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NOTE

From: General Secretariat of the Council

To: Permanent Representatives Committee/Council

Subject: **Employment, Social Policy, Health and Consumer Affairs Council**
meeting on 7 December 2015

Draft Council Conclusions on "An EU strategy on the reduction of alcohol related harm"

- Adoption

(Public debate in accordance with Article 8(2) of the Council's Rules of Procedure [proposed by the Presidency])

1. The Working Party on Public Health discussed and agreed the draft Council conclusions as set out in the Annex.
2. COREPER is invited to confirm the Working Party's agreement and submit the draft conclusions to the Council (EPSCO) for adoption at its meeting on 7 December 2015.
3. The Council is invited to adopt the draft conclusions and forward them for publication in the Official Journal of the European Union.

**Draft Council Conclusions on
"An EU strategy on the reduction of alcohol-related harm"**

THE COUNCIL OF THE EUROPEAN UNION

1. RECALLS that under Article 168 of the Treaty on the Functioning of the European Union a high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities, and that Union action which is to complement national policies shall be directed towards improving public health, preventing illness and disease, and obviating sources of danger to physical and mental health. Such action shall also cover the fight against the major health scourges, by in particular promoting research into their causes and their prevention, as well as health information and education;

The Union shall encourage cooperation between the Member States in the field of public health and, if necessary, support their action. The Union and the Member States shall foster cooperation with third countries and competent international organisations. Union action shall fully respect 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, including the allocation of the resources assigned to them;

2. RECALLS that harmful use of alcohol has been recognised as an important risk factor set out in the communication from the Commission on the health strategy of the European Community¹ and that actions to reduce alcohol-related harm have been financed from the second and third Union Health Programmes²;

¹ 8756/00.

² Decision No 1350/2007/EC of the European Parliament and of the Council of 23 October 2007 establishing a second programme of Community action in the field of health (2008-13); Regulation (EU) No 282/2014 of the European Parliament and of the Council of 11 March 2014 on the establishment of a third programme for the Union's action in the field of health (2014-2020) and repealing Decision No 1350/2007/EC.

3. RECALLS the Council Recommendation of 2001 on the drinking of alcohol by young people³, which invited the Commission, in cooperation with Member States, to make full use of all Community policies to address the matters covered in the recommendation, inter alia, the development at national and European level of comprehensive health promotion policies addressing alcohol;
4. RECALLS the EU Strategy to support Member States in reducing alcohol related harm (2006 - 2012)⁴ as well as the Council Conclusions of 2001⁵, 2004⁶ and 2006⁷, inviting the Commission to put forward a comprehensive strategy aimed at reducing alcohol-related harm, the setting up of the Committee on National Alcohol Policy and Action (CNAPA) to support the implementation of such a strategy, as well as the Council Conclusions of 2009⁸ inviting the Commission to define priorities for the next phase of the Commission's work on alcohol and health after the end of the first EU Alcohol Strategy in 2012;
5. WELCOMES the European Parliament Resolution on Alcohol Strategy of 29 April 2015 calling for a new EU Alcohol Strategy (2016-2022)⁹, reiterating the importance of a strong political commitment from the Commission, Parliament, the Council and the Member States to increase efforts to prevent alcohol-related harm;
6. WELCOMES the WHO Global Strategy to reduce harmful use of alcohol¹⁰ and the WHO European action plan to reduce the harmful use of alcohol 2012–2020¹¹;

³ Council Recommendation 2001/458/EC of 5 June 2001 on the drinking of alcohol by young people, in particular children and adolescents, (OJ L 161, 16.6.2001, p. 38).

⁴ Communication from the Commission to the Council, the European Parliament, the European Economic and Social Committee and the Committee of the Regions of 24 October 2006, An EU strategy to support Member States in reducing alcohol related harm, COM (2006) 625 final.

⁵ Council Conclusions of 5 June 2001, OJ C 175, 20.6.2001, p. 2.

⁶ Council Conclusions of 2 June 2004 on alcohol and young people, 9507/04 (Presse 163).

⁷ Council Conclusions of 30 November 2006, EU strategy to reduce alcohol-related harm, 15258/06.

⁸ Council Conclusions on alcohol and health of 1 December 2009, OJ C 302, 12.12.2009, p. 15.

⁹ European Parliament resolution of 29 April 2015 on Alcohol Strategy (2015/2543(RSP)).

¹⁰ Resolution WHA63.13, page 27.

¹¹ Resolution EUR/RC61/R4.

