

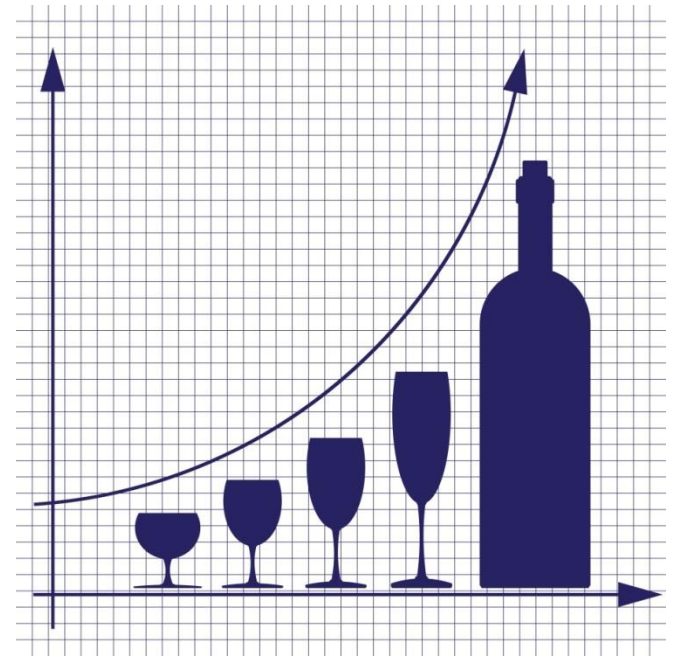
Monitoring of national policies related to alcohol consumption and harm reduction (MOPAC) 2016–2018

Julie Brummer
Lisa Schölin



Project Objective

- Support EC/WHO collaboration to maintain and further develop a European information system for monitoring alcohol-related trends
- Follows on from projects in 2008–2010 and 2011–2013



Data Collection

✓ Survey 1: 2016

- Questions to assess implementation of WHO Global strategy and European and EU-level strategies and action plans since 2010
- 93% EU Member State participation

✓ Survey 2: 2017

- Questions from previous surveys to allow for evaluation of trends in consumption, harm and policy responses, plus questions to evaluate Action Plan on Youth Drinking and Heavy Episodic Drinking
- 100% EU Member State participation

Information Systems

- ✓ European Information System on Alcohol and Health
 - Will be updated with survey 2 data
 - New functionalities planned
- ✓ Alcohol Policy Timeline Database
 - Major milestones in development of activities to reduce alcohol-related harm by country, year, action area
 - Launched October 2016
 - Will be updated in 2017/2018



Alcohol Policy Timeline Database

Alcohol Policy Timeline Database

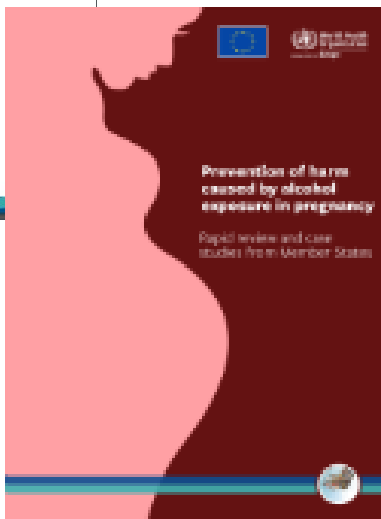
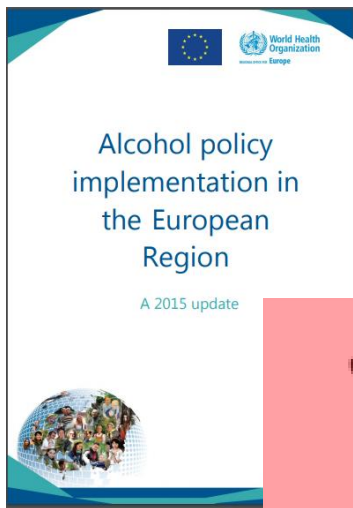
The Alcohol Policy Timeline Database provides access to information on major steps taken or milestones reached in each Member State in the development of policy and action to reduce alcohol-related harm from 2006 to present. The timelines were developed based on the responses of national experts participating in WHO global surveys on alcohol and health, WHO global questionnaire on progress in alcohol policy, and joint WHO European Region and European Union surveys on alcohol and health.

