

19TH MEETING OF THE COMMITTEE ON NATIONAL ALCOHOL POLICY AND ACTION

27-28 SEPTEMBER 2016

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

MINUTES

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INTRODUCTION BY THE COMMISSION

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

A new colleague from the Joint Research Centre was introduced, working on alcohol-related harm, and will give more scientific support to CNAPA.

The Commission stated that the work on non-communicable diseases will also include specific work on alcohol, supporting the Member States in reaching the WHO targets on non-communicable diseases (by 2025). The Commission work builds on and consolidates the existing actions on individual determinants and diseases (e.g. tobacco, alcohol, nutrition, cancer, etc.), and develops linkages between determinants and outcomes. More concretely, the proposed action is likely to consist of:

- a) Practical tools and guidance at the service of Member States;
- b) A Joint Action supporting cooperation between Member States on chronic diseases, and funding to improve the knowledge base on chronic diseases in the EU;
- c) Stronger links with other relevant processes and initiatives in the field of health, as well as those undertaken outside DG SANTE's direct remit.

The Commission announced that a draft of the 2017 Work Plan of the Health programme will shortly be presented. The draft will be shared with the Programme Committee 2 weeks before its meeting.

State of play of the Health Equity Pilot Project (HEPP)

http://ec.europa.eu/health/social_determinants/projects/ep_funded_projects_en.htm#fragment1

HEPP is commissioned by the Commission and funded by the European Parliament. The UK Health Forum and a range of experts are delivering the work. Among other objectives, HEPP is exploring the relationship between alcohol consumption, alcohol harm and the social gradient. The overall goal is to identify cost effective measures which will help to address health inequalities through action in the field of alcohol consumption (and nutrition). HEPP is working with the Joint Action on Reducing Alcohol Related Harm, and has a commitment from RARHA to work with them to assess which analysis HEPP can make with the data collected as part of the newly developed Standardised European Alcohol Survey (SEAS).

State of play of the Council Directive 92/83/EEC on the harmonisation of the structures of excise duties on alcohol and alcoholic beverages:

The related report to the Council will be discussed at the high level working group(s) and then at Ecofin on December 6th, under the Slovakian Presidency.

State of play of the Council Directive 2008/118/EC on the general arrangements for excise duty:

The first phase – the evaluation – has been finalised. DG TAXUD stated on September 16th that the agreed scope of 2008/118/EC's evaluation study did not include the evaluation of Article 32 "acquisition by private individuals", as this issue had not been raised by stakeholders when the scope was being drawn up. Therefore, TAXUD may not intend to change Article 32 of the Excise Directive. Moreover, as is usual in Taxation, unanimity is required for such a change. DG SANTE will continue to monitor the situation.

The Chair, on behalf of Poland, informed about the dissemination event of the RARHA Standardized European Alcohol Survey results and methodology to be held in Warsaw on December 5th and 6th 2016.

Slovenia: Invitation to the 7th European Alcohol Policy Conference which will take place in Ljubljana, on November 22nd and 23rd. The conference is organised by the Ministry of Health in Slovenia, and by the European Alcohol Policy Alliance (Eurocare). More info and registration on: <http://8vbc9t.attendify.io/>. In conjunction with this conference, the 6th Symposium of the Alcohol Policy Network Europe (APN) will take place on November 21st. On the same day, the RARHA satellite event on WP6 will also take place.

On November 24th, WHO Europe is organising a side meeting focusing on (a) harm to others in general, (b) pregnancy and harm, and (c) alcohol and violence.

Alcohol labelling report: ongoing, the report is to be published in the next months.

The chair gave an update on the EUROPEAN ALCOHOL AND HEALTH FORUM. A renewal of its functioning could mean that CNAPA would be more involved; it would provide clear and regular political steering to the Forum and ask that members correspondingly re-orientate the commitments. The JRC would help this process by adequately framing the discussion.

The Forum could benefit from showing a clear link between an improvement in commitment evaluation and the WHO agreed objectives (and UN Sustainable Development Goals) in the area of alcohol related harm, and also to their core mission.

