

# Developments in alcohol policy in Estonia 2015 and 2016

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# Alcohol Strategy (green paper)

- Adopted in 2014
- Created by a large consultation process with all the stake-holders involved
- Builds on WHO global strategy, incl 10 priority areas
- Has implementation structures, including the steering group accountable for reporting to government
- Target: the overall yearly consumption under 8 litres absolute alcohol per capita

# What has been done?

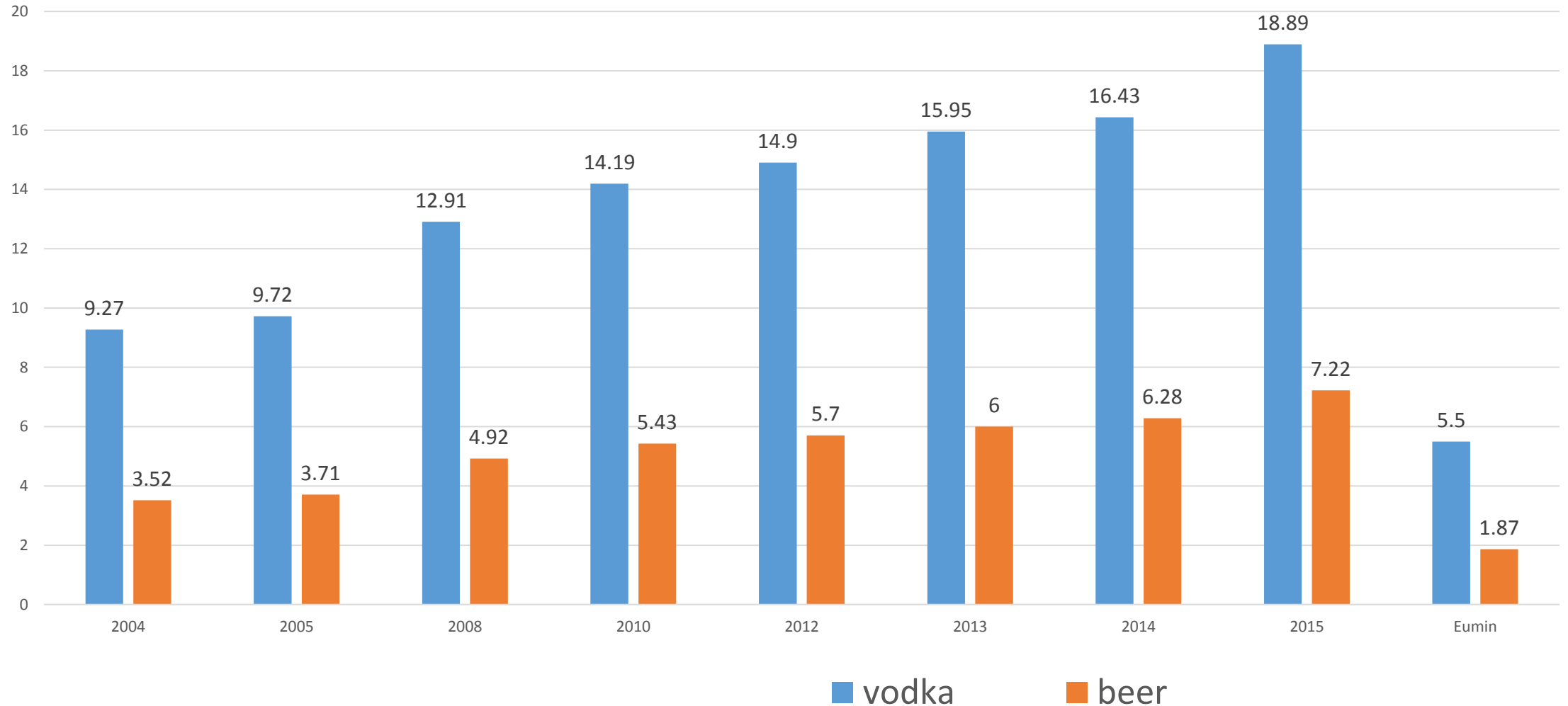
- The treatment programme launched, medical guidelines renewed
- The excise rates raised yearly
- Health campaigns
  - Let's drink less by half!
  - Passive drinking
  - Regular campaigns on health, drunk driving, drunk swimming
- Education programmes to parents – Efekt and TarkVanem (SmartParent)
- Random breath testing increased
- Training programmes to rehabilitate drunk drivers
- Initiatives of private sector (campaigns to prevent selling to minors and intoxicated people in the shops)

