



World Health
Organization

REGIONAL OFFICE FOR **Europe**



Final report on the
Regional consultation on
the implementation of the
WHO European Action Plan
to reduce the harmful use
of alcohol (2012 – 2020)

PRAGUE, CZECH REPUBLIC
30 SEPTEMBER — 1 OCTOBER 2019



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Abstract

Harmful use of alcohol is among the leading risk factors for poor health and mortality in the WHO European Region, responsible for around one million deaths in 2016. Eight years after endorsement of the *WHO European action plan to reduce the harmful use of alcohol 2012 – 2020*, the European Region still has the highest alcohol per capita consumption and prevalence of alcohol related harm in the world.

Regional consultations with Member States and civil society in early 2019 highlighted the need to strengthen implementation of the European action plan. To this end, a *Zero draft Roadmap of actions to strengthen implementation of the WHO European Action Plan to Reduce the Harmful Use of Alcohol* was developed, focusing on four priority areas. This report summarizes a further regional consultation on the implementation of the European action plan and the draft roadmap, involving representatives of 33 Member States, which was held in Prague, Czech Republic, 30 September - 1 October 2019.

The consultation highlighted the diversity across the Region, with countries differing greatly in their stage of implementation of policies to reduce harmful use of alcohol, and identified many common challenges and difficulties. Participants confirmed the draft roadmap provides very useful guidance to boost implementation in key areas. The importance of the four proposed implementation priorities (pricing, availability, marketing and health information) was validated, and the inclusion of two further priorities (health service response and community action) was proposed. In addition, further recommendations for the way forward were proposed, with a view to strengthening Member States' efforts to reduce harmful use of alcohol and protect people and societies from alcohol-related harm

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Abbreviations

EAPA	WHO European Action Plan to Reduce the Harmful Use of Alcohol 2012–2020
EC	European Commission
EU	European Union
MUP	minimum unit price
NCDs	noncommunicable diseases
WHO	World Health Organization



One million
people died in the
European Region
as a result of alcohol
consumption in 2016

Background and context

Harmful use of alcohol is among the leading risk factors for poor health and mortality worldwide. More than 3 million people died as a result of alcohol consumption in 2016. Of those deaths, one million occurred in the WHO European Region. Several international frameworks identify the need for urgent action to reduce alcohol consumption.

In 2010, the Sixty-third World Health Assembly endorsed the *Global strategy to reduce the harmful use of alcohol*. In order to support countries in implementing the global strategy, the WHO European Region has launched a re-invigorated *European action plan to reduce the harmful use of alcohol 2012–2020* (EAPA or 'the European action plan'), endorsed by the 53 European Member States, in 2011. Eight years on, alcohol per capita consumption and alcohol-related harm in the WHO European Region are still the highest in the world, although the first European alcohol action plan was adopted as early as 1992.

Two preliminary consultations, one involving Member States and one involving civil society, were held in early 2019 in the WHO European Region to revisit the implementation of the policy areas for action defined in the EAPA. These consultations called for further strengthening of the EAPA implementation at country level and to this end a *Zero draft Roadmap of actions to strengthen implementation of the WHO European Action Plan to Reduce the Harmful Use of Alcohol* was developed.

A regional consultation for the WHO European Region was convened in Prague, Czech Republic, between 30 September and 1 October 2019, to discuss implementation of the EAPA and review the draft roadmap.¹ The consultation was hosted by the Ministry of Health of the Czech Republic. Thirty-three Member States were represented and other participants included representatives of other Ministries or health bodies in the Czech Republic (who attended as observers), WHO representatives and consultants.²

Objectives of the Regional Consultation

The objectives of the consultation were:

- to review implementation of the WHO global strategy during the first decade since its endorsement, identify successes, challenges and setbacks in its implementation and develop recommendations on the way forward in reducing the harmful use of alcohol at all levels;
- to discuss the zero draft roadmap developed to strengthen the implementation of the *WHO European Action Plan to Reduce Harmful use of Alcohol (2012 -2020)*.

¹ The consultation also discussed implementation of the *Global strategy to reduce the harmful use of alcohol*. For details see the separate report *Regional Consultation on the implementation of the WHO Global strategy to reduce the harmful use of alcohol*. WHO, 2019.

² See [Annex 2](#) for a list of participants.

Introductory remarks

The meeting was opened by Adam Vojtěch, Minister of Health of the Czech Republic, who welcomed participants and stressed that it was an honour for the Czech Republic to host the Regional Consultation.

“Since the harmful use of alcohol represents one of the main risk factors of non-communicable diseases and premature mortality, it is time to strengthen collective efforts and try to turn the game. Unfortunately, the Czech Republic ranks among the countries with the highest rate of alcohol consumption worldwide. Partly, it is caused by a long tradition of the alcohol production and by the country’s cultural and historical background. However, the government does not close its eyes to this problem.

