



World Health  
Organization

REGIONAL OFFICE FOR Europe



## Participatory approaches to reaching the Sustainable Development Goals: ESTONIA

A multipronged alcohol policy involving all  
levels of society



## Key messages

The alcohol-policy development process in Estonia highlighted the following points.

■ **High-level personal commitment raises the issue of alcohol control on the political agenda.**

The Minister of Health and Labour championed the topic of alcohol consumption at both the national and European Union (EU) levels in making it a priority of the Estonian Presidency of the Council of the European Union in 2017. This provided the support needed to put measures in place that will change alcohol consumption in Estonia.

■ **Involving the general public and civil society helps raise awareness about harmful alcohol consumption and strengthens public debate.**

In Estonia, open dialogue with stakeholders and the active participation of civil society were instrumental in garnering public support and changing people's attitudes about the harmful use of alcohol.

■ **Optimally timed, multifaceted, momentum-building efforts at different levels are effective in lowering alcohol consumption.**

In Estonia, alcohol consumption has declined by almost one third since the 2008 financial crisis. While the economic situation triggered this reduction, its continuation can be attributed to: awareness raising efforts; education programmes for parents; rehabilitative training programmes for people charged with drink-driving; and the effects of an array of synergetic legislative changes to lower alcohol consumption.

■ **It is important to be ready to address the "side effects" of alcohol-policy implementation.**

The tax measures implemented as part of the alcohol policy led to a two-fold difference between alcohol prices in Estonia and Latvia and an unintended increase in cross-border trade between the two countries. This resulted in public discussion about pricing policies and a decrease in public support of tax increases.

## Summary

Estonia has implemented a comprehensive, multipronged approach to the reduction of alcohol consumption in the population, comprising a series of successful policy responses. The Estonian alcohol strategy, adopted in 2014 (1), builds on the *Global strategy to reduce the harmful use of alcohol* (2) and the *European action plan to reduce the harmful use of alcohol 2012–2010* (3). It aims to decrease the overall yearly consumption of alcohol among the adult population to less than 8 litres of absolute alcohol per capita. Gathering support across society from a range of stakeholders, including policy-makers, researchers, parents and advocates, has been one of the key elements in the implementation of the policy.

## Motivation

Alcohol is linked to more than 200 diseases and health conditions and contributes significantly to the global burden of noncommunicable diseases. It also creates a number of social problems and hampers economic development. Estonia has suffered greatly from alcohol-related harm. Ten years ago, Estonia had one of the highest levels of alcohol consumption in the world with patterns characterized by heavy episodic drinking (HED), often starting at a young age. Historically, alcohol-consumption levels in Estonia were similar to those in countries of northern Europe and the former Soviet Union. According to the Health Behaviour in School-aged Children (HBSC) 2013/2014 study, 84.3% of 15 year-olds, 60.8% of 13 year-olds, and 31% of 11 year-olds (averaging 58.5% of the total number in these age groups) had tried alcohol (4,5). By implementing a comprehensive evidence-based alcohol policy, Estonia has reduced alcohol consumption by one third over the last decade. As a result, alcohol-related morbidity and mortality have decreased and the health gap between different population groups has narrowed.

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## Description of action

Estonia's alcohol policy is directly linked to implementation of the United Nations 2030 Agenda, more specifically, Sustainable Development Goal (SDG) 3 (good health and well-being), and specifically target 3.5, which aims to "strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol". Since alcohol-related deaths and health problems are more pronounced at the lower end of the social gradient, reducing the harmful use of alcohol will also contribute to achieving SDG 10 to "reduce inequality within and among countries" (6).

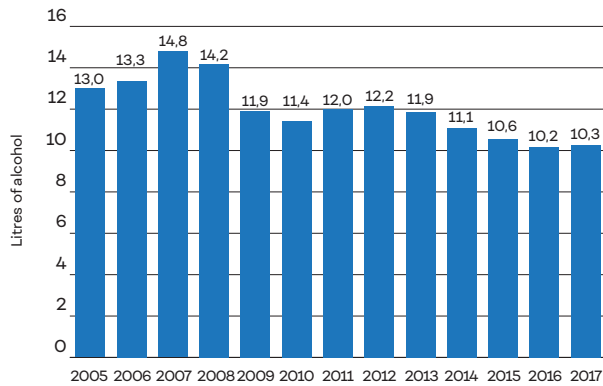
Estonia had no official alcohol policy until 2014. Earlier efforts to put stricter alcohol-control policies in place had been met with a lack of public support and little political interest. Taxing alcohol was the first measure to be taken and has the highest approval rates among politicians. Yet, until recently, tax hikes have not been able to keep up with income growth. Table 1 provides a synopsis of the evolution of alcohol policy in Estonia, with a focus on key achievements.