# „Sober and healthy Estonia“

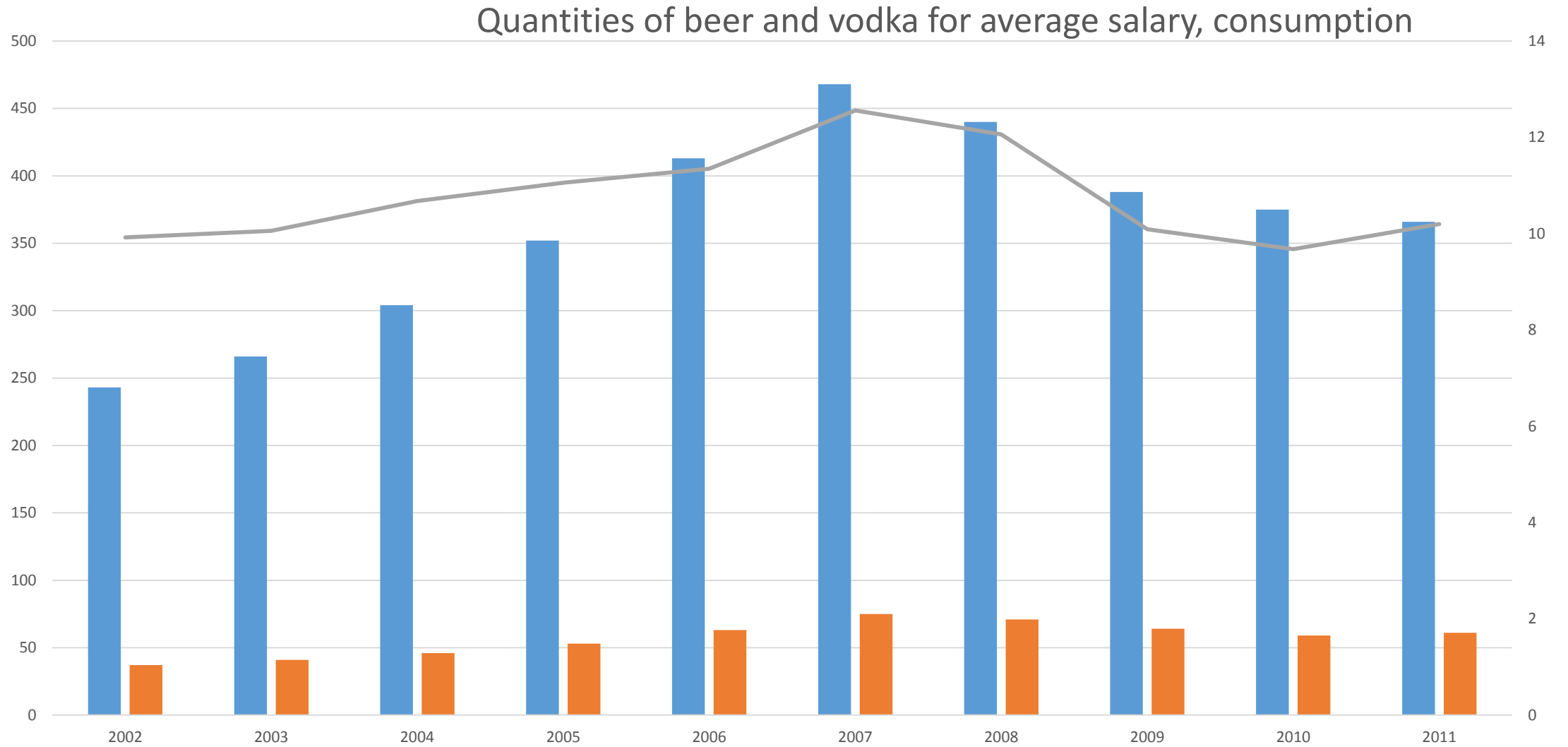
- A programme to develop a comprehensive system to prevent and treat alcohol use disorders in Estonia
- Duration 2015-2020(2021)
- 10 million euros
- Early identification and brief intervention, treatment, awareness
- Developing guidelines and other materials, training personnel, service-providing, information campaigns
- Numeric goals: 20 000 risky drinkers have been counselled, 6400 persons with alcohol use disorder have received treatment

# Alcohol excise rates – government's favoured measure

Excise rates 2004-2015, per 1% of abs alcohol in hectolitre



# Purchasing power in alcohol vs consumption



# 10 areas of „the green paper“

- leadership, awareness and commitment;
- health services' response;
- community action;
- drink-driving policies and countermeasures;
- **availability of alcohol;**
- **marketing of alcoholic beverages;**
- pricing policies;
- reducing the negative consequences of drinking and alcohol intoxication;
- reducing the public health impact of illicit alcohol and informally produced alcohol;
- monitoring and surveillance.

