

**EG on SIHLWA
Third Meeting
Vilnius, Lithuania
30 November – 1 December 2006**



Northern Dimension
Partnership in Public Health
and Social Well-being
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Title	SIHLWA Final report of the 3 rd EG meeting in Vilnius
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Summary / Note	<p>This document provides an overview (33 pages) of the NDPHS Expert Group on Social Inclusion, Healthy Lifestyles and Work Ability (SIHLWA) 3rd meeting held in Vilnius.</p> <p>In addition, from the meeting there is available Annex (SIHLWA 3-3/5/2, Annexes 1-9 to SIHLWA 3rd EG meeting final report annexes 1-9 and 3/5/3, SIHLWA 3rd EG meeting final report annex 10 (ADO Project Problem Tree)</p>
Requested action	Information and reference



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REPORT ON
NDPHS¹ Expert Group
“Social Inclusion, Healthy Lifestyles & Work Ability”
3rd Meeting of ”SIHLWA”
Vilnius 30 November – 1 December, 2006

Co-sponsored by WHO Regional Office for Europe
and
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	
ADO	sub-group on adolescent health & socially rewarding lifestyles/ SIHLWA
ALC	sub-group on alcohol/ SIHLWA
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
LVA	Latvia
MoH	Ministry of Health
MoSA&H	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
NOR	Norway
OSH	Occupational Safety and Health (inc. SIHLWA sub-group on ...)
PAC	Partnership Annual Conference
PHC	Primary Health Care
POL	Poland
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
UNFPA	United Nations' Fund for Population Activities
UNICEF	United Nations' International Children's Fund
UNODC	UN Organization against Drug & Crime
WG	Working Group
WHO	World Health Organization
WPH&S	Workplace Health & Safety

2. SUMMARY Conclusions of 3rd SIHLWA Expert Group meeting

1. *SIHLWA Coordinator and Chairpersons and Co-chairpersons for three SIHLWA subgroups will continue their tasks, except for Dr Kari Paaso (ALC-subgroup) who will leave WHO-EURO at the end of 2006. EURO will in due course identify a new chairperson for the ALC-subgroup, which it is sponsoring, but until that date Dr Paaso agrees to be acting ;*
2. *The venue for next 4th SIHLWA WG meeting was not yet identified. Coordinating Chair Mikko Vienonen was mandated to discuss with the Ministry of Social Welfare and Health/ Finland / Lead Partner of SIHLWA, about the possibility to organize the meeting in Finland in May 2007⁴;*
3. *SIHLWA Terms of Reference was adopted by the CSR in Paris 27 October 2006. The 3rd SIHLWA meeting welcomed the finalization of this process (see Annex), in which the 2nd SIHLWA meeting had been deeply involved. SIHLWA's role in overall clarification of the roles of NDPHS expert groups had been important in the process;*
4. *SIHLWA annual report for 2006 was discussed and amended (see Annex). The document was forwarded to the 10th CSR meeting in Oslo 11 December;*
5. *SIHLWA Action Plan for 2007 was elaborated and was submitted to NDPHS Secretariat for approval (see Annex);*
 - *SIHLWA will further continue to work on strengthening links with main partners (especially WHO-EURO, ILO/Russia, and national actors on NCDs and healthy lifestyles. Close collaboration for the starting NDPHS data base project will be important.*
 - *Under the supervision of SIHLWA secretariat finalizing SIHLWA stakeholder analysis will be important.*
6. *SIHLWA subgroup Work Programmes were worked upon and were (including possible project proposals);*
 - *Subgroup on adolescent health and socially-rewarding lifestyles [ADO] will focus on preparing and starting two projects in the NDP area, namely 1) on "Alcohol and Drug Prevention among Youth", and 2) on "Children at Risk", both initially in St. Petersburg/ Russian Federation.*
 - *Subgroup on alcohol (periodic/ "binge" drinking) [ALC] will work against further weakening of national alcohol policies. Within the EU, alcohol related questions are a legitimate public health issue requiring comprehensive strategies and policies. Within SIHLWA organizing a seminar on alcohol control policies in the NDP area for policy makers and administrators would be timely in 2007. Additionally, a workshop on EU alcohol legislation reviewing past court cases will also aimed at. The importance of including dissemination of effective short-intervention methods under the SIHLWA umbrella will be important. The ALC subgroup suggests for preparation and eventually starting a project in selected NDPHS area countries (e.g. Estonia, Latvia, Lithuania, Russian Federation and Norway, which are not included in the EU-funded "PHEPA"-project) on disseminating brief-intervention to tackle alcohol dependency by health services.*
 - *Subgroup on Occupational Safety & Health [OSH] noted that the citizens of the Partnership countries are in very differing situations concerning working conditions, preventive interventions and access to occupational health services. This can be seen in life expectancy, in work-related diseases (especially cardio-vascular diseases) and work-related injuries, and availability of work force to selected industries. This is especially crucial in an environment, when the ageing population is expected to remain longer in the working life. It further has an*

⁴ In the beginning of 2007⁴ SIHLWA meeting was confirmed to take place 29-30 May 2007 in Helsinki

impact on cost of the curative health sector and the productivity of enterprises. The political support and resource allocation for preventive measure to avoid work-related injuries and diseases has deteriorated in some countries; whereas other Partnership countries have realised the benefits of high level OSH systems and preventive occupational health services. OSH is to promote broader understanding of the problem by 1) preparing an analytical overview (political overview) of the occupational safety and (especially) health service/systems situation, which will be forwarded to BSN, SIHLWA, CSR and eventually as a policy paper for the PAC meeting, and 2) undertaking a systems' development and intervention plan for interested ND region countries on work ability and work-related injuries and diseases, taking into account their impact on enterprises in a selected pilot industry. Issues like obesity, alcohol, tobacco, etc. will be reviewed through rapid assessment procedures and practical interventions will be produced and tested. Results from the selected sector will be generalised for the national level to provide better understanding of the benefits of a preventive and systematic approaches both to productivity and to lower curative health costs.

- *Among joint SIHLWA subgroup activities the Vilnius meeting emphasized the importance of co-organizing for CBSS (Swedish Chairmanship) a conference on "effective approaches to tackle alcohol related problems in local communities". This conference would be implemented under Council of Baltic Sea States sponsorship as part of Swedish Chairmanship activities tentatively in Latvia 12-13 March 2007. Also as joint SIHLWA activity would be organizing for Nordic Council of Ministers (Finnish Chairmanship) a conference on a timely topics under non-communicable disease/healthy lifestyles related problem 11-12 December 2007 in St. Petersburg. Two regular SIHLWA meetings together with all 3 subgroups will be on the agenda in 2007 (spring and autumn 2007). The first meeting will take place 29-30 May in Helsinki. The venue for the autumn meeting has not yet been decided upon (candidates are welcome).*

3. INTRODUCTION

The 3rd SIHLWA (“**Social Inclusion, Healthy Lifestyles & Work Ability**”) meeting in Vilnius also marked the Expert Group’s 1st anniversary, as it had been established following the decision made at the ministerial meeting of the Northern Dimension Partnership in Public Health and Social Wellbeing in Stockholm/ Sweden 18 November 2005 endorsed the recommendations made by the Expert Group meeting held in Stockholm 16-17 November 2005.

The 3rd meeting of this Expert Group took place 31 November -1 December 2006 in Vilnius/ Lithuania, hosted by the Ministry of Health/Lithuania. At this meeting all three sub-groups came together, and the program consisted of joint sessions and individual sub-group sessions (see programme in annex). The participants of this Expert Group meeting consisted of public health experts nominated by the different member countries of the partnership. Additionally, public health institutes and relevant NGOs in respective countries participated. In total 42 persons participated (see list of participants in annex).

A special challenge for this Expert Group was how we could best benefit from the synergy that the three subgroups will pose. In a heterogeneous group it was important that the three theme groups could also have time for their own deliberations. The program was designed so that these competing needs could be properly addressed.

The *EG SIHLWA* consists of 3 sub-groups:

- Subgroup on Alcohol
- Subgroup on Adolescent health and socially-rewarding lifestyles
- Sub-group on Workplace health and safety

The Ministry of Social Affairs & Health/Finland is SIHLWA’s “Lead Partner and the Ministry of Health/Lithuania also pledged financial support to the EG.

The **subgroup on alcohol** further elaborated on the European Charter on Alcohol and the Declaration on Young People and Alcohol, offering paths for development and implementation of effective preventive measures. The Framework for alcohol policy in Europe adopted by the WHO 55th Regional Committee in 2005 reinforcing the European alcohol action plan was used for additional guidance. Yet, in spite of the “good will” among health sector administrators and politicians, latest negative developments within the European Union have alerted several countries in the Northern Dimension area to review their alcohol policies. Especially rising consumption and problems related with it due to lower prices caused by political decisions will require urgent action from the public health side. Discussion on the cost of alcohol provided a framework which SIHLWA sub-group on alcohol also reviewed at the Vilnius meeting. Projects for alcohol prevention were elaborated and discussed.

The subgroup on adolescent health and socially-rewarding lifestyles further elaborate on the European Strategy for Prevention and Control of Noncommunicable Diseases , WHO European Strategy for Child and Adolescent Health and Development and the International Survey Report on Health Behavior in School-aged Children: Young People’s Health in Context. In order to bring a practical element into this discussion, the subgroup reviewed the

plans for two potential projects: 1) Alcohol and drug prevention among youth, and 2) Children at risk and the role of “crisis centres” to alleviate the situation.

