



*Charter establishing
the European Alcohol
and Health Forum*



European Commission

Charter

establishing the

European Alcohol and Health Forum

1. The Issue

Harmful and hazardous alcohol consumption is a key health determinant and one of the main causes of premature death and avoidable disease. It is a net cause of 7.4 % of all ill-health and early death in the European Union, and has a negative impact on labour and productivity.

There are different cultural habits related to alcohol consumption in various Member States. While most adults consume alcohol responsibly, harmful and hazardous alcohol consumption hurts people. It also harms economic development and society as a whole, and generates costs to the health and social systems, law enforcement and public order.

Average alcohol consumption has been decreasing in the EU. But the proportion of children, adolescents and young adults with harmful and hazardous consumption patterns has increased in many Member States over the last ten years. Harmful drinking patterns in many parts of the EU, including increasing trends in under-age “binge-drinking” and the rising frequency of under-age drinking in many European countries have long-term adverse health effects and increase the risk of social harm.

Young people are particularly at risk, as hazardous alcohol consumption drives over 10% of EU female mortality and around 25% of male mortality in the 15–29 age group.

The harmful and hazardous consumption of alcohol has effects not only on those who drink, but also on others and on society. Harmful effects of alcohol tend to be greater in less advantaged social groups, and therefore contribute to inequalities in health.

Policies aimed at the prevention and treatment of harmful and hazardous consumption as well as appropriate information on responsible patterns of consumption have important benefits for individuals and families, but also address social costs and the labour market, and will contribute to fostering competitiveness in line with the Lisbon objectives, and with the objective of more Healthy Life Years for all.

The Commission adopted in 2006 an EU strategy to support Member States in reducing alcohol-related harm. The Strategy addresses the adverse health effects related to harmful and hazardous alcohol consumption, as well as the related social and economic consequences.

With this objective, the Commission has identified five priority themes, which are relevant in all Member States and for which Community action as a complement to national policies has an added value:

- Protect young people, children and the unborn child;
- Reduce injuries and death from alcohol-related road accidents;
- Prevent alcohol-related harm among adults and reduce the negative impact on the workplace;
- Inform, educate and raise awareness on the impact of harmful and hazardous alcohol consumption, and on appropriate consumption patterns;
- Develop and maintain a common evidence base at EU level.

2. A Forum for Action

As one cornerstone for the implementation of this Strategy, the signatories of this Charter have agreed to establish a European Alcohol and Health Forum. The overall objective of the Forum is to provide a common platform for all interested stakeholders at EU level that pledge to step up actions relevant to reducing alcohol-related harm, notably in the following areas:

- strategies aimed at curbing under-age drinking;
- information and education programmes on the effect of harmful drinking and on responsible patterns of consumption;
- possible development of efficient common approaches throughout the Community to provide adequate consumer information;
- actions to better enforce age limits for selling and serving alcohol;
- interventions promoting effective behavioural change among children and adolescents;
- cooperation to promote responsibility in and prevent irresponsible commercial communication and sales.

There are a number of activities linked to alcohol-related harm that have been carried out over the last years in fields such as road safety, commercial communication, consumer and agricultural policy, and data collection at local, national or EU level. The Forum is not designed to replace or subsume all existing activities. Those who participate in the Forum may engage outside its auspices in other actions designed to reduce alcohol harm. Nor can a multi-stakeholder voluntary framework encompass all current fields of action around alcohol. But the Forum can, as appropriate, seek close coordination with all other actors, so that successful endeavours can be more promptly shared with potential partners and emulators across the European Union as a whole.

The Chair will regularly inform the participants of the Forum of ongoing work that could have an impact on alcohol-related harm, including relevant activities within the EU Institutions and the bodies described in Annex 1. The Forum process will be open for development as new evidence and good practices emerge. The results of work inspired by participation in the Forum can provide input for further policy development in this area.

3. Operation

The Chair shall organise the work of the Forum in a transparent manner, and may consult participants as it sees fit, including by the establishment of a balanced group of participants able to advise on issues of process.

Plenary Meetings

The Forum will meet two times per year.

The Forum will be chaired by the Directorate General for Health and Consumer Protection of the European Commission. The Chair will ensure that a cooperative and action-oriented approach is respected, and that the activities of the Forum are in line with this Charter and with EU established policies.

Open Forum

In order to give interested non-member bodies and organisations from the EU and beyond an occasion to follow the work of the Forum, and make their opinions known, an “Open Forum” will be convened once per year.