# Proposal for the changes in Alcohol Act

- From 1.01.2017 all alcoholic drinks must be separated from other products in stores
- From 1.01.2018 all alcoholic drinks must be placed behind the screen or sold only from behind the counter with a salesperson (no self-service)
- Alcoholic drinks cannot be sold in petrol stations
- No degustation in retail shops
- Municipalities can regulate on-sale hours (off-sale hours are already regulated by the state)



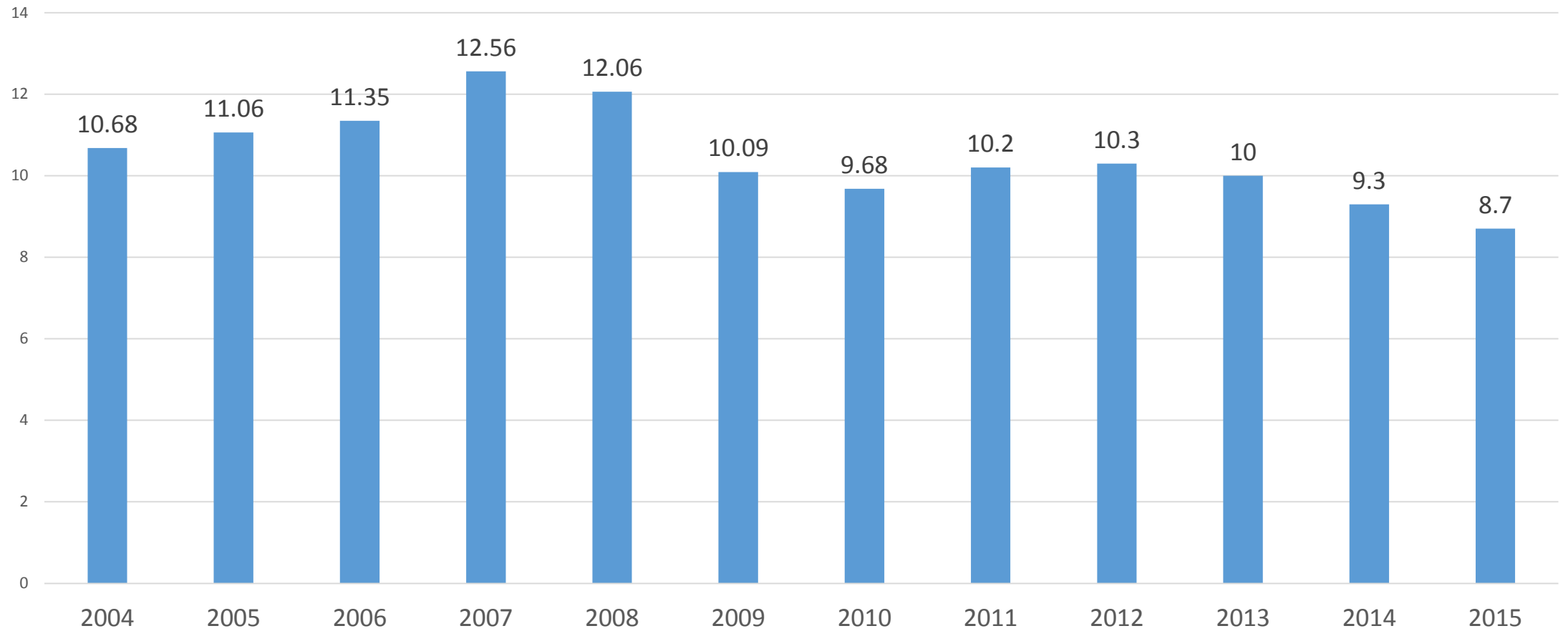
# Proposal for the changes in Advertising Act

- Advertisement of alcoholic beverages can contain only the name of the drink, the type of the drink, the name of the producer, the brand, the state and the region of origin, the content of ethanol, the image of the sale package of the beverage and the description of the characteristics of the beverage (colour, taste, aroma)
- The TV add cannot contain any audial or visual elements besides the list above and the health warning, the information must be presented on the one-coloured screen with no visual effect)
- All outdoor advertising would be banned
- Alcohol advert watershed would be moved from 9pm to 10pm
- The mandatory size for health warnings in printed media

