Basic information

2007/2005(INI) INI - Own-initiative procedure	Procedure completed
EU strategy to support Member States in reducing alcohol related harm **Subject** 4.20.03 Drug addiction, alcoholism, smoking	

Key players

European Parliament

Committee responsible	Rapporteur	Appointed
ENVI Environment, Public Health and Food Safety	FOGLIETTA Alessandro (UEN)	28/11/2006

Committee for opinion	Rapporteur for opinion	Appointed
EMPL Employment and Social Affairs	The committee decided not to give an opinion.	
TRAN Transport and Tourism	The committee decided not to give an opinion.	
CULT Culture and Education	The committee decided not to give an opinion.	

European Commission

Commission DG	Commissioner
Health and Food Safety	KYPRIANOU Markos

Key events

Date	Event	Reference	Summary
24/10/2006	Non-legislative basic document published	COM(2006)0625	Summary
18/01/2007	Committee referral announced in Parliament		
17/07/2007	Vote in committee		Summary
30/07/2007	Committee report tabled for plenary	A6-0303/2007	
04/09/2007	Debate in Parliament		
05/09/2007	Decision by Parliament	T6-0377/2007	Summary

05/09/2007	Results of vote in Parliament		
05/09/2007	End of procedure in Parliament		

Technical information	
Procedure reference	2007/2005(INI)
Procedure type	INI - Own-initiative procedure
Procedure subtype	Strategic initiative
Legal basis	Rules of Procedure EP 55
Stage reached in procedure	Procedure completed
Committee dossier	ENVI/6/38037

Documentation gateway

European Parliament

Document type	Committee	Reference	Date	Summary
Committee draft report		PE386.293	02/04/2007	
Amendments tabled in committee		PE388.571	21/05/2007	
Committee report tabled for plenary, single reading		A6-0303/2007	30/07/2007	
Text adopted by Parliament, single reading		T6-0377/2007	05/09/2007	Summary

European Commission

Document type	Reference	Date	Summary
Non-legislative basic document	COM(2006)0625	24/10/2006	Summary
Document attached to the procedure	SEC(2006)1360	24/10/2006	
Document attached to the procedure	SEC(2006)1411	24/10/2006	

EU strategy to support Member States in reducing alcohol related harm

2007/2005(INI) - 05/09/2007 - Text adopted by Parliament, single reading

The European Parliament adopted a resolution based on the own-initiative report drawn up by Alessandro **FOGLIETTA** (UEN, IT) on an EU strategy to support Member States in reducing alcohol-related harm. Whilst it welcomed the Commission's approach, it called on the Commission to formulate **ambitious general objectives** for the Member States. The latter should pay particular attention to vulnerable social groups, such as children, young people and pregnant women, and address the problems of hazardous and harmful alcohol consumption by young people, workers and drivers by means of information and awareness-raising campaigns and, where appropriate, a review of compliance with existing national laws.

Parliament acknowledged that alcohol consumption could be considered as a part of the **European cultural heritage and life style**, and that that low alcohol consumption might under certain conditions help to prevent cardiovascular diseases and ischemia in some middle-aged individuals. However, hazardous and harmful alcohol consumption occurs in all social groups and is caused by a wide variety of factors, making a comprehensive approach to combating this problem essential.

The report stressed that Member States are free to determine the form of measures to be taken at national level, but that they should report to the Commission on the progress made. It also noted that the Commission has a supporting role to play in the achievement of the European objectives by helping the Member States to exchange knowledge and best practices and to carry out European research.

Parliament called on the Commission and Member States to adopt certain measures with a view to preventing harmful alcohol consumption among children and young people:

- to launch education campaigns, especially through school-based educational programmes;
- to involve retailers and the catering industry in identifying concrete measures to prevent the selling and serving of alcohol and alcohol pops to minors;
- to focus on such beverages as "alcopops", through measures such as stricter labelling requirements, and requirements for clearer separation of alcopops from soft drinks in shops, and to promote higher taxes on such beverages;
- to draw up guidelines setting an age limit for purchasing, selling and serving alcoholic drinks;
- to promote at European level blood alcohol content (BAC) limits as close as is workable to 0.00 % for new drivers;
- to take any necessary measures to increase controls on drink-driving to the maximum;
- to strengthen the sanctions for drink-driving imposed by Member States;
- to encourage the extension of "designated-driver programmes";
- to set up a European prize for the best campaign against hazardous alcohol consumption directed at schools and young people;
- to intensify the exchange of best practice between Member States on how to work against hazardous and harmful alcohol consumption, and between national police forces on controls on drink-driving by young people.

