
















# ***"Healthy Ageing across the Lifecycle – working across society to address risk factors and chronic diseases"***

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Directorate General Health and Consumers

## *Unhealthy diets, physical inactivity, tobacco use and harmful use of alcohol contribute to Chronic Diseases*

Noncommunicable Diseases 4 Diseases, 4 Modifiable Shared Risk Factors				
	Tobacco Use	Unhealthy diets	Physical Inactivity	Harmful Use of Alcohol
Cardio-vascular				
Diabetes				
Cancer				
Chronic Respiratory				

Noncommunicable Diseases  
World Health Organization

World Health  
Organization

## What is the cost?

### ■ Human cost

- ill health and shortening lives
- reduced quality of life across the life cycle

### ■ Budgetary and economic cost

- puts a strain on national health systems
- reduced labour productivity and economic prosperity



### ■ Health inequalities:

- Stronger impact with the financial crisis
- social gradient –

# Non-Communicable Diseases – a major concern worldwide



- Declaration adopted on 16 September 2011
  - “the most prominent non-communicable diseases are linked to common risk factors, namely **tobacco use, harmful use of alcohol, an unhealthy diet, and lack of physical activity**”
- It underlines the importance creating sustainable health-promoting environments:
  - Explore the provision of adequate, predictable and sustained resources, through domestic, bilateral, regional and multilateral channels, **including traditional and voluntary innovative financing mechanisms**”

## A focus on

- Harmful use of alcohol
  - EU alcohol strategy to support Member States in reducing alcohol related harm (2006)
- Nutrition and Physical Inactivity
  - Strategy for Europe on Nutrition, Overweight and Obesity-related health issues(2007)

# 2006 EU alcohol strategy to support Member States in reducing alcohol related harm

## Priority themes and goals

- ☐ *Protect young people, children and the unborn child*
- ☐ *Reduce injuries and deaths from alcohol-related road traffic accidents*
- ☐ *Prevent alcohol-related harm among adults and reduce the negative impact on the workplace*
- ☐ *Inform, educate and raise awareness: impact of harmful and hazardous alcohol consumption, appropriate consumption patterns*
- ☐ *Develop and maintain a common evidence base*

