Nationaal Preventie Akkoord

# The national Prevention Agreement

A healthier Netherlands

# The National Prevention Agreement A Healthier Netherlands

# Introduction

# A healthier Netherlands...

...that's what we want to achieve. Children who get off to a good start and benefit from this throughout their lives, active adults who start their retirement in really good health, and older people who have years and years of healthy life left in them, who can participate in society for as long as possible. That's the ambition of this National Prevention Agreement. An ambition we're all going to make happen, together. The time's ripe for it!

It was with good reason that, in the run-up to the most -recent elections, many parties insisted on a greater commitment to prevention, to a healthier Netherlands, and to a Prevention Agreement with a broad coalition of social parties and the business community. This Prevention Agreement was subsequently included in the government's coalition agreement and, after exploratory talks with more than seventy parties, negotiations began on 20 April 2018. The goal: to make binding agreements with each other. Not an easy task, because the interests of the different parties are often not the same. But the result is impressive: a coherent package of measures that, together, will help make the Netherlands healthier.

There is broad support for prevention. But just what are the ambitions? What might a healthier Netherlands look like in 2040?

In 2040, we will be focusing much more on prevention and less on care. People, young and old, will be encouraged to make healthy choices. Prevention will be uppermost in the minds of healthcare professionals and a healthy lifestyle will be paramount. And people won't be falling ill because of stress from accumulated problems or depressive symptoms. Healthcare will be designed to promote the use of prevention and cooperation in both the healthcare sector and among parties outside it.

In 2040, children and young people will exercise much more in a healthy environment: at home, in childcare facilities, at school, and in sports clubs, which they will be going to, of course, by bicycle. And the same will go for adults: fewer people will be overweight, there'll be fewer cases of obesity and diabetes. Noticeably healthier people, making healthier choices in a healthy environment, who walk, cycle and play sports each day: this is the movement towards a healthier Netherlands.

In 2040, children won't know what tobacco smoke smells like anymore. They will be the children of a smoke-free generation, who will live in an environment free of tobacco. What a fantastic prospect: in twenty years' time, no child will start smoking. And there'll be far fewer adults who smoke too. They will rarely encounter smokers: not at work, not at the sports club, not in the street they live in, and not in the school playground where they pick up their healthy children.

And under 18s will find it normal not to drink alcohol. Parents will find it perfectly normal that their children do not drink. And that's a good thing: you'll have far fewer headaches if you know that your child is not going to get blind drunk or start binge-drinking. Adults themselves will understand much more clearly than they do now that you can enjoy a drink now and again, but that alcohol can also bring great risks with it, and that there are many delicious alternatives. Zero percent alcohol in drinks, after sports and at parties? No one is going to even bat an eyelid.

In this National Prevention Agreement, we have opted for an approach based on three precise topics: smoking, problematic alcohol consumption and overweight because these are, by far, the largest cause of the burden of disease in the Netherlands, with 35,000 deaths and 9 billion euros in healthcare spending.

This choice means that we're not just going to make little tweaks to lots of different things. The three themes cover such a large area that all kinds of other perspectives, subjects and approaches will automatically be addressed.

## Challenges

If we look at our ambitions and compare them with the situation in Dutch society today, it's clear to see that we have got our work cut out and that it's going to be a huge challenge for everyone concerned. Prevention plays an important role in bringing these ambitions within our grasp. Hundreds of children still become addicted to smoking every week, and smoking is by far the most important, avoidable, cause of morbidity and death. In addition, the number of people suffering from overweight and diabetes is on the rise. And, although young people start drinking a little later (at an average age of 13.2 years), those who do drink do so often and more heavily. Problematic drinking is also a pressing, but less frequently recognised, problem in other groups, such as the over-50s. And in people with disabilities, smoking and overweight are more common too. Smoking, obesity and problematic alcohol consumption cause enormous damage to health and society.

There are demonstrable differences in health between, and among, different population groups in the Netherlands. People with low levels of education and low incomes are much worse off in our society when it comes to health. They smoke more, have more problems with overweight, exercise too little and eat unhealthily. Health problems often don't stand alone, but are part of a broader underlying problem (e.g., debt, poverty, unemployment, and so on). The figures are staggering: you die seven years earlier and you feel unhealthy for eighteen more years. And, if things carry on as they are doing, these differences will continue to grow rather than shrink. We are also seeing an increase in the number of people with chronic disease too.

By focussing our Prevention Agreement on the themes of smoking, obesity and problematic drinking, we have an immediate starting point for more effectively reaching people with structurally low incomes and low levels of education. These are the same priorities as those proposed by the Dutch Scientific Council for Government Policy (WRR) in order to maximise health gains (see the Council's policy briefing 'From Difference to Potential', 27 August 2018). By taking steps to boost the employment rate of the less well educated and by tackling problematic debt, we can start to begin reversing the negative trends. People will then live longer, enjoy more years of health, make less use of care, work longer, and give their children a better start in life. The potential health gains for society are considerable. Obviating the need for health-care, including more-expensive healthcare, is also one of the guiding principle of the Right Care in the Right Place Task Force, which has been ratified by healthcare stakeholders in the various framework agreements.

## Opportunities

Using the National Prevention Agreement, governments, the business community, and the healthcare, welfare, education and science sectors can take on these challenges through public-private partnerships, binding agreements and the adoption of innovations. Various different types of work have been going on over the years to achieve a healthier Netherlands, and there's a lot to follow up on, and build on, if the ambitions set out in the Agreement are to be realised. From the nurse-at-home programme, which made the Netherlands the healthiest country in the world in the 1950s, through the national immunisation programme, which has saved many lives, to current government programmes such as Healthy in the City (Gezond in de Stad), It's All about Health (Alles is Gezondheid), Healthy Schools (Gezonde School) and Healthy Weight for Young People (Jongeren Op Gezond Gewicht), to cooperation agreements such as the Green Deal Sustainable Care, and social initiatives like the Smoke-Free Generation and the Healthy Generation: over the years, a solid foundation has been laid for the development of a new, communal prevention policy. The implementation of the National Prevention Agreement will thus be building on all these achievements.
Local commitments to tackle smoking, problematic alcohol consumption and overweight will be tailor-made and need an integrated and coherent approach aimed at health-oriented prevention right across the local context. That's why the Association of Dutch Municipalities is committed to it. These municipalities will act as coordinators, and will be taking this approach with social partners based on an analysis of local health issues. Having such a local approach means making the greatest gains possible in terms of health, in accordance with the aforementioned recommendations of the WRR. Municipalities will work on this, for example, by making partnerships with other agencies to set up a prevention fund. Where possible, existing chain or cooperation agreements in the fields of health and healthcare will be linked up with existing programmes. In addition, links will be made with the National Sports Agreement and Regional Care

Agreements will be established. Technological developments offer another opportunity. E-health, such as health apps, provide data about our behaviour and can help people live healthier lives. With information from the apps, people can record details about their personal health environment, and this will give them insights into their medical data. It is good news then that various top industry sectors have decided to take part in the National Prevention Agreement. We can make good use of the innovative power of the business community and knowledge institutions in the coming years. And last but not least is perhaps the most important opportunity: our society seems ready for it. This means we don't just have to take 'soft' measures by persuading people and offering easy choices, but that we can take 'harder' measures involving orders and prohibitions. With that combination, real progress can be made.

## Knowledge and research

Thanks to existing programmes and scientific research, we now know more about people's behaviour and the factors underlying it, and also about effective interventions and how, in the long term, successes can be had in the area of prevention. Smoking is a good example: some 50 years ago at birthday celebrations, there would be a glass full of cigarettes on the table, but these days it's scarcely anywhere to be seen. Gradually we are finding out how to reduce smoking.

The Prevention Knowledge Agenda, which is derived from the National Science Agenda and the Health Research, Prevention and Treatment route, make it clear that there are also many questions to be answered about prevention and the promotion of health. Linking research to the themes of smoking, overweight and problematic alcohol consumption means that knowledge and social developments can reinforce each other. The 2019 - 2022 Prevention Programme which is run by the Netherlands Organisation for Health Research and Development and has a budget of 38 million euros, includes, among other things, the Knowledge Agenda and the themes from the National Prevention Agreement in its remit. The programme - the sixth of its kind - focuses on the use of knowledge, on research into effectiveness, and on innovation. In addition to government funding, research is also paid for by the business community and social organisations such as (health) funds, health insurers and top sector industries.

### Approach

Complex problems often require a wide variety of measures and approaches to be taken. Prevention is no exception to this. From very simple measures, such as an exercise garden for the elderly to more complex ones that can have a structural impact, there are many possibilities.

It can be done indirectly, in an integrated way, by helping people find work, by health insurers who help with debt restructuring, and through the creation of a greener (therefore healthier) environment. Or it can be done more directly, with regulations or programmes specifically for young people (such as Healthy Weight for Young People and Healthy Schools) and programmes that focus on life-cycle factors and life events. The key is having an integrated approach to the problem, with close cooperation between governments, the business community, civil-society organisations, and the individuals concerned - an approach where there is also room to learn, supported by active cooperation with science and knowledge institutions. The National Prevention Agreement contains a wide range of measures such as these.

All of this will result in an effective National Prevention Agreement producing concrete results, and bring a healthier Netherlands within everyone's reach. When that happens, this ambitious but realistic Agreement will be a great success.

## Governance, assurance and monitoring

The parties participating in one or more of the partial agreements have declared that they identify with the contents of the relevant partial agreement and have expressed their commitment to achieving the objectives that have been formulated. The guiding principle is that the ambitions should be pursued and the goals achieved. In this connection, the parties to this National Prevention Agreement will apply a number of ground rules. The National Institute for Public Health and the Environment (in consultation with Statistics Netherlands, the Municipal Health Service, the Intraregional Medical-Assistance Organisation, Pharos, the Trimbos Institute and the Netherlands Bureau for Economic Policy Analysis) will report annually on the progress that is made in implementing the measures and will map out a number of relevant lifestyle indicators that relate to the three themes. The National Institute for Public

Health and the Environment will supplement the progress report every four years with a forecast regarding the feasibility of the ambitions set out for 2040. This is similar to what is happening at the moment in the Public Health Outlook.

The progress report by the National Institute for Public Health and the Environment will be discussed with those participating parties who have signed the agreement. To this end, the current structure of the Theme Tables with their independent Chairs will be followed. If necessary, and if doing so furthers the ambitions involved, the parties involved will fine-tune the agreements and measures in those tables. New measures can be added in consultation with the parties involved, if they fit in with the vision and further the ambitions. New partners can join if they subscribe to the ambitions in this Agreement and are willing to contribute to their realisation. After all, prevention is a long-term activity, requiring consistent efforts to be made over a number of years by many parties working in close cooperation. That is why we are sticking to the longer-term objectives and being flexible about the ways we work together to achieve them.

The Chairs will discuss progress with the State Secretary and submit proposals for amendments. The State Secretary will periodically discuss progress with the Prevention Advisory Board, which is presided over by the Chair of the Social and Economic Council.

From the perspective of broad social representation, the Prevention Advisory Group reflects the contents of the Prevention Agreement and the processes it entails, paying special attention to underlying health problems and the coherence between the approaches to those problems, which include those in and around work, the social domain, debts, and socio-economic health inequalities.

## On the way to a healthier Netherlands

We know that our ambitions are challenging, and that this means we'll have to work very hard together to achieve them. The National Prevention Agreement is an important step towards achieving a healthier Netherlands. We are sending out a clear signal, with all parties to this Agreement, that we want to set changes in motion. And we are also addressing parties who have not (yet) signed up. We are calling on everyone to join in. Let's work together to make the Netherlands healthier!

Using this National Prevention Agreement, civil-society organisations, the business community, patient organisations, healthcare providers, health insurers, municipalities, private fund providers, sports clubs and associations, and the government are making a powerful statement together to start a social movement that will make the Netherlands even healthier and more vital, and link up with all the energy that is to be found in society. It will require efforts from everyone to implement the agreements involved. The parties signed up to the Agreement want to make the change from ad hoc initiatives to initiatives which are broadly supported, integrated, coherent and evidence-based approach. Cooperation with the scientific community (following the National Science Agenda) and knowledge institutions is of great importance in this connection, so that policy, practice and science are all linked, and a learning process is created.

To this end, in addition to monitoring the making of agreements and the realisation of ambitions, these parties will initiate a number of initiatives together, some of which were also mentioned in the introduction, namely:

- On the basis of the National Prevention Agreement, encouragement and support will be offered for the adoption by municipalities, cooperating and otherwise, of a local or regional approach to prevention. Initiatives already underway are looking at innovative practices and their results, including how to promote them.
- The parties are discussing the opportunities for, and the threats to, health and vitality on the basis of the annual progress report (with a four-yearly review of the ambitions for 2040). They can also assess whether additional agreements are needed, covering further themes or projects.
- The parties are exploring the possibility of appointing a number of prominent ambassadors who will support, promote, and put the broad movement towards greater health and vitality on the agenda.
- The parties will discuss the use of technology and e-health with a view to prevention. This supports current initiatives such as the Top Sectors Policy and the National MedTech Vision drawn up by the Ministry of Health, Welfare and Sport.
- Private funds ensure that there is synergy between the implementation and monitoring of the Prevention Agreement and their own activities or investments, and contribute to specific measures that give them added-value for the business community and the government, and conform to the principles of their mission and strategy.
- The parties will discuss further steps to achieve a shift from combatting disease to promoting health. In the health sector, this requires more attention to be given to prevention and its' financing. The Ministry of Health, Welfare and Sport will open a discussion about this with experts, professionals, stakeholders and the citizens involved.
- Our youngest children tell us that, to make healthy choices, you need a lot of self-confidence. We want to explore with young people what we can do to help them be more mentally resilient.
- Finally, discussions with the business community have taken place about the possibility of promoting health at work. The design of a Vital Business approach, similar to the approach taken for the Healthy Schools initiative is being explored with the Confederation of Netherlands Industry and Employers, the Royal Association of Small and Medium Enterprises and the Ministry of Social Affairs and Employment. This has also been discussed with employee organisations

# 01

# Smoking

# Introduction

The Dutch Cabinet, in conjunction with civil-society organisations, health funds, the care sector, health insurers, municipalities, sports associations, top sectors and businesses, has agreed a package of measures and actions designed to ensure a smoke-free generation by 2040. This means that, by that time, no more children will be smoking, and that no children will ever smoke again.

Smoking is a serious addiction that causes a lot of personal and social suffering. In the Netherlands, more than 20,000 people still die each year from the consequences of smoking, including passive smoking. Smoking is thus the number one preventable cause of death. Moreover, a total of 9.4% of the burden of disease in the Netherlands is caused by smoking (Public Health Foresight Study 2018), and that costs €2.4 billion in healthcare each year (De Kinderen et al., 2016). At the same time, hundreds of children become addicted to smoking every week. If they continue to smoke, their chance of dying from the consequences is higher than 50%. We want to put an end to this, as do a lot of Dutch people. In recent years, social support for a Smoke-Free Generation[1] has grown enormously, as has the call for further robust measures to make that generation possible. We can see that the momentum is there to really make a difference for our children.

> "I really don't like my child seeing me smoke. I wouldn't like it if my child started smoking later on." (Woman, 29 years old) (Pharos 2018)

In order to make this dream of a smoke-free generation come true, we will all be taking significant steps in the coming years.

## Our commitment

We will ensure that children can grow up in a smoke and tobacco-free environment, that they are no longer exposed to second-hand smoke, and that they are no longer tempted to smoke themselves. A smoke-free generation starts with a smoke-free pregnancy. That is why we are committed to motivating parents, and prospective parents, to stop smoking. We will also be focusing on those environments that are frequented by children as they grow up, from playgrounds to sports clubs. 'Monkey see, monkey do' - and that goes for smoking, too. Initiatives designed to help smokers quit are therefore needed to create a smoke-free generation.

[1] The Smoke-Free Generation is an initiative supported by three health funds, the Dutch Cancer Society, The Lung Fund, and the Dutch Heart Foundation, as well as by many civil-society organisations.

Scientific research[2] shows that successful tobacco-control policies are based on several key components that work together and reinforce one another: measures that substantially increase the price of tobacco products, a smoke and tobacco-free environment (including comprehensive advertising bans), effective and accessible support for giving up, intensive campaigns that support the other measures but that can also have a significant impact of their own, and product and packaging restrictions. Smoking is relatively common among people of low socio-economic status, and can be correlated with underlying problems such as stress and poverty. The coherent approach being proposed is based on these elements which include the following: introducing clear measures to discourage tobacco consumption, making it easier for healthcare professionals to encourage giving up, and launching campaigns to bolster both nonsmoking as the social norm and support for this approach. This requires a sustainable commitment and the engagement of a number of parties.

We are working together to put this integrated package of measures and actions into practice, and we want to join forces with one another around the following four themes:

A. A smoke and tobacco-free environment (especially for children, so that tobacco products are as unattractive and inaccessible as possible)

B. Effective and accessible care and support for giving up smoking

C. Smoke-free healthcare

D. Smoke-free organisations

We - all the signatories - recognise that the tobacco industry is clearly not a partner in achieving a smoke-free generation, nor could it ever be, because the interests of the tobacco industry are fundamentally opposed to those of public health. This means that, in principle, we do not do business with the tobacco industry and, when it comes to our direct and indirect relationships with the tobacco industry, we act in accordance with Article 5.3 of the World Health Organization Framework Convention on Tobacco Control.

[2] The Trimbos Institute (2018).

## Ambition and objectives

### Joint ambition for 2040

In 2040, fewer than 5% of the residents of the Netherlands aged 18 years and over and 0% of young people and pregnant women will smoke. In the coming years, we will strengthen the foundation for this by making effective agreements. The first results of the agreements in this National Prevention Agreement will be clearly visible in practice in 2020. For example, in 2020 there will be many more smoke and tobacco-free environments, and there will be a clear downward trend in the number of smokers, especially among pregnant women and their partners. When it comes to giving up smoking, we will see that more people are successfully trying to stop.

### Objectives for 2020

1. The number of pregnant women who smoke will have dropped from 9% to less than 5%[3], and the number of women who have stopped, but started again after giving birth, will have dropped from 50% to 25%.
2. The proportion of adults - those older than 18 years - who smoke will be less than 20% in 2020.
3. The number of young people who start smoking will have halved (now 75 per day, fewer than 40 in 2020).

