

**EG on Alcohol and Substance Abuse (ASA EG)  
Sixteen working Meeting  
Moscow, Russia  
12-13 March 2018**

<b>Title</b>	Minutes of the 16 <sup>th</sup> working meeting of the ASA EG
<b>Submitted by</b>	ITA in Coordination with the Chair
<b>Summary / Note</b>	This document outlines the main discussion points and decisions made during the 16th working meeting of the ASA EG

**Monday, March 12**

1. The 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 the Deputy Director for Science of the Moscow Research and Practical Centre on Addictions, Mr. Oleg Buzik, participated at the meeting and welcomed him to the meeting.

**Mr. Buzik** welcomed the participants on behalf of the Host.

**Dr. Zaza Tsereteli** (ITA) informed the meeting participants that due to the sudden illness Ms.Una Martinsone (Latvia) and Ms.Nina Karlsson (NVC-NCM) were unable to join the meeting. As for Ms.Triinu Taht (Estonia), she was asked to be in Estonia for an urgent meeting in Prime Minister's office related to the Alcohol Policy issues in Estonia. However, it was agreed with her, that she would make her presentation via Skype, on the second day of the meeting.

2. Adoption of the Agenda

**Dr. Zaza Tsereteli** (ITA) clarified that since ASA EG was expecting the participation and presentation of the Head of WHO NCD office in Moscow at the second day of the meeting, it was decided to move the country presentations also to that day. The Meeting adopted the Provisional Agenda with the timetable as submitted in document (submitted as Document ASA 16/2/1).

3. NDPHS Declaration on Alcohol Policy

**Mr. Bernt Bull** (Norway, Chairman) briefly presented the declaration on Alcohol policy that was adopted during the Partnership Annual Conference (PAC) in Tallinn, on February 9. The side event - "Harmful use of Alcohol in Northern Dimension area Perspectives and Responses" was held the day before the Partnership Annual Conference. The NDPHS Chair country –

Estonia, proposed both the topic for the conference and the declaration. The ASA EG was asked to prepare the declaration and arrange the side event. The topics of the declaration were discussed within the group, and it was decided to cover the areas which are not so-called "best buys" defined by the WHO, but still crucial for the alcohol policy (FASD, multisectoral cooperation on a local level, cooperating between the somatic and addiction services, cross-border trade). The declaration went through several rounds of consultations within the partner NDPHS partner countries and organisations, and the final version was submitted to the Partners at the beginning of the February. The declaration got a firm and confident support from all partner countries and organizations and was adopted by the PAC.

Dr. Zaza Tsereteli (ITA) thanked all the members of the ASA EG for their active involvement in the preparation of the declaration and participation at the side event. He also underlined that it would be essential to follow up on how the partner countries will implement the declaration and somehow to develop the monitoring tool for this purposes.

The Meeting took note of the presented information.

#### 4. Moscow Research and Practical Centre on Addictions

**Mr. Oleg Buzik**, (Deputy Director for Science, The Moscow Research, and Practical Centre on Addictions) briefly presented the Centre. The Moscow Research and Practical Centre for Prevention of Drug Addictions was set up in 1998. In 2005, the Moscow Research and Practical Centre for Prevention of Drug Addictions was reorganized into the Moscow Research and Practical Centre on Addictions. Nowadays, the staff of the Centre is about 2700 medical workers (including psychiatrists, psychiatrists-addictionologists, other medical specialists, psychologists, specialists on social work, etc.) The Centre has a research block, which is busy with the development of treatment and rehabilitation programs and technologies for improvement of treatment and rehabilitation in the field of addictions, and the introduction of results of research in the clinical practice of several Moscow facilities. Since 2003, the Centre has a 24-hour helpline on addiction issues: The Centre had developed the first in the Russian Federation rehabilitation program for addiction patients, and it is used in the clinic of the Centre. The clinic of the Moscow Research and Practical Centre on Addictions has a capacity of 1400 beds, and it provides all types of alcohol and drug treatment care: from intensive care to rehabilitation and organization of 'treatment guidance' after discharge from the clinic. Besides Centre includes three clinics, ten addiction dispensary, a centre for the prevention of tobacco smoking and non-chemical addictions, juvenile centre, prevention centre and rehabilitation center (in the countryside). In total 58 different locations. The treatment in the Centre is free of charge and covered by the municipality budget.

