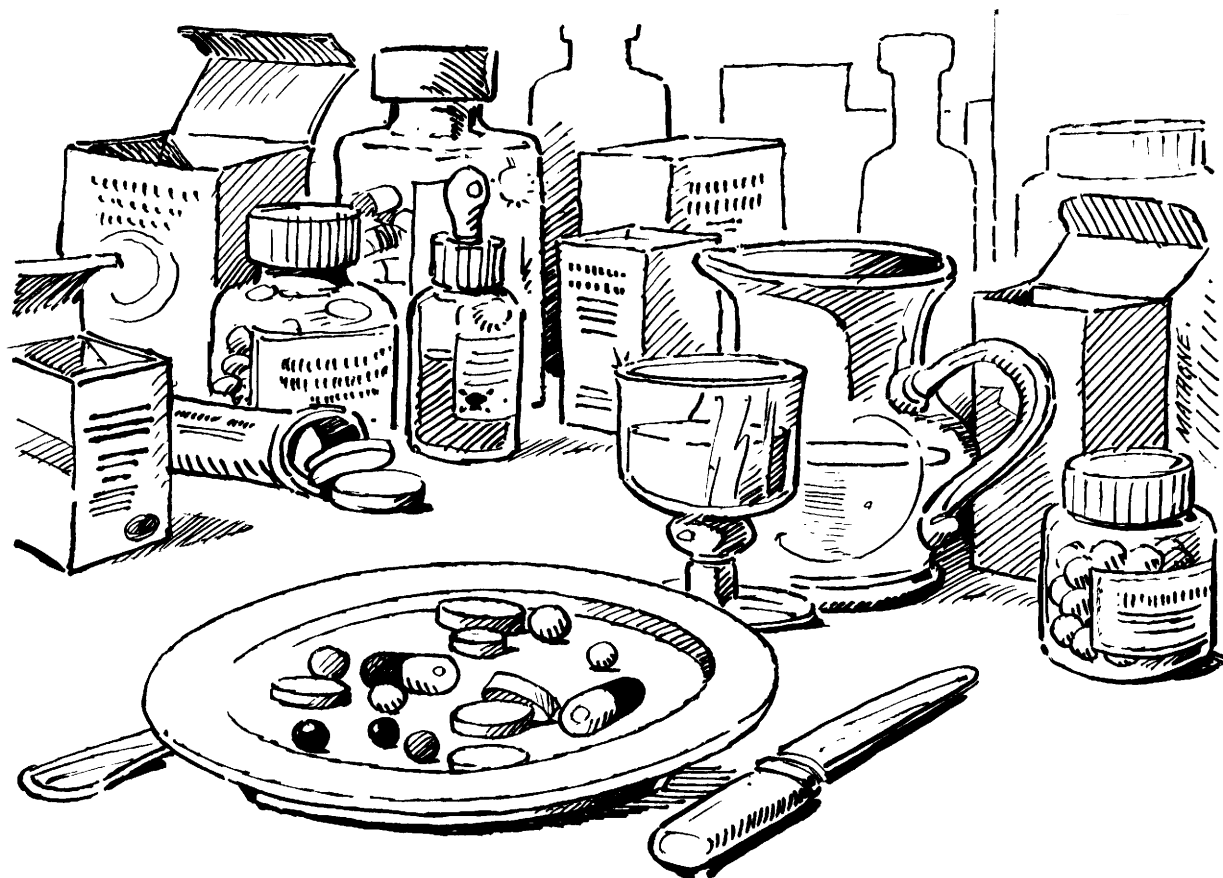


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Some Europeans consume the strangest things and the Nine's Health Ministers are getting a little worried. See page 3.

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++ HEALTH COSTS, SMOKING, DIETS AND DRUGS

The cost of health care is escalating but Europe's health is not improving at the same rate. This is just one of the problems looked at by the Nine's Health Ministers at their latest meeting.

Highlights of the 'Health Council' are presented in Annex 1.

