



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

**EG on Prison Health
First Meeting
Berlin, Germany
May 11th to 12th 2016**

Reference	PH 1/8/1 Info 3
Title	Draft Expert Groups' Work Plan
Submitted by	PHEG Chair
Summary / Note	<p>This document proposes to combine all Work Plans which has been submitted by the NDPHS Expert Groups.</p> <p>The 20th EG Chairs and ITAs meeting, held on 26 February 2016, agreed to a dual system of annual and biennial work plans.</p> <p>It is suggested for the CSR's consideration and decision.</p>
Requested action	For reference

**Committee of Senior Representatives (CSR)
Twenty-sixth Meeting
Copenhagen, Denmark
29 April 2016**

Reference	CSR 26/6/1
Title	Draft Expert Groups' Work Plans
Submitted by	Secretariat
Summary / Note	This document aims to combine all Work Plans submitted by the NDPHS Expert Groups. As of 14 April 2016 only ASA EG has submitted its Work Plan for 2016 (cf. Annex 1). Should any additional Work Plans be submitted, this document will be revised accordingly.
Requested action	For approval

Submitted by: ASA EG

Year covered: 2016

1. Leadership and coordination

1.1 Lead Partner and Co-Lead Partner

Norway is the Lead Partner of the ASA EG. The Russian Federation is the Co-Lead partner of the EG.

1.2 International Technical Advisor / Coordinator(s) / Task Manager(s)

The Lead Partner of the ASA EG has employed Mr. Zaza Tseretelli as the ITA of the ASA EG from 1 January 2016

1.3 Financial resources for leadership

The Lead Partner has sufficient funding in place for the leadership and for employment of an ITA (50% work time)

2. Meetings of the Group

The first meeting of the ASA EG, in 2016, will take place in Warsaw on April 19-20. Location and time for the second meeting will be decided later.

3. Activities

3.1 Activities to implement the NDPHS Operational Target(s) within the remit of the Group

Objective 4: Reduced social and health harm from alcohol, tobacco and illicit use of drugs - through strengthening and promotion of multi-sectoral approaches

Expected result - 1

- Improved knowledge of effective community-based interventions targeting use of alcohol, tobacco and drugs among local level policy makers and authorities

In 2016, the ASA EG will continue to pay particular attention to the review of the policies and practices related to the prevention activities on the local level. The local level seems to be best one to organize prevention activity because the problems related to alcohol drinking and drug use as well as substance use patterns are locally differentiated. Hence, the effective response should consider this variation. An important step in building the community base for prevention is the mobilization of the community, both its leaders (politicians and other decision makers) and citizens, with the aims to share the same understanding of the problem situation, and to increase the support of prevention interventions at different levels in the community.

ASA EG participant countries will share their experiences and know-hows of approaches in mobilising and supporting municipalities in the planning of community-based action to reduce the harmful use of alcohol, tobacco, and drugs. Possibility for the development of modular handbook with fact sheets will be discussed.

Expected result – 2

- Improved implementation of early identification and brief intervention programmes/measures to reduce alcohol- and drug use-related harm

The second project proposal – **“Identifying Patients with Alcohol-Related Problems in General Medical Network and Analysis of Forms and Methods of Medical Care Provided to Them in Russia and Norway”**, is developed and submitted for the financing to the Royal Norwegian Ministry of Health and Care Services. The aim of this project is to create and test the study protocol for identification of alcohol abuse as a risk factor among patients who seek care at

somatic profile treatment facilities, to develop recommendations to improve early detection of alcohol-related problems and delivery of medical care to those patients.

The proposal is discussed with the ASA EG member countries, and the work will continue to define the possibility of development of a larger project, with the involvement of other partner countries.

Expected Result - 3

- Strengthened knowledge base for the planning of public health policies on alcohol and drugs

The project proposal - **“Pilot project to implement comparative survey methodology on drinking habits and alcohol-related harms in Russian Federation” is developed. The ASA EG and the Russian partners will continue to seek the funding opportunities for this project. The objectives of the project are as following:**

- a) To adapt for implementation in RF standardized comparative survey methodology on levels and patterns of alcohol consumption, contexts of drinking and various forms of harms.
- b) To carry out a survey in North West Region covering both urban and rural populations and in Moscow.
- c) To analyse the data and develop a report also including comparative analysis covering RF and selected Northern Dimension Partnership countries (Poland, Estonia, Finland, Sweden, Norway), where the same survey methodology is being used (through the RARHA).

