

# 21<sup>st</sup> MEETING OF THE COMMITTEE ON NATIONAL ALCOHOL POLICY AND ACTION (CNAPA)

7 -8 November 2017

CHAIR: Wojciech Kalamarz, Head of Unit, DG SANTE C4

## MINUTES

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### DAY 1 - 7 NOVEMBER

#### 1. INTRODUCTION BY THE COMMISSION

The Chair opened the meeting, welcomed the participants and introduced the agenda. In his introduction, he emphasized that the strategic discussions on future work in the area of alcohol related harm will take into account

- the Commission Communication on the UN Sustainable Development Goals from November 2016 ("Next steps for a sustainable European future- European action for sustainability")<sup>1</sup>
- the WHO targets in the context of the Global NCD Action Plan, and other developments such as
- the work of the Steering Group on Promotion and Prevention.

#### 2. RECENT DEVELOPMENTS RELATED TO ALCOHOL AND NON-COMMUNICABLE DISEASES – LINKS TO THE UN SUSTAINABLE DEVELOPMENT GOALS AND THE STEERING GROUP ON PROMOTION AND PREVENTION

There are a set of priorities in the Commission with a strong support of MS's achieving the UN sustainable development goals. Horizontal work covering health determinants including alcohol will be streamlined and resources will be funnelled to support the implementation of evaluated best practices prioritised and validated by Member States. As a result, some structural changes may be foreseen and the future of existing Commission committees and expert groups will undergo re-evaluation.

The Steering Group on Promotion and Prevention (SGPP) will play an increasing role also in the field of alcohol related harm.<sup>2</sup> Its work might be supported through different financial instruments, including most importantly the health programme and others e.g. the Structural Reform Support Service (SRSS) which is a flexible tool to help EU countries to design and carry out structural reforms as part of their efforts to support sustainable growth. The support is notably provided through the Structural Reform Support Programme (SRSP) and the areas of support include among others health.<sup>3</sup>

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<sup>1</sup> [https://ec.europa.eu/europeaid/sites/devco/files/communication-next-steps-sustainable-europe-20161122\\_en.pdf](https://ec.europa.eu/europeaid/sites/devco/files/communication-next-steps-sustainable-europe-20161122_en.pdf)

<sup>2</sup> [https://ec.europa.eu/health/non\\_communicable\\_diseases/steeringgroup\\_promotionprevention\\_en](https://ec.europa.eu/health/non_communicable_diseases/steeringgroup_promotionprevention_en)

<sup>3</sup> [https://ec.europa.eu/info/funding-tenders/funding-opportunities/funding-programmes/overview-funding-programmes/structural-reform-support-programme-srsp\\_en](https://ec.europa.eu/info/funding-tenders/funding-opportunities/funding-programmes/overview-funding-programmes/structural-reform-support-programme-srsp_en)

CNAPA members are urged to liaise with SGPP members, in order to highlight them the importance of alcohol-related harm and learn of possibilities for cooperation.

### Alcohol Labelling

DG SANTE E1 gave an update on the Commission's report on alcohol labelling, adopted on 13 March 2017. The report addresses whether alcoholic beverages (currently exempted) should be covered by the requirement (included in Regulation (EU) No 1169/2011) to provide the list of ingredients and the nutrition declaration, and the reasons justifying possible exemptions. Although there is no requirement for alcoholic beverages to list their ingredients, industry may voluntarily comply with the provisions on listing of ingredients. Industry is also encouraged to provide a voluntary nutrition declaration – which can be limited to the energy value. Alcohol contains a considerable number of calories, with an energy content of 7.1 kilocalories per gram - only fat has higher energy value per gram (9kcal/g). The report recognises the need for better alcohol labelling and widespread support for it and asks for self-regulatory proposal from the industry by March 2018. Once received, the Commission will immediately start the assessment of the proposed self-regulatory approach in the light of Regulation on the provision of food information to consumers and of the Commission's report. Should the Commission consider the proposal as unsatisfactory, it would then launch an impact assessment to review further available options, in line with Better Regulation principles.

### **3. MAJOR WORKING AREAS TO TACKLE ALCOHOL RELATED HARM FOR 2017 – 2020**

To support Member States, DG SANTE presented possible priority areas for EU action on alcohol-related harm for 2017-2020 and invited CNAPA to give their feedback.

A call for tender will be published under the **2017 Work Programme** making funds available to tackle alcohol-related harm through the work of a contractor. Topics will build on the RARHA Joint Action and may cover the analysis of the first RARHA SEAS survey, the launching of the second survey, capacity building and additional support for the implementation of best practices.