++ COOPERATION AND WORKERS RIGHTS

Child labour in factories, 48 hour-plus working week, race discrimination over jobs - doesn't sound possible in the twentieth century but many countries fall below even Dickensian standards.

The European Commission is proposing to apply temporary suspension of the advantages it gives to developing countries if they persist in ignoring the minimum standards for working conditions. If local industries are benefiting from inhuman working conditions at the expense of European industry, sanctions will be imposed.

The Commission's proposal is presented in Annex 2.

++ MORE SAFETY LESS POLLUTION

Recently the European Commission proposed harmonising and strengthening controls over ships in Community ports (see Euroforum N° 40/78), and it has now added a further two proposals aimed at increasing safety of maritime traffic:

- raising the level of qualifications of pilots operating in the North Sea and the Channel, and to promote the employment of sufficiently qualified pilots on board ships sailing in Community waters;
- to oblige tankers transporting oil, gas or chemicals (1 600 tonnes gross tonnage and over) entering and leaving European ports to send ahead certain information (notably type of cargo, probable time of arrival, any damage, possible navigational problems, etc.)

When entering the territorial waters of a port the tankers should be obliged to make radio contact as soon as possible with the appropriate land stations, particularly the closest radar station. The tankers should also use pilots.

These proposals have been drawn up from a draft presented by the German Government and are the latest of a series of Commission proposals provoked by the Amoco Cadiz pollution accident.

Up until the present the following measures have been dealt with by the Council of Ministers:

- the "Environment Council" approved a resolution defining a European action programme on the control and reduction of pollution caused by the dumping of hydrocarbons at sea;
- the "Transport Council" adopted a recommendation to accelerate the coming into force of four international maritime conventions on safety at sea. It also adopted a declaration on the need to give more effective application to these conventions in Community ports.

++ LABOURS COST COMPARISON

Is the cost of industrial labour higher in Europe than in the USA or Japan? Taking the hourly cost of manual labour in the manufacturing industry in the USA as our reference point (index = 100) relative costs are as follows (1975 figures):

Belgium	104
Luxembourg	103
Germany	101
Denmark	101
USA	100
Italy	76
France	74
U.K.	53
Ireland	48
Japan	48

++ INTERPOL FOR DANGEROUS PRODUCTS

The European Bureau of Consumer Organisations (BEUC) took the occasion of the latest Council of the Nine's Health Ministers to propose once more the idea of setting up an "Interpol" system for dangerous products. The scheme is to introduce a system to warn other countries when the presence of dangerous products is discovered in one or other European country.

There have recently been two striking examples of dangerous products put into circulation : Tris - a fire retardant used for childrens pyjamas - which proved to be highly toxic, and the imported salmon in damaged tins which is thought to have caused cases of botulism in the United Kingdom.

This Interpol network would be based, according to BEUC, on direct cooperation between public health authorities in the Nine and collaboration with the European Commission. The exchange of information would prevent products found dangerous in one country from simply being remarketed in other countries. It is essential, BEUC stresses, that the public be informed, completely and objectively, both on the products thought to be dangerous and on measures taken by the authorities.

#### **++ INDUSTRIAL REORGANISATION AID**

A number of industrial sectors in Europe - shipbuilding, steel, textiles, synthetic fibres, refining etc. - have been hard hit by the economic crisis. They produce more than they can sell whilst other countries, particularly those in the third world or Japan, can produce at lower costs and undercut them even in their own markets.

During the years of rapid economic growth these industries expanded their capacity without too much concern for production plans in other countries. The economic crisis has highlighted their overcapacity and now these sectors are being forced to reorganise to be competitive on international markets.

Often however the state of the market does not enable the companies to raise enough money themselves to reorganise properly and the European Commission has proposed to the Council a regulation defining the framework for Community assistance. This covers the criteria and methods of financial aid which the Community could give for reorganisation and reconversion operations in the Nine. The aim of the assistance is twofold :

- to permit reorganisation programmes involving investment in rationalisation, modernisation of equipment, production techniques, sales management;
- and also when the employment situation allows to encourage reconversion programmes likely to save existing jobs either in the same sector or in another.

