

Honourable chair,

Esteemed Delegates,

Dear Colleagues,

The European Cancer Organisation and the undersigned organisation on behalf of the **European Health Alliance on Alcohol**, commend WHO Europe's leadership in addressing alcohol-related harm and welcome the implementation of the European Framework for Action on Alcohol 2022–2025.

Despite this progress, alcohol continues to be a leading risk factor for ill health, preventable cancer, cardiovascular disease and premature mortality.

- The WHO European Region has the **highest levels of alcohol consumption globally**. Alcohol is responsible for almost one in every three injury deaths in the Region, 42% of all homicides, 37% of suicides and 35% of road deaths.
- As recognised by the International Agency for Research on Cancer (IARC), **alcohol is classified as a Group 1 carcinogen**, causing cancers such as breast cancer, colorectal cancer, liver cancer. The research is clear: **there is no safe level of alcohol consumption**. Even light to moderate alcohol consumption increases cancer risk.

The societal and economic burden of alcohol-related harm is immense, straining health systems and widening inequalities in health outcomes. Yet, effective and cost-efficient interventions are known and available.

The undersigned organisations therefore are urging the Regional Committee to

1. **Extend the European Framework for Action on Alcohol to 2030** to align with the WHO Global Action Plan on Alcohol 2022–2030, ensuring continuity and coherence of commitments.
2. **Prioritise alcohol policies within the cancer, cardiovascular and NCD prevention agenda**, explicitly acknowledging alcohol as a major preventable cause of NCDs in all strategic documents and public communication.
3. **Implement evidence-based measures** recommended by WHO, including banning alcohol advertising, sponsorship and promotion, increasing taxation and minimum pricing, reducing availability, and better health information and warning and nutrition labels.
4. **Strengthen monitoring and accountability**, with regular reporting on Member State progress and special attention to vulnerable populations most affected by alcohol-related harm.
5. **Mobilise whole-of-society engagement**, ensuring that healthcare professionals, civil society, and patient organisations are fully included in policy design and their implementation.

We call on delegates to show strong and effective leadership by committing to a renewed, ambitious, and united response to alcohol-related harm. Only through coordinated action we can reduce the preventable disease burden, tackle inequalities, and meet the targets for health and well-being.