



EUROPEAN COMMISSION
HEALTH & CONSUMERS DIRECTORATE-GENERAL

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

COMMITTEE ON NATIONAL ALCOHOL POLICY AND ACTION

8th Meeting

LUXEMBOURG, 1-2 March 2011

Summary Report

The meeting was chaired by Michael Hübel, Head of the Health Determinants Unit, DG SANCO.

TUESDAY 1 MARCH

1. Welcome and adoption of the agenda

- The Chair welcomed all participants (*cf. List of participants in Annex I*), in particular several additional experts who came for the mini-seminar on data collection. He welcomed Ms Despina Spanou, Principal Advisor to the Director-General and Chair of the European Alcohol and Health Forum.

2. The EU Alcohol Strategy: state of play

- Ms Spanou addressed the meeting and gave a summary of the state of play regarding the EU Alcohol Strategy. With the strategy coming to the end of its lifespan by the end of 2012 it is now important to focus on delivery. To what extent the strategy has been successful will be in part addressed through external evaluation of the strategy with Member States and of the European Alcohol and Health Forum. Ms Spanou stressed the importance of Member States' involvement in the process, and invited them to make clear which elements in the current EU Alcohol Strategy are particularly useful, and where there were gaps.
- She announced that for the next meeting of the CNAPA senior representatives involved in alcohol policy development in Member States will be invited in addition to the regular CNAPA members. This should facilitate a strategic discussion on the future of EU alcohol policy. CNAPA members were requested to provide the Commission services with names and contact data of their senior colleagues to be invited. She also invited Member States to attend the meetings of the European Alcohol and Health Forum as observers.
- CNAPA members who took the floor made clear they see a need for a second EU Alcohol Strategy. Suggestions for topics to be addressed included: Third party harm, cross-border issues, and health in other EU policies (taxation, labelling, and marketing).

3. Report from Member States on alcohol policy developments

- Sylvie de Kermadec presented the situation in *France*. Despite a remarkable decline, mainly due to a decrease of wine consumption, total alcohol consumption remains relatively high in France: 12,3 litres of pure alcohol per capita (15+). As a result alcohol continues to be a major public health problem. Important steps in French public health policy on alcohol include the Loi Evin to regulate alcohol advertising and the compulsory labelling on alcohol and pregnancy introduced in 2007. Initially the number of pregnant women reporting alcohol consumption went down, but the trend is upward again. In 2009 new legislation was adopted, including a ban on selling and serving alcohol to persons below the age of 18 years, and restrictions on selling alcohol in petrol stations.
- The situation in *Switzerland* was presented by Monika Rüegg. Total per capita consumption of pure alcohol is about 10 litres (15+), and of a population of about 7,5 million about 1 million Swiss citizens have a problematic consumption of alcohol. This is addressed by the National Programme on Alcohol 2008-2012. Currently a proposal for revising federal alcohol legislation is being worked on, foreseen to be presented to Parliament in the second half of 2011. Providing a legal basis at federal level for test purchases to check compliance with age limits (mystery shopping) will probably be one of the elements.
- The recent (November 2010) launch of the National Alcohol and Health Forum in *Portugal* was presented by Cristina Ribeiro. This Forum is one of the pillars of the National Plan to Reduce Alcohol Related Problems. Currently the Portuguese Forum comprises 75 members.
- The Chair invited other members to present briefly recent developments:
 - In *Austria* the fines for drink-driving have recently been raised, and the implementation of an alcohol treatment guide has started.
 - In *Cyprus* a draft alcohol policy strategy is now in consultation.
 - In the *Czech Republic* the public health strategy, including the alcohol component, is currently being revised. At the same time the alcohol and tobacco legislation are under revision. Government is aiming at stronger enforcement of age limits.
 - In *Germany* new data have been made available, indicating among other things a slight decrease of alcohol consumption among youth and adults. At the same time the number of hospital admissions of alcohol intoxicated children and adolescents continues to rise. In several regions and at local level legal restrictions on selling alcohol in and around petrol stations are being introduced.
 - In *Denmark* new guidelines for communities to improve the quality of alcohol treatment have been adopted.
 - In *Spain* alcohol consumption among minors and pregnant women is reason for concern. A new alcohol plan is currently being developed.
 - In *Finland* a majority in Parliament was in favour of introducing restrictions on alcohol marketing inspired by the French Loi Evin but at the moment the initiative is at a standstill.
 - In *Ireland* a slight increase of alcohol consumption was observed in 2009-2010. A new alcohol strategy is under development.
 - In the new alcohol action plan in *Luxembourg* key points of attention will be youth binge drinking, pregnant women and data collection.

