

Title	Minutes of the 14 th working meeting of the ASA EG
Submitted by	ITA in Coordination with the Chair
Summary / Note	This document outlines the main discussion points and decisions made during the 14th working meeting of the ASA EG

Thursday, March 16

1. Opening of the meeting and welcome

Mr. Bernt Bull, the ASA EG Chair, who chaired the meeting, opened the meeting. He informed the meeting participants that Iceland had re-joined the NDPHS and Mr. Jon Sifgusson will represent Iceland at the ASA EG. Unfortunately, due to the family reasons, he was unable to join the ASA EG meeting in Copenhagen.

Mr. Bull has introduced the guests of the meeting, Prof. Eugeny Bryun (Russian Federation), Director of Moscow Research and Practical Centre on Addictions, and Ms. Elena Varavikova (RF) Leading Researcher, Public Health Research Institute.

Mr. Kåre Geil, Senior Advisor, Nordic Council of Ministers (NCM) welcomed the participants on behalf of the Host.

2. Adoption of the Agenda

The Meeting adopted the Provisional Agenda with the timetable as submitted in document ASA 14/2/1).

3. NCM Presentation – NCM activities in the field of Public Health

Mr. Kåre Geil, Senior Advisor, Knowledge & Welfare Department, presented the NCM activities including the ones in the field of Public Health. The Nordic Council of Ministers was founded in 1971 and, actually consists of several individual councils of ministers. Denmark, Finland, Iceland, Norway, and Sweden have been members of the Nordic Council of Ministers since 1971. Also, Greenland, the Faroe Islands, and Åland are members of the NCM. Each country has one vote in the Nordic Council of Ministers. The Nordic Council of Ministers consists of one or more members of each country's government. The Presidency of the Nordic Council of Ministers, which is held for one year, rotates between the five Nordic countries. The country holding the [Presidency of the Nordic Council of Ministers](#) draws up a program to guide Nordic co-operation during the year. Norway is in charge of Presidency in 2017. There

are in total ten councils, and one of them is the Council on Social being and health. The 2017 total contribution to social and health cooperation is approx. 40 Million Danish Crowns.

The full presentation (in English) is available on the web page of the Meeting in the post-meeting documentation at http://www.ndphs.org/?mtgs,asa_14__copenhagen

The Meeting took note of the presented information.

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

Ms.Una Martinsone (Latvia) presented the information regarding the current situation in Latvia. Last year the bill was submitted to the parliament to prohibit the sale of beer and other alcoholic beverages up to 5.8% bottled in packaging more than one it. However, the bill was not adopted yet. The excise duties on Alcohol have been increased on March 1. The amendment on Tobacco law was submitted to the parliament at the beginning of 2017. The bill seeks the prohibition of sales of items look like cigarettes and other tobacco products. In January the program on improvement of services for the treatment of cancer was submitted to the parliament. This program included some activities related to addiction prevention and treatment. As for the narcotics, the amendment was adopted related to the regulations of narcotic psychoactive substances, giving an opportunity to include the metabolized drugs under the control list.

Mr.Janusz Sieroslowski (Poland) briefly presented the situation in Poland. The tobacco law amendment was adopted at the beginning of the year, which included the inclusion of e-cigarette under the law. So, all restrictions related to the tobacco use are now covering the e-cigarettes too. The law on Public Health was adopted, resulting in the development of one national health program that includes all substance related programs, with the aim of further integration of services related to alcohol, tobacco, and drugs.

Mr.Bernt Bull (Norway) asked what the Polish view on the implementation of so-called Alice Rap project was.

Mr.Janusz Sieroslowski (Poland) responded that one of the problems with Alice Rap was related to the fact that there was lack of integration and synthesis of all detailed reports and recommendations under this project

Ms.Nina Karlsson (NWC) presented the activities of Nordic Welfare Centre She mentioned that under the new Public Health Arena (PHA) of the NCM, three projects were initiated that was related to the fields covered by the ASA EG. The first projects were aiming to collect the information on best practices in smoking cessation in Nordic countries; the role of added flavors to the electronic cigarettes and chewing tobacco; how the smoking free areas were established and functioning.