A study in the Health Programme could be launched to assess the public health impact of the commitments of the Forum.

Discussion

It was generally agreed that this would be an improvement over the current situation and over the previous functioning methods of the Forum.

It should be clarified that CNAPA should not take responsibility for the Forum and would not validate any Forum actions. CNAPA would have a steering role, setting priorities and giving a clear guidance on what the Forum should focus on.

OVERVIEW OF HEALTH PROGRAMME PROJECTS ON ALCOHOL

Dirk Meusel (Consumers, Health and Food Executive Agency) gave an overview on projects dealing with alcohol under the previous (2nd) Health Programme, as well as in work plans for years 2014 and 2015 under the 3rd Health Programme. In particular, he presented two projects which started this summer:

- Raising awareness and action-research on Heavy Episodic Drinking among low income youth and young adults in Southern Europe (ALLCOOL) 2016-2018. The kick off meeting was in June 2016.
- STAD in Europe (SIE): A project aiming at reducing heavy episodic drinking by restricting the availability of alcohol in all drinking environments; www.stadineurope.eu

Additionally, he presented the current situation regarding the call for the 2016 projects and reminded the site with the Health Programme projects database: <http://ec.europa.eu/chafea/projects/database.html>

Norway noted that the EU projects' results need to be brought closer to the national governments so that their results have a better chance of being implemented.

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

The coordinator of the JA – Manuel Cardoso, from Portugal – presented the latest developments, and invited the CNAPA members to the final conference on October 13th-14th in Lisbon. The first results from the Standardised European Alcohol Survey were presented, as well as good practice principles for low risk drinking guidance and a tool kit for evidence-based good practices on public awareness, school based interventions and early interventions to reduce alcohol related harm. Regarding policy action to support the reduction in alcohol related harm, several measures were proposed: the wording of guidelines in terms of risk rather than safety, the possibility to develop a European code on alcohol, and the labelling of alcohol products with information regarding calories and grams of pure alcohol as well as harm of alcohol use during pregnancy. New deliverables are now available on www.rarha.eu

Discussion

Denmark stressed the importance of common EU monitoring of alcohol harm for national governments, and expressed an interest in having an EU Alcohol Code.

Slovakia stressed the importance of working on successful implementation and on cost effectiveness.

Estonia highlighted the need to work with sectors other than health or alcohol.

Finland suggested that an EU Alcohol Code could be linked to the WHO Action Plan on Alcohol, and could include best practice principles with broad messages to be endorsed by Member States and experts. A European code would be helpful to develop good practice principles in the use of drinking guidelines and could be helpful to harmonize key messages about alcohol related harm even though these are best tailored at national level.

Norway suggested that an agenda for implementation should be discussed with Member States after the final RARHA conference.

Italy considered an overarching chronic diseases approach as less effective, because it is not possible to address all risk factors simultaneously and their specific needs. Alcohol should have a more visible position.

The **Chair** noted that the process of devising a code could be difficult, long, and costly and that further discussion is needed on this subject.

The Chair announced that the Commission's proposal for the Health Programme for 2017 could include a framework tender contract (indicatively with € 4 million for the 2017-2020) to the Programme Committee instead of another Joint Action. Apparently, several countries struggle to find the resources to co-fund their participation in Joint Actions. A possible tender allows for 100% financing of the work and it could be less burdensome on national public authorities. It allows the possibility to launch work on different deliverables each year if such a tool is approved. Following our discussions, SANTE would suggest to use 2017's budget to launch the work on the survey and the evaluation of commitments of the Forum.

Discussion

CNAPA members expressed their strong disappointment that the Commission proposal for the work plan 2017 could fail to contain a Joint Action on alcohol. They recalled the fact that 24 out of 28 Member States in CNAPA already voiced their wish to renew work via a Joint Action. Concerns were raised regarding timing, organisation, budget, and losing the added value of belonging to directly involved institutions (Ministries of Health, Public Health institutes).