For example, the legislation on restricting the availability of alcoholic beverages and its enforcement has been strengthened in 2017. Currently, in cooperation with the Ministry of Finance, the Ministry of Health is trying to promote a 13% increase in excise duties on spirits. The Ministry also collaborates very closely with the national drug coordinator Jarmila Vedralová at the Governmental Office, representing the Czech Republic at the Regional consultation. The Ministry is also focusing on the possibility of stricter regulation of alcohol advertisement and promotion and has already started intensive preparations and discussions with relevant ministries and experts at this matter.

The Czech Republic has a zero tolerance of alcohol in blood for all drivers and this measure is considered to be very effective in road safety. The successful maintenance of the zero tolerance for all categories of transport during a recent Parliamentary vote is welcome.

Primary prevention and the need to continually raise public awareness of the harm associated with alcohol consumption is also a priority. A number of preventive activities in this area are carried out by the National Institute of Public Health in Prague and by the new Public Health Centre for Alcohol-related harm of the Department of addictology at the First Medical Faculty of the Charles University.

With regard to the interdisciplinarity of alcohol-related harm, a working group was established at the Ministry of Health several years ago that serves as a useful platform at operational level, enabling exchange of information and views of all relevant stakeholders, including representatives of the Ministry of Finance, Ministry of Agriculture, experts and representatives of relevant NGOs.

Strategic umbrella for all activities is currently provided mainly by the new National strategy for prevention and reduction of the harm associated with addictive behaviour 2019 – 2027 which integrates all types of addictive behaviour including alcohol.

These examples of our activities illustrate that the Czech Republic respects the results of the Seventy-second World Health Assembly which took place in May 2019 and which urged Member States to implement measures on reduction of the harmful use of alcohol. Still, there is a long journey ahead.

It is clearly not possible to stand alone and international cooperation is the only possible way of moving forward. Tackling the harmful use of alcohol brings many cross-border issues that should remain a key priority across the WHO European Region. This is the reason why organization of these consultations in Prague is particularly welcome.”

The Minister wished participants a productive debate that will help address the harmful use of alcohol and highlighted in his concluding remarks,

“Ministries of Health will primarily need the Roadmap document to strengthen implementation of the European Action Plan. A document focused on the main problematic areas, rather than a broad strategy dealing with the whole alcohol agenda, would be greatly appreciated. Everyone needs really specific guidelines.”

Srdan Matić, WHO Representative to the Czech Republic, welcomed participants on behalf of WHO and emphasized the WHO Country Office’s commitment to providing technical support to help the Czech Republic.

On behalf of the WHO Regional Office for Europe, Bente Mikkelsen, Noncommunicable Diseases and Life Course Division, also welcomed participants and thanked the Czech Republic. She emphasized that, with only one year remaining for implementation of the EAPA and nearly 10 years since endorsement of the global strategy, too little progress has been realized. There is an urgent need to change the patterns relating to harmful use of alcohol in the Region to better protect European societies and particularly young people, a population group for which alcohol is one of the main reasons for early death. There are now encouraging examples of implementation of bold policies to reduce harmful use of alcohol in the Region. Implementation of such policies requires political will and courage, which can be boosted by remembering that such action is taken to protect the futures of children and young people.

Vladimir Poznyak, Department of Mental Health and Substance Abuse, welcomed participants on behalf of WHO Headquarters. He outlined the milestones leading up to the Regional consultations and emphasized the particular importance of input from the WHO European Region.

On behalf of the WHO European Office for Prevention and Control of NCDs, Carina Ferreira Borges added her thanks to the Czech Republic for hosting the meeting and congratulated the country on its ongoing efforts to reduce the harmful use of alcohol. She emphasized that WHO values close collaboration with countries and is keen to establish even closer working and is committed to supporting Member States.

Zero draft Roadmap of actions to strengthen implementation of the WHO European Action Plan to Reduce the Harmful Use of Alcohol

Following consultations with Member States and with civil society in January 2019,³ an implementation roadmap focusing on four priority areas was developed (see Annex 4). The four priority areas identified are those areas with lowest implementation rates. They are:

- Priority area I: alcohol pricing
- Priority area II: alcohol availability
- Priority area III: alcohol marketing
- Priority area IV: reducing the negative consequences of drinking and alcohol intoxication (with a focus on labelling and health warnings).

The draft roadmap is intended to support Member States to overcome implementation challenges in the four priority areas suggested in the preliminary consultations. It is a country-focused implementation document that describes each priority area, with indicators, concrete recommendations for Member States and tasks for WHO/EURO.

