

**EG on Alcohol and Substance Abuse (ASA EG)
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Reference	ASA 14/13/1
Title	Objective 4, from the Action Plan accompanying the NDPHS Strategy 2020
Submitted by	ITA
Summary / Note	This document presents the objective 4, of the action plan accompanying the NDPHS strategy, which was developed by the ASA EG.
Requested action	For discussion and decision

Executive summary

The Action Plan accompanies the NDPHS Strategy 2020 and contains detailed information on the planned activities and expected results of the joint work in the period of 2015-2017.

The Action Plan presents assumptions for the effective and successful accomplishment of the objectives, highlighting - inter alia - the important role of the funds needed for appointed delegates and experts to initiate and implement thematic activities, and to disseminate the achieved results in the NDPHS Partner Countries.

The document informs about horizontal actions aiming to make health and social well-being more visible on the regional agenda, strengthen the relevant policies, attract other stakeholders to the NDPHS actions and increase the recognition of the NDPHS in the Partner Countries. It also presents how the NDPHS will use the leadership role in the EU Strategy for the Baltic Sea Region (Health Policy Area) to improve and promote peoples' health through regional cooperation.

The Action Plan specifies how the achievement of the six objectives of the NDPHS Strategy 2020 will become conducive to the improvement of human health and social well-being in the Northern Dimension area. It shows the development context for each objective, communicates the need for intergovernmental policy and action and sets a framework (footprint and expected results) for the specific NDPHS activities. These are further described and provided with corresponding deliverables (specific outputs of the joint work to be available by the termination date of the Action Plan).

Progress in achieving the expected results for each objective is measured through quantified indicators, with the baseline, target, data source and responsible organisation indicated. A mid-term review of the implementation progress is scheduled for 2018.

Introduction

The Action Plan accompanies the NDPHS Strategy 2020 and contains detailed information on the planned activities and expected results of the joint work in the period of 2015-2017.

The majority of activities listed in the Action Plan will be implemented in all NDPHS Partner Countries. In some indicated cases, they will be executed through a project on a few NDPHS Partner Countries or their selected pilot sites, while the conclusions and recommendations will be disseminated to relevant target groups in the whole Northern Dimension area. It is envisaged that through available funding sources such projects' analysis and action area may be extended to cover all remaining NDPHS Partner Countries in the 2018-2020 period.

1. Financial resources

Effective implementation of the Action Plan requires allocation of funds, necessary:

- for appointed delegates and experts to actively participate in the activities (working time to prepare for and follow up on the joint work, office expenses, travel costs for meetings etc.);
- to organise the required meetings, seminars and study visits;
- for research/mapping work and to produce guidelines, thematic reports and other publications highlighting the results of the NDPHS work;

- to initiate and implement projects and initiatives;
- to organise the dissemination of results of the Partnership work in the NDPHS Partner Countries by the respective ministries of health and public health institutes (e.g. national workshops, information campaigns and media events).

2. Assumptions

The effective and successful implementation of the Action Plan is dependent upon several other factors:

- high commitment of the governments of the NDPHS Partner Countries to provide political, financial and practical support to the Partnership work towards the expected results in all objectives of the NDPHS Strategy 2020;
- clear understanding of a necessity to ensure financial resources for implementation of the planned activities and the risks related to limited and insufficient funding;
- continuous exchange of information between relevant actors within the NDPHS Partner Countries (including contacts between country senior representatives and NDPHS expert group members) and a good dialogue at a policy-making level to implement the Partnership results;
- selection of professional, motivated and committed representatives for the future NDPHS Expert Groups by all the NDPHS Partners;
- high interest and commitment of the nominated Partnership experts to take part in cross-cutting activities (exceeding the scope of one single objective of the NDPHS Strategy 2020);
- clear understanding of expectations, priorities and needs in the expert-level structures of the Partnership;
- clear understanding and acceptance of the priority of cooperation goals and expected results among the involved stakeholders;
- involvement of relevant EU and international organisations in the expert-level work;
- collaboration with regional and international actors and adherence to regional action frameworks to facilitate synergies and maximise impacts;
- amplification of links and synergies with approved global and regional policies, strategies and action plans and on-going work relevant for the Northern Dimension area.

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

The context

According to the Global Burden of Disease (GBD) report of 2010 the leading causes of premature death and disability have evolved dramatically over the past 20 years. Data on potentially avoidable causes of health loss show that many risks associated with non-communicable diseases have grown, with tobacco and alcohol now being two of the four biggest risk factors. Smoking increases the risk of chronic respiratory diseases, cardiovascular and circulatory diseases, and cancer. Alcohol use contributes to cardiovascular and circulatory diseases, cirrhosis, and cancer, among many other diseases and ill health conditions. In addition to being a contributor to non-communicable diseases, alcohol increases the risk of violence, suicides and injuries. In 2012, of all global deaths 5.9% were attributable to alcohol.

