

COUNCIL OF THE EUROPEAN COMMUNITIES  
GENERAL SECRETARIAT

PRESS RELEASE

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1531st meeting of the Council

- HEALTH -

Brussels, 11 November 1991

President: Mr H.J. SIMONS,

State Secretary for Welfare, Health  
and Cultural Affairs of the Kingdom of the  
Netherlands

The Governments of the Member States and the Commission of the European Communities were represented as follows:

Belgium:

Mr Lode WILLEMS Deputy Permanent Representative

Denmark:

Ms Ester LARSEN Minister for Health

Germany:

Mr Baldur WAGNER State Secretary for Health

Greece:

Mr Georges SOURLAS Deputy Minister for Health

Spain:

Mr Julian GARDIA VALVERDE Minister for Health and Consumer Affairs

France:

Mr Bruno DURIEUX Minister for Health

Ireland:

Mr Rory O'HANLON Minister for Health

Italy:

Mr Franco DE LORENZO Minister for Health

Luxembourg:

Mr Johny LAHURE Minister for Health

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Netherlands:

Mr H.J. SIMONS

State Secretary for Welfare,  
Health and Cultural Affairs

Portugal:

Mr Jorge PIRES

State Secretary for Health  
Administration

United Kingdom:

The Baroness HOOPER

Parliamentary Under-Secretary of  
State, Department of Health

Commission:

Mrs Vasso PAPANDREOU

Member

LABELLING OF TOBACCO PRODUCTS AND PROHIBITION OF MARKETING OF CERTAIN TYPES OF TOBACCO PRODUCTS FOR ORAL USE

The Council adopted a common position regarding the proposal for a Directive on the approximation of the laws, regulations and administrative provisions of the Member States concerning the labelling of tobacco products and the prohibition of the marketing of certain types of tobacco products for oral use.

This Directive amends Directive 89/622/EEC which mainly concerned cigarettes. It does so both by extending the obligation to print specific health warnings on the unit of packaging to tobacco products other than cigarettes and by imposing a ban on the marketing of certain types of tobacco for oral use.

The system of specific warnings, which must cover at least 1% of the total surface area of the unit of packaging, is as follows:

- in the case of smoking tobacco products other than cigarettes: genuine alternation between the four warnings "Smoking causes cancer", "Smoking causes fatal diseases", "Smoking damages the health of those around you", "Smoking causes heart disease";
- the arrangements applicable to rolling tobacco are the same as those laid down in Directive 89/622/EEC with regard to cigarettes;
- in the case of tobacco products which are not destined for smoking the single warning "Causes cancer" must appear.

As far as tobacco products destined for oral use are concerned, the Directive aims to ban the marketing of new products which pose particular risks. In specific terms this means: tobacco products for oral use in the form of powder,

fine particles or any combination of these forms - particularly those presented in sachet portions or porous sachets - or in a form reminiscent of an edible product. Such products hold a particular attraction for young people and have already been banned altogether in certain Member States.

The Member States must bring the Regulation concerning the marketing ban on certain types of tobacco for oral use into force by 1 July 1992 and the other provisions of the Directive by 31 December 1993. Products existing on that date which do not comply with the Directive may continue to be marketed until 31 December 1994.

#### AMENDED PROPOSAL FOR A DIRECTIVE ON TOBACCO ADVERTISING

Whilst awaiting the Opinion of the European Parliament, the Council has undertaken an exchange of views on this amended proposal for a Directive designed to impose a total ban on advertising for tobacco products.

The Council instructed the Permanent Representatives Committee to continue with the proceedings in the light of the opinion of the European Parliament so that the Council can deliberate on the matter the next time it meets.

FUNDAMENTAL HEALTH POLICY CHOICES

Following the discussions which took place on the occasion of the Health Conference held in Noordwijk on 8, 9 and 10 October 1991, the Council adopted the following Resolution on the subject of health.

