

**EG on Alcohol and Substance Abuse (ASA EG)
Eighth working Meeting
Murmansk, Russia
3-4 April, 2014**

Reference	ASA 8/2/2
Title	Draft Minutes from the 8y meeting of the ASA EG
Submitted by	ITA in Coordination with the Chair
Summary / Note	This document recalls the main discussion points and decisions made during the meeting
Requested action	For reference

Thursday, April 3

1. Opening of the meeting and welcome

The meeting was opened and chaired by Mr. Bernt Bull, the ASA EG Chair, Senior Advisor at the Ministry of Health and Care Services, Norway. He noted that due to the financial problems, members from Lithuania and the Nordic Centre for Welfare and Social Issues (NVC) were unable to participate in the meeting. For the reason that situation with the participation of Poland at the NDPHS was unclear, the EG member from Poland was also not able to join the meeting. Chairperson introduced a new member from Finland, Ms. Marjatta Montonen, who is currently working as a senior specialist at the National Institute for Health and Welfare (THL), Finland.

Dr. Igor Zaplatkin, Director of Murmansk Narcological Dispensary, the host of the meeting, welcomed the participants

2. Adoption of the Agenda

The Meeting adopted the Provisional agenda with timetable (submitted as document ASA 8/2/1 rev).

3. Report from the Chairs and ITAs meeting.

Mr. Bernt Bull (Chairperson) and Mr. Zaza Tsereteli (ITA) informed about the meeting, which took place in Berlin on February 7, 2014. The main topic of the meeting was related to the development of the NDPHS strategy and its action plan. The EGs leaderships were informed that the plan of the new Chairmanship was to have a new strategy and its action plan adopted in the fall of 2014. The Chair and ITA mentioned that, in their opinion, this timing was too short,

not giving a substantial time to the Partner countries to discuss their priorities and develop a thoroughgoing and comprehensive strategy. It was also pointed out that the EGs were asked to develop specific objectives of the NDPHS strategy by April 8, and to consider holding an additional meeting, if necessary, in order to develop an action plan.

The Meeting **took note** of the presented information.

4. Situation in Murmansk, presentation on the work in the Region

Dr. Igor Zaplatkin,(Murmansk) presented the current drug and Alcohol situation in the Murmansk Region and the projects implemented by the Narcological centre. Centre is the main health institution of the Murmansk Region, working on the addiction issues. During the 2012, around 11 000 patients were registered at the centre, from that 78% were associated with Alcohol and 21% with Drug problems. The number of the registered cases is decreasing, however, it may be not portraying the real situation. The point is that the registration at the Narcological Centre leads to some legal restrictions from the Officials. As a result, patients are trying to avoid a visit to the centre and to register there. According the statistical data, around 75% of patients of the centre are unemployed. The illicit drug usage remains a problem in the Region, and around 94% of all cases are related to the heroin usage.

Ms. Montonen (Finland) raised a question concerning the methadone usage

Mr. Bull (Norway) asked about cases related to addiction to gambling

Dr.Zaplatkin (Murmansk) responded that the methadone usage is prohibited in Russia and there is so- called moratorium to discuss this issue until 2020. As for the gambling, no such a cases were registered in Murmansk Region, and the main problem in region is related to the alcohol use.

The meeting took note of the presented information

5. Country reports on recent developments in the field of Alcohol and Substance abuse policy developments

Mr.Konstantin Vyshinky (Russia) briefly presented current activities implemented in the Russian Federation. He stated that the minimal price for liquors has been increased and will be further increased. The country has started the implementation of the second stage of State Alcohol Policy, and the main activities will be related to the implementation of the programmes that are supporting healthy lifestyle, timely detection of alcohol abuse-related diseases and conditions and providing effective prevention of alcohol dependency. As of the end of 2012, there were 2 428 453 patients with alcohol dependency, registered by the Addiction treatment Services

Ms.Triinu Taht (Estonia) informed, that Estonian Government has adopted the National Alcohol strategy (Green paper). Among the actions of the strategy, she emphasized the raise of excise taxes and limit of advertising. It was also mentioned the on-going discussions concerning the minimum prices. In the relation to that, the visit to the Scotland by the representatives from the Estonian Ministry of Social Affairs was planned.

Mr. Bull (Norway) informed that according the expectations before the elections of the new Government, some liberalization of the alcohol policy (taxation and accessibility) was foreseen. However, now no major changes were introduced. He also mentioned that on the global level, there are discussions related to the emerging changes in the drug policy. The aim is to establish a new convention on legal drugs and possible inclusion of alcohol in that convention.. He proposed to monitor these discussions and developments.

