

COUNCIL OF THE EUROPEAN COMMUNITIES  
GENERAL SECRETARIAT

**PRESS RELEASE**

9851/89 (Presse 207)

**1363rd meeting of the Council  
and the Ministers for Health,  
meeting within the Council**

**Brussels, 13 November 1989**

**President: Mr Claude EVIN**

**Minister for Solidarity,  
Health and Social Security  
of the French Republic**



Netherlands:

Mr Ch.R. VAN BEUGE Deputy Permanent Representative

Portugal:

Mrs Leonor BELEZA Minister for Health

United Kingdom:

Mrs Virginia BOTTOMLEY Minister of State, Department of Health

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Commission:

Ms Vasso PAPANDREOU Member

**FIGHT AGAINST CANCER****Labelling of Tobacco Products**

The Council formally adopted a Directive on the labelling of tobacco products.

The Directive is part of the "Europe Against Cancer" programme, and provides:

- that all tobacco products should carry health warnings on the unit packet and that indications of the tar and nicotine yield should appear on cigarette packets.
  
- that these indications should be printed on the side of cigarette packets "in clearly legible print on a contrasting background so that at least 4% of the corresponding surface is covered".
  
- that all unit packets of tobacco products should carry, on the most visible surface, the following general warning in the official language or languages of the country of final marketing: "Tobacco seriously damages health".
  
- that for cigarette packets, the other large surface of the packet should carry, in the official language or languages of the country of final marketing, the following specific warnings alternating in accordance with certain rules:

A. Warnings which must be included on the national lists

1. Smoking causes cancer.
2. Smoking causes heart disease.

B. Warnings from amongst which Member States may choose

1. Smoking causes fatal diseases.
2. Smoking kills.
3. Smoking can kill.
4. Smoking when pregnant harms your baby.
5. Protect children: don't make them breathe your smoke.
6. Smoking damages the health of those around you.
7. Stopping smoking reduces the risk of serious disease.
8. Smoking causes cancer, chronic bronchitis and other chest diseases.
9. More than (...) people die each year in .....(name of the country) from lung cancer.
10. Every year, ... people are killed in road accidents in (name of the country) - ... times more die from their addiction to smoking.
11. Every year, addiction to smoking claims more victims than road accidents.
12. Smokers die younger.
13. Don't smoke if you want to stay healthy.
14. Save money: stop smoking.

Member States will have to bring the Directive into force before 31 December 1991.

Products existing on that date which do not comply with the Directive may still be marketed until 31 December 1992 (cigarettes) or 31 December 1993 (other tobacco products).

Tar yield of cigarettes

The Council adopted its common position on the proposal for a Directive on the maximum tar yield of cigarettes.

The common position lays down the following limit value and dates for introduction:

- 15 mg of tar per cigarette: 31.12.1992
- 12 mg of tar per cigarette: 31.12.1997
  
- Greece will be granted a derogation consisting of the following limit values and dates:
  - 20 mg: 31.12.1992
  - 18 mg: 31.12.1998
  - 15 mg: 31.12.2000
  - 12 mg: 31.12.2006

Products existing on the above dates which do not comply with the Directive may still be marketed during the two years that follow those dates.

Europe against cancer

In the absence of the European Parliament's Opinion, the Council held a detailed discussion on the Commission proposal for the adoption of a 1990-1994 action plan in the context of the "Europe against Cancer" programme. There was found to be consensus on all points, in a common desire to ensure continuity with the 1989-1990 action plan.

The text provides for a series of measures on prevention (smoking, diet, alcohol), systematic screening and early diagnosis, cancer registration, training health workers, etc.

The Council will continue its discussions on this matter once it has received the European Parliament's Opinion.

Advertising of tobacco products in the press and by means of bills and posters

The Council held a policy debate on the proposal for a Directive on advertising of tobacco products in the press and by means of bills and posters.

At the close of the debate, the Council instructed the Permanent Representatives Committee to continue proceedings in the light of the discussions that had taken place, so that a decision could be taken as soon as possible.