Participants in the consultation worked in small group sessions to discuss the zero draft roadmap. They were asked to consider whether this approach was useful for their efforts to address harmful use of alcohol. In addition, they reviewed the document content, particularly the challenges identified and the recommendations for the way forward.

INDICATORS

Some groups discussed the indicators included in the roadmap and the desirability of using composite scores which give more weight to more important indicators. Although not all groups discussed this issue, where there was discussion it indicated general support for the indicators and use of composite scores, but also a request for clarification on the weighting attributed to different indicators in the scores. The challenges of reporting the level of implementation were also raised – it is important to measure and report the actual level of implementation of measures and not only relative changes. This is particularly relevant in those countries in which the ‘Best Buys’ have already been implemented.

GENERAL COMMENTS ON THE DRAFT ROADMAP

There was broad support for development of the draft roadmap and for the four priority areas highlighted in the document. The focused and practical approach and the concrete nature of the recommendations were appreciated, and the document considered to be a helpful complement to the overarching policy documents. There was a suggestion that rather than being called a roadmap the document could be titled “*Framework for action to strengthen the implementation of priority areas of the EAPA*”.

³ For more detail see *European Regional consultation on the implementation and achievements of the WHO European action plan to reduce the harmful use of alcohol 2012-2020*. WHO, 2019.

It was stressed repeatedly that the global strategy and the EAPA remain relevant and that implementation of all the action areas from the European action plan remains important. Selection of four priorities for the roadmap is intended to boost implementation in these areas for which implementation is lagging behind despite very strong evidence that such measures are effective. The EAPA continues to advocate for a comprehensive approach, much broader than the priority areas highlighted in the draft roadmap.

There was agreement with the guiding principles in the draft roadmap, but it was noted that the guiding principles set out in the global strategy still apply and are important. It was suggested that this should be clarified in the document, pointing out that the principles in the roadmap are for operationalizing implementation of the priorities.

It was noted that a timeframe for implementation of the roadmap had not been included. There was a suggestion, approved by all participants, that a time frame between 2020-2025, would be appropriate, with reporting on progress and further discussions on the way forward to be held at the session at the WHO Regional Committee for Europe in 2025.

It was proposed that priority area IV, which is described as “Reducing the negative consequences of drinking and alcohol intoxication” under the EAPA should be re-named “Health information” for the purpose of the roadmap to better reflect its focus on information.

Furthermore, there was a suggestion to include some additional priority areas, namely:

- health service response⁴ (including screening, brief interventions, use of health professionals as advocates), and
- community action.

It was also emphasized that implementation of all the priority areas does remain highly context specific and that the roadmap should allow for such specificities.

ACHIEVEMENTS REALIZED

The consultation discussed both the implementation of the global strategy and of the EAPA, and during these discussions a wide array of achievements since 2010 were reported.⁵ Concrete outcomes were reported for some countries in terms of reductions in alcohol consumption, with encouraging results in terms of health indicators and life expectancy, and positive changes in attitudes, increased public awareness and growing public support for alcohol control measures. In addition, there were many examples of differing degrees of progress in implementation of policy and regulation in areas such as taxation/pricing, restricting availability and marketing, and drink driving legislation. Furthermore, there were reports of some achievements related to improving multisectoral coordination and strengthening the health system response, along with improvements in monitoring and reporting.

⁴ This comment was repeated several times in different discussion groups.

⁵ The achievements are described in more depth in *Regional Consultation on the implementation of the WHO Global strategy to reduce the harmful use of alcohol*. WHO, 2019.

IMPLEMENTATION CHALLENGES OF THE EAPA 2012-2020

Participants reviewed the implementation challenges identified in the January consultations for each of the four priority areas and identified some additional challenges.

Priority area I. Alcohol pricing

In relation to pricing policies, there was strong agreement with the challenges identified during the earlier consultations, especially relating to cross-border issues, and the need for adjusting prices to ensure that affordability does not increase and for a coordinated approach.

Taken together, the participants of the consultation meetings identified the following as the main challenges⁶:

- Pricing policy interventions are still perceived as a threat, given their potential to cause cross-border issues as well as substitution effects from unrecorded alcohol in general; thus, concerted policies between countries are essential.
- Not all pricing policies are equally effective and national differences need to be considered. Also, different pricing policies affect different socioeconomic strata in different ways, with the existing evidence suggesting that Minimum Unit Pricing (MUP) is most effective in improving the health of the least affluent consumers and therefore decreasing health disparities and social inequality. Member States where MUP was introduced reported overall positive experiences with this measure.
- Alcohol tax structures that apply unequal levels of duty to different products are less likely to be effective at reducing consumption than those that impose similar rates across all products.
- Among Member States and in civil society, understanding of the dynamics of pricing, indexing and cross-border issues is still low – specifically, the impact of the total amount charged to the final consumer.
- There is a need to improve cooperation and knowledge exchange between health and finance (economic) ministries. Health ministries need to improve their knowledge of the complexity of alcohol taxation, while finance ministries need to improve their knowledge of health issues and the impact of harmful use of alcohol on society, including lost productivity and economic development. Better multisectoral collaboration is needed in order to demonstrate the large return on investment from alcohol policies, including but not limited to alcohol pricing. The WHO best buys provide the necessary framework when making the financial case for collaboration between the relevant ministries and other state authorities.
- Failure to link pricing policies to inflation is likely to lead to an erosion in their effectiveness over time as the real-terms value of duty rates or MUP threshold falls. For this reason, a duty escalator (annual increase above inflation in alcohol excise duty) is a useful tool in reducing alcohol consumption and attributable harm and simultaneously generating state revenue. The need to adjust MUP to inflation was emphasized by Member States that have already introduced this measure.
- Use of new technologies is decisive in facing the challenges of the digital developments. An innovative intervention that has already been implemented in the Russian Federation is use of quick response (QR) codes in point-of-sale receipts as a tool to trace time of sales and products sold, to ensure payment of tax duties, and to enforce local time restrictions on alcohol sale.

⁶ Items in bold represent additional points identified during this Regional Consultation; Points not in bold were identified during earlier consultations in January 2019. .

Additional points identified during this Regional Consultation

- There is a need for tools to estimate economic costs of inaction.
- There is insufficient sharing of models of best practice, which would help avoid unintended consequences of well-intentioned action.
- Documents tend not to be framed appropriately for other government Ministers (eg. Minister of Finance, Minister of Trade/Commerce, etc.) and need to be more relevant to these other Ministers' mandates.
- There are emerging challenges in some countries, such as low-cost large packaging containers (e.g. two litre plastic bottles of beer) aimed at heavy drinkers or alcoholic drinks becoming more affordable for certain population groups (e.g. young people).

Priority area II. Alcohol availability

The participants agreed with the challenges previously identified, especially relating to aligning new cultural norms with policy, poor enforcement or legislation and new challenges of online retailing of alcohol. The following main challenges were identified:

- For the most part, cultural norms and public acceptance are not yet aligned with the need to establish, operate and enforce an appropriate system to regulate production, wholesale and retail selling, and serving of alcoholic beverages.
- Alcohol consumption age limits are considerably lower in some countries than others (20 years old *versus* 16 years old). Clear guidance from international agencies and exchange of best practices are both lacking. There is neither strong evidence nor clear support to help countries wishing to raise alcohol purchasing age limits.
- Local economic and political interests strongly oppose any further restrictions on alcohol outlets or hours of sales.
- There is inadequate enforcement of existing alcohol purchasing restrictions in most countries and in 20% of EU Members States alcohol can be legally purchased and consumed by minors.
- There is a lack of mechanisms to make sellers and servers liable for breaches of national regulations.
- There is limited cross-sectoral cooperation, as the health sector often works in isolation.

Additional points identified during this Regional Consultation

- Additional support and guidance are needed on restricting the availability of alcohol in the vicinity of schools, during happy hours and at sports events as well as in the vicinity of subway stops, train stations and other places with very high flow of people.
- Additional support is needed on how to restrict the density of alcohol outlets.
- There is an ineffective or non-existent use of licensing laws to minimize children's exposure to alcohol through availability in convenience stores, petrol stations, etc.
- On-line availability and lack of mechanisms to control purchase by minors require new control mechanisms.
- There is a need to address the retail practice of using product display and positioning (point-of-sale) to promote purchase.
- There is a lack of guidance on specific issues (e.g. minimum age, tackling unrecorded alcohol, on-line availability).

Priority area III. Commercial communications

It is widely agreed that this area presents a major challenge. Some of the long-standing issues continue to be a challenge for implementation, while important new and complex challenges emerge making it

even more difficult to hold commercial interests accountable. The main challenges outlined include:

- Alcohol advertising and marketing is not a limited phenomenon. The last decade has seen a shift from traditional marketing to digital landscapes; the new merged repertoires of marketing channels, techniques and platforms make alcohol advertising a complex and ubiquitous phenomenon with many forms of expression.
- One of the biggest challenges faced by countries is to understand how to enforce current regulations in the digital space – for example, internet and social media advertising.
- Regulating private content/communication platforms, where most content is shared, is extremely challenging.
- As millions of posts are published daily on a multitude of platforms, active supervision and enforcement represent an extensive, costly yet crucial task.
- Total bans are most effective in minimizing the harmful use of alcohol, but also the hardest to achieve in the face of alcohol industry influence.
- There are serious doubts about the feasibility of enforcing partial bans on the multitude of channels currently in use.

