and who counts as an external actor influenced by the coalition? This does limit possible analysis on why the coalition were successful. Was it due to its already established wide membership, or due to its capabilities in mobilizing resources efficiently when necessary. This nuance is difficult to spot with this application of ACF, especially if policymakers are also considered members of coalitions which is common in the ACF literature.

Zooming out, the conclusions from this study closely replicate what has been previously said by Streeck, Schmitter, Scharpf and Pollack (Streeck and Schmitter 1991; Pollack 1997; Scharpf 1999). The so-called opportunity structures for diffused interest and preference outliers, as established by Pollack, is seen in the cancer plan process. For example, both DG SANTE as well as several Members of the European Parliament, aligning closely with the public health actors. However, similar opportunity structures can also be seen for the industry coalition with the EP Beer Club and the Intergroup for Spirits and Wine. What also seems to be indicated here is that the industry opportunity structures are more influential at final stages of policy compared to any similarities on the public health side.

Furthermore, the advocacy work done by Italy and France as member states to protect domestic interests serves as a good example on why positive integration, as established by Scharpf (Scharpf 1999) is much harder to achieve in the EU compared to negative integration. The fear of member states to either financially lose out, or lose control over domestic policy, seemed to be reciprocated here.

The overall results strengthen the theory that the EUs historical focus on commercial integration has set up structures and a policy culture that favours commercial interest over other interest, such as public health. The cancer plan process was in many cases a best-case scenario to achieve a significant policy change since it both entailed a Commission that saw the cancer plan as a high priority, combined with a stronger health policy sphere in the EU in general because of the COVID-19 pandemic. Despite this, real policy change has so far not been possible.

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## Appendices

### Appendix 1 – Vote results on amendments regarding the BECA-report

Original text	Amended text	Vote
(...) and a review of alcohol pricing policies, <b>including considering an increase of taxes on alcoholic beverages</b>	and a review of alcohol pricing policies, <b>with a view to ensuring a fair taxation system that takes into account the bigger and paramount role played by wine production in maintaining activities and jobs in rural areas, and higher costs of production;</b>	Dismissed 263 for 360 against 64 abstained
<b>recalls the study referred to by WHO which recognises that there is no safe level of alcohol consumption when it comes to cancer prevention, and stresses the need to take this into account when devising and implementing cancer prevention policy</b>	(33) <i>Deleted text</i>	Dismissed 221 for 410 against 57 abstained
<b>recalls</b> that alcohol consumption is a risk factor for many different cancers	(34) <b>underlines</b> that <b>harmful</b> alcohol consumption is a risk factor for many different cancers	Passed 381 for 276 against 32 abstained
recalls the study referred to by WHO which recognises that <b>there is no safe</b> level of alcohol consumption when it comes to cancer prevention,	(35) recalls the study referred to by WHO which recognises that <b>the safest</b> level of alcohol consumption is <b>none</b> when it comes to cancer prevention,	Passed 345 for 274 against 50 abstained
...better information to consumers by improving the labelling of alcohol beverages to include <b>health warning labels</b>	(36)...better information to consumers by improving the labelling of alcohol beverages to include <b>moderate and responsible drinking information</b>	Passed 392 for 251 against 48 abstained
Underlines that tobacco and alcohol consumption, poor nutrition, a high body mass index, a sedentary lifestyle and environmental pollution are risk factors common to other chronic diseases	Underlines that tobacco and <b>harmful</b> alcohol consumption, poor nutrition, a high body mass index, a sedentary lifestyle and environmental pollution are risk factors common to other chronic diseases	Passed 386 for 270 against 32 abstained
calls for the prohibition of alcohol advertising at sport events when those events are mainly attended by minors, <b>and calls for the prohibition of alcohol sponsorship of sport;</b>	(38) calls for the prohibition of alcohol advertising <b>and sponsorship</b> at sport events when those events are mainly attended by minors;	Passed 376 for 260 against 56 abstained

## Appendix 2 – Interview guides

### Interview guide 1 – Representative from a public health NGO

- Are you okay with me recording this interview for transcription?
- Do you prefer being anonymous in the final version of the paper?