The financial aid will take the form either of investment premiums or interest rebates (relating to loans from the European Investment Bank). They will complement the forms of assistance available from other Community instruments, particularly the European Regional Fund.

Finally, the Community can only offer assistance if national authorities themselves contribute to the reorganisation and reconversion operations through their own aid systems. It will be the Commission's job to define the form of assistance and to examine requests for aid.

**++ FISH PRICES 1979**

The European Commission has proposed to the Council moderate increases in the guide prices for fish in 1979 i.e. in the prices guaranteed to fishermen through the Community's fisheries policy. The increase will vary by 0 to 5% according to species. By contrast the Commission has proposed reducing the price for anchovies and redfish by 3.7% and 4% respectively.

It should be stressed that the increases proposed by the Commission on prices paid to producers will not have repercussions on prices paid by consumers.

**++ MINISTERS OF THE NINE AND EUROPE**

The Community's national ministers met 53 times in 1976 and 61 times in 1977 in the Council of Ministers.

The Foreign Ministers met most frequently (14 times in 1976 and 12 times in 1977) followed by Agricultural Ministers (13 times in 1976 and 12 times in 1977) and Ministers for Economic and Financial Affairs (7 times in 1976 and 10 times in 1977).

Those who met least frequently were the Ministers for Public Health (only once during 1976 and once during 1977).

**++ PESTICIDES COMMITTEE BEGINS WORK**

The scientific Committee for Pesticides, set up by the European Commission in April 1978 has just held its inaugural meeting. The consultative body is composed of 13 top specialists from the fields of toxicology, eco-toxicology, chemistry and applied biology. In the first stage the Committee intends to concentrate on the problems of pesticide residues.

++ SAVINGS INCREASE

In August 1978, traditional savings (both savings deposits and bonds) at savings banks in the nine countries of the European Community showed the highest monthly increase for the whole year : + 1 510 million European units of account (1 EUA = approx. 1.3 dollars) as against an increase of 1 083 million EUA the month before.

++ POSTER COMPETITION FOR WOMEN

Eight large-circulation womens magazines in the European Community are to simultaneously publicise a poster competition open to all their readers to find the best election poster on the theme "Women and the election of the European Parliament". The magazines involved are : Annabella (Italy), Femmes d'Aujourd'hui (France and Belgium), the Irish Woman (Ireland), Libelle (Netherlands), Madame (Germany), La Revue (Luxembourg) and Womans Own for the United Kingdom.

The winning poster will be chosen in January by a European jury of female politicians and publicity specialists.

The successful poster will be distributed in particular to womens organisations involved in campaigning for direct elections to the European Parliament in 1979.

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HEALTH COSTS, SMOKING, DIETS AND DRUGS

Health costs, stimulants, dieting, anti-smoking and drug abuse were some of the subjects on the agenda of the Council of the Nine's Health Ministers meeting in Brussels November 16. The Ministers exchanged views on the dossiers drawn up by the European Commission, the main points of which are presented below. The meeting concluded by requesting the European Commission to continue its studies into drug abuse and to put forward its ideas concerning : the pharmaceuticals market and consumption patterns, availability of medical personnel (supply and demand), the harmonisation of statistical data covering medical care (to enable better comparisons to be drawn).

MEDICAL CARE

Between 1966 and 1975 the cost of medical care increased in real terms by around 180% in France, 125-150% in Germany, Luxembourg and Ireland, and by about 60% in the United Kingdom (only incomplete figures are available for the other countries).

In relation to gross national product, medical care costs represented the following percentages in the period 1966-75 :

	<u>1966</u>	<u>1975</u>
Belgium	4.5 <sup>+</sup>	6.2
Denmark	3.8	6.1
Germany	4.8	8
France	5.1	6.7
Ireland	3.6	6.6
Italy	3.2	5.2
Luxembourg	2.1	3.5
Netherlands	5.3 <sup>++</sup>	8.6
United Kingdom	4.3	5.4

(+ 1973 figure ++ 1968 figure)

These figures are taken from a study on health care costs undertaken by the European Commission.