- In *Lithuania* municipal authorities are now entitled to sanction retailers for non-compliance with age limits for selling alcohol and tobacco. Alcohol consumption has slightly gone down.
- In *Norway* alcohol consumption among young people is going down, while consumption among middle age people tends to go up. Alcohol excise duties have been raised with 5%.
- In *Latvia* work towards a public health strategy, including alcohol is progressing. The alcohol industry is pushing attention for illegal alcohol. Legal alcohol consumption has decreased drastically.
- In the *UK* the Public Health Responsibility Deal is also impacting on alcohol policy. Local authorities will be more in charge of alcohol issues, including treatment, instead of the National Health Service. An important feature of the Public Health Responsibility Deal is a stronger emphasis on individual responsibility and change of behaviour. However, Government also considers price an important driver of alcohol related problems and has introduced a ban on sales below cost (excise duty + VAT), and restrictions on discounted alcohol in supermarkets. In July a new alcohol strategy is expected.
- In Poland the Parliament is discussing a legislative proposal related to alcohol. Discussion concentrates on the rules regarding marketing.
- In *Estonia* alcohol is a topic in public discussion ahead of an election in March, as a result of many campaigns on alcohol in recent years. Overall consumption has gone down drastically (2 litres), also among youth. Excise duties have been raised significantly.
- In *Romania* the national plan 2011-2012 has been adopted; dealing with alcohol, illicit drugs and tobacco. A campaign is planned. Tax on spirits flow directly into the health budget.
- In *Sweden* a new strategy has been adopted, integrating alcohol, illicit drugs, tobacco and doping. This should better reflect reality, for instance in addiction treatment, and enhance cooperation. Plans to allow sales of farm-produced alcohol are a sensitive topic in Swedish politics because of implications for the retail monopoly system. Among young people alcohol consumption decreases; among adults a slight increase is observed.
- In *Slovakia* plans to raise excise duties on spirits have been dropped due to protests from producers. Only a small increase of excise duty on beer has been carried through. New traffic legislation allows for sending offenders of the BAC-limit for driving (0) to education or treatment.
- In *Slovenia* new traffic legislation will probably be adopted by Parliament in July. Drink-drivers with a BAC of 0,5 – 0,8 promille will be forced to go for treatment (brief intervention) instead of punishment. A new alcohol action plan is about to be adopted by Government.

4. External evaluation of the Commission's work with member States

- Michael Hübel presented the plans for the external evaluation of the strategy. A key element will be to look at the Commission's work with Member States including through the CNAPA. This is to start within the coming months. An important feature of the evaluation will be the active involvement of members of the CNAPA through a questionnaire survey and complementary interviews. Some 4 to 5 members will be invited into a Steering Group that will support the work of the contractor. Volunteers were requested to express their interest by mid-March. The most intensive periods for

the Steering Group in terms of workload will be initial phase of the evaluation, when the interim report is received, and towards the end of the evaluation.

5. Commission updates

- Marjatta Montonen (DG SANCO health determinants) informed on the work of the Science Group of the European Alcohol and Health Forum towards formulating scientific advice on reducing the negative impact of harmful and hazardous alcohol consumption on the workplace. The issue will be on the agenda of the next meeting of the Science Group on 21 March. The Science Group is expected to finalize its work on this topic this year.
- Marjatta Montonen outlined briefly a tendered study towards an "EU-wide overview of the market and regulation regarding types of alcoholic beverages with potentially particular appeal to minors". The study will be carried out by the HAPI Consortium, and the final report is expected by February 2012. Contributions of data and information from CNAPA members, as well as wider stakeholders, are welcome.
- Pieter de Coninck (DG SANCO health determinants) presented another tendered study that has recently started, and deals with the affordability of alcoholic beverages. This study builds upon the 2009 affordability study, and will be carried out by RAND Europe. Also here contributions of CNAPA members, as well as wider stakeholders, would be appreciated. The final report is expected in early 2012.