The Alcohol project under the PHA is about the changes in the drinking habits among the young people and the older population (60+). The third project will be related to the cannabis issue. The project will be looking into the criminal sanction on cannabis possession and use in Nordic countries and also the treatment possibilities.

NWC started the second period of the research project on alcohol harm to others. The research will be focused on the periods of life when alcohol consumption is affecting the life. The first group will be investigating the situation among the children and youth, the second the working age group and the third one in the old group.

Finally, she mentioned the journal on Nordic studies on alcohol and drugs had got the new editor chief (Ms. Matilda Helman, who at one period was a member of the ASA EG)

Dr. Zaza Tsereteli (ITA) asked if there were any follow-ups on how the findings of the researches carried out by the NWC were used in Policy making process.

Ms.Nina Karlsson (NWC) responded that unfortunately there was not regular follow-up on how the research findings were used in practice.

Mr.Janusz Sieroslowski (Poland) mentioned that this kind of follow-up was tough, and the most important benefit form the research was the better understanding of the situation.

Mr.Bernt Bull (Norway) mentioned that one of the roles of the ASA EG and all experts were to facilitate the dissemination of the research findings to the decision makers level.

Ms.Janna Markulla (Finland) presented the information regarding the current situation in Finland. The main topic is the reform of the Alcohol Act and significant changes proposed within the new act. The changes will tackle several aspects of the alcohol bill including the Serving of alcohol beverages on the premises; retail sale, advertising, and production. A notification procedure for the Alcohol Act has started: the European Commission and the other Member States will assess whether the proposed legislation is compatible with EU law. Altogether 157 organizations (incl. few individuals) provided statements to the proposal by the beginning of March 2017, and the summary of the comments is released this week. The entry into force of the possible new Alcohol Act will be at the beginning of 2018 at the earliest. THL is preparing to assess effects of the possible new law.

New Government Resolution on Drug Policy was released in late 2016, and the new strategy on HepC was launched in November 2016. The aim of the latest was to harmonize and strengthen practices related to HCV prevention, testing, and treatment, in particular among the risk groups. As for the Tobacco, after the new strict Tobacco Act, it has been decided that more focus should be given to increase support to those who decided to quit smoking especially among risk groups such as the pregnant women and patients with mental health problems and other addictions.

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Dr. Lars Moller (WHO) expressed his worries towards the proposed changes in alcohol act and noted that those changes would lead to the increase of alcohol consumption among the Finnish population. Currently, Finland was the third best country in the region with the restrictive laws on alcohol availability, and this will now dramatically change. Taking into account that Finland was already leading country in per capita alcohol consumption in ND, the proposed changes will increase this leading role even more. He questioned if those changes had support among the population

Ms. Janna Markkula (Finland) responded that the problem was that a big part of the population supports individualistic viewpoints and resists all regulation. Besides, political parties in the Finnish Government are supporting those changes. At the same time, the alcohol monopoly system still has support among the general population.

Mr. Janusz Sieroslowski (Poland) questioned if the HCV strategy considered the possibility of opening the injection rooms, as the HCV prevention measure among the IDUs.

Ms. Janna Markkula (Finland) responded that strategy included only the work of the LTSC and not the injection rooms.

Ms. Triinu Taht (Estonia) briefly presented the current developments in Estonia. The main issue for Estonia is the upcoming EU Presidency from the 1st of July 2017. The primary focus in Health filed will be E-health, Alcohol, HIV&AIDS and AMR. Two main events in health will be a high-level meeting on E-health and Expert level conference on Alcohol. The date for the Alcohol Conference is 30-31 October. The issues covered during the conference will be cross-border issues - trade and marketing. The labeling issues will also be covered at the conference. There are interesting developments on a national level, the new alcohol bill is in the Parliament, and it is a good chance that it will be adopted before the Estonian EU Presidency. The excise duty on beer is going to be increased by 70%, proposition by the Ministry of Finance. As a result, cross-border trade between Estonia and Latvia has grown, as beer is now brought from Latvia to Estonia.

