



EUROPEAN COMMISSION  
HEALTH AND CONSUMERS DIRECTORATE-GENERAL

Public Health  
Health Determinants

## EUROPEAN ALCOHOL AND HEALTH FORUM

12<sup>th</sup> Plenary Meeting

BRUSSELS, 25 APRIL 2013

### Summary Report

#### **1. Opening by the Chair, John F. Ryan, Principal Advisor, Acting Director for Public Health, Directorate General for Health and Consumers**

- John F. Ryan welcomed the participants (cf. List in Annex 1) to his first plenary meeting of the European Alcohol and Health Forum (EAHF) as the Chair of EAHF.
- The Chair referred to the independent evaluation of the EU alcohol strategy. The evaluation would be published before the summer break. He highlighted that according to the results the strategy and its priority themes have been (and still are) relevant across the EU and have had results in terms of supporting Member States. Yet, there is a need of further working towards harmful drinking or alcohol related harm as there had not been major changes in this aspect.
- The Chair announced that the 12th EAHF Plenary meeting would focus on the efficacy of voluntary actions (namely on the need to improve the capacity to monitor and report) and on the global initiatives to reduce alcohol related harm and on lowering alcoholic strength of drinks.
- The Chair informed that due to Parliamentary obligations, he could not Chair the second part of the morning panel but that Philippe Roux, Head of the Health Determinants Unit in SANCO would replace him during his absence.

#### **2. Highlights by Commission Services**

- SANCO presented two small projects the final report of which will be expected after the summer break. One is on the state of play in the use of

alcoholic beverages labels to inform consumers about health aspects and the other one about the minimum age for purchase of alcoholic beverages.

- The EAHF participants welcomed both initiatives. They stressed that comparisons over time between what EAHF or MS do should be possible.
- Regarding the project concerning labelling of alcoholic beverages, EURO CARE informed EAHF members of their library on health warning labels, which is put at the disposal of any EAHF member that wanted to use it.
- The Chair suggested that the results of these two tenders could be discussed on one of the next EAHF meetings.
- DG CNECT presented the implementation report of the Audio-Visual Media Service Directive and the intention of launching a study on exposure of young people to alcohol marketing, based on the RAND project commissioned by SANCO. A need for a working group to define the methodology for this study was agreed and members wishing to take part in this discussion should express their interest to SANCO. SANCO will then involve also DG CNECT in the procedure related to this working group. DG CNECT stressed that the study on exposure will have a wider scope than the directive.
- Several participants welcomed the synergetic approach and the opportunity to participate, namely to improve the questionnaire and the methodological approach. WFA mentioned its expertise in the field and stressed the importance of having quantitative measures. The Royal College of Physicians highlighted the importance of following RAND methodology since their report has been accepted for independent peer-reviewed publications.
- SANCO and CNECT committed on a balanced selection between industry and NGOs while selecting the work group participants. The group should have 15-18 members.

### **3. Global Initiatives to Reduce Harmful Drinking: implementation in Europe**

- International Center for Alcohol Policies (ICAP) gave a general presentation on the global initiative concerning alcohol related harm.
- Heineken, Comité Européen des Entreprises Vin and Pernod Ricard specified in short how they contribute to this global initiative.
- EURO CARE and one of its members, the Institute of Alcohol Studies, presented a series of questions to the signatories of the ICAP commitments concerning the viability and impact on reducing alcohol related harm of these commitments.
- The Royal College of Physicians and the Scottish Health Action on Alcohol Problems expressed their concern with the industry's involvement in WHO work. They also questioned whether the alcohol producer's action was submitted to the same peer review level as public health work.
- SANCO highlighted the common objective in spite of the different positions and insisted on the concept of "cooperative voluntarism". SANCO also considered that the global CEOs commitment was an opportunity to boost actions on crucial issues such underage drinking, consumer information and warning messages also in the EU context, even though they possibly ought to be revisited for improvement of the monitoring dimension. The responsibility

of government action and the role of the stakeholders to contribute to formulate opinions were highlighted. Discussion on the concept of core business and the value of cooperation between the industry and health actors was stressed for follow-up in the next EAHF meetings.

- The Chair informed the participants that several questions on the future of the alcohol strategy were raised in the European Parliament. The continuation of the current strategy was envisaged until the adoption of a new way forward..

