



EUROPEAN COMMISSION
HEALTH & CONSUMERS DIRECTORATE-GENERAL

Directorate C - Public Health and Risk Assessment
Unit C4 – Health Determinants

COMMITTEE ON NATIONAL ALCOHOL POLICY AND ACTION

4th Meeting

LUXEMBOURG, 17-18 February 2009

Summary Report

The meeting was chaired by Michael Hübel, Head of Unit C4, DG SANCO.

Tuesday 17 February 2009

1. Adoption of the agenda

- Mr Hübel welcomed all participants (*cf. List of participants in Annex 1*)
- The agenda was approved with minor modifications concerning the order of the items.

2. Varying international recommendations about sensible drinking amounts

- Crispin Acton gave a presentation on a campaign started by UK Government in 2008 that provides information on units to help the estimation of individual consumption. The campaign also educates about health risks, mainly long term health risks. Government aims at reinforcing the campaign by introducing unit labelling through a voluntary agreement with the industry.
- Peter Anderson presented the results of a survey of recommendations about sensible drinking. The survey was addressed to EU Member States, Iceland, Norway and Switzerland, with 25 responses received. Twenty countries issued guidelines on "sensible/responsible/low risk" consumption determined by a government or public health body. The consumption levels differ somewhat across countries but there is convergence around 20g/day for women and 30g/day for men as low risk limits. Safe limits do not exist.
- Participants briefly related experiences in their respective countries. In general concerns were expressed regarding the difficulties in properly communicating to the population at large the risks of alcohol consumption: the "ceiling" tends to be interpreted as the "floor". Moreover, drinking guidelines usually do not apply to people who are young, old, pregnant, ill, drivers or at work. As behavioural advice, "less is better" is more broadly valid.

- It was concluded that, despite differences, there is a certain convergence of the recommendations on low risk drinking guidelines at national level. A majority of participants held the opinion that recommendations relating to risk limits should be formulated at national rather than EU level.

3. The AMPHORA project

- Peter Anderson presented an overview of the 4 year AMPHORA Project that receives €4 million co-funding from the 7th Framework Programme of DG RTD (Research). Run by the Hospital Clinico i Provincial in Barcelona, the project brings together 33 scientific organizations from 14 European countries. The project has 10 research strands focused on: 1) common metrics for evaluating effectiveness of alcohol policy; 2) unplanned determinants of alcohol consumption (e.g. income, urbanization); 3) impact of commercial communications on young people (longitudinal studies to be carried out in four countries); 4) case studies of alcohol policy change; 5) impact and cost-effectiveness of brief interventions and treatment; 6) potential for harm reduction in drinking environments; 7) public health impact of illicit alcohol (based on chemical analysis of components); 8) notion of comprehensive alcohol policy; 9) public perception of alcohol problems; 10) impact of infrastructures (e.g. organizations, knowledge base, strategies) on alcohol policy development. Further activities aim at strengthening research networks and promoting dialogue between science and policy.
- Additional co-funding is being sought at national level for the ambitious research scheme. CNAPA members can support the project by providing information on the illicit alcohol market in their respective countries and input for case studies of policy changes and by hosting meetings and conferences (financial support is not necessarily needed).

4. Consumption of alcohol and alcohol related harm: recent developments

- Lars Møller gave an update on the European Alcohol Information System (EAIS) maintained by WHO/EURO and on the survey carried out jointly by WHO and the Commission to update country profiles on alcohol. First results will be presented in the European counterparts meeting in Copenhagen 20-23 April 2009.
- Commission services reported on the 1st meeting of the Committee on Data Collection, Indicators and Definitions on 4 December 2008. Minutes of the meeting will be published on the Commission's website shortly. The main purpose was to agree on reliable and comparable key indicators on alcohol consumption and alcohol-related harm that can be updated regularly to monitor developments in Member States. Consensus was reached on three basic indicators: total adult per capita consumption of pure alcohol in litres (i.e. volume of consumption), prevalence of binge drinking, defined as 60g or more on a single occasion, monthly or more often, during the past 12 months (i.e. pattern of consumption) and alcohol-attributable years of life lost (i.e. alcohol-related health harm).