### The current situation

The trend is that smoking is slowly decreasing among adults, and especially among young people, but that it is still relatively common, especially among people with a low socio-economic status (SES).

| Prevalence of smoking | Average | Low SES/education |
|---|---|---|
| Adults older than 18 years | 23,1% | 25,7% |
| Pregnant women | 9% | 22% |
| Young people 12-16 years old | 8% | 17% (prevocational secondary education) |
| Young people 16-18 years old | 32,8% (senior secondary vocational education and higher professional education) | - |

**Sources: Statistics Netherlands 2017, The Trimbos Institute 2017, Utrecht University 2018**

[3] In line with research from the UK, which is aiming for 6% by 2022.

# A. A smoke and tobacco-free environment

## Objectives

We want to stop young people from taking up smoking. In 2020 we will, therefore, have created the right circumstances for more children to be able to grow up in a smoke and tobacco-free environment. In this way we will be protecting children from tobacco smoke, and from the temptation to smoke themselves. This will also reinforce the idea that smoking is not normal and that tobacco products are not normal products. This will also make it easier for smokers to stop. In addition, creating a smoke and tobacco-free environment means that children will not come into contact with new types of tobacco products (such as heated tobacco) or with e-cigarettes, whether these are with, or without, nicotine. By using these products, children can become addicted to nicotine and are also exposed to harmful substances. Furthermore, it cannot be ruled out that young people may start smoking tobacco by using these products.

1. The government will take a first step in 2020 by increasing the excise duty on a packet of 20 cigarettes in such a way that the price increases by €1. Before the price can be further increased to €10 in 2023, the cabinet will carry out an evaluation in 2021. In order to limit substitution, other products such as rolling tobacco, volume tobacco and heat sticks will also be subject to an increase in excise duty that is identical in absolute terms.
2. Smoking products will be removed from sight at supermarkets by 2020 and at other points of sale by 2021. Advertising in, and on the façades of, sales outlets will also no longer be permitted from 2021 on.
3. From 2020 on, smokables will be packaged in neutral packaging. For cigarettes, this will apply from 2020 on. For cigars and e-cigarettes, we are considering having this take effect in 2022.
4. The number of sales outlets will be reduced in the coming years.
5. From 2020 on, smoke-free school grounds will be compulsory, with distinctions being made between the various schools and institutions.
6. In 2020, all 400 petting zoos will go smoke-free. This means that the grounds of all petting zoos will be completely smoke-free.
7. In 2020, 75% of playgrounds will be smoke-free, or smoke-free agreements will have been made for them. In 2025, all supervised and unsupervised playgrounds will be completely smoke-free.
8. In 2020, all 12,000 childcare facilities will be smoke-free. Smoke-free childcare means that there is no smoking on the premises and no transfer of third-hand[4] smoke.
9. In 2020, 2,500 sports clubs will be smoke-free. This means that the sports grounds will be smoke-free, or that smoke-free agreements will have been made to ensure that children no longer come into contact with smoking. In 2025, just about all sports clubs will be smoke-free.

[4] Third-hand smoke is the substance from the smoke that is deposited when smoking takes place. This residue from smoke stays on clothing, curtains, walls and furniture.

## Initiatives

### KinderboerderijenActief ("Petting Zoos in Action"):

1. KinderboerderijenActief is an initiative that encourages petting zoos to go smoke-free. It cooperates with the Association of Municipal and Other Petting Zoos in the Netherlands, as well as with municipalities, the Dutch Union of Playground Organisations, Jantje Beton and the Alliance for a Smoke-Free Netherlands. And it uses various communication channels for awareness-raising and information purposes.
2. KinderboerderijenActief, in consultation with the Association of Dutch Municipalities, with the municipalities themselves, and with the Association of Municipal and Other Petting Zoos in the Netherlands, will ensure that, by no later than 2020, having a smoke-free environment will be among the pre-conditions for the municipal financing of petting zoos.

### The Dutch Union of Playground Organisations (NUSO):

1. NUSO raises awareness of the importance of smoke-free play for children's health among the boards and volunteers that run playgrounds. It does this by publishing articles in the magazine Speelmail ("Playmail"), by sharing brief information updates from third parties such as the Alliance for a Smoke-Free Netherlands, and promoting a digital newsletter linked to a website and a Facebook page that together reach 2,500 people. On the online platform, discussions are stimulated and examples of best practice are distributed.
2. NUSO is taking stock of what playgrounds need in order to go smoke-free. That includes materials, information for parents, and coaching. In regular working visits and meetings, NUSO advises and motivates boards, among other things by using the materials that the Alliance for a Smoke-Free Netherlands has developed together with NUSO, such as a step-by-step plan, posters and flyers.
3. In addition, NUSO advises and supports the board's routine activities during working visits. The manual that the Alliance for a Smoke-Free Netherlands has developed together with NUSO is used in this context. If necessary, NUSO can join meetings of local umbrella organisations.
4. NUSO is making this commitment supported by the annual contributions of members and an investment by Jantje Beton. NUSO works closely with Jantje Beton.

### The Parents in Childcare Interest Group (BOinK)

Smoke-free childcare means that smoking is not allowed outside in the grounds of the childcare facility.

1. For a number of years now, BOinK has been making agreements with employers in childcare regarding quality and safety. These agreements are then incorporated into legislation. BOinK wants to make agreements about having a smoke-free environment in the same way. These agreements must become part of the health policy of the childcare organisations.
2. By taking a communication-orientated approach and by working with organisations in this sector, BOinK is strongly committed to reducing third-hand smoke created by those working in education. Smoking before and during working hours can lead to babies' ingesting third-hand smoke through contact during care, with all the health consequences that this entails.

### The Dutch Olympic Committee/ Dutch Sports Federation and affiliated sports associations (NOC*NSF)

1. NOC*NSF and the sports associations are encouraging the boards of sports clubs to become smoke-free by motivating and encouraging them.
2. NOC*NSF and the sports associations are using coaches to guide clubs in making playing fields smoke-free (in addition to the other two themes of this National Prevention Agreement: implementing the policy on alcohol and a healthy sports canteen). The 'model canteens' serve as inspiration and learning spaces for the development of smoke-free policy for the outdoor areas of the sports facilities, both for other clubs and for the coaches who supervise them.
3. NOC*NSF and the sports associations are organising a major campaign in cooperation with the Alliance for a Smoke-Free Netherlands and possibly with other social organisations, with a view to making all, or almost all, sports clubs smoke-free by 2025.
4. From 2025 on, sports associations will not allow smoking at privately-organised events.

### Municipalities with a policy on the Smoke-Free Generation

The strength of the Smoke-Free Generation initiative lies in the positive approach it is taking and, related to this, the wide, public support that exists for creating smoke-free environments where children grow up, play, exercise and go to school. Several municipalities[5] have already committed themselves to this. They are each choosing their own paths (with their own emphases and approaches), and guidance with a light touch is the watchword. Other municipalities will be encouraged to join in.

1. These municipalities support initiatives taken by residents for a smoke-free environment, pursue an active smoke-free policy, and support and connect social organisations such as petting zoos, playgrounds, swimming pools, sports clubs, playgrounds, schools and hospitals in the effort to make these environments smoke-free.
2. These municipalities are setting an example, both nationally and regionally. They are participating actively in the Smoke-Free Generation platform for municipalities.
3. These municipalities are including the Smoke-Free Generation in their own Public Health Policy Document, which has its own specific goals and activities.
4. These municipalities can formulate their own local or regional approaches in pursuit of the ambitions set out in the National Prevention Agreement. Using this approach, they can also focus on the coherence among the themes and on the underlying causes of smoking, problematic alcohol consumption, and overweight. These causes include socio-economic health inequalities, poverty, loneliness, and stress.
5. These municipalities can investigate the possibility of introducing the obligation to include, from 2025 or as soon as possible before then, a smoke-free policy among the criteria for granting subsidies for, among other things, supervised playgrounds, petting zoos, sports grounds, and events attended by many children.
6. These municipalities can investigate whether the principle of a smoke-free children's environment can be included in their environmental vision and/or in the General Local Bye-Laws, so that they can designate smoke-free zones (squares, parks, sports grounds, unsupervised playgrounds, and streets) within their municipalities.

[5] The municipalities already on board are: Amsterdam, The Hague, Utrecht, Rotterdam and Groningen, Venlo, Heerlen and Haarlem. The municipalities of Groningen, Amsterdam, The Hague, Utrecht and Rotterdam have also actively contributed to making the National Prevention Agreement a reality.

7. To monitor the reach of the Smoke-Free Generation initiative, and of other interventions, these municipalities provide regularly-available figures on the composition of districts and on health problems.
8. Other municipalities that are, or want to become, active with the Smoke-Free Generation initiative can also join in and get support from, among other things, the knowledge platform for municipalities.

### The Association of Dutch Municipalities (VNG)

1. The VNG encourages municipalities to formulate a local or regional approach that includes the commitment regarding smoking as formulated in this part of the National Prevention Agreement. This approach focuses on the neighbourhoods where the urgency is greatest.
2. The VNG recognises the importance of having a healthy living environment around schools, and will work with the education councils to come to agreements on promoting a school environment in which the supply and promotion of tobacco are limited or prevented.
3. In conjunction with the Alliance for a Smoke-Free Netherlands, the VNG organises local and regional themed meetings.

### The Councils on Primary Education, Secondary Education, and Senior Secondary Vocational Education

1. The Councils' ambition is to make a healthy lifestyle part of the DNA of education by 2040. As a result, young people's health literacy will also get more attention. The activities that are focused on health education and that contribute to it through this National Prevention Agreement will be carried out through the Healthy Schools Programme.
2. The Healthy School programme promotes the importance of smoke-free school grounds and supports schools in making smoke-free school grounds a reality.
3. Educational institutions and municipalities want to learn from such good practices, and will enter into dialogue with each other in the coming years so that, when municipalities develop a local approach, agreements can be made with the parties concerned to promote a healthy living environment around the schools in question.

### The Association of Community Health Services and Regional Medical Emergency Preparedness and Planning offices in the Netherlands (GGD GHOR NL), and municipal health services

1. GGD GHOR NL is working with municipal health services professionals on tools to make the creation of smoke-free child environments a subject for discussion by, and something to be encouraged among, parents, citizens and the local cooperation partners involved, for example in the context of the supervision of childcare - complementing ongoing initiatives.
2. GGD GHOR NL is working on a toolkit for youth healthcare to promote smoke-free environments for children, together with parents and other partners.
3. GGD GHOR NL and municipal health services are working towards the establishment of a policy and legal framework to make a smoke-free environment a reality within the framework of the Dutch Environment Act.
4. Municipal health services will be encouraged to share knowledge about approaches and best practice on the website GGD GHOR NL Kennisnet.

## The Alliance for a Smoke-Free Netherlands (ANR)[6]

1. ANR is continually working to increase support for smoke-free environments for children, and mobilises the general public, among other things through mass-media public campaigns and by cooperating with umbrella organisations. It also provides up-to-date information and support, such as a step-by-step plan, sample texts, tips, and non-smoking-area/no-smoking signs. This helps children's environments to move towards becoming smoke-free.
2. ANR informs, supports and trains intermediary organisations and professionals who have contact with children's environments, so that they can help them become smoke-free. ANR is also a backup and a source of information, for these organisations.
3. ANR is a source of information for children's environments that want to become smoke-free and that cannot turn to intermediary organisations or professionals.
4. ANR brings parties together and inspires them, so that initiatives are mutually reinforced and good examples are shared.

## Central government

Tobacco products are addictive and harmful to public health. The government is therefore taking measures to limit access to, and the availability of, tobacco products. This reinforces the standard that tobacco products are not normal products, and limits their availability. And this in turn inhibits young people and ex-smokers from starting, or going back to, smoking.

1. Increasing taxes on tobacco is a measure that has proven effective in combating tobacco addiction and the serious damage to health that it causes. The National Institute for Public Health and the Environment (RIVM) has indicated that an increase in excise duty is needed to achieve the objective in the coalition agreement of a smoke-free generation, and has stated that an increase in the selling price of a packet of cigarettes to €10 is a measure that will be effective in achieving that end. The government will take a first step in 2020 by increasing excise duty on a packet of 20 cigarettes so that the price of that packet goes up by €1. Before the price can be further increased to €10 in 2023, the government will carry out an evaluation in 2021, because country border effects may undermine the effectiveness of, and support for, the measure. At the same time, over these years, contacts with Germany, Belgium and France will be used to increase cooperation with neighbouring countries in the event of further excise duty increases.
2. In order to limit substitution, other products such as rolling tobacco, volume tobacco and heat sticks will also be subject to an increase in excise duty that is identical in absolute terms. An increase in excise duty is a measure whose effectiveness has been proved: young people and smokers with a low socio-economic status are particularly sensitive to higher pricing. Work is currently underway to implement new European rules to combat the illicit trade in tobacco products. In 2019, for example, a tracing system is being used to monitor tobacco products throughout the EU chain, and the use of a safety mark has been made compulsory so that the authenticity of tobacco products is controlled better. The Netherlands is also working on the implementation of the Protocol to Eliminate

[6] The Alliance for a Smoke-Free Netherlands Foundation is made up of three health funds: the Dutch Heart Foundation, the Dutch Cancer Society, and the Lung Fund. They have committed themselves to this National Prevention Agreement and to the initiatives by the ANR that have been mentioned above. They work closely with more than 100 other partners who are now affiliated with the ANR and who are also committed to raising a Smoke-Free Generation.

Illicit Trade in Tobacco Products in the WHO Framework Convention on Tobacco Control (FCTC). The protocol prescribes a variety of measures to combat illicit trade, such as an obligation to report suspicious transactions, measures to control the transit of tobacco products, and international cooperation. This complements the already-existing control of illicit trade in tobacco products conducted by the Customs Service and the Dutch Fiscal Intelligence and Investigation Service.

3. The ban on displaying tobacco products will apply to supermarkets starting in 2020, and will be accelerated (in 2021) for other points of sale. This ban means that the display of tobacco products at points of sale will no longer be allowed, with the exception of specialist shops which sell only tobacco products, smoking accessories, lottery tickets and newspapers. In addition, small businesses with more than a 75% turnover from tobacco products will be exempted from the ban on displaying them. With the ban on displaying them, tobacco products and related products offered for sale may no longer be visible from outside the specialist shop. The previous cabinet proposed that the rules should apply to supermarkets from 2020 and to other points of sale from 2022.
4. The advertising ban will apply to specialist shops starting in 2021. At that point, façade and specialist-shop advertising will be prohibited. Advertising in specialist shops will be allowed for shops that only sell tobacco products, smoking accessories, lottery tickets and newspapers, as well as existing small stores with more than a 75% turnover from tobacco products during the period in which the exception to the ban on displaying tobacco and related products is still in effect. Smokables are not normal products. No longer allowing them to be advertised contributes to the 'denormalisation' of smokables, and thus of smoking. This proposal is in line with the introduction of the ban on displaying tobacco and related products. If tobacco products are taken out of sight, it is logical that they should not be depicted through advertising and thus promoted. This measure will have a particular impact on young people and ex-smokers.
5. The number of outlets for tobacco products will be reduced in the coming years. In this way, we are in line with, and reinforcing, the ongoing social trend. For example, Lidl and Kruidvat recently decided to stop selling tobacco because they no longer wanted to sell such a harmful and addictive product with a view to raising a Smoke-Free Generation. The regulations for the ban on displaying tobacco and tobacco-related products already stipulate that cigarette vending machines (of which there are currently 13,000) will no longer be allowed by 2022. The Ministry of Health, Welfare and Sport is having research carried out into the opportunities for limiting the number of outlets in the future. At the end of this cabinet term, there will be clarity about the process and the moment at which a further reduction of outlets will be brought about.
6. From 2020 on, smokables will be packaged in neutral packaging. For cigarettes, this will apply from 2020 on. For cigars and e-cigarettes, we are considering having this take effect in 2022. From that date onwards, packaging for tobacco products will have a dark-green brown colour (Pantone 448 C, which is also used in other European countries), and will be stripped of all branding (with the exception of a brand name in a standard font that has yet to be agreed). This also means that cigarettes will have a neutral appearance. Research has shown that young people, in particular, find neutral packaging less attractive and are less inclined to try these products. The measure is a necessary addition to the further requirements to limit glitter and glamour by July 2018. This still allows brand-specific logos, colours and fonts to be used.

7. Smoke-free school grounds will be compulsory from 2020 on. Rules have been set out that detail how the smoking ban will be introduced, promoted, and enforced in schools and institutions. Additional resources are also being used to support more schools in making their school grounds smoke-free through the Healthy Schools programme. In the autumn of 2018, the Ministry of Health, Welfare and Sport began a communications process to inform school boards about the upcoming legal obligation.
8. Smoking rooms in the catering industry will be closed no later than July 2022. To this end, an amendment to the Tobacco and Related Products Act is being prepared. Also, in the public and semi-public sectors and in public buildings, smoking rooms will be closed no later than by that date. For the closure of smoking areas in the workplace outside the hospitality industry, a covenant will be concluded with the business community based on the principle that the business community can fulfil its own responsibilities and that the closures will become a reality in 2023. If, after three years, an interim measurement shows that not enough progress has been made, then legislation will be prepared. Smoking areas facilitate smoking and reinforce the norm that smoking is normal. Smoking rooms are also harmful to bystanders, because they leak, and second and third-hand smoke ends up in the smoke-free area.
9. The smoking ban will be extended to include e-cigarettes with, and without, nicotine by 2020. The current smoking ban only applies to the smoking of tobacco products. By broadening it, we want to ban the smoking of existing and future vapour and related products that damage health. The idea is also to strengthen the social norm that “smoking” is not normal, and to protect young people.
10. Cooperating (increasing, and sharing, knowledge) with other Member States on tobacco controls at a European-wide level (measurement methods, a directive on tobacco products, and the WHO Framework Convention on Tobacco Control).
11. The central government is supporting municipalities financially and in terms of content in making policy for the Smoke-Free Generation. The central government is supporting the creation of a knowledge platform, both digital and physical, for municipalities. In addition, it is offering municipalities support through the inclusion of smoke-free environments in the Environmental Vision and the General Local Bye-Laws.
12. The central government will continue the smoke-free-pregnancy campaign, encouraging those in social environments frequented by pregnant women not to smoke.
13. In consultation with social partners, the central government is conducting a long-term campaign, ‘Growing up Smoke-Free’. The campaign, on TV and social media, educates and raises awareness about the consequences of smoking and second-hand smoke (including exposure to third-hand smoke), and is aimed primarily at parents of growing children. The campaign is intensive enough to achieve the intended change in behaviour.

