



EUROPEAN COMMISSION  
HEALTH & CONSUMERS DIRECTORATE-GENERAL

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

## COMMITTEE ON NATIONAL ALCOHOL POLICY AND ACTION

### 10th meeting

Luxembourg, 18-19 April 2012

### Summary Report

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

#### 1. Welcome and adoption of the agenda

- The Chair welcomed participants (*Annex 1*) to the 10<sup>th</sup> meeting of the Committee on National Alcohol Policy and Action (CNAPA) and noted the attendance of Dr Gauden Galea, Director for Noncommunicable Diseases and Health Promotion with the WHO Regional Office for Europe. The agenda was adopted with some changes in the order of presentations.

#### 2. External evaluation of the EU alcohol strategy

- Tony Zamparutti, project manager with COWI Consortium, selected under a broader service framework contract to carry out the external evaluation of the *EU strategy to support Member States in reducing alcohol related harm*, described the state of play with the work and outlined the next steps. He thanked CNAPA members for contributing to the online survey focussed on the work of the Committee and presented preliminary findings from the survey. It was highlighted that the response rate in the online survey can be considered good for policy office respondents who tend to be flooded with surveys.
- Main points made in the meeting (18 April 2012) of the evaluation Advisory Group comprised of CNAPA members were briefly summarised. The Group called for more attention on the impact of the commitments under the Alcohol and Health Forum. The importance of the CNAPA as an instrument for networking was also highlighted.
- The evaluation is only midway and forthcoming interviews with survey respondents who have agreed to be contacted will be an important source of information. Further CNAPA members agreeing to be interviewed were encouraged to come forward.

#### 3. Affordability and pricing of alcoholic beverages

- Ellen Nolte, Director for Health and Healthcare with RAND Europe, presented findings from *"Further study on the affordability of alcoholic beverages in the EU"*, carried out for the Commission as follow up to the study on *"The affordability of*

*alcoholic beverages in the European Union*<sup>1</sup> completed in 2009. The follow up study examines how changes in excise duties are passed through to consumer prices, the distribution of alcohol sales between on-trade and off-trade, and issues related to price promotions. Conclusions include that: the impact of excise duty changes on consumer prices is not straight forward and other factors in the environment should be taken into account when formulating taxation policies; shifts between on-trade and off-trade may be influenced by a range of factors such as urbanisation, industrialisation, rising income, and the changing role of women in the society; the importance of discount prices is increasing but not much is known about the effectiveness of controls on price promotions as such policies have not been long in place.

- Christos Liolios and Heather Jones from DG Taxation & Customs Union informed the Committee on policy development regarding excise duties on alcohol, including the Commission's proposals to adjust the minimum rates for inflation, challenges relating to the alcoholic beverage classification system (for example treatment of "cleaned-up" and added alcohol), and suggestions for a new classification system based solely on alcoholic strength, and accompanied with minimum and maximum tax rates for each category. Options for revising the excise duty structure are under consultation with Member States. The Commission is also working to bring down the large number of denaturants used in the EU, some of which entail particular risks if denatured alcohol ends up in human consumption.
- Charlotte Mahon from Eurostat described how alcoholic beverages are covered in EU consumer price monitoring. The Consumer Markets Scoreboard published in 2011 includes information across the EU on the prices of six alcoholic beverages.<sup>2</sup> The overall number of items on which prices are collected will increase in the next rounds of information gathering.

#### **4. Prevention and control of non-communicable diseases through action on risk factors**

- Gauden Galea, Director for Non-communicable Diseases and Health Promotion with the WHO Regional Office for Europe, informed the Committee on the WHO's work in response to the United Nation's call for action for the prevention and control of non-communicable diseases. A global action plan is under preparation, including consultations with Member States. The plan is hoped to be adopted by the World Health Assembly in 2013. Whereas the global action plan will provide common guidance across the world, the existing NCD strategy for the European Region and the accompanying action plan adopted in 2011 set out practical priorities and concrete actions for Europe.
- It was noted that the EU reflection process on chronic diseases similarly aims to help identify areas for concrete action. The global and European NCD agendas will provide a framework for addressing risk factors such as harmful alcohol consumption.
- It was stressed in the discussion that coordinating regional and global strategies, action plans, targets and indicators is essential for synergy.
- Dr Galea presented briefly a new report by the WHO, co-funded by the Commission and launched in March under the auspices of the Danish EU Presidency. The report

