

COUNCIL OF THE EUROPEAN COMMUNITIES
GENERAL SECRETARIAT

PRESS RELEASE

6291/90 (Presse 65)

**1402nd meeting of the Council
and the Ministers for Health,
meeting within the Council**

Brussels, 17 May 1990

President: Mr Rory O'HANLON

**Minister for Health
of Ireland**

17.V.90

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Netherlands:

Mr H. J. SIMONS

State Secretary for Welfare, Health
and Cultural Affairs

Portugal:

Mr Arlindo DE CARVALHO

Minister for Health

United Kingdom:

The Baroness HOOPER

Parliamentary Under-Secretary of State,
Department of Health

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Commission:

Ms Vasso PAPANDEOU

Member

17.V.90

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FIGHT AGAINST CANCER

Maximum tar yield of cigarettes

The Council adopted the Directive on the tar yield of cigarettes.

The Directive lays down the following limit values and dates for introduction:

- 15 mg of tar per cigarette: 31.12.1992
- 12 mg of tar per cigarette: 31.12.1997

- Greece will be granted a temporary derogation.

Products existing on the above dates which do not comply with the Directive may still be marketed for two years after those dates.

1990-1994 action plan in the context of the "Europe against Cancer" programme

The Council and the Representatives of the Governments of the Member States, meeting within the Council, adopted the Decision concerning a 1990-1994 action plan in the context of the "Europe against Cancer" programme. This plan continues and strengthens the action undertaken between 1987 and 1989.

The programme aims at increasing knowledge about the causes of cancer and the possible means of preventing and treating it. It will contribute to the overall reduction of risks of cancer by ensuring wider dissemination of knowledge of the causes, prevention, screening and treatment of cancer, as well as an improvement in the comparability of information about those matters, in particular concerning the nature and degree of risk of cancer arising from exposure to given substances or processes.

The budgetary allocation for the 5 years is ECU 50 million. It could be increased to ECU 55 million from 1.1.1993.

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The planned measures relate in particular to:

- prevention of tobacco consumption
- diet and cancer (including alcohol)
- campaign against carcinogenic agents
- systematic screening and early diagnosis
- cancer registers and similar measures
- information of the public
- health education and cancer
- training of the health professions
- research and cancer.

Implementation of the "Europe against Cancer" programme

The Ministers noted an oral report by Ms PAPANDEOU, Member of the Commission, concerning the implementation of the 1987-1989 "Europe against Cancer" programme with a view to increasing the effectiveness of measures under the future 1990-1994 plan. Ms PAPANDEOU stressed that 65 of the 75 planned measures in her programme had been implemented to date.

Advertising of tobacco products

The Council held a policy debate on the proposal for a Directive on the harmonization of measures concerning the authorized advertising of tobacco products in the press and by means of bills and posters.

All delegations agreed on the need to restrict tobacco advertising, particularly that aimed at young people, in order to safeguard public health; differences remained however concerning the means to achieve that end. Whereas certain delegations wanted the Directive to be a step towards a total ban on such advertising to be introduced within a specific period, other delegations considered that public health could be adequately protected by adopting general principles to be

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respected by advertisers, principles which could be implemented flexibly, including by means of voluntary agreements concluded with the tobacco industry in each Member State.

The Council instructed the Permanent Representatives Committee to continue its discussions on the subject with a view to its next meeting.

YOUTH AND POSITIVE HEALTH IN EUROPE OF THE 90s

The Council and the Ministers for Health adopted the following conclusions:

"Youth and positive health in Europe should be a major concern of public health during the future Presidencies. The appropriate activities (exchange of experiences, co-operation, proposals by the Commission) might be determined case by case, taking account of competence and of the principles of subsidiarity and diversity.

Considerable work has been done in the past to further the protection of young people's health. Further work, building on these results, will be required given the particular vulnerability of adolescents in an increasingly competitive market. Health Ministers are now being confronted with the challenge of protecting the health of future generations on whom will depend the economic and social well-being of Europe.

Under these circumstances, priority in future work should be given to the benefits of positive lifestyles and the dangers of tobacco, alcohol, drugs, AIDS, suicide and road accidents."

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FIGHT AGAINST DRUGS

The Council and the Ministers for Health agreed to the Presidency communication on future work on the health and social aspects of the fight against drugs.

