

MEETING OF THE COMMITTEE ON NATIONAL ALCOHOL POLICY AND ACTION

7 June 2016: 14.00 – 17.30, 8 June 2016: 09.30-15.30

CHAIR: Artur Furtado, Deputy Head of Unit, DG SANTE C4

MINUTES

1. INTRODUCTION BY THE COMMISSION

The two days meeting was opened by the Chair who welcomed the participants and introduced the agenda.

He mentioned that due to other commitments of CHAFEA, the agenda point on the Health Program projects on alcohol and illicit drug had to be cancelled; under AOB, he suggested a discussion based on the letter of the Lithuanian Health Minister to Commissioner Andriukaitis, concerning data collection on alcohol consumption in the EU. The draft agenda was adopted.

2. STUDY ON COUNCIL DIRECTIVE 92/83/EEC ON THE HARMONISATION OF THE STRUCTURES OF EXCISE DUTIES ON ALCOHOL AND ALCOHOLIC BEVERAGES

DG CNECT contractor Ramboll presented the overall approach of the evaluation, including the methodology. An online survey questionnaire for economic operators and another one for the general public were used. A questionnaire was sent to Member State tax authorities and the public health specific parts of the same questionnaire were sent to CNAPA. Four in-depth analyses - case studies - have been carried out on classification, reduced rates of excise duties, exemptions for private consumption and denatured alcohol. The purpose of the in-depth analysis was among other to further define specific problems and investigate potential solutions.

During the consultations, several Member States noted that they would prefer a calculation of excise duty based on alcoholic strength but overall Member States agreed that the provisions of the Directive 92/83/EEC allowed for using excise duties on alcohol as a policy tool with regards to protection of consumer health. The health and taxation authorities of those Member States' which are in favour of setting excise duty rates based on alcoholic strength indicated that this could support reaching health policy objectives and at the same time eliminate some of the current issues with classification. Academics and NGOs indicated that the provisions of the Directive were not fully responding to Member States' needs for health policies, while economic operators and their associations were less critical.

On the way to establishing (and maintaining) a well-functioning internal market, common rules for the application of excise duty have been and continue to be of high relevance. All types of stakeholders strongly support an EU level approach on the areas covered by the Directive. Provisions set at EU level facilitate a harmonised treatment, facilitate trade, avoid distortions of competition, reduce administrative costs and help prevent fraud.

Replying to Slovenia, the contractor confirmed that the study did not include a comparison of the implementation of limits on import of wine. On question from WHO, the contractor confirmed that Directive 92/84 was not part of the evaluation.

3. UPDATE ON THE COMMISSION WORK ON CHRONIC DISEASES

DG SANTE presented the work on better prevention and management of chronic diseases, and highlighted the need for better health and economic outcomes. Prevention and management of the major NCDs is key to reform and adapt health systems and optimise investments in health and to reduce inequalities.

As part of this work, DG SANTE will review the work of the existing stakeholder groups and other structures, including CNAPA. DG SANTE also intends to use the Health Programme in supporting Member States to ensure collaboration across sectors.

Replying to WHO on the terminology, SANTE informed that the expression chronic diseases was used to ensure inclusion of chronic communicable diseases like HIV. OECD asked if they would be able to have access to the new Health Policy Platform, which was confirmed.

The Chair explained that no final decision has been made within the Commission on the future work on alcohol. However, some potential working areas have been identified. Such areas include a strong health in all policies approach, solid research and ensuring good data and monitoring.

He also underlined that the Commission has taken note of the repeated calls for action and a new strategy. He stressed the need to focus on what can be done by CNAPA. For instance, in the area of advertising, the revised Audiovisual Media Services Directive (AVMSD) might open the possibility for interesting EU coordination. In the area of research, adequate discussions and input on research gaps for the Joint Research Centre and DG RTD would be needed. The European Research Infrastructure Consortium, the potentially closer cooperation on alcohol between the Commission and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) could provide further opportunities for the work in CNAPA on data collection. Contributing to the health in all policies approach, CNAPA could also give valuable input to DG SANTE, e.g. on drink driving, alcohol at workplace, illicit alcohol and cross border issues. CNAPA could also discuss important topics for the Health Program.

He informed that the Commission is currently in dialogue with NGOs on the future of the European Alcohol and Health Forum; the discussions focused on the possibilities to improve the Forum's work by giving more political and scientific guidance to Forum actions by e.g. assessing and scoring the commitments by SANTE, WHO and JRC before their submission and giving a clearer role for CNAPA in providing guidance to the Forum work.