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<sup>1</sup> [http://ec.europa.eu/health/archive/ph\\_determinants/life\\_style/alcohol/documents/alcohol\\_rand\\_en.pdf](http://ec.europa.eu/health/archive/ph_determinants/life_style/alcohol/documents/alcohol_rand_en.pdf)

<sup>2</sup> [http://ec.europa.eu/consumers/consumer\\_research/editions/docs/6th\\_edition\\_scoreboard\\_en.pdf](http://ec.europa.eu/consumers/consumer_research/editions/docs/6th_edition_scoreboard_en.pdf)

*"Alcohol in the European Union: Consumption, harm and policy approaches"*<sup>3</sup> summarises the scientific evidence published in the past five or six years relating to key areas of action to reduce alcohol related harm. The report includes the results of a survey carried out in 2011 to update information on alcohol policy measures in EU Member States.

## **5. Reports from Member States on alcohol policy developments**

- Kit Broholm, National Board of Health described the Danish approach to alcohol policy and prevention. The minimum age was raised in 2010 to 18 years for drinks with alcohol content above 16,5%. Denmark does not have a national alcohol action plan. The approach builds on the key role of municipalities. The goal is that all municipalities should have: (1) an alcohol policy based on evidence based methods and (2) an implementing structure comprising relevant branches of administration and (3) an alcohol action plan for professional work directed towards the citizens. The methods used are: (1) norm setting and reduction of availability of alcohol through, for instance, workplace alcohol policies and responsible beverage serving; (2) early detection and brief intervention for alcohol use disorders by the professionals meeting citizens in social services, job centres, kindergardens etc; (3) referral to treatment which shall provide support for the drinker, the partner and the children. Implementation is supported through projects in which the municipalities committed to implementing the strategy get a paid coordinator for the duration of the project. Municipalities are motivated to join in because the social and health costs of alcohol are estimated to amount to at least EUR 3,8 million per year in a municipality with a population of 50.000. The National Board of Health is currently developing action plans for municipalities to address risk factors such as alcohol, tobacco, nutrition, drugs etc. The strategy is in this way to build up on the municipality level a structure for systematic prevention.
- Alcohol policy developments in Cyprus were presented by Leda Christodoulou, Cyprus Antidrug Council. A new alcohol strategy for 2013-2016 is being developed and will be integrated into the renewed national drugs strategy which previously did not include alcohol specific measures. The alcohol strategy will include national guidelines for prevention in school, workplace and community settings, guidelines for counselling and treatment for alcohol use disorders, training for health care professionals on brief intervention, server training and other measures for safer nightlife, and a range of new or sharpened measures relating to drink driving and the supply of alcoholic beverages.
- Crispin Acton, Department of Health, informed about the UK Government's Alcohol Strategy launched in March 2012<sup>4</sup>. The strategy introduces minimum pricing for alcohol beverages in England and Wales (Scotland and Northern Ireland already having adopted a similar measure). Details of the minimum pricing system will be set after consultations. A ban on volume promotions is also planned as well as measures to reverse the effects of the liberalisation of the licensing system in 2003. For example, the density of retail outlets could be limited based on public health considerations. The strategy integrates actions by the alcohol industry under the Public Health Responsibility Deal, such as reductions in alcoholic content of drinks and

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<sup>3</sup> <http://www.euro.who.int/en/what-we-publish/abstracts/alcohol-in-the-european-union.-consumption,-harm-and-policy-approaches>

<sup>4</sup> <http://www.homeoffice.gov.uk/publications/alcohol-drugs/alcohol/alcohol-strategy?view=Binary>

measures to encourage consumers to switch to lower-alcohol drinks or smaller sizes. In order to emphasise individual responsibility, funding is foreseen for brief interventions in the context of health checks for middle age people. The Chief Medical Officer's guidelines for low risk drinking will be revised.

- Liam McCormack, Department of Health, informed about the report of a steering group to advise the Irish Government on how to address alcohol within the National Drugs strategy.<sup>5</sup> The report lays out a framework comprising five pillars focussed on alcohol supply, prevention, treatment and research. Recommendations for concrete action are presented for broader discussion and for drafting an action plan for approval by the Government. The recommendations include introducing minimum pricing, imposing on alcohol industry a "social responsibility levy" to finance social marketing and awareness campaigns on alcohol related harm, putting into practice structural separation of alcoholic drinks and foodstuffs in supermarkets (for which legislative provisions already exist), creating a statutory framework to control the volume, content, and placement of all alcohol advertising in all media, and phasing out alcohol sponsorship of sports. Guidelines for low risk drinking will be revised and a national protocol for screening and brief intervention will be developed. The steering group recommends the alcohol content in bottles to be indicated in grams pure alcohol (the minimum price would be based on grams of pure alcohol in the package) and to be accompanied by information on the energy content and a warning about risks of alcohol during pregnancy.
- As the time schedule did not allow a full tour de table of policy developments in Member States the Chair encouraged further exchange of information and networking in the periods between Committee meetings.
- It was noted that a new National Strategy for Drug and Addiction Policy, also covering alcohol and tobacco as well as gaming and gambling, was adopted by the Federal Government in Germany in March 2012.<sup>6</sup>
- The combined Strategy for policies on alcohol, illicit drugs, doping and tobacco, adopted in Sweden in 2010 and accompanied by yearly action plans, is now available in English.<sup>7</sup>

