

Building Capacity for Action: European Alcohol Policy Conference
Barcelona, 3-5 April 2008

Alcohol and Health in EU policies

Parallel session: Health in all policies - the example of alcohol

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EU-level action to ensure high level of human health protection

	Community/Union action	Aims	Issues
Maastricht Treaty 1992 Art. 129	<ul style="list-style-type: none"> •encourage MS cooperation •support MS action •incentive measures •recommendations 	<ul style="list-style-type: none"> •prevent diseases 	<ul style="list-style-type: none"> •major health scourges •drug dependence
Amsterdam Treaty 1997 Art. 152	<ul style="list-style-type: none"> •encourage MS cooperation •support MS action •incentive measures •recommendations •organ & blood safety •veterinary & phytosanitary measures 	<ul style="list-style-type: none"> •prevent illness & diseases •improve public health •health threats 	<ul style="list-style-type: none"> •major health scourges •drugs-related health damage
Lisbon Treaty 2007 Art.	<ul style="list-style-type: none"> •encourage MS cooperation •support MS action •incentive measures •recommendations •organ & blood safety •veterinary & phytosanitary measures •safety of medicinal products and devices 	<ul style="list-style-type: none"> •prevent physical & mental illness •improve public health •health threats 	<ul style="list-style-type: none"> •major health scourges •drugs-related health damage •measures which have as their direct objective the protection of public health regarding tobacco and the abuse of alcohol

Integration of health protection into EU policies

	Community/Union tasks/competences	Health in All Policies	
Maastricht Treaty 1992	Art. 3: a contribution to the attainment of a high level of health protection		Art. 129: Health protection requirements shall form a constituent part of the Community's other policies.
Amsterdam Treaty 1997			Art. 152: A high level of human health protection shall be ensured in the definition and implementation of all Community policies and activities.
Reform Treaty Lisbon 2007	<p>Art. 2c: shared competence in common safety concerns in public health matters</p> <p>Art 2e: actions to support, coordinate or supplement MS actions: protection & improvement of human health</p>	<p>Art 5a: In defining and implementing its policies and activities, the Union shall take into account requirements linked to the promotion of a high level of employment, the guarantee of adequate social protection, the fight against social exclusion, and a high level of education, training and protection of human health.</p>	<p><i>idem</i></p> <p>+ Fundamental Rights of the European Union, Art. 35</p>

Together for Health 2008-2013

Objectives

- fostering good health in an ageing Europe
 - alcohol, drugs and tobacco consumption
- protection from health threats
- support for dynamic & sustainable health systems

Principles

- shared health values: universality, equity, solidarity
- health is wealth – healthy population is a requisite of prosperity*
- **health in all policies**
 - **role of other policies**
 - involvement of stakeholders
 - global perspective
- strengthen cooperation in health at global level

* c.f. Lisbon strategy & Sustainable Development strategy

Health in All Policies (HIAP)

Finnish EU Presidency 2006

- power in health-related issues transferred to European or global level
 - agriculture, industry, internal market, trade treaties . . .
- less room for effective national public health policies
- treaty-based obligation to integrate health considerations into all policies needs to be put into practice

Health In All Policies: Prospects and potentials. Finnish MoH, 2006.

Council Conclusions on Health in All Policies, 30 November 2006.

<http://www.stm.fi/Resource.phx/eng/subjt/inter/eu2006/hiap/index.htx>

Internal market policies vs. public health-motivated alcohol policies

- **Franzen case** C-189/95 (preliminary ruling)
alcohol retail monopoly vs. free movement of goods
- **Heinonen case** C-394/97 (preliminary ruling)
limitations on travellers' imports vs. free movement of goods
- **Gourmet case** C-405-98 (preliminary ruling)
restrictions on advertising vs. free movement of goods
- **Catalonia** C-1/90 and C-176/90 (preliminary ruling)
restrictions on advertising vs. free movement of goods
- **Loi Evin** C-262/02 (infringement action by the European Commission) and C-429/02 (preliminary ruling)
restrictions on advertising vs. free movement of services
- **Ahokainen case** C-434/04 (preliminary ruling)
restrictions on drinks +80% ABV vs. free movement of goods
- **Rosengren case** C-170/04 (preliminary ruling)
restrictions on internet sales vs. free movement of goods
- **Joustra case** C-5/05 (preliminary ruling)
import for private purposes vs. free movement of goods