As for the tobacco, according to the new regulations submitted to the Parliament for the adoption, it is prohibited the public display of Tobacco products in the shops.

Mr. Bernt Bull (Norway) asked if the alcohol conference in Estonia was going to be on the Ministerial or expert level.

Ms. Triinu Taht (Estonia) responded that it was planned to have an expert-level meeting. In the meantime she mentioned that unfortunately it was decided to postpone the PAC side event for the January of 2018, meaning that it would be not possible to have a back-to-back meeting of EU and NDPHS meetings on Alcohol.

Ms. Elena Scvortsova (Russian Federation) presented the latest news related to the changes in the legislation on alcohol, tobacco, and drugs in Russia. In the field of Tobacco, the changes are associated with restriction of trade of tobacco production. In the area of drugs, the changes were related to the federal law from 1998. The restrictions on the use of narcotic drugs and psychotropic substances in veterinary medicine have been eliminated. As from 01/01/2017, retail sales of the ethyl alcohol is completely prohibited, including the pharmacy network. Finally, she mentioned that abolished the Federal Service for Drug Control of the Russian Federation. The functions and powers of the abolished Federal Service for Drug Control of the RF have been transferred to the Ministry of Internal Affairs of the RF.

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Prof. Eugeny Bryun (Russian Federation) thanked the ASA EG for the invitation and commented on the liaison between the professional community and the Government. He mentioned that there is now a strong link between the research community and the policy

makers in Russia. The particular association of specialists in addiction medicine has been established. This association organizes meetings in different regions of Russia, where the proposals for the Government in the field of substance abuse are brought and discussed. Part of those proposals is also sent to the Parliament for the adoption. The Russian Duma successfully adopted several regulations submitted by the association. The chair of the upper parliament has supported the initiative of Prof. Bryun, to establish a special council on prevention of drug abuse in the Parliament.

Ms. Audrone Astrauskiene (Lithuania) presented the latest news from the Lithuania. According to the amendment of the alcohol law, which came into the force from the November of 2016, it became mandatory the pregnancy warning label for all alcohol products. The excise duty will be increased both for the alcohol and tobacco products. Since 1 November of 2016, legal entities are prohibited in organizing competitions or lotteries with offering the alcohol products as a prize. Last year the National Public health fund was established. The 6% of revenue from the excise duty on alcohol is channeled to this fund. The Minister of Health of Lithuania has addressed the EU Health Commissioner with the suggestion to draft the simple methodology on assessment of the alcohol consumption level. Finally, she mentioned that the new law on alcohol was submitted to the Parliament for the adoption. According to the new law, it is proposed the complete ban of alcohol advertisement, to increase the minimum legal age for drinking from 18 to 20 years old; to allow the retail sale of alcohol only at the specialized shops, restrict the alcohol sale hours. The amendments to the Tobacco Law were adopted by the Parliament, banning the tobacco producers from the sponsoring of all events, and also the advertisement of e-cigarettes is prohibited.

Ms. Triinu Taht (Estonia) mentioned that it was an interesting trend that Estonia and Lithuanian were increasing the excise duty on alcohol and at the same time, Finland was introducing the more liberal alcohol policy.

Mr. Lars Moller (WHO) noted that in each country there is an expert nominated by the WHO, who is making the estimations of the unrecorded alcohol consumption. In case of Lithuania the so-called tourist consumption was not taken into account (as it is in case of Estonia), due to the fact that Lithuania is bigger country and this estimation are done mainly for small countries, when the number of tourists is somehow similar to the size of population in the country.