**Mr. Bernt Bull** (Norway) asked if the patients need to be referred to the centre to get needed assistance or they could come directly to the clinic.

**Mr. Oleg Buzik** (Moscow) replied that patients might come both by reference from the medical institution or by themselves. In some cases, they can be brought by the emergency services.

**Ms. Pi Högberg** (Sweden) asked if there were standardized technics/tools, guidelines developed for the patient's motivation to take the treatment.

**Mr.Oleg Buzik** (Moscow) answered that there were so-called motivational interviews, and guidelines for that developed and included in the treatment protocols, and doctors were trained to use those tools.

**Mr. Bernt Bull** (Norway) underlined that the issue of the relapse was also essential to take into account while discussing the comprehensive approach to the issues related to how to deal with the substance abuse issue.

**Mr.Oleg Buzik** (Moscow) answered that they very well understood that addiction is a chronic disease and that relapses may happen. That is why they have also introduced the relapse prevention programmes and taking measures to facilitate the process of treatment of the patients.

The members of the ASA EG were invited for the visit tour to see more closely the work of the centre.

The Meeting took note of the presented information.

#### 5. Visit Tour - Moscow Research and Practical Centre on Addictions

The meeting participants have visited the emergency department, genetic laboratory and the rehabilitation centre. The whole cycle of the service (diagnose, treatment and rehabilitation) offered to the patients with the addiction problems, was presented and discussed

#### 6. Reports from the on-going projects (Somatic project)

**Prof. Eugenia Koshkina** (Russia) presented the implementation of the joint Norway-Russia Project on surveillance of alcohol and drug use among hospitalized somatic patients. During the study, blood samples from 3191 patients were collected and 3085 of them also agreed to participate in the study. Three questionnaires were filled for each of the patients, according to the study protocol. At the moment Russian side had entered around 663 questionnaires into the computer database. Based on the analysis of this data, the marker PEth > 0,3 mmol/l detected in **428 patients (14,24%)**, what may indicate alcohol abuse. As for Narcotic drugs and psychotropic substances (including diazepam and phenobarbital) identified in **198 patients (6,59%)**.

Prof.Koshkina also mentioned that one of the exciting outcomes of the study could be to establish the correlation between the level of Peth(more than 0,3 Mmol/L) and answers on some questions from the survey questionnaire.

The full presentation (in English) is available on the webpage of the Meeting in the post-meeting documentation at [http://www.ndphs.org/?mtgs,asa\\_16\\_moscow](http://www.ndphs.org/?mtgs,asa_16_moscow)

**Mr.Janusz Sieroslowski** (Poland) mentioned that, as he understood, one of the aims of the project is to validate the AUDIT questionnaire for Russia, which is very important to do.

**Prof.Koshkina** (Russia) agreed and underlined that this is one of the critical intentions of this study, as they are aiming to provide some guidelines for the GP, on how they can discover the alcohol problems among their patients. She also mentioned that it would be good to have an

opportunity to use the biomarkers in the everyday work, but unfortunately it as an expensive tool and therefore not possible to make it routine procedure at this stage. That is why the validation of the questionnaire is utmost important.

**Mr. Janusz Sieroslowski** (Poland) commented that it would also be interesting to try and analyse what the prevalence of various somatic disorders among the alcohol dependent people is.

**Mr. Bernt Bull** (Norway) stated that the importance of the project is also to provide the information to the somatic community about the necessity to look to the alcohol consumption of their patients.

**Dr. Zaza Tsereteli** (ITA) mentioned that after the PAC side event in Estonia, he was approached by the Latvian CSR member, with interest to consider the implementation of the similar study in Latvia.

The Meeting took note of the presented information.