FIGHT AGAINST AIDS

The Council and the Ministers for health agreed on a Resolution on the fight against AIDS.

This Resolution lays down:

- common principles for the fight against AIDS, the text of which is given below, and
- an action plan on basic operational research, research into and evaluation of socio-economic impact, international co-operation, monitoring of the epidemiological situation in the Community and the development of measures to combat AIDS.

COMMON PRINCIPLES FOR THE FIGHT AGAINST AIDS1. Prevention

1. In the fight against AIDS, top priority should, alongside research, continue to be given to prevention by means of health information and health education.
2. The information should be clear and full and stress the fact that HIV infection and the disease of AIDS in no way justify any reaction of fear or of discrimination.
3. health-information and health-education measures should deliver well-aimed messages: on the one hand, it remains indispensable that the general public and young people in particular be given repeated general information on prevention; on the other hand, local measures or measures targeted towards particular sections of the public must bring these messages home.



Special attention should be given to ways of reaching drug addicts and the socially rejected.

4. Prevention must include improved access to suitable individual counselling and to the available means of protection against the virus, such as condoms and safe injection material.
5. These measures should be thoroughly reviewed on a regular basis.

## II. Use of diagnostic tests

1. Suitable diagnostic tests must be widely available on a voluntary and confidential basis within the public health systems.

Where advisable, additional arrangements may be made to offer individuals the possibility of being tested anonymously, if possible, free of charge.

2. These tests form part of individual preventive measures, always accompanied by information and counselling provided by qualified persons.
3. On current evidence, these are grounds for the systematic and compulsory screening of individuals, i.e. screening without prior information or consent of the persons tested. Such a practice is particularly ineffective as a means of prevention.

4. To improve epidemiological data, in the context of longitudinal or prospective studies and for public health purposes, requires the use of appropriate strategies.
5. Progress in the medical use of substances of human origin (such as blood and its derivatives, organs, tissues and semen) must be actively continued.

Voluntary donation of such substances without remuneration, maintaining screening on the occasion of each donation of blood by means of suitable tests (testing of AIDS viruses), the development of a policy of informing donors in order to exclude risk donors and similarly stringent quality controls throughout the Community make an essential contribution to the safe use of such donations, and particularly to safe transfusion.

### III. The fight against discrimination

1. Any discrimination against persons with AIDS or HIV positive persons constitutes a violation of human rights and prejudices an effective prevention policy because of its effects of exclusion and ostracism.
2. The free movement of persons, goods and services in the Community and equal treatment as laid down in the Treaties are, and must continue to be guaranteed.
3. The greatest possible vigilance must therefore be exercised in order to combat any discrimination, particularly in recruitment, at the workplace, at school and as regards accommodation and sickness insurance.

4. In respect more particularly of accommodation and private insurance, solutions ought to be found which reconcile economic interests with the principle of non-discrimination.

IV. Medical and social care for HIV positive individuals and persons with AIDS

1. In order to enable persons affected to take full advantage of improvements in therapy and diagnosis, the fullest and earliest possible access to care should be made available.
2. In particular, persons who do not have social security cover, as is often the case with drug addicts or former drug addicts, require specific measures, where appropriate.
3. The dissemination of information on solutions which have proved successful in certain countries should be encouraged and backed up, especially at Community level.
4. Non-governmental organizations, whether their members be affected persons or persons concerned by the epidemic, play an essential role in the provision of psychological and social care for affected persons. This role must be encouraged and more widely recognized.

**FIGHT AGAINST DRUGS**

The Council and the Minutes adopted the following conclusions:

**"CONCLUSIONS  
ON THE IMPLEMENTATION OF CO-ORDINATED MEASURES  
FOR PREVENTING DRUG ADDICTION  
AND COPING WITH DRUG ADDICTS**

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

Reiterate their profound concern at the spread of drug addiction throughout the Member States of the Community;

Confirm in this connection the importance of carrying out rapidly the work entrusted to the Commission at their meeting on 16 May 1989, especially as regards the setting up of a European network of health data on drug abuse;

Feel that the Community is in a position to make a significant contribution of its own to national and international activities in this field;