Estonia expressed support to concentrate on what can be done, while stressing that a new strategy is still wanted, and highlighted the importance of cooperation with other fields, including science. Slovenia also underlined that the call for a new strategy stands, highlighted the importance of the Joint Action and the involvement of CNAPA when considering funding of projects. Also Finland and Norway stressed the importance of inter-sectorial work. Several Member States raised the importance of having more scientific presentations (e.g. on ALICE RAP) and the participation of other DGs such as DG AGRI, TAXUD, GROW, CNECT, RTD in CNAPA meetings to be informed about each other's ongoing work and priorities.

4. UPDATE ON THE ONGOING JOINT ACTION ON REDUCING ALCOHOL RELATED HARM (JA RARHA)

Patricia Pissarra, the project leader of RARHA, gave an update on the Joint Action. She informed that Work Package 4 is split in two tasks; RARHA SEAS (Standardised European Alcohol Survey) which is a new alcohol survey to collect comparable data across EU member states, and RARHA HARMES (HARmonising alcohol related MEaSures in Europe) that analyses already existing alcohol survey data. The new survey has been completed in 19 Member States, a common data set has been finalised and an initial comparative analyses has commenced. In Work Package 5 ten background/working papers have been produced so far. In 2016, two reports have been finalised: one on low risk drinking guidelines as a public health measure and a second on the results of a two-round Delphi process on reducing alcohol-related harm for young people. Other three reports are in progress.

For Work Package 6, the translation of the Tool Kit (or its executive summary) in national languages will be done in July/August, the printed version of the Tool Kit will be finalised in August/September and the launch will be on the RARHA final conference.

There are two main dissemination events foreseen; a policy debate in Brussels on 6 September and the final conference in Lisbon on 13-14 October.

5. TOWARDS A POSSIBLE NEW JOINT ACTION

Manuel Cardoso, the Executive Coordinator of JA RARHA, went through the existing policy and scientific framework for the work on alcohol related harm, before he presented different possible topics for a possible new Joint Action.

Austria highlighted the need to have the final evaluation of the current Joint Action before a decision for a new joint action is taken. Finland underlined that the current Joint Action is split in several topics, and this fact led to a very high participation, as it is possible to choose topics one has an interest in. Denmark stated the importance of comparable data. Sweden stressed that the scoping paper would be a good starting point for considering topics. Italy said that the evaluation of the current Joint Action is ongoing and that both the internal and external evaluation should be finished by November. A possible new Joint Action could look at gender and age differences. Norway stressed the importance of implementation of the final results in the countries. Germany is especially interested in the economic dimension of alcohol related harm. The Netherlands stressed the importance of addressing comparable data and cross border issues. Slovenia highlighted that several cross border topics, including labelling, advertising, drink driving, price and illicit alcohol, could be interesting. CNAPA members in general supported the idea of a new joint action on alcohol. The Chair noted that joint actions are not always equivocally useful. A commitment for a second joint action on alcohol cannot be given by the Commission at present. The final decision will be up to the Program Committee.

6. COMMISSION PROPOSAL FOR A REVISED AUDIOVISUAL MEDIA SERVICES DIRECTIVE (AVMSD) – CHANGES ON ALCOHOL ADVERTISING

DG CNECT presented the Commission proposal for a revised AVMSD. The proposal was adopted by the College on 25 May. Regarding alcohol related harm, the most important

suggested change is that Member States and the Commission are encouraged to develop self- and co-regulatory codes of conduct regarding inappropriate audiovisual commercial communications (AVCCs) for alcoholic beverages, especially to effectively limit the exposure of minors to such advertising. In addition, self- and co-regulation has been reinforced (Article 4(7)). In order to better take into account the specificities of Member States related to health matters it has been agreed by the College to introduce public health as a ground that Member States can use to exceptionally derogate from the free reception and retransmission of TV broadcasts from other Member States (when, on a case by case basis, there could be a serious danger for public health).

France and Germany referred to the introductory remarks and to the mention of responsible drinking, and asked who would define this term. CNECT replied that there is no definition at this point and noted that it was important to mention the importance of responsible drinking – although it is not a legally binding term.

