

Committee on National Alcohol Policy and Action

Mandate, Rules of Procedure and Work Plan

I. Background

The Committee on National Alcohol Policy and Action has been established by the services of the European Commission following the adoption of the Commission's Communication of an EU strategy to support Member States in reducing alcohol related harm of 24 October 2006 (COM(2006) 625 final). The Committee is intended to play a major role in implementing this strategy.

The strategy addresses the adverse health effects related to harmful and hazardous alcohol consumption, as well as the related social and economic consequences. Harmful and hazardous alcohol consumption has a major impact on public health and also generates costs related to health care, health insurance, law enforcement and public order, and workplaces, and thus has a negative impact on economic development and on society as a whole. Harmful and hazardous alcohol consumption is a key health determinant and one of the main causes of premature death and avoidable disease. It is a net cause of 7.4 % of all ill-health and early death in the EU, and has a negative impact on labour and productivity. Policies aimed at the prevention and treatment of harmful and hazardous consumption as well as appropriate information on responsible patterns of consumption have important benefits for individuals and families, but also address social costs and the labour market.

Against this background, the strategy identifies the following five priority themes, which are relevant in all Member States and for which Community action in complement to national policies and coordination of national actions has an added value:

- Protect young people, children and the unborn child;
- Reduce injuries and death from alcohol-related road accidents;
- Prevent alcohol-related harm among adults and reduce the negative impact on the workplace;
- Inform, educate and raise awareness on the impact of harmful and hazardous alcohol consumption, and on appropriate consumption patterns;
- Develop and maintain a common evidence base at EU level.

The Communication stresses that these themes cut across EU, national and local level, and call for multi-stakeholder and multi-sector action.

The Communication also explains how the Commission can further support and complement national public health policies implemented by Member States in cooperation with stakeholders, taking into account that drinking patterns and cultures vary across the EU. This commitment from the Commission to further pursue and develop actions under its competences together with a list of good practices which have been implemented in different Member States, and the establishment of an Alcohol and Health Forum which will help their dissemination, will constitute the backbone of a comprehensive strategy to reduce alcohol-related harm in Europe.

II. Rationale

Member States have the main responsibility for national alcohol policy. Most Member States have taken actions to reduce alcohol-related harm, and many of them have extensive policies in this field. Despite the implementation of health policies at both Community and national level, the level of harm, especially among young people, on roads and at workplaces is still unacceptably high.

The Community encourages cooperation and coordination between the Member States and lends support to their action, and the Commission's Communication underlines the need for coordination of alcohol policies across Europe, and places particular emphasis on the identification and dissemination of good practice.

The Communication recognises that there are different cultural habits related to alcohol consumption in the various Member States. In this respect, the Communication states that there is no intention to substitute Community action to national policies, which have already been put in place in most of the Member States and relate to national competences in accordance with the principle of subsidiarity and Article 152 of the EC Treaty.

The structure which the Commission foresees for implementing the strategy is based on four main pillars:

- Further coordination and policy development between Member States and the European Union level, through the Committee on National Alcohol Policy and Action
- Stimulation of concrete stakeholder-driven action on the ground, through the European Alcohol and Health Forum
- Development of reliable, comparable and regularly updated data on alcohol consumption, drinking patterns and alcohol-related harm, as well as on common indicators and definitions, through the Committee on Data Collection, Indicators and Definitions
- Mainstreaming the reduction of alcohol-related harm into other Community policies.

III. Mandate and priority areas

The Committee on National Alcohol Policy and Action is an essential structure for implementing the strategy which the Commission has presented in its Communication of 24 October 2006.

It has been convened by the Directorate General for Health and Consumer Protection in order to ensure the coordination between national and EU alcohol policies, and to contribute to further policy development in the area of reducing alcohol-related harm.

The main objective of this Committee will therefore be to further coordinate government-driven policies aimed at reducing alcohol-related harm at national and local level, building *inter alia* upon the examples of good practice identified in the European Strategy.

In order to achieve this objective -

- Committee members will be able to report regularly on alcohol policy developments in their home countries, or to present national alcohol policy action plans or strategies. These reports will be followed by discussions in order to clarify other Member States positions vis-à-vis these developments and strategies, with the objective of moving toward coordinated approaches.

- in-depth discussions will be organised on topical or controversial issues, in order to clarify in which direction Member States are moving on these issues, again with the objective of achieving the broadest possible consensus and convergence of policies within the EU.

As indicated in the Communication, priority areas for the Committee could include:

- developing efficient common approaches throughout the Community to provide adequate consumer information;
- developing strategies aimed at curbing under-age drinking;
- developing specific information and education campaigns or similar initiatives to tackle alcohol-related harm at the workplace.

Other priority areas will be defined by consensus in the Committee as required.

The Committee will also review national and regional alcohol policy development in the light of the strategy outlined in the Commission's Communication, with a view to disseminating best practice across the EU, and to allow reporting on developments in Member States. In particular, the Committee will contribute, by providing the relevant information to the Commission, to the annual overview of alcohol policy development which the Commission intends to carry out. In this process, cooperation, complementarity and synergy will be sought with the monitoring of alcohol policy which the World Health Organisation will carry out for its member states.

The Commission will keep the Committee updated on developments in the field of alcohol-related harm, and in particular regarding developments

- in the European Alcohol and Health Forum, its Task Forces and its Science Group;
- in other Community policies which are related to alcohol policy;
- in the field of consumer legislation which are related to alcohol policy.

For this purpose, members of the Forum, and representatives of other Commission services, can be invited to Committee meetings on an ad-hoc basis in order to inform the Committee members.