The **2018 Work Programme** contains also one item on alcohol with a budget of EUR 1 million, focusing on implementation of best practices. Possible topics could be: FASD (Foetal Alcohol Spectrum Disorder) as a rare disease, follow up work on marketing, capacity building related to SGPP, effects of alcohol on health (supported by the document on this topic prepared by JRC and endorsed by CNAPA).

Possible areas for the **2019 Work Programme**: Cross border sales, illicit alcohol production and contraband alcohol, organisation of thematic CNAPA meetings, further development of low risk drinking guidelines, best practices/guidelines for campaigns on drink-driving, actions targeting alcohol consumption and alcohol related harm at the workplace.

*Portugal*: It is important to have the support of the SGPP for the Member States' work on alcohol. Therefore, capacity building related to SGPP is important.

*Italy, Austria*: The focus should be on young people, and binge-drinking with the link to CNAPA Action Plan. Another topic could be digital marketing.

Belgium: Two important topics are marketing and labelling. Belgium will work now on calorie intake linked to alcohol, interest in organising a workshop on this topic was indicated. Further work on evaluation of self-regulatory initiatives by industry would also be appreciated.

Estonia: Digital marketing is now a cross border issue in all media and particularly in social media, also targeting children and therefore there should be more work done on this issue.

Slovenia: For Slovenia the issue of production of unregistered alcohol (not illegal) which is exported to bordering countries, is important and has also cross-border dimension. EU action on digital marketing would be appreciated. Support of NGOs' capacity building is needed.

Austria, Estonia, Italy, Germany, Belgium, Lithuania, Latvia, Slovenia, Norway, Sweden, Finland, Portugal: were all in strong support of the digital marketing regulations as well as a special focus on adequately framing and controlling marketing for young people (>14 years).

Germany and Norway also support the idea of discussing the feasibility of an FASD European Reference Network.

Slovenia and Finland pointed out that alcohol control and the connection between alcohol consumption and cancer and other diseases has received less attention and Member States had much less capacity than was/is the case for tobacco. Capacity building in the field of alcohol is very important and should be discussed at the highest level.

The Chair thanked for the support and concluded that all mentioned topics will be considered carefully for the future work. Digital marketing is indeed one of the most important topics. In this context, he mentioned that in 2017 the Commission has launched a study to investigate children's exposure to online marketing/advertising of food high in fat, salt or sugar.<sup>4</sup> A study specifically focusing on the exposure of children and youth to digital marketing of alcohol could be considered for the future, given also the important cross-border aspect.

#### **4. UPDATE FROM THE PRESIDENCY – ESTONIA (COUNCIL CONCLUSIONS PRESIDENCY CONFERENCE)**

Estonia gave a short update from the Estonian presidency and showed a video on alcohol related harm that focussed on the three issues where the EU added value is possibly the greatest: Marketing, labelling and cross border trade.<sup>5</sup>

The Alcohol Conference on Cross Border Aspects was held in Tallinn on 30-31 October 2017 and was a great success. Besides participants from the health sector, ministers and participants from other sectors such as agriculture and finance attended the conference. This is viewed as an important achievement and Estonia encourages everyone to follow this example. Another issue emerging from the conference is that more data from all Member States is needed on a European level, not least on cross border activities.

Estonia also gave an update on the Council conclusions '*Cross-border aspects in alcohol policy – tackling harmful use of alcohol*' to be adopted on 8 December 2017.<sup>6</sup>

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<sup>4</sup> <https://etendering.ted.europa.eu/cft/cft-display.html?cftId=2733>

<sup>5</sup> <https://www.eu2017.ee/videos>

<sup>6</sup> [http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52017XG1222\(01\)](http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52017XG1222(01))

## **5. IDEAS FOR KNOWLEDGE GAPS TO BE FILLED BY SCIENTIFIC RESEARCH - FOR CNAPA FEEDBACK AND DISCUSSION**

Joint Research Centre (JRC) gave a presentation on alcohol contribution to obesity that was given at the Estonian Presidency conference in October ("Analysis of daily calorie consumption from alcoholic drinks in 24 countries"). Comparison of obesity rates and alcohol consumption in Europe has shown that the two might be correlated. More research is needed as available data are scarce – for the study data were used from a commercial company. Based on this data, alcoholic drinks might contribute at least as much calories per capita as soft drinks. Furthermore, consumer surveys have shown that the population is largely unaware of the calorie content of alcohol, often underestimating it.