Consider that, particularly in the area of the prevention of drug addiction and coping with drug addicts, the speedy development of measures at all appropriate levels is essential; such measures should take account of the work of the Council of Europe, in particular the Pompidou Group, the WHO and UNESCO;

Note that there are areas or regions in the Community with sufficiently similar socio-economic and cultural characteristics to make possible exchanges of information or the implementation of co-ordinated action;

Ask the Commission, with the assistance of experts appointed by each Member State, in particular to:

- make an inventory of areas appropriate for experimenting with co-ordinated action;
- encourage the exchange of practical experience and promote the implementation of co-ordinated action between qualified persons and institutions, active in the prevention of drug addiction and coping with drug addicts (treatment, social and occupational reintegration), in accordance with the methods set out in the Annex hereto;
- co-operate with the Council of Europe, in particular the Pompidou Group and the WHO, to extend the scope of such initiatives;
- report on the results of this work, assessing the contribution made by the Community to the development of national policies in this area and, where appropriate, including proposals to improve activities in the field."

**EUROPEAN EMERGENCY HEALTH CARD**

**The Council and the Ministers adopted the following conclusions:**

"Conclusions  
of the Council and the Ministers for Health,  
meeting within the Council,  
  
concerning the European emergency health card

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

Having regard to the Resolution of the Council and of the Representatives of the  
Governments of the Member States, meeting within the Council, of 29 May 1986  
concerning the adoption of a European emergency health card, and in particular  
Section III thereof (OJ No C 184, 23.7.1986),

Having regard to the Commission communication on the introduction of the European  
emergency health card,

Having regard to the conclusions of the Council and the Ministers for Health,  
meeting within the Council, on action to be taken on Council decisions  
(OJ No C 185, 22.7.1989),

Consider that the conditions in which this European emergency health card has been introduced have not allowed it to fulfil at European level its principal objective of improving individual emergency medical assistance abroad for citizens of one Community Member State travelling in another Member State;

Consider that the effectiveness of the European emergency health card depends amongst other things on its general use throughout the Member States;

Confirm the importance of the European emergency health card within the context of a People's Europe for facilitating free movement and believe it could usefully be supplemented by the introduction of a standard Europe-wide emergency call number;

Invite the Commission to re-examine, on the basis of experience to date, both the form and the content of the European emergency health card and to make proposals to the Council during the first half of 1990 making the card easier to use and defining a strategy for its general introduction. To that end the Commission will be assisted by a Working Party of representatives of the Member States;

Stress the interest of a decision on the introduction of a standard Europe-wide emergency call number."

FREE MOVEMENT OF BLOOD PRODUCTS

The council held an exchange of views on the free movement of blood products.

In view of the importance of this matter, inter alia for the prevention of AIDS, the Council requested the Commission to submit its report on Community self-sufficiency in human blood and the encouragement of voluntary unpaid donations during the first half of 1990.

NUMBER OF PEOPLE WORKING IN THE HEALTH PROFESSIONS

The Council and the Ministers for Health held an exchange of views on the conclusions of the seminar on this subject organized by the Presidency on 11 October 1989, which was chiefly concerned with the upward trend in the number of doctors, and the shortage of nurses.

The Council requested the Commission to see that discussions were continued in the Committee of Senior Officials on Public Health at the Commission.

POLICY ON MEDICINAL PRODUCTS

The Council held an exchange of views on policy on medicinal products in the Community.

At the close of discussions, the President stated that without prejudice to existing fields of competence, or to delegations' respective positions on the substance of the issue the Health Council was unanimous in wishing to be kept regularly informed on this issue and to be able to keep a watch on how it developed.



WHO-EUROPEAN COMMUNITY CO-OPERATION

The Council held an exchange of views on the prospects for WHO-European Community co-operation.

The President found that there was a general desire to step up this co-operation, although without encroaching on each other's responsibilities.