# New media- new challenges

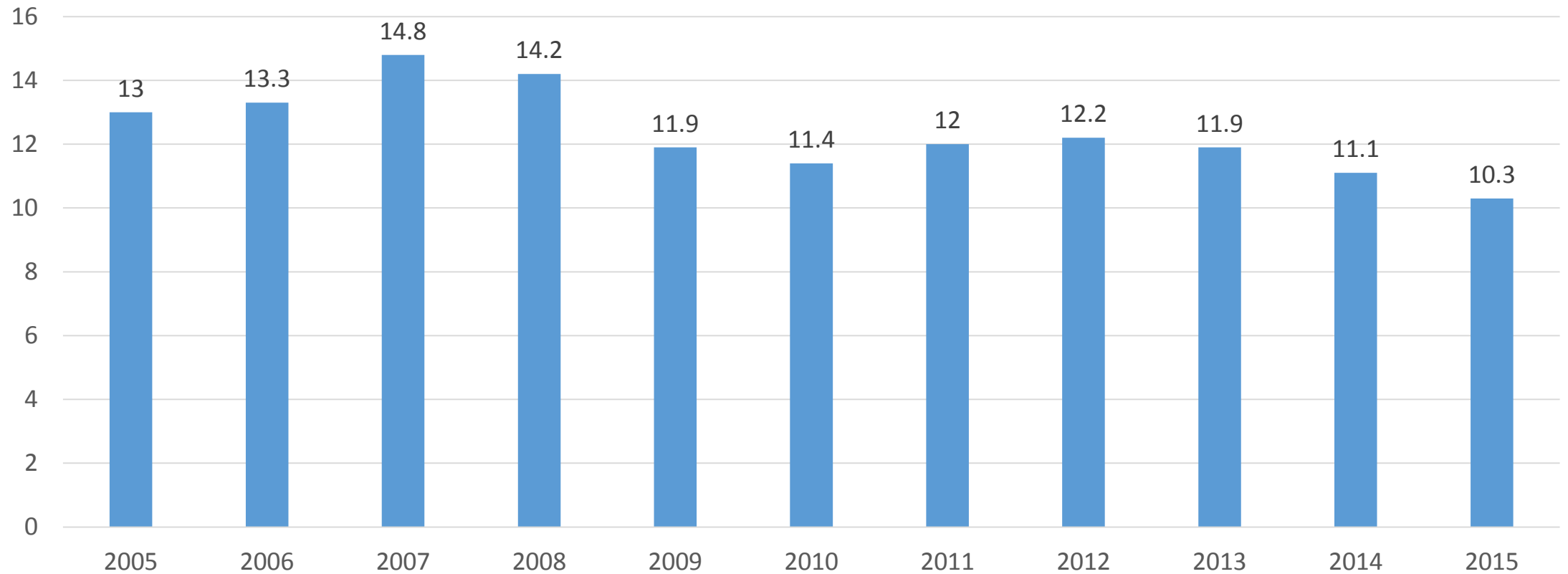
- **No state borders** – can national regulation have any impact?
- **Time restrictions** unapplicable, uncontrollable in digital world?
- **Streaming** vs linear TV programmes – what about watersheds?
- **Apps!**
- **Video games**
- **Social media marketing**
- **Viral videos, gamification**