RESOLUTION  
OF THE COUNCIL AND THE MINISTERS FOR HEALTH,  
MEETING WITHIN THE COUNCIL,

concerning fundamental health-policy choices

THE COUNCIL AND THE MINISTERS FOR HEALTH, MEETING WITHIN THE COUNCIL,

EMPHASIZE that it is a matter for the Member States to determine the organization and funding of their health-care systems and to make fundamental health-policy choices;

TAKE NOTE of the findings of the Conference on Health held at Noordwijk, Netherlands, on 8, 9 and 10 October 1991, which:

- underline the importance of such fundamental choices and indicate that closer co-operation and collaboration between Member States is both desirable and necessary;
- recognize that Member States need to make allowance for the effects that the completion of the internal market may have on the operation of health-care services and their nature and extent;
- point out that Member States face comparable fundamental health-policy choices

and can therefore help one another to make such fundamental choices more effectively;

- also urge Member States that, in order to assist with this process, they should work together to identify common problems and, where appropriate, find common solutions in order to contribute to the proper development of their health-care policy and thereby meet the legitimate wishes of consumers, so that the availability of necessary prevention, treatment and care facilities of an acceptable standard is ensured for all inhabitants of a Member State;
- consider it necessary for Member States to bear in mind the changes in costs of health care and their implications for the availability of the requisite health-care services of proper quality;
- emphasize that in this respect Member States should make full use of the opportunities afforded by the Community and by international organizations such as the Council of Europe and the World Health Organization;
- consider that health-policy choices and priorities are important topics which should regularly appear on the agenda of the Council of Ministers for Health;
- consider that the Council of Ministers for Health should be able to discuss aspects with health implications of any decision to be taken at Community level;

TAKE NOTE of the following topics, singled out at the Noordwijk conference, which warrant joint consideration, regular joint discussion and/or joint efforts to

assist Member States in framing their health policy:

- drawing up comparative data, for example by establishing common databases and exchanging data and by setting up relevant information systems, on the basis of priorities set in advance. Examples of relevant subjects are information on the state of health of the population in Member States and, if possible, on the efficiency of the medical services, use of such services and new technological developments in medicine, the propagation and control of contagious and other diseases, post-marketing monitoring of pharmaceutical products and medical apparatus. Moreover, careful preparation will be necessary before agreement is reached on the definitions to apply when data is gathered;
- continued application of specific Community programmes (evaluation of medical technology, possibilities of reducing divergences in states of health within and between Member States, the problem of rationalizing health benefits and planning medical, paramedical and other staff requirements;
- development of strategies to facilitate choices and the setting of priorities in the health policies of the Member States;
- stimulation of scientific and public debate through the media, for example, and associating medical professionals in this process in order to contribute to the adoption of appropriate decisions in the context of a fair distribution of the resources available;
- revision of medical studies syllabuses in order to incorporate the relevant economic, legal, ethical and social aspects necessary to ensure that practitioners dispense adequate health care;



- analysis of the probable impact of completion of the internal market on national health policies, the medical sector in the Member States and medical and paramedical staff and, in this context, analysing the consequences for the consumer;
- analysis of the Community's possible contribution to removing current disparities between supply and demand owing to shortfalls of various kinds (for example in areas such as transfrontier supply of health care, the availability of organs for transplants, planning medical and paramedical staff requirements and mobility);
- pursuit of exchange of views on questions relating to the demography of the health professions;

CALL ON the Commission to prepare a report for the Council, in co-operation with the Member States, as a first step towards more detailed discussions on topics within the Community's field of competence, and which warrant joint consideration, regular joint discussion and/or joint efforts to assist Member States in framing their health policy and to submit an initial progress report to the Council before the end of 1992.

HEALTH AND ENVIRONMENT

The Council has adopted the following resolution:

RESOLUTION  
OF THE COUNCIL AND THE MINISTERS FOR HEALTH,  
MEETING WITHIN THE COUNCIL,

on health and the environment

THE COUNCIL AND THE MINISTERS FOR HEALTH OF THE MEMBER STATES, MEETING WITHIN THE COUNCIL,

Having regard to the Treaties establishing the European Communities;

Whereas the quality of life is largely determined by one's state of health;

Recognizing that health and well-being are dependent on a number of factors, including the quality of the environment;

Considering the transfrontier nature of health issues related to the environment and the interdependence of countries in finding solutions; whereas the Member States, the Community and neighbouring countries should co-operate in that respect;

Whereas a knowledge of, and information concerning, the effects of environmental factors on health are matters to be taken into account in drawing up a health policy;

Taking account of national, Community, international and, in particular, World Health Organization projects under way in this field;

Emphasizing that it is important to ensure that health-policy aims are taken into account in Community policies;

INVITE the Commission, in close co-operation with the competent authorities of the Member States, to take stock of the knowledge and experience available in the Member States, the Community and international organizations regarding the relationship between health and the environment.