The main purpose of the Alcohol Policy Timeline Database is to facilitate networking between Member States and to provide a tool to assist Member States when they are revising, updating and drafting new policies on alcohol.

Timeline entries include, for instance, new legislation/schemes for better enforcement of existing legislation; revision/launch of new alcohol strategies/action plans; publication of major reports on alcohol; issuing of national guidelines on community action, prevention, screening and brief interventions or treatment; revisions of training on alcohol use (disorders) for health professionals; government funding for major alcohol research projects or nationwide action projects on the prevention and reduction of harm from alcohol; nationwide information campaigns to reduce alcohol-related harm; and regular surveys on alcohol consumption and alcohol-related harm.

Activities are categorized according to the 10 action areas of the European action plan to reduce the harmful use of alcohol 2012-2020. These areas are:

Publications

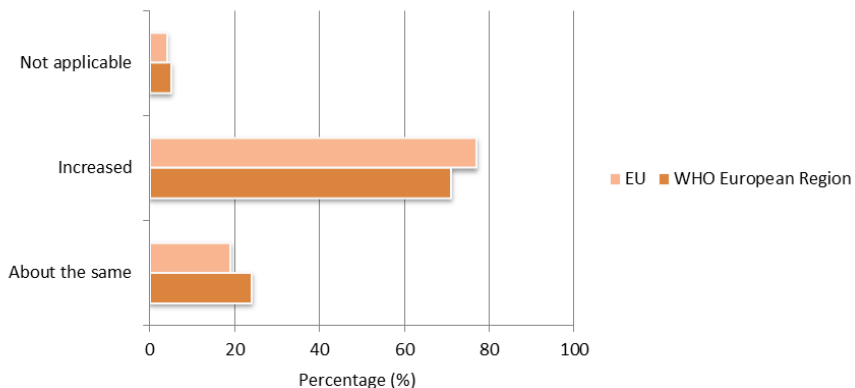


- ✓ Alcohol policy implementation in the European Region. Update with 2015 data

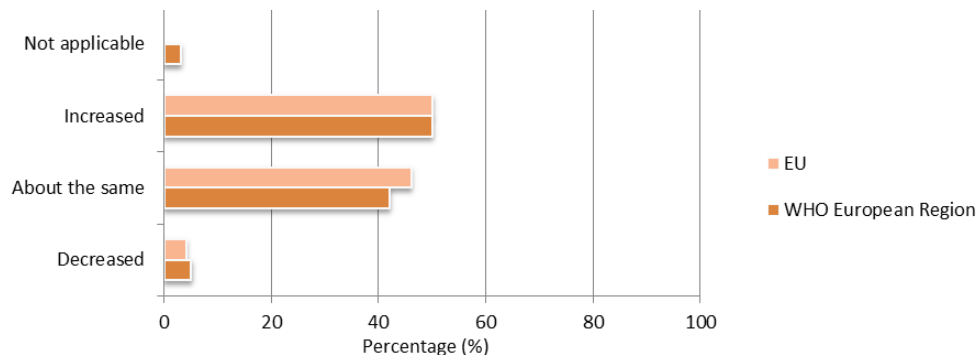
- ✓ Prevention of harm caused by alcohol exposure in pregnancy
 - Literature review
 - Case studies

Alcohol policy implementation in the European Region. Update with 2015 data

Overall scope and intensity of drink-driving policies and countermeasures in 2015 compared with 2010



