

# **20<sup>th</sup> MEETING OF THE COMMITTEE ON NATIONAL ALCOHOL POLICY AND ACTION - CNAPA**

**21 March 2017 09:30 – 17:00**

**22 March 2017 09:30 – 15:30**

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

## **MINUTES**

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### **21 MARCH**

#### **1. INTRODUCTION BY THE COMMISSION**

The two day meeting was opened by the Chair, who welcomed the participants, introduced the agenda and reported on the following points:

- The [Annual Work Programme 2017](#) of the Health Programme was adopted on 26 January 2017 and includes actions on alcohol. The Commission noted the concerns of CNAPA about a missing continuation of the Joint Action and acknowledged the request for discussion about it to continue for 2018 Work Programme.

- [The report on labelling of alcoholic beverages](#) was adopted on 13 March 2017. The alcohol industry is asked to develop a self-regulatory proposal towards labelling ingredients and calories in alcoholic beverages within one year.

- The Commission informed CNAPA members on recent developments concerning the [European Alcohol and Health Forum](#). The Commission had two meetings with the NGOs to discuss a revival of the Forum. The meetings took place on 17 February and 2 March 2017; the latter was attended also by Commissioner Andriukaitis. A new working methodology is currently under discussion. The Commission proposes to reinforce the ambition and rigor of the Forum commitments and the steering of the structured dialogue and action. The Member States' public health authorities (through CNAPA), together with the Steering Group for Promotion and Prevention and the Health Council will provide increased policy guidance to the Forum. The Forum links to CNAPA priorities will thus be stronger resulting in stronger guidance for commitments. Forum commitments will be asked to have a clear link with WHO agreed objectives and UN Sustainable Development Goals. Increased scientific support through the Joint Research Centre (JRC) and WHO will be available. The dialogues in the Forum will focus mainly on priority areas identified by CNAPA, including via the Action Plan on Youth Drinking and Heavy Episodic Drinking, and by relevant documents of the Steering Group on Promotion and Prevention and of the Health Council. The EU Platform for actions on diet, physical activity and health can serve as an example for this working method.

The Forum will meet in two chambers, one for NGOs, professional and scientific organizations and the other for economic operators. The chambers will meet separately but there will also be a joint meeting of the chambers to provide a platform for constructive dialogue and to mutually challenge the commitments. As in the past, CNAPA members are invited to participate in the Forum meetings.

- The Opinion of European Committee of the Regions (CoR) on "The need for and ways towards an EU strategy on alcohol-related issues" was adopted at the CoR's plenary on 8-9 February 2017; it underlines the importance of actions on alcohol and supports a proposal for a new EU alcohol strategy.

- Finally, the Chair drew attention to the new White Paper on the Future of Europe which proposes several scenarios for discussion about the future cooperation in the EU. Reducing work on public health issues at EU level has been listed as one of the options in this document. CNAPA has been invited to discuss with their national authorities the impact of this option on public health.

## **2. RECENT DEVELOPMENTS RELATED TO ALCOHOL AND CHRONIC DISEASES**

DG SANTE Unit C1 gave an update on the non-communicable disease (NCDs) policy in the EU and its impact on the EU alcohol policy. At least 10 % reduction of harmful alcohol use in the national context is one of WHO's voluntary targets for prevention and control of NCDs. At the EU level, several working mechanisms are in place to address challenges related to non-communicable diseases.

First, the recently established Steering Group on Prevention and Promotion adopted its mandate; the Steering Group will support the implementation of already collected and evaluated best practices, coordinate the sector specific expert groups and focus on improving multi-sectorial collaboration.

Second, CHRODIS PLUS is planned as a follow-up of the Joint Action on Chronic Diseases (CHRODIS) to give sustainability to the implementation of best practices identified and to the best practice IT platform created by CHRODIS. CHRODIS PLUS focuses on the re-employment of chronically ill people and on mental health (both of which are a profound issue for people with alcohol problems).

Third, DG SANTE also works with other sectors and stakeholders, such as DG CNECT, DG EMPL, WHO and civil society, to address challenges related to non-communicable diseases.

Slovenia emphasised the need for inter-sectoral cooperation and a health in all policies approach in the field of alcohol related harm. DG SANTE agreed and mentioned areas such as taxation, advertising or the common agriculture policy where DG SANTE is currently actively engaged to promote that health is taken into account.