7. NOTES WITH CONCERN that, according to the WHO's Global Status Report on alcohol and health¹², harmful use of alcohol is among the world's leading risk factors for disease and disability, and that the European Union is the region with the highest alcohol consumption in the world with an average adult (aged 15+ years) alcohol consumption of 10.1 litres of pure alcohol in 2012¹³;
8. NOTES WITH CONCERN that, according to the report of the Organisation for Economic Cooperation and Development (OECD) on Tackling Harmful Alcohol Use - Economics and Public Health Policy¹⁴, regular and heavy drinking is on the rise in some Member States, and there is general concern at the alarming increase in alcohol consumption among young people (minors and young adults) and women in many Member States, and that alcohol abuse not only has a negative impact on the health of individuals, but also on society at large;
9. STRESSES that reducing the burden of alcohol-related avoidable death, chronic diseases and injuries, violence, health inequalities and other social consequences to third parties, as well as risky drinking behaviour in particular among young people, has become a common concern and that cooperation and coordination at EU level would be of added value;
10. STRESSES that prevention of alcohol-related harm represents a necessary investment, which is beneficial for the economy as it allows economic losses and healthcare expenditure to be limited in the long term, inter alia by decreasing the burden of chronic diseases, including cancer, and workforce productivity to be raised;
11. STRESSES also that reduction of harmful use of alcohol also has a positive effect on public security and road safety, in particular on the reduction of road deaths and injuries;

¹² WHO 2014, p. 46, p. 31.

¹³ Health at a Glance: Europe 2014 (joint publication of the OECD and the European Commission), December 2014.

¹⁴ Tackling Harmful Alcohol Use - Economics and Public Health Policy, May 2015.

12. NOTES that the reduction of alcohol-related harm requires actions across a range of policy areas and involving many sectors across society, at both national and EU level;
13. REITERATES the call for an EU strategy on the reduction of alcohol-related harm expressed by a large number of ministers at the informal meeting of health ministers on 21 April 2015 as well as at the EPSCO Council on 19 June 2015, and underlines the fact that such an EU strategy can further support and complement national public health policies.

INVITES THE MEMBER STATES TO:

14. CONTINUE to promote a multi-sectoral approach as regards the reduction of alcohol-related harm at national and EU level and strengthen or develop, as appropriate, comprehensive national strategies or action plans tailored to specific local and regional traditions;
15. ADOPT appropriate measures to address the protection of young people from harmful use of alcohol, notably in the field of the legal drinking age and marketing exposure and CONTINUE to support information and education on the harmful use of alcohol and particularly risky drinking behaviour.

INVITES THE MEMBER STATES AND THE COMMISSION TO:

16. STRENGTHEN cooperation on identification of effective measures and best practices aimed at minimising health and social impacts as well as health inequalities stemming from of harmful use of alcohol, focusing particularly on prevention of risky drinking behaviour among young people, on people who consume alcohol at harmful levels or with harmful drinking patterns, on alcohol consumption during pregnancy and on driving while under the influence of alcohol;
17. CONTINUE to support the work of CNAPA, while taking into account the results of the implementation report on the first EU Alcohol Strategy¹⁵ as well as the involvement of stakeholders at national and European level to reduce alcohol-related harm;

¹⁵ European Commission, Directorate-General for Health & Consumers, First progress report on the implementation of the EU Alcohol Strategy, September 2009.

18. RECOGNISE the need to continue gathering information at EU level on the implementation of alcohol-related national legislation, respecting national competences as well as regional and local social and cultural traditions;
19. CONSIDER, in particular in the light of the report to be adopted by the Commission in accordance with Article 16(4) of Regulation (EU) No 1169/2011 on the provision of food information to consumers¹⁶, the introduction of mandatory labelling of ingredients and nutrition declaration, in particular of the energy value, of alcoholic beverages.

INVITES THE COMMISSION TO:

20. CONTINUE its support to Member States in their efforts to reduce alcohol-related harm, while fully respecting the principles of subsidiarity and proportionality;
21. ADOPT by the end of 2016, while fully respecting Member States' competences, a comprehensive EU strategy dedicated to the reduction of alcohol-related harm and comprising actions across EU policies in order to tackle health, social and economic consequences of the harmful use of alcohol. This dedicated EU strategy should focus on initiatives on the reduction of alcohol-related harm with a cross-border dimension and an EU added value as a follow-up to the first EU Alcohol Strategy (2006 - 2012) and should take into account the work carried out by CNAPA as well as work done under the WHO Global Strategy on Alcohol and the WHO European action plan to reduce the harmful use of alcohol 2012–2020;
22. REPORT to the Council on the outcome of its work and progress made in the field of reducing alcohol-related harm.

¹⁶ OJ L 304, 22.11.2011, p. 18.