IV. Composition

The Committee on National Alcohol Policy and Action is composed of delegates of Member States, who are appointed, upon request from the Commission services, by their Governments.

The Committee also includes observers from EFTA and EU candidate countries, as well as of the World Health Organisation.

Normally, not more than one delegate will represent a Member State or observer at the meetings of the Committee.

The list of the members and observers of the Committee on National Alcohol Policy and Action is attached to the present document; it will be posted on the Commission's websites.

V. Organisational aspects

The working methods of the Committee on National Alcohol Policy and Action will evolve over time, in the light of practical experience.

a) Frequency of meetings

The Committee will meet at least two times annually; additional meetings can be convened when the need arises.

b) Convening meetings

The meetings of the Committee will be convened by the Commission services. As a rule, meeting invitations shall be sent out at least four weeks before the date of the meeting, together with a draft agenda.

Joint meetings of the Committee with other committees or groups may be convened to discuss issues coming within their respective areas of responsibility.

c) Chair

The meetings of the Committee shall be chaired by the Commission services.

d) Meeting documents

The agenda, documents tabled and summary reports of the Committee meetings will be available to the public and posted on the Commission's websites. The Commission services will aim at making a summary report of the meetings available within two weeks after the meeting. This summary report shall be drawn up under the auspices of the Chair.

e) Working language

The working language of the meetings of the Committee is English. All documents established for the meetings, and all communication between the Commission services and the Committee members, will be in English.

f) Place of meetings

The meetings of the Committee will normally take place in Luxembourg.

g) Format of meetings

The meetings will be normally be convened for one single day; depending on the scope of the agenda, shorter or longer meetings may be envisaged. The meetings will be organized in a format that allows active participation of all Committee members and observers, and an open exchange of views. Workshops can be organized on topics that are of particular interest to the Committee.

h) External participation

The meetings of the Committee will normally be attended by the Committee members and observers and the Commission services only. Membership of the Committee should however be flexible to allow members and observers of the Committee to be accompanied by experts, depending on the subjects on the Committee's agenda. Furthermore, external experts may be invited, by Committee members and observers or the Commission services, to participate in the meetings on an ad-hoc basis for specific issues, in order to bring additional elements to the discussion. Committee members and observers should not be accompanied by more than one expert at a time.

Invitations of accompanying or external experts are subject to the agreement of the Chair of the Committee. The Chair should be informed at the latest two weeks before the date of the meeting of suggestions for accompanying or external experts.

i) Observers

Further observers, apart from those mentioned under IV above, may be invited to join the Committee in agreement between the Committee members and observers, and the Chair.

j) Reimbursement of expenses

Subject to budget availability, the usual Commission rules on the reimbursement of expenses will apply members of the Committee, and for observers eligible for reimbursement.

Annex: list of members and observers of the Committee on National Alcohol Policy and Action

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Committee on National Alcohol Policy and Action

I) Members

MEMBER STATES	SURNAME	FIRST NAME
Austria - Bundesministerium für Gesundheit, Familie und Jugend	KOHL	Doris
Belgium – federal public service Health, Food Chain Safety and Environment	CAPOUET	Mathieu
Bulgaria - State Psychiatric Hospital of Treatment of Alcohol and Drug Addiction.	TOTEVA ZHENKOVA	Sonya
Czech Republic - Ministry of Health	GOTTVALDOVÁ	Eva
Cyprus – Ministry of Health	KONSTANTINO	Kostas
Denmark - National Board of Health	BROHOLM	Kit
Estonia – Ministry of Social Affairs	REINAP	Marge
Finland - Ministry of Health and Social Affairs	PAASO	Kari
France – Direction Générale de la Santé	TACHE	Cécile
Germany - Bundesministerium für Gesundheit	KIRSCHBAUM	Gaby
Hungary – National Institute of Addictology	BUDA KOÓS	Bela Tamás
Ireland – Department of Health and Children (Health Promotion Unit)	BREEN	Robbie
Italy – Istituto Superiore di Sanità, Osservatorio Nazionale Alcol -CNESPS.	SCAFATO	Emanuele
Latvia – Public Health Agency	TAUBE	Maris
Lithuania - Public Health Division	ŠČEPONAVIČIUS KRIVELIENE	Audrius Gelena
Luxembourg – Ministry of Health	WAGENER	Yolande
Malta – Ministry of Health	MANGANI	Manuel
Poland – Ministry of Health	KŁOSINSKI	Wojciech
The Netherlands - Ministry of Health, Welfare and Sport	VAN GINNEKEN	Sandra
Norway - Norwegian Ministry of Health and Care services	BULL	Bernt
Portugal - Institute on Drugs and Drug Addiction	CARDOSO	Manuel

MEMBER STATES	SURNAME	FIRST NAME
Romania - Bucarest National Public Health Institute	STOLICA	Constantin Bogdan
Slovak Republic - Ministry of Health	OKRUHLICA ŠTELIAR	Lubomir Imrich
Slovenia - Ministry of Health	PETRIC	Vesna-Kerstin
Spain – Ministry of Health	MONTERRAT LIMARQUEZ	Cano
Sweden - Ministry of Health and Social Affairs	NILSSON-KELLY	Karin
Switzerland - Federal Office of Public Health- Division of National Prevention Programs	BAERISWYL	Petra
United Kingdom - Department of Health	ACTON	Crispin

II) Observers

COUNTRY OR ORGANISATION	SURNAME	FIRST NAME
World Health Organisation (Regional Office for Europe)	MØLLER	Lars
World Health Organisation (Headquarters)	RENSTROM	Maria