



**Final report of the
WHO meeting of National Counterparts for
Alcohol Policy in the WHO European Region
and the AMPHORA Expert meeting**

14-16 June 2010, Madrid, Spain

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15 June 2010, Tuesday

National Counterparts for Alcohol Policy and AMPHORA Expert joint meeting

Opening session

Chair: Dr Antoni Gual, Hospital Clinico y Provincial de Barcelona

Dr Lars Moller, WHO Regional Office for Europe; Mr Dag Rekve, WHO Headquarters; Dr Idefonso Hernández Aguado Hernández Aguado, Director General De Salud Publica Y Sanidad Exterior; Ms Marjatta Montonen, DG SANCO European Commission and Dr Peter Anderson, AMPHORA.

Participants were welcomed to the meeting by Dr Moller who said he was looking forward to this joint meeting between AMPHORA experts and WHO national counterparts which would look at how science can influence policy and provide a forum for sharing good practice.

Mr Rekve reported that the meeting was very timely as the 63rd World Health Assembly had recently endorsed the Global Strategy to Reduce the Harmful Use of Alcohol. He said that the development of the Strategy was a collaborative venture and that the Spanish Government had played a constructive role in the process. Mr Rekve said that he hoped the Global Strategy would provide the momentum needed for developments in alcohol policy at State and Regional level.

Ms Montonen acknowledged that the Global Strategy was an unprecedented consensus paper on reducing the harmful use of alcohol. However, Ms Montonen said that as the document is not binding on Member States it will be most important to continue to build expertise and capacity at European and national level.

Dr Anderson looked forward to the meeting as an excellent opportunity to promote the dialogue between scientists and policy makers.

Dr Idefonso Hernández Aguado welcomed participants on behalf of the Spanish Government. He noted that the meeting had particular relevance as we explore the development of knowledge and use this to help governments to tackle this public health problem which has reached worrying proportions. He said that the meeting would strengthen the bonds of collaboration, co-ordination and the exchange of knowledge and good practice.

Dr Idefonso Hernández Aguado also said that the new Global Strategy represents a boost and a step forward in dealing with the harmful use of alcohol and reducing the inequities associated with it.

The potential impact of the economic recession on alcohol-related harm

Dr Peter Anderson

Dr Anderson presented findings from a number of studies looking at the impact of economic recessions on alcohol-related harm.

The main conclusions were as follows:

- In general, the evidence finds that economic recessions either have no impact on or reduce all-cause mortality. They do, however, increase deaths from suicide and alcohol use disorders, sometimes markedly so, but, often, with the number of increased deaths counterbalanced by decreases in deaths from motor vehicle fatalities, simply due to less driving.
- Although economic recessions seem associated with reductions in the volume of alcohol consumed, there is evidence that particularly risky episodic heavy drinking increases.
- Alcohol policy, and particularly policy that increases the price of alcohol, reduces deaths from alcohol use disorders, including deaths from episodic heavy drinking, and reduces unemployment
- Investments in social protection and active labour market programmes can completely mitigate the relationship between economic recession and suicide mortality.

Building up the AMPHORA database of infrastructures on alcohol policy

Dr Claudia Konig

Dr Konig outlined the objectives of the project:

- Mapping existing alcohol policy infrastructures in European countries.
- Collecting relevant laws and supporting documents across a range of alcohol policy areas.
- Placing this information on the AMPHORA website - building up a database on infrastructures on alcohol policy.
- Examining the relationship between infrastructures and achieving alcohol policy change or improvements.

A questionnaire is currently being developed and will be sent to WHO counterparts in September 2010 along with a request for copies of relevant policies, laws or regulations on the following:

- National policy/strategy documents.
- Definitions of an alcoholic beverage.
- Marketing and sponsorship regulations.

Some participants asked for clarification that the data collection exercise would not duplicate the work done by WHO. Dr Konig confirmed that the aim is to complement not duplicate the WHO database. Dr Moller also confirmed that there is good collaboration between WHO and AMPHORA on this project.

The following further points were made by participants:

- Requests need to be precise – there are laws in a number of areas which impact upon alcohol policy e.g. health, trade, taxation.
- Meaningful comparisons between national laws and policies will be difficult.

- The database will need to be updated frequently as laws/policies change.
- Some countries have regional laws and policies so making a request for national policies will not be relevant.

