



Brussels, 28 November 2017
(OR. en)

14082/17

SAN 402
DENLEG 95
AUDIO 122
FISC 254

NOTE

From: General Secretariat of the Council
To: Council

No. prev. doc.: 14080/17 SAN 401 DENLEG 94 AUDIO 121 FISC 253

Subject: **Employment, Social Policy, Health and Consumer Affairs Council meeting on 8 December 2017**
Draft Council conclusions on cross-border aspects in alcohol policy – tackling harmful use of alcohol
– Adoption

1. On 24 November 2017, the Permanent Representatives Committee examined the draft Council conclusions as set out in the Annex to document 14080/17.
2. The Permanent Representatives Committee decided to submit the draft conclusions to the Council (EPSCO) for adoption at its session on 8 December 2017.
3. The Council is therefore invited to adopt the draft conclusions as set out in the Annex to this document and decide to publish them in the Official Journal of the European Union.

Draft Council conclusions
on cross-border aspects in alcohol policy – tackling the harmful use of alcohol

THE COUNCIL OF THE EUROPEAN UNION

1. RECALLS Article 168 of the Treaty on the Functioning of the European Union (TFEU), which provides that a high level of human health protection should be ensured in the definition and implementation of all Union policies and activities, and which also states that Union action should complement national policies while respecting the responsibilities of the Member States for the definition of their health policy and for the organisation and delivery of health services and medical care.
2. RECALLS the principles of the internal market as provided for in the Treaty on European Union and in the TFEU.
3. RECALLS the various initiatives adopted by the Council regarding alcohol-related harm caused by the harmful use of alcohol and, in particular, the latest Council conclusions on an EU strategy on the reduction of alcohol-related harm, adopted on 7 December 2015^{1,2}

¹ OJ C 418, 16.12.2015, p. 6.

² See also: Council Recommendation on the drinking of alcohol by young people, in particular children and adolescents (OJ L 161, 16.6.2001, p. 38); Council conclusions on a Community strategy to reduce alcohol-related harm (OJ C 175, 20.6.2001, p. 1); Council conclusions on alcohol and young people (9507/04); Council conclusions on the EU strategy to reduce alcohol-related harm (16165/06); Council conclusions on reducing the burden of cancer (10414/08); Council conclusions on alcohol and health (OJ C 302, 12.12.2009, p. 15); Council conclusions on closing health gaps within the EU through concerted action to promote healthy lifestyle behaviours (OJ C 359, 09.12.2011 p. 5).

4. RECALLS the resolution adopted by the European Parliament on 29 April 2015 on an 'Alcohol Strategy'³ inviting the Commission to work on a new Alcohol Strategy (2016-2022), in which the European Parliament 'stresses the need for at least the calorie content of alcoholic beverages to be clearly stated on labels as soon as possible', and 'calls on the Commission to evaluate and, if necessary, reform the role and functioning of the EAHF'⁴ and increase interaction with the Committee on National Alcohol Policy and Action (CNAPA)⁵ at EU level.
5. RECALLS the communication from the Commission on 'An EU strategy to support Member States in reducing alcohol-related harm' (2007-2012)⁶, in particular where cross-border aspects, for instance of labelling requirements or advertising, would benefit from the added value of action at EU level, and WELCOMES the commitments from the Commission to further pursue and support such action, in particular within the framework of the CNAPA and the EAHF.
6. RECALLS the report submitted by the Commission to the European Parliament and to the Council on 13 March 2017 regarding the mandatory labelling of the list of ingredients and the nutrition declaration of alcoholic beverages⁷.
7. RECALLS the opinion issued by the Committee of the Regions on 9 February 2017 on 'The need for and way towards an EU strategy on alcohol-related issues'⁸, which calls for a new EU alcohol strategy, endorsing the call from the Council and from the European Parliament for strong political leadership on the issue, and highlighting particular areas for action, such as reducing the exposure of children and young people to alcohol marketing and advertising, improving alcohol labelling at EU level and improving road safety.

³ OJ C 346, 21.9.2016, p. 32.

⁴ European Alcohol and Health Forum:
https://ec.europa.eu/health/alcohol/forum/forum_details_en#fragment0.

⁵ https://ec.europa.eu/health/alcohol/committee_en.

⁶ 14851/06.

⁷ 7303/17.

