



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

Brussels 31 October 2012

Summary Report

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

1. Welcome and adoption of the agenda

- The Chair welcomed all participants (*cf. List of participants in Annex I*) to the 2nd High Level Meeting of the Committee on National Alcohol Policy and Action (CNAPA). The Chair highlighted that this High Level CNAPA Meeting would be an opportunity for the Commission to hear Member States' views on future work on alcohol and health at EU level. Results of the evaluation of the EU alcohol strategy will also feed into the discussion on the next steps and were presented in this meeting for feedback from Member States.
- The agenda was approved with the modification of pushing the address by the Deputy Director-General to the afternoon when he would be able to attend the meeting.

2. Towards future work on alcohol and health

- Tony Zamparutti, from COWI Consortium, presented key results from the assessment of the added value of the EU alcohol strategy to support Member States in reducing alcohol related harm, highlighting in particular suggestions arising from the assessment for enhancing the functioning and focus of work at EU level.
- The Chair thanked CNAPA members for active collaboration in the evaluation process and acknowledged political support to the continuation of EU work on alcohol and health expressed in a joint letter from five Nordic Health Ministers and in a separate letter from the Italian Health Minister to the acting health commissioner Vice President Šefčovič. He then opened a tour de table inviting Member States to address in particular the questions:
 - How should work at EU level be continued to better support Member States in reducing alcohol related harm?
 - Are there areas of particular added value and/or gaps to be addressed?
 - How can Member State coordination be strengthened?
- There was strong unanimous support from the representatives of all Member States present for continued EU work on alcohol either through a new strategy or in

continuation of the current strategy, the main priorities of which were still considered to be valid. The need to address alcohol related harm with coherence across EU policies was emphasised to better enable and support Member States in pursuing policies tailored to challenges at national level. This was also expressed in a paper on "principles" for future work circulated by the UK, Sweden and Ireland. The paper puts emphasis on EU work on cross border trade and advertising, taxation and minimum pricing.

- Strengthening coordination and cooperation with and between Member States was considered important. Reference was made to work across the society through the Alcohol and Health Forum, considered an important element, yet requiring clearer focus on responsible business practices and more emphasis to evaluate outcomes.
- The WHO Regional Office, with observer status in CNAPA meetings, drew attention to the complementary role of the EU alcohol strategy and the implementation in Europe of the Global strategy to reduce the harmful use of alcohol and emphasised the need to continue cooperation on research and monitoring of alcohol consumption, harm and policies. The value of joint EC/WHO work on data gathering and the knowledge base was also noted by Member States during the discussion and was highlighted in the evaluation as having provided support to work at national level.
- The Chair laid emphasis on unanimous and strong support from MS for continuing work, although there is the need of paying more attention to certain issues such as cross-border trade and strengthening cooperation between MS.
- In the last part of the morning discussion, there was some room for MS to highlight some issues to be considered in the strategy in the following years: young adults and workplaces, visibility of alcohol issues, binge drinking, marketing, fighting black market, health promotion for all ages, traffic awareness raising, health inequalities in drink trends setting up common indicators between national policies, lacking monitoring and report on core and policy indicators were some of the topics presented.

3. Address to the meeting by Martin Seychell, Deputy Director-General for Health and Consumers

- In his address to the meeting, Deputy Director-General Martin Seychell noted that, while the evaluation of EU strategy on alcohol related harm shows that the strategy and the priority themes have been relevant across the EU and have had results in terms of supporting Member States, there are so far no marked changes in harmful drinking or alcohol related harm. More work is therefore needed to progress towards concrete harm reduction aims.
- Addressing the burden from non-communicable diseases is high priority globally and within the EU, requiring a more structured approach to chronic diseases and their risk factors. Harmful alcohol consumption will certainly be addressed in this context although the best way to take this forward is yet to be decided. The Deputy Director-General called on the participants to point out areas that bring added value and support and respond to Member States' needs, highlighting that along with horizontal approaches to address the common roots of chronic diseases also vertical policies are needed to address the specificities of the risk factors.

4. Exchange of information: developments in Member States

- Sandra Dybowski from the German Federal Ministry of Health, presented the main features of the National Strategy on Drug and Addiction policy adopted by the Federal Cabinet in February 2012. The strategy covers all addictive substances (alcohol, tobacco, illicit drugs) and also non-substance related addiction (gambling, Internet use) and highlights measures that work across substances/addictions in the fields of prevention, counselling and treatment, harm reduction and regulation/repression. Certain target groups are given specific attention across substances/addictions: children from families with an addiction background; adolescents; older people; people with migration background. The strategy was circulated in English translation.¹
- Recent developments in other Member States included:
 - In Estonia, preparation of a national alcohol strategy to be in place in 2013.
 - In the Netherlands, cooperation between the Ministry of Health, the alcohol sector and the health sector moving towards a more structured approach including action plans and measurable targets for example regarding compliance with age limits.
 - In France, a new action plan being developed for inter-ministerial cooperation on alcohol, tobacco and other drugs (MILDT).
 - In Cyprus, preparation of an integrated policy on licit and illicit drugs for 2013-2020.
 - In Luxembourg, preparation of first national alcohol strategy, to be launched in 2013.
 - In Italy, discussion on raising to 18 the minimum age for selling and serving alcoholic beverages.
 - Raises in alcohol taxes on the agenda in several countries including the Netherlands, France and Slovenia.