*Italy:* It would be interesting to know the consumption of the more vulnerable part of the population such as young people and elderly; any steps planned to look into this would be welcomed.

JRC agreed that checking specially for age groups was relevant but ideally that would require a specific survey.

JRC also informed that the Health Promotion and Disease Prevention Knowledge Gateway<sup>7</sup> has been created. It will serve as a reference point for public health policy makers, to find reliable, independent and up-to date information on topics related to the promotion of health and well-being, in particular the prevention of non-communicable diseases like cardiovascular disease, diabetes and cancer. A paper on alcohol and health will be published soon.

DG RTD gave a presentation on current research on alcohol related harm. FP6 (Sixth Framework Programme, 2002-2006) was more focused on specific topics than FP7 (Seventh Framework Programme, 2007-2013) which focused on broader topics such as neurobiology, addiction behaviour and public health measures to reduce alcohol related harm. Current Health work program under Horizon 2020 covers some projects related to alcohol: Causative mechanisms in co- and multi morbidities, human microbiome, mental health at workplace, human exposure project: impact of environment on health, working and living environments for active and health ageing. Horizon 2020 has a more open framework than the FP's and a challenge based approach. The work there is geared towards open access, open data and an EU open science cloud that will be launched with the FP9 in 2021.

DG RTD invited CNAPA to send suggestions on the research gaps and opportunities as soon as possible in order to have more chance to accommodate them in the new Framework Programme which is under preparation.

DG SANTE C2 presented the work of the Scientific Committee on Health and Environmental and Emerging Risks (SCHEER). SCHEER is an independent committee that provides scientific opinions to the Commission services with advice and risk assessment in the areas of public health, consumer safety and environmental risks. The Committee consists of experts covering a broad field of expertise and able to respond to a specific mandate (a clear question) usually given by the Commission services. Evidence, based on research published in peer-reviewed literature, is combined to form an answer to the question. The whole process of

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<sup>7</sup> <https://ec.europa.eu/jrc/en/health-knowledge-gateway>

answering a question usually takes 5–8 months. CNAPA may consider requesting the use of this tool in the future. Next meeting of the Committee is on 22 January 2018.<sup>8</sup>

## **6. MAPPING MEMBER STATES' ALCOHOL MARKETING AND ADVERTISING PRACTICES AND CODES**

JRC presented its ongoing work to map Member States alcohol marketing and advertising practices and codes. Restricting exposure to marketing of alcoholic beverages is one of the best ways to reduce alcohol consumption according to WHO. The objective of this work is to collect best practices on codes of conduct on marketing of alcoholic beverages (and also of food high in fat salt and sugar). The quality of the tool, that could be very useful for Member States, is secured by good quality research and a solid methodology used by JRC.

JRC also presented the 'Alcohol and health' working document; CNAPA might endorse the document that will be circulated. The deadline for comments is 20 November.

DG SANTE invited CNAPA to provide best practices about marketing of alcohol products; DG SANTE will provide CNAPA with a draft text developed by JRC.

## **7. IMPLEMENTATION OF THE ACTION PLAN ON YOUTH DRINKING AND ON HEAVY EPISODIC DRINKING (2014-2020) AND ANY NEW NATIONAL POLICY INITIATIVES**

*Tour de Table:*

- Cyprus and Lithuania gave full presentations on their policy implementations

*Cyprus* presented the Cyprus Alcohol Policy and Action Plan. Part I is on alcohol data and related actions (2013-2016) and part II on new proposed action (2017-2020) with Cyprus data from the ESPAD survey. Under the plan for 2013-2016 the main goals were: To increase control on age limit for consumption, reduction in drink driving incidents, reduction of accessibility and availability of alcohol for vulnerable groups and reduction of consumption among young people. A pilot mystery shopping programme was ran in two cities.

In the plan for 2017-2020 the priorities are: To reduce heavy episodic drinking among children and young people, responsible sale and serve, to prevent FAS and FASD and provide appropriate care for affected children and young people in vulnerable groups, to create a dissuasive environment for the use of addictive substances and to implement early intervention programs. Many amendments are proposed in wide collaboration with stakeholders and communities and there are Parliamentary discussions on legislative changes. Important work was done in cooperation with the municipalities.

