

22ND MEETING OF THE COMMITTEE ON NATIONAL ALCOHOL POLICY AND ACTION (CNAPA)

20-21 March 2018

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

MINUTES

20 MARCH

1. INTRODUCTION BY THE COMMISSION

The Chair opened the meeting, welcomed the participants and introduced the agenda.

2. RECENT DEVELOPMENTS RELATED TO ALCOHOL AND NON-COMMUNICABLE DISEASES

The Chair emphasized the recent EU developments related to alcohol and non-communicable diseases and the links to the UN Sustainable Developments Goals and to the Steering Group on Promotion and Prevention and reported on the following points:

- Steering Group on Promotion and Prevention (SGPP) – nutrition has been chosen as priority area for 2019 by the Group; in a meeting in Ispra about 20 Member States participated and supported the transfer of best practices in this area.
The list of priority areas for 2020 will be set in 2019. The Chair invited CNAPA to start liaising already now with their respective members of the Steering Group to discuss and agree on their national priorities, particularly if they wish to prioritise alcohol related harm for 2020. The next SGPP meeting is on 11 April 2018 in Brussels.
- Alcohol labelling – the industry submitted their self-regulatory proposal on alcohol labelling on 12 March 2018. The Commission is reviewing this proposal and counts on feedback from the Member States.
- The 2017 call for tender concerning the EU dimension of preventing alcohol related harm will be published before the end of March 2018. The list of priorities for 2018 - 2019 calls needs to be discussed with CNAPA.
- Updates on the Council Directive 2008/118/EC on general arrangements for excise duties – a joint study with DG TAXUD study will be launched this year on cross-border purchasing and distance selling. Member States input is welcome. DG SANTE has also been contributing to the revision of Directive 92/83 on the structure of excise duties on alcohol, the Audiovisual Media Services Directive (AVMSD) and to the preparations of the new Common Agriculture Policy (CAP).

- The Health Policy Platform will be used increasingly also in the alcohol area. It is open for registration – currently 10 CNAPA members are registered. CNAPA members are invited to register online¹.

Eurocare presented their analysis of the industry’s labelling proposal: The industry's self-regulatory proposal suggests among others providing information off labels via web link or QR code. Eurocare estimates that no more than 17% of the target audience would use that solution. According to Eurocare the industry did not provide a sector-wide solution, there is a lot of room for interpretation for how to provide information. In certain industry sectors there seem to be a lack of willingness to follow the spirit of the legislation e.g. in relation to 100 ml serving size and delaying tactics are used to argue further exemption.

Feedback from Member States:

Estonia: There is no justification for the exemption and it is important to keep the 100 ml unit size; otherwise labelling loses its meaning.

Poland: Labelling rules for all alcoholic beverages are on the agenda of the Polish Parliament (Act of Security of Food). There is a need to discuss the standard portion of alcohol; ten grams is the most used portion in Europe.

Austria has labelling rules for wine; sugar content has to be indicated on the bottle. This does not provide any difficulties to the industry.

Ireland: In the new Irish Alcohol Bill, energy values are required on labels, but with no specific unit.

DG SANTE reported on the European Alcohol and Health Forum: The new methodology for commitments with involvement of JRC and WHO has been proposed to former and current members of the Forum. Replies from industry did not demonstrate clear support. DG SANTE is now assessing the situation and cannot present a clear future vision at this moment.

3. MAJOR WORKING AREAS TO TACKLE ALCOHOL RELATED HARM BASED ON THE HEALTH PROGRAM PROJECTS ON ALCOHOL PLANNED FOR 2017-18

The Call for tender 2017: The tender will be published very soon. It will follow up on the Joint Action on Alcohol Related Harm (RARHA) and therefore the contractor must cooperate closely with Member States and CNAPA. The focus is on four main points – the first two address the analysis and further implementation of the Standardised European Alcohol Survey (SEAS). The third supports Member States capacity building by five workshops on evidence-based background documents in five areas of alcohol-related harm to be prepared by the contractor. The fourth one is focusing on the preparation of a feasibility analysis and an implementation plan for screening and brief interventions, with the view of the preparations for its future implementation as a best practice.