## 7. ASA EG Progress report for 2017

**Dr. Zaza Tsereteli** (ITA) presented the draft of the ASA EG progress report, which is due to submit to the NDPHS Secretariat by the end of the March, for the future approval by the CSR meeting. Several comments were received and elaborated into the document.

The meeting discussed the second draft of the report and some questions from the EG members. One of the questions was related to the expected results of the RARHA study and its feasibility.

**Mr. Bernt Bull** (Norway) mentioned that if the EU countries agree to have a comprehensive measurement of problems in a way accessible to compare, that was one of the primary purposes of RARHA study. Therefore, it is up to the Government and intergovernmental level to use this tool.

**Ms. Jaana Markkula** (Finland) clarified that her question was related to the fact that the data not always is used for the Policy measurement and there are many other things, which influence the policy decisions.

**Ms. Pi Högberg** (Sweden) mentioned that it could be a general task of the whole NDPHS to monitor if the declaration was used and put forward to other institutions and that ASA EG can facilitate this process.

The meeting decided that the ITA will finalize the document based on the discussions and suggestions from the EG members and send it out for the approval by the EG by March 20. The report then will be sent to the NDPHS Secretariat.

## 8. Possible Joint Project of NDPHS EGs

**Dr.Zaza Tsereteli** (ITA) briefly presented the developments related to the ASA EG initiative for developing an NDPHS joint project with a potential to become a Flagship. He reminded the ASA EG members that EGs have started to discuss this idea last year and decided to focus on the issue of aging populations and propose to the CSR a common project under an umbrella title "Health of older adults." It was proposed to develop the project proposal using the Logical Framework Approach (LFA). At the beginning of this year, Dr.Tsereteli has collected information from all the EGs and developed so-called "Problem Tree," presented at the meeting for the discussion and inputs.

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**Ms.Pi Högberg** (Sweden) - questioned if the interaction with other substances, like medication use/narcotic use in the elderly, can also be addressed in this project.

**Ms.Jaana Markkula** (Finland) agreed to this suggestion adding that medicines used by elderly impact also their alcohol consumption, so will be interesting to add this topic of interaction to the proposal. She also proposed to add the issues related to services for the elderly needs to concentrate on the social workers, as mainly they (and not only health care professionals) are dealing with the elderly population.

**Ms. Audrone Astrauskiene** (Lithuania) stated that Lithuania is also interested in the issue of the problematic use of medicines without prescriptions.

**Mr.Janusz Sieroslowski** (Poland) mentioned that in his opinion all issues listed in the Problem tree are a hypothesis, so will be good to have some base study to discuss those topics.

**Dr.Zaza Tsereteli** (ITA) replied that the idea of the project could be the collection of the missing data to prove or disprove the mentioned hypothesis. He also said that all EGs, including the ASA EG, need to identify the institution, which will implement in practice the possible project.

**Mr.Bernt Bull** (Norway) mentioned that historically most of the countries studied the development the alcohol consumption among the young population and there is a general lack of data concerning the situation in elderly. So there is a need to study this topic to have more knowledge about the developments in this age group and face the challenges in this area. He proposed to have as a primary heading - to identify the alcohol-related problems among the elderly.

**Prof.Eugenia Koshkina** (Russia) mentioned that the on-going somatic project could also give useful information for the possible project, a significant number of patients studied in this project is within the elderly age group.

**Dr.Zaza Tsereteli** (ITA) informed that the NDPHS Secretariat is also planning to invite the consultant to facilitate the process of drafting the project proposal. The Ministry of Health and Care Services of Norway will finance the meeting of the representatives from all EGs (2-3 person) in autumn, to discuss the project proposal.

The meeting decided that: a) EGs members will submit their suggestions to the ITA during the next 10 days; b) he will develop a revised version of the problem tree for the ASA EG; c) The group will then continue to discuss the so-called "sub-causes" and will finalise the document in

order to present it to the consultant d) ASA EG members will investigate the back in their countries the interests of Institutions to lead the process of project implementation in the ASA EG field.

