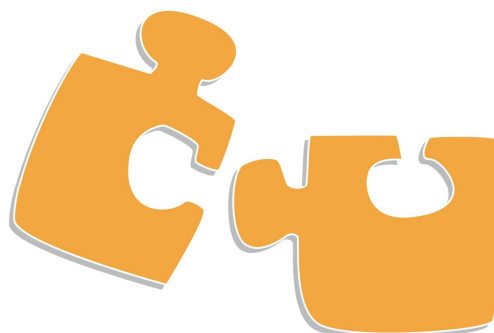


**EG on SIHLWA
Seventh Meeting
Östersund, Sweden
4-5 May 2009**

Reference	SIHLWA 7/2/9
Title	SIHLWA-6 FINAL DRAFT Report of EG mtg Oslo 30 Sep-01 Oct 2008
Submitted by	SIHLWA Coordinating Chairman
Summary / Note	Report of the meeting itself with ADO, ALC and OSH sub-groups
Requested action	For approval



Northern Dimension
Partnership in Public Health
and Social Well-being
www.ndphs.org

**REPORT ON
NDPHS¹ Expert Group
“Social Inclusion, Healthy Lifestyles & Work Ability”
6th Meeting of “SIHLWA”
Oslo 30 September – 01 October, 2008**

Co-sponsored by
ILO Subregional Office for Eastern Europe and Central Asia

¹ Northern Dimension Partnership in Public Health and Social Wellbeing

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1. ABBREVIATIONS

ABBREVIATIONS/ ACRONYMS	
BSN	Baltic Sea Network on Occupational safety & Health
CIDA	Canadian International Development Aid
CSR	Committee of Senior Representatives
EC	European Commission
EG	Expert Group
EST	Estonia
EU	European Union
EUC	European Commission
EURO	Regional Office for Europe/WHO
FIN	Finland
ILO	International Labor Organization
IOM	International Organization of Migration
ITA	International Technical Advisor/ NDPHS
KTL	Kansanterveyslaitos/FIN; Public Health Institute/FIN
LTU	Lithuania
MoH	Ministry of Health
MoSAH	Ministry of Social Affairs and Health
NCD	Non-communicable diseases
ND	Northern Dimension
NDPHS	Northern Dimension Partnership in Public Health and Social Wellbeing
NGO	Non-governmental organization
OSH	Occupational Safety and Health
PAC	Partnership Annual Conference
PHC	Primary Health Care
RUS	Russia
SIHLWA	Expert Group on Social Inclusion, Healthy Lifestyles & Work Ability
STAKES	National Research & Development Centre for Welfare & Health/ FIN
STAKES	Sosiaali & Terveysalan Tutkimus & Kehittämiskeskus/FIN
STI	Sexually transmitted infection
SWE	Sweden
TOR	Terms of Reference
TTL	Työterveyslaitos/FIN; Institute for Occupational Health/FIN (IOHF)
UNODC	UN Organization against Drug & Crime
WHO	World Health Organization
WPH&S	Workplace Health & Safety

2. SUMMARY Conclusions of 6th SIHLWA Expert Group meeting

- 1) SIHLWA Coordinating Chair (Mikko Vienonen) and the Chairpersons for three SIHLWA subgroups (ADO: Mikko Vienonen), ALC: Kari Paaso, OSH: Wiking Husberg) will continue their tasks.
- 2) Second co-Chair was selected for the subgroup on alcohol²: **Magdalena Pietruszka**, representing PARPA, the Polish State Agency for Prevention of Alcohol-Related Problems. Other co-Chairs remained unchanged (see below under sub-group reports).
- 3) The venue for next 7th SIHLWA WG meeting was tentatively agreed to take place in the spring 2009 in Östersund, Sweden. Since then it was agreed that the meeting will take place in March 19-20 in Östersund.
- 4) SIHLWA Annual Report for 2008 was approved (see Annex 9).
- 5) SIHLWA Action Plan for 2009 was approved (see Annex 10);

I. Subgroup on adolescent health and socially-rewarding lifestyles [ADO]

- 1) ADO-sub-group will be involved in the NDPHS Data-base project and will elaborate on a profile on youth's health behaviour and on existing policies targeted at youth's health in NDP area. This initiative was shifted from 2008 to 2009 because of lack of funding. The present plan is to proceed in each participating country with own funding and resources. Conceptual and technical support (not financial) will be provided by National Public Health Institute/ Finland (Tiina Laatikainen and her team)
- 2) Alcohol & Drug Prevention among Youth in St Petersburg project will continue by Finnish funding in 2009. It continues to be the ADO-Flagship project.
- 3) ADO-sub-group will further explore initiatives focusing on social inclusion/exclusion.
- 4) ADO-sub-group will further explore initiatives focusing on indigenous and remote communities ADO-health & social inclusion. Experience from PAC-5 (Ottawa/ November 2008) will be explored
- 5) ADO-sub-group will closely follow-up the on-going stakeholder analysis of SIHLWA implemented by STAKES/Finland. ADO viewpoints shall be taken into consideration.
- 6) ADO-subgroup viewpoints elaborated at this meeting will be forwarded to the EU Baltic Sea Region (BSR) Strategy on "Safety and Security".
- 7) SIHLWA/ADO secretariat will continue to provide technical support to the A&DPrev-Youth project in SPb in 2009.

² This has become necessary as the funding for participation of the Russian c- Chair was not sustainable.

II. Subgroup on alcohol [ALC]

- 1) The ALC-group's organisation was strengthened. Second co-Chair was selected for the subgroup on alcohol³: Magdalena Pietruszka, representing PARPA, the Polish State Agency for Prevention of Alcohol-Related Problems.
- 2) The "EU Strategy for the Baltic Sea Region" under preparation by the European Commission was further elaborated and suggestions for improvement identified;
- 3) The EIBI feasibility study on-going in St. Petersburg was reviewed and advice provided.
- 4) The seminar on International Trade Agreements and EC Law planned to be organised in Riga in December 2008 was further elaborated (later it was agreed that the meeting was shifted to February 2009);
- 5) Innovative opportunities for collaboration with other NDPHS Expert Groups were elaborated;
- 6) Thematic alcohol-reports for NDPHS Database project were discussed and work-plans elaborated..

III Subgroup on Occupational Safety & Health [OSH]

- 1) OSH group innovated on collaboration and project opportunities and ideas between OSH and other NDPHS Expert Groups and SIHLWA sub-groups (with the Primary Health Care Group how to better integrate public health and occupational health).
- 2) OSH group provided feedback and conclusions to be made of responses on the enquiry made about the NDPHS Strategy on Health at Work. With agreement by the NDPHS CSR-13 meeting the enquiry was sent to the relevant ministers and other counterparts asking for information on what each country is planning to do to implement the NDPHS Strategy. Replies were received from Denmark, Estonia, Finland, Latvia, Lithuania, and Poland. First analysis revealed 6 national OSH profiles, national OSH programmes/ strategies, and 4 draft OSH strategies.
- 3) The development in the ILO OSH and the Finnish Institute of Occupational Health N-W Russia projects were reviewed.
- 4) The OSH report on the situation in Belorussia, first time participating, led to a detailed discussion on the OSH systems in the CIS countries.
- 5) Further elaboration of the thematic national reports on OSH in selected countries: No action on the report needed. However, the information from some countries is still missing.
- 6) Funding possibilities from EU programmes for the Baltic States were reviewed. The possibilities were further reviewed in the BSN meeting among the Estonia and Latvia.
- 7) NDPHS impact in the EU Baltic Sea Region Strategy: The SIHLWA/OSH group suggests the inclusion of the "Health at Work" strategy into the EU strategy.

³ This has become necessary as the funding for participation of the Russian co-Chair was not sustainable.

3. INTRODUCTION

The 6th SIHLWA (“Social Inclusion, Healthy Lifestyles & Work Ability”) meeting in Oslo was held 30 September-01 October 2008 and attended by 29 persons (see list of participants, ANNEX 6) from 10 countries, 2 international member organizations and 2 other organizations. In addition to official SIHLWA members, there were also ad hoc participants attending the meeting in their personal and organizational capacity.

This meeting, which was hosted by the Norwegian Ministry of Health and Care Services, was exceptional from the point of view that for the first time all NDPHS Experts Groups [1) HIV/AIDS, 2) Primary Health Care, 3) Prison Health, and 4) Social Inclusion, Healthy Lifestyles & Work Ability/”SIHLWA” and 5) NDPHS Associated Expert Group, the CBSS Working Group for Cooperation on Children at Risk (WGCC)] had their meetings at the same time at the same place.

The purpose was to meet and to get a better picture of the Partnership as a whole, to learn from each other’s experiences, and to discuss ongoing and future activities. It was also foreseen that experts would explore possibilities and commitment for collaboration on crosscutting themes in order to achieve further cross-fertilization and strengthening of collaboration. These goals were reflected in the SIHLWA-6 Scope and Purpose and the programme (see ANNEXES 1-4)

Therefore, for the SIHLWA Expert Group, the meeting consisted of three layers: 1) the joint Expert groups’ plenaries (with HIV/AIDS, PHC, PH, SIHLWA and two associated EGs), 2) SIHLWA plenaries and the meetings of the three SIHLWA sub-groups: Sub-group on Adolescent health and socially-rewarding lifestyles, 3) SIHLWA sub-group meetings on a) ADO, b) ALC, and c) OSH.

In addition to this, there were also various ad hoc meetings organised between representatives of different EGs and sub-groups.

This Oslo meeting was also the first time that representatives from Belarus were invited and participated in the Expert Groups’ work (SIHLWA had one Belarusian representative in the OSH-subgroup).

