



EUROPEAN COMMISSION
HEALTH & CONSUMERS DIRECTORATE-GENERAL

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

COMMITTEE ON NATIONAL ALCOHOL POLICY AND ACTION

7th Meeting

LUXEMBOURG, 14-15 September 2010

Summary Report

The meeting was chaired by Michael Hübel, Head of Unit C4, and Ceri Thompson (C4).

TUESDAY 14 SEPTEMBER

1. Welcome and adoption of the agenda

- The Chair welcomed all participants (*cf. List of participants in Annex I*).
- Since the last meeting in January several relevant developments have taken place:
 - A new leadership – John Dalli as Commissioner and Paola Testori Coggi as Director-General.
 - The three priorities identified by Commissioner Dalli have a clear alcohol component in common: health inequalities, health determinants and healthy ageing.
 - In her speech at the 4th European Alcohol Policy Conference the new Director-General said that now, with the structures to implement the EU Alcohol Strategy well in place, the focus will be more on concrete results.
 - In May the World Health Assembly adopted a Global strategy to reduce harmful use of alcohol.
 - Ceri Thompson will take up a new position at Eurostat on 1 October. She took the opportunity to thank everybody for the good cooperation.
- The draft agenda was adopted.

2. Mini-seminar on alcohol and elderly

Wider policy context and keynote presentations

- Based on information provided by colleagues from SANCO Unit C5 (Health strategy and Health systems) Pieter de Coninck (C4) gave a brief overview of demographic trends within the EU, their consequences for public finances, health and health care, as well as the EU policy response. Recognizing that poor health in older age is in many cases the result of unhealthy lifestyles earlier in life the need for a lifecycle approach seems obvious.
- "Older people and the health impact of alcohol" was the first of three keynote presentations. Peter Anderson mainly summarised the results of a systematic review carried out in the context of the EU (co-) funded VINTAGE project on alcohol and

older people. He paid attention to pharmacokinetic processes that might lead to older people being more susceptible to the impact of consumed alcohol than younger people. In some Member States this is reflected in specific guidelines on alcohol consumption for older people. Peter Anderson made a strict distinction between present older people and those who will be 65 years and older in the next 20 years. The former category, compared with their younger counterparts, does not suffer from disproportionately higher levels of harm, as they, in general, drink less (hazardously). The future older people, the present baby boomers, are a different story, because they drink a lot. Apart from a plea for better data and reporting Anderson recommended that to reduce alcohol-related harm among future older people it is crucial for present middle aged people to drink less, and that alcohol policies and programmes are integrated in strategies to promote healthy ageing.

- The plea for better data and reporting was endorsed by Pi Högberg from the Swedish National Institute of Public Health. She presented on recent trends in consumption and harm among elderly EU citizens. The data presented are from a study that was presented for the first time at the Expert Conference on Alcohol and Health, organised by the Swedish EU Presidency in September 2009.¹ Data collected in 10 Member States show for instance that most elderly EU citizens drink alcohol, that abstention rates have decreased in recent years, and that alcohol related deaths have increased in many of the surveyed countries between 1998 and 2007. The potential of health care / elderly care staff to reduce hazardous drinking among elderly people seems not well developed. Most Member States have no consumption guidelines that pay special attention to elderly people.
- Emanuele Scafato presented another aspect of the VINTAGE project: the collection of good practices for prevention of alcohol-related harm in elderly people in the EU. This occurred via the review of grey literature and a survey addressed to (297) professionals and researchers across Europe, asking them about relevant programmes, projects and best practices (PPbP). Of the 84 replies received 53 mentioned the existence of any PPbP. One of the conclusions is that alcohol and elderly people is a rather neglected issue, and that only a few of the reported initiatives are integrated in more permanent comprehensive prevention strategies. The need for specific actions and research at EU level as well as national level was shared within the committee together with the call for support for comparative research across countries enabling the evaluation of the benefits of alcohol prevention for the elderly. For more information see: <http://www.epicentro.iss.it/vintage/project.asp> and E. Scafato, Alcohol and the elderly: the time to act is now! in: *European Journal of Public Health*, 13 August 2010.²