Presentations and facilitated group discussions on five selected topics

Chair: Dr Antoni Gual

Short presentations on five topics were followed by group discussions where each group considered the specific implications for policy and how science could better assist policy makers in relation to their topic:

1. Epidemiology of alcohol-related harm

Dr Peter Anderson

The importance of chronic diseases to global risk is often grossly underestimated

The value of an extra year of healthy life is often grossly underestimated

The importance of alcohol as a risk factor is often under recognized

Alcohol increases the risk of death in a dose dependent manner

The harm done by alcohol is, in principle, preventable

Group feedback

Better data is needed

Need to communicate data in a more meaningful way

Aim for one easily accessible data source

Provide forum where counterparts and scientists can suggest ways of refining and improving data

Have a high level expert consensus meeting on alcohol and harm

Work with journalists to help them to understand health messages

2. European research on alcohol policy

Dr Antoni Gual

Compared to other economies the EU gives a high priority to alcohol

But - US is far ahead of EU on availability research

EU – problem of alcohol is high but amount of research is relatively low

EU - alcohol should be placed higher on public health and research agenda

Group feedback

We now have good examples of the impact research can have on policy

Need more basic data on consumption and harm at European level

Need comparative research

Need multi-sectoral and multi-agency research

Need to make greater efforts to communicate research findings to policy makers

3. Infrastructures for alcohol policy

Ms Lidia Segura

Do different infrastructures play an important role in alcohol policy making?

What determinants influence infrastructure developments?

What infrastructures are a must for effective alcohol policy?

What infrastructures present barriers to effective alcohol policy?

Group feedback

Need effective lobbying by experts and NGOs – engaging with politicians and

industry

Need good monitoring tools to assess impact of laws/regulations

Important to have alcohol action plan at national level

Important to have good coordinating structures at national level

Important for counterparts to meet to share good practice

4. Planned and unplanned determinants

Dr Allaman Allamani

Need to consider the impact of cultural, social and demographics on alcohol policy

Alcohol policy itself doesn't explain changes in alcohol consumption

Need to consider other planned and unplanned factors such as laws, market forces, general health awareness, immigration (i.e. the impact of different cultures)

Group feedback

Planned/unplanned is not helpful terminology

More needs to be done to assess the impact of alcohol policies – not just on consumption but also look at harms

Researchers need to make clear recommendations when presenting their findings

5. Illicit alcohol

Dr Dirk Lachenmeier

Hypothesis – illicit alcohol is toxic and presents higher health risk

Research findings – 115 samples from 17 countries were analysed for alcohol quality. Generally, the ethanol concentration in illicit alcohol is higher than in recorded spirits

Alcohol policy currently has no evidence base for responses to unrecorded alcohol

Need to consider what policy responses might improve the quality of unrecorded alcohol

Group feedback

Large problem – more research is needed on unrecorded alcohol use generally

More research is needed on the interaction between consumption in the recorded and unrecorded markets

Need to know more about distribution methods

Moderated plenary session

Chair: Dr Peter Anderson

Participants (AMPHORA): Dr Avalon de Bruijn, Mr Thomas Karlsson, Professor Colin Drummond, Ms Karen Hughes.

Participants (WHO counterparts): Dr Joan Ramon Villabi (Spain), Ms Maria Renstrom (Sweden), Mrs Jean Nicol (UK), Mr Krzysztof Brzozka (Poland).

The group discussed a number of issues including brief interventions for harmful and hazardous use, transparency of scientific expert groups and the links between researchers, policy makers and the alcohol industry. The main outcomes of the discussions were:

- Research findings need to be made more accessible to policy makers
- Knowledge transfer is important
- There are differences within Europe but there is some consensus emerging about effective interventions
- Governments should not only consider research carried out in their own country

- We know enough for policy makers to take steps
- More comparative studies would be helpful
- Research needs to reach practitioners as well as policy makers
- Public attitudes are also important in the policy debate – need to get messages across to public.

Facilitated group discussions

Chair: Dr Peter Anderson

Participants divided into small groups to consider the following questions:

1. What science and research support is needed to influence the political agenda and alcohol policy in your country?
2. How can we provide incentives to get more and better alcohol policy science research in Europe, at the country and European levels?

The key themes which emerged were as follows:

Support needed

- To build adequate monitoring and surveillance systems to collect data
- Tools to facilitate translation of international evidence/results into local results
- Training on research methodology
- Develop models of good practice on research commissioning and infrastructure
- Guidance on step by step research procedures (action research)
- Greater co-operation between health/science/education ministries to improve co-ordination in field of alcohol research
- To have cost-effectiveness data in all countries

Research incentives

- Money in first place
- Opportunities to participate in collaborative research projects, international networks and European projects on alcohol
- Higher awareness and support by politicians, professionals and public opinion
- Joining forces with other related research areas (drugs, youth, etc).