Additional points identified during this Regional Consultation

- Difficulty in dealing with the increasing role of influencers and with major organizations (e.g. sports bodies) that provide a platform for marketing.
- Insufficient collaboration with other sectors facing similar challenges (e.g. gaming, gambling, nutrition).
- Lack of skills and capacity within Member States and in regulatory bodies to address commercial communications, including both traditional and digital marketing and specifically hidden marketing techniques and strategies.
- Inadequacy of self-regulation and the lack of independence of self-regulatory assessment bodies.
- A clear need for technical support and greater international cooperation to help Member States in developing regulatory frameworks to address/reduce commercial communications (e.g. a multistakeholder taskforce coordinated by WHO)

Priority area IV. Health Information

Participants noted that the draft roadmap for this priority area is focused on provision of health information, specifically through ingredients and nutrition labelling and warning labels on alcoholic drinks. It was suggested that the name should be changed to reflect this focus on health information. Participants were in agreement with the challenges identified and confirmed that – for EU Member States – a lack of clarity on the current or future situation in relation to ingredients and nutrition labelling of alcoholic drinks within the EU presents a particular challenge.

The main challenges identified include:

- In comparison to labels on similar products (foodstuffs, tobacco), less evidence is currently available on different types of labels for alcohol products; more studies and research are needed.
- Labels relating to nutritional information have been discussed in many countries; however, most countries are passive, waiting for the EC to make its decisions before acting, to be bound by the outcome.
- Voluntary self-regulation on implementing labelling has been found to be ineffective, with the alcohol industry deliberately using obfuscatory tactics to appear to comply with requirements.

- There is a need for technical experts' support and guidance in identifying the most important messages to include on labels and which target groups to tackle first.
- The EC has not provided any clear or relevant information or guidance on the topic of labelling.

Additional points identified during this Regional Consultation

- There is a lack of clarity and knowledge about the best type of law to implement (e.g. umbrella legislation relating to alcohol or specific legislation relating to different sectors/ issues).
- There is a need for health and nutritional information on labels, in a prominent place and of a specified size.
- There is a lack of guidance on whether authorities should collaborate in any way with industry on such issues.

Priority area V. Health service response

When discussing the action area "reducing the negative consequences of drinking and alcohol intoxication", participants noted that actions in this area need to be closely aligned with any measures taken that would strengthen the health systems response as well as community action in identifying risky drinking behaviours and providing early interventions before health and social problems become pronounced and severe forms of alcohol use disorders develop that require specialized medical care.

Some participants said that, given the specificity of their health care system, the provision of screening and brief interventions in primary healthcare as well as preventive medical facilities would help them promote a public health agenda and facilitate the transition from a medical model to a public health model. Difficulties of implementing the adequate models of screening and brief interventions were discussed, including the different levels of intervention and how to better assess community risks. Some participants asked whether national drinking guidelines could be a useful tool in communicating the risks while other participants underlined the importance of a "no safe limit of drinking" message. The identified challenges in this area were:

Additional points identified during this Regional Consultation

- There is a need for more guidance and support on how to implement screening and brief interventions, given the specificities and differences in health systems across the region.
- There is a lack of exchange in experiences across countries where screening and brief interventions were already implemented and countries where this is not yet realized. In general, there is a need for exchange in best practices and best implementation models.
- There is no clear understanding of the value of national drinking guidelines for communicating the harm stemming from alcohol at the population level.

Priority area VI. Community action

In close relation to the previous area, several Member States noted that health warnings on alcohol containers and advertisements are not sufficient and proposed that community, school-based and workplace-based awareness campaigns and interventions are also required. This also implies an investment in the area of health literacy.

There is also a need for better communication strategies on alcohol and health across different age groups and population groups, as there is a lot of new evidence (for instance on alcohol and cancer) that has not yet reached the public and which could drive changes in individual behaviours and norms about alcohol. The main challenges identified include:

Additional points identified during this Regional Consultation

- There is a need for technical guidance on community-based or workplace-based interventions as well as effective health promotion programs.
- The level of health literacy remains low in various communities, especially in relation to alcohol harm and the continuum of alcohol-related risks.
- It is not clear how evidence behind alcohol-related harm can be communicated so that it would enable communities to counter the arguments and interferences from the alcohol industry (for instance when alcohol industry is sponsoring community events or promotes their products during community events).

THE WAY FORWARD FOR IMPLEMENTATION OF THE EAPA

A key message from the regional consultation was that the existence of the overarching global strategy and the European action plan had been valuable for Member States' work to reduce harmful use of alcohol. There was also agreement that the more focused framework for action would be very helpful in accelerating implementation of the identified priority areas and that two additional areas should be included.

