TECHNICAL MEETING TO STRENGTHEN IMPLEMENTATION OF KEY PRIORITY AREAS OF THE WHO EUROPEAN ACTION PLAN TO REDUCE THE HARMFUL USE OF ALCOHOL IN COUNTRIES OF THE COMMONWEALTH OF INDEPENDENT STATES

Moscow, Russian Federation, 20 October 2020
Abstract

This report highlights the main outcomes of the second technical meeting of the Commonwealth of Independent States (CIS) Alcohol Policy Network, which aimed to strengthen implementation of key priority areas of the WHO European Action Plan to Reduce the Harmful Use of Alcohol. The meeting was held virtually on 20 October 2020 and was organized by the Alcohol and Illicit Drugs programme of the WHO Regional Office for Europe. The goal of the meeting was to create a networking opportunity for CIS countries to highlight and share their experiences, successes and challenges with the development and implementation of alcohol control policies as a foundation for concerted action going forward. The meeting also aimed to emphasize specific challenges in alcohol control posed by the COVID-19 pandemic and provide a platform for participants to engage in open dialogue as a foundation for future regional collaboration in this area.

Keywords

ALCOHOL – adverse effects
ALCOHOL DRINKING – prevention and control
HEALTH POLICY
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EUROPE

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This report is based on materials presented and discussed during the technical online meeting of the CIS Alcohol Policy Network to strengthen the implementation of key priority areas of the WHO European Action Plan to Reduce the Harmful Use of Alcohol, which took place virtually on 20 October 2020. The WHO European Office for the Prevention and Control of Noncommunicable Diseases would like to thank all representatives from Member States, advisers and experts for their active participation during the workshop.

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Abbreviations

AUDIT  Alcohol Use Disorders Identification Test

CIS  Commonwealth of Independent States

EAPA  European Action Plan to Reduce the Harmful Use of Alcohol 2012–2020

EU  European Union

NCDs  noncommunicable diseases

SBIs  screening and brief interventions
Executive summary

Countries of the Commonwealth of Independent States (CIS) are considered to be the so-called first movers in implementing the WHO best buy measures to reduce alcohol consumption and alcohol-attributable harm at individual and population levels. Specifically, these include raising alcohol taxes, and restricting alcohol availability, marketing and promotion (1). Substantial declines in alcohol consumption have been observed in almost all CIS countries in recent years, pointing to the effectiveness of such measures and warranting the need to learn from their experience.

In response to a request from Member States to provide a platform to share experiences in alcohol control, the Alcohol and Illicit Drugs programme of the WHO European Office for Prevention and Control of Noncommunicable Diseases organized an online technical meeting to exchange successes, achievements and setbacks in the field of alcohol control policies in the eastern part of the WHO European Region. The meeting brought together participants from eight CIS countries1 representing ministries of health, public health institutions and academia. Prominent researchers and experts in the field of alcohol control also participated.

The meeting structure focused on five priority action areas in alcohol control identified by Member State representatives from the WHO European Region in earlier consultations (2) – pricing, marketing, alcohol availability, community action and labelling – with special attention given to the impact of the COVID-19 pandemic. Many valuable insights were gleaned from the session presentations and discussions, which provided food for thought on future approaches to the design, implementation and enforcement of anti-alcohol policies. Most importantly, the meeting served as a networking platform for CIS countries to not only share their work, but also inspire each other to new heights in alcohol control measures in their own countries.

This report documents the second meeting of the nominated technical focal points of the CIS Alcohol Policy Network, giving voice to the policy-makers and public health specialists driving the respective policy interventions and highlighting lessons learned from the field. As the first document of its kind, the report also marks the start of a new WHO initiative that will provide a platform for sharing of knowledge and best practices among CIS countries and beyond. The CIS Alcohol Policy Network aims to support ministries of health and other authorities in their efforts to mobilize political leaders around public health measures that can reduce the immense economic, societal and health burden caused by alcohol.

1 Nominated technical focal points from the following CIS countries were present at the meeting: Armenia, Belarus, Kazakhstan, Republic of Moldova, Russian Federation, Tajikistan, Turkmenistan and Uzbekistan.
References


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2  All weblinks accessed 8 December 2021.
Background

The review of progress on the implementation of the European Action Plan to Reduce the Harmful Use of Alcohol 2012–2020 (EAPA) revealed many successes but also vast differences in the degree of implementation of EAPA priority areas across the WHO European Region (1). Prepared through a series of regional consultations convened to assess progress and remaining challenges, particularly in the lowest scoring areas, the final report called for the development of a new roadmap, stressing the need to strengthen EAPA implementation at country level and support Member States in these efforts (2).