*Thursday 19 April 2012*

## **7. The burden of alcohol related health harm in the EU**

- Professor Jürgen Rehm, co-author of the report "Alcohol in the European Union", summarised the latest available information on trends in alcohol consumption and the burden of alcohol related harm in the EU. He pointed out there is regular delay in the publication of the burden of harm analysis, so that estimates based on 2004 data were published in 2009, and estimates based on 2009 data are expected to be published in autumn 2012. Overall, the figures indicate that alcohol consumption is stable in the EU and continues to cause considerable harm. Despite differences between countries and regions, there is no country in the EU where the share of male deaths due to alcohol would be below 10%. Whereas some diseases are 100% attributable to alcohol (for example alcoholic liver cirrhosis) there are some 200 diseases attributable to alcohol at the level 5% or more, which is a challenge for the analysis and contributes

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<sup>5</sup> [http://www.dohc.ie/publications/a\\_substance\\_misuse\\_strategy\\_steering\\_group\\_report.html](http://www.dohc.ie/publications/a_substance_misuse_strategy_steering_group_report.html)

<sup>6</sup> [http://www.drogenbeauftragte.de/fileadmin/dateien-dba/Presse/Downloads/12-02-08\\_Nationale\\_Strategie\\_final\\_Druckvorlage.pdf](http://www.drogenbeauftragte.de/fileadmin/dateien-dba/Presse/Downloads/12-02-08_Nationale_Strategie_final_Druckvorlage.pdf)

<sup>7</sup> <http://www.sweden.gov.se/content/1/c6/18/03/81/d054fbfb.pdf>

to public perceptions of relatively low risk of harm from alcohol. Prof. Rehm highlighted that the largest part of the burden from alcohol, both in terms of mortality and in terms of ill health measured in DALYs, is due to heavy drinking (women drinking more than 40g/day and men drinking more than 60g/day). He also drew attention to alcohol related harm caused to others than the drinker, which has only recently begun to receive research attention.

## **6. Tour de table and discussion around the "standard drink" concept and guidelines for low risk drinking**

- The Chair explained that the tour de table was follow up to discussion on topics that were touched upon in the CNAPA meeting in February 2009, upon suggestion by the UK representative, and in the mini-seminar on alcohol data and indicators in March 2011. The purpose now was to explore opportunities towards common definitions of "standard drink" and towards common guidelines to support self-control of drinking. Variation across the EU in the current definitions of "standard drink" ("unit" in the UK) is a challenge in comparative drinking habits research and a cause of confusion for consumers when both alcoholic products and information relating to them increasingly cross borders in the single market.
- Points raised in the tour de table included: divergence and changes in serving sizes is a parallel but related issue; although coherence is important, different expressions for alcohol or energy content can be useful in different contexts (risk estimation / brief intervention / consumer information); drinking guidelines have been recently revised or are under revision in several countries; some countries do not issue guidelines for low risk drinking since there is no absolute safe alcohol intake level, or so as not to encourage people to "drink up" to limits perceived as safe; in some countries, the possibility to refer to European guidelines could be helpful.
- When the issue was last discussed in CNAPA, the general feeling was that while a common standard drink definition might be feasible, recommendations relating to low risk levels should be formulated at national rather than EU level. Noting that reducing divergence in this area probably requires policy decisions the Chair concluded the topic should be revisited in a future meeting, after further reflection in Member States and with sufficient time for thorough discussion.

### **Mini-seminar: *Alcohol, marketing and young people***

- The mini-seminar focussed on alcohol, marketing and young people continued the approach started in 2010 to discuss in more detail specific issues of interest. The Chair introduced the programme noting that work on commercial communications is in many ways at the core of coordination at EU level to advance the objectives of the alcohol strategy. The purpose of the mini-seminar was to bring together different strands of work in this area and to spur further discussion. The scene setter presentation was cancelled Professor Hastings being unable to attend due to unforeseen circumstances.