16 June 2010, Wednesday

WHO National Counterparts for Alcohol Policy and AMPHORA Expert joint meeting

What does the SMART project have to say about standardized methodologies for surveys

Dr Jacek Moskalewicz

Dr Moskalewicz gave details of the SMART (standardized measurement of alcohol related troubles) project. The main objectives of the project are to develop a standardized comparative surveys methodology. Specific outcomes include:

- A summary of existing alcohol survey methodologies
- The development of a standardized comparative survey instrument on alcohol use, patterns of drinking and related problems

The major findings of the EU survey review show that the methodologies of surveys differ very much from country to country and even within countries as regards:

- sampling
- age of the sample
- survey administration
- measuring alcohol consumption
- measuring alcohol problems

The main reasons for no standard approach are:

- different drinking patterns
- different research traditions
- different social importance of various aspects of alcohol consumption and patterns of alcohol related problems
- different research potency in terms of funding, skills, experiences

The final study protocol for standardized drinking surveys will be available late summer/early autumn 2010. A conference will be held in the autumn – most likely in Barcelona on 25-26 October – to discuss and adopt the survey instrument.

Reports from Member States on alcohol policy developments

Chair: Dr Lars Moller

Short presentations on alcohol policy developments were made by the counterparts for: Albania, Norway, Slovakia, Slovenia and Spain. The presentations are available on the WHO website.

The Global Strategy to Reduce the Harmful Use of Alcohol

Dr Vladimir Poznyak

Dr Poznyak presented some details of the Global Strategy which was adopted at the 63rd World Health Assembly in May 2010.

The **vision** for the Strategy is: improved health and social outcomes for individuals, families and communities, with considerably reduced morbidity and mortality due to harmful use of alcohol and their ensuing social consequences.

The **aims** of the Strategy are: to give guidance for action at all levels; to set priority areas for global action; and to recommend a portfolio of policy options and measures that could be considered for implementation and adjusted as appropriate at the national level, taking into account national circumstances, such as religious and cultural contexts, national public health priorities, as well as resources, capacities and capabilities.

The Recommended target areas for policy measures and interventions contained in the strategy are:

1. Leadership, awareness and commitment
2. Health services' response
3. Community action
4. Drink-driving policies and countermeasures
5. Availability of alcohol

6. Marketing of alcoholic beverages
7. Pricing policies
8. Reducing the negative consequences of drinking and alcohol intoxication
9. Reducing the public health impact of illicit alcohol and informally produced alcohol
10. Monitoring and surveillance

Implementing the strategy will require:

- Concerted action by Member States
- Effective global governance
- Appropriate engagement of all relevant stakeholders

Dr Poznyak also outlined the mechanisms for reporting and monitoring progress with the Strategy, which will include:

- Appropriate mechanisms at different levels for assessment, reporting and re-programming
- Impact-focused perspective
- Global Information System on Alcohol and Health (GISAH) and WHO's Global Survey on Alcohol and Health as important parts
- Regular meetings of global and regional networks of national counterparts
- Regular reports to WHO regional committees and the Health Assembly. Information about implementation and progress should also be presented at regional or international forums and appropriate intergovernmental meetings.

An analysis of the European Commission's communication on alcohol, and the European Framework for Alcohol Policy – and the similarities with the Global Strategy

Dr Peter Anderson

Dr Anderson considered the next steps for countries in taking forward the Global Strategy. He focused on 3 elements of the Strategy:

- leadership, awareness and commitment
- community action
- pricing policies.

Dr Anderson suggested that in approaching each of these areas we should be looking to the EU Strategy to Support Member States in Reducing Alcohol Related Harm, the WHO Framework for Alcohol Policy in the European Region and the Handbook for Action to Reduce Alcohol-Related Harm for suggested approaches and policy options. These documents give advice on the infrastructures, processes and practical actions which can be put in place to address alcohol related harm and should provide the basis for action to implement the Global Strategy at national level.

Global and European Information Systems on Alcohol and Health **Mr Dag Rekve**

Mr Rekve presented details of the global information system for alcohol and health

(GISAH) and its links to regional information systems. GISAH was created in 2006 and it serves as the data repository for regional information systems. Since 2008 global surveys and passive surveillance have fed into GISAH which will be used for Global Status Reports and Country Profiles

GISAH can be accessed at: www.who.int/globalatlas/alcohol

- There are over 170 numeric indicators and over 50 text indicators on GISAH.
- Each indicator has information on +/- 100 countries that are continually being updated.
- Numeric data can be mapped and/or charted.
- Both numeric and text files can be downloaded as EXCEL files.
- References are provided in separate "Source" files. Information relative to specific indicators is presented in separate "About" files.
- Comparative Risk Assessment (CRA) is a special category found on GISAH that displays the indicators and results of the impact of alcohol consumption on the burden of disease.