On that basis, the Commission will be able to examine:

- how to gather and exchange such knowledge and experience;
- how the available knowledge can be improved and how it can be made accessible and usable in all the Member States, within the framework of their health policies;
- how to promote efforts to clarify the links between health and the environment;

INVITE the Commission to report to the Council on the progress of activities at regular intervals, and for the first time, including a report on the abovementioned stocktaking, before 1994.

TREATMENT AND REHABILITATION OF DRUG ADDICTS SERVING SENTENCES FOR CRIMINAL OFFENCES

The Council has adopted the following resolution:

RESOLUTION  
OF THE COUNCIL AND THE MINISTERS FOR HEALTH,  
MEETING WITHIN THE COUNCIL,  
on the treatment and rehabilitation  
of drug addicts serving sentences for criminal offences

THE COUNCIL AND THE MINISTERS FOR HEALTH OF THE MEMBER STATES, MEETING WITHIN THE COUNCIL,

Whereas the abuse of narcotic drugs and other psychotropic substances poses a serious social problem for the Member States;

Believing the extent and complexity of this problem to be closely bound up with the socio-cultural, legal, medical, socio-psychological and economic factors prevailing in the Member States;

Whereas these factors, which may be different in each of the Member States, have a bearing on their policies in the field of drugs;

Whereas furthermore, in addition to these national characteristics, the addiction problem is increasingly assuming an international dimension;

Having regard to the relevant health and social objectives stated in the European Plan to Combat Drugs (section III, A, 2(D)), according to which it is necessary to promote the treatment and rehabilitation of drug addicts serving sentences for

criminal offences by means of medical and social support in prison or in alternative systems to detention where they exist;

Believing that this problem also needs to be tackled from the angle of drug demand; whereas this is an area for action of common interest falling within the terms of reference of both the Ministers for Health and the Ministers for Justice and whereas effective action in this area implies close co-operation between the various authorities concerned;

Having regard to the activities and meetings on this problem conducted by other bodies, in particular the Pompidou Group;

Recalling the conclusions of the Council and the Ministers for Health, meeting within the Council, of 4 June 1991 on the monitoring of action taken to reduce drug demand, which instructed the Commission to draw up regular reports on action to reduce drug demand;

AGREE that, within the context of a reduction of drug demand, particular attention should be given to a systematic inventory of Member States' social and health policies, measures and actions concerning persons in penal establishments or in an establishment subject to judicial supervision;

REQUEST the Commission, within the framework of its regular reports, to prepare this systematic inventory, in close co-operation with the Member States;

ALSO INVITE the Commission to promote the exchange of views and experience in this field, if possible through the organization of a Conference to that end.

DRUG ABUSE

On the basis of a memorandum from the Presidency, the Council proceeded to discuss policy on reducing demand for drugs. More specifically the Council discussed the desirability of establishing a political frame of reference in this field, with a view to improving the coherence and co-ordination of the proceedings and decisions of all of the authorities concerned, namely the Community, the WHO, CELAD and the UN.

At the end of the discussion, the Council called upon the Working Party on Drug Abuse to work together with the Commission in studying the current distribution of tasks in the fight against drug abuse, as well as ways of achieving greater transparency and better co-ordination of the relevant activities at both national and Community level.

EUROPEAN CODE TO COMBAT THE USE OF DRUGS IN SPORT

The Council instructed the Permanent Representatives Committee to examine the Commission proposal as soon as it is submitted, so that the Council can adopt the code as quickly as possible and if possible in time for the Albertville Olympic Games.

FUTURE SYSTEM OF FREE MOVEMENT OF MEDICINES WITHIN THE COMMUNITY

The Council proceeded to discuss this question, with the deliberations of a forthcoming "Internal Market" meeting of the Council in mind.

At the end of the discussion, the Council noted that it could subscribe to the principle of a European system of drug licensing, though it would be necessary to look into the procedures and structures of this future system in greater detail.

The Presidency will inform the Internal Market Council of the outcome of the discussion held within the Health Council.

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The Council finally took note of the following statements:

- statement of the German delegation concerning medical aid to the countries of Central and Eastern Europe, and
- statement of the French delegation concerning the question of the demography of the medical professions and the Commission report on the free movement of blood products.