## B. Effective and accessible care and support for giving up smoking

To achieve the smoke-free generation it is important that there is a smoke-free norm, and that smokers are encouraged to quit smoking, and are supported in this. Eighty percent of the more than 3 million smokers in the Netherlands want to stop smoking, but only 33% of them make a serious effort to stop in a given year. Of this group, only 8% do so in the most effective way. Smoking is a serious addiction, and smokers sometimes make several attempts before they can stop. That is why we want to put in place care that is better, accessible and sustainable, and that takes low socio-economic status into account. For example, it appears that it is important for smokers with low socio-economic status to be able to find easily accessible support in their neighbourhood, and that attention is paid to underlying problems in other areas, such as poverty, debt, housing, loneliness, and unemployment.[7] Where possible, successful innovations[8] in the field of giving up smoking where low socio-economic status is a factor will be scaled up and disseminated.

### Objectives

1. In 2020, 50% of smokers (up from 33% in 2016[9]) will make a serious attempt to stop smoking and at least 20% (up from 8% in 2016[10]) will make use of effective healthcare (based on the Guidelines for Treating Tobacco Addiction and Offering Support in Giving up Smoking).
2. In 2020, anyone who wants to stop smoking will have access to care and support to give up without any financial barriers to primary-care programmes.
3. In 2020, more healthcare providers will be equipped to have conversations to help smokers stop, give more frequent advice on giving up, and refer someone to specialised healthcare and/or appropriate care and guidance in their neighbourhood.
4. In 2020, all pregnant women who smoke will get a recommendation to stop smoking from the obstetric care provider based on conversations focused on helping them give up.
5. In 2020, in every region, including all obstetric and youth healthcare regions,[11] there will be a 'healthcare pathway to giving up smoking' for obstetric and specialist medical care. And cooperation on care and support in, and between, these sectors will be well organised and, where possible, will also be embedded in the wider range of healthcare and prevention services available in the neighbourhood.

[7] Pharos, August 2018.
[8] For example, insights into making rewarding behaviour easier.
[9] Lifestyle monitor 2016 https://assets.trimbos.nl/docs/a264fcf9-a3e5-44c2-9ba6-e73cebd5d2ae.pdf.
[10] ITC Maastricht 2016
[11] This autumn, The Trimbos Institute will carry out a monitoring activity in connection with the baseline measurement.

## Initiatives

### Health insurers

1. Starting no later than 2020, individual health insurers will exempt first-line stop-smoking programmes from the 'own risk' excess for contracted healthcare providers, and will communicate this in their policy offers in 2020. This change will apply both to behavioural support and to medication to help stop smoking. Medication will only be exempted from the 'own risk' excess if it is combined with behavioural guidance and is, therefore, explicitly part of a smoking cessation programme[12].
2. Individual health insurers will base their purchasing policy for 2020 on the Stop Smoking Health Standard (the successor to the current Stop Smoking 2009 module), which was published towards the end of 2018, and will make every effort to purchase a suitable and accessible stop-smoking package for all smokers.
3. On the website www.ikstopnu.nl[13], health insurers will publish information on the support package for giving up smoking that they will offer reimbursement for, including how much they will reimburse.
4. The focal-point consultation run by the Dutch Health Insurers Association/the Lung Alliance of the Netherlands on healthcare-related efforts to help smokers give up will be continued in order to identify bottlenecks, including any new ones, in healthcare-related efforts to help smokers give up and to monitor the approach to existing bottlenecks. Patient associations, health insurers, professional associations and knowledge institutions are involved in this consultation.

### Professional associations/healthcare professionals/[14] knowledge partners/ the Lung Alliance of the Netherlands (patient organisations)

1. These parties implement the multidisciplinary guideline, the guideline and module specifically for general practitioners[15], and the healthcare standard.
2. Professional associations and professionals from medical-specialist and obstetric care develop and implement 'healthcare pathways to giving up smoking' and give recommendations about lifestyle to give those trying to stop smoking the right, tailor-made care.
3. Healthcare professionals provide advice on giving up, offering guidance and making referrals when needed. There will be appropriate support - ideally and to the extent possible in the patient's own neighbourhood - which the counsellor can make a referral to. Where possible, they will also encourage the use of safe and efficient e-health[16].

---

[12] Individual health insurers reserve the right to reconsider this decision if the financial impact is found to be considerably greater than is currently foreseen.

[13] www.ikstopnu.nl is the national website that offers independent information about giving up smoking. Details about this website can be found on the packaging of tobacco products, but it is also linked to campaigns and communications materials from the central government, The Trimbos Institute and the Alliance for a Smoke-Free Netherlands (ANR)

[14] General practitioners, nurses, including those focusing on young people, primary care assistant practitioners, paediatricians, medical specialists, obstetric care providers, doctors specialised in addiction and stop-smoking coaches.

[15] The Guidelines for Treating Tobacco Addiction and Offering Support in Giving up Smoking, with the accompanying addendum for pregnant women. For general practitioners the Stop Smoking healthcare module and treatment guidelines from the Dutch General Practitioners Association is available at: https://www.nhg.org/themas/publicaties/nhg-zorgmodule-leefstijl-roken-samenvatting and https://www.nhg.org/themas/publicaties/nhg-behandelrichtlijn-stoppen-met-roken

[16] See also the agreements from the Outline Agreement on Specialist Medical Care, dated 26 April 2018.

4. Healthcare professionals in teaching and other hospitals will run pilots designed to train healthcare professionals to provide brief and concise advice on giving up.
5. Healthcare professionals working in mental health and the treatment of addiction will carry out pilots designed to help patients with a serious psychiatric illness to give up smoking.
6. Healthcare professionals will use campaigns when giving advice on giving up, offering guidance, or making referrals to effective support or healthcare.
7. The Partnership will oversee the quality control of the stop smoking care and support process, using a quality register[17], guidelines, and a healthcare standard.

### The Dutch General Practitioners Association (NHG), the National General Practitioners Association (LHV), and InEen

1. Non-medical advice on stopping smoking will be added to the existing medical information available in the Electronic Prescription System/Consultation Guide, so that general practitioners will receive more support when giving advice on stopping smoking.
2. A module in the NHGDoc (a medical decision support system for general practitioners) is being developed that draws the general practitioner's attention to the discussion of smoking and giving up in specific patient groups (such as young people and pregnant women), and guides them towards appropriate interventions according to the guidelines distributed by the NHG.
3. Periodic adjustments are made to the smoking cessation pages of Thuisarts.nl, for example after revision of the NHG's treatment guidelines and its Smoking Lifestyle healthcare module.
4. The possibility of including references to the pages on smoking that are related to lifestyles, risky and otherwise, on Thuisarts.nl (such as those about alcohol consumption, sexually transmitted diseases, and drug use) is being investigated.
5. A stop-smoking e-learning module is being developed for general-practitioner care to promote the expertise of healthcare professionals working there.

### The Smoke-Free Start Task Force[18] (obstetric and youth healthcare)

1. The Task Force is developing and applying a monitoring system so that it can measure the implementation of stop-smoking policies in obstetric cooperative associations, and so that it can compare and encourage these associations.
2. The Task Force is conducting audits to help these associations become smoke-free, to further develop and implement their healthcare pathway for pregnant women and their partners who smoke, and to improve chain cooperation.[19]
3. The Task Force develops and implements in-depth training courses such as e-learning modules on getting off to a smoke-free start and on maternity care, how to deal with low socio-economic status, refresher courses on nicotine substitutes during pregnancy, and conversations designed to help pregnant women who smoke to give up.

---

[17] http://www.kwaliteitsregisterstopmetroken.nl/, register of qualified smoking cessation supervisors.

[18] Nine professional associations - The Royal Netherlands Organisation of Midwives (KNOV), the Dutch Obstetrics and Gynaecology Association (NVOG), the Dutch Association of Fire Brigades (NBVK), the Dutch Paediatrics Association (NVK), the Dutch General Practitioners Association (NHG), Doctors in Youth Healthcare in the Netherlands (AJN), Nurses & Caregivers in the Netherlands (V&VN), the Dutch Association for Practitioners of Addiction Medicine (VVGN), Smoke-Free! The Two of Us?, and knowledge partners (The Trimbos Institute and the Maternity Care Knowledge Centre) - are working together to reduce the number of parents and prospective parents who smoke.

[19] Improving chain care also includes the free exchange of information among obstetric cooperative associations, and maternity-care and youth-healthcare associations about pregnant women who smoke, young parents, and environments frequented by children.

### Municipalities which have a policy on the Smoke-Free Generation

1. These municipalities can use guidance 'with a light touch' when it comes to healthcare pathways and cooperation.
2. These municipalities, in collaboration with care providers, can make a locally focused social map of the support available to those who want to stop smoking.
3. In their tobacco-control policy, these municipalities should focus especially on reaching people with a low socio-economic status.
4. Where possible, these municipalities should include advice about giving up smoking in the subsidies/assignments they offer to youth-healthcare organisations.
5. These municipalities will support the local rollout of national campaigns.

### The Association of Dutch Municipalities (VNG)

1. The VNG encourages municipalities to formulate a local or regional approach that includes a commitment about smoking cessation as formulated in this part of the National Prevention Agreement. This approach will focus on those neighbourhoods where the urgency is greatest.

### The Association of Community Health Services and Regional Medical Emergency Preparedness and Planning offices in the Netherlands (GGD GHOR NL)

1. Working together with ActiZ (a Dutch organisation for entrepreneurs in healthcare) and the Dutch Centre for Youth Healthcare (NCJ) and, on the basis of the Healthcare for Youth Prevention Agenda, GGD GHOR NL contributes to the development of tools and conditions for the implementation of a healthy lifestyle, including not smoking, among parents.
2. GGD GHOR NL supports cooperation, both among Healthcare for Youth Prevention professionals and with other care institutions and care providers, including the Promising Start programme. GGD GHOR NL, together with municipal health services and other healthcare for youth organisations, will put the ambitions regarding smoking on the agenda within the Promising Start programme.
3. GGD GHOR NL supports municipal health services in entering into discussions with healthcare institutions and care providers to further broaden the support available for stopping smoking in all healthcare locations. If not enough support for smoking cessation is offered in the region, the municipal health service in question will enter into discussions to get more, possibly by being contracted to do so by the healthcare insurer itself.
4. All municipal health services will continue to participate in Stoptober's online campaign offering the public support to stop smoking.

### The Alliance for a Smoke-Free Netherlands (ANR)

1. ANR continues to organise Stoptober with financial support from the central government, and also sets aside financial resources itself for this purpose.
2. It is strengthening ikstopnu.nl, and directs audiences to it in its communications.
3. It encourages its partners to take part in stop-smoking campaigns, and to refer their audiences to ikstopnu.nl.
4. It spots stop-smoking opportunities that arise from regional initiatives for the Smoke-Free Generation, and shares them with the National Coordination Point for Giving up Smoking.
5. ANR connects its partners, the communication processes they run, and the public-relations meetings they hold, by means of a joint communications agenda.

### Central government

1. The central government supports, and helps run, the Stoptober campaign.
2. It carries out a multi-year stop-smoking campaign on TV and social media in collaboration with social partners and healthcare providers. The campaign is intensive enough to make the intended change in behaviour happen.
3. The central government is strengthening support for the National Coordination Point for Giving up Smoking (part of the National Centre for Expertise in Tobacco Control).
4. The central government is building up the capacity of ikstopnu.nl.
5. It is also ensuring that the public information available on giving up smoking at www.rokeninfo.nl appeals to young people.
6. In collaboration with the Dutch Healthcare Institute, the central government is considering how further customised solutions can be provided to all smokers who want to quit (including through the Meaningful Healthcare Process) and whether there are any obstacles to stopping smoking within the regulations.
7. The central government offers support to providers of obstetric and second-line care for the development and implementation of ‘healthcare pathways to giving up smoking’ (including benchmark obstetric care and practical guidance).
8. The central government offers support in the implementation of the Stop Smoking Standard for Healthcare.
9. The central government offers support for the development of a self-check on ikstopnu.nl, and for a diagnostic tool.
10. The central government offers support in the further development of a neighbourhood-level quit-smoking scheme for smokers with low socio-economic status, and promotes the implementation of the StopNowAdvisor intervention with national knowledge partners.
11. The central government is supporting the development of a scheme for severely addicted smokers, and is looking into how this form of care can be made affordable.
12. The central government is strengthening and continuing its support for the Smoke-Free Start Task Force.
13. The central government provides links to other programmes, such as Promising Start and the Sports National Prevention Agreement.

# C. Smoke-free healthcare

No addiction is as deadly as smoking. That is why healthcare and smoking do not go hand in hand. In addition to their role in relation to healthcare to help quit smoking, healthcare institutions can also play an important and pioneering role in strengthening the smoke-free standard. In order to bring a Smoke-Free Generation closer to becoming a reality, the representative organisations in mental health and the treatment of addiction, as well as hospitals and national knowledge partners, will therefore work actively to make healthcare smoke-free. They will do this by involving, encouraging and supporting individual institutions, professional associations, and patient and client organisations on an ongoing basis so they can meet the objectives in question.

## Objectives

In 2030, all healthcare institutions and other bodies[20] will be smoke-free. Institutions have the latitude to decide how they want to make that happen[21].

1. On 31 May 2019 (World No Tobacco Day), representatives of all healthcare providers in the Netherlands will give voice to the ambition to be smoke-free by 2030 and will actively pursue policies on this issue.
2. In 2020, all addiction treatment institutions that are affiliated with Addiction Treatment Netherlands will be smoke-free. They will all have policies in place commensurate with the gold status conferred by the scheme run by the Global Network for Tobacco Free Health Care Services.[22]
3. In the coming years, all mental-healthcare institutions affiliated with Mental Healthcare Netherlands will pursue a policy of becoming smoke-free, a policy that corresponds to the bronze status under the aforementioned scheme. By no later than 2025, all mental-healthcare institutions affiliated with Mental Healthcare Netherlands will be smoke-free and have a policy commensurate with the gold status of the aforementioned system.
4. In the coming years, all hospitals affiliated with the Netherlands Federation of University Medical Centres (NFU) or the Dutch Hospitals Association (NVZ) will actively pursue policies to become smoke-free. All hospitals will be smoke-free no later than by 2025.

Smoke-free healthcare institutions will improve the health of the general population by treating tobacco addiction/dependence as part of day to day healthcare, by denormalising tobacco use, and by banning tobacco products and other related non-medicinal products (including e-cigarettes). That means:

1. Smoke-free buildings and grounds.
2. Healthcare professionals and other healthcare employees do not smoke during working hours, and where they work it is impossible to tell that they are smokers.

[20] In the first instance, the aim is to make institutions that treat addiction, teaching and other hospitals, and mental-health institutions, smoke-free. As part of their social role, these organisations will also involve other healthcare organisations and institutions and encourage them to join the initiative to become smoke-free, so that smoke-free healthcare spreads like wildfire.

[21] The Global Network for Tobacco Free Health Care Services has developed a scheme that can be used as a guideline for making a healthcare institution smoke-free. The scheme confers bronze, silver and gold status. It can be used as a guiding principle for the approach to make smoke-free healthcare a reality. The system of the Global Network for Tobacco Free Health Care Services is tailored to the Dutch situation in such a way that it is compatible with the General Data Protection Regulation.

[22] This scheme is tailored to the Dutch situation in such a way that it is compatible with the General Data Protection Regulation.

3. If they wish, healthcare professionals and other healthcare workers can get support to stop smoking.
4. Patients who smoke can have that included in their diagnoses, and can get active and frequent support and encouragement to stop smoking.
5. Healthcare professionals and employees will also be able to do their work smoke-free in outpatient settings (for example when visiting homes under the Flexible Assertive Community Treatment scheme, and by developing a smoke-free workplace).
6. Suppliers of the healthcare sector (such as taxi drivers, painters, laundries, wholesalers) will be actively reminded of the healthcare provider's smoke-free policy, and also bound by it.
7. All communications from the healthcare institution (such as notifications and reminders about appointments, leaflets, signs with house rules on the premises) will include the smoke-free policy.

## Initiatives

### Representatives[23]

1. Representatives will encourage, trigger, and support the creation of, smoke-free healthcare.
2. Representatives will shape and facilitate the efforts of a working group for each sector that will be focused on making that sector smoke-free.
3. Representatives will support members and encourage them to get other healthcare providers in their area to join these endeavours.
4. Representatives will make every effort to involve representatives in healthcare who are not yet involved in making healthcare smoke-free.
5. Representatives and their members will support the carrying out - by an implementation team that can be set up if needs be - of a smoke-free policy in institutions that treat addiction, in mental-healthcare institutions, in teaching and other hospitals, and in other healthcare organisations.
6. Following on from the 'Making Healthcare Smoke-Free' conference on 31 May 2017, these representatives will contribute to the 'Making Healthcare Smoke-Free 2' conference in 2019, and will make every effort to ensure that representatives in the healthcare sector who have not yet joined the conference express their ambition to make healthcare smoke-free by 2030 and pursue an active policy in this regard.
7. All institutions affiliated with Mental Healthcare Netherlands and VKN will promote smoke-free outpatient work by explaining to both employees and patients that employees are entitled to a safe (that is, smoke-free) workplace and that the patient's home environment is the workplace when it comes to outpatient work.

[23] The Netherlands Federation of University Medical Centres (NFU), the Dutch Hospitals Association (NVZ), Mental Healthcare Netherlands (GGZ NL), and Addiction Treatment Netherlands (VKN).

### The Alliance for a Smoke-Free Netherlands (ANR)

1. ANR mobilises and brings together healthcare facilities so they can take further steps towards making their environments smoke-free. Where possible and desirable, it will point out those resources that are available from the knowledge platform (that is to be established), and direct healthcare facilities to the expertise available from the implementation team.
2. In mobilising municipalities/regions, ANR nominates healthcare institutions as important partners and encourages municipalities to seek out cooperation with these partners.
3. It participates in a support structure in the form of a digital and physical knowledge platform that supports healthcare as it becomes smoke-free.
4. ANR supports the deployment of the implementation team..

### Central government

1. Central government supports the organisation of a (digital and physical) knowledge platform that supports healthcare as it becomes smoke-free.
2. Central government supports the deployment of the implementation team.
3. Central government supports the development of a communication toolkit for smoke-free care.
4. Central government provides financial support for pilot programmes.