Ms. Pi Högberg (Sweden) presented the current situation in Sweden. According to the latest data, Hazardous and harmful drinking has increased significantly in the oldest age group, and decreased significantly in the youngest, in the last decade. Men mainly drive the decreasing trend in young adult risky drinking. The number of treated patients with alcohol-related diagnoses in or specialized outpatient care has increased somewhat during the last decade. Narcotics-related deaths continue growing in Sweden. The majority of deaths continue to be opioid related. Total deaths per 100 000 inhabitants 15+ years 2000- 2015. On Feb 10, 2017, the EU Committee of the Regions (CoR) adopted an opinion that shows the need for a new EU alcohol strategy, where health and welfare should be given priority over economic interests. Rapporteur for the opinion, Ewa May Karlsson (Centre Party) from Vindeln municipality, Sweden, had support in the preparation from expert Filippa Myrbäck from the Swedish Association of Local Authorities and Regions (SALAR). After an EU court verdict in 2008 Swedes can buy alcohol from anywhere in the EU on the Internet for private use and get the goods transported to their home. The Government sees a need to restrict this availability. After extensive consultation, the Government proposal is currently in preparation. If the Parliament

votes in favor the proposal legislation changes will apply from January 2018. The Public Health Agency of Sweden has published a scoping review on methods outside of the health services that are effective in preventing suicide. It was found that a restrictive alcohol policy could reduce suicide. In April 2017 the National Board of Health and Welfare will, in cooperation with The Public Health Agency of Sweden, put forward a national action plan to counter drug-related deaths. The action plan will cover the years 2017-2020.

Ms.Triinu Taht (Estonia) questioned if there was any link found between the socio-economic status and the drinking or smoking habits. Like for Estonia, the man with lower status was drinking more, while for the women it was opposite and the highly educated and well-paid women were drinking more.

Ms.Pi Högberg (Sweden) responded that there was not a clear socioeconomic pattern on alcohol seen in Sweden, but one pattern was seen, and that was that women living in the major cities were drinking more. On tobacco smoking and cannabis use, there is a clear socioeconomic pattern.

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Mr.Bernt Bull (Norway) talked about current developments in Alcohol policy. The issue of upcoming changes in the Finnish legislation has become a topic of the meeting between the Ministers of Social Affairs and Health of NCM to be held in Oslo at the end of March. As for the drug policy, two issues are emerging now in Norway. The first one is related to the changes in regulations from the more punitive towards, the more treatment-oriented regulations; to get the more Public health oriented approach while dealing with drug users. The Second issue is related to the establishment and activities of the organization called "Normal" This organization is supportive of measures to legalize the purchase of psychoactive substances and drugs, particularly the soft drugs. While coming back to the issue of the injection rooms, raised by Poland, Mr.Bull mentioned that there are several of these kinds of rooms operating in Norway, and currently the discussions were held to allow the heroin smoking in this rooms.

The Meeting took note of the presented information

5. WHO activities

Dr. Lars Moller (WHO) has presented the current activities in the field of Alcohol, carried out by the WHO. In the beginning, he had introduced the data on the trends in adult per capita consumption in the WHO European Region and selected subregions, during 1990 – 2014. According to the latest data, Lithuania, Russia Federation, and Belarus are leading when it comes to the total average per capita consumption of alcohol, with around 18lt or Pure alcohol per year (both the recorded and unrecorded).

Dr.Moller has presented a new publication – "Public Health Successes and missed opportunities," which was recently translated also into the Russian. The idea of this publication was to measure the implementation of the European action plan to reduce the harmful use of alcohol. There are 10 action areas within this scheme, and WHO has tried to

develop some scoring system to measure the implementation of each of the action area. Among other activities were mentioned the planned Survey during 2016, Including specific EURO/EC indicators including those to monitor the Action Plan on Youth Drinking and Heavy Episodic Drinking. WHO is planning to develop Screening and brief intervention (SBI) train-the-trainer toolkit, which can be used by all countries when introducing SBI. Pilot testing of this toolkit will take place in Russia in May 2017. The new report on Alcohol – attribute deaths will be published in late September of 2017.

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Mr. Bernt Bull (Norway) noted that some of the questions used in measuring the action plan implementation were based on the assumption that the State was the main governing body for the implementation of the action plan. While in reality, there are some countries, like Norway, where large parts of the alcohol control policies are decentralized to the municipal level. As a country with high local governmental involvement might get low score since there is no one common policy on control policy indicators.