Health care costs rise - health is stationary

Though we may like to think that health care is improving in Europe, the Commission's study shows that there does not seem to be a direct correlation between the increase in expenditure and the improvement in health. It seems that ways need to be found to direct a proportion of the resources devoted to health towards areas which would have a clearer impact on health.

There is also a second reason for being concerned about the increase in health care and that is popular concern about increases in tax and security payments caused by the rising health costs. These criticisms have become all the more poignant since the economic recession. In certain countries it is maintained that the large proportion of resources absorbed by the health sector is actually preventing the most productive use of the economy.

It should also not be forgotten that the health care sector is a large service industry and currently employs a high number of European workers. It can still provide more jobs in areas where our needs have not been adequately covered up to now. Any cost-saving policies in this sector should be thought of in terms of their repercussions on employment. The closure of local health facilities could seriously effect jobs.

MEDICINE SAVINGS PLANS

The share of medicine costs in the overall health bill varies from 10.5% (in the U.K. and Denmark) to 34.5% (in France). In all Community countries the cost of pharmaceuticals has risen between 1966 and 1975 in absolute terms as has been demonstrated by a study sponsored by the European Commission. Consumption is estimated as follows (tax included) : (in millions)

	<u>1966</u>	<u>1975</u>
Belgium BF	10 016	28 152
Denmark DKr	498	1 539
Germany DM	5 360	14 570
France FF	8 103	24 618
Italy Lira	663 592	2108 500
Luxembourg Lux. F	341	861
Netherlands Fl	-	1 900
UK £	236	650

The share of pharmaceutical costs in total health expenditure has decreased since 1970 in all countries where figures are available.

It is impossible however to accurately evaluate the impact of national health policies on pharmaceutical costs. It appears however that policies in this field are determined by various concerns:

- to ensure the quality, effectiveness and safety of medicines;
- to reduce the public burden of financing pharmaceutical consumption. To achieve this objective the Nine have tried in recent years to influence both prices and volume - the two determining elements of cost. Most countries have introduced measures to align consumption with real medical needs (by limiting the length of treatment or the facility to renew prescriptions). The authors of the study, however, take the view that controlling medical prescriptions is a very tricky problem. A restriction is effectively an attack on the freedom of the individual even if the quantity of medicines prescribed are not used. The problem is both medical and political.

The Council of Ministers generally agreed that whilst measures need to be taken to slow down rising health costs, this should not risk harming the effectiveness of health care. More effective ways of using resources and organising medical care need to be found. The Ministers stressed the need to find ways of controlling hospital costs and supply better information to medical personnel and patients, particularly on the use of medicines.

#### FOOD AND SMOKING

This year, two questionnaires were sent to national governments by the European Commission and the replies have provided a valuable source of information on two areas of health policy : food information and anti-smoking measures. As regards food, the Commission has been able to draw the following conclusions:

- the Nine are endeavouring to introduce dietary education into primary schools. Children of school age should be receiving more active guidance in this area (practical work etc.

- in all Community countries special attention is given to dietary training for pregnant women;
- in all Community countries, appropriate and complete training appears to have been given to a number of categories of specialist doctors. It is only to be regretted that not all doctors and in particular general practitioners or "family doctors" do not receive better training in dietary matters, particularly considering the impact of food on heart problems;
- with perhaps the exception of the Netherlands, the training of social workers is inadequate. This is particularly regrettable since these are the people with the closest contact with the population;
- teachers in Denmark and Germany appear to receive the most comprehensive training on dietetics
- the response to this questionnaire does not reveal whether hospital personnel receive suitable training. The ideal would be if one or several specialist dieticians were attached to each hospital.

The Ministers of the Nine decided to exchange information concerning nutrition research, and exchange experiences on nutrition educational campaigns, particularly those aimed at children and adolescents.