The 6th SIHLWA meeting itself was preceded by a plenary session of all the NDPHS Expert groups, held in the morning of 30th September. The second Joint Expert group plenary took place in the morning of 1st October and consisted of the Round-Table discussion on the topic “*Cooperation and Networking: How can the NDPHS Expert Groups better benefit from each other?*” with representatives from each of the Expert Groups. The work of all Expert groups was concluded by a final joint plenary in the afternoon of October the 1st (ANNEX 3: Overall programme of the Joint Expert Group Meeting).

4. The 6th SIHLWA MEETING

4.1. Opening of the meeting and welcome

Dr Mikko Vienonen, Coordinating Chair of SIHLWA expert group, welcomed all participants. A presentation tour was held and the list of registered participants was distributed among the attendees (ANNEX 7)

4.2 Proceedings of the meeting

Administrative issues:

The agenda of the meeting was adopted (ANNEX 2).

The meeting made note of nomination of SIHLWA International Technical Advisor (ITA) Ms Hanna Koppelomäki working on a 40 percent basis, financed by the Lead Partner Finland.

The meeting made note of the SIHLWA functionaries in 3 sub-groups (ADO, ALC & OSH) and it was reminded that SIHLWA sub-groups are to nominate their own meeting Chairpersons, Co-chairpersons and Rapporteur(s) at their first session.

The SIHLWA-5 (Oslo 6-7 March 2008) meeting report with its annexes was approved (and can be found at http://www.ndphs.org/?mtgs,sihlwa_6_oslo).

The SIHLWA Annual progress Report 2008 (ANNEX 9) and Action Plan for 2009 (ANNEX 10) were presented for discussion and approval for submission. As the meeting of the Committee of Senior Representatives, CSR (to which the progress reports and action plans usually are submitted), took place exceptionally early this year and already before this Expert Group meeting, it had been agreed that both the Progress Report 2008 and Action Plan 2009 would be submitted to the Partnership Annual Conference to be held in Ottawa in November the 19th, 2008.

Progress Report 2008: It was agreed that SIHLWA members may send their corrections and proposals concerning the Progress report during one week's time after the SIHLWA-6 meeting, and if no corrections will be received it will be regarded as approved (which was the case). It was also discussed that as part of SIHLWA action the members should also consider the work that they have been achieving in their normal work in home countries. The whole idea of NDPHS/SIHLWA is that the experts who have been nominated a members, would be able to achieve more and better than they would without SIHLWA. Therefore, after we had clarified what we mean by such achievement/work, we agreed that the SIHLWA secretariat in early 2009 will send a questionnaire (as last year) asking about the SIHLWA related highlights in our work respectively. The secretariat would compile a summary of the results, and it would be distributed at the SIHLWA-7 meeting in spring 2009.

Action Plan 2009: The Coordinating Chair presented the core elements of the planned activities for year 2009. The draft plan had been distributed earlier as meeting document.

The SIHLWA plenary agreed on the activities planned jointly for 2009. The members of each sub-group were asked to discuss the plan in their respective meetings concerning their sub-group plans (see separate sub-group reports later).

The Coordinating Chair gave an overview of country representatives (ANNEX 5: membership status SIHLWA October 2008) and reminded the participants that meeting documents are available at http://www.ndphs.org/?mtgs,sihlwa_6_oslo and the most important ones also in Russian.

4.3. Questionnaire to SIHLWA EG members about strengthened collaboration with other NDPHS Expert Groups

A questionnaire was sent to SIHLWA members (invitees to Oslo SIHLWA-6 meeting) previous to the meeting. 12 responses were received (5 from ADO/ 4 from ALC / and 5 from OSH). Coordinating chair presented a paper summarizing and analyzing the responses to be used for basis of discussion on collaboration between Expert Groups in NDPHS. A summary Power-Point presentation was shown. The analysis shows a relatively consistent trend in the way how members see potential collaboration with other groups and how they see our own potential to support other EGs. Four core slides are attached below and the full PP-presentation is available on http://www.ndphs.org/?mtgs,sihlwa_6_oslo post-meeting documents).

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For further elaboration of discussion on collaboration, the NDPHS/ PHC-EG paper on cooperation was distributed and the sub-groups were requested to prepare for the next day's morning plenary specific views of their respective groups (see sub-group reports and summary of joint EGs' plenary outcome later in this report).

4.4. Information about the NDPHS (including the Database and the Project Pipeline)

Mr. Bernd Treichel from the NDPHS secretariat updated the EG members on current activities within the NDPHS:

- 1) Information on EU Strategy on Safety and Security for the Baltic Sea Region

The European Commission is currently preparing an EU Strategy for the Baltic Sea Region on the request of the European Council.⁴ The aim of the Strategy will be to coordinate the efforts of various actors in the Region (Member States, regions, financing institutions, the EU, pan-Baltic organizations, non-governmental bodies etc.) so that by working together they would promote a more balanced development of the Region.

The Strategy will aim at four main objectives:

- To improve the environmental state of the Baltic Sea Region and especially of the Sea;
- To make the Baltic Sea Region a more prosperous place by supporting balanced economic development across the Region;
- To make the Baltic Sea Region a more accessible and attractive place for both its inhabitants, for competent labor force and for tourists;
- To make the Baltic Sea Region a safer and more secure place.

Thanks to its regional character and unique composition, the NDPHS has both the capacity for policy and strategy formulation as well as for the implementation of concrete measures. The Partnership is, therefore, well equipped to make its contribution to the implementation of the Strategy, and, indeed, it is prepared to do so along the lines described below.

The Strategy will be presented in June 2009 and be one of the main priorities of the Swedish EU Presidency during the second half of 2009. During the last CSR meeting in Germany it was agreed that NDPHS should become involved in preparation of the strategy. Each of the EGs is requested to prepare 2 pages for submission to the Secretariat, which then will be rephrased and submitted by the CSR Chair to the EU Commission. Deadline for submission of input⁵ from the EGs is early December.

2) Information concerning the NDPHS Database and Project pipeline

Mr. Treichel presented information about the progress made in the implementation of the seven “working packages” of the Database. The Secretariat developed and announced through the NDPHS e-news service the NDPHS e-Newsletter issue 1/2008. It was mentioned that the CSR 14 had endorsed the idea of producing EG specific news in the bi-annually published NDPHS e-newsletter in the future – and the subgroups were encouraged to discuss possible input to this matter.

Regular maintenance of the project pipeline was performed as were further adjustments requested by the participating financing organizations. The total amount of the participating financing agencies is presently three.

In discussion it was noted that it is sometimes difficult to find things in the NDPHS web (e.g. Health at Work strategy), there should be a section for core documents. Mr. Treichel thanked for the feedback and promised that such a section would be created in the site in 10 days.

⁴ [European Council Conclusions of 14 December 2007](#), point 59: "Without prejudice to the integrated maritime policy, the European Council invites the Commission to present an EU strategy for the Baltic Sea region at the latest by June 2009. This strategy should inter alia help to address the urgent environmental challenges related to the Baltic Sea. The Northern Dimension framework provides the basis for the external aspects of cooperation in the Baltic Sea region."

⁵ SIHLWA comments were submitted to the NDPHS Secretariat at the Ottawa PAC-5 meeting and this document is also available at http://www.ndphs.org/?mtgs,sihlwa_6_oslo

3) NDPHS evaluation

The EG members were briefed on the evaluation and the proposed recommendations regarding the follow-up of the NDPHS evaluation report. The evaluation report which was prepared by the Centre for Evaluation at Saarland University (CEval) and was presented during the CSR meeting in Germany. It was agreed that the Evaluation report will be added in the SIHLWA EG meeting material page at http://www.ndphs.org/?mtgs.sihlwa_6_oslo for EG members' easy reference.

4) Fact sheet folders

The Secretariat had finalized, in cooperation with the NDPHS Expert Groups, the English and Russian versions of the NDPHS Folder and Facts sheets and had printed and distributed them. The Secretariat raised a question concerning the translation of the Fact sheets into different languages of the Partner countries, and asked the members to consider the possibility to assist them.

4. 5. Parallel meetings of the three sub-groups (ADO, ALC, OSH)

All three sub-groups had arranged their own agenda in separate parallel subgroup meetings (see respective programmes in ANNEX 4).

Subgroup introductions

Chairpersons of the sub-groups introduced themselves and the work of their groups.

Mr Wiking Husberg, the chair of the **OSH-group** noted that this time the group will be exceptionally small because of the BSN-OSH annual meeting is taking place almost at the same time as SIHLWA-6. Providing feed-back and conclusions concerning the Health at work strategy will be high on agenda.

Mr Kari Paaso, the chair of the **ALC-group** expressed that strengthening the group's organisation would be one of the core tasks for this gathering. It would also be updating activities ongoing or planned by the sub-group, including the EIBI⁶-feasibility study ongoing in St. Petersburg and the seminar on International Trade Agreements and EC Law.

Dr Aldona Jociute, the co-chairperson of the **ADO sub-group**, told that this group is going to work on collaboration themes and project opportunities & ideas, concerning e.g. the

“Northern dimension youth health profile”, NCM & Finland funded project on “Alcohol& Drug Prevention among Youth in St. Petersburg”, “Friends for life” project and other innovative ideas and opportunities.

4. 6. Reports and conclusions of sub-groups (ADO, ALC, OSH)

Detailed reports of the work of each sub-group can be found in the end of this report.

4.7. Next meeting / next year's meetings

⁶ EIBI= Early Identification Brief Intervention on hazardous and harmful use of alcohol

There had been preliminary discussions on the desire to hold the next SIHLWA EG meeting in Östersund⁷, Sweden. The following tentative dates were proposed for SIHLWA secretariat to approach the potential Swedish host NPHI:

- week 9-13/3 (Tue-Wed 10-11/3?)
- week 2-6/2(Tue-Wed 3-4/2?)
- week 26-30/1 (Tue-Wed 27-28/1?).