WEDNESDAY 2 MARCH

6. Mini-seminar on Data Collection, Indicators and Definitions

- Marjatta Montonen presented an introduction to the mini-seminar, placing the seminar and the work addressed through the presentations in the context of the 5th priority theme of the EU Alcohol Strategy – developing a common evidence base – and in that of wider calls for regular reporting – including in the framework of the newly adopted Global Alcohol Strategy – on progress in reducing alcohol related harm through public health policies.
- She also mentioned a series of six questions that were sent to members of the CNAPA before the meeting with the aim of inciting discussion. The replies received are summarised in a separate document that will be published on the Commission's public health website, together with this summary report.
- Sigurlaug Hauksdottir (DG SANCO Health Information) presented the indicators selected by the Committee on Alcohol Data, Indicators and Definitions.¹ For three key indicators data is available from the WHO and Eurostat (total alcohol consumption, harmful drinking and alcohol-attributable years of life lost). For some further indicators related to priority themes of the EU Alcohol Strategy the Committee has taken stock of which comparable data is available across the EU. In some areas of interest either comparable data or suitable indicators are lacking.
 - Examples of areas for further work include:

¹ http://ec.europa.eu/health/indicators/committees/index_en.htm

- Data on total alcohol consumption² is available across the EU but only for recorded consumption. Further work is needed to monitor unrecorded consumption (informal production, smuggling, duty free sales, tourist imports, overseas consumption).
- The ESPAD survey³ only captures teenagers at school, excluding dropouts and those absent at the time of the survey.
- The EUROCAT⁴ surveillance of congenital anomalies does not cover all Member States, and in those covered, not all hospitals are included.
- Comparable data on alcohol related road traffic accidents and fatalities are limited due to variation between MS in legal blood alcohol limits for driving and in procedures for identifying the involvement of alcohol.
- In the discussion the development of indicators was called for regarding the number of children living in families with alcohol problems and "coma drinking" by young people. Commission services informed that an article is under preparation on coma drinking requiring hospitalisation, based on material presented in the seminar on Youth drinking and binge drinking, organised by the Commission in February 2010.⁵
- Lucian Agafitei from Eurostat's Unit for Health, Food Safety and Crime, presented Eurostat's alcohol data collection activities. In 2008 a legislative framework was established for gathering Community statistics on public health and health and safety at work (Regulation 1338/2008), which will feed into the European Health Survey System (EHSS). The European Community Health Indicators (ECHI⁶) are based on reasonably comparable data gathered from Member States. Alcohol use is included within the category of health determinants (ECHI 46-47). A key source of information is the European Health Interview Survey (EHIS) which is being developed in cooperation with Member States for harmonised measurement of health status and health determinants, including alcohol use. Following a first round involving 17 Member States in 2007-2009, a legal basis for regular EHIS surveys is being developed. The first EU-wide EHIS will be carried out in 2014. Eurostat may provide grants to support national implementation of EHIS. The Implementing Regulation for EHIS will be presented to the Commission for adoption by the end of 2012.
- Certain EHIS questions are being revised. New questions on alcohol consumption have been proposed by the Belgian Scientific Institute of Public Health and are being tested in four countries (BE, DE, EE, UK). The English-language questionnaire will be accompanied by definitions of key concepts and a common translation protocol.
- Challenges relate to the use of "standard drinks" for reporting data and to setting cut-off points for binge drinking and hazardous drinking. Respondents use local drink sizes to give information on their alcohol intake. The replies are then translated into 10g standard drinks by the interviewer or researcher. The alcohol questions will be discussed in a Technical Group meeting on 28-29 March 2011.
- Issues raised in the discussion related to fluctuation in drinking habits over time, to associations between alcohol use and mental health problems, and to (in)availability of studies to estimate underreporting of alcohol intake.

² http://www.healthindicators.eu/healthindicators/object_document/o6147n29137.html