Parliament also called on the Commission to quantify the incidence of FAS (Foetal Alcohol Syndrome) and FASD (Foetal Alcohol Spectrum Disorders) in the Member States with a view to formulating European objectives aimed at curbing FAS and FASD. Both women and men should be better informed about the risks of alcohol use during pregnancy, for example through warnings on packaging, in order to avoid new-born babies being affected by problems caused by alcohol use during pregnancy.

Parliament stated that **alcohol advertising and marketing practices** should not be directed at minors. It welcomed the self-regulation undertakings given, for example, by the advertising industry and alcoholic beverage producers. It called on the Commission and the Member States to check that these undertakings are honoured and, if they are not, to impose penalties.

The report recommended certain measures with the aim of **reducing the number of road accidents**:

- to promote a considerable increase in controls on blood alcohol content and to address the highly varied enforcement rate between Member States aiming at convergence of the frequency of controls as well as exchanging good practices as regards the places where the controls should be carried out;
- to promote heavier sanctions for drink-driving, such as prolonged withdrawal of driving licences;
- to promote at European level blood alcohol content limits as close as is workable to 0,00% for drivers of transportation means requiring a category A and B driving licence and for drivers of transportation means requiring a higher category of driving licence and for all professional drivers;
- the further development of alcohol lock systems and other instruments which mechanically prevent drink-driving, notably for professional drivers.

The Commission and Member States were also asked to:

- draw up guidelines for the advertising of alcoholic beverages on television and to ensure the implementation of the new Television Without Frontiers Directive once it is adopted;
- encourage audiovisual media service providers to include in their codes of practice rules on the scheduling of alcoholic beverage commercials;
- submit, by 2010, an exhaustive general survey of hazardous and harmful alcohol consumption patterns and addictive behaviour and its causes;
- tackle the problem of illegal and black market sales of alcohol.

EU strategy to support Member States in reducing alcohol related harm

2007/2005(INI) - 24/10/2006 - Non-legislative basic document

PURPOSE: to set out an EU strategy to support Member States in reducing alcohol related harm.

CONTENT: this Communication addresses the adverse health effects related to harmful and hazardous alcohol consumption, as well as the related social and economic consequences, and answers to Council requests back in 2001 for the Commission to follow-up, assess and monitor developments and the measures taken in this field and to report back on the need for further actions. It focuses on preventing and cutting back heavy and extreme drinking patterns, as well as under-age drinking, and some of their most harmful consequences such as alcohol-related road accidents and Foetal Alcohol Syndrome.

The Communication recognises that there are different cultural habits related to alcohol consumption in the various Member States. There is no intention to substitute Community action to national policies, which have already been put in place in most of the Member States.

This comprehensive strategy to reduce alcohol-related harm in Europe until the end of 2012 explains what has already been done at national and Community level. The Commission considers that its main contribution to the strategy should be based on the existing approach of complementing national policies and strategies in this area and therefore, does not intend to implement the strategy through specific new legislative proposals. The Commission will report regularly on the implementation of measures to tackle harmful and hazardous alcohol consumption, as described in this Communication, as well as on the impact of the EU strategy set out in this Communication; this will be based on regular reporting from the Member States on the implementation of the relevant measures.

Certain existing Member States actions are to be considered as examples of good practice and have proven their effects. In respect of the principles of subsidiarity and better regulation, these actions need to be strengthened in order to achieve the goal of this strategy. The Commission will contribute through its role of complementing Member States efforts, by adding value to their actions and dealing with issues that Member States cannot effectively handle on their own.

In order to address the above concerns, and based on the outcomes of the impact assessment process, the Commission has identified 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.

These themes cut across EU, national and local level, and call for multi-stakeholder and multi-sector action. It should be noted that Member States have the main responsibility for national alcohol policy. In addition, the Community encourages cooperation and coordination between the Member States and lends support to their action. As a complement to these national initiatives, the Commission implements policies in the field of alcohol related harm, in particular through the Public Health Programme and the Research Framework Programme. There are thus **three levels of actions**:

1. **National level**: action to improve consumer information, at point of sale or on products, on the impact of alcohol abuse on health and work performance. Action to better enforce age limits for selling and serving alcohol. Interventions and educational programmes. Introduction and enforcement of rules against serving alcohol to intoxicated persons.
2. **The coordination of national policies at Community level** toprevent and promote strategies to protect citizens from alcohol-related harm.
3. **Actions by the Commission** on the basis of its prerogatives. In this context, the main role of the Commission is: (a) to inform and raise awareness on major public health concerns at EU and Member State level, and to cooperate with Member States in addressing these; (b) to initiate action at EU level when this relates to its field of competence, in particular through sectoral programs and (c) to support and help coordinate national actions, in particular by identifying and disseminating good practice across the EU.