Coordinating Chair and ITA were authorized to continue the discussions with the Swedish NPHI and keep the SIHLWA members informed as soon as possible.

SIHLWA-8 meeting will be organised tentatively around September 2009, possibly in the “Eastern-Southern side of the Baltic” (Poland or Lithuania?).

4.8. Any other business

Mr. Robert Shearer of the Mission of Canada to the European Union gave an update about upcoming PAC-5 side-event meeting on *Health of Indigenous and Remote Northern Communities* hosted by Canadian Government’s First Nations and Inuit Health Branch (20-21st November 2009, Ottawa, Canada). Based on the initial input from both the Canadian and the international representatives, the following topics appear to be the top four areas that are being suggested for the side-event agenda: 1) Mental Health and Addiction, 2) Communicable Diseases, 3) Primary Health Care Delivery, and 4) Nutrition.

In the discussion several participants of the meeting promised to provide the Canadian host with relevant contacts and further information.

4.9. Closing of the meeting

The closing plenary of the 6th SIHLWA members noted with satisfaction the good progress made during the meeting. The Coordinating chair, ITA and sub-group Chairpersons were given a mandate to bring forward the recommendations made during the meeting. The SIHLWA-6 meeting adjourned expressing gratitude to the host country Norway for their generosity for making this meeting possible.

An evaluation form was distributed among the participants (for summary of the feedback is presented in ANNEX 11).

⁷ Tentatively it was later agreed that the meeting would take place 19-20 March in Östersund, but at the time of finalizing this report it has become obvious that the timing is not suitable for all and possibly needs to be shifted to a later more suitable date.

5. SUB-GROUP REPORTS

5.1 Report of Subgroup on adolescent health and socially-rewarding lifestyles [ADO]

ADO-report prepared by Aldona Jociute, and Mikko Vienonen

The subgroup on adolescent health and socially-rewarding lifestyles [ADO] consisted of 10 members, namely Chair Mikko Vienonen (Finland), Co-chair Aldona Jociute (Lithuania), Tiina Laatikainen (Finland), [1st day only] Sergei Litvinov (Russia-SPb), Lolita Melke-Prizavoite (Latvia), [2nd day only] Max Petzold (NCM - Nordic School of Public Health – Sweden), [1st day only] Maria Sagitova (NCM-SPb), Janusz Sieroslowski (Poland), Anna Skvortsova (NGO-Russia-SPb), [2nd day only] Natalia Kostenko (Russia-Moscow)

The ADO- subgroup's work focussed on:

- **Theme 1:** Discussing “youth-risk-profile” to be elaborated as thematic paper for the NDPHS data-base website. A background document was presented as basis of discussion and is available on http://www.ndphs.org/?mtgs,sihlwa_6_oslo. Also the PP-presentation given by Tiina Laatikainen is available there.
- **Theme 2:** Receiving update on the ADO-sub-group “Flagship-project” (Adolescent Alcohol & Drugs Prevention among Youth in St Petersburg). A Power-Point presentation was provided by Anna Skvortsova and is available on http://www.ndphs.org/?mtgs,sihlwa_6_oslo.
- **Theme 3:** Discussing on programmes and project development for the prevention of social exclusion among school aged children. For background material we used the “FRIENDS” programme elaborated by Simon-Peter Neumer for previous SIHLWA-5 meeting (we continued the discussion which was started in March 2008 in Oslo). The background Powerpoint is available on http://www.ndphs.org/?mtgs,sihlwa_6_oslo.
- **Theme 4:** Discussing ADO-sub-groups suggestions for the EU Baltic Sea Region (BSR) Strategy on “Safety and Security” and the NDPHS participation in and contribution to it.
- **Theme 5:** Innovating on opportunities for collaboration with other NDPHS Expert Groups and possible joint projects;
- **Theme 6:** Discussing ongoing Action-Plan and future draft ADO-sub-group Action-Plan for 2008. Draft Action Plan is available on http://www.ndphs.org/?mtgs,sihlwa_6_oslo.

5.1.1 Theme 1: “Youth-risk- profile for NDPHS-data-base”

Our starting point was the follow-up of work that had been done in March 2008 at SIHLWA-5 ADO meeting (see BOX-1/ADO).

Presentation on youth's health behaviour profile was made by Tiina Laatikainen. She described the background of the problem (unhealthy behaviour and its relation to culture and environment), ways to tackle the problem (research, health promotion programmes,

collaboration at different levels), date necessary to define health risk. Examples of related studies were presented: 1) from Russian Karelia about 6th -7th grade children's smoking and alcohol misuse, and 2) from Finland about 9th grade children illustrating links with health behaviour and performance in school. Focus was made on possibilities of using the profile. It was emphasized that youth profile data should consist of material that is easily and universally available, suitable for policy making purpose, enabling comparison between countries and/or different regions. It was suggested that to start with 5 countries (Finland, Lithuania, Latvia, Poland and Russia) would be included and a workshop for implementing agencies/groups would need to be organized.

ADO-sub-group discussed about the need of conceptualization of the work-plan before starting, identifying sources risk behaviour data focusing on different determinants of health risk, which is relatively easily available. Already existing data sources would be used (e.g WHO-EURO-stat, HBSC, ESPAD etc.). Quality of data, methods of collection and difficulties to get data would be considered. Importantly, this youth profile should cover both health data and social determinants.

ADO-sub-group concluded that we are moving ahead. Tiina Laatikainen (National Public Health Institute in Finland) will prepare first draft of profile list, which will be circulated between participating countries, to know what type of data available in different countries. Tentative deadline would be end of November 2008. See BOX-1 and BOX-2/ ADO.

BOX-1/ ADO

SUMMARY on YOUTH-PROFILE DEVELOPMENT (DRAFT)

from previous SIHLWA-5 ADO meeting

Thematic paper: Youth Health Pro-file or NDPHS data base

Need to be strategic. Create "outrage"

- "snapshot", "quick & dirty"
- Not a data-base as such
- Going ahead: FIN, LTU, POL, CAN, EST? RUS?
- Existing data primarily (intl. & national). Do not invent the wheel.
- Identify gaps in data and policies.
- Be strategic!!

1. Classify indicators into 3 groups of wellbeing: PHYSICAL, EMOTIONAL, BEHAVIOURAL (e.g. commercial sex to behavioural indicators (all these also by gender).
2. Structure of field of actors on youth's health: governmental actors, NGO actors, etc. Their funding, amount of resources, field of action, relations to each other.
3. Main causes of morbidity & ill-health among youth
4. Most important to identify indicators relevant to ALL /most of the countries.
5. Mental health (e.g. suicides, stress associated with unemployment).
6. Obesity (BMI, diabetes, physical activity)
7. Smoking habits
8. Alcohol & drugs (substance abuse)
9. Violence & accidents (bullying at schools, risk taking behaviour in general
10. For policy analysis also qualitative indicators. Group could not agree which...
11. Information on special risk group, for instance social background factors.
12. Tobacco and alcohol tax and price, advertisement and sales, etc.
13. Institutions responsible for related policies, prevention, health promotion and providing services.
14. Forms of intersectoral collaboration in issues related to youth health risks.
15. Age limitations for alcohol
16. How the age limitations work?
17. Number of school drop-outs.
18. Family structure – a holistic view. (From HBSC/ WHO-EURO)

BOX-2/ ADO

SUMMARY on YOUTH-PROFILE DEVELOPMENT

Tiina Laatikainen/ SIHLWA-6/ADO

- Basic data on risk behaviour and youth and related issues (i.e. legislation, policies, programs) from as many PU countries as possible
- For program planning and policy making purposes – easily interpretable information, not scientific work
- Draft "module" for data collection will be made by Finnish team by the end of November 2008
- Circulated for comments among participants of this meeting
- Pilot data collection in the beginning of next year
- Joint workshop to discuss the process, see the results of the first effort and develop it further
- Continuation and larger data collection later in 2009

For next steps for ADO Youth-Profile we agreed to do the following:

- Discussion on youth profile and how far we have progressed would be on the agenda of at the 7th Meeting of SIHLWA ADO-sub-group, with possibility to organize a separate workshop in the same connection. Tentative deadline would be February-March, 2009.
- Presentation of the profile at the conference in Vilnius in June 2009 at the "Healthy Schools" conference
- Preparation and publishing Fact Sheet on youth-profile. Tentative deadline autumn 2009.

5.1.2 Theme 2: Receiving update on the ADO-sub-group "Flagship-project"

(Adolescent Alcohol & Drugs Prevention among Youth in St Petersburg). A PP-presentation was provided by Anna Skvortsova and is available on:

http://www.ndphs.org/?mtgs,sihlwa_6_oslo.

Review of the progress on project, which started in 2007, was made by Anna Skvortsova. She pressed briefly basic information about the project and stressed, that quick start was possible regarding close relation with partners before the project started, presented activities till, performed in 2008 till now (activities with children, seminars for teachers and mass media), surprised results after seminars for mass media (printed 5 articles in the newspapers), media research, summary of media research (13 newspapers in St. Petersburg) and possible solutions (as working with editors, more discussion on professional ethics, more skills understanding the youth audience). There was made focus on second media seminar "Young people, alcohol and advertising", seminar for local politicians, on network for school- drop out children, to get them back to society.

Participants discussed about possibilities to replicate this project in other countries, working with children at risk, need of socially oriented editors, organization the competitions for journalists in different topics,

It was concluded that there exists negative aspects working with journalists in many countries, that we need regular meetings with journalists on positive topics and the same topics in different countries, working with editors as they make mass media policies.

5.1.3 Theme 3: Discussing on programmes and project development for the prevention of social exclusion among school aged children.