**Table 1.** Evolution of alcohol policy in Estonia: key achievements

Year/period	Key achievements
1995	Establishment of the Centre for Health Education: <ul style="list-style-type: none"> <li>• assignment of 1 health promoter to each of the 15 regions;</li> <li>• growing interest in healthy eating and sports and a decrease in smoking, but not in alcohol consumption.</li> </ul>
2007	Start of drafting new alcohol policy: <ul style="list-style-type: none"> <li>• creation of collaborative networks to build mutual understanding among stakeholders.</li> </ul>
2008	Highest level of alcohol consumption in Estonian history: alcohol-control measures introduced: <ul style="list-style-type: none"> <li>• adoption of the <i>Advertising Act on Reducing the Display and Attractiveness of Alcohol Advertising</i> (banning alcohol advertising between 19:00 and 21:00 hours);</li> <li>• ban on late-night off-premises alcohol sales between 22:00 and 10 hours;</li> <li>• increase in excise duty by 30% compared to the previous year;</li> <li>• regular media campaigns to prevent drink-driving, timed to support random police-enforced breath tests (led by the Road Administration).</li> </ul>

Year/period	Key achievements
2009	Start of general-public involvement: <ul style="list-style-type: none"> <li>• initiation of yearly campaigns to bring alcohol issue into the spotlight;</li> <li>• start of early-intervention programme;</li> <li>• engagement of the general public in place;</li> <li>• availability of online guidelines on low-risk drinking for the general public;</li> <li>• greater public awareness of the problem;</li> <li>• public support for developing policy measures.</li> </ul>
2011	Government mandate calling for development of comprehensive alcohol policy.
2011–2014	Three-fold increase in random breath tests. Establishment of a traffic hot line. Campaigns coordinated by police, health and traffic authorities.
2012	Establishment of yearly increases in excise tax.
2014	Adoption of the Estonian alcohol strategy (1).
2015	Introduction of policy on increasing excise tax on alcohol between 2016 (15%) and 2020 by 10% per year, building on successive tax increases from 2010. Establishment of a modern system of treating alcohol use disorder (see Box 1: “Sober and Healthy Estonia” programme).
2017	Adoption of amendments to the Alcohol and Advertising Acts: <ul style="list-style-type: none"> <li>• introduction of: restrictions on displays in shops; a ban on degustations in retail shops; mystery shopping to reveal sales to minors and illegal sales; and increased fines;</li> <li>• introduction of: strict requirements for advertising; specific requirements for TV advertisements; mandatory measurements for health warnings in printed media; a ban on outdoor advertising; restrictions on advertising in the social media; and prohibition of consumer games.</li> </ul>

**Fig 1.** Alcohol-consumption trends per adult, Estonia, 2005–2017.



Source: Alcohol market, consumption and harms in Estonia. Yearbook 2018 (8).

In 2008, the average salary could buy 62 litres of strong spirits compared to 28 litres in 2000 (7). Many steps have been taken since then to reduce alcohol consumption, ranging from legislative action to media and awareness-raising campaigns among the general public. Fig. 1 shows the alcohol-consumption trends in Estonia between 2005 and 2017 (8).

### Box 1. "Sober and Healthy Estonia"

The "Sober and Healthy Estonia" programme, which started in 2015, laid the foundations of a modern system of treating alcohol use disorder in accordance with which everyone – regardless of health-insurance status – has the right to the services it offers. Between July 2016 and August 2018, approximately 3400 people had benefited from the programme. The services are delivered by a team of psychiatrists, nurses and social workers who have been trained in delivering them. This new approach calls for cooperation among the relevant specialists for whom supporting tools and information materials have been developed. An online self-help webpage complements the information GPs provide on these services.

The process of developing the Estonian alcohol strategy (1) focused on gathering knowledge, creating expertise, raising public awareness and building social demand for stricter policy in this area. In line with the strategic directions of the WHO Roadmap to implement the 2030 Agenda for Sustainable Development, building on Health 2020, the European policy for health and well-being (9) on advancing governance and leadership for health and well-being, dialogue among the stakeholders was a key feature of the development and implementation of the strategy. As it includes action in 10 policy areas across government (including health, education, economy and finance), it also promotes a multisectoral approach.

## Main features of the Estonian alcohol strategy

### Knowledge and expertise

The WHO *Global strategy to reduce harmful use of alcohol* (2) and the 10 priority areas for evidence-based policy in the *European action plan to reduce the harmful use of alcohol 2012–2020* (3) were the basis for the development of the Estonian alcohol strategy (1). During the process, the WHO Regional Office for Europe provided expertise and support in capacity-building through ad-hoc consultations and the compilation of evidence to inform policy-decisions.