5. Reports from Member States on alcohol policy developments:

- **Lithuania** (Gelena Kriveliene). Lithuania has witnessed a raise in alcoholic beverages production and a raise in the affordability of alcohol. 31% of men and circa 10% of women are estimated to use alcohol in a risky manner. Since the independence in 1990, a number of changes have been made in the alcohol legislation. Latest changes include a ban on advertising of all types of alcoholic beverages on TV and radio between 6am and 11pm (2008) and criminalization of consumption or possession of alcohol by persons under 18 years (2009). A challenge for alcohol policy development is to move from harm reduction towards problem prevention.
- **United Kingdom** (Crispin Acton). In the UK, 26% of the population regularly drink above the recommended "sensible" limits, accounting for 76% of alcohol consumption; 7% regularly drink at a higher-risk level, accounting for a third of the alcohol consumed. The national alcohol strategy places emphasis on health and young people. Specific drinking guidelines for young people are being considered. Costs from alcohol to the NHS are estimated at £2.7 bn per year. Alcohol also plays a role in criminal or disorderly behaviour. A government-commissioned a review of the alcohol industry's self-regulatory code of practice found limited awareness and enforcement of the code. The University of Sheffield has carried out a review of the effects of alcohol pricing and promotion. Available on the Department of Health web site, the 400-page review also examines the potential of pricing and promotion policies in England. In December 2008, Government announced the introduction of a new mandatory code of practice to target the most irresponsible retail practices, to be passed by summer 2009.
- **Portugal** (Cristina Ribeiro and Manuel Cardoso). Since the early 1990s, beer consumption has surpassed the consumption of wine. Wine consumption continues to decrease. While there is only slight increase in total consumption, high prevalence of binge drinking among young people is a cause of concern. The National Health Plan 2004-2010 focuses on alcohol as a key health determinant, along with tobacco, diet and physical activity. A National Plan to reduce Alcohol-related Problems has been drawn up for 2009-2010. Government, industry and NGO stakeholders were involved in the development stage through an Alcohol Forum. The National Plan aims at raising the minimum age for sales and serving from 16 to 18, tackling drink driving, introducing educational school-family programmes, increasing training for health care professionals, and developing a referral network and continuum of care.

6. Labelling

- Juliette Guillemont, alcohol project manager with the French National Institute for Prevention and Health Education (INPES), retraced the history of the mandatory warning about alcohol and pregnancy on alcohol containers introduced in France in 2006. The warning can be presented as a pictogram or as text. The text version does not appear to be used. The warning label is just one part in a broader strategy involving a national media campaign,

information for students in schools, information booklets for pregnant women and training for health professionals. The aim is to inform not just pregnant women but also the general public. Possible impact on knowledge levels was examined by means of a phone survey carried out with representative population samples in 2004 and 2007. Overall, the results indicate increased awareness of issues surrounding alcohol and pregnancy and that norms are shifting towards the idea of no alcohol during pregnancy.

- A tour de table indicated that health warning policies are being discussed in several Member States, without much concrete result so far. In several Member States an EU-wide approach would be preferred over a national one
- The Commission's proposal (COM(2008) 40 final) for a revision of the EC food labelling directive (200/13/EC) was presented by Francesca Volpi from DG SANCO's unit dealing with food law, nutrition and labelling (E4). The proposed regulation requires alcoholic drinks, including RTD-mixtures, to carry full list of ingredients and nutrition information. There is, however, an exemption for beer, wine and spirits, pending a review by the Commission to determine suitable labelling for these products after 5 years of the entry into force of the new regulation. After the co-decision procedure (1-2 years), a transition period of 3-5 years is foreseen before the new regulation is fully implemented. Current food labelling regulations only require alcoholic strength and allergens to be disclosed. If Member States wish to introduce other requirements such as health warnings, this falls under the regime for assessing non-harmonised national provisions. Member States have an obligation to notify the Commission and other Member States of the draft envisaged measures and of the reasons justifying them. The Commission reviews the draft national measures on a case-by-case basis in order to verify that they are necessary to protect public health and do not create disproportionate barriers to the free movement of goods.