Ms.Lolita Melke-Prizavoite (Latvia) reported that the action plan of the Alcohol Policy was adopted and two amendments were made to the current laws related to the alcohol ads and advertisements. Action Plan on Alcohol (full name - Action Plan for Reduction of Alcohol Consumption and Restriction of Alcohol Addiction for 2012-2014) was adopted only in 2012. In accordance with the plan the Ministry of Health has prepared two draft legislative acts. These include the prohibition of the display of persons in alcohol adverts, and the prohibition to advertise special offerings of alcoholic beverages (except of if placed in the point of sale and are not take-away). Amendments also include restrictions of alcohol advertising on TV and radio from 6 am to 10 pm. The country will discuss the issue on the prohibition or restrictions of the alcohol ads on Internet in the near future. The ASA EG members were asked to share their experiences and practices of dealing with this problem.

Ms. Montonen (Finland) pointed out that member states are also raising this issue on advertisement, as it is clear that it is impossible to solve it by individual country. DG Connect (European Commission Directorate General for Communications Networks, Content & Technology) has launched a survey on exposure of young people to alcohol advertisement on TV, which will be ready by end of this year. The result of this survey will be used to revise the EU advertising rules concerning audiovisual media and could inform the discussion in Latvia.

Ms.Montonen then presented the current activities in Finland. The main activities were related to the revision of the Alcohol Act, developed by the Ministry of Social Affairs. It will touch issues related to the availability of the alcoholic beverages (through the grocery stores and serving establishments), licensing procedures on the local municipality levels and self-monitoring of adherence. The country has recently imposed further restrictions on Alcohol advertising, including a ban of outdoor advertising and restrictions in social media. Small breweries and farm wine producers are allowed to sell products (up to 4,7% and 13% respectively) to consumers in their own premises. Internet purchases **are** possible providing excise duty is paid and selling and delivery are separated.

The Meeting **took note** of the provided information

6. Project proposals developed by the ASA EG (SMART, Policy recommendations, Somatic Disease and Alcohol)

Mr.Tsereteli, (ITA) presented the project proposal " Drinking Habits and Alcohol related harm in ND Region, a qualitative study." The project proposal was developed in close collaboration with the National Research Center on Addictions (Russian Federation) and the Institute of Psychiatry and Neurology (Poland). The main purpose of the project is to get Russian Federation to participate in one of the activities under the Joint Action on Reducing Alcohol Related Harm (RARHA), which is going to be implemented under the second EU Health Programme. The idea is to develop and implement survey in Russia, using the same

methodology as in the European survey implemented in the scope of Joint Action on Alcohol.

Ms. Montonen (Finland) presented information about the RARHA itself and updated the ASA EG members on its history, structure and plans. She underlined that the main objective of current actions under the Working Package 4 –Monitoring, is to provide a baseline for comparative assessment and monitoring of alcohol epidemiology, including drinking levels and patterns and alcohol related harms across the EU. The aim is to strengthen the member states capacity in comparative alcohol survey methodology and to increase interest in using a common methodology in the future.

Mr. Bull, (Norway), stated that the project proposal was discussed in the Ministry of Health of the Russian Federation and received support there. He stressed the utmost importance of carrying on this survey in Russia and including the results of the survey into the EU database. It will be helpful in improving the monitoring of the alcohol related measures in Europe. This project proposal has been submitted for possible financial support to the EU Delegation to Russia.

Mr.Vyshinky(Russia) presented the project proposal "Surveillance of alcohol and drug use among hospitalised somatic patients." The project is developed in collaboration between the National Research Centre on Addiction (Russia) and the Norwegian Institute of Public Health. The purpose of the project is to identify how high is the incidence of a problematic alcohol use among hospitalised patients and to come up with the suggestions for a simple approach to reveal problematic alcohol use among acutely admitted patients. The proposal will be submitted to the Norwegian Ministry of Health and Care Services, for possible financing under the grant programme for Norwegian – Russian health collaboration projects on behalf of the Ministry of Foreign Affairs.

Ms.Montonen (Finland) pointed out that this topic is also under discussions in Finland and country is encouraging the General Practitioners (GP) in determining the alcohol related problems at an early stage. It was also mentioned that Finland has implemented a research to identify problems in doctor/patient communication on alcohol related issues. It was told that outcomes of this research may be of interest for the authors of Norwegian-Russian project.

Ms.Taht (Estonia) commented that Estonia is also interested with this topic, and it might be one possible filed for joint action under the new strategy of the NDPHS.