# Alcohol consumption, litres of ethanol per capita



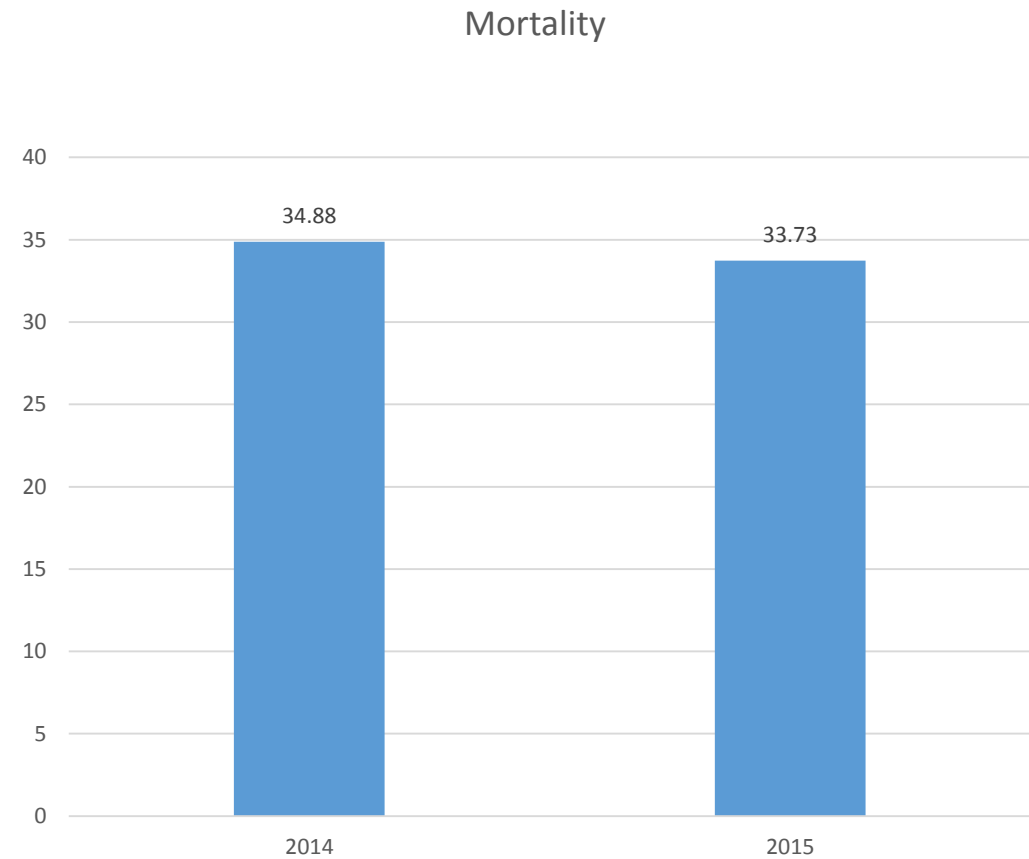
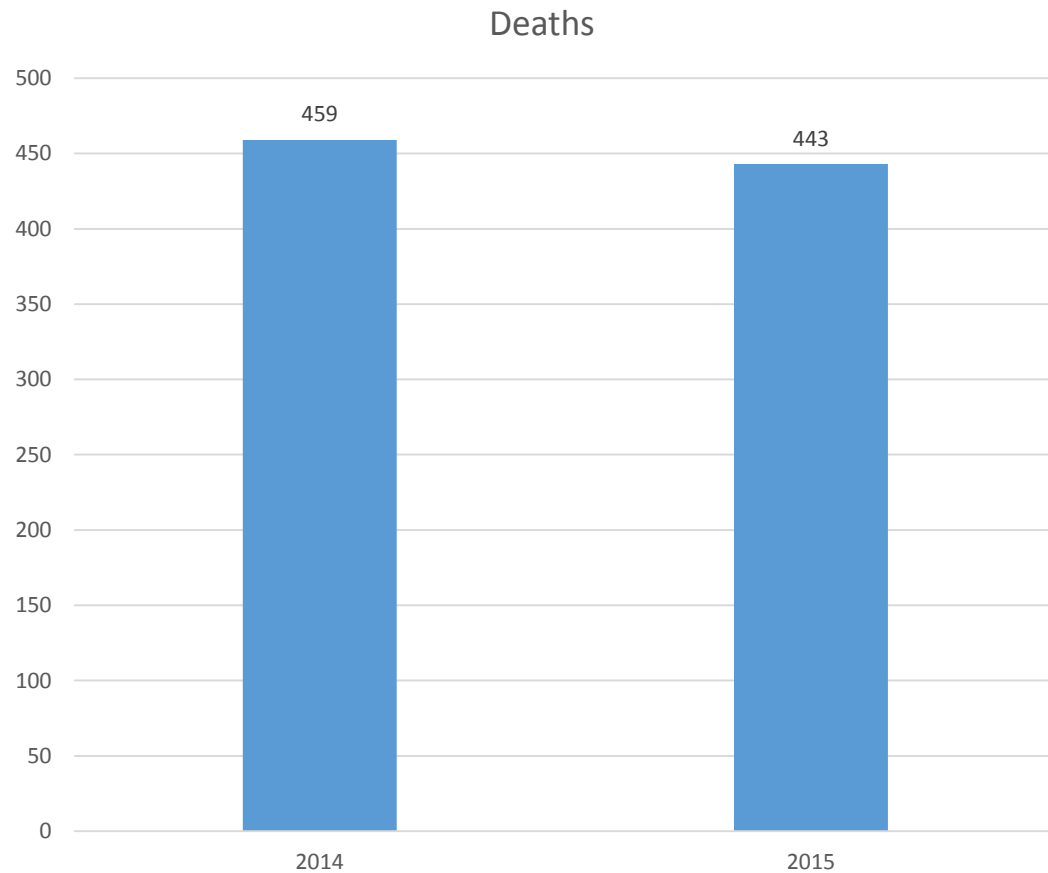
# Consumption per adult (15+)

Litres of ethanol per year per adult (15+)