⁸ OJ C 207, 30.6.2017, p. 61.

8. RECALLS the European Charter on Environment and Health⁹, which recognises, among the principles for public policy, that the health of individuals and communities should take clear precedence over considerations of economy and trade.
9. RECALLS the Global Strategy to reduce the harmful use of alcohol¹⁰ endorsed by the World Health Assembly of the World Health Organisation (WHO) on 21 May 2010, as well as the WHO European action plan to reduce the harmful use of alcohol 2012-2020¹¹, endorsed by all 53 Member States in the WHO European Region on 15 September 2011. Both documents highlight the need to adopt a comprehensive approach and to appropriately engage sectors such as development, transport, justice, social welfare, fiscal policy, trade, agriculture, consumer policy, education and employment, as well as civil society and economic operators¹².
10. RECALLS the Global action plan for the prevention and control of non-communicable diseases (NCDs) 2013-2020¹³ endorsed by the World Health Assembly in May 2013, which sets the goal of achieving a relative reduction in the harmful use of alcohol of at least 10 % by 2025.
11. RECALLS the Sustainable Development Goals adopted by the United Nations General Assembly in September 2015, which include the aim of strengthening the prevention and treatment of substance abuse, including the harmful use of alcohol¹⁴.

⁹ [European Charter on Environment and Health](#), adopted on 7 and 8 December 1989 by the Ministers of the Environment and of Health of the Member States of the WHO European Region of and by the Commission acting on behalf of the European Community, as a guideline for future action by the Community in areas which lie within Community competence.

¹⁰ Resolution WHA63.13, p. 27.

¹¹ Resolution EUR/RC61/R4.

¹² See point 6(b) on page 6 of the Global Strategy,
http://www.who.int/substance_abuse/activities/gsrhua/en/.

¹³ http://www.who.int/nmh/events/ncd_action_plan/en/.

¹⁴ See the Goal 3 targets at <http://www.un.org/sustainabledevelopment/sustainable-development-goals/>.

12. WELCOMES the progress achieved by Member States by implementing the measures provided for in their wide-ranging national strategies and action plans aimed at reducing the harmful use of alcohol.
13. NOTES WITH CONCERN that Europe is still the heaviest-drinking region in the world. The average consumption level is almost twice as high as the world average¹⁵. The harm caused by alcohol is thus also the highest in the world, whether in the form of the numerous health conditions to which alcohol is known to contribute¹⁶ or as costs inter alia to society caused by crime, violence, reduced ability to work, or harm to children and families¹⁷.
14. NOTES that the reduction of harmful use of alcohol contributes both to the sustainable growth of the European economy and to the well-being of the population. The reduction of harmful use of alcohol brings economic and financial benefits for all Member States and their citizens, for instance by contributing to the sustainability of social security systems in line with the goals of the Europe 2020 Strategy¹⁸.
15. EMPHASISES that harmful use of alcohol also contributes significantly to health inequalities between as well as within the Member States¹⁹.

¹⁵ Alcohol in the European Union – Consumption, harm and policy approaches, World Health Organisation Regional Office for Europe and the European Union, 2012.

¹⁶ As recalled by the WHO in Policy in action – A tool for measuring alcohol policy implementation (2017), 'Europe has the highest alcohol consumption and alcohol-attributable disease burden in the world'.

¹⁷ See Alcohol in the European Union – Consumption, harm and policy approaches, World Health Organisation Regional Office for Europe and the European Union, 2012.

¹⁸ https://ec.europa.eu/info/strategy/european-semester/framework/europe-2020-strategy_en.

¹⁹ The Council already underlined, in 2009, that 'health inequalities based on social determinants are strongly linked to, among other factors, alcohol consumption both as cause and a consequence; the harmful use of alcohol itself is a well-known risk or a causal factor of certain communicable and non-communicable diseases and has an impact on workforce health' (see Council Conclusions on alcohol and health, referred to in footnote 2).