One geographically widespread feature of drug use behaviour in recent years has been the increase in poly drug use. The most frequent combination is that of alcohol and various drugs (both illicit and legally prescribed). A major concern with regard to poly drug use is that it tends to enhance both the intended effects and the side effects of drugs and compound the impact of those drugs on the body. This can have serious health consequences.

The substance abuse varies substantially between countries within the same geographical regions. That includes differences in consumption patterns (e.g.: heroin injections vs smoking) and the prevalence of the use of illicit drugs.

Policy and action needs

The Northern Dimension area faces common concerns related to the impact of harmful use of alcohol, tobacco and illicit drugs on the health status of the population. A lot of research has been done over the years resulting in vast knowledge of what is the proven effective preventive work. Still, the understanding of the challenges and the ability to develop and implement effective and sustainable community-based interventions for preventing and reducing the harmful use of alcohol, tobacco and drugs at the local level is weak.

In all NDPHS Partner Countries alcohol is, together with other psychoactive substances, prevalent among patients treated in hospitals. In particular, diseases of the liver, but also infections, hypertension and stroke, are observed more often in patients with alcohol dependence. A hospital admission could be seen as an opportunity to intervene towards patients with problematic drug and alcohol use. However, the assessment of problematic alcohol use among hospital patients is inadequate and hampers the outcomes of the treatment of patients with somatic diseases.

Continuous monitoring of alcohol consumption is necessary both for the development of evidence based policy responses, and assessment of the impact of proposed interventions. It is important to obtain comparable data both for monitoring progress in reducing alcohol-related harm at the national level and for the whole Northern Dimension area, and for benchmarking national developments against wider trends. Still, the comparison of monitoring results across the Northern Dimension area is difficult, if possible at all, due to the lack of standardised methodologies. Better use of standardised approaches across the NDPHS Partner Countries will lead to more informed and evidence-based policy towards reduction of alcohol's health and economic burden (resulting from losses in workplace productivity, health care expenses, and other costs due to a combination of criminal justice expenses, motor vehicle crash costs, and property damage) as well as to its monitoring and evaluation.

In addition, the involvement of the Russian Federation in RARHA (EU Joint Action on Reducing Alcohol Related Harm) will also contribute to a better understanding of the alcohol situation in this country and may will have a vital role for preventing the harmful use of alcohol both in Russia and in the whole Northern Dimension area.

Similarly, there is a need in assessing needs for improvement of response to problem use of cannabis and cannabis dependence in the NDPHS Partner Countries. Cannabis is by far the most frequently used illicit drug all over Europe, including the Northern Dimension area. Although dependency potential of cannabis is lower than most of other illegal drugs, the long history of cannabis use leads to the increase of prevalence of problem cannabis users and dependents, which poses a challenge for treatment system and early intervention service.

Cross-border trade of alcoholic beverages is a common phenomenon in the Northern Dimension area and poses a significant problem for countries that seek to adopt effective national alcohol control policies. Several factors determine the magnitude of cross-border trade in alcoholic beverages: the level of price differences, existence of import quotas, severity of border control, number of annual border crossings, traffic infrastructure, the size of the population residing near the border, motives for crossing the border, etc. There is a need to provide policy makers with a better knowledge base when taking relevant policy measures, based e.g. on more in-depth researched affordability of alcohol beverages.

Footprint of the NDPHS work

- To contribute towards the reduction of alcohol-related harm in the Northern Dimension area
- To contribute towards the decrease of the total consumption of alcohol in the Northern Dimension area
- To contribute to curbing the growth trend of cannabis use among the 15-16 year old population.

Expected results of the NDPHS work

- Improved knowledge of effective community-based interventions targeting use of alcohol, tobacco and drugs among local level policy makers and authorities
- Improved implementation of early identification and brief intervention programmes/measures to reduce alcohol- and drug use-related harm
- Strengthened knowledge base for the planning of public health policies on alcohol and drugs
- Increased knowledge and awareness regarding the public health impact of cross-border trade of alcoholic beverages

Measuring the progress

No.	Expected result	Indicator	Baseline (2015)	Target (2017)	Data source	Responsible organisation
1.	Improved knowledge of effective community-based interventions targeting use of alcohol, tobacco and drugs among local level policy makers and authorities	No. of countries with drafted/adopted national guidelines for implementing effective community based interventions	0	2	National policy documents NDPHS National surveys Project reports	Partner Countries and Organisations Expert-level structures Project leaders
2.	Improved implementation of early identification and brief intervention	No. of countries with drafted/adopted national	0	2	National policy documents National	Partner Countries and Organisations

	programmes/measures to reduce alcohol- and drug use-related harm	guidelines on early identification and brief intervention			surveys Project reports	Expert-level structures Project leaders
3.	Strengthened knowledge base for the planning of public health policies on alcohol and drugs	No. of countries having available and comparable data on: (a) drinking habits and patterns (b) responses to illicit drug challenges	0 (a) 0 (b)	4(a) 2(b)	National statistics RARHA surveys WHO EMCDDA Project reports	Partner Countries and Organisations Expert-level structures Project reports
4.	Increased knowledge and awareness regarding the public health impact of cross-border trade of alcoholic beverages	No. of countries with relevant policy measures	0	4	National policy documents WHO	Partner Countries and Organisations Expert-level structures

