



REPORT ON

International Conference

“Reducing Alcohol Problems in the Baltic Sea Region Effective Approaches to Tackle Alcohol Related Problems in Local Communities”

Riga, Latvia, 12-13 March 2007

Sponsored by:

**Ministry of Health and Social Affairs of Sweden
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SIDA Baltic Sea Unit**

Co-sponsored by:

**Northern Dimension Partnership on Public Health and Social Wellbeing
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INDEX

	Title		page
	INDEX	2
1.	ABBREVIATIONS	3
2.	SUMMARY Conclusions of Riga CBSS Conference	4
3.	INTRODUCTION	.....	6
4.	Riga CBSS Conference	.....	8
4.1	• Opening and proceedings of the meeting	.....	8
4.2	• Report of Workshop No 1	.....	10
4.3	• Report of Workshop No 2	.....	13
4.4	• Report of Workshop No 3	.....	15
4.5	• Closing of the Riga CBSS Conference	.....	16
5.	CONCLUSIONS	.....	20

LIST OF ANNEXES (separate document)

ANNEX 1:	Scope & Purpose of Riga CBSS Conference	21
ANNEX 2:	Programmes of Riga CBSS Conference	
	ANNEX 2A: Overall programme	23
	ANNEX 2B: Workshop programmes	27
	• Workshop 1 programme	
	• Workshop 2 programme	
	• Workshop 3 programme	
ANNEX 3:	Conference Resolution 8 March 2007: <i>“Efficient Alcohol Control Policy in Latvia: a basis for improved public health as well as country overall development”</i>	31
ANNEX 4:	List of PLENARY presentations	34
ANNEX 5:	List of WORKSHOPS’ presentations	35
ANNEX 6:	List of Participants Riga CBSS Conference	
	• Alphabetical list of participants (short list)	38
	• Working-Group (1-3) specific participant list	40
	• Country and organization specific participant list	42
	• Alphabetical list of participants (complete list with full coordinates of participants)	44

Presentations are available on:

www.ndphs.org/SIHLWA under Riga CBSS Alcohol Conference 2007

1. ABBREVIATIONS

ABBREVIATIONS/ ACRONYMS	
BSN	Baltic Sea Network on Occupational safety & Health
CIDA	Canadian International Development Aid
CSR	Committee of Senior Representatives
CBSS	Council of Baltic Sea States
EC	European Commission
EG	Expert Group
EU	European Union
EUC	European Commission
EURO	Regional Office for Europe/WHO
ILO	International Labor Organization
IOM	International Organization of Migration
MoH	Ministry of Health
MoSAH	Ministry of Social Affairs and Health
NCD	Non-communicable diseases
NCM	Nordic Council of Ministers
ND	Northern Dimension
NDPHS	Northern Dimension Partnership in Public Health and Social Wellbeing
NGO	Non-governmental organization
NHV	Nordic School of Public Health/ Gothenburg
OSH	Occupational Safety and Health
PAC	Partnership Annual Conference
PHC	Primary Health Care
SIHLWA	Expert Group on Social Inclusion, Healthy Lifestyles & Work Ability
STAKES	National Research & Development Centre for Welfare & Health/ FIN
STAKES	National Research and Development Center for Welfare and Health /FIN
STI	Sexually transmitted infection
TOR	Terms of Reference
WG	Working Group
WHO	World Health Organization
WPH&S	Workplace Health & Safety
WS	Workshop

2. SUMMARY¹ Conclusions

Riga International Conference on “Reducing Alcohol Problems in the Baltic Sea Region: Effective Approaches to Tackle Alcohol Related Problems in Local Communities”

The Riga International Conference on “Reducing alcohol problems in the Baltic Sea region: Effective approaches to tackle alcohol related problems in local communities” was organized under the auspices of Swedish chairmanship of the Council of Baltic Sea States (CBSS), sponsored by the Ministry of Health of Sweden, co-sponsored by the Northern Dimension Partnership in Public Health and social Wellbeing (NDPHS)/ Expert Group on Social Inclusion, Healthy Lifestyles & Work Ability (SIHLWA), and organized in cooperation with the Ministry of Health of Latvia. The overall aim of the Conference was to inspire relevant administrations to develop effective alcohol strategies for the prevention of hazardous and harmful drinking and for the protection of third parties such as children and families. 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. It is not an exaggeration to speak about a man made crisis situation, and alcohol flood.

Altogether there were 50 participants in the conference representing 9 countries and 5 international organizations

The Conference worked both in plenary and in workshops:

1. Strategies to reduce harm caused to children in families with alcohol problems
2. Preventive strategies for identifying hazardous and harmful use of alcohol in the population, for early intervention
3. Alcohol prevention in different societal settings

The lessons from international projects and community action and prevention, and community mobilization were summarised as follows:

- Science-based interventions are essential.
- Value of Evaluation — determine effects.
- Environmental strategies are most effective.
- Education alone has little effect — use in support of other components.

Present globalization and trends were summarized as follows:

- Globalized beverages coexist with local beverages.
- Gradual shift of consumption towards sectors where ownership is more highly concentrated.
- Dramatic increase in concentration of ownership of beer companies.

Disadvantages of globalization of alcohol he summarized as follows:

- Goals of globalized alcohol often at odds with those of public health:

¹ Further information on the Conference proceedings will be presented on the website of the CBSS (www.cbss.org), as well as on that of the Northern Dimension Partnership on Public Health and Social Well-being (<http://www.ndphs.org/SIHLWA EG/Expert Group meeting web pages>).

- Expand availability rather than reduce it.
- Make product an essential part of every activity rather than optional and occasional, in safe settings.
- Consciously change culture to include alcohol – expansion of consumption into all groups e.g.

There is a strong need for global leadership in order to:

- Globalization is leading to worsening drinking patterns and problems, often in settings with least resources to counter them.
- Global leadership is needed for a global problem.
- Trade agreements need to reflect alcohol's special nature as a commodity, and to protect national and local ability to control alcohol markets.
- Research, demonstration and evaluation projects on alcohol are needed in non-Western settings.

Following the resolution from the WHA in 2005, the WHO Director-General will at the upcoming WHA in May 2007 present a report that was requested from Member States on effective strategies and policies to reduce the harmful use of alcohol. This will offer a golden opportunity for all Member States concerned with alcohol prevention to make a significant step forward by requesting the Director-General to start the work of a global initiative against harmful use of alcohol.

In conclusion, the tension between trade and public was pointed out health crystallizing that **“Alcohol is no normal commodity”**.

- The assumption that free trade and economic growth always creates welfare is false.
- Alcohol is a different type of commodity than e.g. food products.
- The marginal utility of alcohol is negative and an increase in consumption will produce only more harm than good.

3. INTRODUCTION

The Riga International Conference on “*Reducing alcohol problems in the Baltic Sea region: Effective approaches to tackle alcohol related problems in local communities*” was organized under the auspices of Swedish chairmanship of the Council of Baltic Sea States (CBSS), sponsored by the Ministry of Health of Sweden, co-sponsored by the Northern Dimension Partnership in Public Health and social Wellbeing (NDPHS)/ Expert Group on Social Inclusion, Healthy Lifestyles & Work Ability (SIHLWA), and organized in cooperation with the Ministry of Health of Latvia.

The overall aim of the Conference was to inspire relevant administrations to develop effective alcohol strategies for the prevention of hazardous and harmful drinking and for the protection of third parties such as children and families. The conference aimed at promoting the exchange of experience and knowledge on preventive alcohol strategies and on local or national projects whose methods have proven to be effective. Participants were 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. One aim was to contribute to a closer cooperation in the Baltic Sea Region in this field, and to support the cooperation within the Partnership of Public Health and Social Wellbeing (NDPHS) and especially the expert group “Social Inclusion, Healthy Lifestyles and Work Ability” (SIHLWA) under NDPHS.

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. About 10 per cent of disease burden in Europe is due to alcohol. It is one of the leading risk factors for both disability and preventable death in Europe. The risk is more serious 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. It is not an exaggeration to speak about a man made crisis situation, and alcohol flood.

Harmful alcohol consumption causes great suffering among third parties, in wrecking families and exposing children to enormous risks and vulnerability, and also in general exposing third parties to risks, such as violence etc. The economic loss due to lost working capacity and early death is very high.

National authorities are trying to find ways to reduce hazardous and harmful alcohol consumption. In some countries successful national alcohol strategies have been introduced, projects have been started and experiences have been gained of methods to reduce alcohol related harm. At European level the WHO Framework for alcohol policy in Europe was adopted in 2005. It forms an important basis for development of national policies. Furthermore, in the autumn of 2006 the EU Commission presented an EU Strategy to support Member States in reducing alcohol related harm, and the EU Council adopted conclusions of the new alcohol strategy for the EU.