The subgroup on occupational safety and health (OSH) elaborated on the priorities for the next 2-3 years. The discussion was started in the Helsinki meeting May 2006 and continued in the Baltic Sea Network Annual meeting in Tartu in September 2006. Relevant priorities were: development of national occupational safety and health systems using ILO and WHO guidelines; mainstreaming occupational health into public health, prevention of work-related morbidity and updating and effective use of existing tools and practices. The group considered the practical implementation of ILO Conventions 187 on “OSH systems approach”, 155 on “Occupational Safety and Health” and 161 on “Occupational Health Services”, the ILO Management systems Guidelines “ILO OSH 2001”, WHO “Global strategy on occupational health for all: The way to health at work” and the new EU Strategy on OSH.

The Vilnius meeting focused on the preparation of an analytical overview of the OSH systems/situation in the ND region and start outlining a study/project on improvement of work ability and decrease of work-related diseases in selected sectors in the ND region. Registration and practical meeting support will be provided by The Ministry of Health of Lithuania (see for details the registration form).

This SIHLWA meeting had a challenging opportunity to move towards practical implementation of important lifestyle related activities in the Northern Dimension Partnership area. The discussion about upcoming CBSS Conference under Swedish Chairmanship on “Prevention of harm caused by alcohol” in Riga 12-13 March 2007 provided an interesting opportunity for discussion and elaboration between all three subgroups, as SIHLWA had been requested to provide expert assistance to the organizers.

3rd SIHLWA meeting also provided a useful forum for the NDPHS Secretariat (Mr Marek Maciejowski, Head of the NDPHS Secretariat) to elaborate on the original NDPHS database proposal (see Annex) with more precise clarification on the proposed scope of responsibilities of the NDPHS EGs in the implementation of the Database project and the “Project Pipeline” concept (see Annex) .

4. 3rd SIHLWA MEETING

4.1 Opening of the meeting

Introduction to NDPHS: Dr Victoras Meižis, Head of International Department welcomed the participants on behalf of hosting Ministry of Health / Lithuania and as Chair of the NDPHS/ committee of senior Representatives. Dr Meižis also provided a good summary introduction about the overall objectives and directions of the NDPHS (see annex).

NDPHS is an international initiative on enhanced health and social development primarily the north-eastern parts of Europe. At the political level it focuses on policy concepts to develop cooperation, and at practical level on partnerships and projects. The objective is to promote sustainable development in the Northern Dimension area through improving human health and social well-being by means of intensified co-operation and enhanced co-ordination. As priorities the Oslo Declaration (2003) on “Establishment of the Northern Dimension Partnership in Public Health and Social Well-being” lays down two priority objectives: 1) reduction of major communicable diseases and prevention of lifestyle related non-communicable diseases and 2) enhancement and promotion of healthy and socially rewarding lifestyles. Presently the NDPHS includes 13 countries which are called as “Partners” and 8 organizations called as „Associated Partners“. Members of EGs are nominated by the different countries and organizations of the Partnership

Expert Groups form the operational core of NDPHS rooting in the CBSS’ Task Force on communicable disease control. They now carry on with promotion of coordination and networking of relevant activities such as:

- Advocacy and lobbying for relevant EGs within the framework of NDPHS;
- Contribute to the development of national policies that respond to the needs and requirements of Partnership member countries;
- Facilitate project proposal preparation process.

In conclusion Dr Meižis said: *“After the endorsement of the new policy documents, it is time to focus on the practical cooperation. The continued work and development of the present northern dimension partnerships, the environmental partnership and the partnership in public health and social wellbeing, is of utmost importance. NDPHS is a common project and a common responsibility for prosperity of the region.”* He underlined that the principle of co-financing will be the general rule, in the partnerships and in other types of cooperation.

Introduction to SIHLWA and subgroup on Adolescent Health and Social Wellbeing:

Dr Mikko Vienonen spoke in the capacity of the Coordinating Chair of SIHLWA, congratulating the group of successful finalization of expert group’s Terms of Reference (see Annex), and the input that our previous work had provided to the NDPHS secretariat. He also introduced the draft SIHLWA Annual Report 2006 and our upcoming draft Action Plan for 2007 (both in Annex), which we need to submit to the 10th CSR having its meeting in Oslo 11 December.

Dr Vienonen also pointed out that we are only “half-way-there” when it comes to full and active participation in SIHLWA EG from our partner countries and organizations. Looking at the participation list (see in Annex) we can unfortunately note that only two Partner Countries had nominated at least one representative for each of the 3 subgroups. Three partner countries (Canada, Denmark, France and Germany) were not able to send one single

SIHLWA representative to Vilnius. In the same “zero category” among organizations were also Barents Euro-Arctic Council, European Union, and International Organization of Migration (IOM). The remaining countries and organizations had nominated participants at least to one or two subgroups, but not to all three. We all must work hard to make our constituencies in our countries to understand that SIHLWA as any other expert group can only be as strong as its members. With no effort there is no result.

On the tasks of the ADO-subgroup sees now the scaling up of project activities. This is the reason why considerable amount of time of our work will be dedicated for practical project planning. Furthermore, the upcoming Council of Baltic sea States (CBSS) /(Swedish Chairmanship) Alcohol prevention conference in Riga 12-13 March and the Nordic Council of Ministers(NCM) non-communicable disease conference /(Finnish Chairmanship) in St. Petersburg 11-12 December 2007 will provide an opportunity to elaborate on issues which are important for young people’s health and social wellbeing.

Introduction to subgroup on Alcohol:

Mr Kari Paaso (WHO-EURO/ Copenhagen), chair of the Alcohol subgroup noted that about 10 percent of disease burden in Europe is due to alcohol. It is THE leading risk factor for both disability and preventable death in Europe. The risk is bigger for men than for women in all age groups. Compared with EU-15, where average alcohol related mortality in 2000 was about 60/ 100.000, in the Baltic States it was about 3 times higher in the range of 170 – 180/ 100.000. Alcohol is one of the most important health determinants in the Baltic Sea region, and one of the most important factors explaining the low life expectancy, especially among men in the region. In Russian Federation it is as low as 59 years only. The WHO European Charter on Alcohol and the Declaration on Young People and Alcohol offer paths for development and implementation of effective preventive measures. The Framework for Alcohol Policy in Europe adopted by the WHO 55th Regional Committee in 2005 reinforcing the European alcohol action plan will be used for additional guidance. Yet, in spite of the “good will” among health sector administrators and politicians, latest negative developments within the European Union have alerted several countries in the Northern Dimension area to review their alcohol policies. Especially rising consumption and problems related with it due to lower prices caused by political decisions will require urgent action from the public health side. Discussion on the cost of alcohol needs to be raised and projects for alcohol prevention will be elaborated and discussed, Mr Paaso said.

Introduction to subgroup on Occupational Safety & Health:

Mr Viking Husberg (ILO-Eastern Europe & Central Asia/ Moscow) Chair of the OSH subgroup in his introduction emphasized the concept of “*decent work and health for all*” elaborated at the Expert Group on non-communicable diseases in Stockholm, November 2005. Likewise, the Occupational Safety and Health (OSH) Baltic Sea Network had underlined “*Safe and healthy work – Good business*”. Both themes are very suitable for SIHLWA OSH subgroup for consideration. As cross cutting issues for all SIHLWA subgroups he recommends alcohol and drug abuse prevention, tobacco control, HIV/AIDS prevention, accident-prevention (traffic, home, work), work related disease prevention, and adolescent health promotion. The situation of young workers facing a crucial transition period – from school to work – would provide a fruitful platform for health promotion opportunities. SIHLWA Helsinki May 2006 meeting had emphasized “decent work at country programme level and agreement between ILO and country constituents (government, trade unions and employers). Baltic Sea Network annual meeting in Tartu/ Estonia in August 2006 had identified 5 priority “safe start” activity areas for further elaboration in their Work Plan 2006–2008: 1) advocacy and information, 2) networking, 3)

defining OSH priorities in the countries, 4) development of infrastructures, 5) good practices and toolboxes.

Ongoing OSH project in the republic of Karelia/ Russian Federation can count on following accomplishments already:

- Karelian administration re-created occupational safety and health department;
- Karelia re-established Ministry of Labour;
- Risk assessment course in October 2005 was organized;
- Karelia adopted Republican occupational safety and health programme;
- ILO-OSH introduction seminar in March 2006 was organized;
- Practical occupational safety and health programme in 4 enterprises were organized;

Mr Husberg sees as tasks of the OSH subgroup to analyse of the occupational safety and health situation in the Northern Dimension area (analytic overview), elaborate of a targeted research programme (cardio-vascular diseases in a specific sector?), and strengthening of the Baltic Sea Network expert advisory network through cross-sectoral links in SIHLWA.

WHO-EURO European Strategy for the Prevention and control of Non-communicable Diseases:

First key-note presentation was provided by Dr Robertas Petkevichius (Head of WHO Office in Lithuania) providing greetings from WHO-EURO and elaborating on the WHO NCD strategy. He introduced the WHO-EURO *European Strategy for the Prevention and Control of Non-Communicable Diseases*, which was adopted by the EURO Regional Committee in September 2006. For SIHLWA this document is of utmost importance, as it provides the political back-bone and support to what we are trying to do at national level in our northern dimension area.

Dr Petkevichius said that the biggest health challenge facing Europe is that of non-communicable disease. 86% of deaths and 77% of disease burden in Europe is caused by this broad group of disorders which includes cardiovascular disease, cancer, mental disorders, diabetes mellitus and chronic pulmonary disease. Common features can be identified that link these conditions: determinants, risk factors, characteristics, and opportunities for interventions. By focusing on prevention and improved control, it is achievable to prevent or modify risk factors, prevent onset of disease, prevent recurrence of disease, prevent progression of disease, prevent disability and prevent painful or premature death. Such investment would improve the quality of life and well-being of people and societies, and more equitably share the benefits of what is already known to work.