Science Group

A Science Group will be established by the Forum. At the request of participants, the Group provides scientific advice and guidance on matters under discussion by the Forum.

Task Forces

The Forum can establish Task Forces, normally not more than two in operation at any time, which will work towards agreed objectives on the basis of specified mandates. Task Forces report to the Forum.

4. Commitments

The members of the Forum subscribe to the following principles:

- Members agree to the process and objectives set out in this Charter.
- Members will provide detailed information on the commitments they make towards reducing alcohol-related harm, in the form of an action plan. Commitments will be defined by each actor, reflecting each organisation's objectives and resources.
- For each commitment, this action plan will indicate the level of relevant current activities in 2005/2006, as a baseline. The aim is that going forward Forum members agree to devote an increasing level of effort, beyond these baselines, to the implementation of these commitments. It is understood that each participant's commitments will reflect and respect their specific and essential values, such as the pursuit of public health improvement, media editorial independence, or the cultural contexts of producer traditions.
- These action plans will indicate measurable objectives, who the owners of the commitments are, how the proposed action would contribute to reducing alcohol-related harm (relevance), the resources allocated to each commitment, a timetable for the implementation, and the dissemination approach.
- These action plans are made public on the Commission's websites, and in publications.
- Commitments from umbrella organisations at European level may include actions taken by all or part of their membership. Commitments for action at European level made within the Forum process may need to be implemented in agreement with national or local stakeholders, and in varying ways at national and sub-national level.

Monitoring and evaluation of actions

The members of the Forum subscribe to the following approach to monitoring and evaluation:

- All members of the Forum agree to monitor and evaluate the performance of their commitments in a transparent, participative and accountable way, so that there is sufficient outside involvement in reviewing progress and outcomes to create trust in the process. All members of the Forum agree to present a monitoring and evaluation plan for each commitment. For this purpose, they agree to adhere to the Monitoring Commitment which is annexed to the present Charter.
- In line with the annexed Monitoring Commitment, all members of the Forum agree to report on the input, output and outcomes of the commitments, which will be presented at a web site set up for this purpose. The Forum will review reported data at regular intervals. The results of these reviews will provide input for the further development of the Forum process, and for the individual action plans of the Forum's members.

Periodic reports will be published on the Commission's website, consulting the Forum, to give a synopsis and evaluation of progress.

- The Directorate General for Health and Consumer Protection will take steps under the Public Health Programme to facilitate the independent study of performance of at least some of the commitments implemented within the Forum process.

5. Membership

Forum members should be umbrella organisations operating at a European level, capable of playing an active role in reducing alcohol-related harm in the EU, and willing to engage in concrete and verifiable commitments towards this end. Organisations operating at national or sub-national level, or individual companies, can also be members of the Forum, if they are willing to engage in concrete and verifiable commitments under the Forum process and if their European-level umbrella organisation or federation is a member of the Forum.

Where commitments are being delivered by such individual members of broader organisations, these members attend Forum meetings under the aegis of their umbrella organisation.

At launch, the Forum does not yet incorporate all possible members. Further organisations may apply to become members of the Forum if they subscribe to the working methods and objectives set out in this Charter and its annexes, and fulfil the requirements mentioned therein. Decisions on membership are taken by the Forum, on a proposal by the Chair.

The founding members of the Forum are:

- Advertising Information Group (Zentralverband der deutschen Werbewirtschaft and Fachverband Werbung und Marktkommunikation Österreich)
- Association of European Cancer Leagues (ECL)
- Association of small and independent breweries in Europe (SIB)
- Association of Television and Radio Sales Houses (Egta)
- Comité Européen des Entreprises Vins (CEEV)
- Committee of Professional Agricultural Organisations in the EU - General Confederation of Agricultural Cooperatives in the EU (COPA-COGECA)
- EUROCARE
including as owners of specific commitments:
 - Alcohol Action Ireland
 - Association Nationale de Prévention en Alcoologie et Addictologie (ANPAA)
 - EUROCARE Italia
 - Estonian Temperance Union
 - German Centre for Addiction Issues (DHS)
 - Institute of Alcohol Studies (IAS)
 - IOGT-NTO
 - National Foundation for Alcohol Prevention (STAP)
- EUROCOMMERCE
including as owners of specific commitments:
 - British Retail Consortium
 - Delhaize Group
 - Royal Ahold