#### 9. Possible project on Prevention on Municipality Level (PALET)

**Mr. Bernt Bull** (Norway) reminded the EG members that ASA EG was very much interested in following up and continuation of the ADPY project. As a result, the meeting of all interested parties was organized a year ago in Warsaw, and a concept paper for the possible project developed. At that moment Estonia, Lithuania, Poland, Sweden, Norway, and Moldova expressed their interest in participating in this project. The working title of the project is - Prevention Approaches -learning, experience, training (PALET). It was discussed and agreed that the participants will try to apply for the EEA and Norway Grants Fund for Regional Cooperation. Finally, at the beginning of this year, the Financial Mechanism Office announces call no. 2017-2 seeking the submission of proposals for grants for transnational projects under the EEA and Norway Grants Fund for Regional Cooperation. Therefore, the idea is now presented at the meeting, as countries started to discuss the preparation of the concept note and the proposal.

**Dr. Zaza Tsereteli** (ITA) informed that Lithuanian Ministry of Health agreed to be the lead partner of the Project and that Romania and Latvia had expressed their interest in joining the project.

**Mr. Janusz Sieroslowski** (Poland) raised some questions related to the eligibility of some institutions to participate in the project and the roles of the Ministries of the Health in the Project. He also underlined the importance to define the number of municipalities and the rules for the selection process of the municipalities.

**Dr. Zaza Tsereteli** (ITA) stated that the issue related to the number of municipalities and the rules would be discussed and agreed with Lithuania, as a lead partner, and then shared with all participant countries.

The Meeting took note of the presented information.

#### 10. Possible Report on Cannabis

**Mr. Janusz Sieroslowski** (Poland) presented his draft questionnaire related to the development of the report on Cannabis issues in the Northern Dimension Region. The idea is to provide available information on the extent of the problem in ND Region. The questionnaire covers five areas and collecting the qualitative information about the cannabis problem in the NDPHS partner countries (members of the ASA EG).

The first draft of the questionnaire was distributed among the EG members and based on their comments the second version developed and presented at the meeting. The first section of the survey is related to the historical and cultural context of the cannabis problem. The second chapter will be related to the legislation and the penal policy, related to the cannabis use only. Next chapter will cover issues associated with the public debate, with sub-chapters on political, media and civil society debates. The fourth chapter will describe the prevention and treatment responses, with the focuses on specific responses to cannabis. The final section will cover the issue related to the research and sub-regional cooperation.

**Ms.Jaana Markkula** (Finland) suggested to add issues related to the early identification and brief intervention. to the questionnaire

**Prof. Eugenia Koshkina** (Russia) stated that prevention programmes for all types of illegal drugs are the same, except the opioids. So, she questioned what difference could be expected while describing the prevention programme for the cannabis.

**Mr. Bernt Bull** (Norway) mentioned that one of the issues that are not covered by the questionnaire is the difference in prevalence among the countries and proposed to use the EMCDDA data, to present that situation.

The Meeting took note of the presented information and decided that Mr.Janusz Sieroslowski (Poland) will incorporate the proposed suggestions into the questionnaire and will send out the final version to the EG members. The aim will be to draft the first version of the report for the autumn meeting of the ASA EG.

## **End of the day first**

### **Tuesday, March 13**

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

**Ms.Jaana Markkula** (Finland) talked about the current developments in Finland. The new Alcohol act (1102/2017) came into force at the beginning of 2018. As in overall, regulations were reduced. The changes touched retail sale, serving alcohol and opening hours. Municipalities were given a right to decide about the selling hours.

To follow up on proposed changes and possible effects of those changes The Ministry of Social Affairs and Health has appointed a working group. THL itself is also planning some follow up activities. While analyzing the alcohol import by the travelers, it was mentioned that recent changes in Alcohol policy in Estonia apparently had an impact and seemed to be working, as the import from Estonia to Finland has significantly declined.

In the field of Tobacco, the working group on tobacco and nicotine policy appointed to the Ministry of Social Affairs and Health continues its' work. Their goal is to draft a proposal to gain smokefree Finland. In general, the Tobacco policy has firm support from the Finnish population.