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

To support Member States, DG SANTE presented the possible priority areas for EU action on alcohol-related harm for 2017-2020 and invited CNAPA to give their feedback. Topics included framing alcohol marketing and advertising with focus on young people, prevention with early identification and brief intervention, continued analysis of data from the Joint Action on Reducing Alcohol Related Harm (RARHA), launch of a second wave of the RARHA survey and implementation of existing and evaluated best practices and interventions thereby giving continuity to earlier work, collecting best practices related to cross border sales of alcohol, price and tax measures, contraband alcoholic beverages, drink driving and alcohol consumption and related harm at workplaces.

The planned EU support mechanism was explained. *Norway, Slovenia, Italy, Germany, Sweden* and *Portugal* stressed the necessity of any work in these areas based on solid public health expertise of the applicants.

The following topics were suggested to receive particular and/or additional attention

- Unrecorded - not necessarily illicit - consumption (SL)
- Alcohol marketing (SL, SE)
- Alcohol and Common Agriculture Policy (SE)
- Economics of alcohol related harm to others and social harm (D, DK)
- Study on the apparent recent trend of reduction in alcohol consumption, including among youth and underage (NO)
- Early detection and brief interventions to reduce alcohol related harm, in addition to support to related e health tools and ensuring the continuity to the EU investments in projects such as ODHIN, PHEPA, AMPHORA, BISTAIRS and the Joint Action RARHA (IT).

#### **4. OVERALL RESULTS OF FP7 PROJECTS ALICE RAP AND AMPHORA**

The project leader presented some of the main results of research projects the AMPHORA 2012 -2016 (Alcohol Measures for Public Health Research Alliance, [amphoraproject.net](http://amphoraproject.net)), the ALICE RAP 2011 -2016 (Addiction and Lifestyles in Contemporary Europe Reframing Addictions Project, [www.alicerap.eu](http://www.alicerap.eu)) and ODHIN 2011-2014 (Optimizing Delivery of Health Care Interventions, <http://www.odhinproject.eu/>).

These projects aimed at providing (new) scientific evidence for effective public health measures to reduce harm from alcohol and other addictions.

The main findings from the AMPHORA were presented including results on consumption, effect of changes in access to alcohol, alcohol marketing and interventions.

The ALICE RAP project published six books on different aspects such as governance of addictions, impact of addictive substances on individuals and societal well-being and impact of market forces on addictive substances and behaviours.

Results from ODHIN showed that screening and brief advice in Primary Care settings can be cost-effective but that in general, health systems across Europe lack the infrastructures to support the delivery of such programmes.

One of the findings of the projects is that the average citizen believes that light to moderate drinking of alcohol is protective against heart disease. However, meta-analysis shows that this is not so. The (wrong) belief appears to be based on observational and subtly confounded data rather than on evidence from randomized controlled trials. The evidence rather shows that alcohol is a potentially addictive and harmful drug, both for the cardiovascular system and several other organ systems. The risk of dying prematurely goes up in a straight line with the daily amount of alcohol intake. People at higher risk are those in middle age. This means that this is a group upon which immediate public health action can create strong results.

The big treatment gap for alcohol abuse (90% of those that would benefit from it do not get it) and the definition of Alcohol Use Disorder (AUD) were also discussed. It was suggested to use the concept of "heavy drinking over time" instead as it better describes the way how alcohol causes health damage.

*Norway, Denmark, Germany, Slovenia, Slovakia* agreed that the simple message that 'alcohol is not beneficial for health' still has to be spread through the population. Possible solutions to

this lack of awareness could be e.g. reaching out to doctors and creating and promoting easily understandable info-graphics.

## **5. PRESENTATION ON THE JOINT ACTION ON REDUCING ALCOHOL RELATED HARM (RARHA)**

An update on the work of RARHA was presented by the project coordination. The final conference took place on 13-14 October 2016 in Lisbon. Towards the end of the project, RARHA managed to reach politicians and to emphasise its usefulness for them as a reference data and information source for policy making (e.g. via the data and best practices collected and the scientific principles for establishing low-risk drinking guidelines).

*Slovenia* and *Germany* stressed the importance of ensuring the sustainability of the data collection using the SEAS methodology (Standardised European Alcohol Survey) developed by RARHA and also of the RARHA website.