The goal of this strategy is to significantly reduce disease burden from non-communicable diseases, improve quality of life and make healthy life-expectancy more equitable in Europe. This strategy outlines a comprehensive, action-oriented approach that seeks to achieve two objectives: integrated action on risk factors and determinants, and strengthening health systems for prevention and control of non-communicable disease.

The document presents the challenges faced by Europe, evidence for effective action, the strategic approach and an action framework to guide Member States. It finishes by presenting action to be taken for a comprehensive approach and its conclusions lead into the attached resolution. Selected screens from Dr Petkevichius' presentation are presented in annex, and the full document is available at www.euro.who.int.

NDPHS database proposal and the “Project Pipeline” concept:

Second key-note presentation was provided by Mr Marek Maciejowski, Head of NDPHS Secretariat. He elaborated on the NDPHS database proposal and the “Project Pipeline” concept. Text of his presentation is provided in annex.

During its meeting in St. Petersburg, Russia, in early April 2006, the CSR considered a proposal regarding an interim solution for the development of the database and project pipeline, which was presented by the Norwegian Barents Secretariat. It decided to “accept fast track solution” and to take the proposal from Norwegian Barents Secretariat. The Secretariat submitted a comprehensive database project proposal to the EC for funding last summer 2006. It was agreed that the pipeline should be developed as the first step, whereas the work on the database would follow. The Secretariat was authorized to commission the *Custom Publish* company to provide the technology for the NDPHS pipeline.

It is the Secretariat’s ambition to ensure that the NDPHS Project Pipeline would be actively used by the respective donors. This can only happen if the pipeline strictly adheres to their preferences and requirements. In order to guarantee this, we need to ask that their preferences and requirements be clearly communicated to us.

The *project pipeline* aims to become a project registration tool, for the Partnership. This project pipeline will, together with the projected NDPHS database, become instrumental in the Partnership’s information policy, and help give the Partnership structures a stronger and more coordinating role in international health cooperation. The NDPHS is developing a project pipeline in order to facilitate coordinated and harmonized project initiatives in the Northern Dimension (ND) area. With the pipeline, the NDPHS will also be able to offer donor organisations a way to streamline and improve project application procedures.

The NDPHS pipeline mechanism will include procedures on how project proposals are being developed and registered, reviewed and granted funding. The pipeline will promote coordination, transparency and sharing of information between project donors in the ND area.

The NDPHS pipeline will be built to meet the various needs of the Partners, as well as the different donor organisations working in the Northern Dimension area. It will be a user-friendly, effective and flexible mechanism, which will facilitate the channelling of projects and project funding through the partnership structures. It will be internet-based and built on advanced technology and existing experiences.

In the process of developing the NDPHS pipeline it will be valuable to learn from experiences made in the Task Force on Communicable Disease Control in the Baltic Sea Region (www.baltichealth.org), as this initiative accumulated important knowledge and developed international cooperation structures, parts of which today are incorporated in the NDPHS. The Task Force also elaborated its own unique pipeline procedures.

One of the major challenges in the pipeline development process is the elaboration of a model, which suits the Partner countries and serves the interests of the donors. In order to achieve this, the system has to be adjusted to meet the various requirements of the donors, as well as secure the necessary level of visibility of the donors. In the NDPHS pipeline major effort will be made in order to meet these two demands. A keyword for the pipeline mechanism is *flexibility*. The pipeline will be developed in a way, which facilitates use of a number of donors with different needs and requirements.

The NDPHS pipeline will have a user-friendly, good-looking and browser robust interface. It will match and easily interact with the NDPHS website and with the projected NDPHS database.

The pipeline will be based on a “*multi-homed solution*”. This means that Partners and donor organizations will be able to use the same pipeline system and apply their own brands like logos and colours (different “skins”). The pipeline system can be integrated in the Partners’/donors’ websites in a way which makes it feel part of their respective portals (although it will be physically a part of the NDPHS site).

The pipeline mechanism can be described in a three-level process, (1) *registration*, (2) *submission and review* and (3) *reporting*. All users of the pipeline will be given usernames and passwords enabling them to enter the web mechanism. They will be able to save draft applications over a longer period of time, and visit their accounts an unlimited number of times. In draft mode, an application is invisible for other users of the system. An applicant can, however, invite other users to view or edit the application.

It will be possible for one user/account to span multiple “homes”, and an applicant will be able to cross-post the final project draft to several donor organizations. The registration process involves basically inserting information in a questionnaire “boxes.” The questionnaire will be a flexible on-line document, which gives the various donors the possibility to tailor the system to its requirements. In this way, the applicant will have to fill out the items, which are considered to be of the highest importance to the donor. Based on one basic module, multiple types of registration forms can be developed. A number of the question boxes will be compulsory, while others will be optional. The respective donor will be able to determine which boxes should be optional and compulsory for their own applicants.

4.2 Proceedings of the meeting

Dr Mikko Vienonen (Coordinator/Chair of the SIHLWA Expert Group) chaired the meeting and acted as general rapporteur.

- The Alcohol subgroup was chaired by Mr Kari Paaso, WHO/EURO (Technical Officer for Alcohol and Substance Abuse) with Ms Marjatta Montonen from MoH&SA Finland acting as co-chair (nominated co-chair Dr Evgeny Krupitsky from Russian Federation was not able to attend the meeting in Vilnius) and Ms Regina Montell (STAKES/Finland) as rapporteur.
- The Adolescent health group was chaired by Mikko Vienonen with Dr Rita Sketerskiene acting as co-chair, and Dr Tiina Laatikainen/ NPHI Finland, Ms Nella Mikkonen Center for Health Promotion Finland, and Dr Anna Skvorcova Russia Network/ St Petersburg/Russia as rapporteurs.
- The Workplace health and safety subgroup was chaired by Mr Wiking Husberg, ILO/Russia and Remigijus Jankauskas (Institute of Hygiene/Lithuania) with Dr Suvi Lehtinen and Dr Timo Leino (both from Finnish Institute of Occupational Health /FIOH) as rapporteurs.

Each subgroup introduced their topic to the whole EG in the opening. Considerable amount of time was used in working separately in small groups, focusing on the practical tasks as indicated in the programme. As common topics to all we had identified the elaboration of ideas for the CBSS alcohol prevention conference in Riga 12 – 13 March.

⁹ Caring for victims (network of experts from 10 countries)

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

4.3.1 Project plan on “Alcohol and drug prevention among youth in St Petersburg”

Summary of “Alcohol and drug prevention among youth” project [about 120.000 Euro]

Primary objectives:

- To improve measures on how to provide more assistance to young people/children at risk (and their families) of social and health consequences including use of alcohol and drugs, and to raise awareness of problems and to increase people’s knowledge about their rights to care and assistance (incl. legal counselling).
- A gender perspective will be included in all stages of the project.

Secondary (long term) objectives:

- To reduce alcohol and substance use in general and hazardous use in particular, and alcohol’s destructive impact on young people’s future.
- To change misconception of society at large underestimating the negative impact of alcohol and drugs to health and wellbeing of individuals and to public health in general.
- To influence risk-behaviour of young people towards responsible, sustainable relationship with alcohol, and towards abstinence vis-à-vis drugs.

Goal of the project in view of the sector’s Collaboration Programme on Industrial

Development Policy:

- Work ability of new working generation is crucial for industrial and economic development. Net-loss of human potential due to alcohol and drug use in financial terms is calculated in the category of billions of EURO per year in most European countries. Reduction of alcohol related accidents and disease is one of most urgent measures for health services to tackle. As an antagonistic industrial development one can see the growth of brewing sector in Russia. Public health concern has the obligation to challenge short term business interest of brewing and alcohol industry, which is lobbying in favour of ever growing consumption. As an immediate goal in Russia the project has that beer and other mild alcoholic beverages are rightfully classified as alcoholic drinks and regulated as such, recognizing and admitting their full societal, economic and legal consequences. Entertainment-business is strongly linked with alcohol, tobacco, and even illegal drug marketing and creating positive attitudes towards them. The social responsibility of entertainment-business needs to be recognized and explicitly addressed. Role models in every respect are crucial for young people who often drink alcohol in order to be like grown ups – including their own parents. Emphasizing gender focus and youth perspective is a cross-cutting goal in the project.
- Nordic countries are presently struggling to maintain their values considering healthy lifestyles and moderation when it comes to alcohol consumption and zero-tolerance when it comes to the use of drugs. Global and commercial pressures have strong influence on consumption habits of alcohol among young people in particular. Increasing globalization also facilitates drug trade and exposes young generation to narcotics.

Summary of the project description

- The project will start in St. Petersburg (with possible expansion to other regions or even countries). Dialogue among partners will draw from each others’ experience and involve also Sweden and Finland. Media coverage of project activities will be used to raise public interest to the growing alcohol problem and what is in the process of happening in our developed regions as well. Northern Dimension Partnership political support will make this possible.
- In project areas previous alcohol/drug intervention projects among youth will be quickly mapped and evaluated. The focus is on identifying the most innovative and practical interventions and “lessons learned”, rather than trying to make an all-covering research. The aim is also to explore the validity of the hypothesis that unfortunately in their impact has been low or nil (in other words, countries are trying to tackle the problem with wrong methods and tools, and new ground-breaking approaches are now needed).
- In project areas a stakeholder analysis of agencies and actors aiming to tackle alcohol/drug problem among youth and children (including “low threshold clinics” rendering assistance to especially young

girls in difficult situations and in risk of alcohol and drug misuse, prostitution and even trafficking). Stakeholder analysis would also include assessment antagonistic forces.

