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PROGRESS REPORT ON THE EUROPEAN ALCOHOL ACTION PLAN,
INCLUDING FOLLOW-UP TO THE WHO EUROPEAN MINISTERIAL CONFERENCE
ON YOUNG PEOPLE AND ALCOHOL

This document gives a progress report on implementation of the European Alcohol Action Plan, as required by resolution EUR/RC49/R8. It contains a summary report on progress made since the Regional Committee's forty-ninth session in 1999, with special emphasis on the WHO European Ministerial Conference on Young People and Alcohol (Stockholm, 19–21 February 2001), and proposals on follow-up to the Conference. A draft resolution, which focuses on the proceedings of the Conference, is attached for consideration by the Regional Committee.

INTRODUCTION

1. The European Alcohol Action Plan was launched in 1992, with the endorsement of resolution EUR/RC42/R8, and prolonged up to 2005 by resolution EUR/RC49/R8. The latter resolution requires that a report be submitted to the Regional Committee every two years. This document provides the first such biennial progress report. It refers in particular to the WHO European Ministerial Conference on Young People and Alcohol (Stockholm, 19–21 February 2001). The attached draft resolution contains a provision to endorse the Declaration adopted at the Conference, as well as proposals for appropriate follow-up measures.

PROGRESS

2. As was already apparent from the evaluation of the Action Plan submitted to the Regional Committee at its forty-ninth session in 1999, the Action Plan had been effectively taken up by many national and local governments. This has continued in the past two years, especially in western European Member States. The new Italian legislation on alcohol, which explicitly refers to the Action Plan, is one of the most recent examples.

3. While there is evidence that the Action Plan has strengthened the response in the Member States, the trends in the levels and patterns of consumption are not as clear-cut. Comparing data over a 10-year period shows that in roughly one third of the countries the total consumption level is decreasing, in approximately one third there is an increase, while in the remainder the overall consumption level is relatively stable.

4. Further, there is evidence that the number of traffic accidents related to alcohol consumption are declining in the majority of Member States. Data available on other types of harm related to alcohol consumption show a mixed pattern, with increases in some and decreases in other countries. For more detailed information, reference is made to the report that was produced for the Ministerial Conference (Rehn, N. et al. *Alcohol in the European Region – consumption, harm and policies*. Copenhagen, WHO Regional Office for Europe, 2001).

5. There is growing interest among the scientific and public health communities in alcohol as a determinant of health. A number of major international studies have been or are being carried out. One of these is the project on Alcohol and the public good, co-sponsored by the WHO Regional Office for Europe. This macro-level review, aims to collect and analyse research data on the effectiveness of public health policies on alcohol. The second report from the project is expected to be issued in the spring of 2002. Other major international research efforts in this area include the European Comparative Alcohol Study (ECAS) on consumption, harm and policies in European Union countries, and the European School Survey Project on Alcohol and Other Drugs (ESPAD) in a large number of WHO's European Member States.

6. At the 1999 meeting of the Steering Committee for WHO's Regions for Health Network, it was decided to launch a special project on alcohol and drug abuse policies at regional (i.e. subnational) level. Application and adaptation of the guidance contained in the Action Plan is one of the principal aims of the project. Ten regions in nine countries are actively involved in this initiative.

7. The Regional Office continues to manage the WHO Collaborative Project on Identification and Management of Alcohol-related Problems in Primary Health Care (Phase IV). This project is being carried out by researchers and primary health care workers in 11 Member States. The project will report within two years on the feasibility of identifying and managing these problems.

8. A worrisome trend in many Member States in recent years is the increasing consumption of alcohol by young people at increasingly younger ages. The harm they experience as a result is very considerable. A comparative risk analysis based on data from the WHO Global Burden of Disease Study 2000 shows, for instance, that one in four deaths in males aged 15–29 years in the European Region is attributable to alcohol. These considerations led to the decision to make “Young people and alcohol” the theme of the Ministerial Conference, while the overall goal of the Conference was to boost implementation of the European Alcohol Action Plan.

THE CONFERENCE

9. The WHO European Ministerial Conference on Young People and Alcohol took place in Stockholm from 19 to 21 February 2001. It had been proposed by the Swedish delegation at the forty-eighth session of the Regional Committee, as an opportunity to review the progress made since the European Conference on Health, Society and Alcohol (Paris, December 1995) and to plan for future action.

10. Almost all the Member States in WHO’s European Region were represented at the Conference, generally at high level: participants included 37 Ministers of Health, one Deputy Prime Minister, and numerous Deputy Ministers and Secretaries of State. Forty temporary advisers made presentations in three technical plenary sessions and 14 parallel working group sessions. The total number of participants was close to 500.

11. The Conference proved a success in terms of press coverage, attendance, the scientific, political and social programmes, and consensus agreement on the political decision taken. Cooperation had been established with relevant international partner organizations, notably the European Commission, the United Nations Children’s Fund, the Council of Europe, the European Forum of Medical Associations and WHO, Eurocare, the European Health Communication Network, and WHO headquarters.

