

COUNCIL OF THE EUROPEAN COMMUNITIES
GENERAL SECRETARIAT

PRESS RELEASE

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1289th Council meeting

- Health -

Brussels, 15 December 1988

President: M. Apostolos KAKLAMANIS
Minister for Health and Social Welfare
of the Hellenic Republic

Italy:

Mr Carlo DONAT CATTIN

Minister for Health

Luxembourg:

Mr Johny LAHURE

State Secretary for Health

Netherlands:

Mr Ch.R. VAN BEUGE

Deputy Permanent Representative

Portugal:

Mrs Leonor BELEZA

Minister for Health

United Kingdom:

Mr David MELLOR

Minister of State, Department
of Health

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Commission:

Mr Manuel MARIN

Vice-President

EUROPE AGAINST CANCER

Mr MARIN, Vice-President of the Commission, submitted a communication on the progress of the Europe against cancer programme.

The programme covers action in the field of prevention and screening, the training of health workers, health information and education, research, and the results of the "Europe Against Cancer Week" (1 to 8 May 1988).

In his communication Mr MARIN gave notice of the submission of a number of proposals, including one for a ban on smoking in public places.

MAXIMUM TAR YIELD OF CIGARETTES

The Council held a policy debate on a proposal for a Directive on the approximation of the Member States' standards for the maximum tar yield of cigarettes.

The proposal seeks to fix limit values for the tar yield of cigarettes on the basis of a high level of human health protection.

From the debate it emerged that certain difficulties remained concerning the content of the proposal and its possible economic, social and health implications for producers, processors and consumers.

At the end of its debate the Council instructed the Permanent Representatives Committee to speed up its proceedings so that the Council could take a decision at its next meeting in May.

TOBACCO LABELLING

The Council examined the points still outstanding in connection with this Directive and the amendments submitted by the Commission at the meeting in response to the Opinion delivered by the European Parliament the previous day.

The proposal for a Directive seeks to harmonize the Member States' standards concerning the health warnings on tobacco and the indication of the tar and nicotine yields on cigarette packets.

The proposal provides, inter alia, that:

- the indications must be printed on the sides of cigarette packets in clearly legible print on a contrasting background so that at least 4% of the corresponding surface is covered;
- all unit packets of tobacco products must carry, on the most visible surface, the general warning "tobacco seriously damages health";
- in the case of cigarette packets, alternating warnings must also be printed on the reverse, covering at least 4% of the surface;
- in the case of tobacco products other than cigarettes, the above general warning must be printed in, or irremovably affixed to, a conspicuous place in such a way as to be easily visible, clearly legible and indelible. It must not in any way be hidden, obscured or interrupted by other written or pictorial matter;

- Member States may not, for reasons of labelling, prohibit or restrict the sale of products which comply with the Directive, but they will have the possibility - in due compliance with the Treaty - of laying down the requirements they deem necessary to ensure that public health is protected, insofar as this does not involve labelling which does not conform to the provisions of the Directive.

Following the Council's discussion, the President was able to record that the delegations' positions had moved closer together.

The Council instructed the Permanent Representatives Committee to continue examining the matter with a view to the adoption of a common position at the Council's next meeting in May.

AIDS IN THE COMMUNITY

The Council held an exchange of views on the present epidemiological situation in the Community on the basis of a report drawn up by the "Institut de médecine et d'épidémiologie africaines et tropicales" in Paris. That report states that "by 30 September 1988, 15 295 cases had been reported. This represents an increase of 97% (7 536 new cases) since September 1987 and 17% (2 185 new cases) since June 1988.

Although surveillance data on AIDS show a slight increase in the number of cases infected by heterosexual transmission, the increase among the IV drug user group continues at a similar rate (168%, 2 373 new cases between September 1987 and September 1988). Cases among IV drug users were reported mainly in southern Europe where the virus was introduced early on.

The decrease in the rates of HIV positive blood donations per thousand between 1986 and 1987 is related to self-deferral of infected donors or donors at risk, to a better selection of potential blood donors and to the gradual setting up of alternate test sites where HIV screening is frequently free of charge."

In conclusion, the President noted that the increase in AIDS cases and the rate of spread of HIV infection were less alarming than in the past but that efforts to combat AIDS should not be relaxed.

FIGHT AGAINST AIDS: CONCLUSIONS

The Ministers adopted the conclusions set out in Annexes I and II.

HEALTH ASPECTS - 1992

The President submitted an oral report on health aspects - 1992.

In that report he pointed out in particular that the internal market would inevitably have an effect on the efficiency and cost of Member States' health systems.

To achieve a better evaluation of that effect and the possible need for greater co-operation between the Member States in this area the President invited the Commission to carry out appropriate studies, with the help of the national authorities, and to submit the results to the Council and the Ministers for Health.

THE FIGHT AGAINST DRUGS

The President submitted an oral report on the health aspects of the fight against drugs.

The aim of that report was to arrange for an exchange of experience within the ad hoc Working Party on Drug Addiction on national measures involving health aspects.