For background material we used the “FRIENDS” programme elaborated by Simon-Peter Neumer for previous SIHLWA-5 meeting (we continued the discussion which was started in March 2008 in Oslo). The background power-point-presentation is available on http://www.ndphs.org/?mtgs,sihlwa_6_oslo.

Participants of ADO subgroup continued discussion on programmes/projects further elaborating on social inclusion/exclusion along lines brought up and discussed at SIHLWA 5th Meeting in March, in Oslo. ADO-sub-group concluded that we still need more information about evidence based results of this approach. We decided that we are not ready for starting to prepare or advocate for a project, yet, but we should keep our eyes open to explore further. In the NDPH external evaluation it was concluded that we (SIHLWA and ADO included) are more strong on public health focus, but activities advocating social inclusion aspect have been relatively weak and would need to be strengthened.

5.1.4 Theme 4: Discussing ADO-sub-groups suggestions for the EU Baltic Sea Region (BSR) Strategy on “Safety and Security” and the NDPHS participation in and contribution to it.

Following views and recommendations were given to SIHLWA secretariat as guidance for the elaboration of SIHLWA input for the EU-paper:

- The EU strategy preparation is very relevant to ADO-subgroup, and authorized the secretariat to do its best to make our views heard. We still do not exactly know how specific suggestions could be provided and how far into detail one could go. The comments also are dependent of the span of the EU-strategy: short term 3-5 years? Medium term 5-10 years? Long term 10 – 20 years?
- ADO-subgroup wants to base its views on evidence.
- Health and wellbeing of youth is highly relevant also for economic development and on demography. Note the so called “demographic crisis” in Russia, where the life-expectancy at birth is low (65 years for men and women, and only 59 for men). In Finland the cost to municipal services for one child in foster parent care has been estimated to be on average 33.000 € per year. The reason of for child protection measures usually is uncontrolled use of alcohol or drugs by parents.
- Substance abuse (alcohol and drugs) is a serious risk to well-being and security of young people themselves and also to others due to increasing interpersonal violence, drunken driving and injuries.
- The threat of social exclusion needs to be included in our comments. Find examples.
- EU strategy on sustainable development is worth remembering and reviewing. Finland has prepared its own national strategy for sustainable development. How about Lithuania, Latvia, Poland or Sweden? ADO-members were encouraged to review those and check for relevant points for SIHLWA comments.
- There is also EU strategy for education for sustainable development to look and to learn from.

- WHO/ Report on Social Determinants on Health (Author: Marmot) needs to be reviewed for good evidence references.
- Environmental cooperation between EU and Russia is worth to think about: importance of factories to become environmentally sound.
- Environmental education of young people and general public. NDPHS secretariat to follow up,
- Price of development of hazardous and harmful substances such as alcohol and tobacco.
- Enforcement of access to alcohol and tobacco of under-aged (children) need to be carefully reviewed and enforcement upgraded. Good examples from Malmö/ Sweden for instance, when police has started to practice zero-tolerance on children's drinking.
- In the whole Baltic-region EU countries the free movement of alcohol should be reconsidered. Alcohol is not a "normal" product, but a psychoactive substance, just as tobacco. If same taxation/price level is not possible within EU, they should be removed from the items of "free movement".
- Transport/traffic needs to be made more SAFE. Drunken driving, seat belts, under-passeges, speed limits, safety seats, biking helmet, biking tracks, light and other rules (especially for children), need a lot morfe attention than they get now.
- For schools, training of trainers on life-style skills. Pupils need not only knowledge, but also training on positive attitudes, values, moral etc. This type of education in schools is challenges, as *ex-cathedra* preaching will not bring results. Nevertheless, there are new tested and evidence based methods how it can be done in a way that young people like it.
- Although not directly under issues on ADO-agenda, it was felt that energy production and health consequences should be raised in the statement.
- ALKOHOL & TOBACCO & DRUGS are a habit/lifestyle, but they are also a component of environment.
- Social Exclusion : TO PREVENT social exclusion! To facilitate inclusion of excluded!
- Equal opportunities to health & health care. Differences between population groups too sharp and growing (see Marmot!)
- Also equal opportunities for quality of life through education, recreation AND SOCIAL well-being.

5.1.5 Theme 5: Innovating on opportunities for collaboration with other NDPHS Expert Groups and possible joint projects;

ADO sub-group participated in the general discussion of this overall theme of the Oslo Joint NDPHS EGs meeting. It was discussed in joint plenaries, in common SIHLWA plenaries (see also results of the questionnaire made by SIHLWA secretariat (available at http://www.ndphs.org/?mtgs,sihlwa_6_oslo).

Specifically with the ADO-team we wanted to emphasize following:

- We are positive towards collaboration with other EGs. Potential exists practically with all groups. Within SIHLWA, ALC and OSH subgroups are natural partners. But also HIV/AIDS, Prison Health and PHC groups have common interests with ADO-sub-group.
- In practice the biggest limiting factor is time available. Doing projects and even attending planning meetings is often not possible, because by definition all SIHLWA and ADO members have our normal work to do. Our employers will not allow members to allocate limitless time for NDPHS collaboration. After all NDPHS operates like a voluntary NGO.
- The CBSS associated EG on “Children at Risk” is close to the general theme of ADO-sub-group. We have had several initiatives to work closer together. We should continue our efforts to be better knowledgeable about our projects and programmes, and to seek synergies through practical collaboration.
- ADO-group warmly supports that the ALC sub-group could become involved in the Baltic Sear Region Programme 2007 – 2013, where NDPHS/PHC-EG is planning to participate. The joint SIHLWA suggestion would be to involve EIBI⁸-approach in PHC delivery. In principle also other evidence based methods for health promotion could form a useful base for collaboration with SIHLWA in general and ADO in particular

5.1.5 Theme 6: Discussing ongoing Action-Plan and future draft ADO-sub-group Action-Plan for 2008.

Draft Action Plan is available on http://www.ndphs.org/?mtgs,sihlwa_6_oslo.

ADO-sub-group thanked the SIHLWA-Secretariat for preparing the draft Action Plan for ADO. As indicated above, the group felt that we are not yet prepared for elaborating in practice a social inclusion project in 2009, but would like explore the topic further. We feel that it is better not to try to do more than what we can manage. We should focus on the ADO-profiles for the data-base project and spreading ADO alcohol and drug prevention programmes beyond the Russian Federation. The question of injury and violence prevention among youth is also an area to explore further. The upcoming PAC-5 meeting in Ottawa Canada and its side event on indigenous and remote populations may bring new initiatives and challenges, which we would follow up at the next SIHLWA-7 meeting tentatively in Östersund in March 2009.

In June 2009 there will be a WHO-EURO Healthy Schools Conference in Vilnius-Lithuania where ADO-sub-group will participate. More detailed plans will be made in 2009.

5.1.6 Other issues discussed in the ADO-sub-group

ADO new ideas and recommendations for 2009:

- Stakeholder Analysis on SIHLWA is starting in autumn 2008 and will take ADO-issues into consideration. follow-up at the next SIHLWA-7 meeting tentatively in Östersund in March 2009.

⁸ “Early Identification & Brief Intervention on Hazardous & Harmful Use of Alcohol”

- Strategy /Policy programme Conference (countries' plans & approaches) 2009
- Evidence based methods on smoking cessation among youth.
- Quality recommendations for school lunches
- Elaborate in next ADO meeting the concept of TV-programme "Life at Stake"
- Next SI HLWA- meeting could tentatively take place in Sweden / Östersund (NPHI)?

1) Subgroup on adolescent health and socially-rewarding lifestyles

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5.2 Report of sub-group on Alcohol

The sub-group on alcohol consisted of 11 members: Kari Paaso (Finland), Evgeny Krupitsky (Russia), Marjatta Montonen (Finland), Ineta Vanaga (Latvia), Gelena Kriveliene (Lithuania), Øystein Østraat (Norway), Magdalena Pietruszka (Poland), Pi Högberg (Sweden), Matilda Hellman (NAD), Hasse Schneidermann (NordAN), Hanna Koppelomäki (SIHLWA).

5.2.1. Summary

The sub-group's work consisted in:

- strengthening the group's organisation;
- formulating input for the "EU Strategy for the Baltic Sea Region" under preparation by the European Commission;
- updating developments and events relevant to the group's work;
- updating activities ongoing or planned by the sub-group, including the EIBI feasibility study ongoing in St. Petersburg and the seminar on International Trade Agreements and EC Law to be organised in Riga in December 2008;
- innovating on opportunities for collaboration with other NDPHS Expert Groups;
- discussing the sub-group's work plan for 2009 and beyond, including preparation of thematic reports for for NDPHS Database project.

5.2.2 The sub-group's organisation and working methods

The sub-group has been chaired by Kari Paaso, currently with the Finnish Ministry of Social Affairs and Health, who took over the chairmanship in 2006 while representing the WHO Office for Europe. Since returning to Finland in 2007, Mr. Paaso has not been able to give his full attention to supporting the sub-group's work. To help with the workload and the flow of information, the sub-group decided to move to a system of a pair of co-chairs. **The sub-group selected as a new co-chair Magdalena Pietruszka**, representing PARPA, the Polish State Agency for Prevention of Alcohol-Related Problems. Ms. Pietruszka will act as co-chair along with Evgeny Krupitsky who represents the Bekhterev Psychoneurological Institute in St. Petersburg and has acted as co-chair for the sub-group since the beginning in 2005.

In its previous meeting the sub-group formulated for the NDPHS secretariat proposals for creating structures to foster information exchange among SIHLWA members and to help monitor alcohol policy issues in partner countries. The proposals were now re-formulated as follows:

- For keeping contact between EG meetings, the ALC sub-group would not need more than a thematic mailing list, through which relevant information could be automatically conveyed to sub-group members and other interested persons. The secretariat tentatively promised to find out what would be required to set up an **automatic mailing list** (e.g. sihlwaalc@ndphs.org) for the ALC sub-group and possibly for other sub-groups too.
- There is no need for creating an electronic discussion group in the partnership web site, because software for this purpose is available in the nosam.net web site run by NAD.