Finally, in the field of drug policy, the new monitoring system is implementing now in Finland as a part of European Syringe Collection & Analysis Project Enterprise, ESCAPE.

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**Ms.Pi Högberg** (Sweden) mentioned that it would be difficult to evaluate the impact of the policy changes, as while introducing the changes in the alcohol policy, the increase of the alcohol tax was also introduced.

**Dr. Carina Ferreira-Borges** (WHO) asked what the main reason for policy changes in Finland was, and if there are any surveys like for Tobacco to find out the attitude of the population towards the alcohol policy.

**Ms.Jaana Markkula** (Finland) said that there are similar surveys also for alcohol policy and they show the same support towards the restrictions for the young generation.

**Mr.Janusz Sieroslowski** (Poland) briefly presented some new developments in Poland. There is an on-going work on substitution therapy programmes for the opioid users. The idea is to allow the GP to administer the substitution therapy, using the buprenorphine. The change is also introduced into the alcohol law, meaning that the local municipalities were given more responsibility to regulate the alcohol accessibility (Location of a selling point, working hours, etc...)

**Dr.Alexey Kolgashkin** (Russia) presented the recent development in alcohol and drug policy in The Russian Federation. The changes introduced include the ban on production and sales of alcohol-containing energy drinks and the blocking of Internet resources advertising web-sales of alcohol-containing products and alcoholic beverages. The sentencing framework for the illicit production and (or) turnover of ethyl alcohol, alcohol, and alcohol-containing products are tightened, and can be punished even with imprisonment. The Health Committee of the State Duma drafted a bill on the compulsory treatment of persons with a confirmed diagnosis of alcohol addiction.

**Mr.Bernt Bull** (Norway) asked if there was enough capacity of the medical facilities to arrange the additional patients for compulsory treatment if necessary.

**Prof. Eugenia Koshkina** (Russian Federation) replied that all regions in RF were ready to take and treat a patient in need. Around 6000 medical doctors are working in the field of addictions.

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**Ms.Elena Scvortsova** (Russian Federation) added that Government introduced so-called sobriety days when celling of alcohol is banned, like school graduation day or the first day of school year.

**Ms.Triinu Taht** (Estonia) has connected to the meeting via Skype and briefly presented the developments in Alcohol Policy in Estonia. During the last several years the alcohol consumption per adult has decreased due to the implementation of measures introduced in the

green paper on alcohol policy. Since 2005, Estonia was increasing the excise tax, but with a small problem – the proportion of increase of tax for all kind of alcohol beverages was similar. During the last two years, the excise of vodka rose very high and started to promote the cross-border trade. While analyzing this situation, the experts proposed the increase in beer tax too. The new Government last year decided to introduce this changes and beer tax was increased by 70%. As a result, the retail price of beer increased sharply and quickly. The considerable campaign started mass media on how the prices have increased and how Estonian population started to buy alcohol in Latvia. To deal with the situation it was decided that the next year the excise rates would be not changed.

The new law on advertising and availability was adopted by the Parliament. Among the changes proposed are measures like separation of alcoholic drinks from other products in stores and that municipalities can regulate on-sale hours (off-sale hours remain regulated by the state). The changes in advertising act include a total ban on outdoor advertising and placing only neutral information on the advertisement. All kinds of consumer games are also prohibited

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**Dr. Carina Ferreira-Borges** (WHO) stated that in case of Estonia the process in mass media was lead by the industry. The alcohol industry, in general, is very pushy and this needs to be taken into account. More support from the mass media is needed and WHO is planning some training for journalists.

**Ms. Jaana Markkula** (Finland) mentioned that media also had a significant impact in Finland when the new Alcohol legislation was discussed. Unfortunately, that impact was not positive from the public health perspective.

**Ms. Audrone Astrauskiene** (Lithuania) informed of new amendments in Alcohol law that were introduced in Lithuania. Alcohol advertisement is banned, but there are some problems with the foreign produced papers and magazines. The legal age for buying, holding or consuming alcohol is increased to the age of 20 years. There are changes also in alcohol sale hours. National Public Health fund, gets money from the excise duty of Alcohol, tobacco, and gambling. This year the funding was doubled, and 1/3 of the amount will be dedicated to the mass media to compensate their losses related to the banning of alcohol advertisement. The new methodology for the assessment of Alcohol consumption in Lithuanian is also approved.