Bruxelles, le 10 novembre 1989

NOTE BIO(89) 333 AUX BUREAUX NATIONAUX  
CC. AUX MEMBRES DU SERVICE DU PORTE-PAROLE

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PREPARATION DU CONSEIL SANTE DU 13 NOVEMBRE 1989  
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Le plan d'action de lutte contre le cancer et les directives concernant l'étiquetage des produits de tabac et la teneur en goudron des cigarettes sont les principaux sujets de l'ordre du jour du Conseil "Santé" qui aura lieu le 13 novembre à Bruxelles.

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Le plan d'action de lutte contre le cancer  
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Dans le cadre du programme "l'Europe contre le cancer" lancé par les Conseils européens de Milan et de Luxembourg en 1985 (dont l'objectif est de réduire de 15% le nombre de décès par cancer d'ici à l'an 2000), le Conseil a adopté en Juin 1988 un premier plan d'action 1988-1989 (sous forme de décision mixte). Ce plan venant à expiration, la Commission a proposé, sous forme de résolution du Conseil, un second plan d'action 1990-1994 pour assurer la continuité des efforts engagés et atteindre l'objectif ci-dessus.

Une enveloppe financière de 55 Mécus sur 5 ans est prévue (la dotation budgétaire du premier plan d'action était de 8,3 Mécus en 1988 et 8,5 Mécus en 1989). Les délégations n'ont pas encore pris position sur ce point.

S'agissant de l'exécution du plan d'action, il a été convenu que celui-ci serait mis en oeuvre par la Commission en étroite coordination avec les autorités nationales compétentes; la Commission déclarerait en outre que, pour les actions qui impliquent une contribution financière nationale, elle consulterait les autorités nationales et arrêterait la décision finale avec celles-ci.

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Directive "étiquetage" des produits de tabac  
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Le Conseil a adopté le 16 mai 1989 une position commune à la majorité qualifiée (UK votant contre) sur la proposition concernant l'harmonisation de l'étiquetage des produits de tabac. Cette proposition vise ainsi à éliminer les obstacles à la libre circulation et à améliorer l'information des consommateurs par les avertissements qu'elle prévoit.

Au COREPER les délégations ont confirmé les positions prises lors du Conseil du 16 mai 1989 (onze pour, UK contre).

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Directive "teneur maximale en goudron des cigarettes"  
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La proposition vise à faciliter la libre circulation des paquets de cigarettes en fixant des teneurs maximales en goudron qui tiennent compte de la protection de la santé des personnes. Elle prévoit à cet effet que la teneur en goudron ne pourrait pas être supérieure à 15 mg par cigarette à partir du 31.12.1992 et à 12mg par cigarette à partir du 31.12.1995.

Le Conseil du 16 mai 1989 a débattu de cette proposition et, en l'absence de l'avis du Parlement, n'a pu dégager qu'une orientation commune majoritaire sur un compromis de la Présidence, UK et B étant contre. UK, tout en appuyant l'objectif de la proposition, insiste pour qu'il soit atteint dans son pays par des accords volontaires. B est en faveur de la proposition de la Commission.

Selon le compromis de la Présidence, le calendrier d'application des valeurs limites pour le goudron serait :

15 mg le 31 décembre 1992  
12 mg le 31 décembre 1997

Une dérogation temporaire serait accordée à la Grèce comportant les valeurs limites suivantes :

20 mg au 31.12.1992  
18 mg au 31.12.1998  
15 mg au 31.12.2000  
12 mg au 31.12.2006

Le Parlement européen a rendu son avis lors de sa session de mai 1989; il s'est avéré favorable aux producteurs de tabac; en effet, le Parlement propose que la limite de 20 mg soit atteinte le 31.12.1992 et celle de 15 mg soit atteinte seulement après l'adoption par le Conseil et le Parlement d'un rapport sur les programmes communautaires de reconversion des cultures.

Le Conseil est saisi aussi d'un projet de résolution concernant la lutte contre le SIDA. Ce projet vise, d'une part, à dégager certains principes communs en matière de prévention, d'utilisation des tests de diagnostic, de lutte contre les discriminations et de prise en charge des séropositifs et des malades, d'autre part, à mettre en place un plan d'action concernant la recherche fondamentale et la surveillance de la situation épidémiologique dans la Communauté.