7. DATA AND METHODS IN EMCDDA

The representative of EMCDDA gave a comprehensive presentation on the present and potential perspectives for information on alcohol use in the EU, particularly focusing on the work of EMCDDA with surveys and on the link between the ESPAD project (European School Survey Project on Alcohol and Other Drugs) and EMCDDA. He noted that the current European Model Questionnaire (EMQ) includes on module on alcohol (together with tobacco and medicines, in the context of polydrug use). The replies to the survey are collected by Member States and provided to EMCDDA. For the future, he mentioned a possible adoption of a new module on alcohol use based on the RARHA survey (SEAS) and a more proactive role of EMCDDA in the implementation of this module in national surveys and (possibly) in the collation of the information at EU level, (depending on resources and the mandate of EMCDDA).

Concerning ESPAD, he highlighted that EMCDDA will support the next wave of data collection but the long-term sustainability of the project is not yet ensured.

He concluded that EMCDDA has a solid structure for data collection and reporting in field of drugs and with some arrangements it could contribute more to collect alcohol data, even if the primary interest of EMCDDA is drugs.

Replying to questions from Finland and Slovenia, he confirmed that EMCDDA is working on ensuring accessibility of its databases to all researchers (open data principle).

8. AN UPDATE FROM WHO, INCLUDING THE 2016 HEALTH BEHAVIOUR IN SCHOOL-AGED CHILDREN (HBSC) REPORT

The representatives of WHO highlighted the main results of the HBSC study and concluded that in comparison to the previous HBSC survey in 2009/2010, alcohol use has decreased among all age groups (11, 13, 15 yrs). They also highlighted that there is some indication that the size of the gender gap has reduced, with rates of drinking in boys decreasing slightly more than among girls.

Some Member States noted that it would be interesting to know the mechanisms and reasons behind these trends. One possibly relevant fact could be that during the years of economic difficulties the available budget of households to purchase alcohol has decreased. WHO stressed that further studies are needed to see the whole picture. The new ESPAD study to be published in September 2016 could give further insights into these questions as well.

The WHO also presented a status report on the implementation of the EC/WHO project for the monitoring of national policies related to alcohol consumption and harm. He highlighted a report on alcohol-attributable deaths in the EU including profiles for EU Member States with trends in alcohol-attributable mortality for specific disease groups and averages for the EU. He also noted that a train-the-trainer toolkit will be created to strengthen the capacity of EU MS to implement training programmes on screening and brief interventions for harmful use of alcohol. He mentioned that a report on the prevention of FASD will also be produced, including a literature review and good practice examples in Member States of the EU and WHO European Region. Finally, he stated that a report on the evaluation of the CNAPA action plan will be published based on survey data collected from the project focal points.

9. DISCUSSION BASED ON THE ACTION PLAN - ALCOHOL FINDINGS AND THEIR DISSEMINATION

On the Action Plan on Youth Drinking and on Heavy Episodic Drinking, CNAPA members in a *tour de table* informed about their national activities in 2014-2016 on the topic of alcohol findings particularly relating to youth drinking and heavy episodic drinking, and on their dissemination to all relevant statutory, community and voluntary sector organisations.

10. REGISTRATION AND MINI SEMINAR – HOW TO USE THE HEALTH POLICY PLATFORM (HPP)

DG SANTE gave a brief overview of the purpose, structure and functioning of the HPP. The main ideas behind the establishment of the HPP were to improve communication between health interest groups, Member States experts and DG SANTE; to facilitate exchange and structured collaboration towards Joint Statements between health interest groups in a “laboratory of ideas”, and to facilitate the work of EU experts and stakeholder groups such as CNAPA. The activities in HPP are complemented by regular platform meetings twice a year, high level biannual conferences and by the EU Health Award. The IT platform for the agora (for general networking), the thematic networks and the Commission expert/stakeholder groups (restricted to members only of the already existing groups, e.g. CNAPA) was introduced.

DG SANTE encouraged CNAPA members to register and gave practical assistance to this end.

11. DISCUSSION BASED ON THE ACTION PLAN - DISTANCE SALES AND RELATED ISSUES

CNAPA members in a *tour de table* informed the meeting about their national activities in 2014-2016 on distance sales, sales from automated tills, vending machines, and automated control measures for face-to-face sales to prevent the purchase of alcohol by minors.

12. DEVELOPMENTS IN MEMBER STATES

Austria introduced the main points of its strategy for the prevention of addiction providing coherent prevention and addiction policies. The strategy builds on the following concepts: health promotion/prevention of addiction, treatment/care/rehabilitation, harm reduction, inclusivity, de-stigmatisation and therapy instead of punishment. For alcohol, the strategy focuses on awareness-raising to raise the level of consciousness of related risks and dangers, on setting-oriented prevention measures with low-threshold points of contact, on adequate - therapeutic and rehabilitative - supply for alcohol abusers and their relatives.

