



EUROPEAN COMMISSION
HEALTH & CONSUMERS DIRECTORATE-GENERAL

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

COMMITTEE ON NATIONAL ALCHOL POLICY AND ACTION

5th Meeting

LUXEMBOURG, 24-25 June 2009

Summary Report

On 24th June 2009 the meeting was chaired by Ceri Thompson, Unit C4. On the second day the meeting was chaired by Michael Hübel, Head of Unit C4.

TUESDAY 24 JUNE 2009

1. Welcome and adoption of the agenda

- The Chair welcomed all participants (*cf. List of participants in Annex I*), explaining Michael Hübel was unable to attend the first day of the meeting.
- The agenda was approved after some discussion on the participation of economic operators on the second day (agenda item 7).

2. Affordability of alcoholic beverages: trends, consequences and policy implications

- Lila Rabinovich gave a presentation on the study by RAND Europe on the affordability of alcoholic beverages within the EU. Alcohol affordability, measured as a function of relative price and disposable income has risen in most EU countries, in most cases as a result of increasing disposable income. The study found a positive, statistically significant association between affordability and consumption and between alcohol consumption and three measures of harm: liver cirrhosis, fatal traffic accidents and traffic injuries. The study also explored cross border consumption and harms (3 case studies).
 - The Chair thanked RAND for their presentation and opened the floor for questions and comments. On being asked RAND told that the figures they give on price relate to off-trade, as these data are collected by Eurostat. It seems that off-trade prices are decreasing, whereas on-trade price are increasing. Moreover, a growing part of all alcohol sales seems to be off-trade. In the discussion, an interest to have more research on this was raised, as well as on the way increases in excise duties can differently impact on off-trade and on-trade consumer prices ("pass-through rates").
- Dr. Petra Meier from the University of Sheffield presented the main results of a study commissioned by the UK Department of Health. In the study four policy options for

alcohol price regulation were identified: minimum unit prices, on and off-trade promotion bans, general price increase and targeted price rises. The potential effect on harm was explored through estimated cost saving on health, crime, unemployment and workplace absences. Price elasticity of demand was observed, and minimum pricing was found to be the policy most likely to result in overall cost reductions. The introduction of minimum pricing will hardly impact prices in on-trade sales. Between 60% and 70% of all alcohol in the UK is sold off-trade, and 64% of the cheapest alcohol is bought by harmful drinkers. It was noted that this would allow minimum pricing to target certain groups.

- In response to one question Ms Meier told that, due to limitations of the available data, it is hardly possible to say anything about the impact of minimum pricing on consumption by persons below the age of 16 years. All conclusions are based on information from existing databases. The issue of possible incompatibility of minimum pricing with EU (competition) law was raised, but no conclusions could be drawn. Finally concern was expressed regarding the use of terminologies, such as 'moderate', 'harmful' and 'hazardous' alcohol consumption. If not used in a consistent way this could cause confusion.
- Gary Cox from the Scottish Government provided an update on alcohol policy in Scotland. Currently the Government is drafting an Alcohol Bill that will include i.a. minimum pricing per unit, a ban on quantity discounts, and a ban on sales below cost. Mr Cox further described the response to the plans of Government by the economic operators and the general public, as well as the political landscape in Scotland. A key message to the general public is that at present each tax payer pays about £ 500 per year to compensate for all kinds of alcohol-related harm. The Bill should be presented to the Scottish Parliament by the end of 2009.
 - Comments from the floor included the need for comprehensive policies that include both excise duties and measures such as minimum pricing, and the potential of a positive Scottish experience with minimum pricing to impact on other Member States e.g. through raising important issues about how to intervene in the market for a product which is not an ordinary commodity.