³ <http://www.espad.org/>

⁴ <http://www.eurocat-network.eu/>

⁵ http://ec.europa.eu/health/alcohol/events/ev_20100225_en.htm

⁶ http://ec.europa.eu/health/indicators/echi/list/index_en.htm

- Jacek Moskalewicz from the Institute of Psychiatry and Neurology in Warsaw presented results from project SMART for Standardizing Measurement of Alcohol-Related Troubles.⁷ Based on a review of drinking habits questionnaires collected from 22 Member States, the project developed a template questionnaire for comparative surveys. A pilot questionnaire was tested in 9 countries with purposive samples of 200 respondents, which included minimum 10% heavy drinkers.
 - Four methods were tested for measuring alcohol consumption: BSQF (beverage-specific-quantity-frequency), GF (graduated frequency), LO (last occasion of drinking) and QF (quantity-frequency calculated from replies to AUDIT questions). In most countries BSQF functioned best, followed by LO which seemed to capture better episodic heavy drinking.
 - In order to estimate the level of intoxication in binge drinking occasions, a question on the duration of the event was used. Body weight of a respondent was also considered. The results suggested that roughly half of "binge drinking" occasions lead to BAC levels under 1g/L, half to higher levels.
 - Based on factor analysis of questions relating to attitudes to alcohol policy three main stances were identified: support for comprehensive alcohol control policies, support for drink driving policies, and "liberalism" opposed to any control policies.
- The final recommended template questionnaire includes questions on alcohol consumption, binge drinking, unrecorded purchasing, drinking problems, social consequences, harm from heavy drinking by others in own life and in the community, and attitudes to alcohol policy. The whole questionnaire can be covered in a 15 minute interview.
- Challenges related to the validation of some of the questions were raised in the discussion. For example the question on purchasing unrecorded alcohol which does not account for who actually consumes the purchased drinks. Dr Moskalewicz replied that these questions had not been validated against independent data, one reason being that respondents in the pilot study did not constitute representative samples of the population.
- The Chair noted in conclusion that it would be desirable that the work carried out by the SMART project under the EU Health Programme would feed into the EU level discussion on developing alcohol questions for the EHIS.
- Lars Møller from the WHO Regional Office for Europe presented WHO/EC collaboration to develop joint alcohol data gathering and a joint European information system on alcohol. The previous phase involved the development of an online database on alcohol⁸ and the publication of a series of handbooks and reports. In the current phase, joint surveys addressed to EU and WHO Member States will be continued. Reports will be produced to review the status regarding alcohol consumption, harm and policies and to update the broader knowledge base to underpin the development of public health policies on alcohol.
- The next EC/WHO survey on alcohol will be carried out in 2011 and will cover EU Member States, candidate countries, Norway, Switzerland and Russia. The information gathered will feed into the implementation of the EU Alcohol Strategy, provide research material for the EU-funded AMPHORA project, and serve as

⁷ <http://www.alcsmart.ipin.edu.pl/>

⁸ The European Union Information System on Alcohol and Health (EUSAH) is an online database maintained through cooperation between the European Commission and the World Health Organization. <http://apps.who.int/globalatlas/default.asp>

baseline for work on alcohol under the Northern Dimension Partnership on Public Health and Social Well-being (NDPHS) and the EU Strategy for the Baltic Sea Region (EUSBSR).

- The questionnaire for the 2011 survey will be presented in the WHO European counterparts meeting on 4-5 May 2011 in Zürich. Member States will be requested to submit replies by the end of May.
- The next survey in 2012 will be addressed to the entire WHO European Region. It was noted in the discussion that Member States may not have fresh data on a yearly basis and that the pace of alcohol policy changes may be too slow to be reflected in yearly updates. It was suggested that when reporting total consumption figures it should be made clear what is included and excluded (for example unrecorded consumption, consumption by tourists).
- The 2011 survey will include a request to report on major alcohol policy related events and milestones since 2006. The resulting "alcohol policy timelines" will be presented in a user-friendly format and made available on-line. The "timeline" approach is inspired by the summary of alcohol policy steps in the UK which was drawn up in the context of the 1st progress report on the EU Alcohol Strategy. The UK summary made use of existing reports, re-structuring the key information so as to enable easier stock take.

- Håkan Leifman from STAD/Stockholm⁹ presented ongoing work to identify indicators for monitoring progress against the Swedish national strategy for alcohol, narcotics, doping and tobacco (ANDT). The scope of work is very ambitious, involving definition of core and expanded indicators for local and national levels, and providing guidance on data collection and analysis. Challenges include making a clear distinction between indicators intended for following trends and those intended for measuring levels.
- Decreasing response rates in population surveys is another challenge which puts into question the validity of the survey approach. Relevant population surveys in Sweden include the SoRAD's Monitor study to follow trends in alcohol consumption through monthly interviews with 1500 respondents, which amounts to 18 000 respondents per year.
- Swedish information gathering instruments include since 2002 a web-based survey addressed to regions (21) and municipalities (290) to gather information on alcohol control policies and prevention activities. Since 2006 a "prevention index" has been used to describe and assess the scope and nature of municipalities' activities.
- In the discussion the importance was highlighted of making use of the various types of data collected routinely by public authorities into registers or administrative reports. The ongoing Swedish work was found interesting and questions relating to transferability were raised. Dr Leifman suggested that at a later stage a report on common problems encountered in data collection could be presented to the Committee.

