

I

(Information)

COUNCIL

COUNCIL CONCLUSIONS

of 5 June 2001

on a Community strategy to reduce alcohol-related harm

(2001/C 175/01)

THE COUNCIL OF THE EUROPEAN UNION

1. EMPHASISES that a high level of human health protection should be ensured in the definition and implementation of all Community policies and activities;
2. RECALLS the Resolution of 29 May 1986 on alcohol abuse ⁽¹⁾;
3. TAKES NOTE of the results of the European Conference on Health Determinants held in Evora on 15 and 16 March, 2000, which placed emphasis on, among other things, alcohol and recommended a series of practical and targeted steps to address the challenges in this area at Community level;
4. RECALLS initiatives taken under the auspices of the WHO framework to reduce the adverse health effects from the consumption of, *inter alia*, alcohol and that in this connection a European Alcohol action plan 2000 to 2005 was endorsed by the WHO Regional Committee for Europe;
5. RECALLS in this connection that the Memorandum of Understanding between the WHO and the Commission commits both bodies to cooperate, exchange information and share experience;
6. TAKES NOTE of the declaration of the WHO Ministerial Conference on Young People and Alcohol held in Stockholm on 19 to 21 February 2001, which stresses, *inter alia*, that alcohol policies directed at young people should be part of a broader societal response;
7. RECALLS that the Commission's communication on a Community health strategy, including a proposal for a future programme of Community action in the field of public health ⁽²⁾, foresees, *inter alia*, the preparation and implementation of strategies and measures of lifestyle-related health determinants, such as alcohol;
8. TAKES NOTE of the findings of the European comparative alcohol study (ECAS), the Alcohol and other drug use among students (ESPAD) report as well as the WHO Global burden of disease 2000 study;
9. EMPHASISES that alcohol is one of the key health determinants in the European Community;
10. STATES that scientific work has clearly shown that high consumption of alcohol in the population substantially increases the risk of all-cause mortality, especially liver cirrhosis, alcoholism, alcohol psychosis, alcohol poisoning, alcoholic gastritis, alcoholic cardiomyopathy and alcoholic polyneuropathy, haemorrhagic stroke, foetal alcohol syndrome (FAS) and the level of other alcohol-related morbidity;
11. IS CONCERNED by the fact that alcohol is a major contributory factor in accidents with a fatal outcome on European roads, and alcohol is also the direct cause of many accidents both in workplaces and at home;
12. UNDERLINES the close link between alcohol abuse and reduced productivity at work, unemployment, social marginalisation and exclusion, domestic violence and disruption of the family unit, criminality, homelessness and mental illness;
13. IS CONCERNED by the reported increasing regular drinking habits as well as increasing binge drinking habits among young people in some Member States, particularly since there are strong links between an early start with regard to heavy alcohol consumption, substance abuse and criminality;
14. RECALLS the European Union Drugs Strategy 2000 to 2004 which emphasises the need for measures addressing addiction in general, including alcohol and tobacco;
15. IS AWARE of the fact that alcohol-related problems are also significant in the candidate countries;

⁽¹⁾ OJ C 184 of 23.7.1986, p. 3.

⁽²⁾ OJ C 337 E of 28.11.2000, p. 122.

16. RECOGNISES the fact that, while national differences are narrowing in terms of beverage preferences, alcohol consumption and alcohol policy measures, there are cultural, social and economic differences between Member States;
17. CONSIDERS that any Community action should focus on measures with a European added value, taking full account of possibilities offered by the future action programme in the field of public health, but also including measures in policy areas other than public health;
18. UNDERLINES therefore the desirability of developing a comprehensive Community strategy aimed at reducing alcohol-related harm comprising in particular the following elements:
- further development of comparative and comprehensive information together with relevant high-quality research, and an effective monitoring system on alcohol consumption, alcohol-related harm, and policy measures and their effects in the European Community,
 - a co-ordinated range of Community activities in all relevant policy areas; a high level of health protection shall be ensured in the definition and implementation of Community activities, in fields such as research, consumer protection, transport, advertising, marketing, sponsoring, excise duties and other internal market issues, while fully respecting Member States' competencies,
 - strengthened cooperation and exchange of knowledge between Member States,
 - international cooperation, in particular with and within the World Health Organisation;
19. WELCOMES the adoption by the Council of a recommendation on the drinking of alcohol by children and adolescents as a first step in the development towards a more comprehensive approach across the Community;
20. RECOGNISES the need for cooperation with the candidate countries to include work on an alcohol strategy, notably in the framework of the future action programme in the field of public health, and for the Phare programme to include actions concerning alcohol-related problems;
21. INVITES the Commission to put forward proposals for a comprehensive Community strategy aimed at reducing alcohol-related harm which shall complement national policies and set out a timetable for the different actions.

COUNCIL CONCLUSIONS

of 5 June 2001

on the epidemiological situation of variant Creutzfeldt-Jakob (vCJD) and a proactive strategy on zoonoses, in particular transmissible spongiform encephalopathy (TSE)

(2001/C 175/02)

THE COUNCIL OF THE EUROPEAN UNION

1. CONSIDERING that a significant increase of reported food-borne diseases of zoonotic origin, including both emerging and re-emerging diseases, has been recorded in most Member States during the last decades;
2. CONSIDERING that vCJD is a disease that is always fatal and also affects younger people;
3. STRESSING that a high level of human health protection is to be ensured in the definition and implementation of all Community policies and activities;
4. RECALLING the communication from the Commission on the health strategy of the European Community, in which the need to properly link actions in the framework of public health with health-related initiatives in other policy areas is emphasised, and in which the Commission declares its intention to establish mechanisms to ensure that policies and activities contribute to health protection, as well as the Commission proposal for a public health programme;
5. RECALLING the conclusions of the European Council in Nice on 7 to 9 December 2000, which take note of the measures already taken in order to combat BSE and emphasise that more intense efforts in the field of human medicine and veterinary research are essential if the prevention, diagnosis and treatment of this disease are to be guaranteed;