The Conference worked both in plenary and in workshops. The introductory plenary, including a Round Table set the scene and formed a framework for the discussions in the workshops. It included an analysis of the situation and trends as regards consumption and its consequences. Under the heading "*How to resolve the tension between the public health and trade interests in the alcohol field*" an overview was given of alcohol policies in general at national level and at WHO and EU levels. A Round Table discussed the role of and available tools in local communities for effective prevention of hazardous and harmful use of alcohol. After that, in three parallel workshops participants exchanged experiences concerning effective strategies and methods to prevent and reduce hazardous and harmful alcohol consumption and to support children in families with alcohol problems:

- Strategies to reduce harm caused to children in families with alcohol problems
- Preventive strategies for identifying hazardous and harmful use of alcohol in the population, for early intervention
- Alcohol prevention in different societal settings

The workshops also agreed on important conclusions. The Conference ended by reports from the workshops and a discussion on what the participants find useful for bringing back home.

Further information on the Conference proceedings will be presented on the website of the CBSS (www.cbss.org), as well as on that of the Northern Dimension Partnership on Public Health and Social Well-being (www.ndphs.org).

The conference gave an opportunity for the relevant administrations to learn from each other about policies and practise that have proven to be effective for reducing alcohol related harm at local level. In addition, also ongoing, but not yet evaluated projects, which were considered to be interesting and relevant, were brought to discussion.

The Conference brought together decision makers and experts in public health and social sector administrations from partner countries working with alcohol and drug prevention related issues. As alcohol problems need intersectoral collaboration representatives from different relevant sectors of society attended.

Altogether there were 50 participants in the conference representing 10 countries and 4 international organizations (see list of participants in annex 6).

4. Riga International Conference on “Reducing Alcohol Problems in the Baltic Sea Region: Effective Approaches to Tackle Alcohol Related Problems in Local Communities”

4.1 Proceedings of the meeting

The conference was opened by the *Ms. Eva Ekmehag, Swedish Delegate to Committee of Senior Officials (CSO) of the Council of Baltic Sea States (CBSS)* with *Ms. Kerstin Ödman, Ministry of Health and Social Affairs, Sweden* as rapporteur. Ms Ekmehag highlighted the importance and timeliness of the meeting and welcomed the participants to the meeting thanking the Latvian hosts and all partner organizations and countries for their efforts. *Mr. Christer Persson, Ambassador, Chairman of the CBSS CSO* brought the meeting into historical perspective in a series of CBSS conferences in the Baltic Sea region. *Ms. Inga Smate, Ministry of Health of the Republic of Latvia*, brought to the conference the greetings of the Government of Latvia and a message from their recent 8 March 2007 national conference on “*Efficient Alcohol Control Policy in Latvia: a basis for improved public health as well as country overall development*” in the form of a resolution of the Conference (see in annex), urging immediate action against worsening public health and social condition in Latvia caused by negative impact of alcohol policy liberalization in their country. All participants could but agree that we are all in the “same boat” under an alcohol tsunami.

The key note presentation was given by *Mr. Dag Rekke, WHO-HQ, Department of Mental Health and Substance Abuse* on alcohol in global perspective: Situation analysis and trends of consumption, consequences and policy development. Mr Rekke summarised his conclusions as follows: 1) there is increasing consumption and problems in northern and eastern Europe, and also in many third world countries, 2) the problems are expected to increase globally, unless action is taken, 3) there are promising initiatives in all WHO-regions to tackle the problem now.

A round table discussion on “How to resolve the tension between the public health and trade interests in the alcohol field: alcohol policies in general at national level and international level”, was facilitated by *Dr. Mikko Vienonen, Northern Dimension Partnership in Public Health and Social Well-being (NDPHS)/ SIHLWA expert group*. The participants provided an introductory presentation of their respective fields of expertise and experience as follows:

- *Mr. Sven Andréasson, Swedish National Institute for Public Health: “Combining national control policy and local community prevention”*
- *Ms. Daria A. Khaltourina, Russian State Academy for Civil Services by the President of Russia, and Mr. Andrey Korotayev, Russian State University for the Humanities: “The perspectives of application of the basic principles of alcohol policy in the North East Europe”*

- *Ms. Maria Renström, European Commission (SANCO):* “Analysis of the significance of the new EU alcohol strategy for the new Member States and countries outside the EU”
- *Mr. Haik Nikogosian, WHO-EURO:* “Framework for alcohol policy in the WHO European Region”

The round-table discussants crystallized their thoughts as follows: 1) *Mr Andréasson:* “Combine national control policies with local community prevention”, 2) *Ms Khaltourina:* “Increase vodka taxation”, 3) *Mr Korotayev:* “Establish state monopoly for alcohol sales and seek public support”, 4) *Ms Renström:* “Up till now EU commission has regarded alcohol as an ordinary commodity, but the attitude is rapidly changing. We should use more and better the health impact assessment tool and benefit from the *EU Alcohol and Health Forum*”, 5) *Mr Nikogosian:* “Influence international trade agreements and use the health sector more and better”.

In the 2nd plenary was chaired *Mr. Haik Nikogosian, WHO-EURO* and as rapporteur acted *Ms. Elisabet Aldenberg, Ministry of Health and Social Affairs, Sweden*. *Ms. Inga Smate, Ministry of Health of the Republic of Latvia*, further elaborated on *Alcohol Control Policy in Latvia*. *The focus will be especially on focus Latvian alcohol policy both on availability and demand reduction.* Furthermore, Latvia wants to reduce drunk driving and drinking on the job. *Professor Yulia V. Mikhailova from the Central National Institute of Organization and Informatization of Healthcare in Russia* highlighted on alcohol related mortality and what unused resources societies have to reduce it in Russia. The trends in Russia are alarming and the age of starting to use alcohol is going down. She argued that liberalizing mild alcoholic beverages like beer is not the right solution. *Ms Vesna-Kerstin Petrič from the Ministry of Health of Slovenia* informed about interesting developments in a traditional wine-producing country, now actively working against alcohol hazard to public health. The movement had started from action against drunken driving and is now focusing on reducing availability; implementing a 18-year age limit and limiting commercial communication (advertisement) to youth through sports-events etc. Slovenia will hold the EU Presidency after Germany during the 2nd half of 2007 and wants to keep fight against hazardous use of alcohol as one of its key policy priorities especially in injury and cancer prevention. All three above mentioned speakers from Latvia, Russia, and Slovenia were further elaborating their messages in the following workshops.

The three workshops provided a lively discussion forum on three themes: 1) Strategies to reduce harm caused to children in families with alcohol problems, 2) Preventive strategies for identifying hazardous and harmful use of alcohol in the population, for early intervention, and 3) Alcohol prevention in different societal settings. The presentations will be provided on the CBSS and NDPHS web-sites and in this report only the summary conclusions will be presented.

4.2 Report on Workshop No 1

Workshop 1 on strategies to reduce harm caused to children in families with alcohol problems was chaired by *Lars Lööf*, Head of the CBSS Child Unit and *Elisabet Aldenberg*, MHSA, Sweden, acted as rapporteur. The specific issues for their consideration focussed on how to identify children at risk, the role of pre-school, school, school health care, social services and other actors, and methods to support children and parents.

The group based their report on the following presentations in the workshop and discussion in the group:

- TRAPPAN – THE STAIRS on preventive group program for children and teenagers in families with alcohol and drug problems by *Lillemor Brånn* and *Helen Olsson*, Sweden;
- ROAD TO HOME by *Tatyana Shestakova*, Russia/ Cherepovets;
- National project on children in families with alcohol problems by *Kit Broholm*, Norway;
- Lessons learned from Plodovoye community work development by *Anna Skvorcovova*, Russia/ St Petersburg;
- “The forgotten children” by *Svein Furnes*, Norway;
- KOMET – A manualized behavior management intervention targeting children with behavior problems in families and schools by *Knut Sundell*, Sweden.

Themes for discussions were:

- How to identify children at risk – the role of pre-school, school, school health care, social services and other actors.
- Methods to support children and parents.

As conclusions Workshop 1 reported:

Definition of drug problem to promote early intervention

For the purpose of making an early intervention and early detection possible, in an interpersonal perspective we may say that an alcohol or drug problem exists, when the use 1) disturbs the tasks that are supposed to be taken care of within the family, and 2) compromises and disturbs the emotional ties between human beings (*Frid A. Hansen 1994*).

The Child perspective when identifying children at risk

Professionals working with adults in substance abuse management programmes within social services or health services need to consider that there very often are children close to their clients.

Professionals that come into contact with children in pre-schools, schools or other primary settings need knowledge on how to identify and meet the needs of children living in families with abuse problems. Staff within maternity care and in well baby

clinics should also learn how to identify children at risk. NGOs and the civil society also have a vital role to play in early detection and intervention.