In collaboration with St. Petersburg Youth & Children Health Promoting Projects/Programmes:

- Estimation of efficiency and productivity of actions directed on healthy lifestyles of children and teenagers. Definition of most effective ways and methods of influence on young population with the purpose of promotion of healthy lifestyles in respect to alcohol and drugs.
 - Training of school teachers and psychologists to methods of initial preventive measures and rendering the initial/first help to children at risk.
 - Training teenagers to methods and monitoring and control of their own mental state and health and methods of self-control and coping strategy in different problem situations.
- Media seminar for journalists (at least one per project site with the aim of repeating it towards the end of project period (“Creation of outrage”).
- Seminar for local politicians to understand their role better and seriousness of the problem (at least one per project site with the aim of repeating it towards the end of project period (“Creation of determination”).
- Development of regional and local legislative and administrative measures for better enforcement of alcohol and drug policies.

Output/results (whole project)

1. Project review and best practises focusing on and evaluating alcohol/drug use programmes and low threshold units;
2. Stakeholder analysis in project areas;
3. Young people at large provided with skills to cope with alcohol and refuse drugs.
4. Development, testing and distribution of methodology to better identify children at risk of alcohol and drugs;
5. Media seminars (1-2 per site) organized;
6. Decision makers/administrators seminars (1 per site) organized;
7. Regional and local legislative and administrative measures for better

Comments on the *Alcohol and drug prevention among youth* project:

The ALCOHOL subgroup discussed the *Alcohol and drug prevention among youth* project and came up with the following points and suggestions:

- Any project planned by the SILHWA expert group should bring to the foreground and promote strategies and methods with proven effectiveness.
- Previous projects as well as pre-existing working methods and tools should be mapped at an early stage of project planning. The adolescent health group’s attention is drawn in particular to the *Prevention of Social Exclusion of Children and Youth at Risk in St. Petersburg* project, co-ordinated by Stakes, Finland, in 2005-2007. The project introduces and develops methods of early intervention in co-operation with the local NGO *STELLIT* and with the city’s teacher training organisation. A possibly useful framework for developing alcohol and drug prevention in the school setting can be found from instance from Sweden.
- Pre-existing networks of potential partners should be contacted at an early stage, in this case in particular the Finnish-Russian Network of Social and Health NGOs.
- The planned project would benefit from an analysis of the target group (number, age, gender, socioeconomic background) and of the nature of risk behaviours and factors, and of a clarification of the project’s focus, i.e. whether the project aims at primary prevention, at early intervention targeting children at risk, or at helping children living in high-risk conditions.
- The media component and the decision-maker component of the planned project were found potentially useful. It was suggested that education of the media and of decision-makers be focussed on increasing understanding of the effectiveness of population based strategies to prevent alcohol and drug problems among youth.
- It was further suggested that a clear distinction be made between short-term feasible objectives and long term goals. It is for instance unlikely that one or two seminars organised for the media or decision-makers would provide sufficient impetus for legislative changes relating to alcohol policy.

- The planned project's coordinative and administrative structures, as outlined in the project plan, were deemed a bit complex and heavy.
- It was noted that plans for the evaluation of the project were somewhat sketchy, and that a proper action plan and budget were missing from the materials presented to the alcohol subgroup.

The ADO group noted the following issues concerning the project alcohol and drug prevention among youth, and came up with the following points and suggestions:

- The overall project frame is acceptable, although very ambitious. Implementers may need to be more humble in what can be done. Important is to get started.
- Logical framework approach can be used (see outcome of problem tree). Problem analysis should provide a causal relationship of what is the situation and why. Problems can eventually be turned into positive statements, and hence we get our objectives: what and why we want to do something.
- Project document eventually also must elaborate on target groups ("who?"), strategy (how?), project elements (what?), project indicators (how to measure?).
- clarification of objectives is still important: is the primary objective to raise awareness?
- Long-term objective is of course that the population drinks less.
- Focus could be on behaviour change.
- Mapping on best practices is important and to identify the most relevant ones. This mapping is challenging. There are a lot of tools already: CDC (www.communityguide.org) has a database in the web: topics like smoking interventions etc. under work. They have ranked these, what works and does not. Finnish National Health Institute did a literature review on school based programmes, what works and what does not.
- The title of the project is "Alcohol and Drugs". They are not separate problems. In Lithuania a new curriculum is just approved by the government, where they are all together. The problems indeed are not separate: actually smoking, physical exercise, obesity etc. could also be tackled. An integrated approach is important although we cannot change the project name. If we talk about young people, very quickly come other problems as well. It is important to have a holistic view. Actually technically (although not legally) alcohol is also a neurotoxic substance (= drug). And if we think about the lifestyle of the youth, substances are available for them: alcohol, drugs, anything. For example in Australia adolescents do not necessarily use alcohol when they go out, but drugs.
- To summarize: We should be more realistic, focus the objective more on youth, have an integrated approach. And that we should now elaborate on.
- Colleagues from Russia fully supported the principles of this project. There are many intoxicated children in St. Petersburg hospitals. We should remember that schools are different: some are wonderful, some less good. We should take into account: 1) criteria of the results 2) activity outline: how can we identify children: if we take only one school whose social portrait of parents is poor? Identifying children in need is an important aspect. 3) To what extent this information is collected from children, parents, social workers, teachers, psychologists, as without consulting them information is not valid. 4) Addiction related topic: this can vary on the stage of dependency. Different stages have different methodologies and objectives. The ado-group noted that we do not aim at research or a clinical intervention for alcohol dependent children. This is not a treatment project. Therefore, we do not need to identify children who are already affected, but have ALL pupils as our target group to PREVENT as many as possible from not starting. The situation is same in every school. After all, the majority of young Russian adults use alcohol and many of them (if not the majority) use too much from young age onwards. No family is immune, when we talk about risk for children to drink alcohol – or parents for that matter. We should take a participating approach. Increase awareness, and responsibility of surrounding community. Norms, attitudes etc.
- Many things still need be discussed. The first reaction, though may be that this is too good to be true. It is a peer-to-peer programme, where young people think themselves. Good professionalism is facilitating this. Teachers and other people working with young people are interested to get this methodology more widely used. For example, this was used for prevention of tobacco-use. An NGO had a project on "Smoke free classes", which was very successful. It is very important to find out WHAT to do and most importantly WHO are your partners in a local level. Working with the media can be done. We have links to journalists in St. Petersburg, who understand, and whom we can use as experts. With journalists we must keep in mind how they can make a story (journalists live of stories that they can sell!). Also we should try to make healthy people to understand newspaper articles better: to be come more educated readers. WHO has some experience from this in Moscow. Sometimes the journalists write what you want and we have had some successful seminars for local journalists. But to get them regularly write about these topics is hard. In Finland the media was quite active during the North-Karelia project. There has to be a clear new message which interests readers.

- We need to remember that 30 % of St. Petersburg city budget comes from brewing (beer) industry. The Chairman of the city's Financial Committee comes from one of the brewing factories.

Work in smaller groups: The ADO Subgroup continued to work in smaller groups, and did project analysis trying to identify what is actually the problem in youth drinking, and what could be cause, what an effect, and what could be a solution. The summary **project problem-tree** is presented for further elaboration (available in separate annex).

4.3.2 Brainstorming on “CHILDREN AT RISK” (Nordic Council of Ministers)

For general introduction the group received a document prepared by NCM Maria Pia de Palo listing the overall aim, immediate objectives, main components, background and related activities.

Project title: “Promotion of Healthy and socially Rewarding Lifestyles through Prevention and social assistance Targeting Youth and Children at Risk”

This is a pilot project to be implemented in St. Petersburg and Kaliningrad.

The overall aim is to strengthen preventive and social assistance programmes targeting children and youth – and their families, and further to establish a cross sectorial cooperation between government authorities and non-governmental social services in order to develop a more de-centralised social service at district level placed in the local environment.

Background

Social problems among vulnerable groups such as children and youth at risk are increasing in Russia. Consequently, the number of children placed in institutions is also increasing, including disabled children.

Additionally, the health situation (mentally and physically) of young people is critical. A major challenge is therefore to be able to reach the group at risk through youth and family friendly services.

The project will focus on the development of best practice models based on experience from Nordic countries and Russia, in order to initiate innovative approaches on prevention and cross-sectorial activities.

First part of the project will geographically focus on St. Petersburg City Administration, which in in the process of development of decentralized social services with special attention on social vulnerable groups and their needs. This also involves coordination between institutions and authorities at district level and close collaboration with NGOs providing social services.

Immediate objectives

1. Strengthening the **capacity of oblast/city administration** to plan, organise and implement preventive and social assistance services.
2. Establishment of coordinating mechanisms to foster cooperation between governmental and non-governmental institutions and to strengthen an integrated approach including social, gender, health, education, law-enforcement issues.
3. Transfer of good practices models from the Nordic countries and Russia – including capacity building of authorities and staff in contact with the target group.

Main components

- Establishment of **counselling centres** at local level in the districts where the target group lives in order to provide easy access to family and youth friendly social services and counselling.
- Counselling and establishment of **crisis centres** for women and their children.
- Initiating activities to improve the situation for **children with disabilities** and their families.

Related activities

The project will be closely linked to the NCM cooperation program for Children and Youth with disabilities in NW-Russia and the Baltic countries from April 2006. This is a 3-year program (2006-2008), with the purpose to initiate activities to improve the situation for children with disabilities and their families. The focus will be on:

- Developing an offer on local level, which will make it possible for children with disabilities to remain living at home with their parents;

- Improving the quality of services in the present institutions
- Decreasing the number of large institutions;

Nordic Co-operation on Disability –NSH (Nordic School of Public Health / Gothenburg – Sweden) is the secretariat for the cooperation program. NSH is also representing the Nordic Council of Ministers in the European Council ad hoc Group on Experts on Community Living (Deinstitutionalization) of Children with disabilities.