### Involving stakeholders


A wide-ranging consultation process was carried out, involving all stakeholders. Working groups, comprising representatives of different ministries, government institutions, nongovernmental organizations and the alcohol industry, were established for the strategy's 10 action areas.

### Governance

Implementation structures include the Ministerial Steering Group for Implementation of the Alcohol strategy, which reports to the Government. The Estonian alcohol strategy (1) is an integral part of the National Health Plan 2009–2020. A designated monitoring system measures the impact of the activities implemented. The Steering Group assembles regularly and presents annual progress reports to the Government. Alcohol consumption, marketing developments and health- and alcohol-related social harm are also monitored annually.

### Enhancing social demand and empowering the health sector

The roles of the general public and civil society have been instrumental in leading the public debate and raising awareness. In 2009, the first media campaign on alcohol resounded very strongly in society, immediately bringing alcohol-related harm into the spotlight. Since the economic sector was quick to react, measures could be taken promptly to provide an arena where stakeholders could discuss and support relevant health projects in civil society. The campaign described in Box 2 is an example of a social movement that influences the written and



The roles of the general public and civil society have been instrumental in leading the public debate and raising awareness. Most of the population now supports stricter alcohol policies saying that they want stronger implementation of the bans on alcohol advertising.

unwritten rules of alcohol consumption in people's immediate circles, as well as in workplaces and local communities.

### **Box 2. "Let's drink less by half!": a campaign to support alcohol-policy reform in Estonia**

Based on extensive formative research, a multilayered campaign entitled "Let's drink less by half!" was set in motion in June 2013 as a social movement to support alcohol-policy reform in Estonia (10). The long-term aims of the campaign are to: (1) reframe public alcohol debate from medical discussion to a social justice issue with political and policy solutions; (2) engage and educate non-medical spokespeople on alcohol-policy measures; and (3) change the norms related to drunkenness and drink refusal in social settings.

An independent social enterprise runs the campaign, which is funded through grants and voluntary donations. It is an opportunistic approach to building a wider discourse on alcohol. Methods used range from relatively active social-media communications and small-group seminars to extensive media coverage.

The campaign materials were developed by social scientists based on knowledge about public values and attitudes related to alcohol. For instance, the campaign's slogan – "let's drink less by half!" – confirms that it is in order to drink, but at the same time encourages people to drink less. In this way, the campaign is not associated with absolute abstinence and prohibition.

The wider objective of the campaign is to build up a social movement that influences the written and unwritten rules of alcohol consumption in people's immediate circles, workplaces and local communities. Change in the normative environment might bring about change in society's attitude towards alcohol policy and lead to a decrease in alcohol consumption and resulting damages (mental-health issues, mortality, crime).

## **Impact**

In the course of 10 years, the annual adult consumption of alcohol in Estonia dropped by almost a third (from 14.8 litres in 2007 to 10.3 litres pure alcohol per person in 2017) (8). In the same period, mortality from alcohol-related diseases decreased by one third and alcohol-related injuries and crime also decreased. In addition, the gap between life expectancy for men and women narrowed (from 11 to 9 years), the biggest contributor being changes in the levels of men's alcohol consumption and smoking (11). While the reduction in overall consumption began as a sharp drop at the start of the economic crisis in 2008, its momentum was sustained through policy action.



## My fatherland, let's drink less by half!



Source: Estonia Health Foundation.

## Policy implications and remaining challenges

The main challenge for Estonia is cross-border trade. The two-fold difference in the price of alcohol between Estonia and Latvia, resulting from increases in alcohol tax in Estonia, caused an unintended rise in cross-border trade between the two countries. This resulted in a new wave of public discussion on pricing policies and a loss of popular support for tax increases. As a first step to addressing the problem, the Government halved the tax increases on beer and spirits planned for February 2018 to 9% and 5%, respectively. Tax increases scheduled for 2019 and 2020 have been cancelled.

## Lessons learnt

Estonia's alcohol policy will continue to evolve. Several key lessons can be learnt from Estonia's experience in developing and putting it in place.

- Personal high-level commitment raises the issue of alcohol control on the political agenda.
- Open dialogue with stakeholders and the active participation of civil society are instrumental in raising awareness about the harmful use of alcohol, changing attitudes about alcohol consumption and gathering public support for stricter alcohol policy.
- Optimal timing and building momentum at many levels are key to lowering alcohol consumption.
- Tax increases, which in Estonia led to cross-border trade and public discussion about pricing policies, can decrease public support of raising tax on alcohol.
- Further development of treatment services and improvement in intersectoral cooperation need the involvement of the justice and social sectors (which could refer people to the health-care system or motivate them to seek treatment).

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**A friend doesn't let a friend drink and drive**



Source: Public campaign by Road Safety Administration

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