In accordance with that communication, future work should cover the following areas of activity:

- prevention by information and education
- risk reduction
- treatment
- social and occupational rehabilitation
- drug abuse and AIDS
- statistics/epidemiology
- co-operation with and within international organizations
- implementation of international conventions and agreements (health and social aspects)
- development of qualified staff.

Proposals from the Commission and initiatives from future Presidencies concerning these areas of activity should be dealt with by the ad hoc Working Party on Drug Abuse, in close contact with CELAD and the ad hoc Working Party on Aids. The ad hoc Working Party on Drug Abuse should also pursue work on instruments already adopted by the Council and the Health Ministers.

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FIGHT AGAINST AIDS

The Council and the Ministers for Health approved the following conclusions:

- "1. Priority in the fight against AIDS/HIV remains to be given to prevention by information, counselling and health education.
2. Recent progress made notably in early intervention for HIV sero-positive persons and people with AIDS, which will allow for improvements in the health status of these people and result in an increase in their life expectancy, requires that particular attention be given to the future needs of medical and psycho-social care services for such persons.
3. More precise epidemiological information to facilitate the development and organization of these services might be useful.
4. The foresaid developments in early intervention will have financial implications in Member States.
5. Attention must be paid to avoiding the danger of any discrimination against HIV sero-positive persons and people with AIDS particularly at school, at work or when travelling when determining health care spending priorities in Member States.
6. A consistent approach for costing of the management of care for HIV sero-positive persons and people with AIDS would assist the financial forecasting process in Member States.
7. The Ad Hoc Working Party on AIDS, on the basis of the actions undertaken by the Commission following the Resolution of the Council and the Health Ministers of 22 December 1989 (Chapters B II and B IV) and, as appropriate, with the assistance of experts from Member States, should
 - pursue the exchange of information on developments in regard to:
 - (i) early intervention for HIV sero-positive persons and people with AIDS,
 - (ii) national epidemiological monitoring of the AIDS epidemic, in collaboration with the European Centre for the Epidemiological Monitoring of AIDS (WHO-EC Collaboration Centre in Paris).
8. The Commission should be requested to:
 - examine the feasibility of developing a consistent approach to costing of management of care for HIV sero-positive persons, taking account when available of the findings of the WHO report on costs and the conclusions of the Council of Europe Group which is looking at the impact of Aids on the organization of health care;
 - report to the Council as appropriate."

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STATE OF WORK ON THE RATIONAL USE OF MEDICINAL PRODUCTS FOR HUMAN USE

The Council noted progress in this connection and wanted to be kept informed of further developments.

In January the Commission submitted proposals for three of the legislative measures identified in its 1985 White Paper as being necessary for the completion of the Internal Market in the pharmaceutical sector.

These proposals concern the wholesale distribution of medicinal products, the legal status for the supply of medicinal products and the labelling of medicinal products and of package leaflets.

Their objectives are essentially:

- (a) to remove technical barriers to the free movement of medicinal products by the introduction of further controls in relation to the distribution of medicinal products in order to
 - cope with the foreseeable development of transfrontier distribution systems and the phenomenon of parallel imports
 - ensure the necessary security and rapidity of supply
- (b) to remove physical barriers to the free movement of persons by facilitating the exercise of the right of citizens to bring with them reasonable quantities of medicinal products lawfully obtained for their own personal use
- (c) to improve the information of doctors and patients by means of labelling of medicinal products and user leaflets.

Bruxelles, le 16 mai 1990

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NOTE BIO(90) AUX BUREAUX NATIONAUX
CC. AUX MEMBRES DU SERVICE DU PORTE-PAROLE

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PREPARATION DU CONSEIL SANTE DU 17 MAI 1990

La proposition de la Commission visant à restreindre la publicité des produits de tabac par voie de presse et d'affiches sera le seul sujet duquel les Ministres de la Santé devront débattre. Les autres propositions concernant la teneur en goudron des cigarettes (voir IP(89)854) et un plan d'action 1990-1994 pour la lutte contre le cancer (voir IP(89) 339) seront adoptés sans discussions, un accord ayant été dégagé au niveau du COREPER. Par ailleurs, la Présidence fera deux communications sur la santé et la jeunesse dans l'Europe des années 1990 et sur la lutte contre la drogue.