Mr.Tsereteli (ITA) informed that the ASA EG has received financial support from the Norwegian Ministry of Health to develop a second thematic report on alcohol policies in the ND. The researchers from Estonia and Russia will produce a report covering 4 topics, identified by the sub-group of the ASA EG on policy developments. Those topics are - public attitudes to alcohol policy across the ND, harm to others, unrecorded and illicit alcohol and alcohol policy responses on municipality levels. A report will be ready by end of this year.

Mr.Tsereteli (ITA) suggested that sub-group on policy development continues its work with the aim to develop a policy recommendations for the NDPHS partner countries by end of 2017, of course if the ASA EG will continue its work under the NDPHS.

Ms. Montonen(Finland) supported that idea and proposed to dedicate the PAC side event in 2017, to alcohol and tobacco issues.

Ms. Taht (Estonia) pointed out that, by that period, Estonia will be Charing the NDPHS, and as alcohol is on a high political agenda in the country, this suggestion seems very reasonable.

Mr.Bull(Chairman) recommended to put this idea into an action plan under the NDPHS strategy for 2014-2020.

Dr.Tsereteli (ITA) indicated that one of the topics of the thematic report was relating to the work on the municipal level. He reminded that the ADPY TG was working on these issues and emphasized the importance to follow up on their project and support activities on a municipal level.

Ms.Montonen (Finland) mentioned that the Nordic Centre for Welfare and Social Issues (NVC) is looking into the possibility to support exchange on methods for motivating municipalities to do alcohol work. Unfortunately, Ms.Nina Karlsson, (NVC) was unable to participate in the meeting, but as a member of the ASA EG, she can be contacted to discuss possible cooperation on this issue.

The meeting took the note of the presented information and agreed: a) To propose alcohol and substance abuse as a topic for the PAC side event in 2017, and to include this into an action plan under the NDPHS strategy. b) Continue close collaboration and participation as a collaborative partner in the working group on Monitoring, under the RARHA, c) In case of the financial support to Norwegian-Russian project on alcohol in somatic patients, to consider the development of a similar project with the involvement of other partner countries from the NDPHS d) Contact Ms.Nina Karlsson, (NVC) to discuss possible cooperation on the matters related to the alcohol prevention work on a municipality level.

7. Project proposals and activities related to the Barents Region (Barents HIV/AIDS Programme, Alcohol and Traffic accidents)

Mr.Tsereteli (ITA) briefed the meeting participants on the development of the new HIV Programme for the Barents Region. Mr.Tsereteli, was asked to develop the new programme, and it was decided to include the issue of alcohol and HIV in this programme. This decision was based on the discussions with the stakeholders in the Barents Region. It came out that there was an increasing interest in developing and strengthening policies to address the harmful use of alcohol, along with a growing interest in non-communicable diseases. Key populations at risk of HIV transmission were of particular interest.

The first draft of the Barents HIV Programme, which includes several actions towards integration of alcohol and HIV Prevention programmes, was developed and shared with the members of the ASA EG. The draft was also presented to the members of the HIV/AIDS &AI EG of the NDPHS and the Russian Ministry of Health in Moscow. The ASA EG members were requested to comment on this document. The comments will be discussed during the upcoming meeting of the Barents HIV Programme, which will take place in Oslo, Norway. The ASA EG leadership is also collaborating with the WHO Office in Geneva, in order to coordinate this activities with the Global program initiated by WHO, UNDP and London School of Hygiene and Tropical Medicine. Details of the collaborative activities will be discussed with the WHO in Geneva, during the Global Alcohol Network meeting.

Meeting took note of presented information and agreed to send its comments to the ITA for the further development of the Barents HIV Programme.

8. Activities of the Norwegian Public Health Institute

Mr. Andrei Grijbovski, Project Manager, EEA Grants / Norway Grants, presented EEA Grant projects. The EEA Grants and Norway Grants are providing funding to 16 EU countries in central and southern Europe. There are 32 programme areas within different sectors ranging from environmental protection and climate change to civil society and research. Public Health Initiatives is one of the programmes and it covers 10 countries, including three from the NDPHS - Estonia, Lithuania and Poland. The purpose of the programme is to reduce health inequalities in the beneficiary states, to improve public health and to improve bilateral relations between the beneficiary states and the donor states

The proposed areas of support for the period of 2015-2020 in the area of Public health are following:

- Promoting public health
- Reducing inequalities
- Health registries and health information systems
- Non-communicable diseases
- Communicable diseases
- Mental illness
- Health governance

And in the area of Health Services

- Improve health services
- Supporting mental health

In order to find relevant funding opportunities, country representatives need to consult with the local agents, mostly sitting in the Ministry of Finance. Each beneficiary country, in agreement with the donor countries, has chosen a set of programmes that provide grants to projects. The funding in the form of grants is normally allocated through the publication of calls for proposals. Project proposals have to be submitted to the relevant programme operator by a certain deadline and comply with the clearly defined outcome of the call.