The ASA EG will start, with the assistance of Poland, to develop a project proposal to assess needs for improvement of response to problem use of cannabis and cannabis dependence in ND countries. Cannabis is by far the most frequently used illicit drug in all European countries including ND Region. The project will consist of: in-depth epidemiological analyses; analyses of treatment and early intervention offers; sharing the experiences looking for best practices and finally formulation of policy recommendations for improving treatment and early intervention offers

The special sub-working group will be established by the ASA EG to start the preparations for the PAS side event, to be organized at the end of the Estonian Chairmanship in the autumn of 2017. The side event will be related to the Alcohol issues. In this regard, the ASA EG group will start to identify the priority topics for the event. The ASA EG will start the development of thematic report where the chosen topics will be reviewed, analyzed and possible policy advice will be developed for the PAC meeting of 2017.

Expected Result - 4

- Increased knowledge and awareness regarding the public health impact of cross-border trade of alcoholic beverages

The ASA EG is planning to develop a thematic report on the state of play of alcohol affordability and cross-border trade in alcohol in the NDPHS Partner Countries, with recommendations on policy measures to reduce alcohol-related harm. The Swedish member of the ASA EG together with the ASA EG will continue to search for the possible funding opportunities and partner institutions, interested in developing of the report.

In addition to all above mentioned the ASA EG will continue its close collaboration with WHO to ensure coordination of the NDPHS work in this field with other relevant WHO activities, especially those of the Global Strategy on Prevention of Harmful use of Alcohol, International drug control Conventions, and Tobacco Conventions. The ASA EG is presented now as a member of the WHO National Focal Points for Alcohol Policy in the WHO European Region, and will continue active participation in that network. The ASA EG is planning (through the NDPHS bodies) to draw more attention to the NDPHS activities in this area and to attract additional support for the programme.

While recognizing the negative impact of the harmful use of alcohol and drugs on adherence to HIV/AIDS and TB treatment regimens, the ASA EG is planning to seek

further collaboration in this area both with the HIV/AIDS & AI Expert Group of the NDPHS and within the United Nations system.

3.2 Activities to implement the EU Strategy for the BSR priority actions and/or flagship projects within the remit of the Group

Health is recognized as a precondition for and an outcome of sustainable human development in the 2030 Agenda. One of the 17 SDGs focuses on health (SDG3), pledging governments to "*ensure healthy lives and promote well-being for all at all ages.*" To measure progress against this goal, nine targets are covering a range of global health priorities and three of the nine health targets focused on NCD-related issues. Target 3.4 is to "*reduce by one third premature mortality from NCDs through prevention and treatment and promote mental health and wellbeing*", which builds on the World Health Organization (WHO) "25x25" NCD target. Target 3.5 focuses on the prevention and treatment of substance abuse, including the harmful use of alcohol, and target 3.6 sets out to reduce the number of deaths and injuries from road traffic accidents. Among prevention of NCD risk factors, reduced alcohol use and tobacco use cessation are one of the effective measures to reduce premature death and disability from NCDs. In this respect, the ASA EG will closely collaborate with the NCD EG of the NDPHS. The EGs will discuss the possibility to organize one joint meeting of two EGs in 2017. The idea to develop a joint project will also be discussed.

3.3 Other activities *Specify any other activities the group will be engaged in, which are not linked to the NDPHS Strategy or to the EUSBSR.*

The ASA EG is a collaborative partner for the EU Joint Action on Alcohol working package 4 (Population Survey). The survey results will be analyzed during 2016, and ASA EG member countries will be involved in the development of the recommendations for future steps to improve comparability of survey data on alcohol across the EU Member States.

4. Assumptions, enabling factors and possible obstacles

The good working relations were established within the leadership of ASA EG (Chair and Co-chair), which was strengthened with several meetings between the country representatives. All partner countries, except Germany, had now nominated the members to the ASA EG, and all of them were actively involved in the work of the EG. The group is getting strong support from the representatives of WHO, NCM, NordAN, and from the NDPHS Chair Country.

The biggest obstacle is a lack of financial resources and instruments available to support the projects developed by the ASA EG and its partner organizations.

5. Other information