Methods to support children and parents

- Family oriented substance abuse care – children living in families with abuse problems should be offered relevant support irrespectively of the parent’s motivation for support. When a child is involved in a programme it should be so in its own right, not as a means to convince the adult of participating. Programmes should be tailored to the rights and needs of the child.
- Need to develop the awareness and competence of professionals at social services in methods supporting children living in families with abuse problems.
- Systematic cooperation between the social sector and other sectors meeting with families in order to respond to the needs of children.
- Knowledge on children and how they are affected by parental alcohol abuse should be part of basic training for professionals that meet with children.
- The importance of evidence based methods. The effects of programmes on children should be evaluated.

Supporting the child’s own strategies to cope

The coping strategy of some children means creating a sphere in school, with friends etc. where the problem does not “exist”. This should be respected and increases demands on adults to be sensitive to children at risk. It is important to break the taboo and breaking the silence. You are not alone.

Summary of WS 1 discussion:

- Children are innocent victims for our alcohol culture. Alcohol abuse is a social stigma and therefore a problem that often is kept as a “family secret”. The discussion in the workshop was about how to promote early detection and intervention and how to offer adequate support to children and parents.
- To promote early interventions related to alcohol and drug problems it is important to use a definition that points out that measures should be taken when drug problems compromises and disturbs the family duties and the emotional ties between human beings. Such a definition puts focus on the social consequences of alcohol and drug abuse.
- To identify children living in families with alcohol problems there is a need for changing the routines to enhance a systematic cooperation between the social sector and other sectors meeting with families in order to respond to the needs of children.

- There are two ways of detecting children living in families with alcohol problems. One way is through professionals that come into contact with children in pre-schools, schools or other primary settings. The other way is to raise the awareness among professionals working with adults in substance abuse management that there often are children close to their clients and therefore ask about children.
- Of decisive importance for the will and courage among professionals to see these children are that there are resources for support in place. "If you don't know what to do with the answer you don't want to ask." Therefore there is a need for action plans in school about what to do when a child is living in a family with alcohol problems and a need to develop a family oriented substance abuse care when there are children in the family instead of individual care.
- Presentations about how to support children and parents showed that feelings are an important part of many programmes. One method to help sort out a child's mixed feelings towards an abusing parent is to use the metaphors "alcohol devil" and "angel". The alcohol devil separates the problem from the parent. An important message is that it is OK to hate and love a drinking parent. It is also important for children to know that it is not their fault that the parent/s is drinking. At the same time the child should be recognized for the hard work he or she is doing to make the family life work. The discussions put forward the importance of giving hope to these children. To show them that they have alternative possibilities in their own lives and to strengthen them to find and make their own choices.
- It is not enough to only support the children. To meet the parents and support them in their parental role is a vital component for improving the life situation for these children.
- Other issues mentioned are the strong connection between alcohol and violence. The issue of domestic violence is very important and a very delicate issue to raise and work with. Another issue is the life long suffering among children born with alcohol injuries (Foetal alcohol syndrome/ FAS and foetal alcohol disorders). These children have psychological and social disabilities and need continuing support through school. Maternity care has an important role in prevention and an important question raised was how to reach these women when many of them are afraid to loose custody of their child. These women have multiple needs and need a broad range of long time support.

4.3 Report on Workshop No 2

Workshop 2 on preventive strategies for identifying hazardous and harmful use of alcohol in the population for early intervention was chaired by *Mayya Rusakova*, Director of Regional NGO *Stellit*, Russia and *Karin Nilsson Kelly*, Ministry of Health and Social Affairs, Sweden acted as rapporteur.

The specific issues for their consideration focussed on identification of hazardous and harmful use of alcohol: screening and brief intervention, directed at different groups of the population, preventive strategies in first contacts and primary health care settings such as maternal health care; child health care, school and student health care, elderly care etc.

The group based their report on the following presentations in the workshop and discussion in the group:

- Primary Health Care European Project on Alcohol (PHEPA): integrating health promotion interventions for hazardous and harmful alcohol consumption into PHC professionals' daily work (project financed by the EC) by *Preben Bendtsen*, Sweden;
- Mini-intervention project at the National Institute of Occupational Health by *Leena Heljälä*, Finland
- Interdepartmental cooperation in the sphere of primary prevention of risk behaviours among children and adolescents: Experience of St. Petersburg by *Mayya Rusakova*, Russia:
- Alcohol as a strong player in Estonia by *Andrus Lipand*, Estonia:
- Alcohol Control Policy and Harm Done by Alcohol in Lithuania by *Audrius Ščeponavičius*, Lithuania

There is a strong evidence base for the efficacy, cost effectiveness and utility of health promotion interventions for hazardous and harmful alcohol consumption in primary health care settings. However alcohol related problems are often under diagnosed and PHC workers find it difficult to identify and advise patients in relation to alcohol use. The problems are the same in all countries of the Baltic Sea region. In general much more could be done in primary health care settings in order to tackle hazardous drinking. Other possible areas for brief intervention are occupational health, emergency rooms and psychiatric clinics.

Presentations about the current situation in Latvia and in Lithuania were also included in the workshop. Alcohol consumption is steadily increasing in both countries. The marketing from the alcohol industry is very aggressive. Since the Baltic countries became members of the European union alcohol laws have become much more liberal often under the pretence that such a liberalization was necessary according to EU legislation.

Health care services provide the primary link towards the population to identify hazardous and harmful drinking behaviour. Health care system has credibility and can coordinate interventions. It is not possible to solve a countries alcohol problem

by interventions directed to the individual only but such interventions must be an important part of the total program.

There has been strong evidence for the effectiveness of brief intervention for many years, but implementation is still slow. Some general advice is to focus more on hazardous and risky drinking and less on dependence. In some countries there is a lack of accessible tools for screening. The Audit test should be translated into Russian and made available on the web.

It was underlined that sustainable support from responsible authorities and structures for continuous training of personal is important for good results. However Brief intervention doesn't have to be in a certain way and it doesn't have to be complicated! Just asking a question about drinking habits followed by some concrete and brief advice can make a difference. *It is always better to something than nothing!*

As conclusions Workshop 2 reported

- Primary health care is a good arena to prevent alcohol related harm. yet risky drinking is often undetected in PHC settings.
- Health promotion interventions for hazardous and harmful alcohol consumption should be integrated in primary health care professionals' daily clinical work.
- Sustainable support from responsible authority and structures for continuous training of personnel is essential for good results.
- Alcohol prevention must be required by management and supported by resources.
- Education and training of personnel is not enough. You have to change the structure of clinical work.
- Don't wait until you see the symptoms. Focus on hazardous and risky consumption and talk about short term consequences of risky drinking. (Injuries, social consequences etc.)
- Brief intervention doesn't need to be in a certain way – don't complicate things! It doesn't need to take more than 5-10 minutes. Open questions could be just as good as questionnaires. To raise awareness about risky drinking is most important.
- Try to imbed alcohol questions in broader life style questions at regular health check ups
- Pregnant women and parents of young children are important target groups for PHC settings
- Other possible areas for brief intervention are emergency rooms and psychiatric clinics
- Don't give in!
- Identifying and advising hazardous drinkers should be a part of all assessment of work ability and health in Occupational health Services.

- OH services have a great potential to reach the biggest risk groups of young and middle-aged men

4.4 Report on Workshop No 3

Workshop 3 on alcohol prevention in different societal settings was chaired by *Kari Paaso*, Ministry of Social Affairs & Health Finland and *Kerstin Ödman*, Ministry of Health & Social Affairs Sweden acted as rapporteur. The specific issues for their consideration focussed on reducing the availability of alcohol to children and young people: effective age control, family programs, collaboration with bars, discotheques, restaurants and other actors in the local society, including public transport, and role of working environment to identify, alleviate and react to alcohol problems at work.

The group based their report on the following presentations in the workshop and discussion in the group:

- Primary prevention of social isolation and substance abuse among adolescents in schools (ESFA and SYKE projects in Finland and Pitkyaranta project in Karelia, Russia) by *Tiina Laatikainen*, Finland;
- Responsible beverage serving presented by *Linda Brännström*, Sweden;
- A study of effectiveness of local alcohol policy (PAKKA project, including an actor-assisted restaurant purchase experiment) by *Katarina Warpenius*, Finland;
- Experience from Slovenia "You can choose – win or loose" by *Matej Kosir*, Slovenia;
- Promoting occupational health by preventing alcohol abuse by *Hanna Jurvansuu*, Finland;
- SOLVE project Russia, Prevention of Hazardous use of alcohol in the workplace by *Irina Sinelina*, ILO-Moscow;
- Influence of liberalisation of legislative base on alcohol consumption and its related harm (focus on reduction of availability) by *Aurelijus Veryga*, Lithuania.