3. Report from Member States on alcohol policy developments

- Krzysztof Brzózka from the Polish State Agency for Prevention of Alcohol-Related Problems (PARPA) presented on current developments in Poland. Total per capita consumption is still increasing, and consumption trends among youth and females are in particular worrying. Currently the 1982 Act on Upbringing in Sobriety and Counteracting Alcoholism – which is based on complementary action programs implemented at the municipal, regional and national level – is being modified. To increase awareness of drinking risks during pregnancy, the campaign 'Stop in time' was launched.
 - Comments from the floor included the recognition that the Polish trends within the youth and females are similar to many of the Member States and that this should be reflected in the work of the Committee. Some clarification was also given in relation to the changes to the compulsory treatment system within Poland and how the three pillars of the alcohol policy related to each other. It was also noted that three months ago the excise tax in Poland was raised, however spirits remain cheap compared to wine.

- Robbie Breen from the Department of Health and Children in Ireland started his information by giving data on consumption. From 2007 to 2008 total per capita consumption decreased with 7.6%, but remains very high: 12.35 litres of pure alcohol. In EU-wide comparison, Irish people tend to drink less frequently, but drink higher amounts per drinking session. New legislation includes reduction of opening hours, new supermarket sale and “late opening” licensing conditions, public order offences, more policing and marketing regulations. Advertising and sponsorship codes have been strengthened and a working group is examining sport sponsorship. Future policies will include reduction of BAC limits, labels on alcohol and pregnancy and on alcohol content; and the development of a National Substance Misuse Strategy to include alcohol and drugs.

- The Chair invited other members to present recent developments:
 - The Danish Health Promotion Commission action plan has a number of proposals, now being debated in Parliament, including an 18 year minimum age limit for sales and advertising, more comprehensive licensing regulations of bars and restaurants.
 - In Belgium, The Flemish and Wallonian Health Ministers have signed a declaration on future policy on alcohol-related harm. The Belgian Health Council has issued a zero consumption advice for pregnancy, but legislative proposals for pregnancy warning labelling were not endorsed in Parliament. Advertising controls remain voluntary. Government is considering a bill to ban on-trade sales to under-16s.
 - In France the minimum age for selling alcohol has been increased to 18 years for all types of alcoholic beverages (used to be 16 for beer and wine) and bans on ‘open bar’ promotions and sale of alcohol in fuel stations have been introduced. The Loi Evin has been relaxed: alcohol advertising on the Internet is now allowed, excepting websites targeted to youth or related to sports.
 - In Slovakia new legislation shifts responsibility from those who are selling to those that are consuming with penalties for adults and young for under age (18 years) consumption. A legislative proposal to restrict advertising was not endorsed in Parliament.
 - Results of qualitative research on youth excess drinking motivations have been published. In Baden-Württemberg a law has been adopted that prohibits sales of alcohol in fuel station between 10 pm and 6 am. The Federal Centre for Health Education will receive € 10 mln over the next five years from the private health insurance fund for alcohol prevention.
 - In the Netherlands on 1 January 2009 a law has come into force, banning all alcohol advertising on television between 6 am and 9 pm, and a tax increase has taken effect. A bill amending the Licence and Catering Act will be submitted to Parliament shortly. Important elements are: controls on price promotions, a ban on possession of alcoholic beverages in public places by under 16s (youth can be fined for this), and the possibility for local communities to decree one age limit for selling alcohol (currently 16 for beer and wine as opposed to 18 for spirits) for a test period of three years.
 - In Sweden a new Action Plan on Alcohol is being prepared. Consumption in Sweden continues to falling, and this is believed to be due to the work in prevention.

- The Portuguese National programme (presented at the last meeting) has sparked interest in the media, particularly in relation to consumption of alcohol by youth.
- Norway has passed a law allowing private import of duty-paid alcohol for private consumption. In response to strong pressure from police Government is proposing a general limitation of the opening hours of bars and restaurants.
- In Switzerland the Alcohol Act is currently being reviewed, and cheap alcohol and availability are being discussed in particular.
- In Estonia excise duty was raised. This has impacted on affordability: consumption has decreased. There will also be an awareness campaign on personal consumption levels.
- In Malta the problem of youth binge drinking is increasing. In response to this the minimum age for selling alcohol has been raised to 17 years of age (an age limit of 16 was introduced only a few years ago). Alcohol excise duty has been lowered. A first written alcohol policy is being drafted is likely to be available by the end of this year.
- With a view to the first progress report (agenda item 4) attention was called for emerging issues, such as increasing evidence on the link between alcohol and cancer, alcohol and pregnancy and the need for consistent use of terminology (e.g. harmful and hazardous consumption).