**Mr. Bernt Bull** (Norway) mentioned that Norway also has a ban on alcohol advertisement in mass media, but when it comes to the foreign papers and magazines, the ban includes only those who were specially printed for a Norwegian market.

**Ms. Pi Högberg** (Sweden) briefly presented the recent developments in Alcohol and Substance abuse policy in Sweden. The government assigned in 2015-2017 to combat the illicit cross-border trade four national authorities. The report from the National Board of Health and Social Services related to the elderly population was also presented. The report states that there is a substantial increase in alcohol-related morbidity and mortality in older adults and that only one-third of social services for the elderly have routines for what personnel should do when suspecting or having identified alcohol dependence among this age group.

Government is in a process to present new legislation on Private imports of alcohol beverages. There are ongoing discussions related to the prohibition of commercial ads for alcohol in social media, and it is foreseen that the new regulation may enter into the force in september 2019. Finally, the Parliament has accepted to investigate how a licensing system for the gambling market could work to increase control over the different forms of gambling for money that is present in Sweden. It is foreseen that Swedish gambling monopoly will be abolished from 2019 and a new license system will be put into the system

**Dr. Carina Ferreira-Borges** (WHO) asked what the reason for the decision to abolish the gambling monopoly was

**Ms.Pi Högberg** (Sweden) responded that the gambling market was seen as out of balance, as foreign actors were not regulated in the same way as the Swedish one. Therefore, it was decided to abolish monopoly and give the Swedish companies possibility to be in an equal position with the foreign competitors.

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**Mr.Bernt Bull** (Norway) briefly presented some new developments in Norway. Due to some problematic issues concerning the behavior of some politicians in Norway related to the "me too" campaign, most of the political parties decided to regulate the use of alcohol at any party arrangement. The Ministry of Health and Care Services have now two ministers. One is covering the public health and policies towards the elderly. Concerning drug policy, the government is preparing some changes in policies including giving the health issue the main priority, including moving the main policy responsibility from the ministry of justice to the ministry of Health. A commission of professionals from different sectors is set up to submit a proposal for the policy changes.

The Meeting took note of the presented information.

12. "Preventing NCDs: the role of the WHO NCD Office as an innovative powerhouse."  
(WHO European Office for the Prevention and Control of NCDs)

**Dr. Carina Ferreira-Borges**, Programme Manager, Alcohol and Illicit Drugs Programme & Prisons and Health Programme (WHO European Office for the Prevention and Control of NCDs) presented the work of the WHO European NCD Office and the work in the field of Alcohol Policy.

The role of the Moscow office is to support the efforts of WHO/Europe to reduce the burden of NCDs in Europe and to help Member States implement NCD Strategy via strengthening surveillance, population prevention, and high-risk interventions. The work of WHO is now impact and result oriented. One of the innovative initiatives implemented by the office is surveillance on obesity of the young children (COSI), as there is a considerable increase of obesity among the children. With the support of European Stroke Organization and the Russian experts, the review of specialized services in three countries has been implemented. There is an initiative to look into the issues of digital marketing and make some recommendations in the field of Alcohol and nutrition policies.

In the field of Alcohol policy several vital projects are implemented like the development of screening and brief intervention (SBI) train-the-trainer toolkit; Case study on policy developments/impact in Russian Federation and Lithuania or Alcohol policy scoring system. Despite the fact that there is a decline of alcohol consumption among youth, the problem of binge field still exists and needs to be addressed. Therefore, the new report on Alcohol drinking among youth will be produced by the end of the year. It was mentioned that there are many sources of data available currently, and WHO is aiming to bring them all under one platform, to allow member states to have as easy and quick access to all available data.