*Lithuania* reported on Alcohol Control Policy. Lithuania is one of the world's heaviest alcohol consuming countries with the worst public health effects. The consumption for +15 years old has decreased in 2011–2016, but still remains high. For the past 30 years there have been many changes in alcohol regulations especially in the last 5 years. Future plans are: to ban alcohol advertising (entry into force 01/01/2018), to set up specialized alcohol stores (postponed), to prohibit alcohol sale on-line (postponed), to limit alcohol outlet density and to require installation of ignition interlocks in the vehicles of those convicted of alcohol impaired driving.

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<sup>8</sup> [https://ec.europa.eu/health/scientific\\_committees/environmental\\_risks\\_en](https://ec.europa.eu/health/scientific_committees/environmental_risks_en)

- Other countries gave shorter updates on the state of play in their countries:

Slovenia: The Parliament has accepted to allow alcohol sales in sports events. This happened in spite of a resistance from majority of health professionals, NGOs and legal services in the Parliament. Good news is that there are funds available (EUR 6 Million) to strengthen primary care services for those that suffer from alcohol related harm.

Croatia: Is in the final phase of production of two very important strategies: the National Strategy for prevention NCD and the National Strategy for prevention of addictions. Both Strategies include alcohol related harm. The Ministry of Health established multi sectoral working groups with representatives from seven other Ministries, the Croatian Institute of Public Health and representatives from hospitals and NGOs. They will also create some expert groups of health education.

Portugal: Is making plans for a national survey to evaluate their national program on alcohol related harm. Almost all the indicators show that consumption among young people is decreasing. This is not the case among adults, particularly women, among whom it is increasing. A campaign targeting parents regarding young people's consumption started in November 2017.

Latvia: New legislation to reduce alcohol consumption has been adopted. The maximum volume of plastic packaging for beer, fermented beverages, intermediate products and ethyl alcohol will not exceed 1 l (strength < 5.8 %) and 0,5 l for stronger beverages (>5.8%). This does not apply to other packages, e.g. beverages in glass, ceramic, wooden and metal packages. This does not affect alcoholic beverage producing places. Underage drinking is decreasing as in the EU generally. Rates of excise taxes on alcohol will increase in 2018, 2019 and 2020.

Germany: A new Alcohol Atlas with all available information has been published.

Austria: No change in law, but Austria carried out an Alcohol Awareness Week “How much is too much” with activities all over the country from 13th to 21st May 2017. The campaign was aimed to encourage everybody who drinks alcohol to reflect on their drinking habits and to raise awareness of the risks of alcohol. More information can be found online<sup>9</sup>.

## DAY 2 - 8 NOVEMBER

### 8. REVISION OF THE AUDIO VISUAL MEDIA SERVICES DIRECTIVE (AVMSD)

DG CNECT presented via video link the state of play of the revision process of the AVMSD. The Commission's proposal is under discussion in the European Parliament and the Council.

Currently, the Directive prohibits alcohol advertising specifically aimed at minors (on TV and in on-demand services) and subjects alcohol advertising on TV to stricter rules.

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<sup>9</sup> <http://www.dialogwoche-alkohol.at/>.

The Commission's proposal introduced new paragraphs reinforcing the provisions as regards the development of self-and co-regulation to protect minors from alcohol advertising; Member States are encouraged to use co-regulation and to foster self-regulation through codes of conduct as provided for in Article 4a (1) regarding inappropriate audio-visual commercial communications for alcoholic beverages. Those codes shall aim to effectively limit the exposure of minors to audio visual commercial communications for alcoholic beverages.

Public health has been introduced in the proposal as grounds that Member States can use to exceptionally derogate from the free reception and retransmission of TV broadcasts from other Member States, for those situations where, on a case by case basis, there could indeed be a serious danger for public health.

There was a discussion with input from *Sweden, Norway, Estonia and Finland* on the case when alcohol advertisement is prohibited in a country but there still are alcohol TV commercials in that country from companies based in the UK.

*Spain* informed that the concept of 'harmful for public health' is already used by European Medicines Agency (EMA) in their work regarding very serious adverse effects of a drug, even leading to withdrawal from the market. There might be some similarities of the application of this term to alcohol advertising. Cooperation with EMA to clarify this subject might be useful.

## **9. UPDATE ON COUNCIL DIRECTIVE 2008/118/EC ON GENERAL ARRANGEMENTS FOR EXCISE DUTIES AND COUNCIL DIRECTIVE 92/83/EEC ON THE HARMONISATION ON THE STRUCTURES OF EXCISE DUTIES ON ALCOHOLIC BEVERAGES**

Revision of the Council Directive 118/2008/EC is ongoing and DG SANTE thanked CNAPA for their contribution that helped to include health perspectives into the process. Since the last CNAPA meeting DG SANTE has managed to include health related questions on Article 32 on cross- border purchases of alcohol and tobacco for personal use into the public and Member States' consultations for the preparation of the Impact Assessment report.