As conclusions Workshop 3 reported:

- Our strategies must be evidence based.
- Evaluation methods need to be developed in order for the authorities or other actors to evaluate the result of their strategies.
- The development of a strong civil society should be supported and the civil society should be involved.
- We must offer to young people alternative lifestyles showing that it is possible to have fun without alcohol.
- Multilevel actions need to be taken, not only awareness raising but also activating and involving young people and other persons concerned.
- Health inequalities are closely linked to social and economic inequalities and these start to develop at very early age – early action thus needed.
- Responsible beverage service has proven to be an effective strategy to reduce harmful drinking at restaurants, bars etc. In order to be successful, however,

projects need to be carefully planned and include a combination of different measures such as enforcement, training of personnel etc.

- Cooperation between authorities and restaurants/bars is important, but also the improved cooperation between different authorities makes the whole community better involved.
- The workplace is a good setting to respond to alcohol problems as it is an organized environment, with a social dialogue between workers and management, and with resources.
- Workplaces should actively use the Occupational Health Services in its preventive work.
- Societies need to pursue comprehensive rigorous alcohol policies.
- It is necessary to secure sustainable structures for preventive actions at local level, ensuring all target groups equal access to programmes.
- We should not only learn good practise from other countries, but we should also learn from each other's mistakes.

4.5 Closing of the Riga CBSS Conference

The 3rd plenary was chaired by *Audrius Ščeponavičius, Director of Public Health Department of Ministry of Health of the Republic of Lithuania* and Representative of the Chair of the NDPHS. *Mikko Vienonen, Coordinator of NDPHS/ SIHLWA Expert Group* acted as rapporteur. Reports from rapporteurs of three workshops were heard. The task of all groups was within the framework of their topic to elaborate on policies, strategies, and implementation in practise.

In the plenary from the audience following additional comments were presented:

- When talking about alcohol hazard and problems, we must always consider that there are often children involved, who need special attention and support. Experience has shown that children's needs can easily be neglected. Combining alcohol prevention and violence prevention is strategically a feasible idea;
- The issue of violence (often towards female partners and children) remains neglected. All violence is not alcohol induced, but very often they go hand in hand;
- Primary health care (first contact care) is an underutilized resource in alcohol prevention. Health personnel is underestimating their possibilities to help. Often simply focusing attention to possibly existing alcohol problem or hazardous use of alcohol is effective. This has been shown by evidence;
- Community based risk assessment is not properly conducted. In many societies, especially in Russia, alcohol is the biggest health risk and cause of demographic crisis causing over-mortality of working aged population;
- Things should not be made too complicated. Mini-interventions are not difficult or time consuming to conduct at 1st contact level (e.g. PHC, occupational health

service, family doctor, or public health nurse/ fetscher level). Besides, if a doctor or nurse finds something as important, there is time for it. The question is primarily about motivation and priority setting;

- It would be important to initiate continuous movement and action against alcohol and the factors causing increased consumption and hence problems. Sporadic meetings and conferences are not enough;
- The role of globalization and trade agreements on alcohol imports, customs duties, taxes, etc. must be better studied and understood. There is a lot of misconceptions and myths about it, often advocated by alcohol industry. Countries are not using in full the opportunities to control increased alcohol consumption. EU gets the blame sometimes of what the EU regulations are not imposing on the member states. Yet, so far for northern Europe EU legislation, such as the one allowing very large scale private importation of alcohol, has caused problems for public health. The new EU strategy underlining that alcohol is not a normal market commodity is a very important stepping stone for further work;
- More rigorous national control policies on alcohol are needed. Health promotion (and demands for more rigorous anti alcohol propaganda) without rigorous national and local alcohol policy and regulations aiming at reduction of consumption through higher prices and control of access are useless and hypocritical;
- Monitoring and reporting and publicizing of the situation in our countries is very important;
- Creating “outrage” against irresponsible promotion of alcohol use is an urgent task. Population, including politicians, have not understood the seriousness of the problem and their role in creating or solving it. They do not want to think about it, because it is too sensitive for many people. They must be “forced” to do so;
- The role of self-help groups and support through NGOs was emphasized. One example how such work is organized is the EMNA-NGO in Norway (European Mutual-Help Network for alcohol Related Problems in Norway) (www.emna.org).
- Life-skill training (coping skills) and holistic view on supporting people through healthcare, social services, schools, sports, etc. needs to be emphasized rather than focusing on traditional search for risk populations and individuals and stigmatizing them as “problems”. Empowering peoples positive strengths is an underutilized resource;

Summary and conclusions of the whole conference were presented by Sven Andréasson, National Institute of Public Health, Sweden. He summarized the challenges

identified by the three workshops as 1) lack of public concern and support, 2) powerful commercial interests, and 3) alcohol viewed as an ordinary commodity.

He summarized the lessons from international projects and community action and prevention, and community mobilization as follows:

- Science-based interventions are essential.
- Value of Evaluation — determine effects.
- Environmental strategies are most effective.
- Education alone has little effect— use in support of other components.

Present globalization and trends he summarized as follows:

- Globalized beverages coexist with local beverages.
- Gradual shift of consumption towards sectors where ownership is more highly concentrated.
- Dramatic increase in concentration of ownership of beer companies.

Disadvantages of globalization of alcohol he summarized as follows:

- Goals of globalized alcohol often at odds with those of public health:
 - Expand availability rather than reduce it.
 - Make product an essential part of every activity rather than optional and occasional, in safe settings.
 - Consciously change culture to include alcohol – expansion of consumption into all groups e.g.

Globalization and public health	
Globalization	Public Health
Increased integration of production and marketing	Little integration of prevention efforts
Diffusion of sophisticated technologies for marketing the product	Little international exchange of prevention technologies, services often unavailable
Increased ability to promote point of view at global levels (e.g. trade agreements)	Little ability to organize or mobilize at national or international levels

There is a strong need for global leadership in order to:

- Globalization is leading to worsening drinking patterns and problems, often in settings with fewest resources to counter them.
- Global leadership is needed for a global problem.
- Trade agreements need to reflect alcohol's special nature as a commodity, and to protect national and local ability to control alcohol markets. Research, demonstration and evaluation projects on alcohol are needed in non-Western settings.

Additionally Sven Andréasson remarked that WHO had globally been relatively passive in highlighting "harmful use of alcohol", which has been the terminology often used by the Nordic countries and which has been used in the texts of world Health Assembly (WHA) already since 2004. The WHA 2004 and WHA 2005 resolutions have made the foundation on work aiming to reduce harmful use of alcohol. On European level since the WHO-EURO Regional committee in Bucharest in 2005 we have agreed on a framework for action, so there is a consensus in principle about the magnitude of the problem and the need for international action.

On the international level there is already a comprehensive strategy to counteract the major global disease burden caused by non-communicable diseases, supported by specific strategies for diet and exercise and the Framework Convention on Tobacco Control (FCTC), among others. There is an obvious need also to develop a strategy to prevent harmful use of alcohol to fill a gap in general, but specifically as the WHO Executive Board in January 2007 decided to propose to WHA in May a global action plan for the prevention of non-communicable diseases.

Following the resolution from the WHA in 2005, the WHO Director-General will at the upcoming WHA in May 2007 present a report that was requested from Member States on effective strategies and policies to reduce the harmful use of alcohol. This will offer a golden opportunity for all Member States concerned with alcohol prevention to make a significant step forward by requesting the Director-General to start the work of a global initiative against harmful use of alcohol. The content of the report, available resources, political, cultural and religious circumstances will have to guide what measures being the most appropriate for kick-starting such a process. It will certainly be controversial, but nevertheless crucial to make progress in fighting the global non-communicable pandemic.

We have for a long time discussed this urgency between the Nordic countries. Now, an increasing number of other Member States, in- and outside Europe, are flagging up for international action. We hope that we will go home to our Health Ministries and organizations and brief them for safeguarding that the process that has started will continue and become more forceful.

5. Conclusions

In conclusion, Sven Andréasson pointed out to the tension between trade and public health crystallizing that “**Alcohol is no normal commodity**”.

- The assumption that free trade and economic growth always creates welfare is false.
- Alcohol is a different type of commodity than e.g. food products.
- The marginal utility of alcohol is negative and an increase in consumption will produce only more harm than good.

The conference was closed by:

- Thanking the CBSS and Swedish Government for organizing this conference as part of their chairmanship role in the CBSS
- Agreeing that the Conference secretariat will produce and distribute Conference Report as soon as possible;
- Noting that the topics and recommendations raised in the conference will be further elaborated through the NDPHS Expert Group SIHLWA and also PHC;
- Encouraging that also the upcoming Nordic Council of Ministers Conference (highlighting the Finnish Chairmanship of NCM in 2007) on lifestyle related non-communicable disease prevention 11-12 December in St. Petersburg will raise the role of alcohol in this context;
- Congratulating the local Latvian hosts for its great support to the conference;
- Thanking the speakers for their excellent presentations and all participants for their active involvement and innovative ideas;
- Wishing better health to all our populations and strength to work further in the important sector of public health..