The criteria for selecting contractor, protocols for cooperation as well as other methodology are specified in the call for tender.

Priorities for the future work in CNAPA: The aim of the future work is to further help national authorities to develop their necessary capacity. Funded by the 2018 work programme of the Health Programme, new activities are planned to be launched on reducing alcohol related harm, to support implementation of best practices, including those identified by the Member States under the Joint Action on Reducing Alcohol Related Harm (2014-2016).

¹ <https://webgate.ec.europa.eu/hpf/>

The discussed topics were the following: Foetal Alcohol Syndrome/Foetal Alcohol Spectrum Disorders (FAS/FASD), scientific updates on alcohol with perception and nudging, capacity building with thematic workshops for the Member States and the online register for alcohol-related policies. The feasibility of a development of a scientific network on FASD for the Commission and CNAPA was also discussed.

Members received the priorities positively with the discussion focusing mainly on FASD. There are many ongoing activities in place on FASD in the Member States.

Germany is preparing a European Fetal Alcohol Spectrum Disorders Conference, organised by the European Fetal Alcohol Spectrum Disorders Alliance which will take place on 24-26 September 2018 in Berlin.

Poland referred to several research activities with the WHO and suggested organising a special meeting on FASD for CNAPA, involving WHO and other specialists.

Other Member States (AT, CZ, SE, PT, CY) emphasized the need to highlight prevention as a whole, and to increase tools for health professionals for prevention, as well as knowledge for brief interventions used to prevent FASD. Link between FASD and maternity care was also highlighted.

4. MAPPING MEMBER STATES' ALCOHOL MARKETING AND ADVERTISING PRACTICES AND CODES

DG JRC presented the ongoing work on a toolkit that will include a mapping of statutory and voluntary marketing codes on food and alcohol from across Europe. The toolkit will address the marketing of foods and beverages (including alcoholic beverages) to sensitive population groups. This toolkit can be voluntarily adapted and used by Member States in their specific national context. The toolkit also includes mapping of existing actions, including measures against all kinds of marketing to target audiences, and a creation of a template for a complete marketing code. This will be recorded in a database covering general information, the scope, target audience, marketing techniques, measures and the implementation/monitoring. The aim is to also include regional codes and consider the work of the WHO European action network on reducing marketing pressure on children, to make it as complete as possible.

The database is being finalised. The next key actions to involve CNAPA are as follows:

- JRC will circulate the draft table of national measures to CNAPA for comments;
- JRC will invite interested CNAPA members to the workshop to be held in May 2018 to discuss the toolkit and;
- CNAPA will be further involved as part of a drafting or reviewing group for the final report/deliverables.

CNAPA took note of the work and supported its continuation.

5. IMPLEMENTATION OF THE ACTION PLAN ON YOUTH DRINKING AND ON HEAVY EPISODIC DRINKING (2014-2020) AND ANY NEW NATIONAL POLICY INITIATIVES

Ireland presented an update on the Irish Public Health (Alcohol) Bill, which aims to reduce alcohol consumption and its related harms by regulating the supply and price of alcohol. Its provisions include the Minimum Unit Pricing (MUP), labelling including the link between alcohol and cancer, marketing regulations, reduced visibility, and the regulation of sale and supply. The Bill has completed all stages in the upper house and is awaiting the second stage of the lower houses in parliament. Positive support and feedback for these measures from other Member States would be appreciated.

There were some negative comments to the Minimum Unit Price (MUP). Excise duties will still be in place and there will also be on-premises notifications concerning health warnings. The Bill has been submitted to the WTO as well. CNAPA will be kept updated on further developments.

EMCDDA gave a presentation on indicators of alcohol use based on the European School Survey Project on Alcohol and Other Drugs (ESPAD). The presentation focussed on the indicators for 15-16 years old in ESPAD data from last wave and trends in 1995-2015. A generally decreasing trend in alcohol consumption in this age group in most of the EU Member States can be confirmed. ESPAD is one of the biggest collaborative projects worldwide, and provides a good indication of alcohol use as well as tobacco, illegal drugs, medicines and gaming and gambling since 2015. They also cover the new psychoactive substances (cocaine, heroin, amphetamines, pharmaceuticals, synthetic drugs). Everyone can have access to the raw data from ESPAD's now open-access database.