Italy noted that the Joint Action is a tested tool that has proven its worth in the area of alcohol related harm and that the use of a tender could risk losing the added value of directly involving national authorities. The Joint Action also allows to multiply the investment of the Commission.

Finland highlighted the fact that a tender will ensure the involvement of contractors and not necessarily that of public health authorities; mentioned that some studies may be suitable to be commissioned through a tender.

Estonia pointed out the importance of continuity of monitoring, eligibility, ownership, and the need for a new Alcohol Strategy to be developed; asked why was the Commission not proposing what the countries had expressed they wanted.

Portugal reminded that 26 Member States have expressed their wish to have a new Joint Action.

Norway expressed praise for the Joint Action as a collaboration tool.

Belgium agreed with the fact that a Joint Action ensures ownership and inquired on the eligibility criteria for tender participants.

The **Chair** recalled the importance of the Programme Committee meeting and suggested that the Member States continue to work on defining their priorities for the future.

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The meeting was re-opened by the **Director** of Directorate C – “Public health country knowledge and crisis management”.

The Director mentioned the Public Health Policy and Alcohol-Related Harm Seminar organised by the Permanent Representation of Ireland to the EU on September 27th 2016. The Irish Minister gave an outline of the alcohol-related public health harm and other societal impacts. She gave details of the proposed Irish alcohol bill, which will be proposed to Parliament in October. The main elements include: minimum pricing for alcohol, restrictions on advertising, a structural separation of alcohol products in outlets, regulation of sales in certain circumstances, consumer information in shops, online, and on labels covering alcohol content and calories.

The Director thanked Portugal and the other work package leaders for the promising work of the Joint Action, also presented at the Policy Dialogue held in September, and he expressed the belief that more can be built on such results and that they can be used more in the Member States. The Director also expressed commitment to support Member States in the implementation of best practices.

The Director took note of the strong CNAPA disagreement in case a new Joint Action on Alcohol is not included in the work plan for 2017. Nevertheless, he again summarised the main points favouring a possible tender:

- The Commission would be financing all the work with 100% funding
- It would place no administrative burden on Member States
- CNAPA would steer the process, define new priorities for the next 4 years and make sure that the results are successfully implemented in the Member States.
- There is a similar example in the area of health security preparedness where a tender successfully followed a Joint Action.

The Director also drew attention to the fact that Public Health Institutes may be eligible to reply to the tender. He emphasised that the Member States will react to the Commission’s proposal in the Program Committee meeting.

During the discussion, the CNAPA members noted that:

- A Joint Action would allow better cooperation between Member States than a tender.
- The implementation would be more successful in case of a Joint Action.
- There has already been preparatory work done for a new Joint Action.
- Member States are motivated, willing to co-fund and they are confident that it could lead more commitments from national authorities.
- A Joint Action has clear EU added value through the direct involvement of Member States.
- A Joint Action could perhaps be combined with a tender.

Germany noted that a Joint Action has the advantage of ensuring cooperation and use of results.

Finland clarified that in the area of alcohol the Member States show no fatigue for the use of Joint Actions and they are able to fund their participation.

Estonia confirmed that the current Joint Action is very successful and the participants were enthusiastic about continuing their collaboration.

Italy stressed that the choice of a tender over a Joint Action would be a loss and that perhaps a combination of the tools could be arranged.

Portugal and **Finland** asked why was the Commission proposing something against the wishes of the Member States representatives.

REVISION OF THE AVMSD

DG Connect mentioned that the Commission proposal on the AVMS Directive has been adopted by the Commission on May 25th 2016 and is currently being discussed in the Council and European Parliament. Discussion is in its preliminary stage and the adoption is planned for 2017. More info including relevant documents can be found on the EP webpage about the AVMSD procedure

[http://www.europarl.europa.eu/oeil/popups/ficheprocedure.do?lang=&reference=2016/0151\(COD\)](http://www.europarl.europa.eu/oeil/popups/ficheprocedure.do?lang=&reference=2016/0151(COD))

The Chair noted that the fact that the text is currently being commented is important information in case the Member States wish to act so that amendments are tabled.

