



EUROPEAN COMMISSION
HEALTH & CONSUMERS DIRECTORATE-GENERAL

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

HIGH LEVEL MEETING OF THE COMMITTEE ON NATIONAL ALCHOL POLICY AND ACTION

Brussels 17 November 2011

Summary Report

The meeting was chaired by Despina Spanou, Principal adviser for communication and stakeholders, DG Health & Consumers.

1. Welcome and adoption of the agenda

- The Chair welcomed all participants (*cf. List of participants in Annex 1*) to the 9th meeting of the Committee on National Alcohol Policy and Action (CNAPA) in which for the first time Member States were represented at senior level, in addition to regular members. Noting that strategies such as the EU strategy to support Member States in reducing alcohol related harm are not one-time efforts, the Chair highlighted the need to discuss visions for continuation in the years ahead, this high level meeting being the first opportunity for the Commission to hear Member States views.
- Director-General for DG Health & Consumers Paola Testori Coggi set the scene for the discussion. She said that at the eve of the end of the current EU alcohol strategy it is important to take stock of what has been achieved and to start shaping a common vision for the Commission's work on alcohol and health after 2012. She put the work to reduce alcohol related harm in the context of recent developments such as the UN Summit on non-communicable diseases in which alcohol was addressed as one of the four major risk factors. She emphasised the need to protect children and young people. Referring to the Science Group's recent report on loss of productivity due to alcohol she highlighted that the prevention of alcohol related such problems will also be also driver for economic growth. Ms Testori-Coggi invited Member States to take an active role in the evaluation of the alcohol strategy, and called for their political support for the Commission's work on alcohol related harm after 2012.

2. Stock take: action at European and national level

- Despina Spanou summarised the work and achievements of the European Alcohol and Health Forum (EAHF)¹ in her role as the Forum's Chair. Taking up the model of the EU Platform for Action on Diet, Physical Activity and Health, the Alcohol and Health

¹ http://ec.europa.eu/health/alcohol/forum/index_en.htm

Forum was set up to mobilise voluntary action by stakeholders, including both economic operators and non-governmental organisations. The Forum has at the moment 67 members who have launched altogether 200 commitments to action. In particular the commitments of EU level associations have the potential for wide geographical and population coverage. Specific attention is given to the relevance and delivery of the commitments. When speaking at the last plenary meeting of the Forum, Commissioner John Dalli called on the members to focus on delivery and to step up action in view of the upcoming evaluation of the EU alcohol strategy.

- Krzysztof Brzozka, Director of the Polish State agency for the prevention of alcohol-related problems (PARPA), informed participants about alcohol related initiatives of the Polish EU Presidency. A policy debate organised in the European Parliament focussed on foetal alcohol effects. The expert conference on Medical and Economic Disadvantages of Using Alcohol (MEDUSA) looked at alcohol-related harm more broadly.² As a result of the expert conference a statement was adopted which calls for follow up to the first EU strategy on alcohol.³
- Maria Renström, Director at the Swedish Ministry of Health and Social Affairs, summarised trends in the development of public health policies on alcohol in Member States highlighting that they are on a much more solid ground than a couple of decades ago, both at national and at EU level. Most Member States have an alcohol strategy and a process for ongoing policy development. Support is available at EU level in the form of data gathering, strengthened evidence base, and opportunities for exchange. Ms Renström said the first EU alcohol strategy should be seen as the beginning for a process towards a new comprehensive strategy that contributes to the prevention of non-communicable diseases and to the lessening of health inequalities, also addressing cross border aspects and being accompanied by monitoring of progress.
- Triinu Täht, Estonian Ministry of Health, described the process towards a revision of alcohol policy in Estonia. The Government has given the Ministry of Health the mandate to develop a green paper for which concrete proposals are being developed in broad-based working groups. The work is supported by a cross-sectoral group involving other Ministries. The structure of the green paper mirrors that of the Global strategy to reduce the harmful use of alcohol, whereas the priorities concur with the EU alcohol strategy, with the additional aim of substantially reducing overall alcohol consumption.
- Javier Sanchez Mariana, Spanish Ministry of Health, Social Policy and Equality, described the process towards the *Manifest against alcohol consumption by minors*⁴ adopted in Spain in September 2011. Promoted by the Ministry as a response to growing concern over increase in youth drinking, the Manifest signals for the first time in Spain a broad social consensus about the need to tackle under-age drinking. The nearly 60 signatories, which include non-governmental organisations, the medical community, the media and alcohol producers and distributors, commit to work in 10 areas of action with the aim of bringing down to zero the consumption of alcohol by young people under 18 years.

² <http://www.medusameeting.eu/>

³ <http://www.medusameeting.eu/images/stories/pdf/MEDUSA%20-%20statement%20FINAL.pdf>

⁴ <http://www.pnsd.msc.es/novedades/pdf/Manifiesto.pdf>

3. Round table: Added value from EU alcohol strategy and coordination at EU level

The purpose of the first round table was to hear feedback from Member States on the usefulness of the current EU strategy and its implementation for the development of public health policies on alcohol at national level.