CHAFEA presented an update on alcohol related projects under the Health Programme. With regard to the future calls for tender on alcohol, the difference between a service contract (call for tender) and a project grant (grant agreement) has been explained. Four ongoing projects in the third Health Programme (2014-2020) have been mentioned: STAD in Europe, Allcool, 'Localize It' and FYFA (all focussing on reducing binge drinking and its negative consequences particularly among youth).

Iceland presented the success and development of prevention in Iceland. An alcohol and drug prevention council was established in 1998, after drastic increases in alcohol consumption and cannabis use, with the objective to support a drug-free Iceland. Its activities are funded by 1% of Iceland's alcohol taxes and 0.9% of tobacco taxes.

The methodology is based on identifying the main risk and protective factors in this situation. It includes data gathering with a school survey in each year February the results of which are then available to the schools and municipalities in May. It covers e.g. consumption of alcohol and drugs, eating and sleeping habits, well-being, time spent with family and friends and time spent alone. There is a local level implementation supported by municipalities and emphasis is placed on changing attitudes of parents and access for all children to leisure and sport activities. Strict rules for outside hours for adolescents are implemented by parents in collaboration with the local police to enforce these rules. Alcohol use in the past 30 days for 15-16 year olds has gone down from 56% to 17% from 1995 to 2011 and the downward trend continues since.

The Chair congratulated Iceland on their success, but mentioned possible difficulty of transferability particularly concerning the enforcement of rules on outside hours. In the discussion, questions were raised about the curfew (in relation to human rights), possible sanctions for the parents, and the differences between localities.

Sweden presented on legislation and monopolies. Sweden is working on a new alcohol policy to reduce social and medical harm caused by alcohol. It is based on a total consumption model – the less people drink, the less harm is caused. In Sweden there is a very systematic alcohol legislation: high age limit for buying alcohol, high taxes, and strong marketing legislation. There is strong support for the system of alcohol monopoly in the Swedish population. Total consumption of alcohol in Sweden has decreased since 2004, but older people, especially women, drink more than before.

In a report from 2017 on the public health and safety benefits of the monopoly² a projection model shows that if alcohol were sold in liquor stores in Sweden, sales would increase by 200%. If it was sold in grocery stores the increase would be 1500%. This report has been sent to the Commission.

Sweden is working on a white paper that is now under public consultation. It targets a ban of alcohol marketing on social media. The legislation will cover alcoholic beverages, not restaurants or breweries: producers will still be permitted to advertise their business and have a website. It is set to come into effect on the 20 September 2019.

Sweden would also like to trigger a new regulation that covers new products that are not beverages but contain alcohol, for examples ice cream with alcohol and powdered alcohol, by end of 2018 or 2019.

Implementation of the Action Plan - a tour de table.

Norway is working on introducing new administrative action to the public health law, including the alcohol law. This would mean that fines could be given directly by the administration.

Romania has some projects planned with funding from Norway, including assessment of the impact of projects of brief interventions in family doctor practices.

Spain is working on new national alcohol law focusing on minors and young people to reduce their consumption of alcohol especially binge drinking.

Austria is drafting a concept paper for the ministry of health and social affairs to fight drugs and later alcohol, gaming and gambling.

Belgium is working on a reform of the law of selling alcohol to minors and of its self-regulation system. They will be minor changes only.

Croatia is finishing a new strategy combatting all addictions.

Czech Republic is focusing on the implementation of the national Action Plan to reduce alcohol related harm in 2015–2018.

Cyprus established a new committee for FASD/FAS, and is working on a revision of legislation on sales of alcoholic beverages.

Estonia: Under the EE Presidency, council conclusions on cross-border aspects in alcohol policy and tackling harmful use of alcohol were adopted (December 2017). At the same time Estonia passed a new law in the parliament that reduces/prohibits alcohol advertising on social media.

France is preparing a new strategy for prevention of all addictions, to be adopted in 2018.

Greece has set up a new committee for alcohol in the Ministry of Health.