Prof. Eugenia Koshkina (Russia) thanked for the presentation and for the continuous effort of the WHO to translate materials into the Russian. She noted that one of the main indicators describing the health status of the population is the mortality, so the analyze of mortality by the different causes of death is very helpful for the experts working in the field of prevention of the harmful use of alcohol.

Ms. Lisa Scholin (Consultant at WHO) presented results of the study “Preventing Alcohol Exposure During Pregnancy in the European Region – Evidence, Case Stories, and Challenges.” The idea of this report was to carry on a literature review and collect and present good practice examples in EU and WHO European Region MS. According to the data obtained, the women in Eastern Europe are drinking to a very high level when they are drinking. Have episodic drinking in past 30 days is also recorded in several countries, with the highest percentage in Lithuania. During this study, 29 studies related to the alcohol use during the pregnancy were analyzed. The literature review showed that nine studies found no significant difference between groups – control group tended to get still an assessment and usual care Four studies found higher abstention rates, lower AUDIT scores, or reduced alcohol use per day in the intervention group. Four studies looked at the effect of educational campaigns to pregnant/non-pregnant (or both) women all very different approaches. One study found that message framing focusing on a threat appeal, alone or in combination with self-efficacy appeal, associated with higher proportion of women intending to abstain or reporting confidence to abstain. Among the activities introduced by the states was mentioned the large-scale national campaign using a variety of media implemented in Norway. Results of this campaign indicated shifts in attitudes towards drinking in pregnancy. The same methodology was later employed by Slovenia, who joined the international campaign "Too young to drink." The study shows that awareness raising, working with health services response are vital for prevention but in wider perspective also important with comprehensive alcohol policy and “best buys.”

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The Meeting took note of the presented information

6. Prevention of the Fetal Alcohol Spectrum Disorder in Russia

Ms. Elena A. Varavikova (Russia), Leading Researcher, Federal Research Institute for Health Care Organization and Information of MoH of the Russian Federation, presented "Fetal Alcohol Spectrum Disorders Prevention in Russia." One of the activities carried out in Russia was the project Designed to develop prevention through promoting reproductive health and alcohol consumption behavior change in Russia. The project was implemented in two regions, St. Petersburg and Nizhny Novgorod. The project was supported financially by CDC-Atlanta and carried out during the ten years. As the outcome of this project, evidence-based training for physicians has been developed and evaluated. A clinical trial to test the prevention model was conducted currently in St. Petersburg and the Nizhniy Novgorod Region, Russia. The research carried out during this project showed that 95.6% non-pregnant women had alcohol use history and 62.2% reported consuming \geq four drinks on at least one occasion. In addition to those Guidelines for the Brief Intervention for the OBGYN health, practice was developed and implemented in Moscow Post-Diploma academy. In conclusion, it was mentioned that it was important to have diagnostic guidelines, easy and compact sources for diagnostic. The prevention activities need to be scaled up and at the same time the evaluation of those prevention programs to be implemented, to measure their effectiveness and efficiency.

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Mr. Bernt Bull (Norway) noted that a diagnosis of FASD is the problem, and asked how this issue was addressed.

Ms. Elena Varavikova (Russia) mentioned that several countries started to develop their diagnostic tools. However, the problem was to organize training for the doctors, to make them acquainted with these new possibilities.

Mr. Janusz Sieroslowski (Poland) asked if the diagnostic tool developed in Canada and used during the project implementation in Russia was validated before the project. The point is that the symptoms of the disease may be caused by other factors, not related to the alcohol, so how specific was this tool to make a correct diagnosis

Ms. Elena Varavikova (Russia) responded that part of this tool was an international questionnaire, also adopted in Russia. However, the problem was the lack of professionals working with this instrument especially in the case of school-aged children. The important factor for diagnosis is the admission made by a mother that she was taking an alcohol during the pregnancy.