Projects within the cooperation program mentioned above will be coordinated with present activities in order to identify possible areas of cooperation. This will improve the capacity of providing qualified service for disabled persons in St. Petersburg and in Kalingrad.

Additionally we used a paper prepared by Mikko Vienonen listing potential problems, objectives, target issues, potential activities, potential pilot-regions, potential official partners, potential partners in the NGO and organizational sector and the society at large. The purpose of these documents was to act as stimulators for thought (see below):

CHILDREN AT RISK (briefing by Mikko Vienonen)

Problems:

- parents' alcohol or narcotic problem
- children left without proper physical or mental or emotional support
- poverty (lack of basic needs)
- handicapped children (physical and/or mental)
- children with learning difficulties
- HIV+
- unwanted children
- children who are physically mishandled
- children who are sexually mishandled
- children's & adolescent's own alcohol or narcotic or sniffing problem
- smoking children
- street children
- children who are bullied in school
- etc ...

Objectives:

- provide a sheltered place for mothers and children under vulnerable circumstance
- provide social and psychological counseling
- improve social support (financial & mental to children in the street)
- provide/ improve 24 h telephone hotlines for children to ask and approach social and health professionals
- improve health and social sector professionals understanding of the problem of children at risk, and improve their skills to identify the problem.
- improve media understanding of the problem
- improve politicians understanding of the problem
- improve teachers understanding of the problem
- become more sensitive of the needs of children at risk (low threshold services)
- etc...

Target issues:

- child abuse (links with alcohol and other substance abuse)
- sexual abuse (links with prostitution and prevention of trafficking)
- Violence against women
- street children (links with prevention of trafficking and drugs and HIV/AIDS and STIs)
- working children (links with "workplace health & safety")
- bullying (links with suicide prevention)

Potential activities:

- Developing youth friendly low-threshold services/ activities

- Developing/upgrading counseling services
- Providing training to existing service providers
- Providing training and discussion forum for administrators and political decision makers
- Involvement of local media

Potential pilot-regions:

- St. Petersburg
- Kaliningrad
- Estonia, Latvia, Lithuania
- others?

Potential official partners:

- health sector (PHC, pediatric polyclinics & hospitals, narcology units, psychiatric care units)
- day-care services and schools
- social-workers/services
- police

Potential partners in the NGO and organizational sector, and society at large:

- youth clubs and groups
- national and international NGO
- international organizations (UNICEF, UNFPA, WHO, ILO, UNAIDS IOM)
- International support partners: Nordic School of Public Health/Gothenburg, Public Health Institutes in Nordic countries (Finland already involved and others will be consulted/requested to join)

During the discussion, following issues were brought up:

- The representative of CBSS (Lars Löf) briefed about the focus of CBSS WG on Children at Risk. This group has been active in five areas: 1) prevention of sexual exploitation, 2) trafficking⁹ (“ECPAT”), 3) rights of children in institutions¹⁰, [4) street children, and 5) criminality and self destructive behaviour]. Last two items have received less attention than the first three, which is only due to priority setting as resources have not been sufficient for everything. All work should focus on concrete, practical action for children’s improved wellbeing. Information about the Children at Risk WG is available on the Baltic Sea Region Child Centre (www.childcentre.info). 4-page Activity Plan July 2006 – June 2007 and a Report from the work of the WG for Cooperation on Children at Risk July 2005 – June 2006 was made available. According to the information, it seems that the CBSS WG for Cooperation on Children at Risk is mainly operational in organizing expert meetings, sharing information among professionals, preparing reviews and research on the topics, but less focusing in actual project work. The only mention about a project in their Activity Plan a project on training professionals from 9 countries to deal with trafficked children 2006- 2008.
- In the discussion about CBSS WG on Children at Risk the following issues were registered:
 - The 5 topics on CBSS WG agenda indeed represent the most dangerous risks for children. But they also represent problems far “down-stream”, and are not dealing with primary prevention before something really drastic has taken place. This is not to say that the priorities would be wrong, but if we want to be more pro-active “upstream” we should not forget more population based action in schools, kindergartens, etc.

¹⁰ Conference held in Sweden in November 2006 (report will be published), children’s rights linked with human rights, how to monitor institutions, preparation of recommendations, cooperation to train staff about how to involve children in institutions themselves

- An interesting issue to explore more could be the risk of internet for children. It was also mentioned that through internet societies can create support to children at risk through hot-lines, etc.
- The following other issues for looking into came up in the discussion about general public focused activities:
 - The major challenge is to identify the children at risk. There is a need for developing indicators and proper tools to tackle the problem. A monitoring system and training of professional in contact with children at risk is needed - i.e. targeting social workers, health personnel, school teachers, police, etc.
 - Bullying in school is an issue that practically no class or school is immune to. reasonably good methodologies have been developed and tested for tackling the problem;
 - Children living in families where parents have alcohol dependency problems are at risk. Helping kindergarten, school, social-workers etc. to identify and tackle the problem would be an important step forward.
 - Collaboration between different sectors like kindergarten, school, police, social sector, work-place, health sector, etc. could be one important focus. Creating a networking model could be one project activity.
 - Children, whose parents have left to other countries after work is one special group at risk. They often live with grandparents or other relatives.
 - Developing early intervention and innovative prevention models across all countries within the Northern Dimension partnership are needed. Countries have different experiences in preventive work, but even that some countries have extensive preventive programmes they are still facing problems related to children living in especially difficult circumstances.
- It was mentioned, that for the project preparation we would need more background data, as to mapping the problem of children at risk in proposed project sites like St. Petersburg and/or Kaliningrad. We should first look for information available through the CBSS WG.
- In a similar manner, mapping evidence based interventions to overcome the risky situation of children, who find themselves in such situation.
- A useful partner to remember in Russia is UNFPA and UNICEF, which both have developed low threshold youth friendly services, especially to adolescent girls. They already have training modules in place, which have been tested in Russia (Moscow and in St. Petersburg)

It was concluded by the representative of NCM (Maria Pia de Palo) that the issue of a project on Children at risk” will be raised at the meeting of CSR 11 December in Oslo. In order to continue the project preparation, we will need to have clear indication of interest from other partners as well such as the EU and/or other NDPHS partner countries, who are in the position to act as donors.

4.4 Report of subgroup on Alcohol [ALC]

The subgroup on alcohol focussed especially on points 1-3 of the four main tasks defined for it in the SIHLWA Terms of Reference

1. 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 use in particular;
2. Explore ways to prevent the further weakening of alcohol policies leading into increased consumption;
3. Develop a strong focus on holistic and comprehensive approaches to alcohol issues in national alcohol policy strategies;
4. Support the implementation of the alcohol policy framework for the WHO European Region, including through appropriate monitoring and surveillance.

Developments in the EU

The subgroup noted and discussed the EU *Commission Communication on and EU strategy to support member States in reducing alcohol-related harm*, of 24 October 2006, and the *Council Conclusions on EU strategy to reduce alcohol-related harm*, issued on 30 November 2006.

Despite some weaknesses, the long-awaited EU strategy on alcohol was considered an achievement as such and a valuable tool for further development of efforts to minimise alcohol-related harm at both national and community level. Together the two documents raise alcohol issues as legitimate public health issues on the EU policy agenda. Although the process started at the turn of the millennium from a narrow focus on drinking by young people, the focus has now broadened to encompass also the harm arising from drinking by adults and especially the adverse effects for workplaces.

Cost of Alcohol studies

Two recent research studies on cost of alcohol were presented and discussed briefly in the alcohol sub- group. The Swedish study was presented by Mr Sven Andréasson and the Finnish initiative by Ms Marjatta Montonen.

Alcohol sub- group priorities for 2007 -2008

- **NDPHS Platform seminar on alcohol**

The subgroup continued the planning of a NDPHS Platform Seminar on alcohol themes, already started at the previous SIHLWA meeting. Primary target groups for the seminar would consist in policymakers and administrators, not just from the public health field but preferably also from other policy domains (" not only converts"). The seminar would focus on evidence of effectiveness of low-cost population-based measures to reduce alcohol-related harm, in particular controls on the supply/availability of alcoholic beverages, alcohol taxation and societal costs of alcohol, restrictions on advertising, and measures to prevent public drunkenness and harm thereof. To raise the profile of the seminar, some keynote speakers should be invited from outside the Northern Dimension countries (for instance from Spain, France or UK). Åland was suggested as a possible location for organising the seminar. A two-day seminar would also provide an opportunity to explore Åland's regional alcohol and drug strategy. The subgroup suggested that the secretariat/Coordinator explore possibilities to organise such a seminar towards the end of 2007 for instance in the context of the Finnish presidency of the Nordic Council of Ministers.

- **Workshop on EU legislation**

The subgroup outlined a workshop focussed on EU legislation and giving specific attention to alcohol-related issues. Such a workshop would benefit especially new Member States but would also broaden understanding of the topic within Nordic countries. The target group would consist in officials from different ministries (e. g social-and health, finance and commerce), involved in legal issues but not familiar with legal issues relating to alcohol policy. Participation from different ministries would contribute to building up common understanding and common language in this particular field. The workshop would consist of a plenary session giving general information on legal processes in the EU, on the concept of case law and on the relationship between soft law and hard law. Additional parallel sessions would be built around court cases involving alcohol retail systems, alcohol taxation, and regulation of alcohol advertising and travellers' import of alcoholic beverages. Speakers familiar with EU legal processes could be found from Norway, Sweden and Finland.