Future development of GISAH will include:

- Work on definitions (global survey with definitions of indicators)
- Consistency of definitions and indicators across regions and EU
- Consistent definitions and indicators used by WHO Global Health Observatory, World Health Statistics, WHO-STEPS
- On-line data collection
- Improvement of coverage and data validity
- Network of national counterparts
- Monitoring progress on implementation of regional and global strategies

The European Status Report on Alcohol and Health

Dr Lars Moller

Dr Moller updated the meeting on progress with the European Alcohol Information System (EAIS) and the forthcoming Status Report on Alcohol and Health.

There have been a number of difficulties in establishing the EAIS, such as:

- Difficulties obtaining reliable data on consumption
- Not possible to collect information for trend analysis
- Does not cover all aspects mentioned in the Framework for Alcohol Policies adopted in 2005
- Data not always consistent with data from other sources
- Data not comparable with alcohol data from other regions
- Different stakeholders use different surveys and put extra work load on Member States

An EC/WHO project to update the EAIS began in 2008. This involved developing a new questionnaire which was circulated to Member States this year. The data has now been entered into the database and will be ready for use in late 2009.

The European Status Report on Alcohol and Health is currently being edited. The report will contain sections on

- Alcohol and Health - a European perspective
- Alcohol consumption in Europe
- Alcohol related harm
- Alcohol policies and responses
- Conclusions - including the current status, trends and differences in alcohol and health in the European Region

The report will be available in September 2010 for the WHO Regional Committee meeting.

Alcohol and Injuries – a new publication

Chair: Maria Renstrom

A new WHO publication – **Alcohol and Injuries: Emergency Department Studies in an International Perspective** – was launched by Dr Sofia Tomas Dols, Dr Vladimir Poyznyak and Dr Cheryl Cherpitel.

On behalf of the Valencian Government, Dr Tomas Dols congratulated Dr Cherpitel and the authors on the publication. She said that the book comes at a crucial time and will help us to increase our knowledge of the subject matter. Dr Poyznyak expressed gratitude to the Government of Valencia and all those who had worked on the book, which is a collaborative effort by researchers from around the world.

Dr Cherpitel gave some background as to the reasons for this publication:

- Limited knowledge on social consequences of alcohol use, particularly in less-resourced countries
- Growing recognition of fatal and non-fatal injuries as a public health problem
- Insufficient understanding of the role of alcohol in fatal and non-fatal injuries

Dr Cherpitel explained that the book addresses:

- Epidemiology of Alcohol and Injury
 - risk of injury and alcohol-attributable fraction
- Issues Related to Research in the Emergency Department
 - methodological and conceptual issues
- Identifying Alcohol-related Injuries
 - relationship between ICD-10 Y90 and Y91 codes
 - surveillance and monitoring
- Screening and Brief Intervention

It is hoped that the book will:

- Contribute to a common knowledge base to inform alcohol policy for prioritizing policy measures
- Inform monitoring alcohol policy effectiveness for developing enforcement strategies and strengthening control measures
- Inform the development of effective interventions in the Emergency Department for reducing alcohol-related harm.

The Way Forward

Chair: Professor Emanuele Scafato

Participants divided into small groups to discuss the way forward following the adoption of the Global Strategy. In particular, participants were asked to consider whether WHO Europe needs to draft a European Alcohol Action Plan in line with the Strategy.

Main suggestions:

- A European action plan or maybe named an implementation plan *is* needed
- A working group should be established by WHO with involvement of Member States and acknowledged experts
- Short re-visit of existing plans required – don't duplicate other documents
- Must cover all Member States but needs to reflect cultural differences
- Should take into account specific infrastructures for policy making
- The plan should be an 'implementation plan'
- Should be a focused document based on priority actions
- Should contain specific targets and concrete actions
- Plan should not be too extensive or take too long to produce
- Should be feasible and realistic

Conclusions and Next Steps

Dr Lars Moller

Dr Moller thanked participants for their suggestions and said that it was clear that people shared the desire for a practical instrument to help take forward work to implement the Global Strategy. However, he urged Member States not to delay in using the Strategy to influence policy and actions at national level.

Dr Moller reminded participants that next year's meeting will be on 3-5 May in Zurich and proposed that this comprise one day shared with AMPHORA experts and one day as a closed working meeting for WHO national counterparts.

Dr Moller closed the meeting by thanking the Spanish hosts and all involved for a successful meeting.

2011 Meeting

It was announced by Mrs Petra Baeriswyl that next year's meeting of WHO National Counterparts and the AMPHORA expert group will be held on 3-5 May, 2011 at the Crowne Plaza Hotel, Zurich, Switzerland at the kind invitation of the Swiss government.