As regards www.nosam.net, currently under re-evaluation and possibly re-organisation, the sub-group on alcohol wishes to express its strong support for:

- Continuing and further developing the nosam.net monitoring and information service focussed on alcohol policy issues, found extremely useful for stakeholders in Nordic countries.
- Extending the geographical coverage of the service to Baltic Sea countries, and to the extent possible, to NDPHS partner countries. Extending the geographical coverage would require extra resources for producing or translating text into English. It would also require national experts – including ALC sub-group members – to actively suggest content and links relating to developments in their respective countries. Such input is welcome even now.
- Ensuring adequate funding and human resources for running and developing the service.

About nosam.net

http://www.forebygging.no/fhp/d_emneside/cf/hApp_101/hPKey_10692/hParent_717/hDKey_7

5.2.3. Input for "EU Strategy for the Baltic Sea Region" under preparation by the European Commission

The SIHLWA sub-group on alcohol suggests that the following points be given attention as factors relevant to the development of the potential of the Baltic Sea Region.

With reference to the objective of supporting balanced **economic development**:

- A healthy population is the most critical factor behind sustainable economic development of enterprises and societies.
- Alcohol is a major determinant of health across the Baltic Sea Region, and a concern for all NDPHS countries.
- Alcohol-related harm causes enormous costs to society in terms of health care and social welfare costs, costs associated with reduced job productivity and lost earnings, costs of the police, court and prison system and crime damage.

These issues merit attention in the Strategy and call for the development of comprehensive policies in the entire Region to prevent and minimise harm from alcohol use to individuals, families and society.

With reference to the objective of developing the Baltic Sea Region into a **safer and more secure place**: Alcohol use is a contributory factor in:

- accidents and injuries, including in traffic
- interpersonal violence, including domestic violence
- social exclusion
- public disturbance and crime.

Increasing public safety in the region requires the development of strategies to reduce this type of harm from alcohol use. Ministry says alcohol poses a threat to Finnish internal security. Helsingin Sanomat, international edition 16.4.2008.

<http://www.hs.fi/english/article/Ministry+says+alcohol+poses+a+threat+to+Finnish+internal+security/1135235616133>

5.2.4 Update on developments & upcoming events

The 61st World Health Assembly (WHA) resolution on "Strategies to reduce the harmful use of alcohol" was adopted on 24 May 2008. The resolution sets up a process for the development of a global strategy to reduce harmful use of alcohol, to be presented for the 63rd WHA in 2010. A similar resolution, presented by Sweden and other Nordic countries at the WHA in 2007, failed due to opposition from Cuba. This time the resolution was presented by Rwanda with support of several other African countries.

World Health Assembly Resolution WHA61.4

http://www.who.int/substance_abuse/activities/globalstrategy/en/index.html

The Clarion Declaration. An international group of alcohol policy researchers and public health and NGO experts met in a seminar in Dublin in May 2008 to discuss the positioning of science and policy in relation to the alcohol industry. The results were published as "The Clarion Declaration". Participants agreed that there is an inherent incompatibility between protecting the public from the harm done by alcohol and the alcohol industry's requirement to maximize profit by promoting the sale and consumption of its products. To protect the integrity and legitimacy of alcohol research, no funding relationships with the alcohol industry should be entered into.

The seminar was organised by Alcohol Action Ireland and the Nordic Centre for Alcohol and Drug Research (NAD) with financial support from the Norwegian Government. The theme will be elaborated in an article upcoming in the journal *Addiction* (Babor T. & Stenius K.) and in "warning papers" to be published in several scientific journals.

The Dublin seminar was a follow-up to a seminar entitled "The Alcohol Beverage Industry: Trends, Influence, Logics", organised by NAD and the Society for the Study of Addiction (SSA) in Copenhagen in 2006. The previous seminar also resulted in articles published in alcohol research journals.

- Eurocare Newsletter May-June 2008: The Clarion Declaration
- http://www.eurocare.org/press/newsletter/2008_3
- "The Alcohol Policy Arena: Positioning Science, Knowledge and Policy in Relation to the Alcohol Industry", Dublin, Ireland, 15-16 May 2008.
- <http://www.nad.fi/pdf/Dublin%20agenda.pdf>
- Nordic Studies on Alcohol and Drugs 6/2006: Thematic issue
- http://nat.stakes.fi/NR/rdonlyres/CECC1479-F603-4A55-B4D9-8761FDB534F8/0/NAT6_2006.pdf
- Babor T. Diageo, University College Dublin and the integrity of alcohol science: it's time to draw the line between public health and public relations. *Addiction* 101 (10): 1375-1377, 2006.
- <http://www3.interscience.wiley.com/cgi-bin/fulltext/118730535/PDFSTART>

Conference: "Alcohol, drugs and harm to others. Victims are part of the solution", Tallinn, Estonia, 10–12 October 2008. Taking place for the first time outside the Nordic countries, the annual conference of the Nordic Alcohol and Drug Policy Network NordAN is organised jointly with the Estonian Temperance Union (AVE). The conference is accompanied by a series of seminars on topical issues, e.g. "International alcohol policy and global solidarity", focussed on the WHO global alcohol strategy process.

<http://www.nordan.org/conference2008/default.asp>

Seminar: "Implementing Brief Intervention in Welfare and Health Services in the Nordic Countries: Research Based Experience", 22–23 May 2008, Copenhagen.

Organised by the Nordic Centre for Alcohol and Drug Research (NAD) and the journal Nordic Studies on Alcohol and Drugs (NAT), the seminar focussed specifically on Nordic evidence base and was characterised by intensive discussion. Part of the presentations will be published as articles in NAT.

http://www.nad.fi/pdf/briefint_programme_May.pdf

Alcohol issues will be on the agenda during the Swedish EU presidency in 2009. Alcohol issues were raised on the EU agenda during Sweden's previous presidency in 2001. In June 2001, the European Council issued a policy recommendation regarding alcohol and young people, along with Conclusions in which it invited the European Commission to put forward proposals for a comprehensive Community strategy to reduce alcohol-related harm. The Commission's communication presenting an EU strategy to support Member States in reducing alcohol-related harm was eventually issued during the Finnish EU presidency in October 2006. It was followed by Conclusions of the Council, in which the Council invited the Commission to report both on its own activities to implement the EU alcohol strategy and on Member States' activities.

Besides following up on the progress made, the Swedish Presidency in 2009 will explore opportunities for further development of public health-oriented alcohol policies. Four priority areas will be focussed on: alcohol advertising and commercial communications; alcohol and ageing; cross-border trade of alcoholic beverages; harm caused by alcohol to the unborn child.

Major fora for addressing alcohol issues include the Health Council of 6–7 July 2009 in Jönköping, an expert conference on the prevention of alcohol-related harm on 21–22 September 2009 in Stockholm and a WHO regional conference, also in Stockholm in September 2009.

- Council Recommendation on the drinking of alcohol by young people, 5.6.2001.
- Conclusions of the Council on a Community strategy to reduce alcohol-related harm, 5.6.2001.
- Communication from the Commission: An EU strategy to support Member States in reducing alcohol-related harm, 24.10.2006.
- <http://europa.eu/scadplus/leg/en/cha/c11564.htm>
- Council Conclusions on EU strategy to reduce alcohol-related harm, 30.11. and 1.12.2006.
- http://www.consilium.europa.eu/ueDocs/cms_Data/docs/pressData/en/lsa/91933.pdf

5.2.5 Other developments: health warnings and excise taxes

- Introduction of a mandatory warning label on alcohol containers, focussed on the risk of birth defects, is still in progress in the Polish legislative system. **Poland** already mandates health warnings on billboards advertising beer (the only alcoholic beverage category for which advertising is allowed), covering at least 20% of the surface. Advertisers can choose between texts cautioning against drink-driving, drinking during

pregnancy or selling alcoholic beverages to minors. A nationwide campaign to promote pregnancy without alcohol was organised in 2007–2008 by PARPA.

<http://www.ciazabezalkoholu.pl>

- Health warnings on billboard advertisements for beer and wine (advertising for spirits not being allowed) have been mandatory in **Lithuania** too for several years. Minimum size of the warning is 30% of the surface. The warning focuses on risks from alcohol use to the drinker's health and family and to the society. Lithuania has recently introduced time restrictions on alcohol advertising on television: alcohol commercials can only be broadcast between 23 h and 6 h.
- **Latvia** mandates on all alcohol advertisements (printed or billboards) a warning about the negative effects of alcohol use, covering at least 10% of the surface, at the bottom of the advertisement, with black letters on white background. Introduction of warnings on alcohol containers, focussed on the risks of alcohol use during pregnancy and on drink-driving, has been discussed in conjunction of the preparation of a "Program for Reduction of Alcohol Consumption and Restriction of Alcohol Addiction" for 2009-2013. [CORR]
- In **Sweden** a ban on print advertising for beer and wine was lifted but since 2005 the advertisements have been required to carry one of several alternative warning texts, covering at least 20% of the surface.
- The **alcoholic beverage industry** has been active as regards health warnings. In Poland, some alcoholic beverage producers have introduced voluntary drink-driving warnings on containers. In Sweden and in Denmark, Government has been approached by the brewing industry offering to introduce voluntarily responsible drinking messages on alcohol containers.
- **Finland** has witnessed few positive developments in alcohol policy since the decision, taken by the health Minister in January 2008, to cancel the legislation mandating alcohol warning labels on alcohol containers. Excise tax on alcoholic beverages was raised in January 2008 with ca 15% for spirits, resulting in ca 10% raise in spirits prices, and less for other beverage categories. Domestic spirits sales have decreased somewhat but part of the decrease has been compensated by increased private imports. Total consumption shows signs of slight decrease. Debate about alcohol tax levels continues.
- In **Denmark**, heavy drinking by young people, associated public disturbance and risk of damage to the brain have caused concern, so much so that Government considers raising the minimum purchase age for alcoholic beverages to 18 years. Drink driving fatalities show alarming increase as does the proportion of people drinking above the recommended levels. Further impetus for tackling alcohol use has been provided by an OECD report pointing out that life expectancy in Denmark is lower than in most Western European countries, largely due to unhealthy lifestyles. Since the local government reform in 2007, municipalities are in charge of both preventive activities and the provision of treatment services. Prevention and health promotion is hoped to receive more attention when the costs of ill health are incurred directly by the municipalities. Government has set up a special task force to prepare a report on alcohol policy options. More emphasis than before is now being placed on structural measures targeted to pricing, availability and advertising of alcoholic beverages.