#### SMOKERS EUROPE

Despite vigorous anti-smoking campaigns, a cloud of blue smoke still hangs over Europe. The various information campaigns conducted in Community countries and measures introduced to restrict smoking in public places have not caused a particularly startling drop in consumption. And smoking amongst women has even increased. Men are smoking slightly less and young people show little change.

The United Kingdom and France are the exceptions however. In France, their information campaign has reduced the number of smokers by 3%, adults have cut back 15% and young people 16%. For the first time in ten years, sales of tobacco products have decreased 1.9%. At the beginning of 1970, 43 to 44% of French adults smoked. By 1977 the percentage had dropped to 40.

In the United Kingdom, total cigarette sales fell from 137 billion in 1974 to 124.2 in 1977 and the number of smokers dropped from 19.5 million in 1974 to 18.2 million two years later. British smokers are increasingly conscious of the tar content in cigarettes and the average tar level has fallen, according to official figures, from 20.8 mg per cigarette in 1972, to 16.1 in 1977.

In Germany, the situation follows the general pattern. From 1973 to 1976 smoking decreased slightly amongst the younger and senior age groups (amongst the regular smokers) though amongst middle aged people the habit increased. Following the increase in taxes on cigarettes the use of cigarette tobacco has increased considerably.

Over the last 25 years, tobacco consumption has remained stable in Denmark though cigarettes have increased their popularity. The percentage of male smokers decreased slightly but the rising trend among women continued at the same pace. The number of heavy smokers also increased rapidly. Only teenage boys (15-19 years) smoked less though there is surprisingly no corresponding decrease amongst girls of the same age.

In Denmark the highest number of deaths from lung cancer were recorded in and around the capital. Next highest levels were recorded in provincial towns and least in the country. This pattern follows the geographical distribution of tobacco consumption levels.

Tobacco consumption in the Netherlands decreased in 1976 relative to 1975 and was greatly influenced by a TV anti-smoking campaign. In 1977 cigarette smoking increased once more, though the total number of smokers decreased considerably. Statistics show that smokers are consuming higher quantities of tobacco.

In Ireland, a reduction in total quantity of tobacco consumed has been recorded, dropping from 14.07 million in 1975 to 12.62 in 1977.

It is difficult to draw conclusions from available figures however. Italy has no statistics and the anti-smoking campaign in Luxembourg was too recent for conclusions to be drawn. Also the overall picture is difficult to assess since favourable tax arrangements result in massive cigarette purchases in border areas which tend to distort the picture of smoking habits.

The Health Ministers agreed to compare the effectiveness of the anti-smoking campaigns and to set up experimental campaigns directed at young people. Finally they agreed to try and develop a common approach towards tobacco advertising.

#### VITAL AND SUPERFLUOUS VACCINES

Tourism is on the increase inside and outside of Europe and the number of business visitors to our countries is on the increase. This increase in mobility is an important factor in spreading diseases and is causing a re-think of vaccination programmes which are far from uniform in the Community and, without coordination, cannot be controlled from the health point of view. A survey conducted by the European Commission has produced the following conclusions:

- in our countries smallpox has disappeared, whether temporarily or for good, we do not know. But the fact is enough to make us reconsider the need for compulsory smallpox vaccinations particularly when there is a need to conserve vaccine stocks. On the other hand, the microbe cultures kept by certain laboratories should be destroyed or, at least, reduced in numbers to avoid accidents;
- the extension of rabies is a serious problem which should be studied with the cooperation of veterinary surgeons;
- attitudes towards whooping cough vaccination are divided. On the one hand it can lead to accidents and routine vaccinations should perhaps be carefully reconsidered. On the other hand it can protect babies and young children from serious and unpleasant illness;
- there has been little controversy over polio vaccination. It is easy to administer and has reduced polio cases to almost nil;
- vaccination against German measles is also of great interest since it can protect a mother-to-be from a microbe which causes foetus anomalies. Efforts at inoculating girls and young women against this illness should be pursued;

- the standardisation of vaccines throughout the Community is not as simple as it may seem. Common standards have to be defined and vaccine control procedures established, and standard immunisation controls introduced.