### **Trends and drivers of young people's drinking habits and beverage preferences: results from a study by the HAPI Consortium**

- Findings from a study contracted under the EU Health Programme were presented by Prof. Marc Suhrcke, University of East Anglia, and Prof. Peter Anderson, Newcastle University. The study looked at alcoholic beverages that might have specific appeal among young people, such as "alcopops", and examined youth beverage preferences based on price and sales data from Euromonitor and on youth alcohol consumption

data from ESPAD. Beer was examined as a comparator since 40% of the alcohol consumed by ESPAD respondents on their last drinking day came from beer.

- The results indicated variation between countries in levels and trends of the consumption of ready-to-drink mixtures, with price being a factor. Under age drinkers try alcopops relatively “late”, cider commonly being the first beverage to be tried and spirits the last. Minimum age was found to have significant impact on the age when alcohol is first consumed. The most important determinant of the consumption of any alcoholic beverages was the influence of friends who also drink. The analysis did not find meaningful evidence within the drinking patterns of 15-16 year olds that alcopops would have any features different from alcoholic beverages in general. Across the product categories examined, the marketing strategies are similar, highly sophisticated, glamorous and appealing, with emphasis on social media and web sites.

### **Young people's exposure to alcohol advertising in audiovisual and online media: preliminary findings**

- Ellen Nolte presented preliminary findings from ongoing work by RAND Europe under the EU Health Programme. The study is the first in Europe to use on a larger scale audience demographics and data on advertisement placement to assess the exposure of young people to alcohol advertising through television and online media. Due to the prohibitive price of data acquisition the analysis is limited to three EU countries. The findings so far indicate that 10-15 year olds are disproportionately exposed to alcohol advertising on TV compared with viewers aged 16-24 years or with adults above the age of 24 years.

### **State of play of the first report on the application of the Audiovisual Media Services Directive**

- Marcel Boulogne, DG Information Society & Media, informed about the process towards a report on the application of the Audiovisual Media Services Directive (AVMS) of 2010.<sup>8</sup> The Directive imposes quantitative restrictions on all advertising and qualitative restrictions on the advertising of alcoholic beverages. The report will assess whether the provisions have afforded the required level of protection for children, and whether the current level of application would warrant revisions in the Commission's interpretative communication on certain provisions or a review of the Directive. The report includes a prospective part which looks at technological changes, for example issues related to "connected television" technologies that allow the viewing of different types of services on the TV screen.

### **Self-regulation across the EU: state of play on implementing the best practice model**

- Oliver Gray, Director General for the European Advertising Standards Alliance (EASA), described the implementation of the EASA Best Practice Recommendations based on round table discussions on effective self regulation, organised in 2006 to inform further work in this area. Mr Gray described substantial progress, with 80% of EASA's members having put in practice the recommendations, notably as regards involving non-industry stakeholders in juries or consultations on the rules, publishing adjudications and raising awareness of the system, and extending the rules to digital

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<sup>8</sup> *The First Report on the application of the Audiovisual Media Services Directive* was published on 7 May 2012. [http://ec.europa.eu/avpolicy/reg/tvwf/implementation/reports/index\\_en.htm](http://ec.europa.eu/avpolicy/reg/tvwf/implementation/reports/index_en.htm)

marketing communications (100% coverage in 2010). He noted that alcoholic beverages are not among the top topics for complaints, and highlighted that the average processing time in self regulatory systems is 30 days or less, which compares well with the slow pace in some judicial systems. Compliance monitoring reports on the advertising of food and alcoholic beverages are available in EASA's web site.<sup>9</sup>

### **Strengthening comprehensive standards for responsible alcohol marketing: the role of the industry**

- Malte Lohan, Director for Public Affairs with the World Federation of Advertisers, outlined the "Responsible Marketing Pact", a commitment under the European Alcohol and Health Forum. Mr Lohan characterised the Pact as a turning point in the self regulation of alcohol advertising: for the first time, common standards will be developed for the beer, wine and spirits sectors, to be applied across the EU. Together with 8 "sponsor companies", which represent the bulk of the EU alcohol advertising spend, common standards will be developed for alcohol advertising in social media, for not placing alcohol advertising in media where the share of under age audience is larger than 30% (except in countries where a lower threshold is already implemented), and for prohibiting alcoholic beverage marketing communications that might be particularly attractive to minors. The second phase consists in incorporating the common standards in national self-regulatory rules. Compliance with the rules will be independently monitored starting from 2014.
- Roland Verstoppen, Global Director for Public and Governmental Affairs with Heineken, informed that the sponsor companies have been involved in discussions about the possibility of extending a similar initiative to the global level.