Economic survey of Denmark 2008: Health: a major fiscal challenge

http://www.oecd.org/document/33/0,3343,en_2649_34587_40080225_1_1_1_1,00.html

- A report in the alcohol policy situation in **Nordic countries**, prepared by the Nordic Council of Ministers and NAD, was presented in Nordic Health Ministers' meeting in Visby in June 2008. A report on the alcohol situation has been prepared yearly since the Nordic Health Ministers' first joint statement on alcohol policy on 18 October 2004.

Report in Swedish: Alkoholområdet, statusrapport 2008.

- <http://www.nad.fi/pdf/Statusrapport%202008%20-%20alkoholpolitiskt%20samarbete.pdf>
- Declaration on alcohol policy, Nordic Council of Ministers and Ministers of Social Affairs and Health, 18 October 2004. Socius Finland 3-4/2004
- <http://www.stm.fi/Resource.phx/socius-finland/socius-finland-32004/sluettelo.htx.i256.pdf>

5.2.6 Update on ongoing & planned activities

Seminar: "International Trade Agreements and EC Law: Impact on alcohol policy", Riga, 3-4 December 2008.

Planning for a seminar on the impact of trade agreements and EC law on alcohol policy was started in the sub-group on alcohol in 2006. The seminar will be organised by Actis (the Norwegian Policy Network on Alcohol and Drugs), with technical assistance from the Nordic Council of Ministers' office in Latvia, with financial support from the Norwegian Ministry of Health and Care Services, and in association with NAD and SIHLWA.

The programme will consist of four parts: international trade agreements, EU law, relationships between EU law and EU policies, and public health-relevant court cases. Presentations will focus on international trade agreements and EU legislation that have bearing on the extent of political autonomy and freedom of action in the area of public health. Case studies will be presented to illustrate the implications for control policies regarding cross border trade, taxation and marketing.

The seminar is intended to provide an opportunity for learning, interaction and networking for civil servants and researchers in the public health field. The programme will be finalised soon. *Members of SIHLWA Expert Groups are invited to participate and to disseminate information about the seminar among interested colleagues.*

The seminar in Riga will be the fourth in a series of seminars around the same themes, organised with support from the Norwegian Government. Two of the previous seminars took place in Oslo, one in Stockholm. Since participants have considered the information disseminated useful for practical work, the series of seminars is continued to give a broader range of countries the opportunity to be introduced to public health issues in the framework of international trade law.

http://www.nosam.net/fhp/d_nyhet/cf/hApp_201/hPKey_1907/hParent_47/hDKey_7
Baumberg B. & Anderson P. Health, alcohol and EU law: understanding the impact of European single market law on alcohol policies. European Journal of Public Health 2008 18(4):392-398.
<http://eurpub.oxfordjournals.org/cgi/content/abstract/18/4/392>

Feasibility study on the use of Early Identification and Brief Intervention (EIBI) to tackle hazardous and harmful use of alcohol in St. Petersburg and the Leningrad region.

A one-year feasibility study and planning project is underway with funding from the Finnish Ministry of Foreign Affairs and co-ordinated by Stakes. The Russian partners are: V.M. Bekhterev Psychoneurological Research Institute, the Medical Academy for Postgraduate Studies, the Leningrad Regional Center of Addictions, and the Information and Analysis Center for Social and Health NGOs. The purpose of the project is to assess the feasibility of an EIBI pilot project in St Petersburg and/or the Leningrad Region and, if deemed feasible, to produce a detailed plan for a pilot project. The purpose of the pilot project would be to adapt EIBI to the local circumstances, to assess in practice the benefits of brief intervention and to disseminate the technique to other organisations and regions in The Russian Federation.

To involve stakeholders in the planning process, two seminars directed to health and social services professionals and managers were organised in June in St. Petersburg. Planning workshops with Russian and Finnish partners were organised in July and September. The Clinical Guidelines and Training Programme for implementation of EIBI in primary health care, developed in the EU-funded PHEPA project were translated into Russian to be used as material in the planning process.

The feasibility study has yielded a useful analysis of the alcohol situation and of the positions of stakeholders. Entry points for introduction of EIBI have been identified in health services, in social services and in professional training structures, and innovative ideas for research, training and pilot interventions have been formulated. A three-year project, involving multiple partners and possibly with several sub-projects has been envisioned. The project plans still need further development before one or more applications for funding can be presented. The final report of the feasibility study phase is due by end of October 2008.

- The PHEPA project www.phepa.net > Resources and publications
- <http://www.gencat.net/salut/phepa/units/phepa/html/en/dir361/index.html>
- A Power point presentation on the EIBI feasibility study can be uploaded at http://www.ndphs.org/?mtgs.sihlwa_6_oslo .

5.2.7 Opportunities for collaboration with other NDPHS Expert Groups

Possible common interests and opportunities for collaboration with other NDPHS Expert Groups were discussed. Suggestions for concrete action are presented below, along with possible areas for joint action identified by other EGs, as presented in the final plenary session.

EG on HIV/AIDS

The ALC sub-group identified several areas of overlap that might merit further examination in a joint workshop or seminar. *Hasse Schneidermann and Øystein Østraat will act as contact persons to whom potentially useful ideas, information and materials should be sent, and who will explore possibilities for organising a joint event, or for taking up the issue in the context of WHO events.*

- In several Nordic countries new population groups are increasingly affected by HIV, often through heterosexual contacts. Use of alcohol may be a risk factor in this context.
- Studies carried out in the US have shown overuse of alcohol and underuse of substance abuse treatment among HIV patients. Recommendations include screening HIV patients

for hazardous alcohol use, conducting brief interventions and referring patients to treatment programs.

- Studies carried out in St. Petersburg have shown that, besides the potential of benefit in addressing alcohol use in HIV patients, including sexual behaviour counselling in addiction treatment (alcohol and/or heroin dependence) could help decrease risky sexual behaviour in this population at risk for HIV.

According to the HIV/AIDS EG, HIV-patients are concerned with lifestyle issues and might be receptive to alcohol-related advice. Voluntary testing and counselling has been found a promising approach to curbing the spread of HIV. Involving primary health care in these activities has been deemed vital.

- Clinical management of alcohol use and abuse in HIV-infected patients. New York State Department of Health, 2008.
- http://www.guideline.gov/summary/summary.aspx?ss=15&doc_id=12573&nbr=6481
- Studies reveal wide use of drugs and alcohol and underuse of substance abuse treatment by those with HIV disease
- <http://www.ahrq.gov/research/aug08/0808RA35.htm>
- Krupitsky E. & al. Alcohol use and HIV risk behaviour among HIV-infected hospitalized patients in St. Petersburg, Russia. *Drug Alcohol Depend.* 2005 Aug 1;79(2):251-6.
- Samet J. % al. Mitigating risky sexual behaviour among Russian narcology hospital patients: the PREVENT (Partnership to Reduce the Epidemic Via Engagement in Narcology Treatment) randomized controlled trial. *Addiction.* 2008 Sep;103(9):1474-83.

EG on Prison Health

The ALC sub-group identified two main areas of overlap in which possible common interests might be discussed.

- Diverting offenders with substance abuse problems into treatment as an adjunct or alternative to criminal sanctions. Relevant cases include minor illicit drug use offences and drunk-driving.
- Alcohol and other substance abuse problems are common in prison populations. Nevertheless, treatment and rehabilitation are less accessible than in the wider community. An opportunity for health gains and to reduce future substance use is being lost.

The Prison Health EG suggested health education for young offenders as an idea for a joint project of several EGs.

- “Today's Nordic Prison – A Massive Substance Abuse Treatment Centre”. Seminar organised by NAD, November 2007, Helsinki, Finland.
<http://www.nad.fi/index.php?lang=se&id=todaysnordicprison>

WG on Children at Risk

The WG on Children at Risk has recognised alcohol use by young people and violence associated with alcohol use as issues of concern but has not taken much action in this area.

The effects of problem drinking on children have received considerable attention in NDP countries.

- Fetal alcohol effects will be one priority theme during the Swedish EU presidency in 2009.
- Introducing non-voluntary treatment for pregnant women with substance use problems is on the political agenda in Finland. A report on the effectiveness of non-voluntary treatment is coming up in Norway.
- In Denmark, children of people with drinking problems were for a long time neglected by municipal services. Now the issue is highlighted in a television series. In Norway, children affected by parents' drinking problems were the topic for a major fundraising campaign.