MISCELLANEOUS DECISIONS

Trade policy

The Council took a number of decisions on trade arrangements applicable to imports of certain products originating in third countries. It adopted the following Regulations or Decisions:

(a) EFTA

- Regulation opening and providing for the administration of reduced or zero-duty Community tariff quotas for certain agricultural and fishery products originating in Austria, Norway, Sweden and Switzerland for the period from 1 January to 31 December 1992. This represents the implementation of commitments already entered into by the Community with these countries within the framework of agreements concluded in 1986.
  
- Regulation opening and providing for the administration of a Community tariff quota for frozen peas originating in Sweden. This Regulation, which forms part of the implementation of the agreement concluded in 1986, makes provision for the opening of a 6 000-tonne quota for the products in question for the period from 1 January until 31 December 1992, 4 500 tonnes being reserved for Spain. Within the framework of this quota, the applicable duty is reduced to 4,5% for Spain and to 6% for the other Member States.

- (b) State-trading countries: Decision relating to import quotas applicable to the State-trading countries in 1991. The Decision involves forthcoming amendments to the import quotas set for 1990 for the countries concerned in order to adjust them to the economic situation in 1991.



- (c) Regulation applying temporary suspension of autonomous Common Customs Tariff duties at 0% and 10% for haricot beans (code NC 13 ex07133390) and cooked lobster meat (code NC 26 ex16053000), respectively, with effect from 1 January 1992.

Measures with regard to Yugoslavia

The Council formally adopted the legislative instruments required in order to implement the conclusions of the extraordinary EPC Ministerial Meeting held in Rome on 8 November 1991. This involved the formal adoption of the following Decisions or Regulations:

- Decision suspending the application of agreements between the Community, its Member States and Yugoslavia;
- Decision denouncing the ECSC agreement;
- Regulation (EEC) suspending the trade concessions provided for in the Co-operation Agreement;
- Decision (ECSC) suspending the trade concessions provided for in the Co-operation Agreement;
- Regulation (EEC) on the import arrangements for certain textile products originating in Yugoslavia;
- Regulation (EEC) withdrawing Yugoslavia from the lists of GSP beneficiaries for 1991;
- Decision (ECSC) withdrawing Yugoslavia from the lists of GSP beneficiaries for 1991.

In addition, the Council indicated its agreement on the contents of the draft Decision denouncing the Co-operation Agreement and agreed to request the assent of the European Parliament by means of the emergency procedure.

ECSC

The Council gave its assent, under Article 95 of the ECSC, to a draft Commission Decision authorizing borrowing on the capital market with a view to granting loans to finance investment in the coal and steel sectors (ECSC loans) in Czechoslovakia, Bulgaria and Romania.

With regard to Hungary and Poland, this Decision permitting the granting of ECSC loans was adopted on 5 March 1990.

Agriculture

The Council adopted Regulations

- amending Regulation (EEC) No 2390/89 laying down general rules for the import of wines, grape juice and grape must.

The aim is to extend by three months, until 31 January 1992, the derogating rules whereby a certain relaxation is introduced as regards certificates of origin and analysis reports to be submitted by the United States, on condition, however, that the United States offer specific guarantees accepted by the Community;

- amending Regulation (EEC) No 1873/84 authorizing the offer or disposal for direct human consumption of certain imported wines which may have undergone oenological processes not provided for in Regulation (EEC) No 822/87.

This amendment is intended to extend by three months, until 31 January 1992, the derogation granted to wines originating in the United States with regard to the application of certain oenological practices permitted in that country but not permitted in the Community.

These two three-month extensions should be sufficient to allow the Community and the United States to complete the negotiations, now in their final phase, with a view to concluding an arrangement in the wine sector.

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Bruxelles, le 8 novembre 1991

NOTE BIO(91) 356 AUX BUREAUX NATIONAUX  
CC. AUX MEMBRES DU SERVICE DU PORTE-PAROLE

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PREPARATION DU CONSEIL SANTE DU 11 NOVEMBRE 1991  
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Les Ministres de la Santé se réuniront lundi prochain (à partir de 10H00) pour discuter de deux propositions de directives concernant le tabac, la première sur l'étiquetage des produits de tabac, la deuxième sur la publicité de ces produits. Ils examineront également deux projets de résolution concernant les choix fondamentaux dans la politique de santé et le traitement et la réinsertion des toxicomanes qui font l'objet de mesures pénales et écouteront une communication de la Commission sur un Code européen de lutte contre le dopage dans les activités sportives.