## **6. ACTION PLAN ON YOUTH DRINKING AND ON HEAVY EPISODIC DRINKING**

The Commission invited CNAPA members to give feedback on the Action Plan and noted that WHO is responsible for the evaluation and plans to publish a report in 2018. WHO will come back to Member States representatives with additional questions.

CNAPA unanimously agreed to extend the Action Plan to 2020.

Norway informed of the upcoming launch of a Nordic Cooperation study researching the reasons for apparent recent change in alcohol consumption trends.

## **7. COLLABORATION WITH THE JOINT RESEARCH CENTRE (JRC)**

DG JRC presented a short summary paper on alcohol and health for CNAPA feedback. The paper gives an independent update on latest evidence on alcohol and health. It may serve as a discussion paper at a later stage but has no formal Commission status. Comments, suggestions and/or endorsement/support by CNAPA would be welcomed to strengthen the document.

## **22 MARCH**

## **8. REVISION OF THE AUDIO VISUAL MEDIA SERVICES DIRECTIVE- AVMSD**

Via video link DG CNECT gave an update of the revision of the AVMSD. On 25 April the European Parliament will vote its opinion on the revised Directive. Estonian Presidency should finalise the compromised text by the end of the year.

Over 1,000 amendments to the Commission proposal have been introduced by the Parliament. The points of highest importance for public health are the following:

- Article 3 (Public health as grounds for exceptional derogation of free broadcast from other Member States)
- Article 9 (Possibility for the Commission to encourage the development of self or co-regulatory codes; Applicability to programmes with a significant children's audience; Aim of effectively reducing exposure of minors to alcohol and foods that do not fit nutritional guidelines)

- the Recitals (mentioning that legislative backstops are important for compliance and that self or co-regulatory codes should establish targets, independent monitoring and graduated sanctions; Mentioning that reference nutritional guidelines and models exist, including the WHO nutrient profile model, and that Member States should be encouraged to ensure that codes are used to effectively reduce exposure of children and minors to foods high in fat, sugar or salt and alcohol advertising; Prohibition of product placement in programmes with a significant children's audience).

At this point Member States have to channel their voices via the Council if they desire to influence the text.

Estonia highlighted that a definition of what is considered a serious risk to public health is missing. Sweden asked about the possibility to have a stricter national legislation than the Directive and noted that channels from one country (e.g. UK) may impinge alcohol advertisement to another Member State (e.g. Sweden), despite national legislation prohibiting alcohol marketing.

DG CNECT acknowledged the ongoing case between Sweden and UK and stated that the circumvention procedure in the AVMSD is of relevance. Discussions about a possible revision of that procedure are ongoing.

The Member States are able to have in place stricter national rules as it is a minimum harmonisation Directive.

WHO pointed to the relevance of BREXIT in a context where almost all the complaints on cross border transmissions of alcohol ads are related to the UK.

## 9. UPDATE ON COUNCIL DIRECTIVES ON EXCISE DUTIES

Via video link DG TAXUD gave an update of revision of two excise duties Directives.

Article 32 in the **Council Directive 2008/ 118/ EC** on the general arrangements for excise duty specifies guiding levels for cross- border purchases of alcohol and tobacco for personal use (a background document has been circulated to CNAPA members in advance of the meeting). A Member States consultation and open public consultation will be soon launched and it is important that ministries of health and public health authorities participate in it.

DG SANTE invited CNAPA to communicate to SANTE the likely position of the Member States on the possibility of tightening the current framework for cross-border purchases of alcohol and tobacco.

DG SANTE noted that the Member States most interested in the issue could work together. Several options to improve the current provisions of Article 32 could be introduced, e.g. a general derogation on grounds of public health, a possibility to adjust guide levels based on the national situation or referring to personal consumption instead of personal use. SANTE invited the Member States to share any related studies if available to support the impact assessment.

Concerning **Council Directive 92/83/EEC** on the harmonisation of the structures of excise duties on alcohol and alcoholic beverages, the main areas of interest are the possibilities of (a) reducing excise rates for small producers, (b) reduced excise rates for low-strength alcohol (c) excise exemptions for private production.

From a public health point of view, in general, reduced taxes and prices lead to increased (economic) availability which means higher consumption and higher alcohol related harm.