The idea of organising a seminar or conference to highlight the various effects of alcohol on the family, to describe working methods and services directed to families, and to discuss strategies for problem prevention was already presented in the ALC sub-group's previous meeting. *Improving the health and social well-being of families was now suggested as an overall, holistic theme that could bring together all NDPHS Expert Groups.*

The ALC group continues to explore the possibility of organising a conference on family health, possibly in co-operation with other EGs. One possibility is to suggest it as a side event for the Partnership Annual Conference (PAC) in Norway in 2009. *Hasse Schneidermann will do some preliminary planning around the conference idea, to be elaborated in the ALC sub-group's next meeting.*

A still valid overview of different aspects of alcohol problems in the family was drawn up by Eurocare and COFACE in 1998.

- Alcohol problems in the family. A report to the European Union, prepared by Eurocare and COFACE (Confederation of Family Organisations in the European Union), 1998.
- http://www.eurocare.org/resources/eurocare_publications/alcohol_problems_in_the_family

EG on Primary Health Care

The ALC sub-group was surprised that the prevention of non-communicable diseases did not feature on the priority list of the PHC EG, and was not included in the primary health care development project under preparation. The issue was discussed briefly with the PHC EG's chair. Less attention is given to non-communicable diseases than to communicable diseases by the PHC EG because the latter are a greater concern for potential project funders. The EG is, however, happy to consider the use of EIBI materials and tools. The PHEPA materials translated into Russian in the framework of the St. Petersburg feasibility study and the final report of the feasibility study will be sent to the chair of the PHC EG. Another source of best practice is a project that will be started by PARPA in 2009 to disseminate EIBI in primary health care in Poland.

It was considered essential the ALC sub-group and the PHC EG keep each other posted regarding primary health care-related activities, especially activities to disseminate EIBI.

The bulk of the disease burden in Europe is caused by a group of non-communicable diseases (NCD) that are linked by common risk factors. Cardiovascular diseases, neuropsychiatric conditions and cancers are at the top of the list. Leading risk factors include high blood pressure, use of tobacco and alcohol, high blood cholesterol and overweight.

The "Gaining health" strategy, adopted by the WHO Regional Committee for Europe in 2006, promotes a comprehensive approach to tackling non-communicable diseases. Sustainable strategies include population-based interventions that address multiple risk factors at the same time. Examples include taxation of tobacco and alcohol products or lowering the fat, salt and sugar content of processed foods. At the individual level too, multiple risk factor screening, early intervention and treatment is considered more effective than treating diseases separately. At the systemic level, re-orienting health services towards health promotion and disease prevention, and ensuring universal access to effective treatment are recommended.

- Gaining health. The European Strategy for the Prevention and Control of Noncommunicable Diseases. WHO EURO, 2006.
- http://www.euro.who.int/InformationSources/Publications/Catalogue/20061003_1

SIHLWA sub-group on OSH and the Baltic Sea Network on OHS

The NDPHS **Strategy on Health at Work**, adopted in 2007 by partner country ministers at the Partnership Annual Conference in Vilnius, recognises the workplace as an arena for health promotion, drawing attention to non-communicable diseases and their shared risk factors. The strategy points out that the improvement of workers' health is strongly related to lifestyle issues, such as nutrition, smoking, alcohol consumption and physical exercise.

- NDPHS Strategy on Health at Work, adopted at the Partnership Annual Conference
- 16 November 2007, Vilnius, Lithuania.
- http://www.ndphs.org/documents/779/NDPHS_Strategy_on_Health_at_Work.pdf

In order to assist the OSH sub-group and network to advance addressing alcohol use within the framework of health promotion in the workplace, the ALC sub-group decided to put together a list of recommended speakers, sources of information and best practices relating to alcohol issues in the workplace, including costs of alcohol in the sphere of work.

Examples [list to be continued by Alc sub-group members]:

- Alcohol and drug prevention in workplaces in Sweden: <http://www.alna.se>
- Finnish Institute of Occupational Health: Early identification and brief intervention in occupational health services.
 - Ms. Leena Hirvonen (aka Heljälä), researcher, leena.hirvonen@ttl.fi
 - Ms. Tiina Kaarne, medical specialist, tiina.kaarne@ttl.fi
 - Ms. Hanna Jurvansuu, researcher, hanna.jurvansuu@ttl.fi
- Promoting Occupational Health - Preventing Alcohol Abuse. Presentation at the conference "Reducing Alcohol Problems in the Baltic Sea Area", Riga 12-13 March 2007.

- http://www.ndphs.org/?mtgs.conference_on_alcohol_problems
- Over half of 30-year-old Finnish males at-risk drinkers. Helsingin Sanomat, internat. edition 30.4.2008.
- <http://www.hs.fi/english/article/Over+half+of+30-year-old+Finnish+males+at-risk+drinkers/1135235988136>
- Further information in Finnish:
- <http://www.ttl.fi/Internet/Suomi/Aihesivut/Tyoterveyshuolto/Tyokalut/Mini-interventio.htm>

- Motivating employers' and employees' unions for prevention in the workplace.
- Mr. Antti Hytti, Project Manager, Finnish Association for Healthy Lifestyles, antti.hytti@elamantapaliitto.fi
- http://btg.health.fi/?i=111627&s=5&v=2&name=WS_4_Hytti_Antti_ppt.pdf
- Further information in Finnish: <http://www.huugo.fi/index.php>

- A project to develop alcohol and substance abuse prevention in Aker Yards Finland, information in Finnish:
- <https://rtstm.teamware.com/Resource.phx/alkoholi/ohjelma/akeryards.htx>
- http://www.vayla.fi/suomi/pdf/Vayla_loppuraportti.pdf

5.2.8. The ALC sub-group's work plan for 2009 and beyond

Thematic report on alcohol issues for the NDPHS Database project

In the previous meeting in March 2008 it was agreed that the ALC sub-group's contribution to the NDPHS database project would consist in thematic reports updating activities to disseminate brief intervention for harmful and hazardous alcohol consumption. The present meeting decided instead to draw up reports covering the alcohol-related themes that will be prioritised during the Swedish EU presidency: alcohol advertising; alcohol and ageing; cross-border trade of alcoholic beverages; harm caused by alcohol on the unborn child. Besides serving the NDPHS database, the reports will thus provide material for the preparation of Swedish presidency activities. *Pi Högberg will draft a skeletal framework for the contents of the report ASAP; the reports will need to be drawn up before the end of the year.*

Innovation of possibilities for collaboration with other NDPHS Expert Groups yielded the following concrete plans:

- **Workshop or seminar on issues related to alcohol and HIV/AIDS.** *Hasse Schneidermann* and *Øystein Østraat* will act as contact persons to whom potentially useful ideas, information and materials should be sent, and who will explore possibilities for organising a joint event, or for taking up the issue in the context of WHO events.

- **Conference around the overall theme of family health.** *Hasse Schneidermann* will do some preliminary planning, to be elaborated in the ALC sub-group's next meeting.

- To assist the OSH sub-group and network, *members of the ALC sub-group* will produce **a list of recommended speakers**, sources of information and best practices relating to alcohol issues in the workplace.

- **Alcohol-related industries and prevention of alcohol-related harm: friend or foe?** This topic for a seminar was presented already in the sub-group's previous meeting in March 2008. Discussion was continued in the present meeting. The objective of the seminar would be to share experiences in ND partner countries of industry lobbying in alcohol policy issues or alternatively of co-operation with the industry on specific issues. Lobbying in policy matters, establishment of self-regulation of alcohol advertising, and promotion of responsible drinking are common, although the volume and locus of industry activity may vary between countries. The primary target group would consist of persons involved in alcohol policy preparation. *Kari Paaso and Matilda Hellman will draw up a skeleton plan for the seminar, to be elaborated in the sub-group's next meeting.*
- The concept of **stepped care or modular treatment** as an approach to holistic development of treatment services arose in the previous meeting in March 2008 as a theme that could be taken up in a workshop or seminar. The theme has bearing on the implementation of screening and brief intervention for harmful and hazardous alcohol use: appropriate treatment and rehabilitation services are needed for more severe problems. A related theme concerns the development of systems for matching clients with levels of care. **This item was left on the "waiting list" for 2010.**

5.2.9 Main tasks of the ALC sub-group

As reminded by Mikko Vienonen in the meeting in Oslo, SIHLWA is the largest of the NDPHS Experts Groups, and the ALC group is the largest of SIHLWA's sub-groups.

According to SIHLWA Terms of Reference⁹ the **main tasks of the sub-group on alcohol** are to:

- Develop, facilitate and assist in implementing policies, programmes and activities to promote health, safety and well-being through reduced consumption of alcohol in general and harmful alcohol use in particular.
- Explore ways to prevent the further weakening of alcohol policies leading into increased consumption.
- Develop a strong focus on holistic and comprehensive approaches to alcohol issues in national alcohol policy strategies.
- Support the implementation of the alcohol policy framework for the WHO European Region, including through appropriate monitoring and surveillance.

The **added value or function** of SIHLWA was described in various ways during the Oslo meeting. SIHLWA was mostly characterised as an instrument for advancing the respective sub-groups' priorities. SIHLWA, and the rest of the EGs are there for:

- fostering the development of public health-oriented policies;
- sharing best practice, not just among experts but among wider audiences;
- making use of each others' networks, e.g. for initiating activities in partner countries;
- enhancing collaboration between branches of administration;
- conveying information and raising issues on the highest political agenda, for instance through NDPHS annual reports and conferences.

⁹ SIHLWA Terms of Reference, adopted by CSR 9 in Paris, France, 26-27 October 2006.

5.3 Report of Subgroup on occupational safety and health [OSH] [OSH-report prepared by Wiking Husberg]

Participants: Wiking Husberg, ILO, Moscow, Chair
Evgeny Kovalevsky, RAMS Research IOH, Russian Federation
Irma Nool, Health Care Board, Estonia
Bernd Treichel, NDPHS Secretariat
Axel Wannag, State Labour Inspection, Norway
Igor Mihailuk, OSH Centre, Minsk, Belarus (first time participating)

5.3.1. Innovate on collaboration and project opportunities and ideas between OSH and other NDPHS Expert Groups and SIHLWA sub-groups, as indicated in the general scope & purpose of the meeting.