La proposition de directive en matière de publicité autorisée par voie de presse et d'affiche en faveur des produits de tabac fait partie du programme d'action "l'Europe contre le cancer" et vise à éliminer les entraves aux échanges dues aux disparités des dispositions nationales en matière de publicité (voir P(89) 11). La Commission propose, pour tous les produits de tabac, de réglementer la publicité autorisée, d'interdire la publicité indirecte et d'interdire la publicité destinée principalement aux jeunes, par voie de presse et d'affiches. Cette directive n'affecterait pas la possibilité pour les Etats membres d'interdire totalement la publicité en faveur des produits de tabac (dans le respect de l'Article 36 du Traité).

La Commission propose de limiter la publicité en restreignant le message publicitaire à la seule présentation de l'emballage du produit de tabac, et de faire figurer sur l'encart publicitaire certains avertissements. L'harmonisation proposée serait complète sur ce point, ce qui implique que les Etats membres ne pourraient pas prendre des dispositions plus sévères à l'égard de la publicité sauf l'interdiction totale. La Commission envisage, en fonction de l'évolution qui se dessinera, de proposer l'interdiction totale de la publicité à partir du 31 décembre 1992.

Le principe de la proposition se heurte aux réserves générales de trois délégations (DE, NL, UK) qui contestent l'existence d'entraves aux échanges des produits de tabac et considèrent que l'objectif de la protection de la santé pourrait être atteint par des accords volontaires.

D'autres délégations (FR, IT, PORT) ont demandé confirmation de la possibilité de maintenir ou d'introduire une interdiction totale de publicité.

Amittés,


C. STATHOPOULOS

Bruxelles, le 17 mai 1990

NOTE BIO(90) 139 (suite 1 et fin) AUX BUREAUX NATIONAUX
CC. AUX MEMBRES DU SERVICE DU PORTE-PAROLE

CONSEIL SANTE DU 17 MAI 1990

Les Ministres de la Santé n'ont pas pu aboutir à un accord sur la proposition de la Commission de restreindre la publicité des produits de tabac par voie de presse et d'affiches. Comme prévu, certains Etats membres (UK, DE) tout en souscrivant les objectifs de la directive proposée, soit se sont prononcés en faveur d'accords d'autolimitation (UK), soit ont évoqué des problèmes de droit constitutionnel pour rejeter la méthode de la Commission (DE). Le principe d'une interdiction totale de publicité d'un produit, dont la fabrication n'est pas illicite, serait contraire, selon le représentant allemand, à la liberté d'expression, ainsi qu'à la liberté de l'exercice d'une profession, garanties par la loi fondamentale allemande.

Par contre, six délégations (FR, IT, ESP, LUX, PORT, B) aimeraient ajouter au texte de la proposition de la Commission un engagement précis d'interdire totalement une telle publicité dans un délai à fixer.

L'interdiction totale reste l'objectif final de la Commission, a souligné le Commissaire Mme PAPANDREOU, qui par ailleurs a rappelé que 440 000 citoyens de la Communauté meurent chaque année à cause de maladies provoquées par le tabagisme (600 personnes environ pendant toute la durée du Conseil d'aujourd'hui). L'actuelle proposition serait un premier pas dans le sens d'une interdiction totale, a ajouté Mme PAPANDREOU. Le Commissaire a aussi exprimé son étonnement devant les difficultés auxquelles la proposition se heurte au Conseil Santé, tandis que le Conseil Marché Intérieur a déjà adopté l'interdiction totale de la publicité à la télévision.

A l'issue du débat, la Présidence a tiré des conclusions qui constatent un consensus des Etats membres sur le besoin d'une restriction de la publicité, remarquent que plusieurs d'entre eux souhaitent une interdiction totale et que d'autres plaident en faveur d'une harmonisation souple. Les conclusions soulignent enfin l'importance de donner aux Etats membres la possibilité d'appliquer des règles plus strictes.

Le Conseil a approuvé, comme prévu, la directive sur la teneur en goudron des cigarettes et le plan d'action 1990-1994 pour la lutte contre le cancer.

En fin de réunion, le représentant de l'Allemagne a fait un bref exposé sur la situation de la santé publique en RDA. Des grandes différences ont été constatées entre ce système, basé sur le système de santé soviétique et donc fortement centralisé et le système de santé publique en Allemagne Fédérale. Une décentralisation semble être par conséquent inévitable. Des lacunes existent aussi dans le système de la RDA, accentuées suite à l'émigration de personnel qualifié vers l'Allemagne Fédérale. Le gouvernement fédéral s'engage à fournir à la Commission une information préalable à toutes les mesures qu'il prendra à ce sujet.

Amitiés,


C. STATHOPOULOS