Iceland keeps supporting the state alcohol monopoly and is focusing on a new alcohol action plan, as the old plan runs out this year.

Lithuania have improved their alcohol control law (restrictions on alcohol marketing and selling hours).

² <https://www.omsystembolaget.se/globalassets/pdf/vart-uppdrag/stockwell-svensk-sammanfattning.pdf>

Malta presented a draft for a national alcohol policy to the ministry.

Netherlands plan to have a broad prevention agreement that would include problematic alcohol use.

Poland has recently given authorization to local authorities to restrict availability of alcohol. They can now set limits for opening hours and number of outlets and ban alcohol consumption in public places.

21 MARCH

Welcome by John Ryan, Director -Directorate C -DG SANTE

Mr Ryan emphasised that the Commission is committed to support to Member States work towards the achievement of the UN Sustainable Developments Goals (SDG) as was described in 2016 Commission Communication "Next steps for a sustainable European future – EU action for sustainability".

He mentioned that the aim of the Steering Group of Promotion and Prevention (SGPP) is to improve prevention and promotion and scale up interventions and good practices which have been selected and validated by the Member States. There is a shift from “recommendations” to “implementation” of the best practices. The coordination of CNAPA members with the SGPP is therefore extremely important and Mr Ryan again invited the Member States to coordinate national views with their colleagues so that alcohol related harm can be considered as an issue in this context. The Health Programme remains the most important tool for implementation of alcohol related actions -1 million € per year from 2014 to 2020 has been earmarked.

Replying to a question from Norway, Mr Ryan added that the White paper on the future of Europe³ includes several scenarios for the EU27 by 2025 including areas where Europe should withdraw or strengthen certain activities. The first indication of what will be the future role of health in the EU is the multi-annual financial framework to be proposed later this year. In 2019 there will be a new European Parliament elected and also a new Commission which will define their views about the future of the EU.

6. REVISION OF THE AUDIOVISUAL MEDIA SERVICES DIRECTIVE

DG CNECT presented the latest developments regarding the revision of the AVMSD.

It is being negotiated in the Parliament and the Council; agreement has been reached on the core provisions and the text remains relatively close to the Commission proposal for the self- and co- regulatory codes. The revision has been flagged as a priority file by the three institutions and negotiations are envisaged to be concluded under the Bulgarian Presidency.

Public health has been introduced in the proposal in Article 3 AVMSD as a ground that Member States can use to exceptionally derogate from the free reception and retransmission of TV broadcasts from other Member States, for those situations where there could indeed be a serious danger for public health. DG CNECT reported on the Commission decision against the measures that Sweden planned to adopt against two broadcasters established in the UK and whose broadcasts to Sweden contained alcohol advertising. Sweden, Estonia, and Poland

³ https://ec.europa.eu/commission/sites/beta-political/files/white_paper_on_the_future_of_europe_en.pdf

expressed disappointment with the current Article on circumvention which is in practical terms very difficult to apply. *WHO* asked how this Directive relates to advertising ban of cannabis products and *Luxembourg* inquired whether there will be a definition for ‘serious danger of public health’ included in the AVMSD.

DG CNECT acknowledged that in the circumvention procedure, the standard of proof is high. The Commission proposal in this regard has been very much discussed in the Council and in the Parliament. There were negotiations to make the derogation and circumvention procedures more practical, but they have to be mindful of the country of origin principle and freedom of establishment. Cannabis products advertising is relying on bans in national legislations, it is a Member State's competence. There are no specific definitions in the proposal on public health, but it is already part of the Court's case law. It does not have to be re-defined here.

7. UPDATE ON COUNCIL DIRECTIVE 92/83/EEC ON THE HARMONISATION OF THE STRUCTURES OF EXCISE DUTIES ON ALCOHOL AND ALCOHOLIC BEVERAGES AND ON COUNCIL DIRECTIVE 2008/118/EC ON GENERAL ARRANGEMENTS FOR EXCISE DUTIES

DG SANTE briefly summarised the work so far carried out on the revision of these two Directives and the related planned study on cross-border and distance selling, which should be launched this year with DG TAXUD. This study could provide a base for the further revision of Article 32 of Directive 2008/118.