The draft roadmap set out specific recommendations for the way forward for the selected priority areas. Participants reviewed these recommendations and made further suggestions for future action. It was emphasized that, besides focusing on two additional areas, the new document to be developed needs to take into account the differences between Member States and be adaptable to specific country contexts.

There was a clear demand for greater collaboration and networking – between countries and with WHO/EURO – to exchange information, to learn from one another's experiences and to agree on a coordinated approach on specific issues. There is an ongoing demand for more guidance and technical support from WHO to facilitate implementation of the policy recommendations as well as monitoring and evaluation, and therefore there is a need to allocate more resources (human and financial) to the European Regional Office.

Conclusion

Following on from a series of consultations held in January 2019, the Regional consultation held in Prague in September/October confirmed that the *Zero Draft roadmap of actions to strengthen implementation of the WHO European Action Plan to Reduce the Harmful Use of Alcohol* provides very useful guidance to boost implementation in key priority areas with some countries suggesting that it should be furthered considered to be presented at the WHO Regional Committee in 2021.

The discussion on implementation of the EAPA and the draft roadmap was very fruitful. Participants were able to exchange information on achievements, setbacks and challenges experienced throughout the period of the EAPA mandate since 2012. These discussions shed light on the diversity of national country contexts and that countries differ greatly in their stage of implementation of policies to reduce harmful use of alcohol. At the same time, the contributions highlighted the many common challenges and difficulties, both long-standing and newly emerging, encountered across the Region, and suggested the need for broader and stronger international cooperation that would allow those challenges to be addressed, including those linked to cross-border issues and industry interference.

The consultation validated the importance of the four priority implementation areas – pricing, availability, marketing and health information – highlighted in the roadmap. Two further priority areas were suggested for possible inclusion - health service response and community action. In addition, additional recommendations for the way forward were proposed and will be incorporated into the roadmap, which will be changed to "framework for action". The *Framework for action to strengthen implementation of the WHO European Action Plan to Reduce the Harmful Use of Alcohol 2020–2025* will be further developed in order to support Member States in their efforts to reduce harmful use of alcohol and protect societies from alcohol harm, particularly among children and young people.



Annex 1.
Regional consultation
scope and purpose

Annex 2.
List of participants

Annex 3.
Provisional programme

Annex 1. Regional consultation scope and purpose

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR EUROPE

WELTGESUNDHEITSORGANISATION
REGIONALBÜRO FÜR EUROPA



ORGANISATION MONDIALE DE LA SANTÉ
BUREAU RÉGIONAL DE L'EUROPE

ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

**Regional Consultation on the implementation of the
WHO Global strategy to reduce the harmful use of alcohol
and the WHO European Action Plan to reduce the harmful
use of alcohol (2012–2020)**

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20 August 2019

Original: English

Scope and purpose

Harmful use of alcohol is among the leading risk factors for poor health and mortality worldwide. More than 3 million people died as a result of harmful use of alcohol in 2016. One million of those deaths occurred in the WHO European Region. Several international frameworks identify the need for urgent action regarding the reduction of the harmful use of alcohol. In 2010, the Sixty-third World Health Assembly endorsed the global strategy to reduce the harmful use of alcohol. In order to support countries in defining and implementing the 10 priority areas in the global strategy and make new commitments for reducing alcohol related harm, the WHO European Region adopted the European action plan to reduce the harmful use of alcohol 2012–2020 (EAPA), endorsed by the fifty-three European Member States in 2011. After eight years since the EAPA endorsement by Member States, alcohol per capita consumption and related harm in the WHO European Region is still the highest in the world.

Recent discussions at the 72nd World Health Assembly (WHA) in May 2019 highlighted the need to revisit the implementation of the WHO Global strategy to reduce the harmful use of alcohol, discuss achievements as well as the obstacles and the way forward. In parallel, conclusions from a series of meetings in the WHO European Region aimed at revisiting the implementation of the policy areas for action defined in the EAPA, which involved countries and Non-Governmental Organizations, called for the further need to strengthen the implementation at country level of the EAPA.

Paragraph 3.d of decision WHA72(11) requests the WHO Director-General to “report to the Seventy-third World Health Assembly in 2020, through the Executive Board, on the implementation of the WHO’s global strategy to reduce the harmful use of alcohol during the first decade since its endorsement, and the way forward”.

In response to decision WHA72(11) and based on the commitment of the WHO Director-General that “the report will be elaborated in full consultation and engagement with Member States”, the Secretariat of the World Health Organization is organizing the regional consultation with representatives of Member States in all WHO regions.

The regional consultation for the WHO European Region will take place in Prague, Czech Republic on 30 September-1 October 2019.