- European Association of Communication Agencies
- European Federation of Associations of Beer and Beverages Wholesalers (CEGROBB)
- European Federation of National Organisations Working with the Homeless (FEANTSA)
- European Forum for Responsible Drinking (EFRD)
- European Midwives Association (EMA)
- European Mutual Help Network for Alcohol-related problems (EMNA)
- European Public Health Alliance
including as owners of specific commitments:
 - Royal College of Physicians London
- European Publishers Council (EPC)
- European Sponsorship Association (ESA)
- European Transport Safety Council (ETSC)
- European Youth Forum
including as owners of specific commitments:
 - National Youth Council of Ireland
- Institut de Recherches Scientifiques sur les boissons alcoolisées (IREB)
- International Center for Alcohol Policies (ICAP)
- ReLeaf (European Young Persons' Network for Drug and Alcohol Health Promotion)
- Standing Committee of European Doctors (CPME)
- The Brewers of Europe
including as owners of specific commitments:
 - Heineken (International)
 - INBEV
 - SABMiller
- European Spirits Organisation (CEPS)
including as owners of specific commitments:
 - Bacardi Martini
 - Brown-Forman
 - Diageo
 - Moët Hennessy
 - Pernod Ricard S.A.
 - The Scotch Whisky Association
 - V&S Group
- Word Federation of Advertisers (WFA)

Observers

Moreover, representatives of public institutions at global, European and national level committed to supporting the work of the Forum and actively participating in its meetings take part in the work of the Forum as observers.

Observers of the Forum are:

- The European Parliament
- EU Member States
- The Economic and Social Committee
- The Committee of the Regions
- The World Health Organization, represented by Headquarters and the Regional Office for Europe, contributes to the Forum in relevant technical areas
- The International Organisation of Vine and Wine contributes to the Forum in relevant technical areas¹.

6. Annexes:

Annex 1: Forum Relations with other Structures

Annex 2: Monitoring Commitment

Annex 3: Mandate of Science Group

Annex 4: Decision establishing Task Forces

¹ other relevant international organisations may become observers of the Forum upon request

European Alcohol and Health Forum

Forum Relations with other Structures

The Forum will focus on concrete action at European, national and local level.

Committee on National Policy and Action

In order to further policy development and coordination, the Directorate General for Health and Consumer Protection convenes a Committee on National Policy and Action. This Committee will be composed of Member State representatives and experts, and of observers, including the World Health Organization².

The main objective of this group will be to further coordinate government-driven policies aimed at reducing alcohol-related harm at national and local level, building upon the examples of good practice identified in the Commission's Strategy. It will review national and regional alcohol policy development in the light of the strategy outlined in the Commission's Communication, with a view to disseminating best practice across the EU.

Committee on Data Collection, Indicators and Definitions

Both policy development and concrete action need to be based on reliable, comparable and regularly updated data on alcohol consumption, drinking patterns and alcohol-related harm, as well as on common indicators and definitions.

For this purpose, the Directorate General for Health and Consumer Protection convenes a Committee on Data Collection, Indicators and Definitions, composed of representatives from the Commission services, the World Health Organization, the European School Survey Project on Alcohol and Other Drugs (ESPAD), and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), and other relevant partners. This Committee will work in close contact with all other related processes, including the Lifestyles Working Group established in the framework of the European Health Information System, the European Statistical System and the World Health Organization's global and European data base platform.

Relations with the Forum

The plenary meetings of the Forum are open to members of the Committees. Where the work of the Forum is relevant to their agenda, the Committees may invite members of the Forum to contribute to their discussion, alongside other sources of input.

² other relevant international organisations may also become observers of the Committee upon request

European Alcohol and Health Forum

Monitoring Commitment

(Version 13/04/2007)

1. Introduction

The Monitoring Commitment provides guidance to Forum members on how to take forward the monitoring of their commitments in the context of this specific process.

Forum members agree to monitor their own performance in a transparent, participative and accountable way, so that there is a degree of multi-stakeholder involvement in reviewing progress and outcomes that creates trust in the data. There is also a commitment by participants to develop not only participative self-monitoring, but also some more ambitious good practice on monitoring, including aspects such as evaluation.

For the first time we are sitting round a table discussing what are the best voluntary actions towards reducing alcohol-related harm. Despite differing opinions, size and levels all agree to put together a framework to allow for as consistent monitoring as possible where individual actions can be assessed against their own objectives. Nevertheless different commitments by different partners must show themselves to be relevant to the general aims of the exercise.

Monitoring of commitment plays a vital role in developing engagement, accountability and trust, in mapping progress and confirming the commitments undertaken.