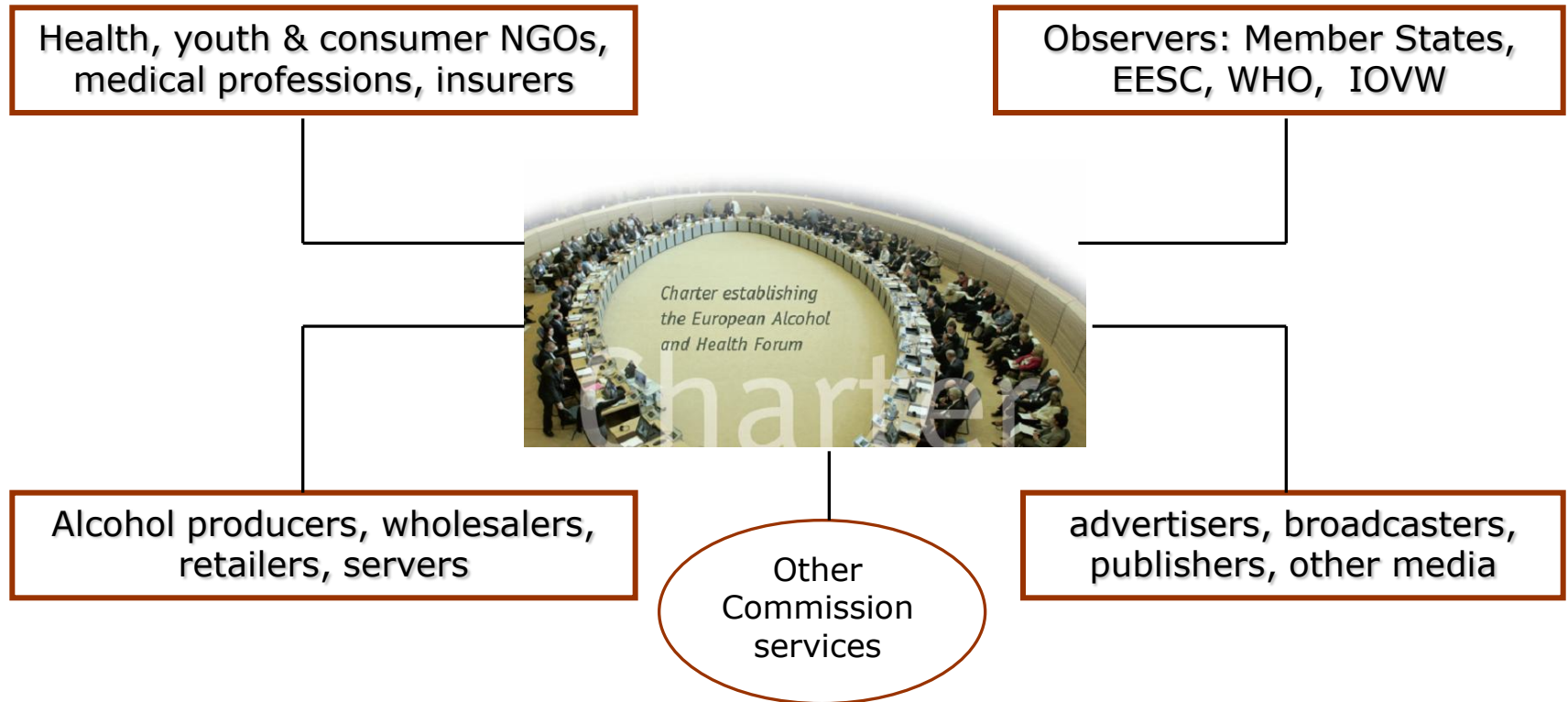
# Implementing the EU Alcohol Strategy

- *Work across EU policies*
- *Cooperation with Member States*
- *Platform to mobilise action by stakeholders*



<b>European Alcohol and Health Forum</b>	<b>Committee on National Alcohol Policy and Action</b>  <b>Member States</b>	<b>Work across other policies</b>
<b>Plenary meetings</b>		<ul style="list-style-type: none"> <li>•transport</li> <li>•youth</li> <li>•information society</li> <li>•research</li> <li>•employment</li> <li>•taxation</li> </ul>
<b>Open Forum</b>		<b>Alcohol data collection</b> <ul style="list-style-type: none"> <li>•dedicated committee</li> <li>•cooperation with WHO</li> </ul>
<b>Task Forces</b>		<b>EU Health Programme</b> <ul style="list-style-type: none"> <li>•projects</li> <li>•tendered studies</li> <li>•conferences</li> </ul>
<b>Science Group</b>		

## European Alcohol and Health Forum



Action oriented platform: 69 members, 220 commitments to action in July 2012

Commitments and reports on implementation in online database:

<http://ec.europa.eu/eahf/index.jsp>



# European Alcohol and Health Forum

## *Main areas of action*

- strategies to curb under age drinking
- interventions to promote behavioural change among children and adolescents
- actions to better enforce age limits for selling and serving alcohol
- information and education on the effects of harmful drinking and on responsible patterns of consumption
- development of common approaches to provide adequate consumer information
- cooperation to promote responsibility and prevent irresponsible commercial communication and sales

## Responsible commercial communication

*EAHF Science Group's opinion in 2009 based on review of longitudinal studies:*

**“Alcohol marketing increases the likelihood that adolescents will start to use alcohol, and to drink more if they are already using alcohol.”**

52 commitments to promote responsibility in commercial communication

Recent progress: voluntary codes of conduct being extended to alcohol marketing in digital space

**Example of recent commitment: The Responsible Marketing Pact**  
**(WFA and Major representative of alcohol industry )**

**Three pillars for action**

- ☐ Social Media: Prevent minors from undue exposure to alcohol beverage marketing communications on social media
- ☐ Ad placement: Set a common adult demographic standard across all media: ads may only be placed where at least 70% of the audience is reasonably expected to be above legal purchase age.
- ☐ Appeal: prohibiting add that might appeal to minors and ensuring that the content of ads appeals primarily to adults.