Council Conclusions on Health in All Policies 2006

- many Community policies have positive or negative impact on health
- health determinants-related objectives should be included in Community policies across sectors, in particular economic, employment, cohesion and competitiveness policies and health and safety at work

The Council invites

- the Commission to to investigate and where necessary develop further **coordination mechanisms to ensure that health considerations are taken into account in decision-making across sectors, including international treaties, in a systematic and structured manner**
- the European Parliament to apply parliamentary mechanisms to ensure effective cross-sectoral cooperation for high level of health protection in all policy sectors

Council Conclusions on EU Alcohol Strategy 2006

The Council

- CONSIDERS that the **primary aim of alcohol-related policies** should be to reduce alcohol-related harm
- UNDERLINES the need to ensure that **opportunities to prevent alcohol-related harm to public health and safety** are addressed in a coherent manner in relevant policy areas and especially the areas already mentioned in the Council Conclusions of June 2001^{*}
- INVITES the Commission to consider and **apply coherently the Treaty provisions concerning the protection of public health and the Internal Market**

^{*} research, consumer protection, transport, advertising, marketing, sponsoring, excise duties and other internal market issues

EU Alcohol Strategy 2006

Coordination of actions at EU level

- EU competence in health is not confined to specific public health actions.
- **Where possible, the Commission will seek to improve the coherence between policies that have an impact on alcohol-related harm.**
- A number of mechanisms are currently in place to ensure that health is taken into consideration in other Community policy areas, in accordance with Article 152 of the EC Treaty.

Mechanisms to reinforce HIAP*

- Systems for supporting health-related work in non-health policy areas need to be strengthened and made more systematic at all levels of government
- Use of Health Impact Assessment (HIA) and Health Systems Impact Assessment is encouraged
 - Commission: Impact Assessment Guidelines 2005
 - Development of online Health Systems Impact Assessment Tool
- Post-hoc evaluations to support the integration of health concerns into other policies
- Inter-Service Group on Health, chaired by DG SANCO
- Inter-service consultation procedure

* Together for Health – White Paper & Commission staff working document
23.10.2007

Proposal COM(2008)78 for amendment of Directive (92/12/EEC) on excise duty, 3 March 2008

- excise goods concerned: electricity and energy products, tobacco, alcoholic beverages

Acquisition by private individuals, Art. 30

- **Excise duty** on excise goods acquired by private individuals for personal use and transported from one Member State to another by them shall be **charged only in the Member State in which the excise goods are acquired.**
- As regards excise goods other than manufactured tobacco acquired by private individuals, the first subparagraph shall **also apply in cases where the goods are transported on their behalf.**
- Taxation in the Member State of acquisition shall also apply to excise goods **dispatched by one private individual to another** without any payment, direct or indirect.

Impact assessment?

- There isn't any – because the same changes were proposed in 2004 and that proposal already included "a detailed analysis"

COM(2004)227

- alcoholic beverages – no Health Impact Assessment
 - alcoholic beverages account for the largest proportion of private transactions carried out under the tax-paid arrangements
 - low tax levied by some Member States explains the phenomenon of large numbers of intra-Community movements of these products for private purposes
- Tobacco – HIA and conclusions
 - would contradict the health policy advocated in Article 152
 - WHO Framework Convention on Tobacco calls for tax policies on tobacco products to contribute to reducing tobacco consumption
 - therefore excise duty should be paid in the MS of destination