# D. Smoke-free organisations

Organisations can also make an important contribution to the denormalisation of smoking and the tobacco industry, and thus to the realisation of a smoke-free generation, for example, by making their buildings and premises smoke-free (as well as offering support to employees to stop smoking) or by no longer investing in the tobacco industry. Organisations also stand to benefit economically from having smoke-free policies. It is well-known that smokers take 2.8 days' more sick leave every year than non-smokers and, because of the extra smoke breaks, smokers are less productive than non-smokers. And there is more absenteeism because of chronic diseases related to smoking[24]. In addition, a quarter of the 20,000 smokers who die each year do not reach retirement age.

That is why a number of parties are working on this, the basic idea being to play an exemplary role and to continue to grow this movement.

## Objectives

1. In 2020, at least 10 of the top 100 largest businesses[25] in the Netherlands will be on their way to creating a Smoke-Free Generation. They will have a smoke-free policy for their own employees, buildings and sites, including support for giving up, and/or they will have stopped selling tobacco products and/or stopped investing in the tobacco industry.
2. In 2020, company doctors will bring up smoking in every contact they have with employees, by discouraging smoking and offering tools to help them quit.
3. On 1 July 2019, the study on how government offices can be made smoke-free by 2021 will be completed.
4. In 2020, more businesses will have smoke-free policies for their employees, their buildings, and their premises.
5. In 2020, at least 16 of the 20 largest institutional investors in the Netherlands will have divested from the tobacco industry.
6. In 2020, more companies will have stopped providing services and/or products to the tobacco industry.

The ambition is that all organisations will be smoke-free in 2040. Step-by-step progress is being made towards making organisations completely smoke-free.

## Initiatives

### The Alliance for a Smoke-Free Netherlands (ANR)

1. ANR plays an agenda-setting, mobilising and facilitating role in encouraging companies to become smoke-free.
2. It puts the spotlight on best practice.
3. It develops various proposals to support businesses and organisations, (including the banking and retail sectors), and help them on their way to creating a Smoke-Free Generation. These proposals include the development of a step-by-step plan and a manual for companies and organisations to put a smoke-free policy into effect.

[24] See also the social cost-benefit analysis: https://www.kwf.nl/SiteCollectionDocuments/RapportMKBA_07-06-2016.PDF

[25] See the top 100 of the MT500 2017 https://www.mt.nl/lijst/mt500-2017

## Top sectors[26]

1. The Top sectors collaborate in programmes, projects and events in the relevant Top sector, to urge public and private partners to implement a smoke-free policy in the workplace (smoke-free buildings and sites, and help for employees to stop smoking).
2. The Top sectors put on the agenda, and encourage, the stopping of investments in the tobacco industry wherever they can, among other things by actively helping investors to look for alternative, non-controversial investments in public and private partners who run top-sector programmes, projects and events.
3. The Top sectors are committed to a public-private partnership that by 2020 will be investing in knowledge and innovation on preventing smoking and stopping smoking for good. As part of this, the focus is on knowledge and innovation in incentives that promote living smoke-free.

## ABN AMRO

1. ABN AMRO offers a stop-smoking package for its own employees and then makes this available to other businesses.
2. Through sponsorship agreements, the clubs, businesses, and events which are sponsored by ABN AMRO are challenged to contribute to the creation of the Smoke-Free Generation.
3. ABN AMRO will not establish new relationships with businesses that produce raw tobacco or tobacco products, or with companies in the business-to-business and wholesale trade that derive a significant part of their turnover from tobacco products. Current contracts in this area will not be renewed.
4. ABN AMRO is investigating whether internal rules concerning additional positions held by employees, the Managing Board and the Supervisory Board can eventually be brought into line with the bank's smoke-free policy.

## KPN

1. KPN will actively offer support to its employees to stop smoking.
2. KPN is working towards a completely smoke-free organisation in 2019.
3. KPN will actively seek cooperation with the Royal Dutch Skating Association (KNSB) and the Royal Dutch Football Federation (KNVB) in helping make a Smoke-Free Generation a reality.
4. KPN will emphasise the importance of a Smoke-Free Generation in its contacts with other organisations, including those in the Top 100, for example, by sharing best practice.

[26] These sectors include the following: Horticulture and propagation materials, Agri-food, Water, Life sciences and health, Chemicals, High tech, Energy, Logistics and Creative industries..

### The Netherlands Society of Occupational Medicine (NVAB)

1. NVAB is developing a toolkit in the form of an overview for company doctors which includes material designed to increase the long-term employability of workers by helping them to stop smoking:
   - There will be a focus on the negative effects of smoking on health and productivity. Special attention will be paid to the accumulation of risks, such as in organisations where the working environment brings with it risks of developing an occupational lung disease.
   - Opportunities to disseminate knowledge and innovations on smoking, behaviours related to it, and initiatives to create a smoke-free organisation.
   - Bringing smoking up in every encounter with employees, both preventively (through health screening) and curatively (by managing absenteeism). Encouraging intervention and behavioural change through a Minimal Intervention Strategy that involves motivational interviewing. It is important that the options for referral be examined by the company doctor.
2. Developing (or joining) a 'Stop Smoking' knowledge network, promoting chain cooperation, and being aware of the referral options.
3. Setting up a national preventive initiative intended for the entire labour force through affiliated employers.

### Addiction Treatment Netherlands (VKN)

1. VKN helps translate the self-auditing tool into a useful checklist for companies.
2. VKN gathers knowledge and experience and, in cooperation with the Alliance for a Smoke-Free Netherlands, shares it with organisations, including those not involved in healthcare, that want to become smoke-free.
3. VKN performs a quality test for businesses on the care and support for giving up smoking, and advises them in this connection.

### The Association of Community Health Services and Regional Medical Emergency Preparedness and Planning offices in the Netherlands (GGD GHOR NL)

1. GGD GHOR NL supports municipal health services in advising their municipalities on how to make all their municipal buildings, including all those housing the services themselves, smoke-free. We also want to encourage municipalities and municipal health services to support their employees who smoke with a stop-smoking scheme.
2. GGD GHOR NL supports members in setting a good example themselves, for example, by exchanging best practices and distributing working materials such as drafts of administrative decisions, and following the 2017 declaration of intent 'Making Healthcare Smoke-Free'.

## Central government

1. In her role as an employer, the Minister of the Interior and Kingdom Relations is going to carry out a study to see how government offices across the country can be made smoke-free in 2021. From mid-2019, she will also offer a support programme to employees of the government who want to stop smoking. An interdepartmental working group will carry out this study and deliver its findings no later than 1 July 2019. In consultation with municipalities, the Minister will also examine how the public space around government offices can be assessed with a view to achieving the same ends.
   On the basis of the programme "Prevention of Occupational Diseases and Exposure to Hazardous Substances", the Ministry of Social Affairs and Employment is promoting further moves in this direction with industry sectors, businesses, producers, employer and employee organisations, occupational health and safety professionals, and prevention staff to make the handling of substances in the workplace healthier and safer. In many sectors where dust is present in the workplace, there is a relatively high percentage of employees who smoke. Smoking in combination with exposure to dust increases the risk of damage to health, because the respiratory tract is overloaded and irritated. Employees who smoke have a higher absenteeism rate than non-smoking employees (Statistics Netherlands, Health and Care in Figures, 2007). An eye will be kept on innovations in this field, and a method[27] for stopping smoking that has proven to be effective will be implemented in the coming years at more than 200 businesses, the aim being to eventually apply the method at the broadest national level and help more and more employees become healthier.

[27] Stopping smoking in groups offers advantages because participants can support and motivate each other. Recent research conducted by Maastricht University and Leiden University Medical Centre shows that the success rate is increased more when employees receive rewards (in the form of vouchers) for participating successfully in a stop-smoking programme. Giving rewards works particularly well for people on lower incomes. This is striking, because people with lower incomes usually have more difficulty giving up smoking (The Trimbos Institute, 2017).

## Partners

The following partners have contributed to the development of the agreements in this National Prevention Agreement and are committed to achieving the desired objectives:

- ABN AMRO
- The Alliance for a Smoke-Free Netherlands (ANR)
- Professional Association of Nurses (V&VN)
- The Parents in Childcare Interest Group (BOinK)
- The Association of Community Health Services and Regional Medical Emergency Preparedness and Planning offices in the Netherlands (GGD GHOR NL)
- Mental Healthcare Netherlands
- The Dutch Heart Foundation
- KinderboerderijenActief ("Petting Zoos in Action")
- KPN
- The Dutch Cancer Society
- The Lung Alliance of the Netherlands
- The Lung Fund
- The Council on Senior Secondary Vocational Education
- Ministry of the Interior and Kingdom Relations
- Ministry of Health, Welfare and Sport
- Netherlands Federation of University Medical Centres (NFU)
- The Dutch General Practitioners Association (NHG)/National General Practitioners Association (LHV)/InEen
- The Dutch Olympic Committee/Dutch Sports Federation (NOC*NSF)
- The Dutch Union of Playground Organisations (NUSO)
- The Netherlands Society of Occupational Medicine (NVAB)
- The Dutch Society for Cardiology (NVCC)
- The Dutch Hospitals Association (NVZ)
- The Stop-Smoking Partnership
- The Council on Primary Education
- The Smoke-Free Start Task Force
- Top sectors
- Addiction Treatment Netherlands (VKN)
- The Association of Dutch Municipalities (VNG)
- The Council on Secondary Education
- The Dutch Association of Practitioners of Addiction Medicine (VVGN)
- The Dutch Health Insurers Association (ZN)

### The following parties contributed to the National Prevention Agreement as experts:

Pharos
The Trimbos Institute

# 02

# Overweight

# Introduction

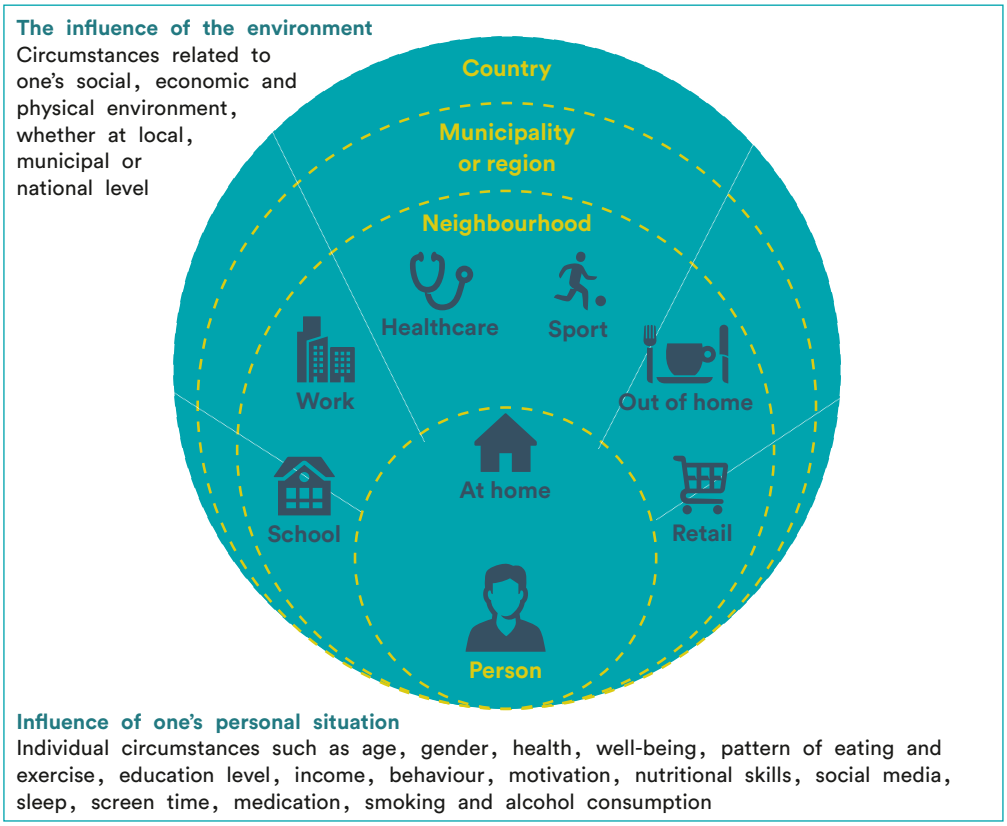
Overweight (and obesity) are among the most important public health problems today. Of children aged between 4 and 18 years, 13.5% are overweight (with a BMI comparable to between 25 and 30 in adults) or obese (with a BMI comparable to 30 and over in adults). In 2017, almost half (48.7%) of Dutch people aged 18 years and over were overweight, and 13.9% of these were obese. According to the trend scenario in the Public Health Foresight Study 2018, these percentages will continue to rise in the coming years.

After smoking, overweight and obesity are, taken together, the main cause of illness, and are responsible for more than 10% of the incidences of chronic heart failure, 15% of cases of cardiovascular disease, and 40% of cases of type-2 diabetes. After smoking, obesity and obesity-related illnesses cause the greatest damage to health. For obesity, the impact is 3.0 years of life and 5.1 years of healthy life; for smoking, it is 4.1 years of life and 4.6 years of healthy life. The loss of healthy life years to illness and disability caused by overweight and obesity increases social costs. This includes, for example, the costs of incapacity to work, absenteeism caused by illness, and healthcare costs. It is also well known that overweight and obesity often have a negative effect on people's mental well-being. The widespread stigmatisation of obesity leads to children being bullied, poorer job prospects for adults, and considerable psychological distress. And it also has social and economic consequences.

When we look at the factors that play a role in overweight and obesity, they are often found to depend on context. Socio-economic factors also play a major role: in some neighbourhoods, 1 in 3 children is overweight or obese, while in others the number can be as low as 1 in 20. This makes it not only a problem for the child or the family, but often also a local or neighbourhood problem, a municipal problem, and a national problem.

The figure below is a schematic representation of influences from the environment, the personal situation of the overweight or obese individual, and the different levels at which these factors exert influence.

**Figure 1** Schematic representation of influences from the environment and one's personal situation, and the different levels at which these factors exert influence.




## Our commitment

To address local problems and improve the health of individual people, and of the Netherlands as a whole, we are determined to do more to prevent overweight, obesity and the associated illnesses. This is a complex task, which none of the parties in this agreement can be individually responsible for, but which we can all make a contribution towards. Together we are committed to preventing, and reducing the incidence of, overweight and obesity. We are individually responsible for the initiatives that we are contributing to this effort, but we will work together and discuss with one another the shared objectives we have set ourselves.

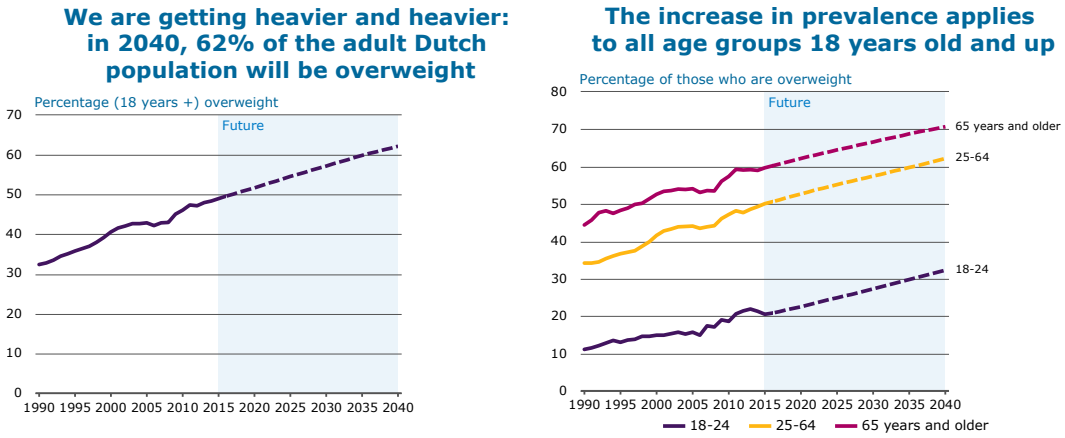
We will do all this by (A) promoting healthy eating, (B) making it more appealing to do more sports, and engage in more physical activities, in a better way, and (C) creating a healthier environment and providing accessible and appropriate support and care for those who need it. A comprehensive approach with a learning process that straddles theory and practice at local level will be key here. Where the urgency is greatest, the commitment will be strongest. This applies to both the physical environment and specific target groups.

## Ambition and objectives

### Joint ambitions and objectives for 2040

The parties are keen to reduce the percentages of young people and adults who are overweight and obese. This is ambitious, in view of the current upward trend. But if we do nothing, the trend shows that, in 22 years' time, 62% of the adult Dutch population could be overweight.

**Figure 2** Percentage of Dutch people who will be overweight in 2040




Source: Statistics Netherlands, National Institute for Public Health and the Environment

To bring about a reduction, the parties aim to reduce overweight and obesity levels to where they were 22 years ago (1995) in the next 22 years (by 2040). Together we declare the following ambitions:

1. A drop in the percentage of overweight young people from 13.5% to 9.1% or less, and a drop in the percentage of obese young people from 2.8% to 2.3% or less[28] in 2040.
2. A drop in the percentage of overweight adults from 48.7% to 38% or less, and a drop in the percentage of obese adults from 14.5% to 7.1% or less in 2040.
3. A proportional decrease of 40% from the figures for 2017 for the number of Dutch people suffering from obesity-related illnesses (such as type-2 diabetes mellitus, and cardiovascular and liver diseases) in 2040.

[28] Statistics Netherlands. According to the unit of measurement for the group of 4 to 18 year olds. The ambition is to develop an equal commitment to the group aged from 10 months to 4 years.

In order to realise these ambitions, we will all work together to meet the following goals by 2040:

1. All residents of the Netherlands eat and drink in a way that contributes to a healthy weight and a healthy diet, by:
   - following the Wheel of Five
   - consuming the number of kilocalories appropriate to height, age, gender, and a healthy lifestyle.
2. Seventy-five percent of the residents of the Netherlands exercise (including intensive exercise) according to the Dutch Exercise Guidelines, as against 47% in 2017.
3. Residents of the Netherlands have a healthy social, economic and physical environment that promotes healthy living. This is expressed particularly in (green) neighbourhoods, as well as in care and welfare institutions, sports facilities, education, businesses, restaurants and catering, government buildings and supermarkets in central locations, and in connection with transport, including public transport.
4. People who are overweight or obese have access to suitable sports and exercise facilities and to appropriate support, guidance and care.

These ambitions and objectives are extremely high. But the urgency is great, and there is plenty of scope to take a number of steps forward, now and in the future. After all, developments are still taking place: innovations in nutrition (such as product improvements and the recognition of the need for personalised nutrition) and in support and care (such as e-health and the growing focus on cooperation among professionals) also give us cause to be upbeat about the future.