The main objectives of the meeting are:

- 1) to review implementation of WHO Global strategy to reduce the harmful use of alcohol during the first decade since its endorsement, identify successes, challenges and set-backs in its implementation and develop recommendations on the way forward in reducing the harmful use of alcohol at all levels;
- 2) to review and validate the regional and country data on alcohol consumption, health consequences and policy responses in line with the Global strategy to reduce the harmful use of alcohol and SDG monitoring framework;
- 3) to discuss the zero draft roadmap developed to strengthen implementation of the WHO European Action Plan to Reduce Harmful use of Alcohol (2012-2020).

The meeting structure will involve group discussions and sharing of experiences among the Member States representatives. The working language of the meeting will be English and Russian, and simultaneous interpretation will be provided. Documents for the meeting will be made available at the meeting room.

Annex 2. List of participants

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR EUROPE

WELTGESUNDHEITSORGANISATION
REGIONALBÜRO FÜR EUROPA



ORGANISATION MONDIALE DE LA SANTÉ
BUREAU RÉGIONAL DE L'EUROPE

ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

Regional Consultation on the implementation of the
WHO Global strategy to reduce the harmful use of alcohol
and the WHO European Action Plan to reduce the harmful
use of alcohol (2012–2020)

Prague, Czech Republic

30 September – 1 October 2019

27 September 2019

Original: English

List of participants

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Annex 3. Provisional programme

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR EUROPE

WELTGESUNDHEITSORGANISATION
REGIONALBÜRO FÜR EUROPA



ORGANISATION MONDIALE DE LA SANTÉ
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ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

Regional Consultation on the implementation of the
WHO Global strategy to reduce the harmful use of alcohol
and the WHO European Action Plan to reduce the harmful
use of alcohol (2012–2020)

Prague, Czech Republic

30 September – 1 October 2019

24 September 2019

Original: English

Provisional Programme

Day 1

30 September 2019, Monday

08:00 – 08:45	Registration
08:45 – 09:20	Welcoming remarks <i>Adam Vojtech</i> , Minister of Health, Czech Republic <i>Srdan Matić</i> , WHO Representative to the Czech Republic and Head of Country Office <i>Bente Mikkelsen</i> , Director Noncommunicable Diseases and Life Course Division, WHO Regional Office for Europe <i>Vladimir Poznyak</i> , Coordinator, Management of Substance Abuse, Department of Mental Health and Substance Abuse, WHO Headquarters
09:20 – 09:30	Group photo
09:30 – 09:50	Background and context of the consultation: Alcohol and its impact on health - an update <i>Vladimir Poznyak</i> , Coordinator, Management of Substance Abuse, Department of Mental Health and Substance Abuse, WHO Headquarters
09:50 – 10:10	Overview: implementation of the WHO Global strategy to reduce the harmful use of alcohol <i>Dag Rekve</i> , Senior Technical Officer, Management of Substance Abuse, Department of Mental Health and Substance Abuse
10:10 – 10:50	Country profiles: brief analysis and validation <i>Dag Rekve</i> , Senior Technical Officer, Management of Substance Abuse, Department of Mental Health and Substance Abuse
10:50 – 11:20	Energizer and coffee break