### **Key findings of independent monitoring of alcohol marketing**

- Wim van Dalen presented key findings from monitoring of alcohol advertising carried out by the European Centre for Monitoring Alcohol Marketing (EUCAM). The monitoring initiative is at the same time a commitment under the Alcohol and Health Forum and a project under the EU Health Programme. Reports from the AMMIE project are available in the EUCAM web site.<sup>10</sup>
- The aim of independent monitoring was to test the adherence of alcohol marketing to national regulations (legislation based or voluntary). Findings on the exposure of 13-17 year olds to televised alcohol advertising in 5 countries were presented. Due to budget limitations, the examination was based on two months data for the TV channels most popular among 13-17 year-olds. In the two months examined, alcohol advertisements broadcast on the top youth channels were seen 970 million times by 13-17 year olds. While their overall exposure level was slightly less than the exposure of viewers aged 18 years or above, large absolute numbers of teenagers were exposed to alcohol advertising. In the countries covered, 15-40% of individual alcohol commercials were more likely to be seen by those under 18 than those above.. Some extent of violations of the 25-30% threshold were identified on the top youth channels. It was highlighted that even when the threshold is respected, large absolute numbers of minors may be reached. The protection afforded by the threshold can be considered relatively weak as the actual share of under-18s in the European population is smaller than 25-30%.

### **Summary of points made in discussions:**

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<sup>9</sup> <http://www.easa-alliance.org/page.aspx/357>

<sup>10</sup> <http://www.eucam.info/eucam/home/marketing-products-and-reports.html?bericht2248=1713>

- It would be useful to take into account multiple factors relevant to youth drinking, including linkages between peer influence, social networking and social media as the fastest growing advertising platform.
- It would be useful to look beyond advertising spend and overall youth exposure to actual numbers young people reached as well as the content of the alcohol advertisements.
- It would be useful to present numbers relating to complaints in proportion to the number the advertising concerned has been shown, and to take into account variation in the public's awareness of the existence of self-regulation systems and the possibility to file a complaint.
- Further points related to advertisers who have not committed to self-regulation, third parties who continue to disseminate advertisements that have been withdrawn because of breach of rules, the appropriateness of the 30% threshold and challenges of applying it to online advertising.
- It was noted that the data currently available gives a sufficient basis for analysis and conclusions to point the way forward but researchers and policy monitors need better access to adequately detailed data on advertising placement and audiences in order to widen the geographical and media scope of analysis, to monitor progress and to identify peaks and pockets in youth exposure. Comparative surveys of youth drinking patterns should be repeated at shorter intervals and the data made more accessible for further in-depth research.
- The Chair noted that the multifaceted nature of alcohol marketing calls for a complex framework for control and concluded it is up to the Member States and advertisers to set up such a framework. The Chair highlighted the importance of making sure that minimum standards are not taken as the maximum but are used as a tool towards genuinely best practice. He summed up that issues relating to alcohol advertising are likely to stay on the agenda also in the future, and noted that discussion around the same topics will continue in the next meeting of the Alcohol and Health Forum.

## **8. Update on alcohol related projects and tenders under the Health Programme and the Research Framework Programme**

- Paola D'Acapito, Executive Agency for Health & Consumers, informed on alcohol related projects completed or ongoing under the Health Programme or starting in 2012, as well as alcohol related research projects under the 7<sup>th</sup> Framework Programme of DG Research and Innovation.
- Under the Health programme, a call for tender is open until 1 June 2012. The call involves two separate lots: (1) good practice in Member States to enhance compliance with minimum age limits for selling or serving alcoholic beverages; (2) state of play in the use of alcoholic beverage labels to inform consumers about health aspects.<sup>11</sup>

## **9. Any other business**

- Project AMPHORA's final meeting will be on 18-19 October 2012 in Stockholm.<sup>12</sup>
- The 2<sup>nd</sup> European Conference on FASD will be in Barcelona on 21-24 October 2012. In December 2011, a work meeting was organised with Alcohol and Health Forum Members involved in the prevention of foetal alcohol effects. A Power Point presentation on a programme of the French Health Insurance to involve GPs in the management of risks from alcohol during pregnancy is available for those interested.