The organizers thank Canada, a Member of the Northern Dimension Partnership in Public Health and Social Well-being, and who did not have an opportunity to participate in the Riga Conference, for its report on “Reducing Alcohol Related Harm in Canada: Toward a Culture of Moderation – Synopsis of a Proposed National alcohol Strategy (prepared by: *Edward Sawka*, Alberta Alcohol and Drug Abuse Commission; *Heidi Liepold*, Health Canada; *Nathan Lockhart*, Health Canada; *Sandra Song*, Health Canada; and *Gerald Thomas*, Canadian Centre for Substance Abuse).

This document (pp. 18) is available on [www.ndphs.org/SIHLWA_EG/ Expert Group meeting web pages](http://www.ndphs.org/SIHLWA_EG/Expert_Group_meeting_web_pages) under Riga CBSS Alcohol Conference 2007.

ANNEX 1: Scope and Purpose

Aim of the Conference

The overall aim of the Conference is to inspire relevant administrations to develop effective alcohol strategies for the prevention of hazardous and harmful drinking and for the protection of third parties such as children and families. The conference aims at promoting the exchange of experience and knowledge on preventive alcohol strategies and on local or national projects whose methods have 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.

One aim is to contribute to a closer cooperation in the Baltic Sea Region in this field, and to support the cooperation within the Partnership of Public Health and Social Well-being (NDPHS) and especially the expert group “Social Inclusion, Healty Lifestyles and Work Ability” (SIHLWA) under NDPHS.

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. About 10 per cent of disease burden in Europe is due to alcohol. It is one of the leading risk factors for both disability and preventable death in Europe. The risk is more serious 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. It is not an exaggeration to speak about a man made crisis situation, and alcohol flood.

Harmful alcohol consumption causes great suffering among third parties, in wrecking families and exposing children to enormous risks and vulnerability, and also in general exposing third parties to risks, such as violence etc. The economic loss due to lost working capacity and early death is very high.

National authorities are trying to find ways to reduce hazardous and harmful alcohol consumption. In some countries successful national alcohol strategies have been introduced, projects have been started and experiences have been gained of methods to reduce alcohol related harm. At European level the WHO Framework for alcohol policy in Europe was adopted in 2005. It forms an important basis for development of national policies. Furthermore, in the autumn of 2006 the EU Commission presented an EU Strategy to support Member States in reducing alcohol related harm, and the EU Council adopted conclusions of the new alcohol strategy for the EU.

Contents of the Conference

The Conference will work both in plenary and in workshops. The introductory plenary, including a Round Table will set the scene and form a framework for the discussions in the workshops. It will include an analysis of the situation and trends as regards consumption and its consequences. Under the heading "How to resolve the tension between the public health and trade interests in the alcohol field" an overview will be given of alcohol policies in general at national level and at WHO and EU levels. A Round Table will discuss the role of and available tools in local communities for effective prevention of hazardous and harmful use of alcohol. After that, in three parallel workshops participants will exchange experiences concerning effective strategies and methods to prevent and reduce hazardous and harmful alcohol consumption and to support children in families with alcohol problems:

- Strategies to reduce harm caused to children in families with alcohol problems
- Preventive strategies for identifying hazardous and harmful use of alcohol in the population, for early intervention
- Alcohol prevention in different societal settings

The workshops will also agree on important conclusions. The Conference will end by reports from the workshops and a discussion on what the participants find useful for bringing back home.

Further information on the Conference programme will be presented on the website of the CBSS (www.cbss.org), as well as on that of the Northern Dimension Partnership on Public Health and social Well-being (www.ndphs.org).

The conference is meant to give an opportunity for the relevant administrations to learn from each other about policies and practise that have proven to be effective for reducing alcohol related harm at local level. In addition, also ongoing, but not yet evaluated projects, which are considered to be interesting are relevant for this exchange of experiences.

Participation

The Conference is aimed at decision makers and experts in public health and social sector administrations in Partner countries working with alcohol and drug prevention related issues. As alcohol problems need intersectoral collaboration representatives from different relevant sectors of society are encouraged to attend.

Contact person

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ANNEX 2A : PROGRAMME

**Reducing Alcohol Problems in the Baltic Sea Region
International Conference on Effective Approaches to Tackle
Alcohol Related Problems in local communities
Riga, Latvia, 12 – 13 March 2007**

Venue

Reval Hotel Latvija Conference Centre
Elizabetes iela 55, RIGA LV 1010, Latvia

Programme**Monday, 12 March****09.00 Registration****09.30 Opening of conference**

Chair: Ms. Eva Ekmehag, Swedish Delegate to Committee of Senior Officials (CSO) of the Council of Baltic Sea States (CBSS)

Rapporteur: Ms. Kerstin Ödman, Ministry of Health and Social Affairs, Sweden

Words of welcome; introduction

- Mr. Christer Persson, Ambassador, Chairman of the CBSS CSO
- Ms. Inga Smate, Ministry of Health of the Republic of Latvia

10.00. Plenary**Key note presentation**

”Situation analysis and trends (consumption, consequences and policy development)”.

Mr. Dag Rekve, WHO

10.30 Coffee break

11.00 Plenary

Round table: "How to resolve the tension between the public health and trade interests in the alcohol field? Alcohol policies in general at national level and international level".

Facilitator:

Mr. Mikko Vienonen, Northern Dimension Partnership in Public Health and Social Well-being (NDPHS)

Participants:

- *Mr. Sven Andréasson, Swedish National Institute for Public Health: "Combining national control policy and local community prevention"*
- *Ms. Daria A. Khaltourina, Russian State Academy for Civil Services by the President of Russia, and Mr. Andrey Korotayev, Russian State University for the Humanities: "The perspectives of application of the basic principles of alcohol policy in the North East Europe"*
- *Ms. Maria Renström, European Commission (SANCO): "Analysis of the significance of the new EU alcohol strategy for the new Member States and countries outside the EU"*
- *Mr. Haik Nikogosian, WHO-EURO: "Framework for alcohol policy in the WHO European Region"*

12.30 Lunch

13.30 Plenary

Chair: Mr. Haik Nikogosian, WHO-EURO

Rapporteur: Ms. Elisabet Aldenberg, Ministry of Health and Social Affairs, Sweden

National Conference "Efficient Alcohol Control Policy in Latvia: a basis for improved public health as well as country overall development."

Ms. Inga Smate, Ministry of Health of the Republic of Latvia.

Alcohol related mortality in Russia and opportunities to reduce it

Ms. Yulia Mikhaylova, Federal Public Health Institute, Russia

Alcohol policy of Slovenia

Ms. Vesna-Kerstin Petrič, Ministry of Health, Slovenia

14.45 Coffee break

15.15 Parallel workshops:

Workshop 1. Strategies to reduce harm caused to children in families with alcohol problems

- policies, strategies, implementation in practise

Chair: Mr. Lars Lööf, Children's Unit, CBSS

Rapporteur: Ms. Elisabet Aldenberg, Sweden

- How to identify children at risk – the role of pre-school, school, school health care, social services and other actors
- Methods to support children and parents
- Important conclusions of the workshop

Workshop 2. Preventive strategies for identifying hazardous and harmful use of alcohol in the population, for early intervention

- policies, strategies, implementation in practise

Chair: Ms. Mayya Rusakova, Russia

Rapporteur: Ms. Karin Nilsson Kelly, Sweden

- Identification of hazardous and harmful use of alcohol: screening and brief intervention, directed at different groups of the population
- Preventive strategies in first contacts and Primary Health Care settings such as maternal health care; child health care, school and student health care, elderly care etc.
- Important conclusions of the workshop

Workshop 3. Alcohol prevention in different societal settings

- policies, strategies, implementation in practise

Chair: Mr. Kari Paaso, Finland

Rapporteur: Ms. Kerstin Ödman, Sweden

- Reducing the availability of alcohol to children and young people: effective age control, family programs
- Collaboration with bars, discoteques, restaurants and other actors in the local society, such as public transports
- Role of working environment to identify, alleviate and react to alcohol problems at work
- Important conclusions of the workshop

17.30 End of day

19.00 Buffet reception at the invitation of the Embassy of Sweden

Host: Ms. Anna-Lisa Trulsson Evidon, Chargé d'Affaires

Tuesday, 13 March**09.00 Workshops****10.30 Coffee****11.00 Workshops****12.00 Lunch****13.00 Plenary**

Chair: Mr. Audrius Ščeponavičius, Ministry of Health of the Republic of Lithuania and Representative of the Chair of the NDPHS

Rapporteur: Mr. Mikko Vienonen, NDPHS

Short reports from rapporteurs on the discussions, conclusions in the workshops. Participants will be invited to share the most important ideas for them to bring back to their administrations

Summary and conclusions

Mr. Sven Andréasson, National Institute of Public Health, Sweden

15.00 End of conference

**ANNEX 2B:
WORKSHOP PROGRAMMES**

**International Conference “Reducing Alcohol Problems in the Baltic Sea Region: Effective Approaches to Tackle Alcohol Related Problems in Local Communities”,
Riga, Latvia, 12 -13 March 2007**

Workshop 1.