11:20 – 12:20	<p>Breakout session</p> <p>Small groups discussion on the WHO Global strategy to reduce the harmful use of alcohol main challenges, setbacks and achievements</p> <p>Facilitator: <i>Dag Rekve</i>, Senior Technical Officer, Management of Substance Abuse, Department of Mental Health and Substance Abuse</p>
12:20 – 13:20	<p>Plenary discussion: reporting back on the outcomes of the breakout session on the WHO Global strategy to reduce the harmful use of alcohol main challenges, setbacks and achievements</p> <p>Chair: <i>Vladimir Poznyak</i>, Coordinator, Management of Substance Abuse, Department of Mental Health and Substance Abuse, WHO Headquarters</p> <p>Co-Chair: <i>Carina Ferreira-Borges</i>, Programme Manager, Alcohol and Illicit drugs, WHO Regional Office for Europe</p>
13:20 – 14:30	<p>Lunch</p>
14:30 – 14:50	<p>Regional overview: implementation status of the WHO European action plan to reduce the harmful use of alcohol 2012–2020 (EAPA)</p> <p><i>Carina Ferreira-Borges</i>, Programme Manager, Alcohol and Illicit drugs, WHO Regional Office for Europe</p>
14:50 – 15:30	<p>Round table: the WHO Global strategy and the WHO European action plan to reduce the harmful use of alcohol. Different scopes, shared implementation challenges</p> <p>Moderator: <i>Francisco Goiana-da-Silva</i>, Consultant, WHO Regional Office for Europe</p> <p><u>Czech Republic:</u> <i>Miroslav Barták</i>, Assistant Professor Department of Addictology, 1st Medical Faculty, Charles University and General University Hospital in Prague</p> <p><u>Estonia:</u> <i>Triinu Täht</i>, Adviser, Public Health Department, Ministry of Social Affairs</p> <p><u>Portugal:</u> <i>Manuel Cardoso</i>, Deputy General-Director, the General-Directorate for Intervention on Addictive Behaviours and Dependencies</p> <p><u>Russian Federation:</u> <i>Aleksey Kiselev-Romanov</i>, Director of the Department for Public Health and Communications, Ministry of Health of the Russian Federation</p>
15:30 – 16:00	<p>Energizer and coffee break</p>
16:00 – 17:00	<p>Breakout session</p> <p>Small groups discussion on the implementation challenges and achievements of the EAPA 2012-2020 and the conclusions of the Member States and Civil Society consultations in January 2019</p> <p>Facilitator: <i>Francisco Goiana-da-Silva</i>, Consultant, WHO Regional Office for Europe</p>
17:00 – 18:00	<p>Plenary discussion: reporting back on the outcomes of the breakout session on the implementation and achievements of the EAPA 2012-2020 and the conclusions of the Member States and Civil Society consultations in January 2019</p> <p>Chair: <i>Carina Ferreira-Borges</i>, Programme Manager, Alcohol and Illicit drugs, WHO Regional Office for Europe</p> <p>Co-Chair: <i>Francisco Goiana-da-Silva</i>, Consultant, WHO Regional Office for Europe</p>
18:30	<p>Reception hosted by the Czech Ministry of Health</p>

Day 2
1 October 2019, Tuesday

09:00 – 09:15	Brief overview of Day 1 Rapporteur: <i>Karen McColl</i> , Consultant, WHO Regional Office for Europe Co-Rapporteur: <i>David Cruz-e-Silva</i> , Consultant, WHO Regional Office for Europe
09:15 – 10:15	Breakout session: the way forward to reduce the harmful use of alcohol at the global level - opportunities and priority areas Facilitator: <i>Dag Rekve</i> , Senior Technical Officer, Management of Substance Abuse, Department of Mental Health and Substance Abuse
10:15 – 11:15	Plenary discussion: outcomes of breakout session on the way forward to reduce the harmful use of alcohol at the Global Level Chair: <i>Vladimir Poznyak</i> , Coordinator, Management of Substance Abuse, Department of Mental Health and Substance Abuse, WHO Headquarters Co-Chair: <i>Carina Ferreira-Borges</i> , Programme Manager, Alcohol and Illicit drugs, WHO Regional Office for Europe
11:15 – 11:45	Energizer and coffee break
11:45 – 12:10	The way forward to reduce the harmful use of alcohol at the Regional and national level: a roadmap for implementation of the European action plan to reduce the harmful use of alcohol 2012-2020 <i>Carina Ferreira-Borges</i> , Programme Manager, Alcohol and Illicit drugs, WHO Regional Office for Europe
12:10 – 13:10	Breakout session Small groups discussion on the roadmap for implementation of the European action plan to reduce the harmful use of alcohol 2012-2020 Facilitator: <i>Francisco Goiana-da-Silva</i> , Consultant, WHO Regional Office for Europe
13:10 – 14:30	Lunch
14:30 – 15:30	Plenary discussion: outcomes of the breakout session on the roadmap for implementation of the European action plan to reduce the harmful use of alcohol 2012-2020 in the context of the Global Strategy Chair: <i>Carina Ferreira-Borges</i> , Programme Manager, Alcohol and illicit drugs, WHO Regional Office for Europe Co-Chair: <i>Francisco Goiana-da-Silva</i> , Consultant, WHO Regional Office for Europe
15:30 – 15:45	Presentation of the consultation preliminary report Rapporteur: <i>Karen McColl</i> , Consultant, WHO Regional Office for Europe Co-Rapporteur: <i>David Cruz-e-Silva</i> , Consultant, WHO Regional Office for Europe
15:45– 16:15	Energizer and coffee break

16:15 – 16:45

Plenary discussion on the preliminary report

Chair: *Dag Rekve*, Senior Technical Officer, Management of Substance Abuse, Department of Mental Health and Substance Abuse

Co-Chair: *Carina Ferreira-Borges*, Programme Manager, Alcohol and Illicit drugs, WHO Regional Office for Europe

16:45 – 17:00

Closing remarks

Carina Ferreira-Borges, Programme Manager, Alcohol and Illicit drugs, WHO Regional Office for Europe

Dag Rekve, Senior Technical Officer, Management of Substance Abuse, Department of Mental Health and Substance Abuse

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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