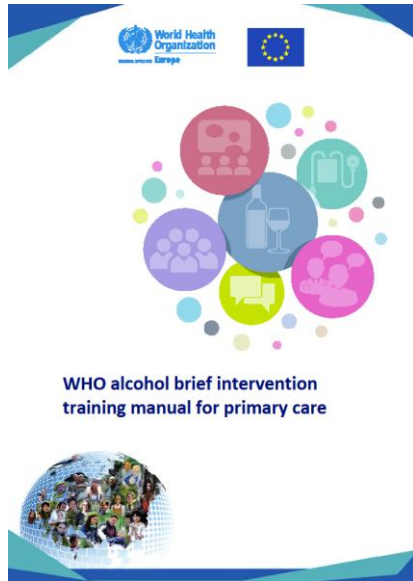
Overall scope and intensity of government policies and activities on pricing of alcoholic beverages in 2015 compared with 2010



Publications

✓ Screening and brief intervention training materials

- PowerPoint presentation and manual with interactive training methods
- 8 core units: Context of the training course (Unit 1), background to alcohol and its harms (Unit 2 and 3), evidence for brief interventions and how to deliver them (Unit 4 , 5, 7 and 8), and how to screen for harmful use of alcohol (Unit 6)
- Manual drafted by Dr Niamh Fitzgerald and informed by evidence, experience and expert colleagues



Training Units

| Unit | | Format | Time |
|------|---|---------------------------------|------------|
| 1 | Introduction, course overview and group agreement | Discussion | 20 minutes |
| 2 | Attitudes to alcohol | Small group discussion | 40 minutes |
| 3 | Alcohol impact, consumption and harms | Presentation and group quiz | 40 minutes |
| 4 | ABIs: goals, skills and practice change | Discussion and small group work | 40 minutes |
| 5 | Beginning a conversation about alcohol | Discussion and individual work | 25 minutes |
| 6 | Screening and feedback using AUDIT | Presentation and work in pairs | 60 minutes |
| 7 | Brief intervention skills: evoking and planning | Presentation and work in pairs | 45 minutes |
| 8 | Brief intervention practice session | Work in groups of three | 75 minutes |

Upcoming Publications

- ❑ Alcohol-attributable mortality in the EU
 - Developments in EU MS with trends in alcohol consumption, alcohol-attributable mortality and policies
 - Special focus on young people
- ❑ Evaluation of Action Plan on Youth Drinking and Heavy Episodic Drinking

Project meetings

Meeting 1:

24 November 2016
Ljubljana, Slovenia



Meeting 2:

23 October 2017
Lisbon, Portugal



Meeting 3: TBD

Project Webpage

✓ Dedicated webpage on WHO/EURO site

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

- Objectives and intended outcomes
- News
- Databases
- Publications



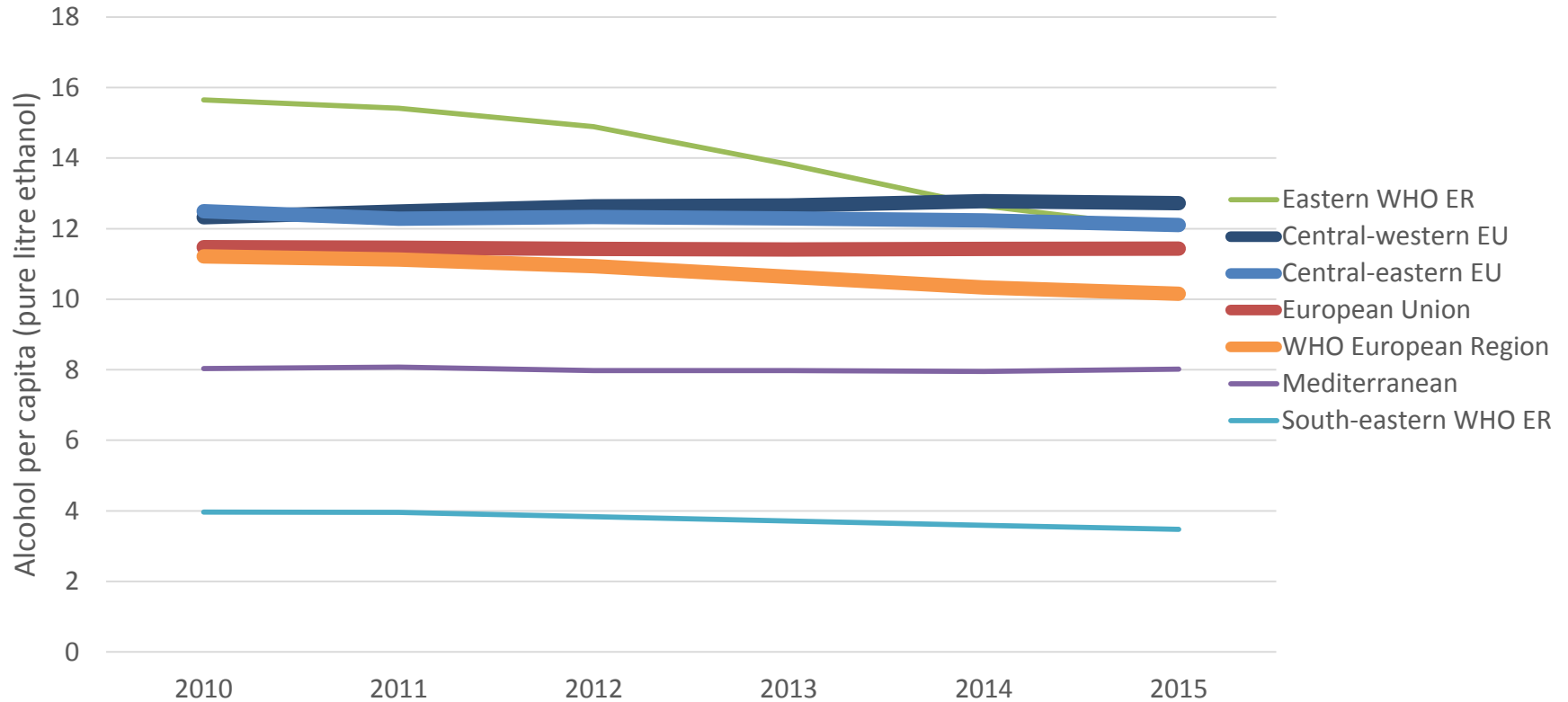


Alcohol labelling as a policy option

Lisa Schölin and Julie Brummer



5-year trend of adult APC among drinkers and region (in litres pure alcohol) – 2015