Planned activities towards the expected results

1. Improved knowledge of effective community-based interventions targeting use of alcohol, tobacco and drugs among local level policy makers and authorities
 - Arrange a series of multilateral and multi-sectoral seminars on common concerns relating to cross-border trade of alcohol and tobacco products – to facilitate exchange and increase common understanding on how to tackle illicit trade and, especially, its implications for alcohol, tobacco and drug use, in particular among young people.
 - Launch a project to exchange approaches in mobilising and supporting municipalities in the planning of community-based action to reduce the harmful use of alcohol, tobacco and drugs.

Deliverables:

- Report with policy recommendations from the series of seminars on challenges related to the illicit cross-border trade of alcohol and tobacco products.
 - A modular handbook with fact sheets, made available through the NDPHS website and relevant national websites, aimed to support the planning of local level action to reduce the harmful use of alcohol, tobacco and drugs.
2. Improved implementation of early identification and brief intervention programmes/measures to reduce alcohol- and drug use-related harm
 - Prepare and implement (provided the funding is ensured) a joint pilot project in two NDPHS Partner Countries (Norway and Russia) with the target group representatives to estimate the impact of problematic alcohol and drug use on patients treated for somatic illnesses.

- Discuss and disseminate the achieved results (e.g. through WHO and the NDPHS website).
- Develop a larger project (with some other NDPHS Partner Countries involved) to measure the impact of problem drug and alcohol use on patients treated for somatic illnesses and to work out suggestions facilitating early identification and brief intervention programmes/measures.

Deliverables:

- Meeting/workshop reports presenting outcomes of discussion between the target group representatives in Norway, Russia and other NDPHS Partner Countries on the association between somatic diseases and alcohol/drug use.
 - Project proposal and study protocol for the larger project to assess the impact of problematic alcohol and drug use on patients treated for somatic illnesses.
3. Strengthened knowledge base for the planning of public health policies on alcohol and drugs
- Prepare and implement (provided the funding is ensured) a project on Reducing Alcohol Related Harm (RARHA) in Russia
 - Make literature review on the alcohol situation in Russia.
 - Carry out the survey in the focus group and discuss results among thematic experts.
 - Prepare a report and disseminate it through the NDPHS website.
 - Present the report findings at the NDPHS side event.
 - Prepare and implement (provided the funding is ensured) a project on cannabis usage in the Northern Dimension area
 - Analyse epidemiological situation, drug policies and treatment and early intervention offers, with focus on best practices.
 - Collect feedback from national experts, professionals and activists.
 - Formulate policy recommendations for improving the cannabis policy, including treatment and early intervention offers.
 - Prepare a report and disseminate it through the NDPHS website.
 - Present the report findings at the NDPHS side event in 2017.
 - Develop a thematic report on alcohol policy
 - Make desk review and participatory discussions with the stakeholders.
 - Analyse information received from the NDPHS Partner Countries.
 - Organise discussion with thematic experts.
 - Prepare a report and disseminate it through the NDPHS website.
 - Present the report findings at the NDPHS side event.
 - Arrange a PAC side event (*planned in October/November 2017*)

Deliverables:

- Thematic report on cannabis usage in the Northern Dimension area, including policy recommendations on improving treatment and early intervention offers.
 - Thematic report on alcohol policies in the Northern Dimension area.
 - PAC Side event report, including conclusions and recommendations. Possible declaration/statement to be adopted by PAC.
4. Increased knowledge and awareness regarding the public health impact of cross-border trade of alcoholic beverages
- Make desk review/inventory of affordability changes over time in the NDPHS Partner Countries.
 - Review the size, structure and dynamics (including trade routes) of the region's market in smuggled alcohol.
 - Review and screen relevant WHO and national data on total consumption per capita in each NDPHS Partner Country.
 - Discuss possible policy measures with thematic experts representing the NDPHS Partner Countries.
 - Prepare a report and disseminate it through the NDPHS website.

Deliverables:

- 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.

Target groups

- Policy makers
- Local authorities
- Hospital authorities
- Public health specialists
- Patients treated for somatic illness in hospitals
- NGOs dealing with health and social development issues
- Police and customs
- General population