# Consumer information on alcohol packages



## *Action by Member States*

### *France*

- **warning about pregnancy-related risks mandatory since 2007**

*United Kingdom: agreement between government and industry in 2007*

- **alcohol content in “units”**
- **Chief Medical Officers’ drinking guidelines**
- **warning on risks related to pregnancy**

**Know your limits**



**1.7  
UK  
Units**

**UK Chief Medical Officers  
recommend**

**Adults do not regularly  
exceed:**

Men	3-4 units daily
Women	2-3 units daily

**Avoid alcohol if pregnant or  
trying to conceive**

[www.drinkaware.co.uk](http://www.drinkaware.co.uk)

## Consumer information on alcohol packages

### Action by stakeholders

*Pernod-Ricard: starting from 2007 French pregnancy warning on all products*

*SABMiller: starting from 2010 three alternative responsibility messages on all products: drink-driving, pregnancy, minimum age*

*EUROCARE: project to develop pictorial health warnings – presented in EAHF plenary meeting in 2009*

*Project PROTECT: mapping of voluntary labelling practices across the EU – presented in seminar in EP in March 2011*

- *Alcoholic beverage labelling is increasingly used to convey consumer information*
- *Plenty of opportunities for further action*
  - **Broader range of risks to address**
  - **Broader communication campaigns to support and reinforce**
  - **Enhancing visibility and potential for impact**



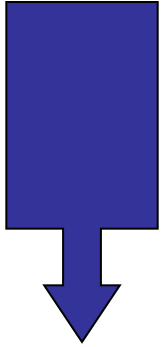
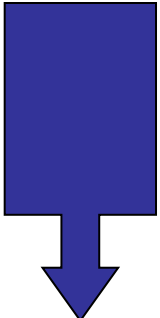
# Where to?

## Alcohol Strategy Evaluation of implementation structures and processes

<b><i>European Alcohol and Health Forum</i></b>	<b><i>Committee on National Alcohol Policy and Action</i></b>	<b><i>Overall strategy</i></b>
<i>Assess the Forum as a structure for implementing the EU Alcohol Strategy and its added value in stimulating concrete stakeholder-driven actions.</i>	<i>Assess the CNAPA as a structure for implementing the EU Alcohol Strategy, in particular through the coordination of national alcohol policies.</i>	<i>Assessment of the overall EU alcohol strategy process and added value</i>

*Final outcomes of the evaluation process will be available fall 2012*

# Strategy for Europe on Nutrition, Overweight and Obesity-related health issues(2007)

- 
- better informed consumers
  - making healthier options available
  - priority groups and settings
  - encouraging physical activity
  - developing the knowledge base
  - developing monitoring systems
- 

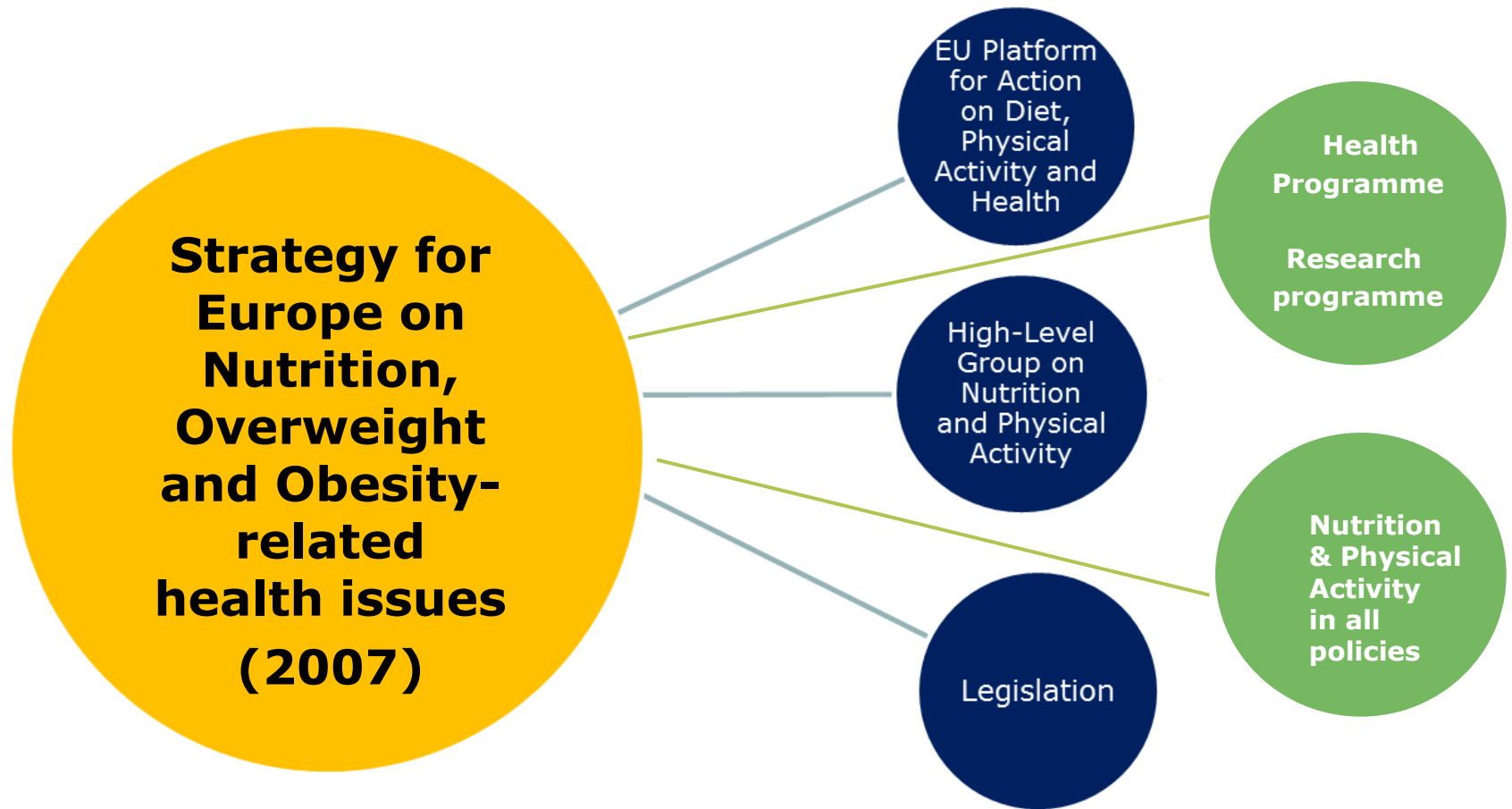
***Partnership with all 27  
EU governments***