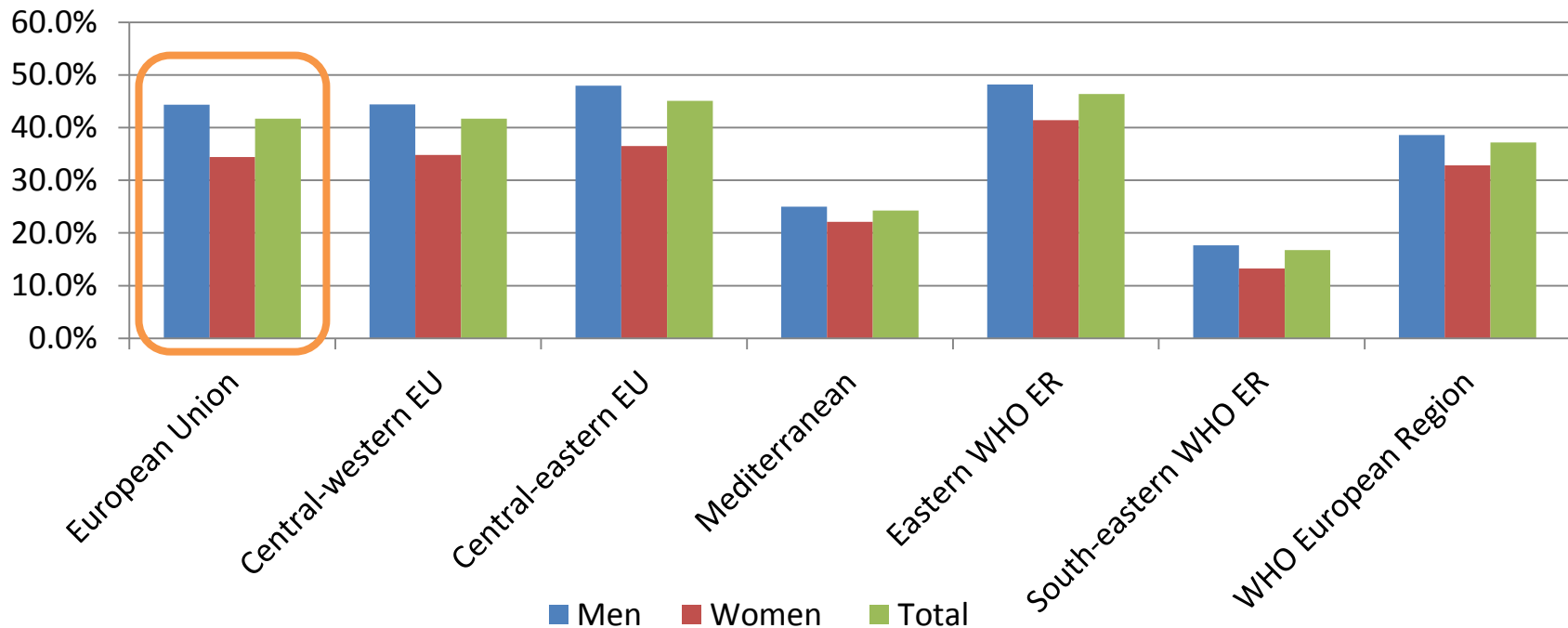




Where is the European Region going?

- Promising trends in the Region - stagnating figures in the EU, decrease overall driven by eastern part of Region (including Russian Federation)
- Currently not on track to achieve 10% reduction by 2025
- Alcohol-attributable mortality has decreased, albeit at a slower pace due to drinking patterns in the Eastern parts of WHO European Region
- Harm to others is a major component of alcohol-attributable health harm

Proportion of alcohol-attributable road injury deaths by sex and region (in %)





Labelling on the agenda

- Informal meeting of Health Ministers, 21 July, Tallinn
- European Parliament, 27 September, Brussels
- EU presidency conference ‘Cross-Border Aspects in Alcohol Policy – Tackling Harmful Use of Alcohol’, 31 October, Tallinn



Labelling of alcoholic products

- Global and regional WHO policy documents outline labelling as a policy option as part of a comprehensive approach to reducing the harmful use of alcohol
- Food labels are a main source of nutritional information for consumers



New report – July 2017

- Outlines the background to alcohol labelling and the current recommendations within global and regional policy documents and legal frameworks
- Summarizes evidence around consumers' perceived needs for clear information on alcoholic beverage containers
- Provides an outline of policy options for labelling to promote healthier lifestyles, including health warnings, ingredient listings and nutritional values



Alcohol is second most energy dense “foodstuff”



A small bottle of beer (330 ml) of 5% ABV contains approximately **140 calories**.