The Meeting took note of the presented information

7. Information from the relevant on-going projects (alcohol and somatic diseases)

Prof. Eugenia Koshkina, the Co-Chair of the ASA EG, reported about the implementation of the joint Norway-Russia Project on surveillance of alcohol and drug use among hospitalized somatic patients. The ASA EG initiated this project. The aim of the project is to find out to what extent the risky practice of drinking alcohol and use of other psychoactive substances is associated with the emergence of acute somatic conditions or exacerbation of chronic pathology. During the first two years, the study was designed, and the questionnaire developed. The study includes now the survey conducted by combined analysis of questionnaires and biological blood markers. The target group is patients admitted to the Moscow and Oslo Hospital, to the department of neurology, cardiology, pulmonology and internal medicine. Totally 3000 patients will be studied in each country. Laboratory tests will be carried out in chemical and toxicological laboratories of the Hospitals. The similar methodologies will be used in both countries. It is planned that survey will be finished by the end of this year and the analyze of the results will start in 2018.

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Mr. Bernt Bull (Norway) mentioned that the project would be soon presented at the meeting of the Ministers of Health of Russia and Norway, during the signing ceremony of bilateral cooperation in the field of Health between the two countries.

Ms. Janna Markulla (Finland) raised a question about the selection criteria of the patients.

Prof. Eugenia Koshkina (Russia) responded that patients are selected according to the selection criteria, developed in cooperation with the Oslo Hospital. There are several exclusion criteria's developed, like the age of the patient or his written consent to participate in the study

The Meeting took note of the presented information

End of the day first

Friday, March 17

8. RARHA results and the future steps

Mr. Janusz Sieroslowski (Poland) presented the results of the RARHA SEAS (Standardised European Alcohol Survey) study, the report of this study will be published in a few days and

will be then available for all interested parties and institutions. The survey was including the following topics: Alcohol consumption, Risky single occasion drinking, Context of drinking, Unrecorded alcohol supply, Individual Harm, Harm from others, Attitudes and Socio-demographics. According to the study on average, abstainers (those who have not drunk in the past 12 months) constitute 15.3% of subjects in participating countries, including 7.6% of a lifetime. The biggest part of the abstainers was registered in the South part of Europe. Beer is the most popular alcoholic beverage in most countries. The percentage of beer consumers exceeds 50% in each country the highest proportion noted in Bulgaria, Denmark, and Iceland. The highest annual frequency of wine drinking among wine consumers is noted in Portugal, Italy, Spain, France, and Spain-Catalonia). This is consistent with a traditional wine-drinking pattern in those countries. The lowest number of wine drinking days among wine drinkers is noted in Poland, Estonia, Lithuania, Finland, and Iceland – the countries traditionally seen as spirits drinking cultures. The highest proportion of the population reporting Risky Single Occasion Drinking (RSOD) at least once in the past year on the level of 60/40 grams pure alcohol on one occasion is noted in Denmark (66.5%), Lithuania (65.8%) and Sweden (63.9%). Alcohol consumption is highly differentiated by gender. Males on average drink more than females. The differences in mean alcohol consumption related to gender vary strongly from country to country. The highest gender ratio is noted in Croatia, then in Romania, Estonia, Portugal, and Lithuania.

The results of surveys suggest that traditional patterns still exist in some countries, but in others, substantial changes have taken place. In the Southern, the frequency of drinking is relatively high and daily intake low but in the Northern countries, the daily intake is high, and frequency is low

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Mr. Bernt Bull (Norway) stressed that the important thing is to manage to have a regular implementation of this kind of surveys, to have comparable data available also in the future. He also suggested picking up one of the issues from this big report and having a special session on that topic during the next meetings of the ASA EG.

Mr. Janusz Sieroslawski (Poland) responded that one his proposal is to look more in depth into the data from the ND region and develop the report from the NDPHS area.

Prof. Eugenia Koshkina (Russia) mentioned that Russia was very interested in joining this study and the ASA EG even developed a project proposal, which unfortunately was not supported by the EU office in Moscow.