- **Plan for a project to introduce brief intervention as an alcohol problem prevention method in Baltic countries and Norway**

The subgroup chose one of the project ideas produced during the previous SIHLWA meeting for further elaboration, and outlined an initial plan for a project to introduce brief intervention as an alcohol problem prevention method in Baltic countries, Norway and Russia. None of these countries is involved in the ongoing EU-funded Primary Health Care European Project on Alcohol (PHEPA – www.phepa.net).

The project should work on two levels, targeting on:

- key policy makers, health authorities and administrators involved in health service planning to increase awareness of the cost-effectiveness of the brief intervention method, and of the models of dissemination and training developed in countries participating in the PHEPA project;
- the medical community and other professional groups, providing training for trainers and tools for the implementation of brief intervention.

Work at the policy maker and health authority level would start in each participating country with a seminar reviewing scientific evidence of the effectiveness of the brief intervention method, drawn from the WHO Collaborative Project and other international research, and presenting practical approaches adopted in PHEPA countries to support the wide-spread implementation of brief intervention. The aim would be to raise awareness and interest and prepare ground for technical planning of the project in the respective participating country. Expert speakers could be invited from various PHEPA countries, including Southern European countries.

Evidence of cost-effectiveness of brief intervention and examples of successful implementation models should also be included in the programme of other high level seminars and platforms, such as the Nordic Council of Ministers conferences. Policy makers' understanding and acceptance of the brief intervention concept could be fostered by making explicit the linkages to the recently adopted EU strategy on alcohol on the one hand and to the WHO strategy for the prevention of non-communicable diseases on the other.

Since the readiness to introduce brief intervention in the participating countries varies, as do their health service systems, planning for the practical part of the project should be done separately for each participating country. A first step could consist in an analysis of the national context, in which the Country Profile Questionnaire developed in the PHEPA

project might be helpful. Based on the analysis and in co-operation with key partners in the respective countries, the most promising and feasible entry points for introducing brief intervention should be identified. The introduction of brief intervention might be linked to ongoing health sector reform programmes for instance with overall planning of the health care system, or with the development of occupational health services, or with the development of maternal and child health care services, or integrated into degree training for health care professionals, or into additional professional training offered in the sector. Professional associations of the health and social sector are likely to be a valuable source of expertise relating to the national context and important intermediaries in information dissemination and awareness-raising.

The training manual and clinical guidelines for the implementation of brief intervention developed in the PHEPA project are already available in eight languages and could be translated and adapted for use in the planned project. Some of the patient handout materials used in the Finnish National Brief Intervention Project (Vamp) even exist in Estonian and Russian.

COMMENTS TO OTHER SIHLWA ACTIVITIES

(see ALC sub-group comments on ADO- “Alcohol and Drug Prevention among youth” Project and Council of Baltic Sea States/ CBSS Alcohol Conference in Riga referenced in respective sections of the report)

Comments of ALC sub-group on the database project

The alcohol subgroup discussed the planned database project, specifically points related to database development (work package 4). The subgroup came up with the following points and suggestions:

- The main purpose of the database should be clarified and the information needs of its users taken into account when planning the content and structure. A database intended to help in partner search would be built upon a totally different logic than a database intended as a source of best practices. Examination of the content, structure and usability of certain project databases existing in Finland, or within EU institutions might be useful. An ongoing project in Finland develops keywords for use in internet-based dissemination of health information.
- Unless the database is a partner search tool open for anyone interested, a set of criteria should be developed for inclusion of project-related information. The lack of explicit criteria will diminish the usefulness of the database as a support for the development of effective action. Criteria relating to evidence of effectiveness of alcohol and drug prevention projects are being developed in ongoing projects in Sweden and Norway.
- Special attention should be given at an early stage to questions relating to long-term maintenance and continuous updating of information in the database.
- Alcohol subgroup members are happy to provide contact information regarding potentially useful existing database models and expertise from Sweden, Norway and Finland.

4.5 Report of subgroup on Occupational Safety and Health [OSH]

Wiking Husberg, Chair of the Sub-group on Occupational Safety and Health, opened the meeting and bid all participants welcome.

The work plan of the OSH Sub-group was agreed upon as follows:

- Review of earlier work in Social Inclusion, Healthy Lifestyles and Work Ability (SIHLWA) Expert Group and Baltic Sea Network on Occupational Health and Safety (BSN);
- Survey on the status of OH&S in the countries;
- Describing the continuation of the ILO OSH Project in North-West Russia;
- Discussing the draft proposal for a joint project;
- Giving the OSH input to the CBSS Conference, 12–13 March 2007 programme;
- Preliminary plans for the Nordic Council of Ministers Meeting, 11–12 December 2007, St. Petersburg.

Introduction and background:

Wiking Husberg briefly summarized the developments in the work of the SIHLWA expert Group. The first meeting of Northern Dimension Partnership in Public Health and Social Well-being (NDPHS) was organized in Joensuu/ Finland in 2002. The statutes of the NDPHS were approved in 2003 in Oslo. The emphasis was initially more on health issues only, but in 2004 in Tallinn/ Estonia, it was agreed that workplace health be added to the agenda. The first meeting of the SIHLWA Expert Group was organized in Stockholm in November 2005; at this time the name of the group was Non-communicable Diseases and Healthy Lifestyles. At this meeting, the name of the Expert Group was changed to: Social Inclusion, Healthy Lifestyles and Work Ability (SIHLWA) in order to better meet also the demands of safety and health issues of workers. SIHLWA was then divided into three sub-groups: Alcohol, Adolescents, and Workplace Health and Safety which is now Occupational Safety and Health (OSH).

Meanwhile, the Secretariat of the NDPHS had approached the Baltic Sea Network on Occupational Health and Safety in order to find out whether the BSN would be interested in and willing to act as the NDPHS expert group in the field of occupational health and safety. Suvi Lehtinen reported briefly on the activities of the BSN. It was established in 1995 as a network of the Nordic and Baltic States, and then expanded two years later, on the initiative of the WHO Regional Office for Europe, to cover the 10 countries around the Baltic Sea. The Network comprises the occupational health and safety institutes in each country as the focal point of the Network. In the Annual Meeting of the BSN in Oslo in November 2005, the members of the Network accepted the invitation of NDPHS to work closely together with them and to contribute to the work of the SIHLWA Expert Group. The contents of the collaboration were discussed in the 12th Annual Meeting of the BSN, held in Tartu/ Estonia, in mid-September 2006. In Tartu, it was agreed that the BSN will continue to act as the expert network and discussions were held on developing a joint project proposal with the aim to achieve a practical impact on work life.

Wiking Husberg also reminded the participants of the discussions of the SIHLWA OSH group that had been carried out in the previous meeting in Helsinki on 16–17 May 2006. He concluded that NDPHS provides us with a good political platform to raise the profile of occupational health and safety on national agendas. In addition, it provides a channel to raise the awareness of political decision-makers of issues related to safety and health at work.

Preparation of an analytical paper on OSH situation in NDPHS/BSN countries:

Based on the discussions in both the Helsinki May Meeting and the 12th Annual Meeting of the BSN, two drafts have been prepared, one on the basics of OSH (W. Husberg) and the other in the form of a questionnaire on the OSH policy and programme, relating to the provisions of the ILO Framework Convention No. 187 (Remis Jankauskas).

The *Basics of OSH* would briefly describe why we need OSH, and why investment in OSH activities is justified, etc. The aim here is that the countries would prepare an analysis on their current OSH situation and outline, on the basis of the analyses, the most urgent and important challenges in their countries. On the basis of the analyses, statements could be prepared for political decision-makers on how to best move forward in the development of OSH in the countries. This could be discussed in the NDPHS Partnerships Annual Conference to be held at the ministerial level at the end of 2007, as well as in the Nordic Council of Ministers St. Petersburg Conference in December in 2007. If so, the document needs to be ready by early autumn 2007.

The following decisions were made related to the two drafts:

- Data on accidents, fatalities, and ILO estimates on accidents to be added to the *Basics of OSH* document, (K. Kurppa);
- In addition, other relevant data needs to be added e.g. on CVD morbidity in the countries (KK);
- This information will describe the need for OSH and demand for practical measures in all countries;
- Some questions concerning occupational health services (ILO Convention No. 161) as well as on public health aspects to be added to the draft *Questionnaire*, (R. Jankauskas, T. Leino);
- The experts are to finalize the draft documents by 31 December 2006;
- Comments from OSH Sub-Group members by 15 January 2007;
- Questionnaires with a cover letter describing the aims of the exercise are to be sent out to the BSN Focal Points and NDPHS focal points by the BSN Secretariat in the second half of January 2007;
- SIHLWA and CSR need to be informed of both planned and on-going activities (W. Husberg et al.)
- Replies from the countries are to be sent back by 28 February 2007;
- Analysis of the replies is to be prepared by the next SIHLWA meeting – spring 2007;
- An analytical overview of OSH problems and challenges in the countries is to be prepared for the December 2007 Conference.

Preparation of a development and intervention project on working conditions, occupational health services, and prevention of cardiovascular disorders:

Based on the discussions in the BSN Tartu Meeting, a draft proposal had been prepared by Kari Kurppa on an approach that would bind together the public health viewpoint, improvement of working conditions, promotion of workers' health, and the utilization of the workplace as an arena for various development activities. Sectoral profiles were deemed a useful approach; they would result in an inventory of training materials, information sources, contacts persons, etc., as well as national networks available in the countries.

The following aspects were noted:

General

- The project needs to be a systems development and intervention activity;

- It should utilize participatory research and a development approach;
- It will aim at change and impact on the individual, enterprise and societal levels;
- The entry point for the activity is to be work and the workplaces;
- The project will take the approach of work-related diseases, not only that of occupational diseases;
- Working together with the key stakeholders will ensure the sustainability of the activity;
- Through this activity, the aim will also be to strengthen the functioning of the national OSH systems;
- All the following aspects need to be taken into account: links to the national OSH systems, prevention of hazards at work, and promotion of workers' health.