DG TAXUD explained the main steps of the revision process. The Commission staff working document and accompanying report was published in October 2016; Council conclusions were adopted on 6 Dec 2016 (mandating the Commission to start work on an impact assessment); the Inception Impact Assessment was published early March 2017. An open public consultation will run from mid-April to mid-July 2017, the draft report from consultants is expected for mid-August 2017 and the final report for October 2017.

The impact assessment report and revision proposal will be presented to the Regulatory Scrutiny Board on 25 October 2017. A possible proposal to amend the Directive is scheduled for November 2017. DG SANTE was involved also in the various stages of this process by sending questionnaires to CNAPA and comments to DG TAXUD. Most DG SANTE comments were so far taken on board.

DG SANTE highlighted that the revision of 92/83/EEC is still in progress and that the Member States still have time to comment. DG SANTE also invited the Member States to cooperate with their relevant (finance) ministers and other stakeholders before contributions to the open consultations are sent.

DG JRC noted that industry sometimes modifies production techniques to circumvent higher taxes and questioned whether this will be addressed by changing the procedure of calculating the taxes. DG TAXUD acknowledged that industry is innovative in finding solutions (e.g. blending wine with beer and declaring it as a mixture to be able to be subject to lower excise taxes). However, a change in the calculation of taxes as proposed by DG JRC has previously been rejected in 2006.

Finland stressed that cross border purchases of alcohol and tobacco for personal use are a significant problem harming public health in Finland. It also feeds a black market and organised crime and distorts competition. The revision of the Article 32 is therefore very important. Finland would also prefer that the Member States would be given the possibility of prohibiting cross-border distance sales, as it happens for tobacco.

Estonia agreed and proposed that if the quantities in Article 32 cannot be changed, then at least a limitation of the frequency of bringing alcohol from another country could be introduced. In her opinion, it cannot be the case that the quantities currently being transported are meant for private use alone.

Sweden stated that up to 30% of the alcohol consumed in Sweden comes from abroad. She emphasized that the argumentation should also mention fraud and criminal activity as well as illegal and unhealthy behaviour (underage drinking remains a problem in Sweden and is growing). It should also refer to unfair market competition.

Portugal noted the challenges of communicating with finance ministry and with the consumers' directorate.

Slovenia mentioned such challenges in discussing with the agriculture ministry.

## **10. UPDATE ON WHO/EC WORK**

WHO gave a presentation about alcohol and harm in the WHO European Region. In a recent publication ["Public health successes and missed opportunities. Trends in alcohol consumption and attributable mortality in the WHO European Region, 1990–2014 \(2016\)"](#) alcohol policies are analysed with a new policy scoring scheme.

Ongoing WHO activities which are co-funded by the Commission are: analysis of the results of a survey conducted in 2016 to update the European Information System on Alcohol and Health; updating the database of national alcohol policies; improving screening and brief interventions by developing a train-the-trainer toolkit. Also, two reports will be published in 2017, one about the alcohol policy scoring and the analysis of implementation of the WHO European action plan and the other one about alcohol attributable mortality in the EU.

Norway mentioned the importance of working with local communities and municipalities to reduce availability. Slovenia stressed the importance of enforcement of legislation, for example regarding the de facto availability to minors.

WHO added that the next global report on alcohol with information from a survey on policies and with individual country profiles will be published in 2018. Other initiatives of WHO focus on harm to others and on children in families with alcohol problems. The areas of increased taxes, enforced advertising rules and restriction on physical availability are also relevant at global level.

Finally, he announced that a global WHO Forum on Alcohol, Drugs and Addictive Behaviours (FADAB) will take place in Geneva on 26-28 June.

The Member states welcomed this work as extremely useful for policy making.

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

OECD presented an update on the project to assess the economics of alcohol consumption and alcohol related harm (and unhealthy nutrition and physical inactivity). It is expected to be used to increase the efficiency of inter-sectorial work on alcohol related harm both on EU and national levels. The cost assessment included health care costs, labour market impact, welfare benefits and other transfer payments, other indirect costs and to some extent morbidity and mortality costs. The evaluation will also cover the costs incurred by the private sector to comply with new regulations and consequences on employment and governmental revenues. The costs of harm to others will be divided into the costs of violence and other injuries (such as traffic accidents), cost of health care and cost of work productivity loss. A dimension of "victim time" will be introduced in the methodology, including missing work, hospital stays, etc.