Dr. Zaza Tsereteli (ITA) noted that as a possible follow-up of this survey and to facilitate its sustainability, the ASA EG could come out with the suggestion to introduce something similar to the ESPAD study for the adults (not only for school children)

Ms. Triinu Taht (Estonia) noted that the idea of introducing ESPAD for adults as a regular activity is important, as it will give the opportunity to continue collection of comparable data. The outcome of RARHA SEAS is that it is evident now that there are some indicators – number abstainers and frequency of drinkers that are comparable. At the same time, it will be interesting to know, if the study managed to find some other indicators that can also be used for country comparison.

Mr. Janusz Sieroslawski (Poland) responded that generally, all kind of comparability has some restriction and limitation. The question is to which extent those indicators are comparable. The study itself tried to increase the comparability of the national data, and some indicators like binge drinking, per capita alcohol consumption was identified as possible indicators for that purposes.

Mr. Bernt Bull (Norway) proposed that during the next CNAPPA meeting he would put the idea of the ESPAD for the adults as a suggestion from the ASA EG, to initiate this discussion within the EU.

The meeting took note of the presented information

9. Possible future projects

Mr. Janusz Seirosalwski (Poland) presented the idea of the development of project proposal aiming to assess needs for improvement of response to problem use of cannabis and cannabis dependence in ND countries. The goal can be the evaluation of cannabis policy in the ND region. It is foreseen that the report will cover five areas: supply reduction, prevention, treatment, public debate and policy management. The issues that will be described under each of this topic was also presented to the members of the EGs

Dr. Lars Moller (WHO) noted that some countries like Denmark had changed the law and since January 2017 it is legal to sell cannabis for the medical use. The cannabis can also be purchased introduced and sent to the buyer.

Mr. Bernt Bull (Norway) mentioned that the mapping of the situation and comparison of policy measures in ND countries is a relevant and exciting topic.

The meeting took note of the presented information and decided the following; a) Mr. Sieroslawski will draft the questionnaire for the report and will send out to the ASA EG members by the end of May b) The questionnaire will be distributed among the ASA EG members with the request to fill in and also collect the country data, requested by the researcher c) the ASA EG will cooperate with NWC while gathering and analysing the data.

10. Possibility of a Joint Project (NDPHS Project)

Dr. Zaza Tsereteli (ITA) presents the new initiative of the ASA EG to develop a joint NDPHS Project in cooperation with the other EGs. The idea proposed for discussion is a preparation of a large joint program for NDPHS with the participation of all Expert Groups. The aim of the program would be to identify overlapping problems that require coordinated responses and then discuss and develop these responses. The program could form one large entity in which each EG would have its work package and its role in the implementation of the program. The outcome can be the development of the NDPHS model that can be shared with other countries.

The EGs are now invited to discuss this proposal within their groups and then come together to identify the topic/issue that can be the common interest for all EGs and start the preparation of project proposal. The ASA EG leadership has invited the leadership of other EGs for an informal dinner, before the CSR meeting in Poland, where the proposal will be discussed further, and the next steps will be identified.

The Meeting took note the presented information.

11. Report from the NDPHS meeting (chairs and ITAs)

Mr. Bernt Bull (Chair) and Dr. Zaza Tsereteli (ITA) informed about the Chairs and ITAs meeting, that took place in Gdansk, on February 24, 2017. Among the issues brought by the Secretariat was the idea regarding possible review and updating of the regionally agreed objectives in the area of health and social well-being during the summer period. The ASA EG expressed some concerns toward this proposal taking into account that the new Director of the Secretariat is going to start its work from the 1st of August and it will be good to leave her opportunity to decide about the next steps. The ASA EG has also presented the idea of possible cross-disciplinary cooperation between the EGs. Almost all EGs, except AMR EG, supported the ASA EG idea.

The Meeting took note of presented information.

13. Preparations for the PAC side event

Ms. Triinu Taht (Estonia) informed that unfortunately the original plans had been changed and there will be no back-to-back meeting of the EU and the NDPHS on alcohol. The decision is that the PAC side event will take place in January 2018, the second week of January. This proposal will be presented to the CSR meeting for the decision. The topics can be the same as it was decided previously and based on the current discussions at the meeting; the FASD topic can also be included in the side event. It also needs to be determined if the declaration will be drafted and presented to the PAC.