16. EMPHASISES that the reduction of alcohol-related harm requires action across a range of policy areas and involves multiple sectors of society at local, regional, national, European and international level, in order to achieve human and social as well as economic and financial benefits for all Member States and their citizens.
17. NOTES that according to the scientific opinion of the Science Group of the EAHF²⁰ and more recent studies²¹, the marketing of alcoholic beverages has an impact on consumers' behaviour, particularly that of children and young people, who are more exposed to advertising through new online means of communication and are more likely to have a positive impression of brands that sponsor sporting activities.
18. NOTES that in its report regarding the mandatory labelling of the list of ingredients and the nutrition declaration of alcoholic beverages²², the Commission concludes that there is no reason why such information should be absent in relation to alcoholic beverages, and invites the industry to present, within one year, a proposal for self-regulation for the entire sector of alcoholic beverages.
19. NOTES that, while Regulation (EU) No 1169/2011 exempts alcoholic beverages from the mandatory provision of information on ingredients and nutritional values, several Member States have maintained or adopted national measures imposing labelling requirements or health warnings and some alcohol manufacturers voluntarily provide such information to consumers.

²⁰ http://ec.europa.eu/health/ph_determinants/life_style/alcohol/Forum/docs/science_o01_en.pdf.

²¹ For all, see the results of the study conducted in September 2012 by RAND Europe at the request of the European Commission, https://ec.europa.eu/health/sites/health/files/alcohol/docs/alcohol_rand_youth_exposure_marketing_en.pdf.

For the latest studies, see Jernigan, D., Noel, J., Landon, J., Thornton, N. and Lobstein, T. (2017) Alcohol marketing and youth alcohol consumption: a systematic review of longitudinal studies published since 2008. *Addiction*, 112: 7-20. doi: 10.1111/add.13591.

²² Report referred to in paragraph 5.

20. NOTES WITH CONCERN that, while the price of alcohol is one of the most important factors governing total alcohol consumption and one of the most powerful tools which countries can use to prevent the harmful use of alcohol²³, the health objectives of several Member States may be compromised by excessively large quantities of alcohol transported, allegedly for personal use, from one country to another.
21. NOTES WITH CONCERN that the physical availability and ease of access to alcohol has an impact on alcohol consumption and that, in this context, the development of online sales presents new challenges for the Member States in addressing the issue, in particular as regards the availability of alcoholic beverages to minors.
22. NOTES WITH CONCERN that the effectiveness of Member States' regulations and plans aimed at introducing measures to protect public health and prevent the harmful use of alcohol can be weakened by exposure to cross-border advertising, including online advertising, and cross-border trade, including online sales. Thus, multilateral cooperation, involving different policy areas, maximises the benefits of national measures related to alcohol-related health issues.
23. NOTES that comparable data on alcohol consumption and harm gathered on the basis of a common methodology is a valuable asset for the development of alcohol policy measures within the EU, as well as for the evaluation of their impact, and, in this context, WELCOMES the work already undertaken in the framework of the Joint Action on Reducing Alcohol-Related Harm (JARARHA)²⁴.

²³ See Global Strategy to Reduce the Harmful Use of Alcohol, WHO, 2010.

²⁴ In <http://www.rarha.eu/Pages/default.aspx>, see in particular the report on '[Comparative monitoring of alcohol epidemiology across the EU](#)'.

INVITES THE MEMBER STATES TO

24. Continue to strengthen the implementation of the Global action plan for the prevention and control of NCDs 2013-2020, with a view to achieving the goal of a 10 % relative reduction in the harmful use of alcohol by 2025.
25. Continue to integrate the objective of reducing alcohol-related harm into all relevant national policies, such as policies likely to have an impact on the prices of alcoholic beverages as well as policies aimed at regulating marketing and alcohol selling arrangements, as recommended in the Council conclusions on Health in All Policies²⁵.
26. Examine the possibility of adopting measures aimed at decreasing the harmful use of alcohol at national level and within the framework of bilateral and multilateral cooperation, while respecting the smooth functioning of the internal market, such as measures aimed at protecting children and young people from exposure to cross-border advertising within the single market, increasing the efficiency of the information provided through the labelling of alcoholic beverages and preventing illegal activities connected to cross-border transport of alcohol.
27. Closely monitor the compliance with national and EU measures aimed at preventing the harmful use of alcohol, such as the minimum age for purchasing alcohol and the conditions applicable to cross-border transport of alcoholic beverages.
28. Explore possible ways, including through bilateral and multilateral arrangements, of preventing cross-border issues from having a negative impact on the effectiveness of the national measures aimed at tackling the harmful use of alcohol.

²⁵ Council conclusions adopted on 30 November 2006 (16167/06).