## Initiatives

These commitments fit well with the recommendations set down by the Dutch Scientific Council for Government Policy in its Policy Paper No. 7, entitled 'From Difference to Potential'.[29] We recognise that focussing on children and young adults is of considerable importance, and that measures should be centred on the areas and neighbourhoods where the problems are greatest. We are concentrate on pursuing health gains for the people who need them the most, and on reducing disadvantages for those groups of people who have the highest risk of becoming overweight or obese. Much has already been done to make living a healthy lifestyle easier. We are not starting from scratch. But can build on the progress that has already been made. At the same time, much more is needed than what we are already doing. With our commitment, and that of all the local stakeholders, we are planning to take a number of steps forward, among other things by using the experience of the past, intensifying the effective efforts already being made, and focusing on a number of new measures. This total package will help us meet the targets we have set for 2040. We will do this under the rubrics of nutrition, sport, and exercise, and through an overall commitment to preventing and tackling overweight and obesity. The central focus is on connecting and bolstering measures across domains. Further local coordination among all relevant and active parties on these and other themes is needed if we are to develop a comprehensive approach and achieve the goals and ambitions involved.

[29] https://www.wrr.nl/publicaties/policy-briefs/2018/08/27/van-verschil-naar-potentieel.-een-realistisch-perspectief-op-de-sociaaleconomische-gezondheidsverschillen.

# A. Healthy nutrition

Everyone has to eat and drink. It has an important function ensuring that we get enough nutrients to grow and function. Eating also has an important social function. We often do it together, and it is part and parcel of our culture and traditions. And above all, it can be very tasty and fun. These principles will remain central to our efforts to make nutrition healthier and to create a healthier nutritional environment. Together we will work on achieving a healthier diet for everyone.

## The Wheel of Five and making healthy choices

Eating products that feature in the Wheel of Five is the basis for a healthy diet. Eating vegetables, fruit, and wholemeal products, and drinking water are an important part of this.

1. Supermarkets, restaurants and the catering industry are working to get people to eat more **products that are featured in the Wheel of Five**. In cooperation with Dutch Cuisine, the Royal Dutch Hotel and Catering Association (KHN) will encourage its members to offer more vegetables and less meat.
2. **Supermarkets will entice consumers** to buy more products from the Wheel of Five, among other things by telling them which products are suitable.[30] Together with the Ministry of Health, Welfare and Sport, we are looking into how we can expand the existing opportunities on this score.
3. Each year, using a specific training module, **750 employees of fresh-food departments in supermarkets will be educated about healthy nutrition:** Healthy Composition, Healthy Products, Healthy Weight, and Sustainability. This is more than twice the annual number of employees who have received this training to date. A new module will be set up in cooperation with the Dutch Nutrition Centre. In this way, employees can help consumers who have questions on topics such as how to read nutrition panels and other labels; the Wheel of Five; fat, salt, sugar, and fibre in products; food waste; animal welfare, and the impact that food has on the environment.
4. To inform children and adults about the many opportunities to enjoy eating and drinking more healthily, from 2019 onwards, the **Wheel of Five** will receive extra attention from the central government via the Nutrition Centre. With the integrated cross-media approach 'Eating Well with the Wheel of Five', consumers will be informed about, and encouraged to take steps towards, eating well in accordance with the Wheel of Five. The large-scale and long-term imparting of knowledge and nutritional skills (choosing, buying, cooking and storing) will help consumers to take steps in these areas. With this integrated approach, children are specifically included as a target group. The approach focuses, in a step by step manner, on the various target groups (varying in age, gender and socio-economic position).
5. In 2019, the Ministry of Health, Welfare and Sport and the Central Bureau for the Food Trade (CBL) will be looking at how a shift can be made to provide more marketing and information in shops on, and in favour of, products from the Wheel of Five, which conform to the needs of both children and adults.

[30] To the extent permitted by the law and regulations.

6. Under the National Fruit and Vegetables Action Plan, accelerated steps will be agreed by CBL, the Association of Dutch Catering Organisations (Veneca), and the Fresh Produce Centre to bring about, together with the government, a year-on-year increase in the consumption of fruit and vegetables through the various sales channels. This partnership is open to other parties to the National Prevention Agreement.
7. A study will be done on how **excessive consumption can be prevented** among specific target groups that other measures do not reach so effectively. If there is enough scope, the research will form the basis for an initiative to reach these target groups more effectively.
8. The range of products on offer in **catering** can also be made healthier. Veneca will therefore work to ensure that, no later than 2022, it will be fun and easy to eat at all its locations in accordance with the Wheel of Five. This will be reflected in a number of strategies that will contribute to making healthy choices easily, such as nudging, pricing policy, and making water available free of charge.[31]
9. In addition, encouragement will be offered to make **drinking water** more readily available in people's surroundings, for example, by installing water fountains in public places and schools. KHN will encourage its members to encourage the drinking of water and sugar-free drinks rather than regular soft drinks.
10. As the sector has already promised, the use of licensed media characters aimed at children under 13 years of age on product packaging and point-of-sale materials will be restricted on the basis of nutritional criteria. This will be included in the 2019 **Advertising Code for Food**. The agreements on marketing to children in the Advertising Code for Food are monitored annually by central government.
11. Supermarkets will also limit the use of branded characters on packaging materials for their own brands of **children's products** on the basis of the criteria issued by the World Health Organization.
12. In 2019, the central government and the parties involved will evaluate the **Covenant on Sponsoring at Schools**. This will include agreements under the Advertising Code for Food, and the ambitions to facilitate a healthy lifestyle in the education system. Based on the evaluation itself, the undertakings in the covenant will be tightened in consultation, if necessary.

## Fewer calories

Improving the products on offer through the National Agreement to Improve Product Composition remains a priority, and we will speed up our efforts through this Prevention Agreement. In supermarkets and other outlets that sell food, the current programme for improving products will be accelerated and broadened. The aim is to offer, in all groups, products that contain less salt and fewer kilocalories by putting the emphasis on less sugar, less (saturated) fat, and smaller portions.

13. In the National Agreement to Improve Product Composition, additional undertakings will be made up to 2020 to reduce the calorie content for product groups that make a relatively large contribution to energy intake, namely **sugary soft drinks, biscuits** and **sweets,** and **sugary dairy products**. All of this means that: (1) across the sector, 5% more sugar will be taken out of sugary dairy products, on top of what is already covered in the existing undertakings within the Agreement on Improving the Composition of Products;

[31] Strategies are derived from the Healthy Company Restaurant study.

(2) undertakings on portion sizes will be made for branded products in the biscuit, sweets and chocolate aisle, the aim being to cover 70% of A-brand products;
(3) the current undertaking to cut the number of calories sold in A-brand soft drinks by 15% will be raised to cover a 25% cut in 2020. By 2025, 30% fewer calories will be sold in A-brand soft drinks. Supermarkets are committed to making a substantial cut in calories from their own brand soft drinks, and will flesh this out in more detail before March 2019.

14. The Agreement on Improving the Composition of Products expires in 2020, but efforts to improve the product range will continue. Businesses will continue to work on improving their product range after that point. For example, many reformulated products will enter the market after 2020, and by 2020 the central government, in consultation with the relevant stakeholders, including those associated with the National Prevention Agreement, will publish a new national product-improvement system, which should lead to a healthier food supply across all channels. Within this **National Prevention Agreement**, best practices and other initiatives that contribute to a healthier product composition are taken as examples.
15. Consumers also want to be able to make consciously healthy choices themselves. To facilitate this, the central government wants to introduce, no later than 2020, a new, broadly supported **food-choice logo** based on thorough, independent consumer research. This must fit closely with the way in which people make their choices, and ease of consumer understanding will be key. The criteria from the Wheel of Five will be explicitly incorporated into the development of the new logo. European trends in food-choice logos will also be taken into account.

## Healthy canteens, restaurants and dining environments

The ambition is also to make it easier for people to choose healthy food in sports and school canteens, company restaurants, hospitals, important transport hubs, and theme parks. This fits in with the general change in people's eating habits: people want to eat more healthily, and a large proportion of food is consumed outside the home.

16. In 2020, **2,500 sports clubs** will be working on providing a healthier range of food products in their **sports canteens**. Forty percent of these will be at least at Bronze level under the Nutrition Centre's criteria. Wherever possible, the issues of smoking and alcohol consumption will be addressed in sports clubs. A national guideline is also being developed for a healthy model association, which sets out policies on healthy eating, smoking, and problematic alcohol consumption, as well as on using the opportunities an association has to promote healthy behaviour among members and local residents. The commitment to a healthier food supply is also being broadened to include the food on offer at swimming pools and gyms.
17. Extra attention will be paid to having a healthy sports environment. Part of this involves supplying a healthier range of food and drink products, and offering **healthier sports sponsorships**. The promotion of healthy eating will be included in the integrated approach to healthy sports canteens, alongside the issues of smoking and problematic alcohol consumption. The Dutch Federation of the Food Industry (FNLI) and the Dutch Olympic Committee/Dutch Sports Federation (NOC*NSF) will work across the nation towards providing healthier sports sponsorships by disseminating information about the Advertising Code for Food and by motivating both sets of supporters to follow it.

18. A **covenant on healthy sporting events** is being concluded on the initiative of the municipalities of Amsterdam, Rotterdam, Utrecht, The Hague, Eindhoven, sports-marketing agencies, and the Programme for Young People at a Healthy Weight (JOGG), in cooperation with NOC*NSF, the idea being to start a movement to link sports to a healthy lifestyle. The covenant will contribute to this by focusing on the availability of healthy food choices at sporting events and on stopping advertising aimed at children under the age of 13 for products that do not concur with the principles of the Wheel of Five.
19. In 2020, there will be **950 healthy school canteens**. This means that 50% of all school canteens will be healthy. In addition, for children at school or in childcare, extra attention will be given to healthy nutrition through the Healthy Schools and Healthy Childcare programmes, respectively. Under the Healthy Schools programme, schools will be offered opportunities to focus on cooking lessons, vegetable gardens or visiting local farms, for instance. In the short term, an analysis will be done of how such local initiatives or pilots, particularly those aimed at poor neighbourhoods, can be given a specific place. This should contribute to a healthier diet, and to more sports and exercise, among schoolchildren.
    Dutch soft-drink producers will stop selling traditional, sugary soft drinks to secondary schools, and will advise caterers at secondary schools to sell only water, and low-calorie and calorie-free soft drinks, from 1 January 2019 on.
20. By 2021 at the latest, the **central government's company restaurants** will be healthy, at least at Silver level under the Nutrition Centre's criteria. These criteria will act as guiding principles during the procurement process.
    The potential criteria for a new, broadly supported food-choice logo will, of course, also be taken into account in making the product range in company restaurants healthier. The Association of Dutch Municipalities (VNG) will encourage municipalities to make the food supply in city halls healthy, and healthier.
21. KHN will encourage its members to serve **smaller portions** so that people will eat more healthily.
22. Dutch **Amusement Parks** will focus on providing a healthier and more responsible food supply starting in 2020. Amusement parks, through JOGG and the Club van Elf, in cooperation with the Dutch Nutrition Centre, are investigating how they can make a step-by-step contribution in this direction.
23. In order to make it easier to eat more healthily on the go, we are working with relevant stakeholders on ensuring a healthier food supply is available **along motorways and in and around public transport facilities**.

## Healthy food in hospitals

In the coming years, we will make the food available in a number of hospitals healthier for patients, staff and visitors. This will help patients recover after illness, make the working environment healthier, and give visitors a range of healthy options to choose from.

24. No later than 2025, 50% of hospitals will offer a healthy diet; no later than 2030, **all of them will**. For patients, staff and visitors. In addition, efforts are being made to ensure a healthier food supply in other types of healthcare institutions.

## Top sectors

The top sectors Agri & Food, Horticulture & Parent Materials, and Life Science & Health will focus on research and development, and on innovations that help prevent and reduce overweight.

25. Priority will be given to projects aimed at developing healthy food products (less salt, sugar and fat, and more fibre) and to research on interventions focused on making healthy choices (personalised dietary advice, and an attractive range of healthy products, including fruit and vegetables), and a healthy green living environment. In 2019, the top sectors Agri & Food, and Horticulture & Parent Materials will use at least €10 million in public funds from the budgets made available by the Ministry of Agriculture, Nature and Food Quality, the Ministry of Health, Welfare and Sport, and the Ministry of Economic Affairs and Climate. Business from agriculture and horticulture, the food industry, the retail sector, catering, hospitality, ICT and technology will invest the same amount.

# B. More sports and exercise

The Netherlands is a country with an active culture. We love walking and sports, and in no other country is the bike a more serious means of transport than it is in the Netherlands. Yet there is still more to gain by getting people moving. This can be done, for example, by strengthening the motor skills of young people, making playgrounds attractive, encouraging activities out in nature, offering suitable sports and exercise opportunities to overweight adults and children, fostering better local cooperation to get inactive people to take up local opportunities to engage in sports and exercise, and working to increase active commuting.

## More suitable facilities will made available by sports and exercise providers

Sports and exercise providers will undertake to make their training programmes and exercise facilities more suitable for people who are inactive, and will get local support for this

1. Sports associations and the Association of Sports and Municipalities (VSG) will **support sports and exercise providers** with the knowledge and encouragement they need to establish links with local parties, such as healthcare and welfare providers, municipalities, and educational institutions.
2. Sports providers will offer **easy access to sports facilities** to get inactive people and children who are, or who run the risk of being, overweight to start exercising, and will work to ensure that participation in these readily accessible, entry-level sports activities can easily develop into participation in regular sports activities. Sports providers will be supported in this by sports associations, commercial sports providers, the eight Dutch Sports Colleges and their teaching staff, community sports coaches, and other local partners.

## Going to school and work the healthy way

More than half of all car journeys are shorter than 7.5 kilometres and more than 60% of employees live within 15 kilometres of work. There are opportunities here for further growth in bicycle use and for making exercising easy and accessible.

3. To encourage employees and employers to go to and from work more actively, the Dutch Union of Cyclists and Wandelnet, a foundation that promotes walking and trail hikes, are setting up the Working in Motion Alliance. The Alliance will inspire employers and employees to take the most effective measures they can in the area of **working healthily**, including transport and a healthy workplace, and will offer tips on how they can present themselves and their active policies in this area. This measure fits well with efforts being made under the Climate Agreement, with the ambitions of the Ministry of Infrastructure and Water Management to encourage cycling, and with the Dutch annual running and walking calendar.

4. We also want to create healthy neighbourhoods in the rest of the Netherlands, so that everyone has the opportunity to lead a healthy life and so that priority can be given to enabling children to **cycle and walk** safely and healthily to school. To this end, local and regional agreements are being made by municipalities with local and regional stakeholders. Under the Environmental Act, health is a matter of particular importance to be considered when creating environmental visions and plans.
   A national coalition of umbrella organisations, including VNG, VSG, JOGG, Sportkracht 12 ("Sports Power 12"), the Dutch Cycling Federation, the walking and hiking foundation Wandelnet, the educational councils via the Healthy Schools programme, the Dutch National General Practitioners Association (LHV), and the sports federations will develop and disseminate knowledge to foster healthy neighbourhoods in the Netherlands.

## Sports and exercise for specific target groups

During their upbringing, children and young people will be prepared as fully as possible for the responsibilities they will have to take on and the role they will play in society. A healthy lifestyle with plenty of sport, exercise and outdoor activities and a healthy diet is part of this. Tailor-made services should be made available here: some children are already skilled in exercise from an early age, while for others, extra support in the development of motor skills is useful.

5. Because it is not only at school that the development of children's motor skills are developed, community sports coaches, care providers and sports and exercise providers will work together to provide an **appropriate range of activities to help children** develop their motor skills. With these steps and with the measures set out below, a bridge is also being built between the ambitions set out in the "Skills in Motion" section of the Sports Agreement and this National Prevention Agreement.
6. Extra support will be available for children **with motor problems**, based on movement problems or motor disorders, starting in 2019.
7. For people with **intellectual disabilities** who have an unhealthier-than-average lifestyle and poorer access to healthcare, in 2019 and 2020 the Healthy Athletes programme of the Special Olympics will offer training to 750 coaches and 2,000 athletes about a healthy lifestyle.

# C. A healthy environment and healthcare

Overweight and obesity are not isolated problems, but are very closely linked to the surrounding physical and social environment. The causes of overweight and obesity vary from one person to another. Attention to the complex problems of overweight and obesity must, therefore, be tailored to local needs. Local initiatives call for these efforts for be speeded up and strengthened, and should be carried out in mutual solidarity, ranging from a greater number of preventive measures to measures that are related to healthcare. Through local or regional agreements, municipalities and locally relevant and active parties in the fields of nutrition, exercise, sports, support and healthcare, welfare and education are encouraged to work together towards establishing concrete goals that can help realise the ambitions set out in this Agreement. This vision also offers the islands of Bonaire, Sint Eustatius and Saba the opportunity to get started in the fight against overweight. The current national, regional and local infrastructure and programmes could be used to further develop this vision.

## Schools and childcare

The ambition is to make a healthy lifestyle part of the DNA of education by 2040. As a result, there will be a greater focus placed on the health-related skills of young people. It is important for the social environment around schools to contribute to making healthy choices. There are already good examples where working on creating a healthy school (within the framework of the Healthy Schools programme) also extends to the school environment (via JOGG, for example). This can be done by involving local entrepreneurs in the approach and by making agreements with them. Municipalities, businesses, and educational institutions want to learn from such good practices.
In setting up local agreements, municipalities, businesses, and educational institutions can enter into discussions and make further agreements to promote healthy social environments around schools. The Healthy Schools programme is the central portal for education on lifestyle questions, not least among them of which is food. JOGG fulfils this national role when it comes to local efforts by municipalities to combat overweight.

1. In 2020, **a quarter of all schools in primary, secondary, and secondary vocational schools** will use parts or all of the Healthy Schools Support programme. Education is one of the four pillars of the Healthy School programme, alongside healthy surroundings, monitoring, and policy. When efforts are being made to encourage youngsters to eat a healthier diet, it is important to link the lessons to the environment of the school (including lunch and fruit during the break) and to safeguard their presence in the policy on an ongoing basis.
2. The Councils on Primary Education, Secondary Education, and Senior Secondary Vocational Education will strive to ensure that, by 2040, all schools will have a working coordinator who is the point of contact, organiser and facilitator of the implementation of the Healthy Schools programme. In addition, no later than 2020, at least 200 municipalities and schools in all provinces will be supported with the knowledge and expertise to create **healthy school playgrounds** at the local level.
3. The eight **Sports Colleges**, in collaboration with stakeholders will, through education in their bachelor's programmes (Sports Science and Physical Education and Sports), their master's programmes, and practice-based research in their professorships, fulfil the ambition to reduce obesity.