Summary of the discussion:

- There was clear consensus that the EU strategy has been a stimulus for enhanced action at national level.
- The CNAPA was considered to be a useful tool for coordination and exchanges of good practice.
- It was suggested that further high level meetings should be held.
- Work done in the framework of the Alcohol and Health Forum was also discussed, and a clearer focus of economic operators' activities on areas they can best influence was called for.

4. Update of the alcohol situation: trends in consumption, harm and actions to reduce alcohol related harm in the EU (Lars Møller, WHO EURO)

- Lars Møller, WHO Office for Europe, summarised trends in alcohol consumption, harm and policies in EU Member States based on new data collected by a joint WHO/Commission survey. Cooperation between the Commission and the WHO in data collection was considered major progress, and areas for further work were pointed out. It was suggested to put the data collection cooperation on a more structural basis.

5. Alcohol, work and productivity: scientific opinion of the EAHF Science Group (Peter Anderson, member of the Science Group)

- Peter Anderson, member of the Alcohol and Health Forum's Science Group, presented headline findings from the Science Group's report *Alcohol, Work and Productivity*⁵ which summarizes evidence of links between harmful drinking and productivity and employment, and looks at concrete interventions in the workplace.
- Sandra Dybowski, German Federal Ministry of Health, presented a brief comment highlighting the report's usefulness for Member States. She mentioned the integration of alcohol harm prevention into wider workplace health promotion as a challenge and said in conclusion that the full potential of this area of work has not been exhausted.

6. Towards an evaluation of the implementation and added value of the EU alcohol strategy

⁵ http://ec.europa.eu/health/alcohol/docs/science_02_en.pdf

- Michael Hübel, DG Health & Consumers, informed about the state of play regarding the upcoming evaluation of the added value of the EU alcohol strategy and its implementation through the EAHF and the CNAPA. The work will be carried out by an independent contractor based on documents relating to the process and on views gathered from Member States representatives and stakeholders by means of an online survey and face-to-face interviews. The first results will be available for discussion in the next meeting of CNAPA. The conclusions will be available by mid-2012 and will feed into decision-making on EU action after 2012.

7. Round table: What actions at EU level will support Member States in reducing alcohol related harm after 2012?

The second round table was meant to provide pointers for the continuation of the Commission's work to support Member States in reducing alcohol related harm.

Summary of the discussion:

- The priority themes identified in the current EU alcohol strategy were considered to be still valid although adjustment was called for to take into account new evidence and emerging challenges.
- It was stressed that along with a sharpened focus on children and young people work is needed across all relevant target groups. It was generally agreed that the objectives of the current strategy should be continued to be pursued.
- Work on data and indicators should be expanded and it was suggested to consider setting targets.
- The Commission should continue to coordinate actions by Member States and stakeholders.
- Work towards synergy across other EU actions and policies was considered essential. There was a clear call for a comprehensive new EU strategy on alcohol related harm.

8. Information on actions at EU level

- Alexandra Nikolakopoulou, DG Health & Consumers, informed about the Regulation on the Provision of Food Information to Consumers⁶ adopted in September and its relevance for labelling alcoholic beverages. All alcoholic beverages are exempted from the obligation to list ingredients and give nutrition information. The Commission will reassess the need to provide information on alcoholic beverages within three years of the entry into force of the Regulation (December 2011) and propose new measures as appropriate. In the meantime, producers may declare the energy value of alcoholic beverages on a voluntary basis.
- José Fernandez Garcia, DG Mobility and Transport, discussed drink-driving in the context of EU road safety policy⁷. The Commission is starting a study to summarise experiences of the use of alcolocks (breath alcohol ignition interlock devices) with the aim to explore opportunities for wider use. He also presented key findings from the

⁶ <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2011:304:0018:0063:EN:PDF>

⁷ http://ec.europa.eu/transport/road_safety/pdf/road_safety_citizen/road_safety_citizen_100924_en.pdf

Driving under the Influence of Drugs, Alcohol and Medicines project (DRUID)⁸ carried out under the EU Research Framework programme. The results indicate that in seriously injured and killed drivers, alcohol is present more often than other psychoactive substances. The risk of accident while driving under the influence is threefold for alcohol compared with drugs.

- Priscillia Hunt, RAND Europe, summarised key results of a study on the affordability of alcoholic beverages, carried out for the Commission in continuation to previous work by RAND⁹. The current study is focussed on three specific issues: the extent to which changes in excise duties on alcohol are passed through to consumer prices; trends in the ratio of on- and off-premise sales of alcoholic beverages; and the use of price promotions and discounts in alcohol on- and off-trade.