12. Sweden’s generous hosting of the Conference included substantial technical and financial support, and more importantly the inclusion of the Conference in Sweden’s programme for its presidency of the European Union (EU). This created another opportunity for cooperation with the European Commission, as evidenced also by the speeches of the European Commissioner for Health and Consumer Protection and the Director of the Directorate for Public Health.

13. In this connection it is worth noting that two measures were adopted by the EU on 5 June 2001: a Council Recommendation on the “Drinking of alcohol by children and adolescents”, and Council conclusions on a “Community strategy to reduce alcohol-related harm”. Both decisions are in line with the European Alcohol Action Plan and call for international cooperation, in particular with the World Health Organization.

14. The participation by young people in the Conference and in its preparations proved to be a great success. Approximately half of the Member States had followed the suggestion in the invitation letter sent out by the Regional Director and the Prime Minister of Sweden to include young people in their delegations. In addition, 20 “messengers” from the Youth Meeting took part in the proceedings. The Youth Meeting was a preparatory meeting in November 2000, which brought together some 100 young people from all over the Region to discuss the same agenda as the Conference.

15. A good communication strategy had been prepared in advance, which included the launching of new research in the area. Few conferences organized by the Regional Office have had such wide press coverage. According to feedback from counterparts, the Conference has been reported on in all of the major national media.

THE DECLARATION

16. The Declaration was drafted in close consultation with the Member States over a period of two years. The final text of the Declaration (available from the Conference Web site at <http://www.youngalcohol.who.dk> or in print (document EUR/00/5020274/6) from the Alcohol and Drugs unit at the WHO Regional Office for Europe) contains the following main elements:

- identification of alcohol as an important issue in young people's health;
- confirmation of the need to have public health/alcohol policy developed without any interference from commercial or economic interests;
- opportunity to have young people themselves involved in the policy-making process;
- need to determine, at national and local levels, targets to reduce the impact of alcohol on young people's health.

FOLLOW-UP

17. The international work which the Regional Office has done for almost ten years has been used to good effect by many European Member States in their policies and legislation. However, a number of countries, particularly those of central and eastern Europe and the newly independent states, are lagging behind. The **specific country support** to be provided by WHO could consist of advocacy work, assistance with measuring the impact of alcohol on public health, policy development, and training of staff from the health and welfare sectors in preventive and treatment techniques.

18. The "driving forces" for following up on the Conference Declaration are the **national counterparts for the European Alcohol Action Plan**, nominated by the ministers of health in the respective Member States. The Regional Office will provide support to this network of counterparts, in order to facilitate attainment of the goals laid down in the Conference Declaration. One powerful stimulus will be to constantly focus attention on the exchange of information about progress towards the targets in the countries. Considerable support for the counterparts' work at national level is available within the network itself. It is vital that the existing communication structure, including a list server, is kept alive and up to date. This implicates an active alcohol programme in the Regional Office to nurture and stimulate the network.

19. There is a need for the Region as a whole to strengthen the evidence base for public health. A **European Alcohol Information and Monitoring System (EAIS)** will be an important part of a strengthened regional public health information base. EAIS will monitor alcohol consumption levels and patterns in the population, the prevalence and incidence of alcohol-related problems, and policy development. The system will encourage the harmonization of data collection in the Member States. The first steps towards such a system have already been taken, with a meeting of representatives of all the Member States on indicators, immediately after the Conference. The system will be further developed, as much as possible in cooperation with the European Commission.

20. As progress is made on the development of policies and programmes in the Member States, there is an increased need for legislative provisions. The setting up of a regional **database on legislation** as a special part of the EAIS, and the development by the Regional Office of guidance material on legislation, will provide a strong impetus in this direction.

21. Further **research** is needed into the effectiveness of policy measures. This can be supported through the creation of a network of research institutes in the Region and maintenance of the group responsible for the Alcohol policy and the public good project (see paragraph 5 above). The forthcoming report from the group should be published with support from the Regional Office and made widely available to the Member States.

22. By creating **international partnerships**, especially with the European Commission, the Council of Europe, the United Nations Children's Fund, and the European Forum of Medical Associations and WHO, the issue of alcohol has been firmly placed on the agenda of these organizations. Cooperative agreements with these bodies are to be developed, to ensure continuation of the work that has been started. The recently adopted EU Council Recommendation and Council Conclusion (see paragraph 13 above) have created a particularly positive framework for intensive cooperation between the European Commission and the Regional Office in this regard.

23. Through the Conference and its preparations, the Regional Office has made contact with many **young people** and their organizations throughout the Region. Many of these young people and their organizations are keen to continue the relationship. The involvement of these young people would be extremely valuable, especially in the development and implementation of adolescents' health programmes.

24. A key issue discussed at the Conference was the influence exercised by the alcohol industry and its ability to infiltrate the young people's market. One of the initiatives announced by WHO headquarters was the establishment of a system for **monitoring the promotion of alcoholic beverages** to young people. The Regional Office will ensure that this activity will lead to tangible results for the European Region.