4. An effective intervention, in accordance with the standards of the Healthy Living Desk for the Healthy School programme, is being developed specifically for children with disabilities in special education on the initiative of Special Heroes Netherlands. The goal is to eventually reach **160,000 children** in **special education** and educate them on healthy lifestyles (including the issues of smoking and alcohol consumption), and to reach a total of 30% of people with disabilities by 2030.
5. To ensure that even the youngest children in childcare get a healthy start, in 2020 **50% of all childcare organisations** will have a pedagogical professional trained in **Healthy Childcare**, in health issues such as nutrition, sports and physical activity, and in outdoor play and socio-emotional development.

## Municipalities and municipal districts

The environment exerts a strong influence on people's behaviour and on their health. To make the environment healthier, various approaches have already been developed, and in the coming years efforts will be made to help municipalities and stakeholders make people's environments even healthier. To further successful, current local approaches, the focus is now on those neighbourhoods where the urgency is greatest.

6. In the period up to 2021, 12 **Healthy Neighbourhoods** will be created in the Netherlands by the Institute for Nature Education and Sustainability (IVN) and Jantje Beton, with the close involvement of relevant partners from this National Prevention Agreement, local residents, and local stakeholders. These neighbourhoods will serve as examples to be emulated further.
7. The VNG encourages municipalities to make **local or regional agreements** that include the approach to obesity, as formulated in this sub-agreement, in a way that meets local needs.
8. The efforts by JOGG, and by the parties working together with it, are made both to prevent overweight and to reduce overweight and obesity. In order to increase the **effectiveness** of regular activities, the integrated approach where collective measures are used to identify and focus on treatment must be strengthened. Scientific research rooted in practice will take place in 2019 to find out more about the contribution made by JOGG to the health and well-being of children and the context in which this is being achieved.
9. In 2020, half of all the municipalities will be running JOGG, and the social environment will be healthier for 2 million children. In all 24 of the municipalities running JOGG, we are now seeing the BMI of children go down. That is why we want to intensify our efforts through JOGG. In 2020, we aim to **increase the number of young people who have a healthy weight in at least 75 of the municipalities that are running JOGG**.
10. Intensification and customisation will take place from within JOGG to support **the islands of Bonaire, Sint Eustatius and Saba** in their efforts to get young people to a healthy weight. In 2025, this should lead to concrete results in terms of overweight and obesity.
11. For the guidance and treatment of children, families and adults, after obesity has been identified, there will be a **more active referral** made to, and cooperation with, primary care and social services such as district teams, healthcare professionals, community sports coaches and sports providers, and referrals to collective activities organised within the municipality. In addition to a central care provider for tackling obesity in children, a coordinating care provider for overweight adults is also essential, so that the link between the healthcare domain and the municipal domain is established.

12. In 2020, 35 municipalities will have started their **comprehensive chain** approach for overweight and obese children. Here the national model chain approach to obesity for overweight and obese children will be locally implemented, evaluated, further developed and guaranteed by JOGG, among others. The approach will look specifically at the accumulation of social and health problems that can lead, or contribute, to overweight and obesity. The aim is to coordinate with trajectory 5 of the Social Domain Programme 'Reducing Health Inequalities through Enhanced Cooperation between Public Health and the Social Domain'.
13. No later than 2030, every child, family and adult with weight problems will be presented with an **appropriate set** of options to bring about healthy behavioural change, and a comprehensive chain approach will have been implemented in all the municipalities..

## Healthcare and welfare

Attention to nutrition, exercise, a healthy lifestyle and underlying problems is important in making the services of healthcare and welfare professionals available to individuals and families where overweight or obesity plays a role, not only when it comes to recovery from illness, but also to prevent people from becoming ill, or an illness from getting worse. There is much to gain from looking at lifestyle, but a broad view of the situation of the citizen or the family also offers opportunities to work together on good health. The underlying links with poverty, debt, social isolation, health skills and illiteracy also play a role.

14. Building on what was agreed in the Administrative Agreement on Care by General Practitioners 2019 - 2022, extra attention will be paid to healthy nutrition, sports and exercise, a healthy lifestyle and a broad view of the underlying problems of obesity across **education for professionals, including healthcare and welfare professionals,** by 2030 at the latest.
15. Because of the important role of **general practitioners and youth healthcare professionals** in the chain approach, the primary focus is on prevention (including nutrition, sports and exercise, and lifestyle), taking a broad view of underlying factors, and on multidisciplinary cooperation in the training of paediatric and other nurses, junior doctors and further training as GPs.
16. In 2030, the number of members of Sociaal Werk Nederland, the sector for **social workers** who are active in social care, parenting support, refugee work, playgroups, as well as in neighbourhoods and on town squares, and which actively offers sports and exercise, will have risen from 200 to 400.
17. To help professionals in the care of the youngest children, **a screening instrument** for the support and care of **children from birth to four years old** will be developed in 2020 on various themes, in line with their broad medical history.
18. Breastfeeding contributes to the health of mother and child. It also contributes to a healthy weight. The Nutrition Centre offers information on breastfeeding, and provides guidance to parents as well as to healthcare and other professionals. Study of the **e-learning module Breastfeeding**, which helps professionals to support mothers in the field of breastfeeding, will be encouraged.
19. In addition, in 2020 the **multidisciplinary guideline**, and in 2021 the **standard of care for overweight and obesity**, will be revised from an integrated perspective for children and adults.

## Cooperation between care and prevention

The problems of overweight and obesity are complex. In order to help individuals or families, efforts may be needed in areas that are outside the usual healthcare offerings, such as debt assistance, poverty, and parenting support. A comprehensive prevention and healthcare chain approach involves having a broad view of the entire problem of the individual or the family. The use of a combined lifestyle intervention can help adults to change their behaviour in terms of the lifestyle they lead. The combined lifestyle intervention is designed to reduce energy intake and increase physical activity. Tailored psychological interventions to support behavioural change may be added to it.

As of 1 January 2019, carrying out the combined lifestyle intervention for adults with overweight and an increased health risk or obesity is reimbursable under the Healthcare Insurance Act. For adults with medical symptoms, the combined lifestyle intervention can be carried out as a treatment option under the Health Insurance Act, in addition to the usual recourse to professionals, combined with coaching on nutrition, exercise and behaviour. Supervised exercise cannot be financed under the Healthcare Insurance Act; municipal or private facilities are available for this purpose.

20. The Dutch Health Insurers Association (ZN) in collaboration with the VNG will develop a **toolkit** that includes the best practices for carrying out the combined lifestyle intervention. In the coming years, the results of this combined lifestyle intervention will be closely monitored, so that it becomes clear whether it is **effective and cost-effective**, and whether additional approaches (combined lifestyle intervention or otherwise) are needed for certain target groups.
21. The **Care Institute** will give a concrete description of the position and financing of the central care provider for overweight and obese children compared to the current guideline ‘Healthcare Arrangements for Overweight and Obese Children’.
22. For the deployment of professionals in nutrition, exercise and the broader issue of obesity, it is important that **effective interventions** are available. From 2019 on, the database of the Healthy Living Desk will provide insights into which effective approaches, including combined lifestyle interventions, are available. In overweight adults, the general practitioner has an important role to play in making referrals for the proper and appropriate carrying out of effective combined lifestyle interventions, and in terms of the broader obesity problem. To this end, there is good cooperation with those who carry out the combined lifestyle intervention and other healthcare professionals.
23. The role of the hospital is also important in addressing prevention and a healthy lifestyle, and making good referrals. The **experience and expertise of leading hospitals** will be disseminated further.
24. In order to ensure that there is a good connection between sports and exercise facilities in the public domain and healthcare, local professionals, such as **local sports coaches**, will be supported in their efforts to make these connections even better. VSG, sports federations, the eight Sports Colleges, and other stakeholders in a given sport will have a facilitative and knowledge-sharing role to play here. Local and regional arrangements can also have a strong connecting role to play.

25. There are 1.1 million people in the Netherlands with **type-2 diabetes mellitus**, and this number is growing rapidly. Overweight is an important risk factor for the development of this type of diabetes. To reduce the number of people with type-2 diabetes mellitus, efforts must be made to improve compliance with existing guidelines and standards of care, and to move from care and disease to health and healthy behaviour. More attention can also be given to the importance of supportive self-care by giving clients, in groups, the tools they need to lead a better lifestyle.
26. In 2019, a **coordinator** with broad support from relevant parties active in the field of type-2 diabetes mellitus will work within existing frameworks to improve compliance with current guidelines and, based on the many existing interventions and programmes, will strive to achieve a broadly supported, integrated approach to a healthy lifestyle for people with overweight or obesity and type-2 diabetes mellitus. The opportunities to combat overweight and type-2 diabetes mellitus, by focusing more attention on a healthy diet, sufficient exercise and behaviour, will also be taken into account.
27. The current comprehensive chain **approach to overweight and obesity**, which has been developed for young people, will be **developed further** in the period up to and including 2021. In addition, a comprehensive chain approach to obesity will be developed for adults with obesity and/or type-2 diabetes mellitus, based on the experiences gained with the approach to young people and from leading municipalities. Here, too, on the initiative of Special Heroes Netherlands, extra attention will be given to adults with a disability. This comprehensive chain approach should also contribute to a good implementation of combined lifestyle interventions in different groups of adults with overweight and an increased health-related risk or obesity.

# Partners

The following partners have contributed to the development of the agreements in this Agreement, and are committed to achieving the desired objectives:

- Alliance for Nature and Health (N&G)
- Alliance for Nutrition in Healthcare (V&Z)
- Central Bureau for the Food Trade (CBL)
- Club van Elf
- Diabetes Society of the Netherlands
- Dutch Federation of the Food Industry (FNLI)
- Dutch Union of Cyclists
- The Association of Community Health Services and Regional Medical Emergency Preparedness and Planning offices in the Netherlands (GGD GHOR NL)
- Fresh Produce Centre (GFH)
- College Sports Consultancy
- Programme for Young People at a Healthy Weight (JOGG)
- The Royal Dutch Hotel and Catering Association (KHN)
- The Council on Senior Secondary Vocational Education
- Ministry of Health, Welfare and Sport (VWS)
- Royal Dutch Association Small and Medium Enterprises
- NL Actief
- The Dutch Olympic Committee/Dutch Sports Federation (NOC*NSF)
- Dutch Diabetes Federation (NDF)
- Netherlands Federation of University Medical Centres (NFU)
- Partnership on Overweight Netherlands (PON)
- The Council on Primary Education
- Cooperating Health Funds (SGF)
- Social Work Netherlands
- Special Heroes Netherlands Foundation
- Association of Dutch Catering Organisations (Veneca)
- The Association of Dutch Municipalities (VNG)
- Sports and Municipalities Association (VSG)
- The Dutch Association of Practitioners of Addiction Medicine (VVGN)
- Association of Dutch Enterprises/Dutch Christian Employers Association (VNO-NCW)
- The Council on Secondary Education
- Wandelnet
- The Dutch Health Insurers Association (ZN)

# 03

# Problematic alcohol consumption

# Introduction

With the increase in prosperity that followed the Second World War, people started drinking a lot more. But the total amount of alcohol that a person drinks in a year (on average)[32] has fallen slowly but surely since the turn of the century. This last year has seen some stabilisation.

In recent years we have seen a positive change in young people's drinking behaviour. The age at which children started drinking went up from 12 years in 2003 to 13.2 years in 2015. In 2011, 66% of schoolchildren aged 12 to 16 years had drunk alcohol at some point in their lives. By 2015, this percentage had fallen to 45%. The Health Behaviour in School-aged Children report for 2017 shows that this percentage has not fallen further, and appears to be stagnating[33].
About 45% of secondary-school pupils state that they have drunk alcohol at some point in their lives. Additionally, 53% of 16-year-olds report having drunk in the last month. After a period in which fewer young people started drinking, this trend has not continued after 2015. There is thus still a large group of young people who start drinking before they turn 18. For a variety of reasons, drinking alcohol is especially risky for young people, it can for example disrupt the development of their brains.

The figures also show that, once young people start drinking, they often continue to consume large amounts of alcohol. In addition, 71% of pupils who drank alcohol in the preceding month had consumed more than 5 glasses on a single occasion. This is known as binge-drinking.

[32] Measured on the basis of sales figures, which are indicative.
[33] The Health Behaviour in School-aged Children report for 2017: The Health and Welfare of Young People in the Netherlands, by G. Stevens and others, p. 102.

For present purposes, the problematic consumption of alcohol means:

- Any consumption of alcohol by under-18s;
- Any consumption of alcohol by pregnant women.
  Drinking also affects the fertility of both men and women;
- Excessive drinking (i.e. more than 14 glasses a week for women, and more than 21 glasses for men). Eight point eight per cent of Dutch people 18 years of age or over drink to excess. Drinking to excess is particularly prevalent among young adults and people over 50 years;
- Heavy drinking (i.e. 4 glasses at least once a week in a single sitting for women, and 6 for men). Eight point five percent of Dutch people 18 or older drink heavily. Heavy drinking is particularly prevalent among young adults and people over 50 years;
- Regular binge-drinking (i.e. at least 5 glasses in a single sitting at least once a month). This kind of drinking habit is common among adolescents and young adults. If they binge-drink once a week or more, that is considered heavy drinking;
- A drinking habit that leads to physical complaints and/or psychological or social

It is worth noting that, from 1992 to 2012, drinking to excess first rose sharply among those over 50 years, and then dropped slightly again. Studies show that, in general, those individuals who are 50 years and older drink less the older they get, but that the opposite happens among those in the same age category who already drink to excess; as they get older, they start drinking more.

Relatively few women drink alcohol once they find out they are pregnant. Among the women who do drink, we see that well-educated women drink alcohol more often during pregnancy than less-well-educated women.[34] A much larger proportion of women drink in the four weeks before they become pregnant. The Health Council advises women who want to become pregnant, or who are pregnant or breastfeeding, not to drink alcohol. It also advises prospective fathers not to drink alcohol four weeks before conception, if they want to eliminate the risk of infertility.
Since 2015, the Health Council has advised the public not to drink alcohol, or drink at least no more than one glass a day[35]. They have identified both positive and negative correlations with illnesses from drinking one glass a day[36]. The positive ones point to a lower risk of cardiovascular disease. On the other hand, drinking one glass a day is associated with a higher risk of breast cancer in women. Drinking more than one glass a day does not lead to more health gains and is deleterious because of the increased risks of stroke, breast cancer and colon cancer.

[34] Factsheet on the Risky Consumption of Alcohol in the Netherlands in 2016, The Trimbos Institute, 2018.
[35] For certain groups, such as young people, women who are breastfeeding, who are pregnant or who want to become pregnant, people who take medication that does not go well with alcohol, and people with addiction problems, it is important not to drink alcohol at all. The Health Council recommends that people who do drink alcohol have no more than one glass a day.
[36] The positive correlations do not, however, give people who do not drink any reason to start doing so for health reasons.

The problematic consumption of alcohol has social costs: it can cause a loss of productivity, premature death, traffic accidents, illness and addiction (and thus also healthcare costs), costs for the police and the judiciary, and problems in the personal sphere, among others. The damage is therefore borne, not only by the individual who drinks alcohol, but also by society as a whole. This Agreement focuses on preventing harm to individuals, but the hope is that it will also have a positive effect by reducing the aforementioned social harm. As this National Prevention Agreement is being implemented, those involved will also be on the lookout for opportunities for synergies with programmes being run by other ministries. One example is the implementation of the Strategic Plan for Traffic Safety from the Ministry of Infrastructure and Water Management, a plan which is aimed specifically at preventing accidents in which the consumption of alcohol has claimed victims.

## Our commitment

We are not satisfied with the current state of affairs. The problematic consumption of alcohol in the Netherlands needs to drop further. The problematic consumption of alcohol is evolving, and is going through several phases. It is closely related to drinking culture, social norms, and the personal situation of the individual (such as loneliness, loss of a loved one and stress).

The measures designed to tackle the problematic consumption of alcohol must be evidence-based and therefore ultimately have demonstrable, positive health effects. Something will have to be done about the broad acceptance of drinking alcohol, including drinking to excess, and about the level of awareness, if there is to be a reduction in the problematic consumption of alcohol. What is needed is a trend where the choice of whether to drink alcohol is more conscious and where people know what the health effects are. That is why we are committed to achieving the following health objectives by 2040.

In addition to this National Prevention Agreement, the Association of Dutch Municipalities (VNG) encourages municipalities to draw up a local or regional approach to the problematic consumption of alcohol, as formulated in this partial agreement. These local agreements are aligned with those in this Agreement.

In the implementation of this National Prevention Agreement on the Problematic Consumption of Alcohol, there will be the greatest possible cooperation with the Centre of Expertise on Alcohol[37], so that knowledge is pooled and quality guaranteed.

[37]The Centre of Expertise on Alcohol is part of The Trimbos Institute.

## Ambitions and objectives for 2040

### No alcohol consumption during pregnancy

1. The number of pregnant women drinking alcohol has dropped from 8.9% to no more than 4% (this group also includes women who do not yet know that they are pregnant).
2. The number of mothers who drink even though they know they are pregnant has dropped from 4.6% to no more than 2.0%.

   The ultimate goal is to get that number down to zero.

### No alcohol consumption under the age of 18 years

1. The number of pupils (12 to 16 years) who have drunk alcohol at some point in their lives has dropped from 45% to no more than 25%.
2. The proportion of pupils who have drunk alcohol in the past month has dropped from 25% to 15%.
3. The proportion of binge drinkers out of the number of pupils who have drunk in the past month has dropped from 71% to 45%.

   The ultimate goal is for there to be no alcohol consumption at all among under-18s.

### Less excessive and less heavy consumption of alcohol

1. The percentage of Dutch people aged 18 years and over who drink to excess has dropped from 8.8% to 5%, with particular attention being paid to the proportion of drinkers over the age of 50 years.
2. The total number of Dutch people aged 18 years and over who drink heavily has dropped from 8.5% to 5%, with particular attention being paid to the proportion of heavy drinkers among those between the ages of 18 and 30 years.

### There is an increase in the level of awareness of one's own drinking behaviour and its effects

1. Drinkers are encouraged to familiarise themselves with the recommendations of the Health Council, to learn about the effects of their own drinking behaviour, and to acquaint themselves with the aforementioned social effects. The goal is for 80% of Dutch people aged 12 years and older to know the important (health) effects of drinking alcohol.
2. A specific part of this 'raising awareness' in regard to women who want to become pregnant is the provision of information about the influence of alcohol on the foetus, and among men, the possible impact that their drinking behaviour could have on their fertility.

