



EUROPEAN COMMISSION
HEALTH AND CONSUMERS DIRECTORATE-GENERAL

Public health
Health determinants

COMMITTEE ON NATIONAL ALCOHOL POLICY AND ACTION

12th Meeting

Luxembourg 22 October 2013

Summary Report

The meeting was chaired by **Philippe Roux**, Head of the Health Determinants Unit, DG Health & Consumers.

1. Welcome and introduction

- The Chair welcomed participants.
- The agenda was adopted.
- Two new colleagues that will follow up the Alcohol issues within DG SANCO were presented: Attila Balogh, the new Team Leader of the Addictions Team and Hege Rønholt, Policy Officer.

2. Update from the Commission

2.1. The future of EU alcohol strategy – an Action Plan

- A short summary of the final conclusions of the independent evaluation report of the EU alcohol strategy as published in August 2013 was given.
- As a result of the evaluation of the EU alcohol strategy, the Commission considers that the strategy is still valid and running in terms of tools, priorities and objectives.
- To support the further work under the strategy, the Commission presented the option of an Action Plan setting out concrete actions, actors and timelines and focussing on young people and on binge drinking. This future action plan would cover the period 2014-2020, and supplement the already existing instruments of the strategy.
- The advantage of a new action plan was reckoned by the Chair:
 - It would focus on specific issues that remain a concern across EU, such as youth and binge drinking

- It would include operational and measurable objectives
- It would focus on attainable actions and targets
- It would improve the possibility for monitoring
- Several CNAPA members argued that they wanted a new and comprehensive strategy and stressed that focusing on young people and on binge drinking could be too narrow. Members referred to the conclusions of earlier meetings, and the call from many Member States for a new strategy aiming also at heavy drinking.
- The Chair stressed that for the time being the Commission would not develop any new initiatives, since it is the last year of the Commissioner mandate.
- CNAPA members conceded that an action plan could be the best option at the moment, as long as it does not replace or postpone the work on a new strategy and if the duration would be limited.
- The Chair took the diverse views into account and agreed to shorten the length of the Action Plan to 3 years, and to include heavy drinking as proposed by several members. He explained The Action Plan, along with the Joint Action on Alcohol, should be considered as one of the tools to take forward the work under the strategy to reduce alcohol related harm; Member States' (MS) support was highlighted as instrumental in the development of an Action Plan. As for the Forum involvement, EAHF members would only be invited to comment on and suggest actions for the action plan, which can or cannot be taken on board. Then a draft preliminary timeline for the preparation of the action plan was briefly presented by the Commission. The Commission will send a draft skeleton of the possible operational objectives of the Action Plan to the Committee, to obtain MS comments and proposals for action.
- Several Member States proposed to set up a drafting group to support the preparation of the action plan. The following drafting group members were provisionally identified: EE, UK, DK, PT, IT. The Joint Action Coordinator (Portugal) offered to organise the first meeting of this drafting group on 30 January 2014, back to back with the Joint Action kick-off meeting; the Chair thanked for the offer that the Commission will consider and inform CNAPA members accordingly.

3. Update on projects funded under the Health Programme

- **Wim van Dalen**, from the Dutch Institute for Alcohol Policy (STAP), presented the main conclusions, best practices and recommendations of the recently published report on the minimum age for the purchase of alcohol beverages used in EU. Three reports are available online. According to the report, there is a trend to raise age limits, and the most common age limit in Europe is 18 years (although not harmonised across the EU). However, the results of the study shows that compliance varies enormously.
- **Christine Tresignie**, from GfK, gave preliminary results of the study focusing on the EU state of play of health related information given on the labels of alcoholic beverages. The final report is foreseen to be published end of 2013.
- The Chair concluded that both projects contained elements for further discussion on a possible harmonisation on age limits and on effective labelling policy.

4. Joint Action on Reducing Alcohol Related Harm (RARHA) – State of play

- **Patrícia Pissarra**, from SICAD, Portugal, updated the CNAPA members with the recent developments and the next steps of the Joint Action, funded by the EU Health Programme.
- The Joint Action is foreseen to start on 1 January 2014 and to last 36 months. The tools developed under the Joint Action will help plan public health policies that in the longer term will contribute to reducing alcohol related harm.
- It involves 27 Member States plus Norway, Switzerland and Iceland. There will be 32 associated partners and 28 collaborating partners under the leadership of Portugal.
- The Grant Agreement is foreseen to be signed on 20 December, and a kick-off meeting to be held in 30-31 January 2014.
- The possibility of having a drafting group meeting to discuss the Action Plan back to back with the Joint Action kick-off meeting is to be discussed.