Contributions from Member States and the Commission

- Sandra Dybowski presented on a funding programme of the German Federal Ministry of Health in the area of addiction and elderly people. This initiative originates from the notion that substantial numbers of people over 60 years consume alcohol in a risky way and have problems with alcohol, and that in the same age group there is substantial regular use of psychoactive medication. In 2008 a round table on this topic was organised leading to a funding call for pilot projects issued in March 2010. Out of

¹ Mats Hallgren, Pi Högberg, Sven Andréasson, *Alcohol consumption among elderly European Union citizens. Health effects, consumption trends and related issues* (2009). This report is online available at:

<http://www.fhi.se/PageFiles/7938/alcohol-consumption-among-elderly-european-union-citizens-2009.pdf>

² <http://eurpub.oxfordjournals.org/content/early/2010/08/13/eurpub.ckq112.full>

47 applications 8 projects have been selected for funding (24 months), starting 1 October.

- CNAPA members showed interest in the results of the projects. In Denmark guidelines on alcohol consumption have been adopted recently, dealing among other things with alcohol and elderly. The message is that elderly people should be extra careful with alcohol. It was also put forward that messages about alcohol consumption by elderly people (adults more in general) are politically sensitive.
- Hana Horka (C4) presented on alcohol and elderly from the perspective of the European Pact for Mental Health and Well-being, on which Jürgen Schefflein (C4) presented more in general at the previous meeting. She mentioned some results of a new Eurobarometer on Mental Health to be published in October, and then focused on mental health of older people. In June a thematic conference on this topic was held in Madrid. In many presentations at this conference alcohol was mentioned, leading to some clear conclusions.

Discussion

- Discussion mainly focused on policy implications, but a preceding question was to what extent older people should be regarded as a specific risk group in relation to alcohol. Some emphasized the specific pharmacokinetic processes, and relatively high consumption of pharmaceutical drugs by elderly people, as an argument for stressing the singular character of alcohol and older people. Specific guidelines for alcohol consumption among older people, as in place in a few countries (Italy, Denmark, Estonia) are regarded as an appropriate way of drawing attention to this.
- Without denying the pharmacokinetic processes and pharmaceutical drugs consumption others emphasized the distinction between present and future older people. Prevention of future problems can be best effected by reducing alcohol consumption of those who are middle-aged at present (lifecycle approach).
- Another aspect discussed relates how, in practice, Governments could incorporate the issue of alcohol and ageing into their strategic frameworks. For example, to ensure alcohol strategies have an ageing perspective, as well as to integrate alcohol issues into healthy ageing strategies.

3. Poly drug use

- Timo Jetsu, working with the Commission's Directorate-General for Justice (within the Commission primarily responsible for drugs policy) first gave a general overview of EU policy on illicit drugs. Then he focused on the topic of the combined use of alcohol and illicit drugs.
- Despite many similarities an integrated approach of legal and illicit drugs in policies seems difficult due to political sensitivities. An impromptu survey indicated that most CNAPA members either combine their own work on alcohol with work on illicit drugs or are part of a ministerial unit dealing with both topics.