Mr. Bull (Norway), raised a question concerning the possibility of involvement several partner countries in the project and possible assistance in that matter

Mr. Lars Moller (WHO) and Ms. Montonen (Finland), asked who can apply for the EEA grants and if there is co-financing requirement in the programme.

Mr. Grijbovski (Public Health Institute) responded that it was possible to involve representatives from the several partner countries in the project. Funding to support partner search is available within most programmes in a bilateral fund. Both beneficiary and donor country partners can in principle apply for seed money, to search for partners and develop partnership projects, but the specificities will vary from programme to programme.

As for the organizations who can apply for EEA grants - A wide range of organizations can benefit from the funding, including national and local authorities, NGOs and civil society

organisations, private and public enterprises, and public-private partnerships and educational and research institutions. Programmes will not necessarily fund the entirety of the project costs and some level of co-financing may be required.

The meeting took the note of the presented information and agreed to take into account the EEA grants financial mechanisms, while discussing the development of the possible future projects under the NDPHS Strategy 2014-2020

End of the day first

Friday, April 4

9. Development of the new NDPHS strategy

Mr. Bull (Norway) briefly introduced the process of the development of the new NDPHS strategy for the period of 2014-2020.

Mr. Tsereteli (ITA) presented a letter from the chair of the Strategy working Group, with the request of inputs for the specific objectives for the strategy. He has mentioned that originally (according the ToR of the SWG), SWG was supposed to develop a vision and goal, to be presented to the CSR. However, this was changed during the last meeting of the SWG, and now groups have got a very short note to submit their proposal concerning the specific objectives (SO). It was also mentioned with the regret, that EGs were not put in a similar conditions. He then presented his proposal concerning the specific objective - **To reduce the negative health and social consequences of substance use for society and individuals.**

Ms.Taht (Estonia), stressed the importance of keeping clear focus on the alcohol and substance abuse, while developing the specific objective.

Mr. Moller (WHO) commented that in his opinion, the role of the NDPHS was to increase the mobilization of resources, and this must be indicated in the specific objective. He then offered his version of SO – **"Strengthen partnerships, improve coordination among states, and increase mobilization of resources required for concentrated actions to reduce harm from Alcohol and other substances"**

Mr.Montonen (Finland) pointed out that the chair of the SWG requested to develop two specific objectives, and one of them related to the NCDs. It was interpreted as the wish to connect the ASA EG actions towards the overall NCD processes. She also stated that it would be beneficial if specific objectives will give an opportunity for other EGs to be involved in its realization, opening the door for a better cooperation within the NDPHS.

Mr.Tsereteli (ITA) emphasized that one of the main recommendations from the NDPHS evaluation was to consider the problem of resources, while developing objectives and actions. One of the weaknesses of the previous strategy was a number of ambitious goals, with no resources to support it. In the end, it was the EGs, who were held responsible for not achieving desired results, and lessons form that needs to be learned.

Mr. Bull (Chairman) supported the suggestions from Estonia and Finland, and underlined that, in the light of the current state of affairs at the NDPHS, it is more realistic to concentrate efforts on concrete risk factors of the NCDs, like alcohol. It will allow using the scarce resources much more efficiently and effectively. He also underlined the importance to concentrate on Policy level activities, while dealing with Population based approaches.

The ASA EG members have discussed several proposals related to the specific objectives and agreed to submit the following two objectives:

- a) Raise awareness of Alcohol and Tobacco as risk factors of NCDs and build support for core interventions to address these risk factors**
- b) Strength health system response and promote multi sectorial approaches to reduce health and social harm from Alcohol, Tobacco and Illicit drugs**

The proposal was immediately shared with the leadership of the NCD EG.

10. WHO EURO activities

Dr. Lars Møller, Programme Manager, Alcohol and Illicit Drugs Division of Non-communicable Diseases and Life-Course, WHO office for Europe, presented status report on alcohol and health in 35 European Countries and information on planned activities for the coming years.