ANNEX I

CONCLUSIONS

OF THE COUNCIL AND THE REPRESENTATIVES OF THE GOVERNMENTS OF THE MEMBER STATES
MEETING WITHIN THE COUNCIL

of 15 December 1988

concerning AIDS

THE COUNCIL OF THE EUROPEAN COMMUNITIES AND THE REPRESENTATIVES OF THE
GOVERNMENTS OF THE MEMBER STATES, MEETING WITHIN THE COUNCIL,

1. agree to improve and extend the current system for the rapid and periodic exchange of epidemiological data on cases of AIDS at Community level
 - by stepping up the work of the ad hoc Working Party on AIDS, with the participation of the Commission, and the WHO collaborating centre in Paris, with a view to guaranteeing the quality and comparability of the epidemiological data;
 - while continuing to study the necessity and advantages of an exchange of actual epidemiological data including the greatest possible detail and affording guarantees for the protection of anonymity and confidentiality;

- and including in the exchange of data information based on agreed criteria which will make it easier to assess the effectiveness of the prophylactic measures taken in the Member States and which will provide an early indication of the development of epidemiological patterns and trends (such as, for instance, rates of HIV infection, notification rates for sexually transmitted diseases, changes in sexual behaviour, etc.).
2. agree on the need to intensify efforts, especially through programmes based on one-to-one counselling and support measures, to reduce the risk of HIV transmission amongst and from drug addicts. Such measures may include education and advertising campaigns, help and advisory services readily accessible to drug addicts, and access to sterile syringes and needles for drug addicts.
 3. agree on the need for firms to prepare themselves to deal with the problem of AIDS in an appropriate and sensible manner which takes account of the fact that, in almost all working relations and working contacts, there is no risk of infection (see Annex II).
 4. emphasize their interest in exchanges between Member States of qualified personnel, with current experience in combating AIDS, and call upon the Commission to study possibilities of facilitating such exchanges.
 5. instruct the ad hoc Working Party to continue its work in this sphere, with the participation of the Commission, in accordance with the conclusions of the Council and Ministers for Health of 15 May 1987 and 31 May 1988 ⁽¹⁾.

(1) OJ No C 178, 7.7.1987 and C 197, 27.7.1988.

ANNEX II

CONCLUSIONS
OF THE COUNCIL OF THE EUROPEAN COMMUNITIES
AND THE REPRESENTATIVES OF THE GOVERNMENTS OF THE MEMBER STATES
MEETING WITHIN THE COUNCIL

of 15 December 1988
concerning
AIDS and the place of work

The Council of the European Communities and the Ministers for Health of the Member States, meeting within the Council, have drawn the following conclusions from the exchange of views on experience acquired in the realm of AIDS and the workplace:

I. INTRODUCTION

1. In work settings, there is no risk of HIV infection or of acquiring AIDS. This is equally true of work settings in the health sector and activities such as manicure, pedicure, hairdressing, etc., provided the rules of hygiene are observed.

Nevertheless, firms may find themselves confronted with the problem of AIDS, even if at present such cases are still rare.

Firms should therefore prepare themselves to deal with this situation in an appropriate and sensible manner to avoid problems arising from fear or a panic response.

2. The following conclusions are based on WHO principles.

The Council of the European Communities and the Ministers for Health of the Member States, meeting within the Council, intend these conclusions merely to encourage firms to introduce education on AIDS and to promote humane treatment of employees infected by or suffering from AIDS. Large firms, with their greater resources, should take the lead in this.

3. Firms should consult or involve the employees' representative bodies in conducting these activities.

II. INFORMATION

4. Since social behaviour is frequently misguided by poor information, firms should, with the help of those who usually have a preventive role within the firm (company doctors, occupational health experts, etc., according to national practice), consider developing an effective AIDS education policy suited to their particular work environment even before any actual cases have occurred.

5. Managers, supervisors and employees' representatives are target groups for such a policy since they play an important role in forming the opinions and influencing the behaviour of their subordinates or those they represent.

Medical confidentiality should be maintained.

6. It might also prove necessary to target other groups of staff in order to allay unjustified fears.

Advice could, for instance, be given to first-aid teams on the importance of following rules of basic hygiene, and to staff travelling to countries where blood for transfusions is not tested for the presence of antibodies of the virus.

III. SCREENING

7. People infected with the HIV virus or suffering from AIDS pose no danger to their colleagues at work.

There are hence no grounds for screening potential recruits for HIV antibodies.

Testing for AIDS during regular medical check-ups at work is likewise an inappropriate way of combating AIDS.

IV. HIV-POSITIVE EMPLOYEES

8. Employees who are HIV positive but who do not show any symptoms of the disease should be looked on and treated as normal employees, fit for work.
9. Employees should be under no obligation to notify their employers of HIV infection.
10. Should it become known in a firm that an employee is HIV positive, supervisors and management should make every effort to protect that person from stigmatization and discrimination.

Understanding and moral support play an essential part in dealing sensibly with such cases.

V. DEALING WITH EMPLOYEES SUFFERING FROM AIDS

11. Employees suffering from AIDS should be treated on the same basis as employees with other serious illnesses affecting their performance.