Specific

- A pilot project will be established: Road transport industry: As target groups, long-haul truck drivers, urban bus drivers, taxis;
- It will be important to work with the associations of transport industry;
- The work needs to start with a situation analysis – inventory on studies and surveys already carried out;
- The problems are different in different countries–the main problems must be identified;
- Injuries and work-related diseases will also be looked at, incl. traffic accidents to assess which are related to work;
- The long-term main focus of the Project will be on prevention of cardio-vascular diseases;
- Links to other topics within NDPHS Expert Groups need to be identified, such as tobacco, obesity, alcohol, nutrition, stress, HIV, primary health;
- Various modules, good practices and tools are to be prepared, to be adapted and utilized by the participating countries in their national languages;
- Interventions to solve the problems must be decided on– utilizing the expertise of the BSN network;
- Incentives to employers need to be described in order to ensure their interest – assumed reduction in sickness absenteeism and increased health and productivity;
- Tools and methods to be used in the implementation of the activity were discussed – using of rapid assessment (RAP) methods is crucial;
- The work will start by defining and meeting the key stakeholders, and establishing national networks of the key stakeholders;
- In addition to practical interventions at the workplace level, information and training strategies need to be prepared, and websites for information sources;
- Basic information on numbers of bus and truck drivers will be requested from each participating country;
- CSR will be informed about the plans of the OSH Sub-group, meeting on 11 Dec. 2006 (WH) Note! The information has been provided;
- All BSN+SIHLWA countries will be asked about their interest in participating in the planned pilot project and if they are, they should provide basic demographic information related to the transport industry by the end of 2006;
- FIOH will develop the penultimate draft of the Project proposal by the end of January 2007;
- Two meetings of the OSH Sub-group will take place to discuss the interim results of the surveys in Feb. 2007 and in the second half of 2007;
- In addition to the situation analyses, intervention studies could also be carried out in the participating countries;

- The start of the project itself is scheduled for the end of 2007, depending on the funding;
- By this time, RAPs should have been carried out in some 6 countries;
- The Project proposal should also be a response to finding solutions to some of the problems and challenges described in the Analytical paper.

Other issues:

The work of the OSH group (to prepare an analytical overview (political overview) of the occupational safety and health service/systems' situation in the ND region, and to undertake a systems development and intervention plan for interested ND region countries on work ability and work-related injuries and diseases, taking into account their impact on enterprises in a selected pilot industry) will, in the initial stage, produce crucial information for the NDPHS database.

The OSH group will upgrade and improve data for the NDPHS database linked with the preparation of the implementation of the planned systems development and intervention plan for the region, including a pilot study/sectoral profile/practical interventions. Based on the OSH group's network of specialists and institutions, preparatory work will be performed as follows:

- updating of stakeholders (OSH in general and specifically the selected sector);
- review and updating of related previous and on-going projects/studies (OSH in general and in specific the selected sector);
- baseline information on the scope of the problem (access to OSH services in general and industry-specific, exposed persons/workers, present situation);
- basic studies in preparation of the project;
- communication between the participating countries to formulate a joint work plan and ensure a coherent approach in all countries.

The SIHLWA OSH Group requested assistance from the NDPHS Secretariat to start the preparatory work in at least 5 countries, as a part of the NDPHS database project implementation. Finland (the Finnish Institute of Occupational Health FIOH) will manage this phase of the work, as it will be managing the broader development plan.

4.6 Brainstorming on “Conference on effective approaches to tackle alcohol related problems in local communities (Riga 12-13 March 2007)”

An application is hereby made for SEK 300 000 as well as ”handläggarsöd” that could be offered for the above mentioned conference. It would be appreciated to receive the contribution beforehand.

The project

According to the work programme of the Swedish CBSS presidency the cooperation within the EU Northern Dimension Partnership in Public Health and Social Well-being (NDPHS) concerning alcohol and drugs is to be promoted. All the Baltic Sea States as well as France (EU country) and Canada and a number of international and regional organisations, such as the EU Commission, CBSS, Nordic Council of Ministers, World Health Organisation (WHO)-Europe are members of the Partnership.

The Partnership has established an expert group concerning “Social Inclusion, Healthy Lifestyles and Work Ability” (SIHLWA) co-sponsored by the WHO and the International Labour Organisation (ILO) and financed by Finland, Lithuania and the Nordic Council of Ministers. One of the priority areas for this expert group is the prevention of health and social problems caused by alcohol and drug misuse. One of the specific areas of priority is harm to “Third Parties” caused by alcohol.

The CBSS presidency plans to organise a conference focusing on effective approaches to tackle alcohol related problems in local communities. It will deal with three or four themes where scientifically proven methods to prevent and reduce alcohol consumption exist. The target group is experts/officials in national social and/or public health administrations working with alcohol issues.

Background

Alcohol is one of the most important health determinants in the Baltic Sea region, and one of the most important factors explaining the low life expectancy, especially among men, in the region. Alcohol misuse causes great suffering among third parties, in destroying families and exposing children to enormous risks and vulnerability, and also exposing people to violence etc. National authorities are trying to find ways to reduce alcohol consumption and in some countries successful national alcohol strategies have been introduced, projects have been started and experiences have been gained of methods to reduce alcohol consumption. Furthermore, only one month ago the EU Commission presented an alcohol strategy for the EU, and the EU Council of 30 November – 1 December will adopt conclusions on this strategy.

Aim of the Conference, target groups

The overall aim of the Conference is to inspire national administrations to develop effective alcohol strategies for the prevention of excessive drinking and for the protection of third parties such as children and families. The conference aims at spreading, and at supporting exchange of, experience and knowledge on effective national alcohol strategies, or on local or national projects whose methods have scientifically proven to be effective. Participants will be able to discuss the results of different methods used and bring home ideas for new projects or as an input for the development of own national strategies. The conference aims at contributing to a closer cooperation in this field and to contributing to the development of

networks in the Baltic Sea region Furthermore, it will also support the cooperation within the Partnership and especially the expert group of SIHLWA under NDPHS.

The direct target group is officials working with these issues in the national social or public health administrations. The indirect target group is children, families and other third parties as well as the alcohol consumers themselves whose health and well-being will be promoted through developed alcohol policies and closer cooperation between the Baltic Sea States.

Planning process

In order to facilitate for participants from the Baltic States and Poland the Conference will take place in Riga in Latvia. The Latvian Ministry of Health has welcomed the plans. Preliminarily it is scheduled to 12 – 13 March 2007. Around 60 participants at expert level are expected to take part in the conference. Normally, the authorities/organisations of the participants are expected to pay for travel and accommodation, but in some cases when this is not possible the organizer will do this.

A conference coordinator in Riga has been engaged to take care of practical arrangements.

The co-ordinator of the SIHLWA expert group/NDPHS will assist on a consultant basis with the planning, preparations and implementation of the conference. At a SIHLWA meeting in Vilnius on 30 November – 1 December 2006 the conference plans will be presented and the participants will be invited to give ideas or information to be used as an input for the concrete planning of the conference. After this meeting the conference programme will be finalized and speakers contacted. An invitation together with a preliminary programme is planned to be sent to prospective participants before Christmas.

The conference will start by a common introduction and will then split up in three or four parallel working groups on different relevant themes such as support to children and families, the role of primary health care, responsible alcohol service and traffic. The discussion at the SIHLWA meeting in Vilnius, as well as the total resources at disposal will decide the exact planning of the themes and their number. A plenary with a general discussion and conclusions will finish the Conference.

As regards collaborators, for SIHLWA as such, Finland, Lithuania and the Nordic Council of Ministers finance different parts of the work plan. Through this conference Sweden as CBSS Presidency would like to contribute to the cooperation and to bring it forward.

Resources are foremost a number of experts/officials in the Ministry of Health and Social Affairs, in the National Institute of Public Health and other relevant institutions as well as in the Secretariat of the Partnership for Health and Social Wellbeing. The Ministry for Foreign Affairs is expected to assist in financing.

Communication of results

Information of the Conference, its goals, implementation and results will be presented on the website of the Swedish Presidency of the CBSS, as well as on that of the Partnership. Furthermore, as far as possible this information will also be given in the invitation to the conference. The aim is also to document the proceedings and results. If a possibility is provided, the conference will be followed up at political level in a Partnership or CBSS context.

Sustainability

The conference is planned to implement part of the work programme of the SIHLWA. That means that the results will be taken care of and further developed as a normal part of the continued cooperation. That is why the SIHLWA coordinator has been hired to coordinate the preparations the conference. Furthermore, a group of representatives of the Ministry of Health and Social Affairs and of the Institute of Public Health functions as a reference and planning group.

As regards financing the main part is expected to be provided by the SIDA Baltic Sea Unit. An application will be made to the Ministry for Foreign Affairs for own-financing.

Possible risks and risk management

The most obvious risk could be that the financing will not be able to cover the whole budget. In that case reductions in some budget items will have to be made. In the first hand, the number of parallel working groups should be reduced.

Another risk could be lack of own financing. However, the work input laid down on this project in the relevant administrations in Sweden will more than well correspond to what can be required as own financing.

A. Subgroup on adolescent health and socially-rewarding lifestyles **[ADO] views on the Riga Conference**

The ADO sub-group welcomed the conference idea. We felt that there should also be general introduction on the situation where present alcohol policies in the NDP area have brought us and into what direction we are moving. It is valuable and important to discuss how to help children and families affected and damaged by existing alcohol policies, but interventions always remain as secondary prevention.