5. Plans for a Joint Action to support Member States to take forward work on common priorities in line with the EU alcohol strategy

- Participants were informed on the state of play on a proposal for the EU Health Programme Work Plan 2013 regarding Joint Action to take forward work on common priorities in line with the EU alcohol strategy. The proposed Joint Action is aimed to take forward work on the monitoring of drinking habits and alcohol related harm and on good practice information provision to reduce alcohol related harm. The proposal was confirmed in the Programme Committee and a call will be launched after the Work Plan is published in December. On 10-11 December a preparatory workshop will be organised for all Joint Actions in the 2013 Work Plan. Several member States expressed interest to participate in the Joint Action.

6. Conclusions by the Chair

- The Chair thanked participants for active input and for clearly expressing political support for EU work on alcohol and health, reiterating that the work will continue and that decisions on its form will be taken after the new health commissioner enters into office.

¹ http://www.drogenbeauftragte.de/fileadmin/dateien-dba/Presse/Downloads/Nationale_Strategie_Druckfassung_EN.pdf

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 Permanent Representation of Belgium to EU	BOERS	Chris
Cyprus - Permanent Representation of the Republic of Cyprus to EU	GEORGIU	Loukas
Denmark - National Board of Health	BROHOLM	Kit
Denmark -- Danish Health and Medicines Authority	BRUUN	Jette Jul
Denmark –Ministry of Health	SCHJØNNING	Katrine
Estonia - Ministry of Health	ARO	Tiiu
Estonia - Ministry of Health	TÄHT	Triinu
Finland – Ministry of Social Affairs and Health	TUOMINEN	Ismo
France - Direction Générale de la Santé	BELLO	Pierre-Yves
Germany - Bundesministerium für Gesundheit und Soziale Sicherung	DYBOWSKI	Sandra
Greece - Permanent Representation of Greece to EU	LANARAS	Antonis
Hungary – National Center of Addictology	VANDLIK	Erika
Hungary – National Center of Addictology	KOOS	Tamas
Ireland - Department of Health and Children	McCORMACK	Liam
Italy - Istituto Superiore di Sanita	SCAFATO	Emanuele
Latvia – The Center of Health Economics	ANCANS	Peteris
Lithuania - Public Health Division	KRIVELIENE	Gelena
Luxembourg – Ministry of Health	STEIL	Simone
Malta – National Agency Against Dependencies	SCHEMBRI	Jesmond
Malta – Ministry of Health	MANGANI	Manuel
Netherlands – Ministry of Health, Welfare and Sport	TAS	Wleke

Netherlands – Ministry of Health, Welfare and Sport	HAGENS	Arnout
Norway – Royal Ministry of Health and Care Services	HANEBORG RØNHOLT	Hege
Norway – Royal Ministry of Health and Care Services	BULL	Bernt
Poland - Ministry of Health	KLOSINSKI	Wojciech
Portugal – Institute on Drugs and Drug Addiction	CARDOSO	Manuel
Slovak Republic - Slovak Ministry of Health	OKRUHLICA	Lubomir
Slovenia - Ministry of Health	PETRIC	Vesna-Kerstin
Spain - Ministry of Health and Consumers Affairs	VILLAR LIBRADA	Maria
Spain - Ministry of Health and Consumers Affairs	HERNANDEZ FERNANDEZ	Tomas
Sweden - Ministry of Health and Social Affairs	RENSTRÖM	Maria
Switzerland - Federal Office of Public Health	RÜEGG	Monika
Switzerland – Health Attache of the Swiss Mission to EU	AMBERG	Ariane
United Kingdom	ACTON	Crispin
United Kingdom	BRADFELD	Rebeca
WHO (Copenhagen)	MØLLER	Lars
EXTERNAL PRESENTERS	SURNAME	FIRST NAME
COWI Consortium	ZAMPARUTTI	Tony
EUROPEAN COMMISSION	SURNAME	FIRST NAME
DG SANCO C4	HÜBEL	Michael
DG SANCO C4	GALLO	Giulio
DG SANCO C4	MONTONEN	Marjatta
DG SANCO C4	TORRES da SILVA	Natacha