Monitoring should be appropriate and proportionate to your type of commitment. It should help you to:

- gain a better understanding of your commitments and the relevance to the general aims of the Forum
- fine tune your commitment
- understand what needs to be done and how
- better integrate your commitment with other commitments undertaken in the Forum
- engender wider stakeholder trust in your commitment
- eventually duplicate good practices.

2. The Commitment

Members of the Forum agree on the necessity to monitor their commitments in a systematic, open and understandable way as a step in building trust. They should assess the progress and outcome of ongoing activities and identify the constraints for early corrective action. They should check if milestones have been achieved by key dates and, if possible, measure the effectiveness and efficiency of the commitments.

The following steps indicate the minimum agreed requirements to monitor a commitment:

1. The relevance of the commitment to the general aims of the Forum is clearly described (relevance)
2. For each commitment there is a clear set of "monitoring-friendly" objectives (objectives)
3. Where feasible, the resources put into each commitment are identified (inputs)
4. The commitment is assessed and what has been achieved is identified and made public (outputs)

Given the nature of this process, the timescale and range of commitments it is unlikely that we will be able to monitor if the outputs may actually lead to desired long term changes in the form of outcomes. It has been agreed that indicators related to outcome are not part of the minimum requirements and may be provided by those who are in a position to do so. Such data would significantly increase the confidence and information on the effectiveness of the commitment.

The following step goes above the minimum agreed requirements to monitor a commitment:

5. If possible, identify the ultimate impact of your commitment (outcome)

The monitoring of commitments should be carried out in an open and transparent way so it creates trust in data and should seek to capture information about any unexpected or unintended consequences of actions in furtherance of the commitments.

It is also to be noted that some data are commercially sensitive and can not be communicated.

3. Assessing the relevance of the commitment

The Forum members should be able to describe, in a relatively simple way, how their commitment is relevant (or pertinent, connected, or applicable) to the realisation of the general aim of the Forum.

Relevance can be judged from a number of perspectives. The Forum member is responsible for defining the relevance of their voluntary commitment. The primary purpose of describing the relevance is to ensure that there is clarity as to: *How it achieves the aim of the Forum*. This is an essential step in building trust in data and in supporting a transparent, participative and accountable process.

4. Setting the objectives

The objectives help to focus in more detail on what the commitment is aiming to achieve. They need to connect to specific actions and to a specific timeframe, and they need to be concrete and precise as this will make it easier to monitor the commitments. In some situations it may be beneficial to divide the objectives into short, medium or long term objectives.

For all aspects of monitoring, Forum members may wish to utilize external bodies or organisations as these can bring specific expertise to help with the process.

For the reader to clearly understand what the objectives mean, it can be useful to apply the 'S.M.A.R.T.' procedure when writing or describing an objective. This means that objectives should be:

- **Specific** (connected to the action(s)) – clear about what, where, why and when the situation will be changed;

- **Measurable** – able to quantify or qualify the achievements, changes or benefits;
- **Attainable/achievable** – able to attain the objectives (knowing the resources and capacities at the disposal of all those concerned);
- **Realistic** – able to obtain the level of change reflected in the objective;
- **Time bound** – stating the time period in which the objectives will be accomplished.

Progress in fulfilling the commitment needs to be accompanied by specific indicators.

5. Measuring the objectives

Indicators are required to be able to monitor the commitments and build credibility and confidence in the work of the Forum.

a) Input indicators

Input indicators: measure the resources allocated to each action/activity depending of the objective of the commitment (funding, allocated resources, training etc) used for each activity

Input indicators measure the resources allocated to each action/activity, essentially what ***did I do to put my objective into practice?*** Resources here means materials, people and time – like how many people are working on the project, what training is needed to carry out the action and what are the total costs of the action.

However confidentiality, marketing competition and commercially sensitive data are issues that need to be taken into consideration regarding which data can be made available. When input data is commercially sensitive Forum members should try to find imaginative means in order to define the input. Good data is necessary to identify good practices and where relevant, to produce a cost-benefit analysis. It is also an indication about what efforts are needed for further implementation of an action.

b) Output indicators

Output indicator: used to measure the outputs or products that come about as a result or a product of the process. It measures from a quantitative point of view the results created through the use of inputs (sellers & servers trained, audience targeted, events organised etc)

Output indicators measure the products or the achievements of the commitment through the use of inputs or, simplified, ***what did you quantitatively achieve with the money and resources?***

It is also important to have a good insight into the process of implementing or executing the action in a clear timeframe. Therefore it is necessary to have process indicators available, which can be monitored throughout the action. In this monitoring, it is essential to consider the timeframe and to define this in advance.