The group mentioned following specific issues on the identified topic areas:

- Support to children and families
 - UNODC has developed intervention tactics, which may be worth listened to (they may be more focusing on drugs, though?)
 - Internet risks and possibilities / CBSS Lars Lööf)
 - A-clinic Foundation (A-klinikka säätiö) in Finland has developed useful practices for intervention.
 - In Finland there is a programme called “Life is the best drug” (Nella Mikkonen knows more)
 - “Half-way Houses” (Suojapirtti, Sillanpirtti, etc. in Finland/ Nella Mikkonen knows more)
- Role of primary health care
 - In Cherepovets city /Vologda oblast (Shestakova, Tatyana/ RUS) activities under title “Children without custody” successful activity sponsored by “Severostal” company.
- Responsible alcohol service and traffic
 - Environmental prevention on supply reduction at local level (Sieroslowski, Janusz/ POL). Another source/example could be “EMCDDA” Aggra data base “Preventive programmes on drugs”.

Other issues that came up in the general brain storming:

- de Palo, Maria Pia: mentioned Committee on alcohol & Drug Research “NAD” in Helsinki
- Case studies would be important to elaborate
 - Russia / Skvorcova, Anna: Leningrad oblast “small village programme” helping families and mothers
 - Handicapped with alcohol problems (Petrozavodsk, Murmansk, etc, Skvorcova, Anna)

- Systems to help drinking mothers to abstain from alcohol during pregnancy (Erja Halmesmäki / Finland).
- “No-to-Alcohol”- “NAN”- Oleg Zykov/ RUS
- “Bridging the Gap Conference”: European Alcohol Policy conference held in Helsinki 20-22 November 2006 should be used as a resource. (Regina Montell and Nella Mikkonen)
- REMEMBER TO INVITE YOUNG PEOPLE THEMSELVES!
- Health Promoting Schools study on young people’s health behaviour study. Drinking trends. every 4 years. WHO-EURO/ Vivian Rasmussen. Info from Jociute, Aldona/LTU.
- Periodic drinking/ ”binge drinking” of young people in UK (name of speaker from Lars Lööf/ CBSS).

The ADO-group elaborated as to which kind of partners, counterparts, institutions etc. would need to be identified as invitees to the conference:

FINLAND:

- STAKES
- A-Clinic foundation (A-klinikka Säätiö)
- Centre for Health Promotion (Mikkonen, Nella)
- Public Health Institute/ Finland (KTL)
- “NAD”
- Finnish Union on Child Protection
- Save the Children/ Pelastakaa Lapset ry.
- Mannerheim-League of Child Protection / Mannerheimin Lastensuojeluliitto)
- Association of Finnish Municipalities/ (Kuntaliitto)
- Finnish Union for child Welfare / (Lastensuojelun keskusliitto)

RUSSIA

- MAPO/ Family Medicine Dept/ Olga Kuznetsova
- Bechterew Institute of Psychiatry/ St. Petersburg
- “NAD”
- Centre for Medical Prevention / St. Petersburg
- “AZARYA” in Vologda and Karelia and Kaliningrad (information from Shestakova, Tatyana)

LATVIA:

- State Addiction Agency
- State Health Promotion agency

LITHUANIA

- State Mental Health Centre
- Municipality Association
- Youth Parliament
- State Environmental Health centre

SWEDEN

- NIPH/ SWE
- NGO”IOGT”
- Red Cross (not only SWE)
- Save the Children
- “CAN”
- “ESPAT” study /CBSS/ Lars Lööf)
- School study (?)
- Malmö experience on short term interventions (IMPORTANT)

POLAND

- Institute of Psychiatry and Neurology (Warsaw/ Sieroslowski, Janusz)
- State Agency for alcohol Problems Prevention / MoH/POL
- “BATORY” –foundation (links with SOROS-foundation)
- Commission for alcohol and drug prevention

- Local Administration authorities

ESTONIA

- Association of Students Unions (for other countries to remember as well)
- Institute for Health development
- Estonian Union for Child Welfare
- Union of Municipalities
- Ministry of Education (also other countries)
- Association of Family doctors (also other countries)
- Teachers Unions (also other countries)
- National Health Insurance Funds
- NGO “Alcohol Free Estonia”

In summary:

- It was strongly felt that the first plenary should “paint the scene and challenge to alcohol policies
- Focusing on effective short interventions and practical experience should be the main content for parallel sessions.

B. Subgroup on Alcohol (ALC) views on the Riga Conference

The alcohol subgroup discussed the plans and suggested that the conference **start with a plenary session focussed on national level alcohol control policies** as a support for local level action. The four main themes could then be examined in more detail in parallel sessions. Besides presenting best practices, the parallel sessions could **also discuss what could be done to foster country-wide dissemination and adoption of best practices**. ALC- Subgroup members are happy to provide suggestions as to topics and speakers under the main themes (Finland: support to children & families, role of primary health care; Sweden: responsible alcohol service, traffic). The experience (and prominent speakers) from “BRIDGING THE GAP” European Alcohol Policy conference held in Helsinki 20-22 November 2006 should be used as a resource.

C. Subgroup on Occupational Safety & Health [OSH] views on the Riga Conference

The group felt that the inputs from work-place health sector could be most relevant for alcohol interventions in the workplace. We could ask what the Finnish Centre for Occupational Medicine could offer (Suvi Lehtinen). ILO (Wiking Husberg) will provide proposals for the workshop on work related interventions and prevention of alcohol dependency.

4.7 Closing of the SIHLWA meeting

The closing plenary of the 3rd SIHLWA meeting noted with satisfaction the good progress made during the meeting. The Coordinator and sub-group Chairpersons were given a mandate to bring forward the recommendations made during the meeting.

The 4th SIHLWA EG meeting would tentatively take place next May probably in Finland¹¹.

We discussed the importance of having a well functioning secretariat for SIHLWA and each sub-group. Mikko Vienonen would continue as SIHLWA Coordinator and receive secretarial assistance through MoSA&H/ Finland and MoH/Lithuania. We would work towards having a full- or part-time International Technical Advisor (ITA) for SIHLWA, but this would require additional project funds.

- **The Alcohol subgroup** would continue to be chaired by Dr Kari Paaso, WHO/EURO (Technical Officer for Alcohol and Substance Abuse). However, as he is leaving WHO-EURO, for next year Mr Paaso (kari.paaso@stm.fi) would continue as acting Chair until WHO would indicate the name of a new Chairperson for the Alcohol group. Previously it has been agreed that WHO-EURO would co-sponsor and chair this subgroup. Dr Evgeny Krupitsky (Russian Federation kru@ek3506.spb.edu) would continue in 2007 as Co-Chair, although this time he was not able to attend.
- **The Adolescent health sub-group** would continue to be chaired by Mikko Vienonen (m.vienonen@kolumbus.fi). The sub-group Co-Chair was nominated to be Dr Rita Sketerskiene (Head of Public Health Care Division, Department of Public Health/ MoH Lithuania, rita.sketerskiene@sam.lt) replacing Ms Ingrida Skridailiene who had previously temporarily been nominated as Co-Chair in Helsinki in May 2006.
- **The Workplace health and safety sub-group** would continue to be chaired by Mr Wiking Husberg (husberg@ilo.org), ILO/Russia. Previously it has been agreed that ILO would co-sponsor and chair this subgroup. Dr Remigijus Jankauskas (jank@dmc.lt) from Lithuania (Institute of Hygiene/MoH) will continue as Co-Chair.

END OF REPORT

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General Rapporteur of the meeting

NDPHS/ Coordinator for Expert Group SIHLWA

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¹¹ Helsinki 29.39 May

**NORTHERN DIMENSION PARTNERSHIP
IN PUBLIC HEALTH AND SOCIAL WELLL-BEING (NDPHS):**

**EXPERT GROUP ON SOCIAL INCLUSION,
HEALTHY LIFESTYLES & WORK ABILITY (“SIHLWA”)
SIHLWA**

List of Chairpersons and Co-chairpersons

Coordinating SIHLWA Chairperson

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1) Subgroup on alcohol

<p>Chairperson Mr. Kari Paaso Regional Adviser WHO/EURO Scherfigsvej 8, 2100 Copenhagen Ø, DENMARK +45-3917 1530 kpa@euro.who.int</p>	<p>Co-chairperson Dr. Evgeny Krupitsky Chief, Department of Addictions Research Laboratory, Leningrad Regional Center of Addictions Novo-Deviatkinno 19/1 Leningrad Region 188661, RUSSIA Tel/Fax: +7-812-296 9905 kru@ek3506.spb.edu</p>
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2) Subgroup on adolescent health and socially-rewarding lifestyles

<p>Chairperson Dr Mikko Vienonen m.vienonen@kolumbus.fi Sysimiehenkuja 1 00670 Helsinki, FINLAND GSM +358-50-442 1877</p>	<p>Co-chairperson Ms. Rita Sketerskiene Head of Division of Public Health Care, Department of Public Health, Lithuanian Ministry of Health Vilniaus 33, 01506 Vilnius Lithuania Phone : +370 5 260 47 16 Fax : +370 5 266 14 02 rita.sketerskiene@sam.lt</p>
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3) Subgroup on occupational health and safety

<p>Chairperson Mr. Wiking Husberg Senior OSH Specialist ILO, Subregional Office for Eastern Europe and Central Asia, RUSSIA Petrovka 15, 107031 Moscow, Russian Federation Tel. work: +7-495-933 0827 Fax.: +7-495-933 0827 husberg@ilo.org</p>	<p>Co-chairperson Dr. Remigijus Jankauskas, Director of Occupational Medicine Center Institute of Hygiene under the Ministry of Health Vilnius, LITHUANIA jank@dmc.lt</p>
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