⁹ The acronym STAD refers to "Stockholm prevents Alcohol and Drug problems" which started as a project in 1995 and was established in 2005 as a research and development unit in the Centre for Dependency Disorders under the Stockholm County Council. - <http://www.stad.org/en/>

Concluding remarks

- A point made in the final discussion was that there does not seem to be an immediate way forward toward harmonisation or standardisation of Member States' alcohol data gathering approaches.
- The Chair concluded that there are nevertheless areas where progress has been made and also opportunities for further progress.
 - The identification of common indicators in response to calls for regular reporting is an important step towards comparability across Member States.
 - Dialogue between alcohol and broader health policy experts regarding the operationalisation of Eurostat's information gathering instruments is valuable and should be continued.
 - The EC/WHO cooperation has demonstrated that despite slightly different perspectives a common ground can be found in identifying and reporting at the international level basic features of the alcohol situation.
- There is a good case to reconvene the Committee on Data Collection, Indicators and Definitions to examine specific issues such as steps to be taken towards common alcohol indicators relating to road traffic safety.

7. Report from WHO

- In his presentation on the implementation of the Global strategy to reduce the harmful use of alcohol Dag Rekve covered the recent meeting of the WHO global counterparts network (8-11 February), as well as the structures and mechanisms put in place ensure effective implementation.
- Lars Møller presented work towards a new European Alcohol Action Plan 2012-2020 that will be on the agenda of the Regional Committee meeting in September 2011.

8. Update on alcohol related projects and tenders under the Health Programme

- Dirk Meusel from the Executive Agency for Health and Consumers (EAHC) gave an overview of concluded and ongoing projects.

12. Any other business

- The Chair requested CNAPA members to send to the Commission services the names and contacts of senior colleagues to be invited for the high level CNAPA meeting planned for autumn. The deadline for expressing interest to participate in the Steering Group for the external evaluation of the CNAPA is mid-March.
- The meeting was closed.

Annex 1 – List of participants

MEMBER STATES + OBSERVERS	SURNAME	FIRST NAME
Austria – Bundesministerium für Gesundheit, Familie und Jugend	RAFLING	Claudia
Belgium - Federal public service Health, Food Chain Safety and Environment	CAPOUET	Mathieu
Belgium – Institute of Public Health	GISLE	Lydia
Cyprus - Ministry of Health	CHRISTODOULOU	Lida
Cyprus - National Board of Health	YASEMI	Ioanna
Czech Republic - Ministry of Health	KOSTELECKA	Lenka
Denmark - National Board of Health	BROHOLM	Kit
Denmark - National Board of Health	FISCHERMAN	Mia
Estonia - Ministry of Health	JESSE	Maris
Estonia - Ministry of Health	TÄHT	Triinu
Finland – Ministry of Social Affairs and Health	TUOMINEN	Ismo
Finland – Ministry of Social Affairs and Health	LINDEMAN	Mikaela
France - Direction Générale de la Santé	De KERMADEC	Sylvie
Germany - Bundesministerium für Gesundheit und Soziale Sicherung	DYBOWSKI	Sandra
Ireland - Department of Health and Children	BREEN	Robbie
Latvia – The Center of Health Economics	TAUBE	Maris
Lithuania - Public Health Division	KRIVELIENE	Gelena
Luxembourg – Ministry of Health	STEIL	Simone
Malta – Ministry of Health	ARPA	Sharon
Norway - Ministry of Health and Care Services	BULL	Bernt
Poland - Ministry of Health	KLOSINSKI	Wojciech
Portugal - Institute on Drugs and Drug Addiction	CARDOSO	Manuel

Portugal - Institute on Drugs and Drug Addiction	RIBEIRO	Cristina
Romania – National Institute of Public Health	FURTUNESCU	Florentina
Romania - National Institute of Public Health	GALAN	Adriana
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
Sweden - Ministry of Health and Social Affairs	LEIFMAN	Hakan
Switzerland - Federal Office of Public Health	RÜEGG	Monika
United Kingdom	ACTON	Crispin
United Kingdom	GIBBINS	Chris
WHO (Copenhagen)	MØLLER	Lars
WHO (Geneva)	REKVE	Dag
EXTERNAL PRESENTERS	SURNAME	FIRST NAME
Institute of Psychiatry and Neurology, Warsaw	MOSKALEWICZ	Jacek
EUROPEAN COMMISSION	SURNAME	FIRST NAME
DG SANCO C4	SPANOU	Despina
DG SANCO C4	HÜBEL	Michael
DG SANCO C4	GALLO	Giulio
DG SANCO C4	DE CONINCK	Pieter
DG SANCO C4	MONTONEN	Marjatta
DG SANCO C4	HAUKSDOTTIR	Sigurlaug
EAHC	MEUSEL	Dirk
EAHC	D'ACAPITO	Paola
EUROSTAT	AGAFITEI	Lucian