INVITES THE MEMBER STATES AND THE COMMISSION TO

29. Continue gathering and sharing information at EU level on national measures adopted in the context of the alcohol policy, as well as on the enforcement of national alcohol-related measures.
30. Continue developing collaboration and the sharing of best practices aimed at reducing the harmful use of alcohol within the EU wherever possible, in particular through better supervision of activities liable to weaken the effectiveness of national alcohol policies in other Member States, e.g. cross-border transmission of promotional messages and cross-border purchases of alcoholic beverages.
31. Support the development of studies and scientific research aimed at identifying the most efficient measures and initiatives tackling the harmful use of alcohol and share the results thereof, to inter alia optimise the impact of the information provided on alcoholic beverages, e.g. through labelling.
32. Building on the work carried out by the WHO, develop, within the context of a EU joint action on harmful use of alcohol and in collaboration with the competent EU agencies and other bodies²⁶, a common methodology for the collection and analysis of relevant data to monitor and evaluate the impact of national and EU cross-sector measures on reducing harmful use of alcohol, including statistics on cross-border purchases and data to evaluate the volume, content and impact of alcohol marketing in new media, particularly its impact on children and young people.

²⁶ For instance, the [European Centre for Disease Prevention and Control \(ECDC\)](#), the [European Monitoring Centre for Drugs and Drug Addiction \(EMCDDA\)](#), the [European Food Safety Authority \(EFSA\)](#), the [European Agency for Safety and Health at Work \(EU-OSHA\)](#).

INVITES THE COMMISSION TO

33. Adopt a strategy dedicated to the reduction of alcohol-related harm, as referred to in paragraph 21 of the Council conclusions on an EU Strategy on the reduction of alcohol-related harm²⁷, which should take account of the scientific, technological, economic and social aspects of the harmful use of alcohol and the developments in different policy areas having an impact on alcohol-related harm that have occurred since 2012.
34. Continue to integrate the objectives of reducing alcohol-related harm into all relevant EU policies, in compliance with the recommendations in the Council conclusions on Health in All Policies.
35. While fully respecting the principles of subsidiarity and proportionality, as well as local and regional social and cultural traditions, continue to support the Member States' prevention policies to reduce alcohol consumption, to prevent alcohol abuse and to address the harm that it causes.
36. Explore all possibilities to continue to fund the initiatives of all interested stakeholders in the framework of the third programme of action in the field of public health²⁸, namely in the framework of the CNAPA. Initiate and implement a new Joint Action on harmful use of alcohol, building on the work begun by the successful JARARHA which ended in 2016, in concordance with the health programme.
37. Continue monitoring the development of new media and evaluating the adequacy of the current measures aimed at reducing exposure, particularly of children and young people, to alcohol advertising transmitted through digital media, including social media.

²⁷ Referred to in paragraph 2.

²⁸ See Regulation (EU) No 282/2014.

38. Take into account, in the assessment of the self-regulatory proposals on providing information on the ingredients and nutritional values of alcoholic beverages to be put forward by the industry by March 2018²⁹, consumers' need for information and ability to make informed choices, the potential benefits of the proposed measures for the prevention of harmful use of alcohol and addictive behaviours, the need to ensure the smooth functioning of the single market and the positive or negative impact of the proposed measures on all sectors.

Should the self-regulatory approach be considered unsatisfactory, launch without delay an impact assessment with a view to submitting to the European Parliament and to the Council by the end of 2019 the appropriate measures aimed at ensuring the provision of relevant information on ingredients and nutritional values for the entire sector of alcoholic beverages.

Ensure the transparency of the assessment and of subsequent measures, by making publicly available in an easily accessible and detailed way their grounds as well as all relevant information.

39. While continuing to report every two years to the Council on the outcome of its work and the progress made in the field of reducing alcohol-related harm³⁰, keep publicly available an online single register of all initiatives and activities undertaken by the Commission on the various policies which could have an impact on tackling the harmful use of alcohol.

²⁹ See the conclusions of the Commission report regarding the mandatory labelling of the list of ingredients and the nutrition declaration of alcoholic beverages (7303/17 – COM(2017) 58 final).

³⁰ As requested in paragraph 22 of the Council conclusions on an EU strategy on the reduction of alcohol-related harm (2015) referred to in paragraph 2.