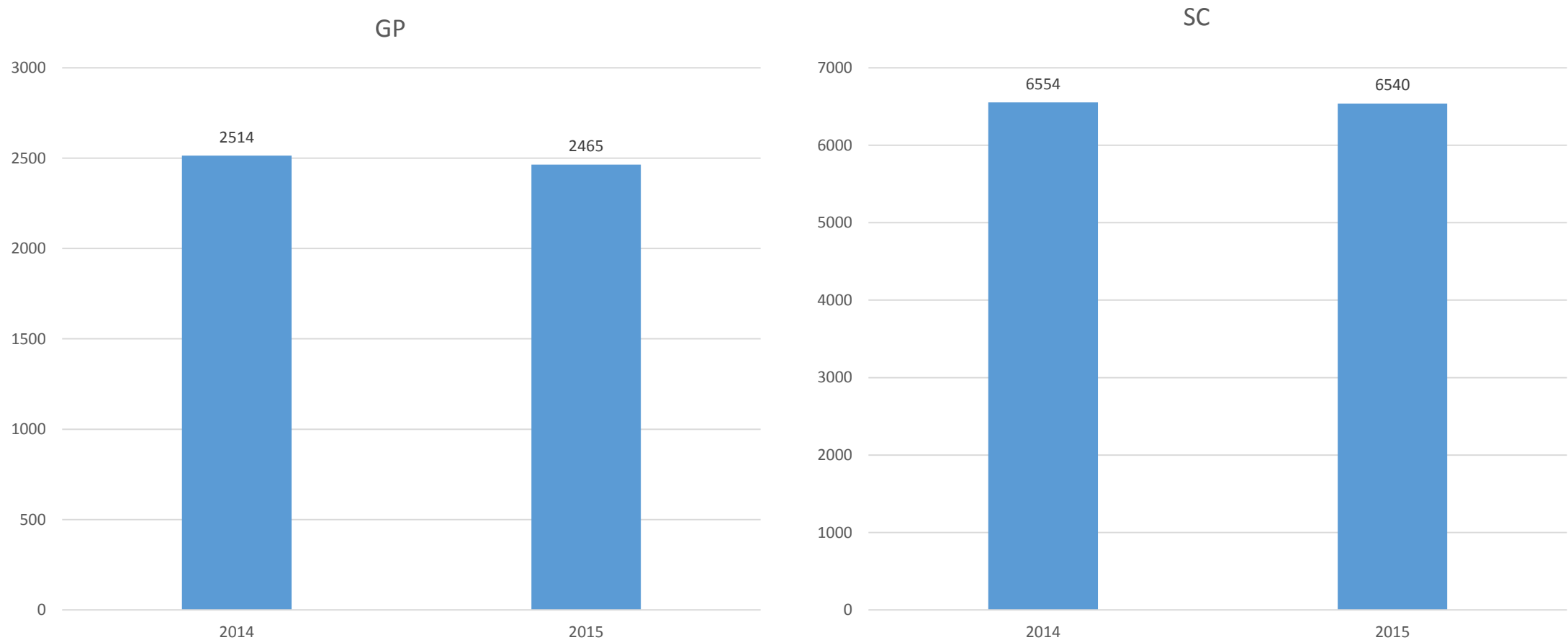
# Consumption decreases, mortality does not

deaths (absolute number) and mortality rate by 13 diagnosis directly linked to alcohol consumption, death registry)