9. Conclusions by the Chair

To conclude the meeting the Chair summarised the discussions highlighting the following:

- There is no doubt about the importance of an EU strategy to support Member States in tackling alcohol related harm.
- The upcoming evaluation will shed light to the extent the EU strategy has influenced national policies.
- There is wide support for a comprehensive EU strategy to continue work on the identified priority themes. More attention needs to be given to certain areas such as the workplace and emerging challenges such as digital marketing. The wider context of political endorsement to addressing harmful alcohol intake as one of the risk factors for Non-Communicable Diseases should also be taken into account.
- Work by the WHO on alcohol related harm is recognised as 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 Committee on National Alcohol Policy and Action will be on 22 March 2012, and a further high level meeting is foreseen for later in the year.

⁸ <http://www.druid-project.eu>

⁹ http://ec.europa.eu/health/archive/ph_determinants/life_style/alcohol/documents/alcohol_rand_en.pdf

Annex 1 – List of participants

MEMBER STATES + OBSERVERS	SURNAME	FIRST NAME
Austria – Bundesministerium für Gesundheit, Familie und Jugend	PIETSCH	Franz
Belgium - Federal public service Health, Food Chain Safety and Environment	REYNDERS	Daniel
Belgium – Federal public service Health, Food Chain Safety and Environment	CAPOUET	Mathieu
Bulgaria – Ministry of Health	MIKUSHINSKA	Neliya
Cyprus – Cyprus Anti-drug Council	CONSTANTINO	Costas
Cyprus – Cyprus Anti-drug Council	CHRISTODOULOU	Leda
Czech Republic – Ministry of Health	GOTTVALDOVA	Eva
Denmark – National Board of Health	BRUUN	Jette Jul
Denmark – National Board of Health	BROHOLM	Kit
Estonia – Ministry of Health	KAROLIN	Katrin
Estonia – Ministry of Health	TÄHT	Triinu
Finland – Ministry of Social Affairs and Health	TUOMINEN	Ismo
Finland – Ministry of Social Affairs and Health	PAASO	Kari
France – Ministry of Health	BELLO	Pierre-Yves
Germany – Bundesministerium für Gesundheit und Soziale Sicherung	SEEBBA	Ewold
Germany – Bundesministerium für Gesundheit und Soziale Sicherung	DYBOWSKI	Sandra
Hungary – National Center for Addictology	VANDLIK	Erika
Hungary – National Center for Addictology	KOOS	Tamas
Ireland – Department of Health and Children	DEVLIN	John
Ireland – Department of Health and Children	McCORMACK	Liam
Italy – Ministry of Health	RUOCCO	Giuseppe

Italy – National Health Institute	SCAFATO	Emanuele
Latvia – Ministry of Health	TAKASHOVS	Aleksandrs
Latvia – Ministry of Health	MELKE-PRIZAVOITE	Lolita
Luxembourg – Ministry of Health	STEIL	Simone
Malta – National Agency against Drug and Alcohol Abuse	SCHEMBRI	Jesmond
Malta – Ministry of Health	MANGANI	Manuel
Netherlands – Ministry of Health, Welfare and Sport	TAS	Wieke
Netherlands – Ministry of Health, Welfare and Sport	Van der VELDEN ALEMAN	Karin
Norway – Ministry of Health and Care Services	ASPÅS	Jon-Olav
Norway – Ministry of Health and Care Services	BULL	Bernt
Poland – State Agency on Alcohol Problems Resolving	BRZOZKA	Krzysztof
Portugal – Institute on Drugs and Drug Addiction	CARDOSO	Manuel
Romania – Ministry of Health	CARLAN	Adriana
Romania – National Institute of Public Health	FURTUNESCU	Florentina
Slovak Republic - Slovak Ministry of Health	OKRUHLICA	Lubomir
Slovenia – Ministry of Health	GOBEC	Natasa
Spain – Ministry of Health and Consumers Affairs	RAMIREZ	Rosa Fernandez
Spain – National Plan of Drugs	SANCHEZ	Mariana Javier
Sweden – Ministry of Health and Social Affairs	RENSTRÖM	Maria
Sweden – Ministry of Health and Social Affairs	NILSSON - KELLY	Karin
Switzerland – Federal Office of Public Health	SCHERER	Gabriela
Switzerland – Federal Office of Public Health	RÜEGG	Monika
United Kingdom – Department of Health	HEFFER	Chris
United Kingdom – Department of Health	ACTON	Crispin
WHO – Regional Office for Europe	MØLLER	Lars

EXTERNAL PRESENTERS	SURNAME	FIRST NAME
EAHF Science Group	ANDERSON	Peter
RAND Europe	HUNT	Priscillia
PERMANENT REPRESENTATIONS TO EU		
Estonia	OHOV	Elen
Greece	LANARAS	Antonis
Netherlands	VAN LINGEN	Corine
EUROPEAN COMMISSION	SURNAME	FIRST NAME
DG SANCO C4	TESTORI COGGI	Paola
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	NIKOLAKOPOULOU	Alexandra
DG MOVE	GARCIA	José Fernandez