La proposition de la Commission vise à établir des avertissements spécifiques pour les produits du tabac autres que les cigarettes (qui sont déjà couvertes par la directive 89/622). Elle prévoit, suivant en cela les orientations du Parlement européen, ainsi que les travaux du Conseil du 4 juin 1991, quatre avertissements susceptibles d'être utilisés pour ces produits constituant ainsi une liste européenne commune. En outre, elle instaure une interdiction de commercialiser certains tabacs à usage oral.

Au Conseil du 4 juin 1991, une orientation commune (D étant opposé) avait été dégagée sur cette proposition. Lors de l'examen de la proposition modifiée au niveau du groupe, dix délégations ont confirmé leur attitude favorable en demandant cependant que la date de mise en application de certaines dispositions de la directive soit reportée du 31 décembre 1992, proposée par la Commission, au 31 décembre 1993.

Le Parlement européen n'ayant pas encore rendu son avis sur la proposition concernant la publicité en faveur des produits du tabac il n'y aura qu'un débat d'orientation à ce sujet. Il faut rappeler que la Commission a proposé le 15 mai 1991 une limitation drastique de cette publicité aux seuls établissements de vente du produit. Le but est de limiter l'effet publicitaire au seul groupe intéressé, c'est-à-dire les fumeurs, et de protéger en même temps le groupe le plus vulnérable, les enfants et les adolescents contre la promotion des produits du tabac (voir note P-29 du 15.5.1991).

En ce qui concerne l'étiquetage des produits du tabac le Conseil est appelé à adopter une position commune sur cette proposition de directive qui ne rencontre qu'une réserve de l'Allemagne.

Amitiés,

C. Stathopoulos



Bruxelles, le 11 novembre 1991

NOTE BIO(91) 356 (suite 1 et fin) AUX BUREAUX NATIONAUX  
CC. AUX MEMBRES DU SERVICE DU PORTE-PAROLE

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CONSEIL SANTE DU 11 NOVEMBRE 1991  
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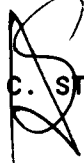
Deux heures de discussions ont suffi aux Ministres de la Santé pour épuiser l'ordre du jour de leur réunion du 11 novembre 1991. Et ceci parce que le grand débat sur la limitation drastique de la publicité en faveur des produits de tabac n'a pas eu lieu. La présidence a préféré de le reporter à la prochaine réunion du Conseil, qui aura lieu sous Présidence portugaise, parce que d'une part le PE n'a pas encore rendu son avis ce qui en tout état de cause empêchait l'adoption d'une position commune et d'autre part elle considérait que la position des différents Etats membres était connue. Le Commissaire Mme PAPANDREOU a souligné dans son intervention la nécessité de statuer le plus vite possible sur cette proposition en vue de la création du Grand Marché 92 et compte tenu du fait que les jeunes, à partir de 12 ans, semblent être les cibles préférées de la publicité. Des articles de la presse britannique du dernier week-end confirmaient cette information. Sept délégations (P, E, F, I, B, L, IRL) ont confirmé lors de très brèves interventions leur appui à la proposition de la Commission. Les autres délégations ne sont pas intervenues à la discussion.

Par ailleurs, le Conseil a pu adopter comme prévu une position commune sur la directive "étiquetage des produits de tabac". Cette directive instaure l'obligation d'ajouter un deuxième avertissement spécifique (à part l'avertissement général "le tabac nuit à la santé") pour les produits du tabac autres que les cigarettes.

En outre, elle instaure une interdiction de commercialiser certains tabacs à usage oral. Il s'agit des "tabacs à usage oral, à l'exception de ceux destinés à être fumés ou mâchés, constitués totalement ou partiellement de tabac, sous forme de poudre, de particules fines ou toute combinaison de ces formes". L'interdiction entre en vigueur le 1er juillet 1992.

Le Conseil a enfin adopté trois résolutions concernant les choix fondamentaux dans la politique de santé, la santé et l'environnement et le traitement et la réinsertion des toxicomanes qui font l'objet de mesures pénales.

Amitiés,



C. STATHOPOULOS