## A. Alcohol and the school and academic environment

We know the following about what works when it comes to providing information in the school environment:

1. Effective alcohol prevention is focused on four pillars:
   - Policy: promoting a school policy with rules and agreements on drinking in and around school and at school-related activities.
   - Education: the evidence-based education of students about alcohol and the promotion of teachers' expertise.
   - Early detection: identifying and guiding pupils who have early drinking problems, and making referrals for pupils with problematic alcohol consumption.
   - Environment: providing information and support for parents on alcohol and young people.
2. Research shows that educating primary-school pupils about alcohol has no effect. It is, however, important to provide information to parents of primary-school children about alcohol consumption.
3. Parents also have a crucial role to play in regard to children in secondary or secondary-vocational school who start drinking. Information and awareness-raising are needed if they are to set a clear standard for their children. Experience shows that parents also want to talk to one other about their own experiences with their child's alcohol use, and they want to talk to one other on how to talk to their children about their drinking. The school is a suitable meeting place for this. There is, in this sense, a connection between the environment in which children are raised at home and the activities surrounding the provision of information at school. In late adolescence and young adulthood, parents can still have an influence over their children's drinking behaviour. Through their own modelling behaviour, parents can influence how young people think about drinking and what effects they can expect it to have on them.
4. Universal prevention which targets substance abuse when a young person is in secondary education only works if, at the same time, it is clear from the young person's environment that drinking, smoking and drug use are not acceptable. This involves the setting of clear rules by parents, and rules at the level of policy at school and at sports clubs, that discourage smoking and drinking.

For all age groups (from pupil to student) and all types of education (from primary to university), there is still room for improvement. However, it is expected that a lot of health gains can be made among the target group of students in higher professional education and university education, since, in comparison with the other types of education, relatively few preventive measures are applied. Excessive and heavy drinking must become a less natural part of student life in the years ahead. In addition, higher education institutions are an important 'hub' for youths and young adults, and seem to lend themselves to activities focused on prevention.

The Icelandic prevention model on substance abuse, which revolves around the provision of alternatives to help young people make healthy choices and on the regular monitoring of both preventive and risk-aggravating factors, has produced promising results and merits further attention. We will look at what elements might work in the Dutch context and how they can be implemented.

Supply and demand in regard to health and healthy lifestyles at school are brought together in the Healthy Schools programme. The interventions offered under this programme enjoy full recognition. The ambition is to make a healthy lifestyle part of the DNA of education by 2040. As a result, more attention will be paid to the health competencies of young people.

There are already a number of good examples where work done towards the creation of a healthy school (within the framework of the Healthy Schools programme) has also extended to the school environment (through the Programme for Young People at a Healthy Weight [JOGG], for example). This can be done by involving local entre-preneurs in the programme and by making agreements with their businesses. Municipalities, businesses, and educational institutions want to learn from good practices of this kind. By setting up local agreements, municipalities, businesses and educational institutions can enter into discussions and devise further agreements to promote healthy social environments around schools.

## Objectives

1. Primary, secondary, and senior secondary vocational schools are aiming to have a Healthy Schools Coordinator working in all schools by 2040. The Coordinator will be the point of contact, the organiser and the facilitator in the implementation of the Healthy Schools programme.
2. In 2020, 25% of all primary, secondary, and senior secondary vocational schools in the Netherlands will have made use of the support services made available through the Healthy Schools programme. This means that schools will receive extra Municipal Health Service support through a Healthy Schools Advisor, get training, and receive funds that can be used to buy an intervention or pay for hours to be spent on other tasks.
3. In 2020, an evidence-based selection of services related to preventing the problematic consumption of alcohol in primary, secondary, and senior secondary vocational schools will be available. A range of selective and indexed steps designed to prevent the problematic consumption of alcohol will form part of this. For institutions offering vocational training and secondary special education, in 2020 there will be a tailor-made, comprehensive supply of services for preventing the problematic consumption of alcohol according to the aforementioned pillars: policy, education, early detection/care and the environment (including the environment provided by parents). The effectiveness of these services will be tested and, by 2040, will have been rolled out in all of the vocational training and secondary special education schools.
4. Between 2018 and 2040, the aim is to cut by half the percentage of young adults studying who drink excessively and/or problematically. This objective will be tracked in the Student Monitor referred to below.

5. In all the cities with universities and large colleges of higher education, plans entitled 'Preventing the Problematic Consumption of Alcohol in the Academic Environment' are being developed and will be rolled out in 2021. The goal is to use evidence-based measures to significantly reduce the risky and problematic consumption of alcohol among students.[38]

## Initiatives

1. The Ministry of Health, Welfare and Sport is committed to providing extra resources for the Healthy Schools programme, which, together with support from the Municipal Health Service, is helping to get things started. In addition, the Ministry of Health, Welfare and Sport will augment the Healthy Schools programme on the problematic consumption of alcohol, with new interventions that are described in the intervention database run by the Centre for Healthy Living.[39]
2. The Municipal Health Service is committed to making more use of its Youth Monitor and the Youth-Healthcare digital dossier for the purpose of monitoring at national level.
3. The Healthy Schools programme will focus its awareness-raising efforts around primary schools particularly on parents, so that when their children come into contact with alcohol, smoking, and/or drugs (as often happens as their child is making the transition from primary to secondary school) they are well prepared.
4. The Council on Senior Secondary Vocational Education is ensuring that, during Vital Citizenship lessons in senior secondary vocational schools, regular attention is paid to leading a healthy lifestyle, among other things by using the Test your lifestyle website (www.Testjeleefstijl.nu). The goal is for students to take part in this lifestyle test.
5. The Municipal Health Service is setting up a national student monitor for higher education. The idea is to map out the prevalence of alcohol consumption, the settings in which it takes place, the motivations underpinning it, the social norms around it, and the number of students who end up in hospital after having drunk to excess.
6. The Association of Research Universities in the Netherlands (VSNU) and the Association of Universities of Applied Sciences (VH) is encouraging institutions of higher education to conduct a study in 2019 into what effective policies in higher education on alcohol consumption look like and how they can be implemented. This is will be done in consultation with social partners, including academic, sports, and student associations. It will map out which initiatives are already in place, and whether there is scientific evidence for them.
7. In 2021, the VSNU and VH will support the setting up of plans entitled 'Preventing the Problematic Consumption of Alcohol in the Academic Environment' by the universities and the universities of applied sciences, insofar as this lies within their sphere of responsibility. To this end, they will promote and intensify good practices, in consultation with stakeholders such as municipalities. The VSNU and VH will facilitate this by sharing good practices with their members.

[38] The plans under development also look at which projects aimed at students can support this objective. An example of this is the project 'Responsible Drinking by Students in Delft', which was started by students in cooperation with Delft University, the City of Delft, the Youth and Alcohol Foundation, and the Red Cross.

[39] The emphasis in carrying out new interventions is on the selective and indexed prevention of the problematic consumption of alcohol, given that these are virtually absent from the intervention database run by the Centre for Healthy Living. The focus will be on vulnerable groups in vocational training schools and secondary special education.

8. The student associations, grouped together in the National Chamber of Associations (LKvV), are committed to having all the cities where they are active make their own contributions to the 'Preventing the Problematic Consumption of Alcohol in the Academic Environment' plans. Part of this contribution will involve measures that promote the responsible consumption of alcohol among their members and within the associations.
9. In consultation with the parties involved, the Association of Dutch Brewers will discuss how they can support these plans. In anticipation of this, they will undertake the following activities:
    - The brewers affiliated with the Association of Dutch Brewers will support the student associations in shaping a responsible alcohol policy. Working with the LKvV and the Foundation for the Responsible Consumption of Alcohol (STIVA), and in consultation with the Municipal Health Service and Trimbos, they will update the Instructions for the Responsible Consumption of Alcohol in 2019 and make this accessible to all members of the student associations.
    - The Association of Dutch Brewers and, more specifically, individual breweries, will work together with the student organisations that they have contracts with (such as student associations and student sports clubs) so that low-alcohol and alcohol-free beers are available and promoted in their product range as standard. At least twice a year, brewers and the boards of the associations involved will organise a campaign to encourage alcohol-free drinking. They will focus on the students' introductory period and on one of the examination periods.

## B. The marketing of alcoholic beverages

The marketing of alcohol (which, for present purposes, includes advertising) influences its consumption. Ascertaining the extent to which it contributes to the problematic consumption of alcohol will require further research. It is important to know more specifically what its effect and impact are on various age groups. The content of the advertising messages and how often they are shown or broadcast - the amount of marketing - must be taken into account. Agreements about the marketing of alcohol should contribute to the goals we have set in regard to the problematic consumption of alcohol. That means that no-one should drink if they are under 18 years or pregnant, and that, for all other adults, the goal is that they do not drink heavily or to excess.

It is, therefore, necessary to set up a well-supported, independent research initiative, possibly in the form of a programme, to get better insight into the impact (content and amount) that the marketing of alcohol has in the Netherlands. What cannot happen here is that measures to combat the problematic consumption of alcohol turn out to be counterproductive. When it comes to choosing which tools to use to regulate the marketing of alcohol (self-regulation and legislation), the guiding principle should be their effectiveness.

The choice of whether to drink should be one that is consciously made, and not one that is taken for granted because of habit or group pressure. Habits can be caused by associations that come to the fore in the marketing of alcohol. Associations between alcohol and certain activities should therefore not be self-evident.

Unlike most of the other European Union Member States, the Netherlands has not implemented the current European regulations on television advertising (the Audiovisual Media Services Directive) which covers the advertising of alcohol among other things, in legislation but has relied on industry self-regulation. This Advertising Code on Alcoholic Beverages aims to keep up with the times and with technological developments such as social media. In addition to the letter of its provisions, its spirit should also be a starting point.

### Objectives

1. We want to prevent the marketing of alcoholic beverages from contributing to the problematic consumption of alcohol.
2. The idea is that the marketing of alcohol should reach and influence young people either not at all or as little as possible. This goes beyond a declaration that the marketing of alcohol should not be aimed at young people..

## Initiatives

### Young people

1. In 2019, the Ministry of Health, Welfare and Sport will commission an independent study on the reach of advertisements for alcohol and their influence on young people in the top 5 locations referred to by young people as sites where they say they have encountered them (2018 study by Intraval).[40]
2. By 2021, alcohol providers and industry will have come forward with sensible solutions to limit the reach of advertisements for alcohol and their influence on young people in these locations.

### Sports

The way society views alcohol and how it is should be handled is changing. The way in which the combination of alcohol consumption and sport is viewed is also changing. The association between sports and alcohol is becoming less self-evident, and the desire to keep the problematic consumption of alcohol out of sports is becoming more and more widely shared.

It will be a good idea, then, in the near future to investigate and determine how the link between sports and alcohol can be changed so that it is better suited to a healthy sports environment.

3. From 2019 onwards, the sports sector and the Association of Dutch Brewers will no longer conclude any new contracts to place advertisements for alcoholic beverages, including signage, along sports fields at amateur clubs, and it will be stipulated that existing signage will be phased out within four years of the conclusion of existing contracts. Advertising for alcohol-free beer remains an option, unless the Intraval study shows that it has a negative impact on the consumption of alcohol or on the risk factors associated with it.
4. In 2019, the Association of Dutch Brewers and the sports sector will draw up a plan for marketing activities at major sports events to make the connection between sports and alcohol less apparent and keep the problematic consumption of alcohol out of sports, taking into account the importance of high-quality and financially sound sporting events.
5. The Ministry of Health, Welfare and Sport and the sports sector are investigating to which extent sport is dependent on the sponsorship by producers of alcohol, and which alternatives are possible. The sports sector advocates a combined research on sponsorship and supply of both alcoholic beverages, and food products that are not suited to a healthy diet. Research is needed to determine what this current relationship is and to discover the trends and opportunities to transform it so that it fits in with a healthy sports environment, and in such a way that the existence of sports organisations, and the opportunities open to them, are not under threat. This is important, given the recognition that sports have a tremendously positive effect on the health of those who take part in them.

[40] In the 2018 Intraval study, young people indicated that they see, either often or very often, the marketing of alcohol in one or more forms at the following locations: supermarkets (43%), television (32%), the hotel and catering industry (26%), cinemas (26%) and social media (24%).

### Social media

Social media is widely used to give the marketing of alcohol significant reach.

6. STIVA maps out which social-media channels are, or are not, used by producers of alcohol. In addition, research is being conducted into how those under 18 year olds can be shielded from the marketing of alcohol on social media such as Facebook. If necessary, agreements will be made, with Instagram, for example, and the public part of YouTube.
7. STIVA and the Association of Dutch Brewers agree that, on the demand side, alcohol brands will not buy advertising aimed at the profile of anyone younger than 18 years.
8. The Ministry of Health, Welfare and Sport will carry out an independent baseline measurement of the above steps in 2019, and an independent measurement of outcomes in 2021, to assess the extent to which they have contributed to a further reduction in the ability of the marketing of alcohol to reach under-18s via social media.
9. The Ministry of Health, Welfare and Sport will investigate to what extent legislation is effective at preventing the marketing of alcohol on social media from reaching young people. This will include looking at the extent to which legislation in this area is enforceable.

### Alcohol-free beer

Alcohol-free beer is not intended for minors, and the advertising for it is therefore not aimed at minors.

10. STIVA and the Association of Dutch Brewers will draw up a code for the responsible marketing of alcohol-free beer. This will be done after consultation with the stakeholders and parties involved in this National Prevention Agreement, during a consultation round.
11. The code will be drawn up at the same time as an evaluation of the Advertising Code on Alcoholic Beverages is made. The results of research on the marketing of alcohol-free beer and its impact on young people will be included in the Code.

## Independent evaluation of the Advertising Code on Alcoholic Beverages

The Advertising Code on Alcoholic Beverages will contain agreements on the responsible marketing of alcohol based on self-regulation. For the effectiveness of the Code to be assessed, an evaluation is desired. The Ministry of Health, Welfare, and Sport and STIVA will commission this evaluation together, and it will be carried out by an independent party. The evaluation will be done in accordance with the tried and tested method established under the Regulatory Evaluation programme of ZonMw, the Netherlands Organisation for Health Research and Development.

12. In 2019 an independent evaluation will take place with recommendations on, among other things, the most effective mix of tools to be used. The first step will be to appoint an Independent Scientific Guidance Committee. Parties to this National Prevention Agreement will not be members of that committee. Parties to this Agreement will be asked to participate in an advisory group.
    The study will include the following components:
    a. A substantive discussion of the Advertising Code on Alcoholic Beverages: wording of texts, parts missing, and so on
    b. Support from advertisers and media channels
    c. Effectiveness
    d. Checking the degree of compliance and enforcement
    e. Governance
    f. Influence on young people.

### The impact and effects of the marketing of alcohol

13. The Ministry of Health, Welfare and Sport will ensure that a representative selection of the parties to this Agreement on the Problematic Consumption of Alcohol develop a research agenda to gain insight into, and an understanding of, the impact and effects of the marketing of alcohol on the problematic consumption of alcohol which all the parties subscribe to and support. The topics comprising the study will be as follows:
    a. Content and amount of the marketing of alcohol to all age groups
    b. The impact and effects of the marketing of alcohol on those who engage in the problematic consumption of alcohol
    c. The impact and effects of the marketing of alcohol-free drinks on young people and on the consumption of alcohol
    d. How the marketing of alcohol on social media is received by young people, what associations they have, and whether and how they are motivated to act in response.
    e. The impact and effects of AdWords campaigns.

The study will be carried out by an independent organisation. The independence and the quality of the study are important. The Ministry of Health, Welfare and Sport will consult with ZonMw to see whether and how ZonMw can play a role here. On the basis of this research, the parties will enter into consultations to discuss solutions. They will commit to abide by the findings of the study.

### Other studies

Research shows that there is a positive correlation between an increase in the availability of alcohol and a rise in the level of harm related to it.[41] Research shows that there is a positive correlation between an increase in the availability of alcohol and a rise in the level of harm related to it.[42] In the light of this information, the Ministry of Health, Welfare and Sport will investigate:

14. 1The current levels of availability of alcohol in the Netherlands, the history behind it, and the expected consequences of an expansion of the number of types of points of sale in the Netherlands (based on literature and interviews).
15. Minimum unit pricing, as currently applied in Scotland, will be analysed further. The effectiveness of such a measure in the Netherlands will be examined.

[41] Alcohol: a Social Cost-Benefit Analysis, p. 87, by Dr G. A. de Wit, National Institute for Public Health and the Environment, 2016.
[42] Ibid, p. 75

# C. Awareness and early detection

The national NIX18 ('No Alcohol for under-18s') campaign is already in existence, as are the locally created 'IkPas' and 'Not a Drop for 40 Days' campaigns. Isolated campaigns only create limited changes in behaviour but can help to increase support for measures designed to combat the problematic consumption of alcohol, and raise awareness of the problem. Research from 2016 shows that residents of the Netherlands are currently not very well informed about the health and other effects of drinking.
Early recognition of the abuse of, and dependence on, alcohol is really important, because treatment at an early stage offers the best chances of recovery. A drinking problem can only be tackled when the individual involved faces it and is willing to do something about it. At the same time, focusing more on awareness makes supporting early-detection activities possible.

## Objectives

1. In 2040, 80% of 12-year-olds in the Netherlands will know the important health (and other) effects of drinking.[43] and 80% of the Dutch population will be familiar with the Health Council's Guidelines.
2. In 2025, a network of various professional and volunteer organisations will be active, thus providing a coherent range of services, from early detection to assistance.
3. In 2020:
   - There will be a chain of matched-care (online) interventions;
   - Care pathways will have been developed for each target group, and implemented at local level;
   - Volunteers will be trained so that they are well equipped for early detection;
   - There will be support points for consultation, advice and the promotion of expertise;
   - A national offering of services for loved ones will have been put in place.
4. In 2019, an early-detection platform will be set up to ensure that agendas are set, that the knowledge gained is disseminated, and that screening and short-term interventions are carried out. The platform also provides support for stakeholders so they can fulfil their role in early detection in the best ways possible..
5. In 2022, 70% of midwives will have taken a training course designed to help healthcare professionals discuss the consumption of alcohol among women who are pregnant or who have recently given birth..