4. Report from Member States on alcohol policy developments

- Yolande Wagener started her presentation by setting out that alcohol is an important economic resource in *Luxembourg* and that alcohol is ubiquitous in social life. Since 2004 a remarkable shift is noticeable in the position of Luxembourg's authorities regarding the high levels of alcohol consumption and alcohol-related harm. Awareness raising initiatives have been taken and legislative measures introduced, such as a special tax on alcopops (2006), an age limit (16 years) for selling alcohol and lowering the maximum BAC limit for drivers (2007). The presentation of a comprehensive National Alcohol Plan is foreseen in 2011.
- The situation in *Malta* was presented by Manuel Mangani. Since twenty years total per capita consumption is around seven litres. In recent years youth drinking has increased, including binge drinking. Elements that are intended to become part of the National Alcohol Strategy were described. The adoption of this strategy, eagerly awaited by all stakeholders, will hopefully take place in the first half of 2011.
- The Chair invited other members to present briefly recent developments:
 - In *Latvia* the impact of the economic and financial crisis has become tangible: there are no budgets available for health related campaigns. However, a Public Health Strategy, including alcohol, is in preparation.
 - In the *Netherlands* a 0,5 BAC limit for operators of recreational boats has been introduced. The bill amending the Licence and Catering Act (mentioned in the previous meeting) that was under discussion in Parliament has been blocked due to the political situation (cabinet crisis, general elections and formation of a new coalition government).
 - In *Germany* the Federal Drug Commissioner will organise a workshop on Alcohol & Women on 3 October. The Drug Commissioner is also negotiating an agreement with the retail sector to improve compliance with age limits. In the State of Baden-Württemberg litigation is ongoing against the ban on selling alcoholic beverages in petrol stations between 22:00 and 06:00.
 - In *Sweden* a plan to amend the alcohol legislation – aiming at revision of control of restaurants – is in Parliament. Evaluation of the National Alcohol Plan indicates a decrease of consumption, especially among young people. Government is now preparing an Addiction Strategy, including alcohol, illicit drugs and tobacco.
 - In *Denmark* alcohol policy is strongly focused on youth. The ESPAD studies have been important to the introduction of an age limit: 16 years in 2004, and 18 years for alcoholic beverages > 16,5% ABV in 2010. With a view to youth protection a special tax on alcopops was introduced a few years ago, but cider consumption became increasingly popular among youth since then. In response a special tax on cider has recently been introduced. The National Board of Health has adopted new guidelines on alcohol consumption (7 points); one is dealing with alcohol and elderly people.
 - In *Switzerland* the Alcohol Act is being revised. Proposals, including provision of a legal basis for mystery shopping (an instrument to check and improve compliance with age limits), are currently in the consultation process.

- In *Portugal* Government adopted the Plan to Reduce Alcohol Related Problems in May. Guidelines for intervention in the workplace have been approved. A National Alcohol Forum will be launched in October.
- In *Belgium* responsibility for enforcing age limits has been transferred from the Minister of Finance to the Minister of Health. A voluntary agreement on alcohol advertising will be taken up in a binding decree.
- In *Austria* the fines for non-compliance with BAC limits for drivers of motorized vehicles have been increased. The ministries are still waiting for the new budget to be established. The ministry of Health is in contact with the German Centre for Addictions (DHS) regarding cooperation concerning the Prevention week.
- In *Estonia* total per capita consumption has dropped from 12 to 10 litres, which should be explained by the economic crisis and a tax increase. Alcohol policy plans are pending, but awareness raising campaigns are continued. Alcohol producers are hardly complying with legal advertising restrictions.
- In *Ireland* consumption has decreased in 2008-2009. Recently alcohol excise duties have been decreased. Work on an Alcohol Strategy is ongoing; illicit drugs will be integrated in this document. A draft strategy is expected by the end of 2010.
- In *Norway* draft legislation, including restrictions on selling alcohol is still pending in Parliament. Farmers are wishing to sell alcoholic beverages, which would be detrimental to the current retail monopoly system. Norway will be chairing the new Expert Group on alcohol, narcotics and tobacco under the Northern Dimension Partnership for Health and Social Well-being (NDPHS).
- In *Lithuania* draft legislation amending the Alcohol Act is in Parliament. A strategy dealing with alcohol, illicit drugs and tobacco is being drafted. According to most recent data consumption is decreasing. The ministry of Health is working towards introduction of health warnings on bottles and other containers of alcoholic beverages. The ministry of Agriculture is in favour of allowing home production of alcoholic beverages.
- In the *Czech Republic* alcohol is addressed in the Public health strategy, on which a mid-term evaluation is ongoing, and in the Drugs strategy 2010-2018, for which an action plan is being finalised. The fines for selling alcoholic beverages to minors have been increased significantly.
- In *Slovakia* total per capita consumption has gone up from 9 to 10 litres. There is a decrease of fatal road accidents including alcohol related fatal road accidents. Recently excise duties have been raised, with the exception of wine. The National Action Plan is currently being monitored.
- In *Slovenia* the Government has proposed obligatory medical consultation (brief intervention) for offenders of BAC limits for drivers of motorized vehicles.
- In *Poland* restrictions on alcohol advertising have been liberalised.