In this context, the Alcohol and Illicit Drugs programme of the WHO Regional Office for Europe organized a series of meetings with Member States to inform the regional consultation process and subsequent framework for action. The first regional consultation meeting took place in Prague, Czechia, on 30 September–1 October 2019 with several key objectives, notably to review regional policy responses in line with the global strategy to reduce harmful alcohol consumption. The meeting highlighted particular challenges faced by many Member States, especially in the western part of the Region, with implementation of the three WHO best buy measures – increased taxation, curbing alcohol advertising and restricting alcohol availability – while recognizing the successes of Commonwealth of Independent States (CIS) countries in these areas.

One of the key meeting outcomes was the request to organize a meeting of CIS Member States in light of their shared experiences as the so-called first movers in many EAPA priority areas, which subsequently took place in Moscow, the Russian Federation, in December 2019. Among the Moscow workshop outcomes was a request to continue the joint work of the CIS Member States with a proposal to establish a networking and knowledge-exchange platform. Initially this would enable CIS countries to exchange experiences, but the long-term view would be to broaden the network’s scope to include other Member States of the Region (3).

The second technical meeting, covered in detail in this report, took place in a virtual format to discuss countries’ priorities for, and contributions to, strengthening the EAPA and to formalize the establishment of the CIS Alcohol Policy Network. Participants were national experts from CIS countries who were their countries’ nominated technical focal points for alcohol control, with selected technical experts presenting the newest evidence in different priority areas.

Despite large reductions in alcohol consumption and harm, CIS countries often remain under-researched success stories of alcohol control. More efforts are needed to review and analyse the experiences collected in these
countries and to document the lessons learned for the rest of the WHO European Region, where overall progress has been halting in recent years. This seems even more urgent and important considering the upcoming framework to strengthen implementation of the WHO European Action Plan to Reduce the Harmful Use of Alcohol for the period 2021–2025, to which Member States will be asked to contribute.

The scope and purpose of the meeting is set out in Annex 1, the provisional agenda in Annex 2 and participants in Annex 3.
The meeting was opened by Kristina Soshkina, Deputy Director of the Department of Public Health and Communications of the Ministry of Health of the Russian Federation. Ms Soshkina shared the Russian Federation’s recent achievements in substantially reducing alcohol consumption by 40%, stressing ongoing challenges and reiterating the importance of evidence-driven public health measures recommended by WHO.

João Breda, Head of the WHO European Office for Prevention and Control of Noncommunicable Diseases, also provided opening remarks, noting the significance of the event. Mr Breda commended the important work in which the CIS network is engaged and the opportunity it presents for flexible collaboration and sharing of best practices from across the WHO European Region, particularly learning from CIS countries and their ground-breaking alcohol policies that can serve as an inspiration to others.
Session I

Setting the context: global and regional alcohol policy and data-collection

Key messages

► Despite impressive achievements in alcohol reduction in some Member States of the WHO European Region, implementation of many EAPA priority areas still lags behind.
► CIS countries, as first movers in many areas of alcohol policy and with their experiences in reducing the alcohol-attributable burden of disease, need a formal platform through which their achievements can be documented and shared.
► The CIS Alcohol Policy Network has created such a platform to gather information from CIS countries, discuss common obstacles and unique challenges in policy implementation and define steps for further action at regional level.
► STEPS surveys provide important information about alcohol-related risk factors in CIS countries and may be the best available instrument to estimate the level of unrecorded alcohol consumption.
► STEPS data can be completed by other sources for a more comprehensive analysis.
Carina Ferreira-Borges, Programme Manager of the Alcohol and Illicit Drugs programme of the WHO European Office for the Prevention and Control of Noncommunicable Diseases, initiated the technical part of the meeting by providing historical background to alcohol work in the WHO European Region, outlining key policy frameworks guiding regional alcohol control measures. She reminded participants that the European Region has been a pioneer in addressing alcohol harm, which continues to feature regularly in the activities of the Regional Office and has been on the agendas of other regional offices and the World Health Assembly since the launch of the first European alcohol action plan in 1992. Ms Ferreira-Borges also noted the basis for the EAPA (4), which is the foundational policy framework that has guided the development and implementation of alcohol control measures in the WHO European Region since its adoption by the 53 Member States in 2011.