The Chair thanked the Member States for their updates.

THURSDAY 25 JUNE 2009

4. Preparations for the first progress report on the implementation of the EU Alcohol strategy

- The Commission services gave a presentation on the overall approach to the progress report which will be presented in September in Sweden. It will be a DG SANCO report. The report will contain a section exploring alcohol related harm and consumption data, consumption trends, policy developments and coordination in Member States, as well as a description of the work of the European Alcohol and Health Forum and its sub bodies (Task Forces and Science Group). The report will also pay attention to the evidence base and health in all (Community) policies. The report will be predominantly ‘descriptive’ but the conclusions will address positive developments as well as shortcomings in implementation and will aim to identify best ways forward.
 - Concern was raised about linking a possible overall decrease of consumption to the EU Alcohol Strategy. The Chair noted that the report will represent available data on consumption and harm, as this is an indispensable context for all policy discussion. However, he said he realized that one needs to be careful with claiming causal links between simultaneously occurring phenomena. He also noted that the work related to key indicators is in an initial phase and it may be helpful to invite Commission colleagues (Unit C2 on Health Information) to present on this.
- The Commission services gave a presentation on the available and additional sources of information to give an up to date description of developments in Member States. Additional input from Member States may be required to ensure the report contains forthcoming legislative changes, examples of good practise or major trends in alcohol consumption and any issue areas not covered in the surveys. The report Annex will be

used to highlight good practices. The Commission services announced that members of the Committee will be contacted with specific requests for information and will be able to check whether the information on their country in the report is accurate.

- Dr Lars Møller from the WHO presented an overview of the joint WHO/EC survey which currently includes data from 25 of the 27 EU Member States. The global survey covers total national alcohol consumption, national alcohol policy, education and information activities and campaigns, health sector responses, community actions, drink driving, marketing, alcohol price, age limit, availability of alcohol etc. The full report will be launched at the Sweden EU Presidency Conference. Future surveys will be conducted every two to three years. By 2010 the European Alcohol Information Systems should have on-line access.

5. Preparations for the EU Presidency Expert Conference on Alcohol and Health in Stockholm, 21-22 September 2009

- The Swedish member of the Committee noted that Sweden's main objectives are to keep alcohol and health prominent on the EU agenda, increase Member States' long term support for the EU Alcohol Strategy and to ensure stakeholder support. To this end five major events are planned during the Swedish Presidency, one of them being, EU Expert Conference. The conference will have both an official programme for politicians and civil servants (about 200 participants) and an open programme for other stakeholders such as medical researchers, economic operators and NGO's (about 200 participants). During the first day the official programme will focus on children and youth (i.e. school based programmes and protecting children from commercial alcohol communications). The focus of the second day will be on protection of adults and price policy. The open programme will include exhibitions, seminars, workshops, web casts, and fieldtrips.

6. An overview of alcohol-related projects funded under the Health Programme

- Dirk Meusel from the Executive Agency for Health and Consumers (EAHC) gave a presentation on alcohol-related projects funded under the Health Programme and provided directions to the on-line resources. Mr Meusel clarified that final reports are not peer-reviewed but the project work packages must include some evaluation.
 - A question was raised on peer-review evaluation of the projects. Mr Meusel responded that most of the database contains on-going projects, and although the final reports are not peer-reviewed the project work packages are required to include some element of evaluation. An additional question was raised on the level of EU communication between the different DGs and other programmes. The Chair noted that in formal terms there is cross programme communication during the evaluation of project proposals. However, this does not occur routinely. There is also no thematic description or single website which potential grant applicants can use to find different funding programmes.