Some preliminary outcomes: There is a relatively strong interest to open discussion on Article 32. The health questions triggered a high rate of response among private individuals, NGOs and Member States. Majority of countries, in particular those most concerned (Nordic countries), strongly supported the request to discuss Article 32. It should be noted that any revision of the Article 32 requires unanimity, which is expected to be difficult to reach. The consultation also confirmed some information gaps on the scale of the problem. It is important that Member States/CNAPA provide the Commission with any relevant data on this subject.

Council Directive 92/83/EEC: The public consultation was running this year and final evaluation report of the contractor was prepared recently and is being discussed internally by the Commission services. The impact assessment will be prepared based on the report.

SANTE emphasized the need for health authorities/CNAPA members to cooperate with the Ministries of Finance as any revision of both Directives falls primarily under their competence.

## **10. UPDATE FROM WHO**

WHO Europe gave a short update of the MOPAC project (Monitoring of national policies related to alcohol consumption and harm reduction 2016-2018)<sup>10</sup> and on alcohol labelling as a policy option; a report was published in July 2017 outlining the background to alcohol labelling and the current recommendations.<sup>11</sup>

WHO Geneva gave an update on labelling. The Codex Committee on Food Labelling (CCFL) meets every two-three years. There is a gap in the system regarding alcohol as alcohol is a special commodity which does not fall under the definition of food; even though alcohol is categorized as a food in some countries, it is exempted from food regulations.

It has been proposed that alcohol should be taken up by the Codex Alimentarius Commission through CCFL. The Committee has agreed to develop a discussion paper on alcoholic beverages labelling prepared by the Russian Federation with assistance of EU, Ghana, India and Senegal that will be discussed at the next Committee meeting in April/May 2019. The Committee further agreed that information would be sought through a Circular Letter on current practices, issues and any potential role for CCFL.

WHO Geneva also mentioned that they organized for the first time the global Forum on Alcohol, Drugs and Addictive Behaviours. Recently it is becoming evident that more attention is needed in regard to prevention of gambling and gaming as well. Industry is not included in the Forum.

As last, WHO Geneva mentioned the WHO study on prenatal risk factors and child development (FASD prevalence study) which is under preparation with active case ascertainment in children 7-9 years old from eight participating countries; planned to start in 2018.

## **11. UPDATE ON THE OECD/EC WORK**

The OECD/EC project to develop a framework to assess the Economics of Alcohol Consumption (cost-of-illness study) started in January 2017. It looks at the impact of alcohol on society such as, but not only, health care costs, market impact, welfare benefits, morbidity and mortality costs as well as other economic aspects.

The FRESHER platform/project that is co-funded by the Horizon 2020 looks at alcohols impact on the economy and the economic impact of tackling harmful alcohol consumption. It does this by replicating information in different economies/countries to the platform. An (virtual) individual can be given a date of birth, risk factors, diseases, and death. Among the outputs are incidence, prevalence, LY and DALY's.

The OECD work was welcomed and progress acknowledged by CNAPA members and the Chair.

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<sup>10</sup> <http://www.euro.who.int/en/health-topics/disease-prevention/alcohol-use/activities/monitoring-of-national-policies-related-to-alcohol-consumption-and-harm-reduction-mopac>

<sup>11</sup> <http://www.euro.who.int/en/health-topics/disease-prevention/alcohol-use/publications/2017/alcohol-labelling-a-discussion-document-on-policy-options-2017>

## **12. CONCLUSIONS BY THE CHAIR**

The Chair thanked all members and presenters for their participation and contribution to the meeting. He summarized the major outcomes as follows:

- SANTE will circulate the list of member of the Steering Group Prevention and Promotion as well as minutes from the last meeting and the list of draft priorities.
- SANTE to collect from CNAPA suggestions for research gap priorities to be sent to RTD.
- CNAPA secretariat will send an activity calendar for CNAPA with deadlines, meetings and links to sources like the website, research funds and other relevant issues.
- CNAPA will provide a feedback on the key SANTE working priorities by 27 November.
- The next SCHEER committee meeting will take place on the 22 January 2018.
- As to the CNAPA Action plan on Youth Drinking and on Heavy Episodic Drinking, we look forward to volunteering members to present the progress in their country at the next meeting.
- The next CNAPA meeting is planned for 20 – 21 March 2018 in Luxembourg.