“An overview of the alcohol programs and plans at the WHO European Office: Implications for addiction research in the region”

Carina Ferreira-Borges, MPH, PhD
Programme Manager
NCD Office, Moscow
Support for Member States

• Prevent and control NCD and related risk factors
  – Surveillance
  – Intersectoral approach
• Reduce the burden of NCD
Innovation to tackle NCDs
Alcohol consumption is going down in WHO European Region, but the main drivers are north-eastern European countries, and not the EU.

There seem to be some increases in inequality, which have shown in other high-income countries, such as the United States, to be linked to increases in mortality, and alcohol may play a role there.
Alcohol Consumption, Harm and Policy

Finland

Consumption

Trends in adult per capita consumption [%]

Alcohol-related harm

Proportional share of alcohol-attributable mortality of total mortality

Alcohol policy

EPA policy score

Policies related to the WHO best buys

Availability

Marketing

Pricing

Drinking policies

Random breath testing

over-30s most important policy achievement in policy formulation and implementation since 2006

Decriminalise minors, the level of impaired drivers is not monitored, noting well

*Note: alcohol levels are standardised for 100 ml.

World Health Organization

Organisation mondiale de la Santé

Weltgesundheitsorganisation

Всемирная организация здравоохранения

Европейское региональное бюро
Monitoring Marketing

Expert meeting on monitoring of digital marketing of unhealthy foods (HFSS) and beverages, alcohol and tobacco to children and adolescents

5–6 June, WHO European Office for the Prevention and Control of Noncommunicable Diseases, Moscow, Russian Federation

WHO/Europe is organizing a meeting to extend its efforts to monitor and contain inappropriate online marketing targeted at children. The meeting will pave the way to a new tool designed specifically to monitor digital marketing to children and young people, and will hopefully lead to its pilot implementation in several countries in the WHO European Region.
Young people

- Adolescent alcohol-related behaviours: trends and inequalities in the WHO European Region, 2002–2014
- Evaluation of Action Plan on Youth Drinking and Heavy Episodic Drinking
- Policy Brief Alcohol consumption in young people in the WHO European Region – surveillance initiative
Alcohol policies – EAPA scores

Pricing policies

Draft EAPA composite indicator scores for XXXX
(2016 data currently being validated by Member States)
Alcohol policy timeline

- Summary of major steps or milestones in each country in the development of policy and action to reduce alcohol-related harm
- Includes links to relevant documents, websites, publications, etc.
- Designed to help Member States in revising, updating, and drafting new policies on alcohol and could facilitate networking between Member States in the area of alcohol policy
### Policy impact – case studies

#### Alcohol Policy Factors Timeline in Russia

<table>
<thead>
<tr>
<th>Year</th>
<th>Event Description</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>Sale of major changes of Federal Law No. 174-FZ of 22 November 2005</td>
<td></td>
</tr>
<tr>
<td>2006</td>
<td>Prohibition of night sales of spirits (&gt;40% vol. 23.00-8.00)</td>
<td></td>
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<tr>
<td>2008</td>
<td>Amendments to the Law on Advertising Tobacco and Alcohol Products (shifting transportation infrastructure advertising ban)</td>
<td></td>
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<tr>
<td>2010</td>
<td>Minimal retail prices for alcohol beverages first established (0.5 l, vodka = 99 RUR)</td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td>Prohibition of alcohol advertising for drivers introduced</td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>Prohibition of night sales of any alcohol beverages (&gt;4% vol. 23.00-8.00)</td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>Further alcohol advertising restrictions (printed media)</td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>Further increase of minimal retail prices of alcohol beverages (= 170 EUR)</td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>Further increase of fines for alcohol sales to minors and criminal responsibility (50,000 individuals, 100,000,000 euros, 300-500,000 RUR entities)</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>Increase of minimal prices for spirits (= 100 EUR)</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>Increase of minimal prices for spirits (= 220 EUR)</td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>Decrease of minimal retail price for vodka (= 185)</td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>Increase of minimal prices for spirits (= 150 EUR)</td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>Increase of minimal prices for spirits (= 205 EUR)</td>
<td></td>
</tr>
</tbody>
</table>

Russia: standardized death rates per 100,000 all causes

2005/2006: Introduction of authorized capital for alcohol producers, a monitoring system recording alcohol production (EGAIS), new mandatorily more effective denaturing agents. Regions can introduce time limits on retail sale of beverages with an ethanol content >15%.

Since 2010: Gradual raising of the minimum price on spirits and beverage ethanol.

2011: Alcohol consumption is prohibited in military establishments and places of mass gatherings: stadiums, airports, markets and public transport.