7. Project 10. The Drinks Industry Initiative

- Elizabeth Crossick (Brown-Forman), Richard Evans (Campaign for Smarter Drinking) and Crispin Acton (UK Department of Health) presented an overview. Project 10 was initiated as a public-private partnership between the UK alcohol industry and the UK Government. It is a response to specific concern about binge drinking, not currently covered by other campaigns and is informed by qualitative research on targeting and style/tone. The campaign will be launched in September 2009. Evaluation is based on attitude changes as well as claimed behaviour changes, using jointly agreed consumer tracking surveys.
 - From the floor criticism was expressed on the basic message of the campaign: drinking water and having food next to drinking alcohol instead of focusing on drinking less alcohol. It was suggested that harm indicators such as A&E admissions should be included in the evaluation.

8. Updates from Commission services

- The Chair opened the floor for any particular questions related to the European Alcohol and Health Forum: there was an interest in clarification of the 'new' definition of binge drinking. The Chair replied that the colleagues from the Health Information Unit (C2) will be invited to give a broad overview of the work of the Committee on Data Collection, Indicators and Definitions.
- An update was provided on objectives and progress of the Clearing House Initiative on alcohol and youth health. DG Health and Consumers will chair and help establish the group. The first meeting is scheduled for 15th September 2009.
- It was reported that the website tool for exchanging information between meetings has not been used much so far. This seems to be due to technical issues rather than lack of interest to post messages. The interface is being revised, and members will have a chance to trial at the next meeting.
- DG TAXUD has commissioned London Economics to do a study analyzing possible changes in the minimum rates and structures of excise duties on alcoholic beverages. The final report should be available by the end of 2009 and might lead to a Commission proposal to amend the existing directives on alcohol excise duties.

9. AOB

- The need to pay attention to new scientific data on the link between alcohol and cancer was raised again. The same goes for alcohol and heart disease. The need for setting indicators for passive drinking was also put forward. The Chair replied that experts could be invited to present to the CNAPA.

Annex 1 – List of participants

MEMBER STATES + OBSERVERS	SURNAME	FIRST NAME
Belgium - Federal public service Health, Food Chain Safety and Environment	CAPOUET	Mathieu
Denmark - National Board of Health	BROHOLM	Kit
Estonia - Ministry of Social Affairs	TÄHT	Triinu
Finland- Ministry of Health and Social Affairs	TUOMINEN	Ismo
France - Direction Générale de la Santé	TACHE	Cécile
Germany - Bundesministerium für Gesundheit und Soziale Sicherung	KERN	Albert
Ireland - Department of Health and Children - Health Promotion Unit	BREEN	Robbie
Malta - Ministry of Health	MANGANI	Manuel
Norway - Ministry of Health and care services	BULL	Bernt
Poland - Ministry of Health	BRZOZKA	Krzysztof
Portugal - Institute on Drugs and Drug Addiction	CARDOSO RIBEIRO	Manuel Cristina
Slovak Republic - Slovak Ministry of Health	OKRUHLICA	Lubomir
Sweden - Ministry of Health and Social Affairs	NILSSON-KELLY	Karin
Switzerland - Federal Office of Public Health	BAERISWYL	Petra
The Netherlands - Ministry of Health, Welfare and Sport	VAN GINNEKEN	Sandra
United Kingdom - Department of Health	ACTON	Crispin
WHO (Copenhagen)	MØLLER	Lars

EXTERNAL PRESENTERS	SURNAME	FIRST NAME
Brown-Forman	CROSSICK	Elisabeth
Campaign for smarter drinking	EVANS	Richard
RAND Europe	RABINOVICH	Lila
Scottish Government	COX	Gray
University of Sheffield	MEIER	Petra
EUROPEAN COMMISSION	SURNAME	FIRST NAME
DG SANCO C4	HÜBEL	Michael
DG SANCO C4	THOMPSON	Ceri
DG SANCO C4	DE CONINCK	Pieter
DG SANCO C4	MONTONEN	Marjatta
EAHC	MEUSEL	Dirk