The NDPHS “Health at Work” strategy emphasises a closer link between occupational health and primary health care; this is also the case in the WHO Workers’ health Global Action Plan. There are good examples from the Netherlands, Finland (occupational health in polyclinics). Russia has also examples on closer cooperation between occupational health and primary health care.

The SIHLWA/OSH group organised a meeting with the Primary Health Care Group with the aim to better integrate public health and occupational health. A general agreement was reached and details related to training of general practitioners, best practices and on-going project supporting integration will be developed.

It will be useful to find good examples on cooperation, especially for SMEs and micro enterprises. A paper on the scope of the problem and a situational analysis on the cooperation between occupational health and primary health care would be useful.

5.3.2. Provide feed-back and conclusions to be made of responses on the enquiry made about the NDPHS Strategy on Health at Work

With agreement by the NDPHS CSR-13 meeting (Brussels, April 2008) the enquiry was sent to the relevant ministers and other counterparts asking for information on what each country is planning to do to implement the NDPHS Strategy.

- Replies were received from DK, EST, FIN, LAT, LITH, POL
- First analysis
 - Six national OSH profiles
 - Three national OSH programmes/strategies
 - Four draft OSH strategies
- The Secretariat will prepare a 2nd letter to the Ministries (cc to the OSH specialists) as a reminder from “above” and is supporting OSH specialists reminding from “below”
- Bernd Treichel agreed to finalise the replies
 - A table showing which countries have implemented the separate items in the strategy
 - Summary excerpt of the replies (already done for the six countries)
 - Full replies in an annex.

- It would be very useful to analyse the replies and produce a baseline, if a person can be found to do this.

5.3.3 Review the progress of the ILO NW Russia OSH and other related projects.

The development in the ILO OSH and the FIOH NW Russia projects were reviewed. The OSH report on the situation in Belorussia, first time participating, led to a detailed discussion on the OSH systems in the CIS countries.

5.3.4. Further elaboration the thematic national reports on OSH in selected countries.

No action on the report needed. However, the information from some countries is still missing. Note. These countries were reminded in the BSN Annual Meeting

5.3.5 Innovate on other new project opportunities and ideas as time will allow.

Funding possibilities from EU programmes for the Baltic States were reviewed. The possibilities were further reviewed in the BSN meeting among the Estonia and Latvia.

5.3.6 NDPHS impact in the EU Baltic Sea Region Strategy

The SIHLWA/OSH group suggests the inclusion of the “Health at Work” strategy into the EU strategy, as follows:

Ensuring good social and work environments, and preventing lifestyle-related non-communicable diseases using workplace as an effective arena for this activity, is the second action area, which, I would like to mention. There are great differences in working conditions between and inside the countries in our region and, in some areas, lack of preventive occupational health services is an important source of inequities in health. Consequently, creation of safe working conditions is one area where we can increase both the health of our populations and the attractiveness of our region. In the context of the increasing mobility of people regionally and globally, this factor is even more important for the countries which experience worrying exodus of skilled labor force, which undermines their economies.

The NDPHS decided to address the above challenge, and last year it adopted the “Partnership Strategy on Health at Work.” The systematic approach of the Strategy, developing policies, programs and systems for health at work and linking the public health and occupational health systems will, hopefully, harness the resources of both systems for a coherent and effective delivery of health services for the working age population. This strategy has been developed jointly with the ILO, WHO and EU and aimed at the practical implementation of their respective “Safety and health at work” strategies, and more specifically on the European Strategy for Safety and Health at Work 2007–2012, the new EU Health Strategy, 'Together for Health: A Strategic Approach for the EU 2008-2013' as well as the EU Second Programme of Community action in the field of Health 2008–2013.

The Northern Dimension countries have started to put into practice this strategy and its implementation plan, which link closely to the improvement of the public health system. It would be mutually beneficial to include the “Health at Work” strategy and action plan in the EU Strategy Action Plan for the region.

6. **Opportunities and difficulties of collaboration between NDPHS Expert Groups**

A group representing all NDPHS Expert Groups (HIV/AIDS, PHC, Prison Health, SIHLWA, and CBSS/Children at Risk/EGCC) was invited to elaborate, discuss and debate on the theme on how to improve collaboration between our EGs, what opportunities we have, what difficulties exist in our programmatic work and project planning, implementation and evaluation. The common goal was to explore and search how collaboration could be more efficient and effective rather than working separately, as we mainly have been doing so far. Bernd Treichel from the NDPHS Secretariat facilitated the debate.

Members of the panel were:

HIV/AIDS	Pauli Leinikki
PHC	Göran Carlsson
Prison Health	Zaza Tsereteli
SIHLWA	Mikko Vienonen
CBSS/Children at Risk	Lars Lööf

The discussion was lively and at times jumped from one topic to another. Some of us felt that it raised more questions than gave new answers. We did not come to any clear resolution or conclusion on how to proceed after this meeting. However, we felt that it was a good start. This note for the file aims to summarize some common lines of thought, which could be used when developing further collaboration between NDPHS EGs.

The SIHLWA OSH.sub-group noted that the Strategy of Health at Work (PAC-4, Vilnius, 2007) is one of the few areas where we can put collaboration into a practical context and implement a jointly approved plan. This work has started in 2008, letters to Ministers have been sent, and work is continuing.

Prison Health EG noted that in the questionnaire they had conducted by Prison Health EG, they could find out that links with PHC and HIV/AIDS were considered important. SIHLWA representative made reference to a similar questionnaire that they had conducted (referenced more in detail in this report under chapter 4.4). Many collaboration opportunities were identified by SIHLWA respondents. The limiting factor is time as collaboration requires extra effort and careful preparation and coordination.

SIHLWA EG emphasized that actually the existence of 3 sub-groups (ADO, ALC and OSH) create a normal mode of collaboration with each other. But it is true that links with other EGs have not been as frequent as could have been desirable, with the exception of EG on Children at Risk perhaps. But we must realize the limitations in our operational capacity as collaboration requires a lot of effort and additional work. Collaboration is not a value in itself, but we must be critical in evaluating what we want to get out of it, what is the added value. The fact that we are working together is nice but not enough.

The project- pipeline and data-base should be our first line for collaboration. Let's make an additional effort that we explore what is there for all of us to share and learn from each other. We in SIHLWA have had an ambitious goal to map "associated" SIHLWA related development projects and start networking with them, but so far our other tasks have prevented us from doing so. SIHLWA-ALC subgroup feels also that the links with HIV/AIDS would be important, especially as it comes to the risk of infection and forgetting about protection. The risks created to pregnant mothers by alcohol use creates a need to collaborate with the EG of Children at Risk. PHC is in key position to advocate and implement "early identification – brief intervention of hazardous and harmful use of alcohol ("EIBI"). First contact professionals still do not realize how important it is and consider it "waste of time" compared with so called "more important procedures like e.g. measuring blood pressure, etc.

When talking about collaboration, we should not only limit the discussion into cooperation among ourselves. SIHLWA has recent experience of collaboration with journalists in St Petersburg, and we recommend it to all other EGs. We cook too much “among our own liquids” and should look for partnership among media and also NGOs.

CBSS/Children at Risk/EGCC reported of lively and fruitful collaboration. They have actually sought strength through focusing and narrowing down their otherwise very broad topic. They also collaborate with other CBSS working groups like the Task Force against Trafficking of Human Beings. WGCC would be willing to share with others the networks they have. Obviously there would be opportunities for collaboration with SIHLWA and e.g. activities helping children in families with alcohol problems.

When Finland was the chairing EU country in 2006, a concept called “Health in All Policies“ was launched. HIV/AIDS can be seen as a narrow area in public health, but we hope it could be seen as an arrow pointing in many directions. For us PHC and Prison Health are natural partners. Family doctors are important for good HIV/AIDS prevention, and support to voluntary testing and case finding is needed. Link with SIHLWA goes through ADO and OSH, but also the risk of infection increases with uncontrolled use of alcohol.

PHC WG sees collaboration with other EGs as important. We should see the difference between policy formulation and implementation of projects. The Baltic Sea Programme has created for PHC EG new opportunities for collaboration. Issues that they are concerned with are how to pay for health care providers, how to guarantee equal access to services for all and issues related to training and education. Joint projects with Prison Health group could be possible and interesting as well as EIBI (alcohol prevention related issues).

The panel tried to identify some topics where everyone could work together. One example could be the training of trainers. We should also find a better way to collaborate and network with each other in-between the meetings. All that is needed is a phone or an e-mail connection. Let’s remember that most of our NDPHS EG work is done at home at our own desk. An internet based “chat-room” could enhance it.

The UN Convention on the Rights of Children was mentioned as an important common denominator for our collaboration. Another common theme for collaboration was suggested to be “Family Life”. It would be worth a big joint conference. Perhaps even the theme for 2009 PAC-6 side event (conference).

In conclusion the panel and audience noted that we talk about collaboration as if banging on open doors. But we do not walk through them even though they are open. Projects should be seen much broader than just development aid towards Russia. Projects are designed to make the change faster, and in that process expertise and help from others is paramount.

Collaboration can provide added value to our work. But this dialogue should be seen as a beginning, not as an end.

END OF REPORT

**NORTHERN DIMENSION PARTNERSHIP IN PUBLIC HEALTH AND SOCIAL WELL-BEING
(NDPHS):EXPERT GROUP ON SOCIAL INCLUSION, HEALTHY LIFESTYLES & WORK
ABILITY (“SIHLWA”)**

List of Chairpersons and Co-chairpersons

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2) Subgroup on alcohol

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3) Subgroup on occupational health and safety

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