Estonia gave a comprehensive overview of the developments in its alcohol policy in 2015-2016. She highlighted that current work is focused on two main areas, on availability and marketing of alcoholic beverages. As a particular problem in Estonia, she mentioned that although consumption has been decreasing in the last four years, mortality and morbidity does not closely follow this trend. At the same time, a polarisation in consumption can be observed, i.e. the proportion of regular drinkers remains the same while the proportion of those who are never or almost never drinking is increasing.

She also noted the problem of cheap alcohol and the related issue of cross border transport of cheap alcohol from Latvia. As increasing regularly excise duties (already part of the Estonian government's package of measures) cannot tackle this issue, she stressed the need for other measures.

Ireland gave an update on the Irish Public Health (Alcohol) Bill (2015). The aim of the Bill is to reduce alcohol consumption in Ireland to 9.1 litres per person per annum by 2020, and to reduce the harms associated with alcohol. The Bill is part of a comprehensive suite of measures to reduce excessive patterns of alcohol consumption and one of the measures being taken under the Healthy Ireland framework. The Bill is a public health priority for the new Government. It was notified under the Technical Standards and Regulations Directive (Directive 98/34/EC) on 22 January. Labelling provisions were also notified under EU Directive 2000/13/EC on the labelling and presentation and advertising of foodstuff.

The standstill period is now extended until 28th July 2016. Nine Member States issued detailed opinions, the Commission and two other Member States issued comments. The World Trade Organisation will also be notified under the Technical Barriers to Trade process. The five key provisions in the Bill are: minimum unit pricing; labelling of alcohol products and notices in licensed premises; regulation of advertising and sponsorship of alcohol products; structural separation of alcohol products in mixed trading outlets; and regulations of the sale and supply of alcohol products (promotions).

13. HEALTH RELATED ISSUES OF THE UPCOMING PRESIDENCIES

Estonia informed about its plans to organise a Presidency conference on alcohol. The conference could focus on cross border issues such as digital marketing as well as labelling and potentially on pricing.

14. ANY OTHER BUSINESS

The Lithuanian CNAPA representative introduced the issue of data collection - and their evaluation - on alcohol consumption in the EU as included in the letter of the Lithuanian Health Minister to Commissioner Andriukaitis. She stressed the problem of collecting and evaluating such data based on different methodologies which might lead to not absolutely reliable and comparable data. WHO highlighted its four-tiered approach in its firmly established methodology to collect consumption data from Member States and the fact that data are always sent back to the Member States for validation before publication. Slovenia pointed out that consumption data are just one of the many relevant indicators in the field of alcohol related harm, for instance morbidity and mortality data are also very important. Consumption data must be weighed against other factors such as tourism and unrecorded consumption.

15. CONCLUSIONS

The Chair in his conclusions

- Thanked for CNAPA members for their constructive and active participation in the meeting;
- Acknowledged the promising progress in the work packages of the Joint Action RARHA; discussions on possible areas for future work were welcomed even if the new work programme is not yet defined;
- Noted that although not all decisions have been taken within the Commission on the future work on alcohol,, work on alcohol related harm will be embedded in Commission actions for promotion of health and horizontal approach to chronic diseases and their risk factors;
- Stressed that the lack of a dedicated alcohol strategy does not mean that CNAPA could not work together to achieve tangible outcomes on several very important areas; the Commission is committed to support this work;
- Based on the Commission work on the AVMSD and Directive 92/83/EEC on the harmonisation of the structures of excise duties on alcohol and alcoholic beverages, highlighted the importance of a health in all policies approach at all levels;
- Mentioned the possibility of enhanced work of EMCDDA in alcohol data collection in the future as a promising area for further consideration;
- Noted the positive development of decreasing underage drinking as confirmed by the 2015 HBSC study but highlighted that the level of underage drinking is still unacceptably high and therefore further work in this area is needed;
- Encouraged CNAPA members to register at the HPP;
- Thanked CNAPA members for the comprehensive overview of their activities on the two topics of the Action Plan on Youth Drinking and on Heavy Episodic Drinking;
- Acknowledged the policy developments on alcohol related harm as presented by Austria, Estonia and Ireland and welcomed the plans of the Estonian Presidency to keep alcohol related harm on the political agenda.

The next meeting will be on **27-28 September in Luxembourg.**

Luxembourg, 26 September 2016

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