**High-Level Group on  
Nutrition and Physical  
Activity**

***Partnership with all  
stakeholders***



EU Platform on Diet,  
Physical Activity and Health



## HLG and Salt reduction

- **EU Salt reduction framework**

- Reduce salt content by 16% in 4 years
- Salt report recently published



- **Implementation report**

- [http://ec.europa.eu/health/nutrition\\_physical\\_activity/docs/salt\\_report\\_en.pdf](http://ec.europa.eu/health/nutrition_physical_activity/docs/salt_report_en.pdf)





## Saturated fat, trans fat and sugar - reformulation

- **Continuing work on selected nutrients in the HLG**
  - Agreed to a second EU framework for selected nutrients
  - Discussion of a possible first focus on saturated fat reduction





**Awareness rising among the workers and their employers on the work environment, such as healthier food in the office cafeteria**

**Prevention and social marketing campaign**



**A school-community approach to influence the determinants of growing up healthy**

**Production of a cartoon animation for 5-8 years old; fun stories about healthy living, eating and physical activity**



**Healthy Lifestyle in Europe by Nutrition in Adolescence HELENA**



**Project main goals**

- To develop and harmonise innovative methods for the assessment of lifestyle habits of adolescents across Europe with special focus on diet, nutrition and physical activity
- To assess dietary and physical activity patterns as well as nutritional status among European adolescents
- To investigate knowledge and attitudes towards nutrition and physical activity among adolescents and to establish dietary determinants of their food choices and preferences
- To describe regional, cultural, social, genetic and gender differences and similarities across Europe
- To identify adolescents at risk of eating disorders, diabetes, obesity and/or type 2 diabetes

**The project will provide comprehensive information about the nutritional status of European adolescents**

- Dietary intake, nutrition knowledge and eating attitudes
- Food choices and preferences
- Body mass position
- Physical fitness and metabolic profile
- Microbiota status
- Immune functions related to nutritional status
- Physical activity and fitness
- Genotype (to study gene-environment and gene-environment interactions)

In addition, three new sensory acceptable and health-promoting food products will be developed, with the aim of providing adolescents with healthy foods that appeal to them in order to improve their diet.

Finally, a computer-based lifestyle education intervention strategy will be developed and tested for its efficacy in improving educational, nutritional and lifestyle habits.

The HELENA Project has been partially funded by the European Commission (EC) under the Sixth Framework Programme (FP6) contract EV5V-CT-2001-40270.