OECD informed about the next OECD expert group meeting on economics of prevention (the name of the group is likely to change in the near future to expert group on public health) on 9-10 October 2017 in Paris. It will include a discussion on the methodology of this study.

Both CNAPA and DG SANTE, welcomed the update since the economics of alcohol related harm is a much needed input for pursuing a successful health in all policy approach.

## **12. HEALTH PROGRAM PROJECTS ON ALCOHOL AND ILLICIT DRUGS**

CHAFEA informed about the relevant projects funded by the Health Programme.

The Commission is currently financing two projects from 2015 Work Programme with a budget of € 1.3 million on the accessibility of alcohol to young people: 1. "Raising awareness and action-research on Heavy Episodic Drinking among low income youth and young adults in Southern Europe (ALLCOOL)", coordinated by a Portuguese NGO; and 2. "Stockholm Prevents Alcohol and Drug Problems (STAD) in Europe", coordinated by a Dutch NGO.

From the 2016 Work Programme, the selection of applications is ongoing and projects are expected to start in 2017.

Future alcohol related projects should scale up and reinforce the Joint Action outcomes. CHAFEA clarified some differences between framework contracts and service contracts, regarding intellectual property rights and extent of funding. Replying to *Slovenia*, CHAFEA further clarified that about € 5 Million will be used for operating grants in 2017.

### **13. DEVELOPMENTS IN MEMBER STATES – GERMAN STUDY**

Germany gave a brief overview of the "Study on Burden to Others due to alcohol-related harm (2017)" that presents estimates of health damages to third parties caused by persons under influence of alcohol. The focus of the study is on babies and the fetal alcoholic syndrome and fetal alcohol spectrum disorders (FAS/FASD), on injuries and death in traffic accidents due to drunk driving, and lastly on violent acts.

The methodology of this study included three different ways to estimate costs. All the results conclude that alcohol contributes heavily to public health harm and many preventable deaths in Germany: 13,000 cases of FASD/year; 600 deaths (other than the driver) and 6,000 injuries from traffic accidents; 800 deaths (1/3 of all homicides) plus 150,000 victims (4,000 of sexual abuse) from other types of violence.

*Finland* noted that 60-70% of murders and injuries in Finland are related to alcohol.

### **14. HEALTH RELATED ISSUES OF THE ESTONIAN PRESIDENCY**

*Estonia* presented the recent developments in Estonian alcohol policies. In 2014, an Alcohol Strategy was adopted, aiming at reducing the overall yearly consumption to less than 8 litres of pure alcohol per capita. Under this strategy changes in the Alcohol Advertising Act were also proposed as well as further raising of alcohol excise duties.

The priorities on health of the Estonian presidency concentrate on tackling harmful use of alcohol and e-health development, use and integration. Other topics will relate to human medicines, antimicrobial resistance and HIV.

A Presidency conference on the cross-border aspects of alcohol policy is planned for 30-31 October in Tallinn and will cover areas such as marketing, cross-border trade, labelling, research and monitoring.

In general, the priorities were welcomed by CNAPA. *Germany* stressed the importance of SANTE and CNAPA monitoring the progress of the industry's proposal on labelling.

### **15. ANY OTHER BUSINESS**

Italy announced the 16<sup>th</sup> National Alcohol Prevention Day in Rome on 12 April.

Portugal reminded CNAPA members about the second Lisbon Addictions Conference 2017 (24-26 October).

SANTE asked for proposals for case studies for the health inequalities pilot project (HEPP) and expression of interests for hosting a HEPP workshop.

SANTE also thanked for the work of the Maltese CNAPA member who will retire.



## **16. CONCLUSION BY THE CHAIR**

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

- Agreement on the priority working areas of CNAPA for 2017-2020;
- Support by CNAPA to the sought improvements of the work of the European Alcohol and Health Forum by SANTE and agreement on the role of CNAPA;
- Continued support for SANTE work in the revision processes of the AVMSD and the two Directives on excise taxes;
- Extension of the Action Plan on Youth Drinking and on Heavy Episodic Drinking 2014-2016 until 2020.

The next CNAPA meeting is planned for Luxembourg on 10-11 October 2017.

[later changed to 7-8 November]