Status report covers the EU member states, Croatia, Iceland, Montenegro, Serbia, the former Yugoslav Republic of Macedonia and Turkey (candidate countries), Norway and Switzerland. The most recent data collected from the Member States, based on recorded consumption in 2010, show that adults (age 15+ years) in the EU (including in Croatia) drink 10,2 litres of pure alcohol per year (recorded consumption only). When Norway, Switzerland and the candidate countries are included, the figure was 9,4 litres of pure alcohol per capita. There was a marked decrease in recorded adult per capita alcohol consumption, in the EU as a whole between 1990. The largest decline in consumption for the period 1990–2010 was observed in southern Europe (-28,2%), followed by the central-western and western country group (-12,5%). In the Nordic countries, consumption showed some decline and then increased, with 2010 levels of consumption slightly above the 1990 level (+1,6%). A similar trend to that of the Nordic countries, with a more pronounced upswing in consumption, is observed in the central-eastern and eastern country group (+7.3%)

In 2010, alcohol has been established as a major risk factor for premature mortality in the EU. Thus, the overall level of alcohol-attributable mortality in the EU was high, as measured by mortality due to the three most important alcohol-attributable causes of death, namely, cancers, liver cirrhosis and injuries.

At the end of 2011, 23 countries had a written national policy on alcohol, defined as an organized set of values, principles and objectives for reducing the burden attributable to alcohol in the population that is adopted at the national level. 4 Of the seven countries without a written national or sub-national policy on alcohol, six were in the process of developing such a policy

Among the plans for 2014, were mentioned the small EU and applicant country survey in 2014 with the aim to update the most relevant information on alcohol among EU Member States. Survey with key indicators and EU specific questions in order to calculate alcohol attributable deaths rates and develop an alcohol policy scoring system where the 32 most important indicators on alcohol policy are used and weighted against each other.

Global alcohol meeting, is going to take place in Geneva, Switzerland, 12-14 May 2014 and European network meeting will be organized in Edinburgh, Scotland, in October 2014 (tentative). The ASA EG will be presented on both of these meetings.

The meeting took note of the presented information

11. Activities for 2014-2016

Mr. Tsereteli (ITA) proposed to organize one day meeting in order to develop an action plan for the coming 2-3 year period, with the note that the decision on the specific objectives and the composition of the EGs will be agreed at the upcoming CSR meeting.

Ms. Taht (Estonia), proposed to organize this meeting in parallel with the meeting of the Committee on National Alcohol Policy and Action (CNAPA), as most of the EG members will be presented there.

Ms. Bull (Norway) reminded the members about the currently finished ADPY projects, and recommended to consider some follow up-actions, as work on the municipality levels is playing an important role in the prevention of Alcohol and Drug use.

Ms. Montonen (Finland) proposed to follow up the issue raised by the Latvian member, concerning the alcohol marketing and TV commercials. Possible action from the ASA EG could be to support, possibly in cvo-operation with NVC, exchange of evidence based practices in regulating commercial communication on alcohol.

Mr. Tsereteli (ITA) noted that one of the close collaborators of the ASA EG, is the Nordic Alcohol and Drug Policy Network (NordAN). NordAN includes nowadays around 90 non-governmental, voluntary member organisations in all the eight Nordic and Baltic countries. Organization is actively involved in these issues related to advertisement and commercials. He also reminded that the ASA EG was involved in some activities with the Baltic Sea Parliamentarians. He proposed to contact NordAN and discuss the possibility to develop joint action plan for bringing this issue to the attention of the Baltic Sea Parliamentarians.

Ms. Taht (Estonia) pointed out that Estonia is still interested in organizing joint meeting/conference of professionals working in the tobacco and alcohol fields. The aim of this meeting can be sharing of experience of success in developing of the framework convention on tobacco control.

The meeting took the note of presented suggestions and agreed to hold an additional meeting if needed.

12. Next ASA EG meeting

Ms. Karin Berlin (Sweden) noted that Sweden could consider hosting the next meeting of the ASA EG, and that, after discussions in Stockholm, the ASA EG will be informed about the decision.

Mr. Bull (Norway) thanked Sweden for its offer to host the next ASA EG meeting.

13. Any other business / issues from the first day of the meeting

Ms. Karin Berlin (Sweden) informed that it was decided to nominate a new member to the ASA EG, Ms. Pi Hogber, from the Public Health Agency of Sweden. She was earlier representing Sweden at the SIHLWA EG.

14. Adoption of the meeting minutes

The ASA EG agreed that the ITA would send out draft ASA EG meeting minutes to the participants on May 7 and that comments on the draft would be due, at the latest, on 17 May 2014. The revised minutes would be distributed on 24 May 2013, to be adopted per capsulam if no further comments are submitted within one week.

15. Closing of the meeting

Mr. Bull (Norway) thanked Director of the Murmansk Narcological Centre for hosting of the meeting and the members for fruitful work.

The Meeting closed on 4 April 2013 at 14:00 hours.