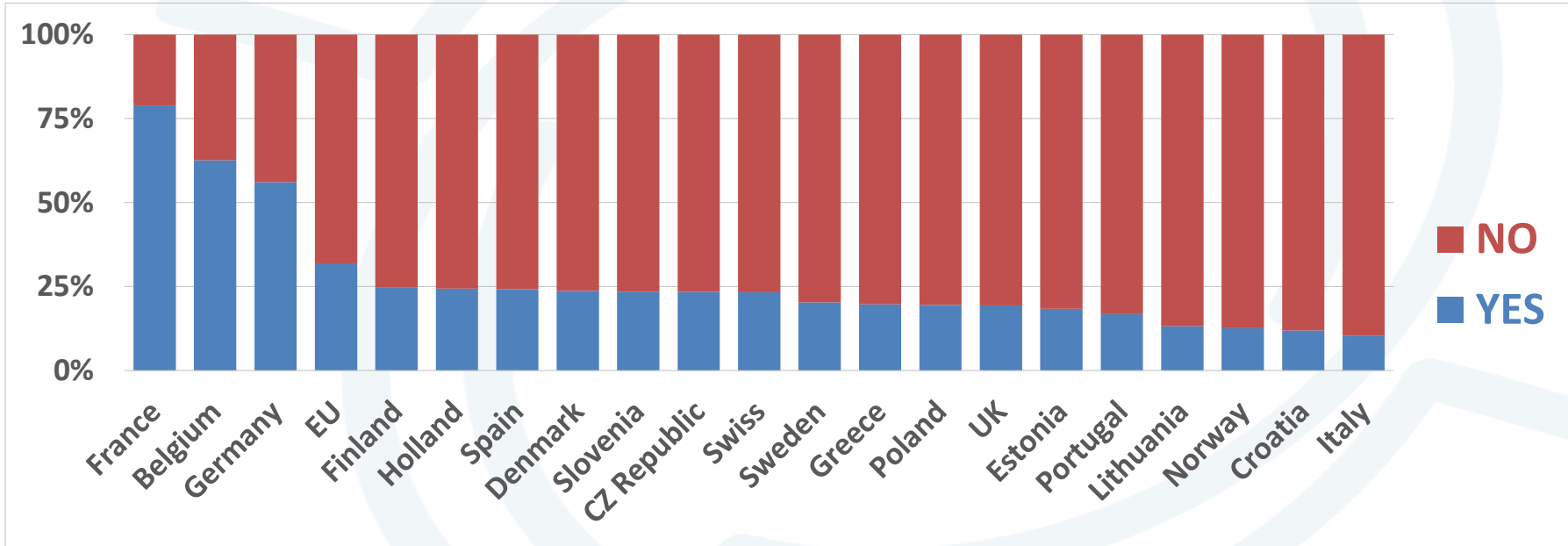
A glass of red wine (175 ml) of 13% ABV contains approximately **160 calories**.



A serving of whisky (25 ml) of 40% ABV contains approx. **60 calories**, rises to 117 calories with a mixer



Consumer support: “Alcoholic beverage labels provide sufficient health related information”





EU Regulation 1169/2011

Regulation (EU) No 1169/2011 on the provision of food information to consumers

- ..of ingredients or a mandatory nutrition declaration, the particulars referred to in points (b) and (l) of Article 9(1) **shall not be mandatory for beverages containing more than 1.2 % by volume of alcohol.**
- alcoholic strength by volume in the labelling of alcoholic beverages for sale to the ultimate consumer (1)
- **Member States may**, pending the adoption of the Union provisions referred to in Article 16(4), **maintain national measures** as regards the listing of ingredients in the case of beverages containing more than 1.2 % by volume of alcohol.



Suggestions for effective labelling

- A **list of ingredients** and nutritional information (**incl. energy**) on containers
- Providing information on the labels of the health impact, which should be:
 - ✓ Placed in a **standard location** on the container
 - ✓ **Parallel to the base** of the container
 - ✓ **Clearly separate** from other information on the label (i.e. be placed in boxes with thick borders)
 - ✓ Size of the label should be determined by **minimum percentage of the size** of the container
 - ✓ **Formatting**: Text should be written in capital letters and bold type, size should be the same as for all other information provided on container by the producer
 - ✓ Appear **on contrasting background** (i.e. red bold type on white)
 - ✓ **Rotating** and with **sufficient vividness and strength** to attract consumers
 - ✓ Use **images that are informational** in style and taken from **other ongoing education campaigns**



Acknowledgements to co-contributors

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Good news...



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