2012: Authorized capital for spirits producers is increased by 40%. Introduction of a federal ban of alcohol sale from 11 PM to 8 AM (regions can enforce longer limits). Ban of alcohol sale in kiosks. Public alcohol consumption is prohibited. Introduction of a complete ban of advertising of alcohol on TV and internet news sites.

2012: Alcohol tax increases by 22%.

2013: Alcohol tax increases by 27%.


2005: Sale/consumption of beer is prohibited in medical, cultural, health and educational facilities and public transport.
Relationship between alcohol consumption and life expectancy in Russia

Alcohol consumption

Life expectancy


64 65 66 67 68 69 70 71 72 73 74

20 21 22 23 24 25 26
## Policy impact – case studies - LITHUANIA

- Major alcohol policy changes in 2016-2018 on three WHO best-buys

<table>
<thead>
<tr>
<th>Policy change</th>
<th>Main measure(s) for evaluation</th>
<th>Statistical procedures</th>
</tr>
</thead>
</table>
| Banned sales in petrol stations from January 1, 2016 ((22); ban is foreseen by part 2 article 3 of the law on amendment of item 1 of part 1 of article 18) | 1) Alcohol-related traffic collisions with injury (police records)  
2) Alcohol-related traffic injury fatalities (police records)  
3) Traffic collisions with injury (police records; insurance; hospitalizations)  
4) Traffic injury fatalities (police records; insurance; mortality statistics) | For all measures: interrupted time-series analyses (assuming time series of monthly data for all indicators): abrupt effect |
| Increase in excise of alcohol products March 1, 2017 (Amendments to the Law on Excise Duty (draft No. XIIP-4486 (2); the effect of this rise will be evaluated March 1, 2018, before deciding further raises) | 1) Sales data of the respective beverage category  
2) Sales data overall alcohol consumption  
3) Unrecorded consumption  
4) 100% alcohol-attributable harm (hospitalization and mortality) | For 1), 2) and 4): interrupted time-series analyses (assuming time series of monthly data for all indicators): abrupt effect (sensitivity analyses with hoarding); 3) qualitative analyses on heavy drinkers |
Effective Interventions to Tackle NCDs

**Best Buys offer**
An excellent return on investment*

- Invest US$ 1 → Prevent Tobacco Use → Return US$ 7.43
- Invest US$ 1 → Prevent Physical Inactivity → Return US$ 12.82
- Invest US$ 1 → Prevent Unhealthy Diets → Return US$ 2.80
- Invest US$ 1 → Prevent the Harmful Use of Alcohol → Return US$ 3.29
- Invest US$ 1 → Prevent Tobacco Use → Return US$ 2.74

*These are estimates and may vary by region and specific circumstances.

Figure 2: Investment needs by intervention sub-package
WHO investment case for NCDs

NCDs investment cases: main results

The total damage of 4 major NCDS is 3-4% of the country's GDP per year

return on investment in prevention (Turkey)

<table>
<thead>
<tr>
<th>Intervention package</th>
<th>5 years total costs</th>
<th>Total productivity benefits</th>
<th>ROI</th>
<th>15 years total costs</th>
<th>Total productivity benefits</th>
<th>ROI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco control package</td>
<td>183.4</td>
<td>961.1</td>
<td>2.6</td>
<td>1,449.4</td>
<td>244.5</td>
<td>3.0</td>
</tr>
<tr>
<td>Alcohol control package</td>
<td>90.8</td>
<td>20.1</td>
<td>0.2</td>
<td>152.1</td>
<td>18.7</td>
<td>0.8</td>
</tr>
<tr>
<td>Physical activity awareness package</td>
<td>46.1</td>
<td>59.0</td>
<td>1.1</td>
<td>156.6</td>
<td>72.0</td>
<td>2.3</td>
</tr>
<tr>
<td>Salt reduction package</td>
<td>114.8</td>
<td>81.0</td>
<td>0.7</td>
<td>272.2</td>
<td>68.7</td>
<td>2.5</td>
</tr>
<tr>
<td>CVD and diabetes chronic intervention package</td>
<td>1,619.0</td>
<td>4,931.9</td>
<td>3.3</td>
<td>5,477.6</td>
<td>4,327.6</td>
<td>4.3</td>
</tr>
</tbody>
</table>
Modelling tools

Modelling the effectiveness and cost-effectiveness of alcohol pricing policies on non-communicable disease mortality in Russia

- Openly available cross-sectional Preventable Integrated Risk ModEl (PRIME)
- 4 pricing policy scenarios on alcohol consumption and mortality
  - MUP scenario was the most cost effective
Labelling

Go online to find information for milk or orange juice??