Where fitness is impaired, duties or working hours should if possible be adjusted so that such employees may continue working as long as possible.

12. Such employees should have access to counselling and education programmes.

Bruxelles, le 14 décembre 1988

NOTE BIO(88) 403 AUX BUREAUX NATIONAUX
CC. AUX MEMBRES DU SERVICE DU PORTE-PAROLE

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Préparation Conseil Santé (C. LIEBANA).

La lutte contre le cancer et contre le SIDA sont à l'ordre du jour du Conseil des ministres de la santé qui aura lieu le 15 décembre. Dans le chapitre "Lutte contre le cancer", le Vice-Président Marin présentera une communication sur la mise en oeuvre du programme "L'Europe contre le cancer" et le Conseil aura un débat d'orientation sur la proposition de directive du Conseil sur la teneur maximale en goudron des cigarettes, sur laquelle la Présidence présente une communication. Ensuite, les ministres auront à débattre sur l'autre proposition de directive présentée par la Commission, celle qui concerne l'étiquetage des produits de tabac, où un vote peut être demandé.

Comme il est déjà traditionnel, le débat sur la lutte contre le SIDA sera divisé en deux parties : un échange de vues sur la situation actuelle épidémiologique dans la Communauté (il y avait 13.110 cas de SIDA déclarés dans la Communauté au 30 juin 1988 et l'estimation des personnes infectées par le virus donne un chiffre d'environ 800.000 séropositifs); et, d'autre part, un projet de conclusions concernant l'échange de données épidémiologiques, la prévention du SIDA parmi les toxicomanes ainsi que le SIDA et le lieu de travail.

Les ministres compléteront leur réunion avec deux Communications de la Présidence du Conseil : l'une, sur les aspects santé à l'horizon 1992, et l'autre sur les aspects de santé de la lutte contre la drogue.

Amitiés

C.-D. EHLERMANN

A.O. J

Bruxelles, le 15 décembre 1988

NOTE BIO(88) 403 SUITE 1 AUX BUREAUX NATIONAUX
CC. AUX MEMBRES DU SERVICE DU PORTE-PAROLE

Conseil Santé (C. LIEBANA).

Les ministres de la Santé des Etats membres de la Communauté, réunis en Conseil, n'ont pas réussi à adopter deux propositions de directive présentées par la Commission, l'une sur la teneur maximale en goudron des cigarettes et l'autre sur l'étiquetage des produits du tabac, qui pourtant semblaient mûres pour adoption. Au nom de la Commission, le Vice-Président Marin a exprimé sa "profonde déception" par l'incapacité du Conseil à prendre des décisions à deux semaines seulement du commencement de 1989, qui a été déclarée par les Chefs d'Etat et de Gouvernement des Etats membres comme l'Année Européenne sur l'Information contre le cancer.

La Présidence grecque du Conseil a voulu mettre l'accent sur les conséquences socio-économiques pour les producteurs et les transformateurs de tabac des propositions de la Commission. Ce à quoi plusieurs délégations et la Commission ont répondu qu'il s'agissait dans ce Conseil de tenir compte des aspects santé des propositions et que, justement pour pallier à ces conséquences, la Communauté, dans le cadre de la politique agricole commune, octroie des subsides à la reconversion vers d'autres produits ou vers d'autres qualités de tabac moins nocives pour la santé.

Les délégations espagnole et portugaise ont souligné que les coûts qui représentent les soins de santé des 200.000 européens que chaque année meurent de cancer de poumon, causé par la consommation de tabac, sont beaucoup plus importants que ceux de la reconversion des cultures. L'Espagne, premier producteur communautaire de tabac en feuille, a d'ailleurs adopté d'ores et déjà une législation nationale plus contraignante que celle proposée à l'échelle communautaire par la Commission. Les délégations italienne - le troisième producteur de tabac -, luxembourgeoise, irlandaise, allemande, belge et danoise ont toutes appuyé les propositions de la Commission.

S'agissant d'un débat d'orientation, un vote n'était pas prévu, même si la plupart des délégations se sont montrés disposés à adopter la proposition de la Commission dès maintenant. Finalement, le Coreper a reçu mandat d'accélérer les travaux en vue de l'adoption de la proposition de directive lors du prochain Conseil Santé, sous présidence espagnole.

Quant à la proposition sur l'étiquetage elle a subi un sort semblable dû surtout à des réserves britanniques, grecques et italiennes. Il y a eu aussi un problème de procédure soulevé par la délégation britannique qui ne voulait pas un vote sur les propositions modifiées de la Commission pour tenir compte de la position du Parlement européen, présentés ce matin même au Conseil.

Le Conseil a adopté ensuite deux conclusions sur le SIDA, l'une concernant les aspects généraux de l'action communautaire dans ce domaine et l'autre sur le SIDA et le lieu de travail. Ces dernières conclusions sont importantes dans la mesure où c'est la première fois que le Conseil prend position dans cette matière qui a été l'objet de l'attention des médias dans les derniers mois suite à des décisions restrictives de certaines sociétés sur les travailleurs séropositifs.

Amalés


C.-D. EHLERMANN