#### Pep pill fashions

Sportsmen and women all too often take drugs and the number of scandals in recent times has escalated. Use of "dope" also extends to other walks of life - businessmen, politicians, showbiz stars, intellectuals, manual workers and young people.

Drug taking can be construed as an abusive consumption of medicines and can be regarded as a first stage towards 'pharmacomania' or drug dependence. A link has been established between drug taking and drug addiction. The use of medicinal products to raise an individual's performance is also disturbing from both the medical and the social point of view.

In 1967 the Council of Europe called for measures to be taken against the use of drugs by athletes. The results of their resolution have been insufficient, according to a survey conducted by the European Commission. Only three countries - France, Italy and Belgium - have introduced legal measures and these only concern the taking of stimulants during sporting events. Germany and Luxembourg have a number of regulations against drug taking introduced by sports associations themselves.

The report drawn up by the European Commission recommends that measures be introduced at the Community level to improve collaboration between national governments on the use of stimulants.

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COOPERATION AND WORKERS RIGHTS

- ° Access to jobs and wage levels should not be determined on the basis of race, colour, sex, religion, national or social origin.
- ° Workers in industry should not work more than 48 hours per week.
- ° The minimum age for working in industry should be set at 14 years.
- ° Children and adolescents should not be employed in dirty or dangerous jobs nor be obliged to work at night.

These work regulations may sound like a flash-back to the 19th century but today in 1978 this elementary code drawn up by the International Labour Organisation (ILO) is far from the golden rule throughout the world. Scarcely a year goes by without the ILO's executive body finding further examples of violations of these minimum standards and in 1978 the ILO put the following countries on a special list: Afghanistan, Bénin, Chad, Costa-Rica, Guatemala, Guinea, Jordan, Laos, Malawi, Malta, Népal, Tanzania, United Arab Emirates. Even though this does not involve concrete sanctions, it exerts considerable moral pressure. Each year the ILO identifies 75 to 100 cases where the situation has improved (in law and in practice) following their action.

EEC sanctions

With this in mind the European Commission has proposed to the Council of Ministers that the advantages, particularly commercial, accorded to developing countries be suspended if their industries do not respect these elementary standards and make profit from 'abnormal' working conditions.

The aim of the Commission's proposal is twofold:

- to give all developing countries the same chance to sell their wares on our markets but not to penalise those whose economic development is paralleled by social development, and not to encourage those whose underdevelopment is given as a reason for inhuman working conditions;
- to convince European public opinion of the worth of cooperation policies even, and particularly, in difficult times. Indeed textile workers, to take just one example, whose jobs are threatened by low price imports from third world countries recognise that the new division of labour is inevitable but refuse to have

their jobs threatened by foreign industries using child labour in intolerable conditions and making them highly competitive. (The European Trade Union Confederation also emphasised during the European Council in Bremen that governments of developing countries should ensure that companies working in their territory (including European companies) observe the proper standards in working conditions).

#### The minimum

The four ILO standards cited above (selected from the vast number of norms published by this organisation) is considered as the absolute minimum by the European Commission. Certain bodies wish however that the Community go further in this direction and include, as does the ILO, the recognition of trade unions rights. The Commission considers that its minimum demands are enough to accelerate change towards greater respect for the fundamental rights of man.

#### What controls?

The European Commission takes the view that supervision of the application of these norms be conferred on the International Labour Bureau (executive of the ILO) given its competence and moral authority in this field.

Any sanctions would fall within the Commission's powers:

#### 1. In the commercial sector:

Firstly, a solution will be sought with the country concerned. If the country continues to ignore the work norms or if the situation adversely affects one of the Community's national economies, it will withdraw temporarily the right to exemption from customs duties which the developing country benefits from under the EEC's cooperation agreements. If the norms are not respected in only one or a few sectors, this sanction will only apply to products in the sectors concerned.

#### 2. Financial and technical aid

The Commission will ensure that in the execution of its aid programmes the social aspects and particularly working conditions are strictly respected.

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