#### Europe's Beating Cancer Plan:

- What was your view of the cancer plan when it was released/you first heard about it?
- What was the view of partner organisations of the cancer plan, was it similar or different to your organisation?
- Did something surprise with the final version of the cancer plan?
- Did you experience any backlash from other actors of the cancer plan and specifically the alcohol chapter?

#### The BECA report in the Committee:

- How did [your organisation] work with the Committee when the report was in its drafting phase?
- How did you feel about getting your message across to the MEP:s in the committee phase?
  - o Were they, in general, receptive towards your messages on prevention and alcohol?
  - o What party groups were easier/harder to influence?
  - o Were there any MEP:s, group or other affiliations that were especially receptive towards your messages?
- What was your main goal that you were trying to achieve in the committee?
- Did you feel the presence of alcohol industry actors at the committee stage? And if so, in what way?
  - o Also, which actor did you experience were more active?
- How did you experience the balance between alcohol as a public health threat and alcohol as a commercial commodity in the committee? What narrative do you experience was stronger?
- How did you experience the collaboration between the other NGOs on the alcohol chapter, did you work closely together or more split?
- What was your impression of the final compromise in the committee on the alcohol chapter? Did you expect it to hold for the plenary?

#### The vote in the plenary:

- How did you experience the activity from the industry coalition in trying to amend the report for the plenary vote? Did you see any specific strategy?
- Where did you experience that the push for the amendments came in the parliament?
  - o Were there any specific actors that were especially pushing for changes?
  - o If answer industry: How did you experience that the Alcohol industry tried to defend the changes? What narrative did they try to push when it came to alcohol?
- Similar to the question in the committee, how did you experience the balance between alcohol as a public health threat and alcohol as an important commercial commodity in the committee? What narrative did you experience was stronger?
  - o Did it change between the committee and the plenary?
- Where did you experience more support for the plenary vote, and where did you experience less?
- How did the collaboration from the public health actors look? How did you experience support in the parliament for the public health community?

#### The progression of alcohol policy:

- How do you view the implementation of alcohol policy from here for the cancer plan?
- What do you think will be especially difficult to overcome?
- What do you think will be especially easy to implement?

#### Interview guide 2 – Representative from the European wine sector

- Are you okay with me recording this interview for transcription?
- Do you prefer being anonymous in the final version of the paper?

#### Europe's Beating Cancer Plan:

- What was your view of the cancer plan when it was announced, did you expect it to be as focused on alcohol as it was?
- What were key priorities from [your organisation] for the Commission to take into account before its adoption? And how did you at [organisation] work to convey them?
- Did something surprise with the final version of the cancer plan?
  - o What do you believe should've been less focused/more focused on instead?
- Do you believe that the Commission was unified behind the final version of the cancer plan?
  - o If not, from which parts of the Commission do you experience/believe were critical?
- Did you experience that the commission got any backlash for the cancer plan and specifically the alcohol chapter?

#### The progression of alcohol policy:

As you know, few policies have been put forward from the cancer plan, with for example the excise tax review, the FIC revision as well as the health warning process being delayed. What do you think is the reason for this?

#### The BECA report in the Committee:

- How did [your organisation] work with the BECA Committee when the report was in its drafting phase?
- How did you feel about getting your message across to the MEP:s in the Committee phase?
  - o Were they, in general, receptive towards your messages on alcohol?
  - o What party groups were easier/harder to work with?
  - o Were there any MEP:s, group or other affiliations that were especially receptive towards your messages?
- Did you collaborate with other industry actors at this stage? And so, how?
- How did you experience the balance between alcohol as a public health concern and alcohol as a commercial commodity in the committee? What narrative do you experience was stronger?
- What was your impression of the final compromise in the committee on the alcohol chapter? Did you expect it to hold for the plenary?

#### The vote in the plenary:

- As we know, [your organisation] supported the amendments for the plenary. What was your view of the amendments? And how did you work to try and ensure that they were adopted?
- Where did you experience that the amendments gained the most support?
  - o What groups do you feel were not receptive towards your position?
  - o Were there any specific actors that were especially pushing for changes?
- Similar to the question in the committee, how did you experience the balance between alcohol as a public health threat and alcohol as an important commercial commodity in the committee? What narrative did you experience was stronger?
  - o Did it change between the committee and the plenary?
- Did you experience any lobbying efforts from NGO:s, and what do you believe was their approach?