Ms. Nina Karlsson (NCM/NWC) noted that the issue of cross-border trade needs to be considered carefully, to avoid the interpretation of this subject as an attempt to increase the availability of alcohol (as it is presented by the alcohol industry), as a countermeasure to fight the cross-border trade and smuggling.

Dr. Zaza Tsereteli (ITA) suggested that while the RARHA SEAS results are already available, it would be possible to bring some of the findings of this study to the attention of the NDPHS. He suggested that topic had to others could be added to the list of the themes for the side event. Another topic can be the prevention on local municipality level, as a continuation of discussion the AS EG has initiated in several NDPHS partner countries.

Ms. Triinu Taht (Estonia) said that since Estonia hold the EU presidency for the same period as the PAC side event was scheduled, the chairmanship was worried about the workload and limit in human resources for dealing with the declaration issue. So, one of the suggestions from the Estonian side is to skip the development of the declaration

Mr. Bernt Bull (Norway) noted that to address this issue, the ASA EG consider making a "soft" kind of declaration, which is emphasizing on three elements: findings from RARHA SEAS, highlight the benefit of cooperation between the somatic and menthol health and methods to strengthen the prevention among the youth on the local municipality level. Those are the topics that are substantial and at the same time not very conflicting, therefore giving an opportunity to the chair country to discuss them in more easy way.

Prof. Eugenia Koshkina (Russia) expressed the readiness of the Russia to join the development of the declaration.

Ms. Triinu Taht (Estonia) underlined that the main issue is how successful will be the chairmanship in negotiating the text of the statement with their respective ministries. It also needs to be taken into the consideration that not all countries are presented at the ASA EG. The worry is that due to the EU chairmanship, it could be not enough capacity within the Ministry to carry on the negotiations around the declaration.

Meeting took the note of presented information and decided that it will support the development of the declaration if that will be the wish and decision by the chair country.

14 .ASA EG progress report preparation

Dr. Zaza Tsereteli (ITA) presented the ASA EG progress report for 2016. The ASA EG members have actively participated in the development of this report, which was already submitted to the NDPHS Secretariat. The main idea was to report only those activities that took place in 2016, so not all the deliverables from the action plan were reported. The ITA has thanked the EG members for their active involvement in the development of the progress report.

The meeting took note of the presented information.

15. Next ASA EG meeting

Ms. Pi Hoegberg (Sweden) noted that Sweden is considering hosting the next meeting of the ASA EG, and invited the group to hold the next meeting in Stockholm.

Ms. Ms. Audrone Astrauskiene (Lithuania) mentioned that Lithuania could also be interested in discussing the possibility of hosting one of the next meetings of the ASA EG

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

It was decided that the next meeting of the ASA EG would take place in Stockholm, in September 2017. The exact dates of the meeting will be decided later, after the consultation with all members of the ASA EG.

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

Ms. Elena Scvortsova, (Russia) informed that Federal Research Institute for Health Organization and Informatics was organizing the conference on October 11-12, in Moscow. The conference was related to the alcohol prevention work among the youth. She invited the members of the ASA EG to participate in the conference

Dr. Lars Moller (WHO) informed that Lisbon addiction conference was scheduled for the 24-26 October 2017. The day before the conference WHO will organize the regional consultation of member states on alcohol.

Dr. Zaza Tsereteli (ITA) noted that unfortunately, this was the last meeting for Dr.Lars Moller, as he was leaving the WHO. On behalf of the ASA EG, he thanked Dr.Moller for his support and assistance not only in the field of Alcohol but also the Prison Health. The EG has wished all the best in the future.

17. Adoption of the meeting minutes

The ASA EG Chair proposed that it would send out draft ASA EG Meeting minutes to the participants on April 17th and that comments on the draft would be due, at the latest, on 27 April 2017. The revised minutes would be distributed on May 2, 2017, to be adopted per capsule provided that no further comments be submitted within one week.

18. Closing of the meeting

The Chair thanked the participants and the host, Ms. Nina Karlsson, for a great meeting