Venue: Alfa (with interpretation English – Russian)

Strategies to reduce harm caused to children in families with alcohol problems

- policies, strategies, implementation in practise

Workshop 2.

Venue: KSE (English only)

Preventive strategies for identifying hazardous and harmful use of alcohol in the population, for early intervention

- policies, strategies, implementation in practise

Workshop 3.

Venue: EPSILON (English only)

Alcohol prevention in different societal settings

- policies, strategies, implementation in practise

Workshop 1: Strategies to reduce harm caused to children in families with alcohol problems

- policies, strategies, implementation in practise

- How to identify children at risk – the role of pre-school, school, school health care, social services and other actors
- Methods to support children and parents
- Important conclusions of the workshop

Venue: Alfa (with interpretation English – Russian)

<u>Chairperson</u> Lars Lööf, CBSS	<u>Rapporteur</u> Elisabet Aldenberg, Sweden
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Presentations

Tatyana Shestakova, Russia:

Project "Road to home"

Kit Broholm, Denmark:

National project on children in families with alcohol problems

Lillemor Brånn and Helen Olsson, Sweden:

TRAPPAN – THE STAIRS

A preventive group program for children and teenagers in families with alcohol and drug problems

Anna Skvorcova, Russia:

Problems of rehabilitation of dependent mothers with small children in St. Petersburg and Leningrad oblast

Svein Furnes, Norway:

Project "The hidden and forgotten children"

Knut Sundell, Sweden:

KOMET – A manualized behavior management intervention targeting children with behavior problems in families and schools

Further Participants for WS1

- Mikhail Kasatkin, Russia
- Wojciech Klosinski, Poland
- Freja Ulvestad Kärki, WHO-EURO
- Yulia Mikhaylova, Russia
- Sylwia Salgut -Krzeminska, Poland
- Hasse Schneidermann, Nordan
- Asta Sidlauskiene, Lithuania
- Ritva Varamäki, Finland

Workshop 2. Preventive strategies for identifying hazardous and harmful use of alcohol in the population, for early intervention

- policies, strategies, implementation in practise

- Identification of hazardous and harmful use of alcohol: screening and brief intervention, directed at different groups of the population
- Preventive strategies in first contacts and Primary Health Care settings such as maternal health care; child health care, school and student health care, elderly care etc.
- Important conclusions of the workshop

Venue: KSE

<u>Chairperson</u> Mayya Rusakova, Russia	<u>Rapporteur</u> Karin Nilsson Kelly, Sweden
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Presentations

Preben Bendtsen, Sweden:

Primary Health Care European Project on Alcohol (PHEPA): Integrating health promotion interventions for hazardous and harmful alcohol consumption into primary health care professionals' daily work – project financed by the European Commission

Leena Heljälä, Finland

Brief Alcohol Intervention for Hazardous Drinkers in Occupational Health Services Project

Audrius Ščeponavičius, Lithuania

Alcohol Control Policy and Harm Done by Alcohol in Lithuania

Andrus Lipand, Estonia:

Alcohol as a strong player in Estonia

Mayya Rusakova, Russia

Interdepartmental cooperation in the sphere of primary prevention of risk behaviours among children and adolescents: Experience of St. Petersburg

Further Participants for WS2:

- Sven Andréasson, Sweden
- Bernt Bull, Norway
- Lina Ignataviciute, Lithuania
- Rinalds Mucins, Latvia
- Maria Renström, EU Commission
- Astrida Stirna, Latvia
- Mikko Vienonen, NDPHS/ Expert Group SIHLWA (Finland)

Workshop 3. Alcohol prevention in different societal settings

- policies, strategies, implementation in practise

- Reducing the availability of alcohol to children and young people: effective age control, family programs
- Collaboration with bars, discoteques, restaurants and other actors in the local society, such as public transports
- Role of working environment to identify, alleviate and react to alcohol problems at work
- Important conclusions of the workshop

Venue: EPSILON

<u>Chairperson</u> Kari Paaso, Finland	<u>Rapporteur</u> Kerstin Ödman, Sweden
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Presentations

- **Tiina Laatikainen**, Finland:
Primary prevention of social isolation and substance abuse among adolescents in schools (ESFA and SYKE projects in Finland and Pitkyaranta project in Karelia, Russia)
- **Katarina Warpenius**, Finland:
A study of effectiveness of local alcohol policy (PAKKA project)
- **Linda Brännström**, Sweden:
Responsible beverage serving
- **Matej Kosir**, Slovenia:
"You can choose – win or lose" – example of good practice in the field of alcohol in Slovenia.
- **Hanna Jurvansuu**, Finland:
Promoting Occupational Health by Preventing Alcohol Abuse
- **Irina Sinelina**, ILO-Moscow:
SOLVE project Russia, Prevention of Hazardous use of alcohol in the workplace
- **Aurelijus Veryga**, Lithuania:
Liberalization of alcohol control legislation and its relation to alcohol consumption: lessons to be learnt from Lithuania

Further Participants for WS3

- Hanna Heikkilä, Finland
- Aija Pelne, Latvia
- Vesna-Kerstin Petric, Slovenia
- Daria Khaltourina, Russian Federation
- Andrey Korotayev, Russian Federation
- Dag Rekve, WHO
- Inga Smate, Latvia

ANNEX 3:**National Conference “Efficient Alcohol Control Policy in Latvia: a basis for improved public health as well as country overall development.”****Resolution of the Conference****8 March, 2007**

Representatives of state and regional government, members of the parliament, professionals of health and other sectors, representatives of World Health Organization, overall about 200 participants, took part in the conference and adopted the Resolution

Harm caused by alcohol is a serious public health problem in Latvia. Already for several decades the immoderate consumption of alcohol affects all Latvian society and has negative impact on the country's economic and social development. According to the data of the World Health Organization, Latvia takes the fourth place (4th) in Europe in alcohol consumption, alcohol is the third leading risk factor for death and disability in Latvia, the alcoholic psychosis rate is high, as well as the death from atrophic cirrhosis. The consumption of alcohol increases among children and youth.

Statistics of the latest years in Latvia show that:

- consumption of alcohol has increased in almost all age groups;
- strong alcoholic beverages prevail in structure of consumption of alcoholic drinks;
- hazardous and harmful consumption of alcoholic beverages has increased (in particular drinking to get drunk).

In view of alarming detrimental effects to health related to alcohol consumption of inhabitants of Latvia;

Taking into account the *European Charter on Alcohol* adopted in Paris, 1995 which contains five principles of ethics and ten strategic directions for alcohol action plan;

Considering the *Stockholm Declaration on Youth and Alcohol* adopted in 2001;

With reference to the World Health Report 2002, stating that 4% of burden of all illnesses and 3,2% of all deaths globally are connected with the alcohol consumption, the respective figures for Europe being 10,8 % of the disease burden and 6,3 % of all deaths;

Recalling that the Resolution on the Public health problems caused by harmful use of alcohol by the 58th World Health Assembly encourages all the WHO Member State to intensify their efforts to reduce negative health and social consequences of alcohol

Recalling also that the Framework for Alcohol Policy in the WHO European region, adopted by World Health Organization Regional Committee for Europe in September 2005, urges the Member States to use rigorous measures to reduce harm done by alcohol

we, participants of the conference, draw attention to the following :

- direct and indirect costs of alcohol entail serious economic burden to the society that, even being based on incomplete facts, exceeds 3% of Gross Domestic Product (GDP); there are 60 different illnesses in general connected with alcohol, *inter alia*, mental diseases and behavioural disorders, illnesses of the gastric and intestinal canal, cancer

and blood-vessel affection as well as cases of untimely death and disability;

- decrease in the overall harm caused by alcohol would greatly ease the workload of personnel in health care, social welfare, vehicular and law enforcement institutions;
- consumption of alcohol is one of the major reasons of domestic problems (divorce, withdrawal of parental rights, upbringing of children outside the family, etc) and the reason of family violence; large segment of road accidents, violent crimes and accidents in the workplaces, at home and during the leisure time is connected with consumption of alcohol.

We, participants of the conference, believe that hazardous impact of alcohol on public health and state welfare in general can be significantly reduced by implementing rigorous and efficient National alcohol control policies in collaboration between Government, local municipalities and civil society.

We appeal to:

1. Government:

- 1.1. To determine National Alcohol Control policy as a high priority of the Government and to ensure necessary funding for it.
- 1.2. To recognize the importance of high duties on alcohol and hence high prices of alcoholic beverages in combating harm done by alcohol and to strongly consider the possibilities to increase them;
- 1.3. To restrict the availability and advertisement of alcohol in order to prevent and reduce harm done by alcohol, in particular among children and youth;
- 1.4. To ensure efficient health promotion programmes in schools;
- 1.5. To invest in raising public awareness with the aim to change attitude on consumption of alcoholic beverages, especially among children and youth by improving and extending health promotion and addiction prevention measures;
- 1.6. To provide measures to decrease smuggling and illegal sales of alcohol.

