

Brussels, 28 May 2025
(OR. en)

9072/25

LIMITE

SAN 238

NOTE

From:	General Secretariat of the Council
To:	Permanent Representatives Committee/Council
Subject:	EU measures on prevention, including reduction of tobacco and alcohol consumption

- *Exchange of views*

Delegations will find in Annex a background note from the Presidency to steer the exchange of views on “EU measures on prevention, including reduction of tobacco and alcohol consumption” at the EPSCO Council (Health) on 20 June 2025.

Introduction

Discussions held during the meetings of the EPSCO Council, both during the Polish and previous presidencies, indicate the growing urgency of taking action in the field of disease prevention and health promotion. The visible slowdown in the increase in life expectancy in EU countries is a strong call for action. At the same time, there is a common understanding that investing in public health today means a safer tomorrow, reducing future, unavoidable tensions in the health systems.

Increasingly, scientific evidence points to the high social and economic value of a population's health. A healthy population strengthens the level of well-being of individuals, increases social cohesion and the economic efficiency of work, reduces the social and economic costs of treatment and care for the sick. Health is not simply a human cost, but also has a measurable social and economic value. All policies that improve the long-term health of the population are cost-effective.

It is necessary to systematically and consistently increase the level of expenditure on public health and to strengthen cooperation between Member States. We need rapid and intensive action to reduce the impact of negative health determinants. This action should include regulatory measures and educational activities, interventions in the field of health promotion and disease prevention. We need to respond much more quickly and effectively to phenomena resulting from the impact of commercial health determinants, stimulated by the vast investments of industry in the marketing of harmful products.

It is necessary to collect and evaluate knowledge about the effectiveness and efficiency of public health action. Such action must be interdisciplinary, going beyond the traditional silos of managing social security, the health care system, education, environmental protection and the prevention of climate change and biodiversity loss. This action requires systematic planning, evaluation and continuous adjustment with a view to optimisation, but also entails a need to respond to accelerating changes in the environment. A very high-value aspect of this is regular and formal cooperation between Member States and at the European Union level.

Alcohol Consumption

The task of limiting alcohol consumption should be considered in the context of public health and public safety.

According to the WHO, alcohol use is the third most important risk factor for human health. Over 200 diseases can be linked to alcohol consumption¹. The most common cause of death related to alcohol abuse are cardiovascular diseases, including heart attacks and strokes. Numerous scientific studies list ethanol as a leading factor that increases the risk of at least 7 malignant tumors, including those affecting the oral cavity, pharynx, larynx, breast, and liver.

There is also a significant link between alcohol consumption and mental health disorders. Poland is at the top of the ranking of EU countries with the highest number of deaths caused by mental and behavioral disorders related to alcohol use.

The consequences of a failure to reduce alcohol consumption should prompt us all to reflect on what measures should be taken to improve public health, safety, and reduce socio-economic costs.

According to research and associated WHO recommendations, the most effective measures are:

- **Limiting economic availability** through an appropriate pricing policy for alcohol,
- **Limiting physical availability**, i.e. a limited number of alcohol sales points and their opening hours,
- **Prohibitions and restrictions on the advertising and promotion** of alcoholic beverages and enforcing the law in this area.

¹ <https://www.who.int/europe/news-room/fact-sheets/item/alcohol-use>.

Limiting the physical and economic availability of alcohol is one of the most effective, cheap and easily accessible tools aimed at reducing alcohol consumption. The physical and economic availability of alcohol directly affects the level of consumption and related health, social and - as a consequence - economic problems.

The above strategies should be supported by preventive and educational activities, but the policy of control and restrictions on access to alcohol cannot be replaced by education, prevention, treatment of addictions and support for families. All these elements should be included in a comprehensive alcohol policy.

Consumption of tobacco and nicotine products

This year marks the 11th anniversary of the publication of Directive 2014/40/EU of the European Parliament and of the Council of 3 April 2014 on the approximation of the laws, regulations and administrative provisions of the Member States concerning the manufacture, presentation and sale of tobacco and related products, repealing Directive 2001/37/EC.

In recent years, new threats to public health have emerged in Europe which significantly hinder the implementation of an effective anti-smoking policy pursued by the European Union (e.g. products containing synthetic nicotine, disposable electronic cigarettes). The use of these products is particularly dangerous for young people, as it poses a real threat that could result in the addiction of thousands of minors to the toxic substance nicotine. Member States are taking various measures to reduce the consumption of tobacco and related products. It is important to monitor the effectiveness of these measures.

Policy suggestions for Member States

- **Developing a systematic, institutional exchange of experience** between national and international institutions in the field of various health programmes and policies, including the exchange of data and experience on successes and failures in public health initiatives.
- **Exploring and developing common European approaches** to health promotion and disease prevention that can bring added value through the exchange of knowledge, resources and support for the harmonisation of standards, including agreement on transparent, consistent criteria for the evaluation of interventions to maintain their high quality;
- **Carrying out activities on the applicability and adaptability of good practices** in different national and local contexts, based on the systematic organisation of information in relation to effective measures in thematic areas and target groups of interventions

Planning public health services across the EU should take into account: theories and scientific evidence; the fast evolving needs of the communities; available resources and preferences; the contextual determinants of people's lives; and the interventions made. In particular, they should address the health needs of the population in different phases of life. At the same time there is a need to give priority to children and adolescents, who are exposed to new and negative stimuli, and sensitive groups, including the elderly.

Disease prevention, especially the prevention of infectious diseases, has become a significant challenge for the European Union - an area that is characterised by open borders and freedom of movement, and that faces a growing wave of immigration from various parts of the world.

QUESTIONS FOR DISCUSSION

1. In your opinion, what are the main priorities in the area of public health activities for the European Union for the next 3-5 years?
 2. Are there any activities that should be carried out at the EU level, through the European institutions? What are these activities?
 3. What practical actions can we take within the EU and between Member States to strengthen institutional cooperation in disease prevention and health promotion?
-