Estonia asked whether it would be possible for Member States to have stricter rules than the Commission proposal for alcohol commercial communications on video sharing platforms.

Connect confirmed that the proposal adopts a maximum harmonisation approach as regards hate speech and protection of minors from harmful content on video sharing platforms. However, the proposal, under its current form, does not coordinate other fields as regards video sharing platforms; stricter rules could thus be adopted, provided that such rules are in compliance with Union law.

Sweden invited CNAPA to prepare structured feedback on the revision of the Directive.

RESULTS OF THE COMMISSION STUDY ON MINORS' EXPOSURE TO ALCOHOL ADVERTISING

The study from the DG CNECT contractor Ecorys served as one of the main input for the revision of AVMSD. The presentation summarised the results of three main research questions:

1. How much alcohol advertising a minor can see on linear and on non-linear AVMS?

2. What type of advertising they see? Are they specifically targeting minors? How appealing they are to minors?
3. Does AVMSD provide adequate protection?

Report is available at: <https://ec.europa.eu/digital-single-market/en/news/study-exposure-minors-alcohol-advertising-tv-and-online-services>

The study concluded that:

- on the linear AV media services, “in 2013, on average, a minor in the EU was exposed to 200 alcohol advertisements and an adult saw over 450 alcohol advertisements”;
- As for the non-linear AV media services: the results of the survey amongst minors indicated that “23.9% of minors aged 9-17 in the 9 MS recall to have seen alcohol advertisements online in the last month” (adults were not included in this survey);
- Children’s exposure increases with increases in online activity (a worrying indication given that the latter is on the rise);
- 63% of the online ads and 87% of the TV ads that were analysed contained at least 1 element that can be considered appealing to minors; Measurement of mobile phones and exposure over time would be important to assess the effectiveness of legislation.

RESEARCH AND ALCOHOL RELATED HARM

RTD gave an overview of the research on alcohol, including on the successful FP7 project **AliceRap** (Addiction and Lifestyles in Contemporary Europe - Reframing Addictions Project, www.alicerap.eu). This 5-year project started in 2011 with a budget of € 10 million. It brought together around 200 scientists from more than 25 countries and 29 different disciplines. It aimed to strengthen scientific evidence to inform the public and political dialogue, and to stimulate a broad and productive debate on current and alternative approaches to addictions.

It was the first major Europe wide project studying addictions as a whole, and their influence on wealth and health. The final event took place in February 2016 in Barcelona.

The project concluded that up to 25% of the alcohol-related harm resulted from harm to others (FASD, traffic accidents, infectious diseases, violence).

Potency and quantity are the primary drivers for use. Disease risk has a continuous and exponential positive relationship with consumption. Heavy drinking leads to brain damage and this leads to further heavy drinking.

Margin of exposure (MOE)¹ is the relation to the dose that causes harm – the lower the margin, the higher the risk. MOE<1 extreme risk; MOE<10, high risk; MOE<100, risk; MOE>100 (for non carcinogens); MOE>10,000 (for carcinogens), low risk. The project noted that the health footprint should be calculated in the same way as the environmental footprint now becomes more widespread.

Discussion

It was stated that only 4 Member States (Switzerland, Sweden, Belgium, Germany) had regular contact with national members of the committee discussing Work Programmes within Horizon 2020.

¹ The margin of exposure is a tool used by risk assessors to consider possible safety concerns arising from the presence in food and feed of substances which are both genotoxic (they may damage DNA) and carcinogenic. The MOE is a ratio of two factors which assesses for a given population the dose at which a small but measurable adverse effect is first observed and the level of exposure to the substance considered [from the EFSA website].

It was noted that CNAPA had been the (only) policy makers group that asked AliceRap to present its findings. This is a good example of knowledge transfer.

The **Chair** suggested the possibility to hold a session to discuss why these bridges are not in place in every country.