It is essential that the process or output indicators are linked to the objectives and are made as explicit as possible. Very often one objective can trigger several output parameters.

6. Outcome and impact indicators

Outcome and impact indicators go above the minimum agreed requirements to monitor a commitment. They measure the quality and the quantity of the results achieved through the actions in the commitment. In other words, *how successful have my commitments been in relation to my original objectives?*

Depending on the nature of the commitment some basic evaluations are possible and should be done. The indicators to be used may include:

- Determinants of behaviour
- Attitudinal change
- Changing behaviour itself
- Biological parameters
- Incidence of the diseases/accidents/violence.

The expected outcomes can also be different depending on the scope of the commitment. There may be short term outcomes (such as increased knowledge), intermediate outcomes (such as change in behaviour towards more responsible alcohol consumption) or long term outcomes (such as reduction in road traffic accidents, or in the incidence of liver cirrhosis, due to reduced alcohol consumption).

Ideally the effects on the reduction of alcohol-related harm – as the ultimate goal of all commitments – could be evaluated, preferably on the longer term. However, given the current nature and timeframe of the Forum process, it is unlikely that we will be able to monitor the effects in the short term, except in specific target groups such as drink-drivers (e.g. interventions to reduce alcohol-related road accidents could be evaluated with outcome indicators).

In some cases it will not be possible for the Forum members to perform this type of effect evaluation. Reasons for this might be that actions are spread over a large area (for instance marketing activities) or that resources are insufficient to perform an effective evaluation in accordance with ‘scientific gold standards’ (which, for example, would require a control condition or a control region). In those cases it might be worthwhile to make use of existing monitoring framework systems, preferably nationwide ones.

European Alcohol and Health Forum

Mandate of Science Group

The main tasks of the Group are to stimulate cross-EU networking of scientific activities around the issues before the Forum and, on request, to:

- provide scientific guidance to the members of the European Alcohol and Health Forum;
- offer guidance on monitoring/evaluation and, on the basis of output from monitoring, as to areas where action by Forum members would have potential for reducing alcohol-related harm, and the forms of action;
- provide in-depth analyses of key issues identified by the European Alcohol and Health Forum.

The scope of activities of the Science Group can be further developed, by decision of the Forum.

Composition

The members of the Science Group will be appointed by the Chair of the Forum, following an open call for expressions of interest and consultation of the Forum.

A maximum of 20 permanent members will be appointed seeking the broadest possible representation of scientific expertise and geographical coverage.

The members shall be experienced scientists and whose expertise reflects some aspect of the scope of the Forum and may encompass both research and field work. Beginning after the 2nd year of its existence, one third of the members will be renewed every year. Members will draw lots to determine which members will be renewed at which time. Renewal is made by the same method as initial appointment, whether from the lists of the initial call for interest, or on the basis of a fresh call.

The Chair shall also create a List of Experts, based on the same call for expression of interest and following similar consultation of the Forum. In responding to requests, the group of permanent members shall involve additional experts from the list whenever necessary to ensure adequate knowledge of relevant issues. Other experts may be asked to participate in the meetings of the Science Group on an ad-hoc basis for specific issues, in order to bring additional elements to the discussion.

Working methods and organisational aspects

The group will be chaired by a Member, chosen by the Group

The working methods of the Science Group will evolve over time. At its first meeting, the Group will seek agreement on preliminary working methods, which can be further developed in the light of practical experience. The issues to be discussed and agreed upon by the Group at its first meeting include:

- agreement on the Chairperson of the Group
- organisational issues
- communication between members (e-platform etc.)

The chairperson of the Group will be responsible for reporting back to the Forum plenary meetings.

The meetings of the Group will be convened by the Chair of the Forum.

The agenda, documents tabled and results of the meetings will be available to the public and posted on the Commission's websites.

Members of the Group and Experts will be required to file a standard declaration on conflict of interest. The Commission services may grant honoraria to the members of the Group, and to experts, in addition to expenses.

European Alcohol and Health Forum

Decision Establishing Task Forces

1. Task Force on Marketing Communication

Rationale

There have been many developments recently in the field of advertising, and of self-regulation, as well as much debate as to the roles of advertising, marketing, and self-regulation in relation to the issues before the Forum. Against this background, the Directorate General for Health and Consumer Protection has decided to pursue the work begun in the 2006 Advertising Round Table, and to consider other issues of common interest around these themes.