Wine WITHOUT alcohol PROVIDES information to consumers

Wine WITH alcohol DOES NOT provide information to consumers

Summarizes evidence and provides an outline of policy options for labelling
Labelling

Synthesis report summarizing the best available evidence to improve policy-makers' understanding of the specific issues related to labelling.
Screening & brief interventions for alcohol

Varied, interactive learning

### Stages of an Alcohol Brief Intervention

1. **Engage and introduce the issue**
   - Empathize; link to current presentation; permission

2. **Screen and feedback**
   - AUDIT tools; feedback; elicit-provide-elicit

3. **Listen and respond**
   - Unsure about change; Considering change

### Table:

<table>
<thead>
<tr>
<th>Unit</th>
<th>Format</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Introduction, course overview and group agreement</td>
<td>Discussion</td>
<td>20 minutes</td>
</tr>
<tr>
<td>2. Attitudes to alcohol</td>
<td>Small group discussion</td>
<td>40 minutes</td>
</tr>
<tr>
<td>3. Alcohol impact, consumption and harms</td>
<td>Presentation and group quiz</td>
<td>40 minutes</td>
</tr>
<tr>
<td>4. Articulate goals, skills and practice change</td>
<td>Discussion and small group work</td>
<td>40 minutes</td>
</tr>
<tr>
<td>5. Beginning a conversation about alcohol</td>
<td>Discussion and individual work</td>
<td>25 minutes</td>
</tr>
<tr>
<td>6. Screening and feedback using AUDIT</td>
<td>Presentation and work in pairs</td>
<td>45 minutes</td>
</tr>
<tr>
<td>7. Brief intervention skills: evoking and planning</td>
<td>Presentation and work in pairs</td>
<td>45 minutes</td>
</tr>
<tr>
<td>8. Brief Intervention practice session</td>
<td>Work in groups of three</td>
<td>75 minutes</td>
</tr>
</tbody>
</table>
SBI Implementation

AUDIT-C. Пример суммы: 6

<table>
<thead>
<tr>
<th>1. Как часто Вы употребляете алкогольные напитки?</th>
<th>Система начисления баллов</th>
<th>Ваша сумма</th>
</tr>
</thead>
<tbody>
<tr>
<td>Нигде</td>
<td>0-4 раза в месяц или реже</td>
<td>0</td>
</tr>
<tr>
<td>3-4 раза в месяц</td>
<td>5-8</td>
<td>2</td>
</tr>
<tr>
<td>2-3 раза в неделю</td>
<td>9-15</td>
<td>3</td>
</tr>
<tr>
<td>1 раз в неделю</td>
<td>16-30</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Сколько стандартных порций алкогольных напитков (10 г. этанола) Вы обычно употребляете в день, когда выпиваете?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-2</td>
</tr>
<tr>
<td>3-4</td>
</tr>
<tr>
<td>5-6</td>
</tr>
<tr>
<td>7-9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Как часто Вы выпиваете шесть стандартных порций (60 г. этанола) или более за один раз?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Нигде</td>
</tr>
<tr>
<td>Менье 1 раз в месяц</td>
</tr>
</tbody>
</table>

World Health Organization
Organisation mondiale de la Santé
Weltgesundheitsorganisation
Всемирная организация здравоохранения
Европейское региональное бюро
Alcohol as a risk factor for road safety

A four-day course aimed at improving national action and collaborative work to promote the co-benefits of legislative, enforcement and social marketing practices in the prevention of NCDs and drink–driving, and to explore the co-benefits of emergency care services and sustainable transport. Forty-five participants from nine countries of central Asia and eastern Europe attended: Armenia, Azerbaijan, Belarus, Kazakhstan, Kyrgyzstan, the Republic of Moldova, the Russian Federation, Tajikistan and Uzbekistan.
Alcohol Harm

• Alcohol and SES-specific effects of alcohol policies
  • Research of policy effects in different socioeconomic strata in the Baltic countries.

• Unrecorded consumption
  – There are little to no systematic efforts in place to monitor the consumption of unrecorded alcohol. Many countries do not conduct regular population health surveys and very few assess unrecorded alcohol separately. Therefore, there is a need for expanded and improved risk factor surveillance systems, including unrecorded alcohol use in particular.
Alcohol Harm

• Alcohol and Cancer
  • WHO highlights link between alcohol and cancer at the European Parliament
    – Alcohol and cancer report
    – Country profiles AAF
More information on the WHO website

ferreiraborgesc@who.int

http://www.euro.who.int/alcohol