DG TAXUD presented updates on the ongoing revisions.

For **Directive 92/83** the main issue for SANTE was the increasing threshold for low-strength alcohol (from 2.8 to 3.5 %l for beer). There is evidence that a decrease in alcohol prices generally leads to an increase in alcohol consumption and related harm. However, from public health perspective it would be positive if consumers switch from higher strength alcohol to lower strength alcohol without increasing overall amount of alcoholic beverages consumed, which is what some might argue. The revised Directive is planned to be adopted in May 2018.

For **Directive 2008/118** an independent contractor report will be published in May 2018, the Impact Assessment was sent to the Regulatory Scrutiny Board (RSB) and now awaits Commission approval. The draft proposal is planned to be adopted in May 2018.

WHO pointed out that excise duties are one of the three best buys to reduce alcohol related harm. Health impact might be difficult to predict, for example because (increased) marketing of these products should also be taken into account. *Belgium* put in question if taxation always has a significant impact on price of product? The final price is always done by industry; e.g. regular beer in Belgium is cheaper than low strength beer. In *Estonia* the reduction of strength of strongest beers (10%) could be said to have reduced consumption. *Sweden* said that distance selling is a very small part of alcohol consumption in their country, but they are very concerned about Article 32.

Many CNAPA members agreed that to determine the (positive) public health effect of reducing excise duty on low strength alcoholic beverages might prove difficult.

8. UPDATE FROM WHO

WHO Europe presented WHO-EC joint work and future initiatives on alcohol related harm

The implementation of the project "Monitoring of national policies related to alcohol consumption and harm reduction" MOPAC will end in 2018. This project extends work from previous projects carried out in 2008–2010 and 2011–2013. There have been several services made by WHO for data collection and to have a timeline database of each country's policy development. The next steps are to further improve databases and increase data visibility for easier use.

Work on other issues includes discussions on alcohol and health, particularly on cancer, evaluation of alcohol policy changes in Lithuania, digital marketing for children and an implementation of the European Action Plan on Youth Drinking and on Heavy Episodic Drinking. A study will be done on the major alcohol policy changes and their impacts on mortality and other areas of harm.

The Chair noted that continued work in WHO/IARC and EFSA could bring further evidence on the link between alcohol and cancer.

WHO Geneva presented on the activities related to FASD

The guiding principles on tackling FASD are outlined in the "WHO global strategy to reduce the harmful use of alcohol (2010)." WHO has started a project called WHO International Collaborative Research Project on Child Development and Prenatal Risk Factors with a Focus on Fetal Alcohol Spectrum Disorders. Two other research projects are also active – one on the harm to others from drinking and the other on alcohol and infectious diseases. The aim of the FASD study is to generate new knowledge on prevalence of FASD and of risk factor exposure, raise awareness on FASD and support international collaboration for advancing FASD related research globally. Two of the key challenges are: as 50% of pregnancies are unplanned, substantial prenatal alcohol exposure may occur even before the pregnancy is recognised; health education efforts in both the medical community and for the public are necessary as there is a need to change the social norms of drinking behaviour for women of childbearing age. To continue the studies and data collection further funding is needed.

The Chair noted that more promotion to stop drinking alcohol during pregnancy is needed. Mounting health education efforts should be a priority; FASD related work should be considered for future projects to be funded by the Health Programme.

9. CONCLUSIONS BY THE CHAIR

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

- CNAPA members' support for the plans for the 2018 work of CNAPA is well noted.
- CNAPA members are encouraged to contact their national SGPP members to express their preference for best practices on alcohol to be prioritised for the next round of selection in the SGPP – for 2020. Next meeting of the SGPP is 11 April 2018.
- CNAPA members are invited to send their feedback on the mapping of national alcohol marketing and advertising practices and codes, following JRC invitation.

- CNAPA members are invited to register at the Health Policy Platform.
- Next CNAPA meeting is planned for *16-17 October 2018 in Luxembourg*. CNAPA members are invited to indicate to the CNAPA secretariat if they wish to give a presentation at the next meeting, most importantly on implementation of the Action Plan on Youth Drinking and Heavy Episodic Drinking (Poland and Estonia already signalled their interest).