2. Regional Governments:

- 2.1. To create a multidisciplinary supporting system to help families, whose members suffer from violence caused by alcohol;
- 2.2. To promote and support the development of youth organization, nongovernmental sector and consumer groups that are aimed to popularize healthy lifestyle;
- 2.3. To support and promote alcohol free environment (enterprise) initiatives.

3. Civil society:

- 3.1. Employers to create positive, creative, orderly, safe environment for their personnel, and sharply turn against consumption of alcohol at the workplaces;
- 3.2. Personal example of each state/municipal authority, employer, popular person in society is very important, in particular, for young people.

4. World Health Organization Regional Office for Europe:

4.1. Continue to support the Government of Latvia in implementation of effective, evidence-based state alcohol control programme in accordance with Framework for Alcohol Control in the World Health Organization European Region.

5. The European Commission:

5.1. Ensure that the impact of all its policies on national alcohol policies will be carefully assessed as part of the health impact assessment before decisions are taken and to continue to strengthen public health oriented alcohol policies at the European level.

Government, MPs, and municipalities, employers, health and educational personnel, each society member should clearly acknowledge harm of alcohol that seriously affects development of Latvia as EU member state.

WE ARE CALLING TO ACT!

ANNEX 4:

List of PLENARY presentations:

Presentations are available on

www.ndphs.org/SIHLWA under Riga CBSS Alcohol Conference 2007

Name of presenter	Country or Organization	Title of presentation	Comments
<i>Dag Rekve</i>	WHO-EURO	Alcohol in global perspective	in English
<i>Renström, Maria</i>	European Commission (SANCO):	Analysis of the significance of the new EU alcohol strategy for the new Member States and countries outside the EU	in English
<i>Andréasson, Sven</i>	Swedish National Institute for Public Health	Combining national control policy and local community prevention	in English
<i>Khaltourina, Daria A.</i> <i>and</i> <i>Korotayev, Andrey</i>	Russian State Academy for Civil Services by the President of Russia Russian State University for the Humanities	The perspectives of application of the basic principles of alcohol policy in the North East Europe	in English
<i>Smate, Inga</i>	Ministry of Health of the Republic of Latvia	National Conference “Efficient Alcohol Control Policy in Latvia: a basis for improved public health as well as country overall development	in English
<i>Mikhaylova, Yulia</i>	Federal Public Health Institute, Russia	Alcohol related mortality in Russia and opportunities to reduce it	in Russian
<i>Petrič, Vesna-Kerstin</i>	Ministry of Health, Slovenia	Alcohol policy of Slovenia	in English

The organizers thank Canada, a Member of the Northern Dimension Partnership in Public Health and Social Well-being, and who did not have an opportunity to participate in the Riga Conference, for its report on “Reducing Alcohol Related Harm in Canada: Toward a Culture of Moderation – Synopsis of a Proposed National alcohol Strategy (prepared by: *Edward Sawka*, Alberta Alcohol and Drug Abuse Commission; *Heidi Liepold*, Health Canada; *Nathan Lockhart*, Health Canada; *Sandra Song*, Health Canada; and *Gerald Thomas*, Canadian Centre for Substance Abuse).

This document (pp. 18) is available on www.ndphs.org/SIHLWA under Riga CBSS Alcohol Conference 2007.

ANNEX 5:

Workshop 1 Presentations on strategies to reduce harm caused to children in families with alcohol problems:

Presentations are available on

www.ndphs.org/SIHLWA under Riga CBSS Alcohol Conference 2007

Name of presenter	Country or Organization	Title of presentation	Comments
<i>Lööf, Lars</i>	CBSS	Effect of parents alcohol use on children	in English and in Russian
<i>Brånn, Lillemor and Olsson, Helen</i>	Sweden	TRAPPAN – THE STAIRS	in English
<i>Shestakova, Tatyana</i>	Russia/ Cherepovets	ROAD TO HOME	in English
<i>Broholm, Kit</i>	Norway	National project on children in families with alcohol problems	in English
<i>Skvortsova, Anna</i>	Russia/ St Petersburg	Lessons learned from Plodovoye community work development	in English
<i>Furnes, Svein</i>	Norway	“The forgotten children”	Not available
<i>Sundell, Knut</i>	Sweden	KOMET – A manualized behavior management intervention targeting children with behavior problems in families and schools by	Not available

Workshop 2 Presentations on preventive strategies for identifying hazardous and harmful use of alcohol in the population for early intervention:

Presentations are available on

www.ndphs.org/SIHLWA under Riga CBSS Alcohol Conference 2007

Name of presenter	Country or Organization	Title of presentation	Comments
<i>Bendtsen, Preben</i>	Sweden	Primary Health Care European Project on Alcohol (PHEPA): integrating health promotion interventions for hazardous and harmful alcohol consumption into PHC professionals' daily work	in English (project financed by the EC)
<i>Heljälä, Leena</i>	Finland	Mini-intervention project at the National Institute of Occupational Health	Available as word-document only
<i>Rusakova, Mayya</i>	Russian Federation	Interdepartmental cooperation in the sphere of primary prevention of risk behaviours among children and adolescents: Experience of St. Petersburg	Available as word-document only
<i>Lipand, Andrus</i>	Estonia	Alcohol as a strong player in Estonia	in English
<i>Ščeponavičius, Audrius</i>	Lithuania	Alcohol Control Policy and Harm Done by Alcohol in Lithuania	in English

Workshop 3 Presentations on alcohol prevention in different societal settings:

Presentations are available on

www.ndphs.org/SIHLWA under Riga CBSS Alcohol Conference 2007

Name of presenter	Country or Organization	Title of presentation	Comments
<i>Laatikainen, Tiina</i>	Finland	Primary prevention of social isolation and substance abuse among adolescents in schools (ESFA and SYKE projects in Finland and Pitkyaranta project in Karelia, Russia)	in English
<i>Brännström, Linda</i>	Sweden	Responsible beverage serving	in English
<i>Warpenius, Katarina</i>	Finland	Study of effectiveness of local alcohol policy (PAKKA project, including an actor-assisted restaurant purchase experiment)	in English
<i>Kosir, Matej</i>	Slovenia	Experience from Slovenia "You can choose – win or loose"	in English
<i>Jurvansuu, Hanna</i>	Finland	Promoting occupational health by preventing alcohol abuse	in English
<i>Sinelin, Irina</i>	ILO-Moscow	SOLVE project Russia, Prevention of Hazardous use of alcohol in the workplace	Available as word-document only
<i>Veryga, Aurelijus</i>	Lithuania	Influence of liberalisation of legislative base on alcohol consumption and its related harm (focus on reduction of availability)	in English

ANNEX 6A: ALPHABETICAL Participant list (short version)

Riga 12-13 March Alcohol Conference CBSS					
ALPHABETICAL Participant list					
Nr	Family name	1st name	WG	Position	Country
1	Aldenber	Elisabet	1	Desk Officer MoH&SA	Sweden
2	Andréasson	Sven	2	Director PHI	Sweden
3	Bendtsen	Preben	2	Professor Linköping Univ.	Sweden
4	Bränn	Lillemor	1	Uppsala kommun	Sweden
5	Brännström	Linda	3	PH planning officer/ NIPH	Sweden
6	Broholm	Kit	1	Senior consultant NBH	Denmark
7	Bull	Berndt	2	MoH&CS	Norway
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9	Furnes	Svein	1	Project Manager/ NGO CR	Norway
10	Heikkila	Hanna	3	Project Co-ordinator PHI	Finland
11	Heljälä	Leena	2	Researcher IOH	Finland
12	Ignatavičiūte	Lina	2	State Mental Health Centre	Lithuania
13	Jurvansuu	Hanna	3	Researcher IOH	Finland
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15	Kasatkin	Mikhail	1	Specialist / SPb Publ Health Com.	Russia/ SPb
16	Khaltourina	Daria	3	RACS	Russia Mos
17	Kłosinski	Wojciech	1	Deputy Director MoH	Poland
18	Korotayev	Andrey	3	Professor RSUH	Russia Mos
19	Košir	Matej	3	Senior Adviser MoH	Slovenia
20	Laatikainen	Tiina	3	PHI	Finland
21	Lipand	Andrus	2	Chief Specialist	Estonia
22	Lööf	Lars	1	Head of Children's Unit CBSS	CBSS Secretariat
23	Mikhailova	Yulia	1	Director of Fed. Pub. Health Institute	Russia Moscow
24	Mucins	Rinalds	2	Deputy State Secretary MoH	Latvia
25	Nikogosian	Haik	3	Deputy Director Div Health Progr	WHO- EURO
26	Nilsson-Kelly	Karin	2	Desk Officer MoH&SA	Sweden
27	Ödman	Kerstin	3	Deputy Director MoH&SA	Sweden
28	Olsson	Helén	1	Uppsala kommun	Sweden
29	Paaso	Kari	3	Ministerial Adviser MoSA&H	Finland
30	Pelne	Aija	2	Director CEMAD	Latvia
31	Persson	Christer	?	Ambassador MoFA / Sweden	CBSS Chairmanship
32	Petrič	Vesna-Kerstin	3	Secretary MoH	Slovenia
33	Rekve	Dag	3	Technical Officer	WHO-HQ
34	Renström	Maria	2	EU Commission	EC