5. Early detection and brief interventions

5.1. INEBRIA conference: summary and conclusions

- **Emanuele Scafato** from the National Health Institute, Italy presented a brief summary on the main conclusions of the INEBRIA conference held in Rome last September.
- The presentation highlighted that there is consistent evidence for the effectiveness of brief interventions in primary health care and that there is a growing interest by national governments on the potential of brief interventions as cost-effective action towards alcohol-related harm. However, there is room for improvement in the implementation of these measures.

5.2. What has been done so far? (PHEPA, ODHIN and BISTAIRS)

- **Peter Anderson** and **Antoni Gual** presented and discussed jointly some results of three projects (PHEPA, ODHIN and BISTAIRS) concerning management of risk of alcohol dependence in primary care and other settings.
- According to the experts, instead of the dichotomy between alcohol abuse and alcohol dependence, a shift to a simpler paradigm, which relies on a continuum on heavy drinking would be more appropriate; helping heavy drinkers to reduce their consumption should be the most important public health aim, instead of focusing on the dichotomy between alcohol dependence and abuse/harmful consumption.
- The Chair concluded that MS should support the implementation of brief interventions through guidelines and training. The challenge for MSs may be to try and find meaningful ways to measure and compare interventions and the impact of these actions to different segments of the population.

6. Alcohol Dependence and Treatment

6.1. Rationale: WHO data on dependence

- **Lars Møller** from the World Health Organization (Regional Office for Europe) briefly introduced the most recent data regarding alcohol use disorders including alcohol dependence in Europe.
- These data will be published in the next global status report on alcohol and health, in March 2014.

6.2. Overview on Alcohol Dependence

- **Francesco Piani**, from Responsabile del Dipartimento delle Dipendenze, Italy gave a comprehensive overview focusing on the definition of alcohol dependence, the burden attributable to alcohol dependence and the main treatment approaches for alcohol dependence and their effectiveness.
- The expert stressed the non-added value of differentiation between abuse and dependence. According to his view, there is no consumption without risk and both terms correspond only to different levels of the same gradient. “Alcohol related problems” would be the preferred nomination for the overall phenomena.
- The need of investing in health professionals’ education concerning prevention, diagnosis and treatment of alcohol use disorders was also highlighted.
- The importance of a multicomponent approach (Social Ecological Approach) was presented and the complementarity of different methodologies (mutual-help, psycho-education, community intervention) was emphasised.

6.3. Mutual help on Alcohol Dependence

- **Ennio Palmesino**, President of EMNA (Mutual Help Groups in Europe) presented some aspects of the voluntary work in treatment and rehabilitation of alcohol dependence.
- The usefulness of Mutual Help Groups in the community and the cooperation between the non-governmental organizations and governmental health care systems was presented as a low cost approach to achieve tangible results to address alcohol related harm.
- Several examples of articulation between voluntary and professional work were presented and discussed by CNAPA Members. The difficulty in mobilizing volunteers and the diverse entry points were also topics raised.

7. Developments in Member States

- **Triinu Täht**, from the Estonian Ministry of Social Affairs, informed about the green paper on involvement of stakeholders in development of Estonian alcohol policy. One of the main goals of Estonian alcohol policy is to protect children and young people, and the main target is to reduce the overall yearly consumption to less than 8 litres pure alcohol per capita.

- **Manuel Cardoso**, from the Portuguese Ministry of Health, briefly presented the main results of the Portuguese Alcohol Plan. Among the main results are the retreat of the consumption prevalence, the reduction of casualties in alcohol related road accidents and the decrease of standardized mortality rate for diseases attributable to alcohol before the age of 65.

8. Conclusions and ways forward

- The Chair concluded the meeting by welcoming CNAPA Members support for reinforced action to tackle alcohol related harm and underlined the importance of their input on the Action Plan. It will be important to assess where concrete progress has been made and where we can improve our actions for the future.
- The Action Plan should not replace further discussion on policy development in view of a possible new proposal for a strategy in the medium term. These discussions should be followed up in the upcoming CNAPA meetings agendas.
- It was also agreed that the Action Plan should have a specific focus on “Young people, binge drinking and heavy drinking”.
- The Action Plan should be limited to a maximal duration of three years (mid-2014 to mid-2017).
- A draft skeleton with possible operational objectives will be sent to CNAPA members by 6th December. CNAPA members are invited to submit comments and proposals for action.
- The Chair will consider the possibility of a meeting for a drafting group for the Action Plan; CNAPA members will be informed on this in due time.
- The Joint Action on Alcohol will also be instrumental for converging priorities for action in the upcoming years.
- Next CNAPA meeting will be on 5 March 2014.