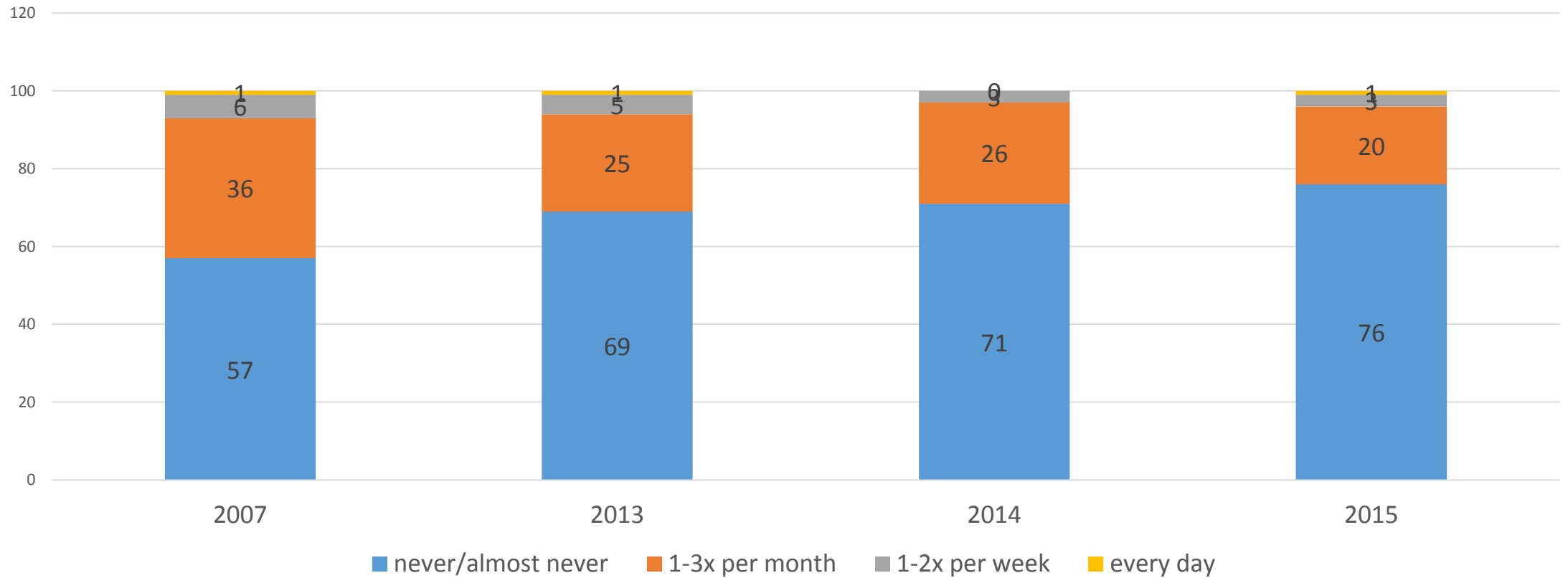
# ...and so does not the morbidity

admissions to GP and special care due to 13 diagnosis directly linked to alcohol consumption, National Institute for Health Development



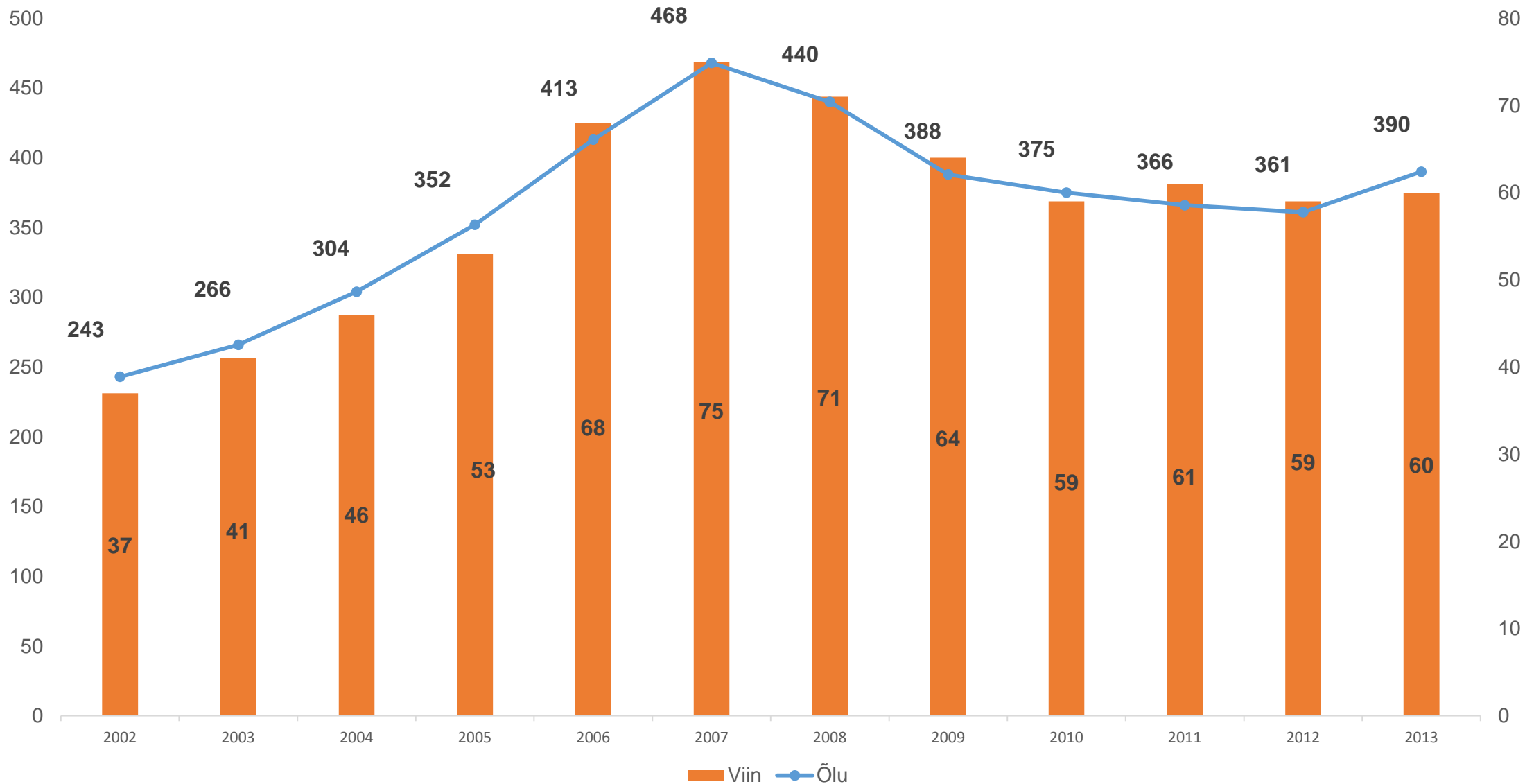
# Polarising consumption?