7. Updates from Commission services on:

- **A tool for exchange of information within CNAPA.** A proposal, drafted and circulated among Committee members by the Commission services, was discussed and endorsed. The web-based service CIRCA will provide the technical platform. A CNAPA "interest group" will be created to enable registered users to share information; at the request of Committee members their staff or colleagues can be allowed access as well. At the next meeting of the Committee the first experiences with the information tool will be evaluated.
- **A Commission Communication on Health Inequalities**, prepared jointly by DG Health and Consumers and DG Employment and Social Affairs, will be published by the end of the year. To avoid the widening of health gaps within and between Member States, the communication will address European level contributions, best practices and the knowledge base. Reference was made to a committee set up by the WHO to examine the health impact of the economic crisis; the Commission is represented by Mr Madelin.
- Implementation of the **European Pact for Mental Health and Well-being**, launched in June 2008, involves a series of high-level conferences around five priority themes: prevention of depression and suicide; mental health in youth

and education; mental health in workplace settings; mental health of older people; combating stigma and exclusion. The priorities touch upon a number of policy fields, including alcohol.

- A **Conference on Youth and Health** will be organized 9-10 July 2009 in Brussels, hosted by the Health Commissioner in collaboration with the European Youth Forum. The conference is part of a larger initiative to focus on the health of young people, and involve them in framing relevant policies and actions.
- The **3rd Plenary meeting of the European Alcohol and Health Forum** was organized in November 2008. Observers were present from Czech Republic, Denmark, Sweden, Malta and UK. The European Cider and Fruit Wine Association (AICV) was accepted as a member, bringing the total number of membership to 60. At present 102 commitments to action have been made. An overview, available in the Commission's web site, indicates that most commitments involve information, communication or education activities whereas there is a lack of commitments promoting effective behaviour change strategies. To date, no partnerships have been formed at European level between the industry and NGO sectors. An independent body is being contracted to assess the quality of the monitoring of the progress and implementation of the commitments by Forum members. The Open Forum on April 30th will be an opportunity to showcase commitments and discuss their potential for impact. Several members stressed the need, within the not too distant future, of an independent evaluation of the commitments and the way they (and the Forum as such) contribute to reducing alcohol related harm.
- The **Youth Task Force** of the Forum convened in January 2009, coming to the conclusion that the Task Force was reaching a natural conclusion. A concrete outcome is a proposal for a Clearing House on activities related to alcohol and youth health, to be presented to the Forum. The Task Force will also prepare a final report to the Forum. Discussion in the Task Force focussed among other things on the importance of involving young people in activities directed to youth and on the need to protect young people from harm caused by other people's alcohol abuse.
- The **Marketing Task Force** of the Forum convened in November 2008 in a workshop on social marketing. Opposing views were voiced on the role of economic operators in social marketing. Conclusions included that social marketing requires time and resources and, although behavioural impacts are unclear, it can be used to raise awareness, underpin policy debate, build momentum for better enforcement and suggest social norms. The Task Force plans to present to the Forum three reports, focussed on social marketing, self-regulation of commercial communications, and measures taken to avoid exposure of young people.
- The **Science Group** of the Alcohol and Health Forum has met twice so far (30 June and 29 October 2008) and will convene for the third time on 23rd February. Upon request from the Forum, the Science Group is preparing a scientific opinion on the impact of marketing communication on alcohol consumption by young people. It was noted that in UK a public consultation about the functionality of advertising regulations is being carried out by

Advertising Standards Authority (ASA); results could perhaps be presented in the next Committee meeting.

- RAND Europe has carried out a **study on the affordability of alcoholic beverages in EU**, commissioned by DG SANCO. The study examines trends in taxation, price levels and affordability, linkages between affordability, consumption and harm, and policy options. Preliminary results were discussed by stakeholders in a workshop in November 2008. Some Member States have participated in the workshop. The importance of time schedule in this type of processes was raised by members of the Committee: all stakeholder groups need time for internal consultation before giving feedback. A final report is expected within a week and will be circulated to members and observers of the Forum. Although the report will be presented in the next Forum meeting, the study is not a Forum initiative. It was suggested that researchers involved in the RAND study and in the Sheffield University review be invited to the next Committee meeting.