Composition

The members of the Task Force will be appointed by the Chair of the Forum, following a call for expressions of interest among the Forum members and after consultation of the Forum. In order to ensure an effective functioning of the Task Force, a maximum of 20 people will be appointed, with no more than one member from each of the organisations represented on the Forum. A balanced representation of the different stakeholders shall be ensured. Task force and Forum members do not have to be the same persons; membership of the Task force should be flexible to allow members of the Task Force to bring with them, by agreement of the Chair, different experts depending on the subjects under discussion in the Task force.

Other external experts may be asked to participate in the meetings of the Task force on an ad-hoc basis for specific issues, in order to bring additional elements to the discussion.

The Task Force will be chaired by the Directorate General for Health and Consumer Protection.

Tasks

The tasks are:

- to examine best practice actions aimed at promoting responsibility in marketing, and preventing irresponsible marketing;
- to examine and build upon the report of the Directorate General for Health and Consumer Protection on the Advertising Round Table³;;
- to examine trends in product development, product placement, sales promotions and other forms of marketing, and trends in alcohol advertising and sponsorship; and
- to make any appropriate recommendations to the Forum.

³ the multi-stakeholder and multi-sector Advertising Round Table which was organised by the Directorate General for Health and Consumer Protection has identified some key elements for effective self-regulation, which are presented in the report available at:
http://ec.europa.eu/consumers/overview/report_advertising_en.pdf.

Working methods and organisational aspects

The working methods of the Task Force will evolve over time. At its first meeting, they will seek agreement on preliminary working methods, which can be further developed in the light of practical experience. The issues to be discussed and agreed upon by at the first meeting include:

- organisational issues
- frequency of the meetings
- format and agenda of the meetings
- priority areas and sub-themes
- external participation
- communication between members (e-platform etc.)

The chairperson of the Task Force is responsible for presenting reports summarising the conclusions of the discussions in the Task Force to the Forum plenary meetings.

The meetings of the Task Force will be convened by the Chair of the Forum.

The agenda, documents tabled and results of the meetings will be available to the public and posted on the Commission's websites.

2. Task Force on Youth-Specific aspects of Alcohol

Rationale

Protecting young people, children and the unborn child is the top priority identified in the Commission's Alcohol Communication. Young people in the EU are particularly at risk from alcohol. Independent of longer term health burdens, over 10% of female mortality and around 25% of male mortality in the 15–29 age group (road traffic accidents, homicide, violence, suicides...) is related to hazardous alcohol consumption. According to the latest Eurobarometer survey, more than half of the respondents in the 15-24 age group (53%) report binge-drinking (more than 5 drinks on a single occasion) at least once a month.

Composition

The members of the Task Force will be appointed by the Chair of the Forum, following a call for expressions of interest among the Forum members and after consultation of the Forum. In order to ensure an effective functioning of the Task Force, a maximum of 20 people will be appointed, with no more than one member from each of the organisations represented on the Forum. A balanced representation of the different stakeholders shall be ensured, with particular emphasis on representatives of youth and family organisations. Task Force and Forum members do not have to be the same persons; membership of the Task Force should be flexible to allow members of the Task Force to bring with them, by agreement of the Chair, different experts depending on the subjects under discussion in the Task Force.

External experts may be asked to participate in the meetings of the Task Force on an ad-hoc basis for specific issues, in order to bring additional elements to the discussion.

The Task Force will be chaired by the Directorate General for Health and Consumer Protection.

Tasks

The tasks are:

- to examine trends and drivers in drinking habits of young people and of the alcohol-related harm they suffer;
- to examine approaches that have a potential to reduce the alcohol-related harm suffered by young people, and in particular strategies aimed at curbing under-age drinking and drink-driving by young people, actions aimed at promoting responsible selling and serving, and interventions aimed at educating and empowering young people;
- to make any appropriate recommendations to the Forum.

The experience of young people themselves should be duly considered by the Task Force when carrying out these tasks.

Working methods and organisational aspects

The working methods of the Task Force will evolve over time. At its first meeting, they will seek agreement on preliminary working methods, which can be further developed in the light of practical experience. The issues to be discussed and agreed upon by at the first meeting include:

- organisational issues
- frequency of the meetings
- format and agenda of the meetings
- priority areas and sub-themes
- external participation
- communication between members (e-platform etc.)

The chairperson of the Task Force is responsible for presenting reports summarising the conclusions of the discussions in the Task Force to the Forum plenary meetings.

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