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**Prof. Eugenia Koshkina** (Russian Federation) stated that currently, the majority of the countries are facing the problem of conflict of interest between the alcohol producers and health professionals working in the field of prevention. In some countries, the policies are moving towards the liberalization, countries have economic interests, meaning that industry interests are taking over the health interest. So, it is interesting to see how the WHO developed economic indicators can help to improve the situation.

**Dr. Carina Ferreira-Borges** (WHO) responded that organization understands those challenges and that is why they are aiming to develop new arguments to bring it to the discussions with decision makers and industry. That is why WHO is also investing more in surveillance, to have more data available for the member states in their arguments for policy changes.

**Mr. Bernt Bull** (Norway) mentioned that from the side of the ASA EG, it tries to bring the emerging issues to the attention of the politicians, and that was one of the main aims of the PAC side event conference in Tallinn. That is why issues like FASD, cancer, closed cooperation between the somatic and treatment services were brought to the attention of the auditorium.

**Dr. Carina Ferreira-Borges** (WHO) informed that in November a European Alcohol Policy Network Conference would be organized in Scotland. The day before the Conference WHO is organizing a meeting of the focal points in Alcohol Policy.

The Meeting took note of the presented information.

### 13. NDPHS NCD EG activities

Ms. **Asiia Imaeva** (NCD EG) briefly presented the work of the NCD EG of the NDPHS. The EG has four objectives listed in the NDPHS strategy. One of the main activities implemented by the NCD EG was implementation of the Project “Potential Years of Life Lost” (PYLL) in seven partner countries such as Sweden, Latvia, Lithuania, Estonia, Finland, Germany, Poland and one “Observer country” – Belarus during eight months from January 2016 till August 2016, funded by ENI. The EG is currently discussing two possible projects: 1) Practical implementation of HiAP in the municipalities for better health for all in the Baltic Sea Region; and 2) A toolkit to strengthen Health Literacy in the Baltic Sea Region". The work of the NCD EG show, the necessity of the innovative interventions at local, regional and country level through multisectoral collaboration of health sector with other state and non-state sectors.

**Ms. Asiia Imaeva** has invited the Chair and the ITA of the ASA EG to participate in the next meeting of the NCD EG, which will take place in Moscow on April 13<sup>th</sup>.

**Dr. Zaza Tsereteli**(ITA) confirmed his participation in that meeting

### 13. Possible Thematic report

**Dr. Zaza Tsereteli** (ITA) reminded the ASA EG members that the EG was planning to produce the third thematic report and present that at the PAC side event. Unfortunately, the financing for this activity was not obtained, and as a result, the development of the report was postponed. At the end of the last year, a new proposal was submitted to the Ministry of Health and Care Services of Norway. Some days ago the ITA was informed that funding was approved, meaning that group can now start the development the report. The topics will be the one agreed last year – prevention of FASD, prevention at the workplace, prevention among the elderly. The ASA EG will try now to find two young researchers that will develop the report.

Meeting decided that partner countries will consider this opportunity and will propose young researchers, whom they think can work on the development of the report. The CVs of the possible candidates needs to be sent to the Chair and ITA of the ASA EG.

### 14. Next ASA EG meeting

**Ms. Audrone Astrauskiene** (Lithuania) invited to hold the second meeting of the ASA EG in Vilnius, in autumn 2018. It was decided to hold the meeting on the last week of September

**Dr. Carina Ferreira-Borges** (WHO) invited the ASA EG to hold one of the meeting of the group in 2019, in Moscow at the WHO NCD office.

**Mr. Bernt Bull** (Norway) thanked Lithuania and WHO NCD Office in Moscow for its offer to host the next ASA EG meetings.

### 15. Adoption of the meeting minutes

The ASA EG Chair proposes that it would send out draft ASA EG Sixteen Working Meeting minutes to the participants on April 15, 2018, and that comments on the draft would be due, at the latest, on April 26, 2018. The revised minutes would be distributed on May 10, 2018, to be adopted per capsulam if no further comments are submitted within one week.

### 16. The closing of the meeting

The Chair thanked the participants and the Moscow Research and Practical Centre on Addictions, for a great meeting.

The Meeting closed on 13 March 2018 at 13:45 PM.