5. Report from WHO

- Dag Rekve summarized the process leading to adoption of the Global strategy to reduce harmful consumption of alcohol, and set out how the work on implementing the strategy will be taken forward. "Production and dissemination of knowledge", for instance on FASD, is one of the concrete next steps. Allocation of sufficient resources is a reason for concern. The Chair said that the Commission will consider contributing to the implementation process that is to a large extent similar to EU alcohol policy.

Overlap should be avoided, synergy should be looked for. In February a meeting on implementing the Global strategy will be held in Geneva.

6. EU Alcohol Strategy: reporting and next steps

- Michael Hübel set out the state of play at this early stage. With the current EU Alcohol Strategy expiring at the end of 2012, and the Council having invited the Commission to continue its work on alcohol and health (2009 Council Conclusions), the coming years will be important. The role of the Commission services is to prepare for a second progress report on the implementation of the Strategy, an evaluation of the structures put in place by the Commission to support the implementation, and the decision making on next steps by the College of Commissioners.
- Reporting on the progress made under the current strategy and preparation for next steps will be a recurrent theme at the coming meetings of the CNAPA. The Chair invited CNAPA members to give some initial (informal) feedback regarding reporting and next steps.

7. German alcohol prevention campaign

- Peter Lang from the Federal Centre for Health Education in Cologne started his presentation by describing the steep increase of young people ending up in hospital with alcohol intoxication due to binge drinking in recent years. Several health insurance companies provided budget for developing a campaign that is mainly directed at 16-20 year olds.
- One of the aims of the campaign "Alcohol? Know your limit" that initiated in 2009 is to sensitise young people to drink alcohol at a low-risk level.
- CNAPA showed interest in final results of the campaign once available.

8. Healthy Nightlife Toolbox project

- Ninette van Hasselt of the Trimbos Institute (Utrecht, Netherlands) presented this EU (co-)funded project that will be finalized shortly. Starting point of the Healthy Nightlife Toolbox (HNT) project was the observation that research and interventions concerning nightlife are limited. The objective is to help identifying and implementing evaluated preventive interventions aimed at creating safer and healthier nightlife settings. The STAD-project (Stockholm Prevents Alcohol and Drug Problems) was mentioned as a good example. Ninette van Hasselt invited CNAPA members to submit projects that could be included in the HNT online database. She also expressed concern regarding continuation once the project has come to an end.

9. Improvement of Access to Treatment for People with Alcohol and Drug Related Problems (IATPAD) project

- Lubomir Okruhlica presented on the IATPAD project (2006-2009), setting out objectives – detecting and analysing barriers for people with substance related problems to use treatment services and measuring attitudes of health care workers towards substance users – methodology, results, and conclusions. It was among other things concluded that negative attitudes among especially health professionals not

specialised in addiction issues towards substance users can hinder access to treatment. This could be solved by adapting the curriculum for their professional training.

10. Updated on alcohol related projects and tenders under the Health Programme

- Dirk Meusel from the Executive Agency for Health and Consumers (EAHC) set out the state of play of alcohol related projects and tenders. Discussion arose on the dissemination of the results of the projects and tenders as well as the use made thereof. Some CNAPA members put forward that after CNAPA meetings they feel motivated to learn more of the projects and tenders briefly presented by the EAHC. Unfortunately, lack of time is sometimes hindering this. According to some members the conclusions of projects and tenders are not always practical. It was concluded that it is important to continue dissemination of the results of projects and tenders via the CNAPA, as well as other channels.

