Northern Dimension
Partnership in Public Health
and Social Well-being
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NDPHS Declaration on Alcohol Policy

Adopted during the 13th Partnership Annual Conference
held at ministerial level on 9 February 2018, in Tallinn, Estonia

The Ministers of Health of NDPHS countries and their Representatives

1. Reaffirm the Global policy frameworks for alcohol control including the Global strategy to reduce the harmful use of alcohol (WHO, 2010), WHO Global NCD Action Plan 2013-2020 and the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases.

2. Recall that the reduction of harmful use of alcohol is included in the health targets of the UN Sustainable Development Goals 2015 – 2030.

3. Underline that harmful use of alcohol is one of the vital impact factors on sustainable development that negatively affects population health and socio-economic wellbeing, increases inequalities and reduces the chances of reaching other Sustainable Development Goals (SDGs).

4. Note with concern that harmful use of alcohol is one of the four major risk factors for non-communicable diseases and a component cause of over 200 diseases and health conditions[1], including alcohol use disorder, alcoholic liver diseases, alcohol-induced pancreatic disease, mental health disorders, cancers, vascular and heart disease, injury-related conditions, while consumption of large quantities of alcohol and spirits, in particular, per event is associated with the greatest increase in intoxication, mortality and disability risks.

5. Underline that young people are a particular target group that should be especially protected from harmful alcohol consumption. However, efforts aimed at decreasing alcohol consumption in other population groups, especially other vulnerable groups, including working-age males, should also be emphasized.

6. Recognize that beyond health consequences, the harmful use of alcohol brings substantial social and economic impact through crime, violence, harm to children and families as well as loss of productivity and burden to social and health care systems, e.g. loss of productivity, violence, crime and deterioration of the quality of life.

7. Note that the European Region remains the area of the world with the highest levels of alcohol consumption and that in our North-European region a hazardous drinking pattern is prevalent, with high intake per drinking day and lower drinking frequency independent of beverage type, characteristic for Baltic countries, Nordic countries and Poland.

8. Acknowledge the fact that there is insufficient information about the relationship between alcohol use and acute internal medicine diseases and a lack of translation of effective

[1] World Health Organization. (2014). *Global status report on alcohol and health 2014*. Retrieved from http://apps.who.int/iris/bitstream/10665/112736/1/9789240692763_eng.pdf.

methods, including brief intervention into clinical practice, resulting in insufficient identification of patients with hazardous alcohol use, and missed opportunities to prevent alcohol problems at an early stage.

9. Recognize that alcohol consumption at any stage during pregnancy can harm the foetus. Drinking alcohol can cause foetal alcohol spectrum disorders (FASDs) with foetal alcohol syndrome (FAS), being the most severe type of FASD.

10. Underline that one of the significant barriers to effective FASD prevention efforts is lack of information of the health risks associated with alcohol consumption during the pregnancy and the opinion that FASD is affected only by a woman's choices. Men and established social norms have a role in the prevention of FASD.

11. Recognize that alcohol-related harm is not merely the result of actions of high-risk individuals. Instead, it is an accumulative result of structures and interactions of complex social, cultural, and economic factors within the community system. Hence, population health should be given a priority and the responsibility for protecting public health, quality of life, as well as security and order lies with all the sectors and levels of government including local governments.

12. Underline that reductions of alcohol marketing, and availability, as part of a comprehensive strategy, are evidence based cost-effective measures to reduce alcohol consumption and the negative impact of alcohol on public health.

To address these problems the participants

13. Recognize the critical role of international cooperation in complementing and supporting national efforts to generate an adequate response to the harmful use of alcohol.

14. Encourage NDPHS Partner countries and organizations to express goodwill and a strong commitment to supporting the implementation of the Global Strategy to Reduce the Harmful Use of Alcohol and of the European Action plan to reduce the harmful use of Alcohol 2012-2020 at all levels.

15. Encourage NDPHS Partner countries and organizations to facilitate information sharing on policies, practices and research data related to the prevention and reduction of harmful use of alcohol, including illicit alcohol through existing international and regional entities, frameworks, and mechanisms; as well as support further research on identification and implementation of the most effective policy measures.

16. Encourage NDPHS Partner countries and organizations to support further research on the relations between alcohol use and internal medicine diseases, testing innovative methods for the detection of alcohol use, and to improve clinical practices for the identification of harmful alcohol use at an early stage.

17. Call for actions to promote the role of health and medical professionals in early identification and screening of harmful alcohol use and preventive measures. Health and social services professionals should be provided with the training and support necessary to carry on such interventions. Efforts to provide effective treatment response for the individuals suffering from alcohol use disorders should also be increased.

18. Encourage the countries and organizations of the NDPHS to promote consistent, scientifically based information on the prevention of FASD/FAS, that refraining from alcohol during pregnancy is the only reliable way to prevent FASD/FAS. The role of family members in providing the assistance to the mother’s alcohol-abstinence during pregnancy should not be underestimated.

19. Ask NDPHS Partner countries and organizations to improve awareness of FASD among health professionals and enhance the focus on prevention and improved identification and provision of support to women (and their families) who use alcohol during pregnancy. The identification and screening of FAS and FASD, as well as data gathering, and further scientific work should be systematically developed, including the exchange of information on the most effective medical, organizational and preventive recommendations, standards of care and patient routing.

20. Ask national and local political and community leadership as well as other relevant stakeholders to support the initiatives empowering communities to tackle the harmful use of alcohol, including youth drinking, as well as providing local data as a crucial element for improving the effectiveness of preventive work.

21. Encourage NDPHS Partner countries and organizations to facilitate the processes of establishing networks among local authorities at the regional and international level to facilitate the exchange and sharing of best practices and successful evidence-informed activities.

22. Underline that a comprehensive alcohol policy can be achieved only in cooperation of different sectors, and that the health of the people is not only a health sector responsibility. Political will is necessary for all government sectors, the entire government and whole-of-society engagement in implementing the principles of "Health in All Policies".