## Initiatives

1. The Positive Lifestyle Foundation and the Catholic Association for the Elderly/ Protestant Christian Association for the Elderly (KBO-PCOB) are continuing IkPas/ Not a Drop for 40 Days. They are contributing to a change in standards and to the awareness of problematic drinking behaviour.
2. The Ministry of Health, Welfare and Sport is continuing its commitment to the NIX18 campaign and to NIX zonder ID ('No Alcohol without an ID'). Attention will also be paid to stopping people who are allowed to buy alcohol from passing it to those who are not.

[43] As described in the last two paragraphs of the introduction (p. 53). Check when doc collated.

3. The Ministry of Health, Welfare and Sport is overseeing the process of increasing knowledge on the health and social effects of drinking and awareness of the use of alcohol. Specific target groups include students, rural youth and over-50s. The types of communication, content and campaigns that are needed for this, and what initiatives can be connected, are jointly determined.
4. The aim of the Top Sectors Coalition is to develop a public-private partnership in 2019 and 2020 that focuses on innovation and the validation of preventive and curative interventions in the chain, online and offline, for people whose consumption of alcohol is problematic or is threatening to become so.
5. A national early-detection platform is being established, and will be run mainly by Addiction Science Netherlands;
    - In which the aim is to have representatives from the following parties: primary healthcare providers (general practitioners, midwives, primary-care assistants for general practitioners in mental healthcare, and company doctors), second-line care providers (hospitals, mental-healthcare facilities and addiction-treatment facilities), uninsured health care providers, volunteers from organisations including senior citizens' organisations, Safe at Home, municipalities, the Association of Community Health Services and Regional Medical Emergency Preparedness and Planning offices (GGD GHOR), and health insurers.
    - The coordination of this platform is entrusted to Addiction Science Netherlands, with the scientific and practical expertise of The Trimbos Institute and other institutions in the network.
    - A status report will be drawn up. Specifically, that means:
        - An overview will be created of what is currently taking place, of what has been offered to those who are carrying out interventions in the field of early detection, of the quality and utility of these interventions, and of the extent to which they are actually being used.
        - A study of the literature will be carried out, listing what is now known about early detection. Experiences from the partnership, but also from various other studies that have been done since, as well as experiences from abroad, will be included. This study will provide the guiding principles for the analysis of various bottlenecks.
    - A bottleneck analysis will be made for the various subsectors. This will involve mapping out what care providers and volunteers need to be able to fulfil their roles, and making it possible for the ambitions in the plans for 2025 to become more tangible. On the basis of the bottleneck analyses, action plans will be drawn up and specific objectives and targets will be set for each subsector.
    - Five working groups will be set up in the following subsectors: senior citizens (50 years +), young people and young adults, primary healthcare, second-line healthcare, and workers and businesses. These working groups will flesh out the actions and interventions involved, seeking as much as possible to link up with existing structures and initiatives, including the healthcare, welfare and volunteering infrastructure.

6. In addition to the steps that the working groups take, the platform will take the following steps:
    - Improvement of matched care (online) interventions in the chain, with various preventive interventions and information materials, including online, as well as the transition from online to offline treatment. The development and implementation of healthcare pathways; the adaptation of existing healthcare pathways based on the standard of care for alcohol-related conditions, new professional groups, and volunteers and other developments. This will be done in the working groups.
    - Help nearby; setting up and implementing a training programme for volunteers.
    - Offer of services for loved ones; an evidence-based intervention will be made suitable for loved ones and rolled out nationwide through training courses given to regional addiction-treatment institutions, so they can offer this intervention. Close cooperation with those who have hands-on expertise in this field will be key.
    - The Royal Netherlands Organisation of Midwives (KNOV) aims to improve the level of services that healthcare professionals provide to pregnant women:
        - Information provided by healthcare professionals for women who are, or want to become, pregnant or who are breastfeeding.
        - The online intervention ‘Pregnant without Alcohol’ will be updated and developed further.
        - Training courses will be developed and rolled out to help healthcare professionals discuss the consumption of alcohol among women who are pregnant or who have recently given birth. Where possible, the actions of the Smoke-Free Start and the Promising Start action programmes will be connected.

## D. A healthy sports environment

Sports have a particularly important role in encouraging and facilitating a healthy lifestyle and healthy behaviour. Doing sports leads to an increase in fitness which, in turn, helps mitigate a lot of health risks. Awareness programmes offered by sports associations on these topics have a high chance of success because of the social cohesion within a sports association and the points of intersection that already exist between sports and health. The sports sector wants to offer all athletes and other visitors a healthy sports environment, where a healthy lifestyle is encouraged even more strongly than it has been up to now. Sports and drinking heavily or to excess do not go hand in hand.
And where this is currently the case, it has to change. Sports clubs are sometimes too dependent on turnover from their bars or on sponsorship from purveyors of alcoholic beverages. This has to change, it being understood that a solid earnings model for sports associations is a prerequisite. In the sports canteen, a sound alcohol policy is a fully integrated policy, so it goes hand in hand with a smoke-free policy and the supply of a range of healthy food and drink products. Sports associations and other sports providers need support to create a sports sector that encourages healthy behaviour even more than it does now, and that combats the problematic consumption of alcohol.

### Objectives

1. In 2040, at least 80% of sports clubs with their own canteen or catering facilities will offer a healthy sports environment. These canteens will have an explicit alcohol policy, for instance. This means, among other things, that ‘happy hours’ and yard glasses will have disappeared, that canteens will have a fresh and healthy ethos about them, that no alcohol will be served at young people’s competitions, and that alcohol-free alternatives will be encouraged. The age limit for selling alcohol will, of course, be complied with. For more on this, please see the section on Compliance with the Age Limit (E).
2. This policy on alcohol goes beyond the existing legal requirement for all sports canteen boards to draw up administrative regulations. In 2025, at least 50% of sports clubs with their own canteen or catering facilities will offer a healthy sports environment and will receive support for this.
3. In 2025, compliance with the age limit for the dispensing of alcohol will have improved considerably and will be in line with the agreements set out in the section on Compliance (F).
4. In 2025, all sports clubs that supply alcohol will make use of the e-learning course ‘Supplying Alcohol Responsibly’ for their staff and for bar volunteers in order to promote expertise in this area among them.

## Initiatives

1. Model canteens in sport will be developed and put into operation where all aspects of a healthy sports environment are used, tested and monitored, starting with at least 10 model canteens spread across the Netherlands. National guidelines and interventions can be created or elaborated on based on the experiences we gain there. The model canteens will also serve as places for inspiration and learning, both for other associations and for the coaches who supervise them.
2. Sports clubs will be encouraged to create a healthy sports environment, and will be offered guidance in this connection. A Healthy Management module will be developed and rolled out to encourage the managers of sports clubs to switch to a healthier sports environment. In addition, 2,500 sports clubs will received guidance on how to switch to a healthy, or healthier, sports canteen (in cooperation with Dutch Olympic Committee/Dutch Sports Federation [NOC*NSF], the sports federations, Teamfit, the Youth and Alcohol Foundation, and The Trimbos Institute).
3. The Ministry of Health, Welfare and Sport and the sports sector will analyse the influence that the sports environment has on normalising the consumption of alcohol.
4. The parties involved are developing an e-learning module, funded by the Ministry, for volunteers who work in sports-canteen bars.
5. VNG will encourage municipalities (at the request of the sports sector) to more explicitly enforce compliance with the age limit at sports clubs.

## E. Compliance and enforcement regarding the age limit and drunkenness

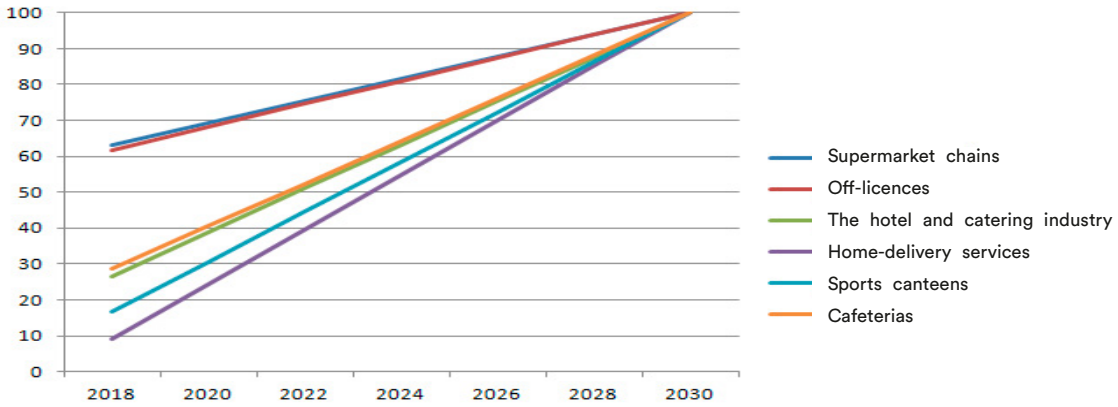
In most cases, under-18s get their alcohol from friends, parents and other acquaintances.[44] Nevertheless, compliance with the age limit at points of sale could and should be improved further. Compliance by providers with the statutory age limit is an important part of selling alcohol responsibly. Although there has been a general increase in the level of compliance in recent years, we note that it is difficult for a number of sectors to raise individual and collective compliance to a considerably higher level.

The characteristics of the sales channels vary widely and influence the way in which compliance can be improved. Retail chains can use personnel and corporate policies to drive compliance more directly. For sports federations with separate associations, and sector organisations such as the Royal Dutch Hotel and Catering Association and the Union of Off-Licences, the options for management and guidance are fewer and farther between, and it seems much more difficult to collectively raise the level of compliance. Larger events also present risks of non-compliance, because they involve a large number of temporary staff, there is a lot of redistribution to under-18s, and the possible sanctions are disproportionate to the perceived benefits of not complying. Municipalities can strongly promote compliance by providers through consistent enforcement.

To supply alcohol responsibly, providers and the VNG have agreed that more attention must be paid to combating drunkenness when alcohol is supplied on-premises. The current emphasis is often only on compliance with the age limit, even though providers of alcohol are also not allowed to supply it to anyone who appears to be (Article 20, paragraph 5, of the Licensing and Catering Act) or who actually is (Article 252 of the Dutch Criminal Code) in a state of intoxication.

[44] Seventy-nine percent of minors who were admitted to hospitals indicated that they had received alcohol from parents or friends who were 18 or older (Factsheet on Cases of Intoxications from Alcohol from 2007 to 2016, by Reinier de Graaf, NSCK University of Twente). Intraval's purchase-and-acquisition index (The Purchase and Acquisition of Alcohol by Young People) shows that 83% of successful purchases can be traced back to parents and other adults.

**Figure 3** Percentage of Dutch people who will be overweight in 2040




| | 2018 | 2020 | 2022 | 2024 | 2026 | 2028 | 2030 |
|---|---|---|---|---|---|---|---|
| Supermarket chains | 63,3 | 69,4 | 75,5 | 81,6 | 87,7 | 93,8 | 100 |
| Off-licences | 61,8 | 68,2 | 74,6 | 81 | 87,4 | 93,8 | 100 |
| The hotel and catering industry | 26,6 | 38,8 | 51 | 63,2 | 75,4 | 87,6 | 100 |
| Home-delivery services | 9,1 | 24,3 | 39,5 | 54,7 | 69,9 | 85,1 | 100 |
| Sports canteens | 16,7 | 30,6 | 44,5 | 58,4 | 72,3 | 86,2 | 100 |
| Cafeterias | 28,6 | 40,5 | 52,4 | 64,3 | 76,2 | 88,1 | 100 |

## Objectives

1. The goal is to get to 100% compliance with the prohibition on selling alcohol to minors, from 2030 on. This applies to all providers of alcohol, both for consumption at home and on-premises, and both offline and online.
2. Providers are aiming for a linear increase in compliance, starting in 2018 with compliance levels from 2016, and ending with the attainment of the objective in 2030.
3. In both 2020 and 2024, an inventory will be made of whether providers are on course (see the figure) and where extra efforts, checks or adjustments may be needed.

## Initiatives

1. The development of e-learning modules for everyone who provides alcohol, focusing, among other things, on both the age limit and on stopping alcohol from being passed on wherever drunkenness is involved. This will promote the responsible sales of alcohol..
    - The Central Bureau for the Food Trade (CBL) already has an e-learning module. The experience of CBL will be shared.
    - The members of the Dutch Beverage Trade Association and the National Chamber of Associations (VDN) and LKvV also have an e-learning module, but this will be updated or renewed.
    - Various sectors are taking the initiative themselves to develop a new e-learning module, but will submit their module to The Trimbos Institute for a quality check.
    - The Ministry of Health, Welfare and the Environment is developing a quality standard for the e-learning modules that are to be developed by the sector, and will check whether they meet these requirements.
    - This Ministry will also ensure that the material is actively distributed, and will organise participation by those who sell alcohol.
    - Employees and volunteers who are involved in the sale of alcohol and who do not have a diploma in Social Hygiene will take the e-learning module. Ideally, this will be complemented by in-class training.
2. Strengthening enforcement by municipalities:
    - VNG and the Ministry of Health, Welfare and Sport are jointly developing an Enforcement Protocol for municipalities with tools for:
        - Risk-based enforcement
        - The effective deployment of test buyers, including a protocol on how 17-year-old test buyers can be used
        - Enforcement in cases where alcohol is passed on, with special attention being paid to recognising this where drunkenness is involved
        - A specific approach for areas and events related to entertainment (involving both police and GGD GHOR)
        - More strongly enforced sanctioning procedures, which help to ensure that penalties can be less easily revised once they have been imposed.
        - Municipalities will be encouraged to provide feedback to entrepreneurs and organisations on inspections, research and measurements (as allowed by law) in order to promote collective learning and improvement.
    - The Dutch Association of Licencing and Catering Inspectors (NVDI) will offer courses and /workshops for inspectors under the Licensing and Catering Act focused on practical examples and the writing of penalty notices.
    - NVDI is committed to finding 10 representative municipalities which will enforce the Licensing and Catering Act in a risk-focused way, and make additional enforcement efforts on the basis of the enforcement protocol. The experiences will be shared with other municipalities.
    - VNG encourages municipalities to provide annual enforcement figures, so that the Ministry of Health, Welfare and Sport can map out enforcement efforts nationwide.

3. Strengthening compliance by providers
    - The approach that is taking shape in the municipality of Utrecht will be applied more widely. It is a cooperative effort between the municipality and the catering industry, which improves compliance with the age limit. The Royal Dutch Hotel and Catering Association (KHN) will work with ten representative municipalities to roll out such an approach. This will not exempt municipalities from the task of enforcement.
    - Sports clubs will receive support. For more on this, see the section entitled 'A healthy sports environment' (D).
    - CBL will launch a pilot for the development of a periodic check. This will include periodic checks where test buyers are deployed. Quality frameworks can be set up that can be shared with municipalities to develop a risk-based oversight.
    - The Ministry of Health, Welfare and Sport will have research carried out into the difference, in terms of compliance, between:
        - The ten municipalities that take part in the initiative on better enforcement;
        - The ten municipalities that take part in the initiative to improve compliance by providers;
        - The ten municipalities that do not take part in either of these initiatives, so that best practices can be identified.
4. Communication to promote consumer compliance:
    - NIX 18: Alcohol producers and the sports sector will join the NIX18 campaign which means that the NIX18 message can be included on many more advertisements.
    - NIX zonder ID (Nothing without ID): Campaign to promote the showing of an ID in the NIX 18 campaign.
    - The Ministry of Health, Welfare and Sport's Compliance Monitoring Programme. National monitoring once every two years, starting in 2018; this will be continued for a number of years. More distinct categories of points of sale will be included than in the current view, as can be seen in the table with the graph. This makes more customisation possible.
    - Adjustments to the Licencing and Catering Act:
        - The Ministry of Health, Welfare and Sport is committed to criminalising the passing on of alcohol to anyone who is not authorised to buy it, as already happens in the hotel and catering industry and at festivals.
        - The Ministry of Health, Welfare and Sport is considering whether there should be further legal requirements governing the sale of alcohol over the Internet, partly in the context of enforceability.
        - The Ministry of Health, Welfare and Sport is looking into whether the use of 17-year-olds to make test purchases can be regulated by law, if the use of 17-year-olds under the Enforcement Protocol can stand up to any legal objections in court.
5. If the compliance figures in 2020 fall short of the targets that have been set, the Ministry of Health, Welfare and Sport will impose additional legal requirements on providers.

This partial agreement was reached at the Prevention Roundtable on the Problematic Consumption of Alcohol.

## Partners

The following partners have contributed to the development of the agreements in this Agreement, and are committed to achieving the desired objectives:

- Central Bureau for the Food Trade (CBL)
- Association of Community Health Services and Regional Medical Emergency Preparedness and Planning offices in the Netherlands (GGD GHOR)
- Brabant chapter of the Catholic Association for the Elderly (KBO-Brabant)
- Catholic Association for the Elderly/Protestant Christian Association for the Elderly (KBO-PCOB)
- Royal Dutch Hotel and Catering Association (KHN)
- Royal Netherlands Organisation of Midwives (KNOV)
- National Chamber of Associations (LKvV)
- Association of Dutch Brewers
- Dutch Association for Occupational Health and Safety (NVAB)
- Dutch Association for Beverage and Catering Inspectors (NVDI)
- Network of Organisations for Older Migrants (NOOM)
- Council on Senior Secondary Vocational Education
- Ministry of Health, Welfare and Sport (VWS)
- Royal Dutch Association of Small and Medium Enterprises
- Parents & Education
- Council on Primary Education
- Union of Off-Licences
- Dutch Olympic Committee/Dutch Sports Federation (NOC*NSF)
- STAP - the Netherlands Institute for Alcohol Policy
- Youth and Alcohol Foundation
- Positive Lifestyle Foundation
- Foundation for Responsible Alcohol Consumption (STIVA)
- Dutch Beverage Trade Association (VDN)
- Association of Universities of Applied Sciences
- Association of Dutch Municipalities (VNG)
- Association of Research Universities in the Netherlands (VSNU)
- Dutch Association for the Treatment of Addictions (VVGN)
- Addiction Treatment Netherlands (VKN)
- Association of Dutch Enterprises/Dutch Christian Employers Association (VNO-NCW)
- Council on Secondary Education
- Dutch Health Insurers Association (ZN)

The Prevention Roundtable took place under the Chairmanship of Alderman Leon Meijer of the Municipality of Ede. The Trimbos Institute took part in the Prevention Round table as an independent expert.

# Colofon

This is a publication of  the Ministry of Health, Welfare and Sport.

June 2019