8. Preparations of the Official EU Presidency Expert Conference on Alcohol and Health in Stockholm September 2009

- Karin Nilsson-Kelly set out that alcohol policy is among the key health topics under the the Swedish Presidency. Special attention will be paid to four themes: 1) harm to children and young people; 2) commercial communications; 3) alcohol use and ageing; 4) price and affordability. Alcohol issues will be addressed in three high-level events: Informal Health Council (EPSCO) on 6-7 July (here alcohol is just one topic among many); Expert Meeting on Alcohol and Health on 20-21 September; Health Council in November 2009 (possible Council Conclusions). For preparation of the Expert Meeting, informal working groups will be set up for each theme. It would also be useful to get a preliminary idea of MS delegations. Those interested should contact Karin Nilsson-Kelly or Maria Renström.

9. Update from WHO (Geneva) on the preparation of a draft global strategy to reduce harmful use of alcohol

- Dag Rekve described the current process consultation process, leading to the drafting of a strategy for consideration, firstly, by the WHO Executive Board in January 2010 and, secondly, presentation to the WHA in May 2010. Economic operators have been consulted on ways they could contribute to reducing harmful use of alcohol. Mr Rekve emphasized the difference between consulting and cooperating in the WHA resolution 61.4. Technical consultations with MS are now starting, with the European Region consultation taking place on 20-23 April in Copenhagen. Up-to-date information is available on the WHO website.

10. Any other business

- The next meeting of the Committee was set for the second half of June 2009 (exact dates to be communicated as soon as possible).

Annex 1 – List of participants

MEMBER STATES	SURNAME	FIRST NAME
Belgium – Federal public services Health, Food Chain Safety and Environment	CAPOUET	Mathieu
Bulgaria - State Psychiatric Hospital of Treatment of Alcohol and Drug Addiction	ZHENKOVA TOTEVA	Sonya
Cyprus – Ministry of Health	HAJIPANAYI	Yianna
Czech Republic - Ministry of Health	GOTTVALDOVA	Eva
Estonia – Ministry of Social Affairs	TÄHT	Triinu
Finland - Ministry of Health and Social Affairs	PAASO	Kari
France – INPES	GUILLEMONT	Juliette
Germany - Bundesministerium für Gesundheit	HOLZER	Tilmann
	KERN	Albert
	SCHNEIDER	Annette
Italy – Istituto Superiore di Sanità	SCAFATO	Emanuele
Latvia – Public Health Agency	TAUBE	Maris
Lithuania - Public Health Division	KRIVELIENE	Gelena
Malta – Ministry of Health	MANGANI	Manuel
The Netherlands - Ministry of Health, Welfare and Sport	VAN GINNEKEN	Sandra
Norway - Norwegian Ministry of Health and Care services	BULL	Bernt
Portugal - Institute on Drugs and Drug Addiction	CARDOSO	Manuel
	RIBEIRO	Cristina
Slovak Republic - Ministry of Health	OKRUHLICA	Lubomir
Slovenia - Ministry of Health	PETRIC	Vesna-Kerstin
Spain – Ministry of Health	LIBRADA ESCRIBANO	Maria-Villar
Sweden - Ministry of Health and Social Affairs	NILSSON-KELLY	Karin
Switzerland - Federal Office of Public Health- Division of National Prevention Programs	GENTIL	Thomas
United Kingdom - Department of Health	ACTON	Crispin

OBSERVERS	SURNAME	FIRST NAME
WHO (Copenhagen)	MØLLER	Lars
WHO (Geneva)	REKVE	Dag
Public Health Consultant	ANDERSON	Peter
EUROPEAN COMMISSION	SURNAME	FIRST NAME
DG SANCO C4	HÜBEL	Michael
DG SANCO C4	KAMPHAUSEN	Wilfried
DG SANCO C4	DE CONINCK	Pieter
DG SANCO C4	SCHMIDT	Swantje
DG SANCO C4	MONTONEN	Marjatta
DG SANCO C4	BARANIK	Urszula
DG SANCO E4	VOLPI	Francesca