11. Updates from the Commission

- Ceri Thompson summarised the main results of the last plenary meeting of the European Alcohol and Health Forum (12 March 2010). The next plenary meeting of the Forum will take place on 18 November. The day after the Open Forum will be held (originally planned for 22 April, but cancelled due to volcano-caused air traffic problems).
- Marjatta Montonen mentioned that the Forum's Science Group is currently working on a task, attributed by the Forum, regarding alcohol and the workplace. The Chair of the Science Group will present the state of play on 18 November.
- Pieter de Coninck looked back on the Seminar on youth drinking and binge drinking, organised by the Health & Consumers Directorate-General on 25 February, and set out some follow up actions, such as engaging with paediatricians, schools, and family organisations, and a publication on hospital admission data by Walter Farke who presented on this topic at the seminar. The summary report and presentations are available at: http://ec.europa.eu/health/alcohol/events/ev_20100225_en.htm
- Marjatta Montonen mentioned another action as follow up to the seminar on 25 February: a questionnaire regarding support to parents to tackle underage drinking sent to CNAPA members. Results received so far are interesting. Members are still welcome to fill out the questionnaire, to help enhance the coverage of the survey.

12. Any other business

- The exact date for the next meeting, in February 2011, will be announced as soon as possible.
- The Chair invited all to send suggestions for a topic for a second mini-seminar to Pieter de Coninck as soon as possible.

Annex 1 – List of participants

MEMBER STATES + OBSERVERS	SURNAME	FIRST NAME
Austria – Bundesministerium für Gesundheit, Familie und Jugend	KOHL	Doris
Belgium - Federal public service Health, Food Chain Safety and Environment	CAPOUET	Mathieu
Cyprus - Ministry of Health	KLEIDONAS	Nikolaos
Czech Republic - Ministry of Health	KOSTELECKA	Lenka
Denmark - National Board of Health	BROHOLM	Kit
Estonia - Ministry of Health	TÄHT	Triinu
Germany - Bundesministerium für Gesundheit und Soziale Sicherung	DYBOWSKI	Sandra
Ireland - Department of Health and Children	BREEN	Robbie
Italia - Istituto Superiore Di Sanità	SCAFATO	Emanuele
Latvia – The Center of Health Economics	TAUBE	Maris
Lithuania - Public Health Division	KRIVELIENE	Gelena
Luxembourg – Ministry of Health	WAGENER	Yolande
Malta – Ministry of Health	MANGANI	Manuel
Netherlands - Ministry of Health, Welfare and Sport	VAN GINNEKEN	Sandra
Norway - Ministry of Health and Care Services	BULL	Bernt
Poland - Ministry of Health	KLOSINSKI	Wojciech
Portugal - Institute on Drugs and Drug Addiction	CARDOSO	Manuel
Slovak Republic - Slovak Ministry of Health	OKRUHLICA	Lubomir
Slovenia - Ministry of Health	BLAZKO	Natasa
Spain - Ministry of Health and Consumers Affairs	VILLAR LIBRADA	Maria
Sweden - Ministry of Health and Social Affairs	NILSSON - KELLY	Karin

Switzerland - Federal Office of Public Health	RÜEGG	Monika
WHO (Copenhagen)	MØLLER	Lars
WHO (Geneva)	REKVE	Dag
EXTERNAL PRESENTERS	SURNAME	FIRST NAME
Maastricht University	ANDERSON	Peter
Trimbos Institute - Utrecht	VAN HASSELT	Ninette
Federal Centre for Health Education - Cologne	LANG	Peter
Swedish National Institute of Public Health	HÖGBERG	Pi
EUROPEAN COMMISSION	SURNAME	SURNAME
DG SANCO C4	HÜBEL	Michael
DG SANCO C4	THOMPSON	Ceri
DG SANCO C4	DE CONINCK	Pieter
DG SANCO C4	MONTONEN	Marjatta
DG SANCO C4	HORKA	Hana
EAHC	MEUSEL	Dirk
DG JUST	JETSU	Timo