Des projets de conclusions concernant la lutte contre la toxicomanie et la carte sanitaire d'urgence seront également discutés. Enfin, un débat aura lieu sur la circulation des produits sanguins, la démographie des professions de santé et la politique du médicament. Il s'agit là de sujets qui relèvent de la compétence du Conseil Marché Intérieur mais sur lesquels la Présidence française souhaite établir un lien avec le Conseil "Santé".

Amitiés,

C. STATHOPOULOS

Bruxelles, le 13 novembre 1989

NOTE BIO(89) 333 (suite 1 et fin) AUX BUREAUX NATIONAUX  
CC. AUX MEMBRES DU SERVICE DU PORTE-PAROLE

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CONSEIL SANTE DU 13 NOVEMBRE 1989 (C. Stathopoulos)  
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Les décisions du Conseil d'aujourd'hui marquent "une étape importante dans la lutte contre le cancer". C'est ainsi que le Commissaire Madame Vasso PAPANDREOU a commenté les résultats de la réunion des Ministres de la Santé qui ont terminé leurs travaux dans l'après-midi du 13 novembre.

Le Conseil a formellement adopté la directive concernant l'étiquetage des produits du tabac (voir aussi IP(89) 853). Cette directive vise à éliminer les possibles entraves aux échanges intracommunautaires dues aux différences normatives des Etats membres en la matière en prenant pour base un niveau élevé de protection de la santé. Elle s'inscrit dans le cadre de la lutte contre le tabagisme du programme "L'Europe contre le cancer".

La directive prévoit notamment :

- que les avertissements relatifs à la santé devront figurer sur les unités de conditionnement de tous les produits du tabac et les mentions de la teneur en goudron et en nicotine devront figurer sur les paquets de cigarettes.
- que les mentions devront être imprimées sur la tranche latérale des paquets de cigarettes "en caractères parfaitement lisibles, sur fond contrastant, de façon à couvrir au moins 4 % de la surface correspondante".
- que toutes les unités de conditionnement des produits du tabac porteront sur leur surface la plus visible, dans la ou les langues officielles du pays de commercialisation finale, l'avertissement général "nuit gravement à la santé".
- que pour les paquets de cigarettes, l'autre grande surface du conditionnement porteront, dans la ou les langues officielles du pays de commercialisation finale, des avertissements spécifiques alternant selon la règle suivante :
  - \* chaque Etat membre établit une liste d'avertissements exclusivement à partir de ceux figurant dans le texte de la directive adoptée.

Le Conseil a adopté une position commune sur une proposition de directive concernant la teneur en goudron des cigarettes (voir aussi IP(89) 854). Il a procédé également à un premier examen du projet de décision adoptant le plan d'action 1990-1994 dans le cadre du programme "l'Europe contre le cancer" sur laquelle il attend l'avis du Parlement Européen. Cet examen a permis au Conseil de dégager un accord quant au fond sur le projet.

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Le programme constitue la continuation du présent plan 1988-1989 et prévoit une dotation financière de 50 Mécus ainsi qu'une série d'actions à mettre en oeuvre pour la période de 1990-1994 concernant la prévention du tabagisme, études sur la nutrition et le cancer (y compris l'alcool), dépistage systématique et détection précoce, enregistrement de cancers, formation des professionnels de santé, etc.

Le Conseil reprendra l'examen de cette proposition lorsqu'il aura reçu l'avis du Parlement européen.

Le Conseil et les Ministres de la Santé sont arrivés à un accord quant au fond sur une résolution concernant la lutte contre le SIDA.

Cette résolution prévoit :

- des principes communs de lutte contre le SIDA,
- un plan d'action avec des activités concrètes de recherche fondamentale et opérationnelle, recherche et évaluation de l'impact socio-économique, coopération internationale, et de surveillance de la situation épidémiologique dans la Communauté.

Le Conseil a adopté enfin des conclusions concernant la lutte contre la drogue et la carte sanitaire européenne d'urgence.

Amitiés,

  
C.D. EHLERMANN