35	Rusakova	Mayya	2	Director NGO Stellit	Russia SPb
36	Sałgut-Krzeminska	Sylwia	1	Head of Division MoH	Poland
37	Sceponavicius	Andrus	2	Director/ PubHealthDep/ MoH/LTU	Lithuania
38	Schneidermann	Hasse	1	Secretary General	NA&DPN
39	Shestakova	Tatyana	1	Project Coordinator	Russia Cherepovets
40	Sidlauskiene	Asta	1	Sen. Spec./ MoSocSec&Labor	Lithuania
41	Sinelina	Irina	3	ILO/ Moscow/ SOLVE project	ILO
42	Skvorcova	Anna	1	Coordinator Russia Netwok	Russia SPb
43	Smate	Inga	3	Deputy Director PHD MoH	Latvia
44	Stirna	Astrida	2	CP&A	Latvia
45	Sundell	Knut	1	Director NBH&W	Sweden
46	Ulvestad-Kärki	Freja	1	Technical Officer	WHO-EURO
47	Varamäki	Ritva	1	Dev. Manager/C. for HP/ TEKRY	Finland
48	Veryga	Aurelius	3	MoH/ Lithuania	Lithuania
49	Vienonen	Mikko	2	NDPHS/SIHLWA	Finland
50	Warpenius	Katariina	3	Researcher STAKES	Finland

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Riga 12-13 March Alcohol Conference CBSS					
Participant list categorized by Working Group					
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5	Furnes	Svein	1	Project Manager/ NGO CR	Norway
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7	Sałgut-Krzeminska	Sylwia	1	Head of Division MoH	Poland
8	Shestakova	Tatyana	1	Project Coordinator	Russia Cherepovets
9	Mikhailova	Yulia	1	Director of Fed. Pub. Health Institute	Russia Moscow
10	Kasatkin	Mikhail	1	Specialist / SPb Publ Health Com.	Russia/ SPb
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12	Bränn	Lillemor	1	Uppsala kommun	Sweden
13	Lööf	Lars	1	Head of Children's Unit CBSS	CBSS Secretariat
14	Olsson	Helén	1	Uppsala kommun	Sweden
15	Sundell	Knut	1	Director NBH&W	Sweden
16	Ulvestad-Kärki	Freja	1	Technical Officer	WHO-EURO
17	Renström	Maria	2	EU Commission	EC
18	Lipand	Andrus	2	Chief Specialist	Estonia
19	Heljälä	Leena	2	Researcher IOH	Finland
20	Vienonen	Mikko	2	NDPHS/SIHLWA	Finland
21	Mucins	Rinalds	2	Deputy State Secretary MoH	Latvia
22	Pelne	Aija	2	Director CEMAD	Latvia
23	Stirna	Astrida	2	CP&A	Latvia
24	Ignatavičiūte	Lina	2	State Mental Health Centre	Lithuania
25	Sceponavicius	Andrus	2	Director/ PubHealthDep/ MoH/LTU	Lithuania
26	Bull	Berndt	2	MoH&CS	Norway
27	Rusakova	Mayya	2	Director NGO Stellit	Russia SPb
28	Skvorcova	Anna	1	Coordinator Russia Netwok	Russia SPb
29	Andréasson	Sven	2	Director PHI	Sweden
30	Bendtsen	Preben	2	Professor Linköping Univ.	Sweden
31	Nilsson-Kelly	Karin	2	Desk Officer MoH&SA	Sweden
32	Jurvansuu	Hanna	3	Researcher IOH	Finland
33	Heikkila	Hanna	3	Project Co-ordinator PHI	Finland

34	Laatikainen	Tiina	3	PHI	Finland
35	Paaso	Kari	3	Ministerial Adviser MoSA&H	Finland
36	Warpenius	Katariina	3	Researcher STAKES	Finland
37	Sinelina	Irina	3	ILO/ Moscow/ SOLVE project	ILO
38	Smate	Inga	3	Deputy Director PHD MoH	Latvia
39	Veryga	Aurelius	3	MoH/ Lithuania	Lithuania
40	Košir	Matej	3	Senior Adviser MoH	Slovenia
41	Petrič	Vesna-Kerstin	3	Secretary MoH	Slovenia
42	Brännström	Linda	3	PH planning officer/ NIPH	Sweden
43	Ödman	Kerstin	3	Deputy Director MoH&SA	Sweden
44	Khaltourina	Daria	3	RACS	Russia Mos
45	Korotayev	Andrey	3	Professor RSUH	Russia Mos
46	Nikogosian	Haik	3	Deputy Director Div Health Progr	WHO- EURO
47	Rekve	Dag	3	Technical Officer	WHO-HQ
48	Juul	Greta	3	Adviser	BSSSC

ANNEX 6C : Participant list by COUNTRY & ORGANIZATION

Riga 12-13 March Alcohol Conference CBSS					
Participant list by COUNTRY & ORGANIZATION					
Nr	Family name	1st name	WG	Position	Country
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6	Laatikainen	Tiina	3	PHI	Finland
7	Paaso	Kari	3	Ministerial Adviser MoSA&H	Finland
8	Vienonen	Mikko	2	NDPHS/SIHLWA	Finland
9	Warpenius	Katariina	3	Researcher STAKES	Finland
10	Mucins	Rinalds	2	Deputy State Secretary MoH	Latvia
11	Pelne	Aija	2	Director CEMAD	Latvia
12	Smate	Inga	3	Deputy Director PHD MoH	Latvia
13	Stirna	Astrida	2	CP&A	Latvia
14	Ignatavičiūte	Lina	2	State Mental Health Centre	Lithuania
15	Sceponavicius	Andrus	2	Director/ PubHealthDep/ MoH/LTU	Lithuania
16	Sidlauskiene	Asta	1	Sen. Spec./ MoSocSec&Labor	Lithuania
17	Veryga	Aurelius	3	MoH/ Lithuania	Lithuania
18	Broholm	Kit	1	Senior consultant NBH	Norway
19	Bull	Berndt	2	MoH&CS	Norway
20	Furnes	Svein	1	Project Manager/ NGO CR	Norway
21	Kłosinski	Wojciech	1	Deputy Director MoH	Poland
22	Salgut-Krzeminska	Sylwia	1	Head of Division MoH	Poland
23	Shestakova	Tatyana	1	Project Coordinator	Russia Cherepovets
24	Khaltourina	Daria	3	RACS	Russia Moscow
25	Korotayev	Andrey	3	Professor RSUH	Russia Moscow
26	Mikhailova	Yulia	1	Director of Fed. Pub. Health Institute	Russia Moscow
27	Rusakova	Mayya	2	Director NGO Stellit	Russia SPb
28	Skvorcova	Anna	2	Coordinator Russia Network	Russia SPb
29					
30	Kasatkin	Mikhail	1	Specialist / SPb Publ Health Com.	Russia/ SPb
31	Košir	Matej	3	Senior Adviser MoH	Slovenia
32	Petrič	Vesna-Kerstin	3	Secretary MoH	Slovenia

33	Aldenberg	Elisabet	1	Desk Officer MoH&SA	Sweden
34	Andréasson	Sven	2	Director PHI	Sweden
35	Bendtsen	Preben	2	Professor Linköping Univ.	Sweden
36	Brånn	Lillemor	1	Uppsala kommun	Sweden
37	Brännström	Linda	3	PH planning officer/ NIPH	Sweden
38	Nilsson-Kelly	Karin	2	Desk Officer MoH&SA	Sweden
39	Ödman	Kerstin	3	Deputy Director MoH&SA	Sweden
40	Olsson	Helén	1	Uppsala kommun	Sweden
41	Sundell	Knut	1	Director NBH&W	Sweden
42	Juul	Greta	3	Adviser	BSSSC
43	Lööf	Lars	1	Head of Children's Unit	CBSS Secretariat
44	Renström	Maria	2	EU Commission	EC
45	Sinelina	Irina	3	ILO/ Moscow/ SOLVE project	ILO
46	Schneidermann	Hasse	1	Secretary General	NA&DPN
47	Nikogosian	Haik	3	Deputy Director Div Health Progr	WHO- EURO
48	Rekve	Dag	3	Technical Officer	WHO-HQ
49	Ulvestad-Kärki	Freja	1	Technical Officer	WHO-EURO

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