**Research Groups**

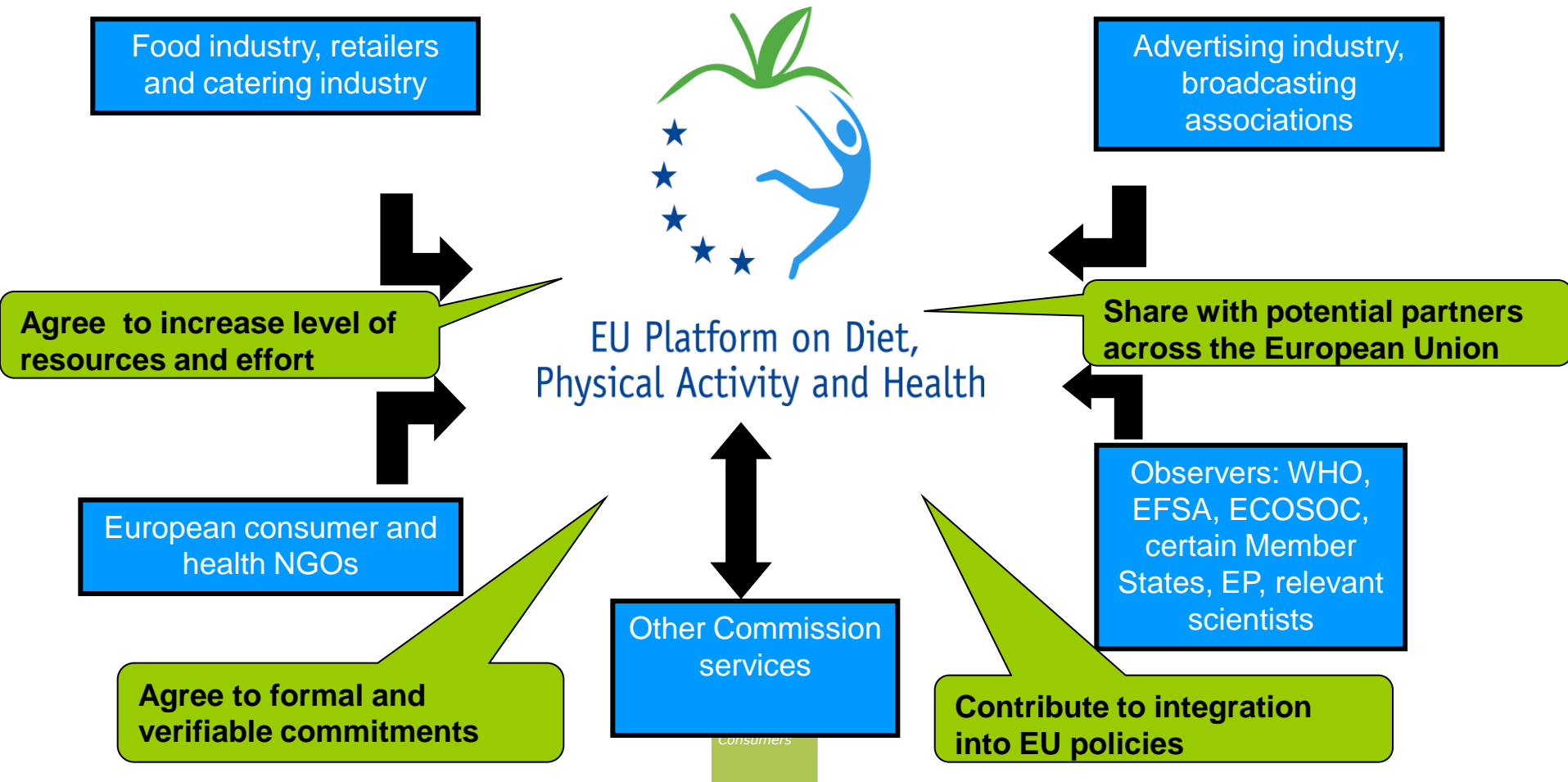
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Cooperación Interdisciplinaria en Nutrición y Salud (CINS) - Universidad de Córdoba - 2001-2006

# EC's funding: 700 million EUR

- research areas in line with the Strategy's priorities & groups, e.g.:
  - Children obesity factors
  - Better information to citizens
  - Understanding consumer's behaviour
  - Food reformulation
- mechanisms of nutrition related diseases and disorders
- tools for the development of food, obesity treatments, health economics and public health policies to better prevent diet-related diseases