#### **4. Lowering alcohol content in drinks**

- The eight panellists joined the Chairs table at the beginning of the afternoon session.
- Molson Coors presented the UK Responsibility Deal pledge on "Alcohol Unit Reduction" and stressed that the action was not about reducing total population consumption but indeed to increase the number of people drinking within low risk guidelines, thereby reducing the number of those at risk of harmful drinking patterns. They stressed the business advantages of this initiative besides public health benefits.
- The reasons why such a commitment has been possible in UK and seems to be difficult at EU level were discussed. Guidelines for low risk consumption and standard units had been well known by UK consumers for a long time. The role of the media was highlighted as crucial for this pledge. Nevertheless, the producers stressed the difficulties inherent to implement it outside EU, such as the consumers' expectations, the fact that these initiatives are part of a more general approach and also the lack of uniform guidelines and standard drinks across MS.
- The Chair informed the participants that the work on the Joint Action would foresee the discussion on common guidelines for low risk drinking across MS and highlighted the involvement of a wide range of MS. An overview of the Joint Action proposal will be presented in the next Forum meeting.
- The Chair closed this topic saying that the Commission is planning to follow closely the development of the UK Responsibility Deal pledge on "Alcohol Unit Reduction", as well as the commitments of some of its members. He added that this issue might be revisited in the Forum in 2015 based on the UK results.

#### **5. Selected commitments**

- The European Transport Safety Council presented SMART (Sober Mobility Across Road Transport), their new project on drink-driving, supported by the Brewers of Europe as a new Forum commitment.
- SMART will have three main pillars
  - Best practices addressing drink driving in different settings and for different types of consumers
  - Programmes set up for first high-level and recidivist offenders
  - Addressing alcohol at the workplace
- The Brewers of Europe highlighted that the SMART project is part of the Beer Pledge.

- The Chair welcomed the project and recommended evaluation to be included in the work packages.
- HORECA Vlaanderen, the representative organisation for the hospitality sector in Flanders (Belgium) and one of the new members joining the Forum in November 2012, presented their commitment aimed at increasing awareness and providing training in the hospitality sector. It includes:
  - Restrictions on publicity
  - Training on selling and serving
  - Awareness raising campaigns
- The Chair acknowledged the importance of projects in the hospitality sector.

## **6. European Alcohol and Health Forum: ways forward**

- SANCO presented a new proposal for the commitments' database with a more user-friendly IT environment based on the suggestions of the evaluation report, in order to better demonstrate the effectiveness of the Forum to tackle alcohol related harm.
- The main changes presented were related to the simplification of the fields, automatic insertion of information and the obligation of giving outcome and impact indicators.
- Several members welcomed the proposal as an improvement concerning outcome indicators, which would allow a reflection of the initial objectives of the commitments but also stressed the inherent difficulties of this change.
- The Chair stressed the need of demonstrating the implementation of the new data base structure and proposed to do it in a trial website. When this format will become operational, the Commission will ensure that the guide concerning the submission of the commitments will be also updated.
- The Chair specified also that almost half of the EAHF members don't have an active commitment (37 out of 70) and that most have been without active commitment for a longer time than the last plenary (November 2012).
- With regard to monitoring, the Chair informed that 57 monitoring reports were submitted (65 expected) by the end of March 2013 and that similarly to the year before, the reports would be examined by the COWI Consortium to assess the quality of the information provided on implementation, outputs and outcomes, and on the relevance for the aims of the Forum. COWI will provide commitment specific feedback in early autumn, and a draft summary report for the next Forum plenary meeting. The Chair set the date for the next year reporting at 31 March 2014.
- The Chair announced that the next plenary meeting of the Alcohol and Health Forum would take place on 21 November 2013.

## **7. Conclusions by the Chair**

- The Chair stressed the importance of having an agreed methodology to measure young people's exposure to alcohol marketing so that monitoring progress in this important area will be possible. He also noted the agreement of creating a small balanced working group of interested parties to define the methodology for the study.

- The recent developments such as the commitment of the global alcohol producer companies were highlighted by the Chair as going in the right direction. He also stressed that the retailer and the hospitality sector as well as the medical, public health and youth communities should be invited to join.
- The Chair also emphasised the need of meaningful and ambitious commitments with better reporting and evaluation.
- Marketing, better consumer information and warning messages were pointed by the Chair as key areas for further work.
- The UK pledge on lowering alcohol content was considered a promising initiative and the Chair promised to closely follow the development in this area to see if it is possible to create the pre-conditions to set a number of commitments in that direction under the Forum.
- The Chair also recalled the need of having research on alcohol in the next Forum meeting's agenda, in addition to the Joint Action on Alcohol proposal. It was settled to return to the lowering of alcohol content in alcoholic beverages for the next Forum meetings.
- As a final point, the Chair stated that Forum Members agreed to adjust the layout of submission of commitments: outcome and impact data reporting will become compulsory, as soon as the new commitments database will be operational, in order to improve reporting of commitments.