<sup>11</sup> [http://ec.europa.eu/eahc/health/tenders\\_H06\\_2012.html](http://ec.europa.eu/eahc/health/tenders_H06_2012.html)

<sup>12</sup> <http://www.sls.se/EuropeanAlcoholPolicyConference>

- The next meetings of the Alcohol and Health Forum in 2012 will be on 26 April, 22 November and 23 November (Open Forum).
- The ESPAD report on data collected in 2011 will be available in June 2012. The report will include information on the variables suggested for common monitoring of under-age drinking in the context of the EU alcohol strategy (12 month alcohol use, binge drinking, access to alcohol).
- In Slovak Republic penalties have been toughened for driving with a BAC level of 1.0 g/L or higher. In France all vehicles will be required from June 2012 to carry a breathalyser.

The Chair summed up the meeting's discussions, highlighting that:

- There is no doubt about the importance of the existence of an EU strategy to support Member States in addressing alcohol related harm, and the evaluation will shed light to the extent the strategy has influenced national policies.
- There is wide support for the continuation of a comprehensive EU strategy for work on the priority themes. More attention needs to be given to areas with unused potential, such as the workplace, and to emerging challenges, such as digital marketing. The wider context of political endorsement for addressing harmful alcohol consumption as one risk factor for non-communicable diseases needs to be taken into account.
- Work by the WHO on alcohol related harm is an indication of broader evolution in public health policies on alcohol. Monitoring and strengthening the knowledge base is essential, and cooperation with the WHO in this area should be developed on a structural basis.

The next meeting of the CNAPA will be on **31 October 2012**, again in a high level composition.

## 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
Bulgaria – Ministry of Health	VELIKOVA	Vilia
Cyprus – Cyprus Anti-drug Council	CHRISTODOULOU	Leda
Czech Republic – section of Public Health protection and Health promotion Czech republic	KOSTELECKA	Lenka
Denmark – Center for Forebyggelse	BROHOLM	Kit
Estonia – Ministry of Social Affaires	TÄHT	Triinu
Finland – Ministry of Social Affairs and Health	TUOMINEN	Ismo
France – Ministry of Health	BELLO	Pierre-Yves
Germany – Bundesministerium für Gesundheit und Soziale Sicherung	DYBOWSKI	Sandra
Hungary – National Center for Addictology	VANDLIK	Erika
Ireland – Department of Health and Children	McCORMACK	Liam
Italy – National Health Institute	SCAFATO	Emanuele
Lithuania - Ministry of Health	KRIVELIENE	Gelena
Malta – National Agency against Drug and Alcohol Abuse	MANGANI	Manuel
Norway – Ministry of Health and Care Services	BULL	Bernt
Nederland – Ministry of Health, Welfare and Sport	HAGENS	Arnout
Poland – Ministry of health	KLOSINSKI	Wojciech
Portugal – Institute on Drugs and Drug Addiction	CARDOSO	Manuel
Romania – National Institute of Public Health	FURTUNESCU	Florentina
Slovak Republic - Slovak Ministry of Health	OKRUHLICA	Lubomir

Slovenia – Ministry of Health	BLAZKO	Natasa
Sweden – Ministry of Health and Social Affairs	RENSTRÖM	Maria
Switzerland – Federal department of Home Affairs DHA	RÜEGG	Monika
United Kingdom – Department of Health	ACTON	Crispin
WHO – Regional Office for Europe	GALEA	Gauden
<b>INVITED SPEAKERS</b>	<b>SURNAME</b>	<b>FIRST NAME</b>
Institute of Health and Society, Newcastle University	ANDERSON	Peter
RAND Europe	NOLTE	Ellen
Technical University of Dresden	REHM	Jurgen
University of East Anglia	SUHRCKE	Marc
European Center for Monitoring Alcohol Marketing	Van DALLEN	Wim
European Advertising Standard Alliance	GRAY	Olivier
Heineken	VERSTAPPEN	Roland
World Federation of Advertisers	LOHAN	Malte
COWI	ZAMPARUTTI	Tony
COWI	HERNANDEZ	Guillermo
COWI	THOM	Elisabeth
<b>EUROPEAN COMMISSION</b>	<b>SURNAME</b>	<b>FIRST NAME</b>
DG SANCO	HÜBEL	Michael
DG SANCO	GALLO	Giulio
DG SANCO	MONTONEN	Marjatta
DG TAXUD	LIOLIOS	Christos
DG TAXUD	JONES	Heather
DG EUROSTAT	MAHON	Charlotte
EAHC	D' ACAPITO	Paola