RESULTS OF THE STUDY ON ALCOHOL COSTS IN SWITZERLAND

The study showed that direct costs related to alcohol are only 20% of the total (15% on the health systems and 5% on the justice system). Most of the cost is born by companies and the economy in general.

France can present the results of a similar project on the cost of alcohol related harm and on low risk drinking guidelines at CNAPA meeting. Further information on: <http://www.ofdt.fr/publications/collections/notes/le-cout-social-des-drogues-en-france/A>

WHO EUROPE

WHO gave an update on the EC-WHO joint report on "[Prevention of harm caused by alcohol exposure in pregnancy](#)" and on the three-year project MOPAC ("[Monitoring of national policies related to alcohol consumption and harm reduction](#)").

The WHO mentioned that there is little evidence for the effectiveness of awareness campaigns, whereas brief interventions seem to be a better buy.

UPDATE FROM THE MEMBER STATES

A tour de table took place in which Member States' representatives shared national progress in the implementation of best practices on prevention, diagnosis and treatment of Foetal Alcohol Spectrum Disorder (FASD).

Cyprus informed the attendees that FASD was recently included in the medical records and that guidance on FASD is currently being drafted.

Denmark mentioned an official recommendation for women to stop drinking when wanting to get pregnant and a campaign of midwives and general practitioners for women to avoid drinking before pregnancy.

Finland mentioned that the country has successful prevention programmes in place on alcohol harm during pregnancy and the first 3 years after the birth, however information about women who already have problems with alcohol is missing.

France noted that an awareness campaign is ongoing targeting professionals and social media. Health warnings are already in bottles.

Greece mentioned that doctors were being informed on this point.

Germany announced a meeting in December 2016 on measures related to FASD.

Hungary mentioned that more public discussion on alcohol related harm during pregnancy is needed in society; Hungary collects data on new-borns but FASD is still underestimated.

Latvia is preparing a new action plan on alcohol but there are no specific measures on FASD.

Lithuania mentioned that health professionals should be able to screen and identify use of alcohol; labelling is already in place but beverages from other countries can be sold without warning labels.

Luxembourg announced a new action plan on alcohol approved by the Parliament which includes guidelines on FASD. Self-reported alcohol consumption will be registered in electronic health records.

Malta noted that screening interviews with women expecting are routine.

The **Netherlands** mentioned a successful campaign in place which resulted in the decrease of alcohol consumption during pregnancy. However, the diagnosis of FASD is still problematic (this is an issue for most countries).

Norway mentioned their successful nationwide campaign “Alcohol-free pregnancy” which aimed to increase awareness in the general public and also to provide information to health professionals. It has been translated into many languages. It received several awards in global competitions, and data from general population surveys showed some subsequent changes in attitudes towards drinking in pregnancy.

Portugal disseminated research results on alcohol harm during pregnancy; a campaign on this topic is currently being evaluated.

Slovakia mentioned the importance of increasing awareness even among gynaecologists and that during its Presidency it would focus on cost effective analysis, early detection of Alcohol use disorders, and comprehensive treatment guidance.

Slovenia mentioned an awareness rising campaign in place since 2013, and announced that new material for future parents would be prepared.

Spain introduced a new drug strategy which also includes alcohol. The intention is that FASD will be part of it.

Sweden mentioned a long history of monitoring alcohol abuse during pregnancy and a focus on children living in families with alcohol problem.

The **Chair** referred to a pilot project on providing support to women struggling with an alcohol problem, in order to reduce risks (in particular during pregnancy) which will be published soon.

THE CHAIR IN HIS CONCLUSIONS

- Thanked CNAPA members for their constructive and active participation in the meeting;
- Noted the strong disagreement of CNAPA in case a new Joint Action would not be possible;
- Welcomed the support for the possible developments related to the Forum;
- Suggested that the potential of the new text of the AVMSD and of the conclusions of important studies on the economic impact of alcohol related harm be taken into consideration by the Member States;
- Informed that SANTE will consider to organise a workshop on results of the project AliceRap with the focus on alcohol.

The next meeting will be on 21-22 March in Luxembourg.