consumption frequency, vodka, self-reporting



# Alcohol is becoming cheaper

The quantities of beer and vodka for average salary

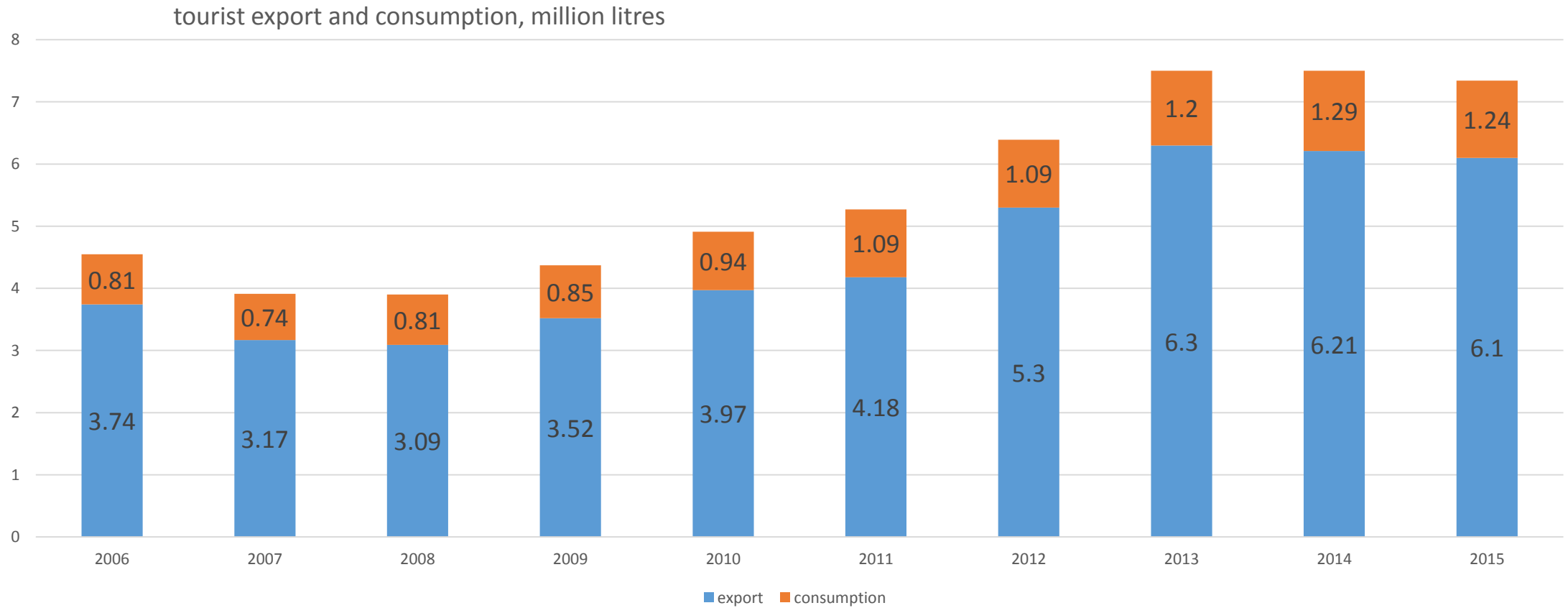




# The cheapest alcohol stays cheap

- The cheapest alcohol in Estonian shops comes from beer! (strong, 7% beer in 2l plastic bottle, private label „Walter“ (Rimi chain), 0,14 eur per 1cl ethanol, 1,89 eur per 2l bottle)
- The unit of alcohol in the cheapest beer is 36% cheaper than in the cheapest vodka
- The cheapest vodka contains alcohol with the price 0,23 per 1cl (4,68 euros for 0,5l of 40% vodka in glass bottle)
- During 2013-2014, the price of 7 beers and 3 vodkas decreased (only the cheapest products were surveyed), although the excise rate rose 15%
- The cheapest grape wine and fruit wine were cheaper than the cheapest vodka – 0,2 eur per 1 cl
- The cheapest ciders and long drinks cost 0,24 eur per cl

# Cross-border trade?



# Cross-border trade

	Estonia	Finland	Latvia
<b>The number of outlets selling strong alcoholic beverages per 100 000 inhabitants</b>	207	6	432
<b>Average price of vodka (0,7l), euros</b>	8,33	17,99	6,21
<b>Average price of beer (0,5l, ) euros</b>	1,05	2,32	0,64

# Future prospects

- Cross-border trade from Latvia will increase
- The possibilities to tackle harmful drinking by raising excise rates will be significantly reduced
- The need for other measures increases