## Working with all stakeholders: 33 EU level members / + 300 commitments in 6 years

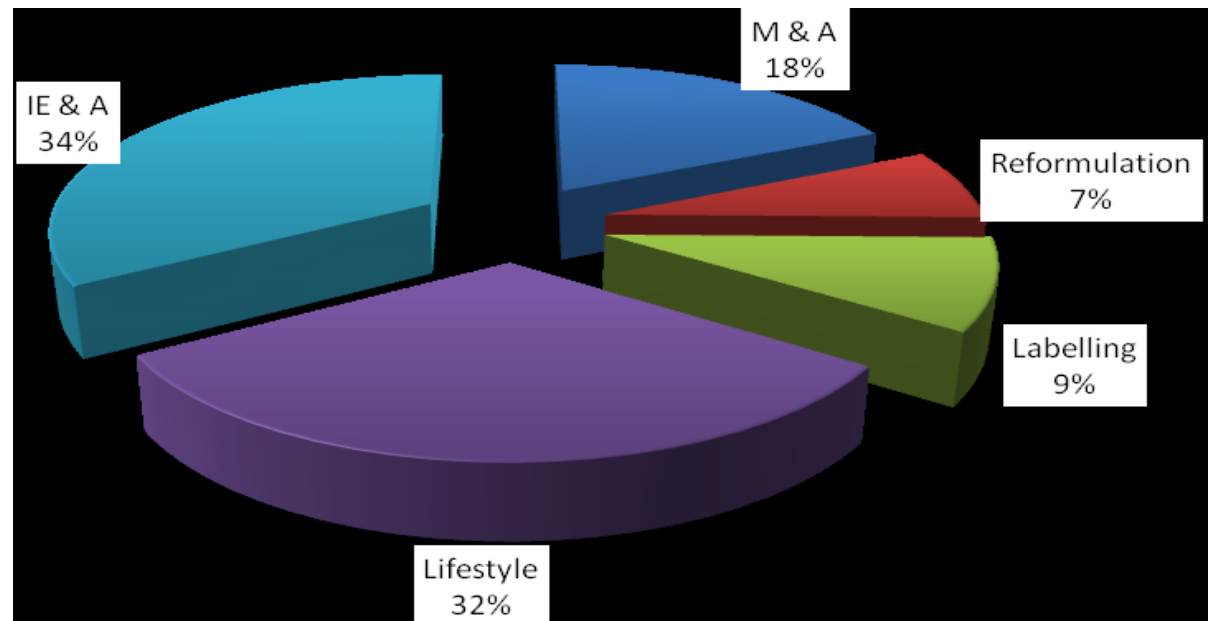




EU Platform on Diet,  
Physical Activity and Health

## ACTIONS IN 6 KEY AREAS:

- **Information Exchange & Advocacy**
- **Marketing & Advertising**
- **Composition of foods, availability of healthier food options, portion sizes**
- **Consumer information, including labelling**
- **Education, including lifestyle modification**



Commitments and reports on implementation in online database:

[http://ec.europa.eu/health/nutrition\\_physical\\_activity/policy/index\\_en.htm](http://ec.europa.eu/health/nutrition_physical_activity/policy/index_en.htm)

# Where to?

## Evaluation of implementation structures and processes

<i>EU Platform for action on Diet, Physical Activity and Health</i>	<i>Overall strategy evaluation</i>
<p><i>A first Evaluation report in July 2010:</i></p> <p><b><i><a href="http://ec.europa.eu/health/nutrition_physical_activity/docs/evaluation_frep_en.pdf">http://ec.europa.eu/health/nutrition_physical_activity/docs/evaluation_frep_en.pdf</a></i></b></p>	<p><i>2010: Commission Mid-term progress report</i></p> <p><b><i><a href="http://ec.europa.eu/health/nutrition_physical_activity/policy/implementation_report_en.htm">http://ec.europa.eu/health/nutrition_physical_activity/policy/implementation_report_en.htm</a></i></b></p> <p><i>2013: Final evaluation to give:</i></p> <ul style="list-style-type: none"><li>• a substantiated knowledge on the degree of achievement of actions by the Commission and the Member States since 2007;</li><li>• an assessment of how far they contributed to promote health, prevent ill health caused by poor nutrition, overweight and obesity and in particular of their capacity to help achieving the WHO Europe objective of a decline of overweight and obesity by 2015.</li></ul>

*Final outcomes of the evaluation process will be available first quarter 2013*

## Last but not least

### **These initiatives and related evaluation will feed the EU reflection process on chronic diseases**

- Process steered through ‘Senior Level Working Party’
- February 2012 – Discussion on promotion and prevention
- Next meeting: 28 September, based on issues paper prepared by Commission/Trio Presidencies
- Objective: Initial consensus in spring 2013 – Irish Presidency
- Need to align with WHO process on NCDs and follow up to the New York High Level Meeting

# Thank you!