To ensure effective policy implementation at country level, the Regional Office and, specifically, the WHO European Office for the Prevention and Control of Noncommunicable Diseases have continuously produced guidance through various methodological supports, such as production of reports with relevant data for evidence-driven and targeted measures adapted to the Member State context (5). Many of these activities have been integrated into the broader WHO SAFER framework. Such efforts have resulted in a notable reduction of alcohol per capita consumption in several countries. For instance, the alcohol policy impact in the Russian Federation case study published in 2019 linked a plunge in alcohol consumption to a dramatic rise in life expectancy in the country resulting from a package of policy measures implemented since 2003 (6). The example of the Russian Federation demonstrated the scale of health and life expectancy gains a country can achieve provided it implements concerted policy measures for alcohol control.

Ms Ferreira-Borges concluded her presentation by reiterating that despite major successes, the WHO European Region remains the region with the highest per capita alcohol consumption and, consequently, with the highest contribution of alcohol to all-cause mortality worldwide, leaving much room for improvement. Progress in several critical areas of the EAPA, such as pricing policies and reduction of the negative consequences of drinking and alcohol intoxication, still lag behind. With this in mind, Ms Ferreira-Borges stressed that the purpose of the technical meeting was to gather information from countries, discuss common obstacles and unique challenges in policy implementation and define steps for further action that will lay the foundation for the next framework to be presented at the WHO Regional Committee for Europe.
Monitoring noncommunicable diseases (NCD) risk factors: WHO STEPS survey

Ivo Rakovac, Programme Manager, Noncommunicable Disease Surveillance, WHO European Office for the Prevention and Control of Noncommunicable Diseases, presented the guidance for the next WHO STEPS survey wave to be carried out in most CIS countries in the near future. He reminded participants that regular participation in the STEPS surveys is an important commitment made by all United Nations Member States at the high-level meeting on NCDs in 2014. As a nationally representative household survey of NCD risk factors in adults, the surveys provide governments with a unique opportunity to develop a full picture of NCD risk factors at population and individual levels. Specifically in relation to alcohol, the STEPS survey includes several alcohol-related questions and indicators (Box 1). Mr Rakovac also noted the special value of STEPS in advancing alcohol control through being the best available instrument to estimate the level of unrecorded alcohol consumption, which is particularly important to CIS countries as the share of unrecorded alcohol in total consumption is considerable. Mr Rakovac closed his presentation by outlining some of the challenges related to the STEPS survey, which include common challenges of self-reported data like recall bias as well as legal, social and cultural norms (such as difficulties in admitting to alcohol use let alone any signs of potential alcohol-use disorders), difficulties in ensuring accurate quantity assessment and underreporting, which warrants the use of additional data sources such as sales data. Several suggestions for potential areas for improvement were offered, including the development of aids to accurately assess the frequency and quantity of alcohol consumption (through, for instance, mobile apps) and developing country-specific alcohol policy modules adapted to national circumstances. Special gratitude was extended to the Russian Federation for its continuous support in implementing the STEPS survey in the Region.

In the brief discussion that followed, Mr Rakovac responded to several questions that allowed him to further expand on how the multidimensional nature of STEPS allows collection of data on multiple risk factors simultaneously. This is supported by the collection of sociodemographic and regional data that highlight inequities, pointing to the most at-risk groups. STEPS data can be disaggregated by age, gender and geography and can allow the tracking of trends over time to provide insight into the effectiveness of policies. The highlighted issues of changes in cultural acceptance and underreporting are complex, however, and data triangulation is recommended for a comprehensive analysis.

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Box 1. RELEVANT ALCOHOL INDICATORS IN THE STEPS SURVEY

- Share of the population consuming alcohol in last 12 months and 30 days
- Prevalence of heavy episodic drinking in the last 30 days
- Unrecorded alcohol consumption
- Signs of alcohol dependence and societal problems
- Contribution of alcohol to risk-factor clustering

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3 Unrecorded alcohol is a broad WHO term for alcohol that is not accounted for in official statistics on alcohol taxation or sales because it is usually produced, distributed and sold outside the formal channels under governmental control. It includes various products, such as homemade alcohol, smuggled and counterfeit beverages and surrogate alcohol, which is alcohol not intended for human consumption but consumed as such.
Session II

Presentation of the CIS technical meeting report for 2019 and country updates on progress in alcohol control

Key messages

► Most focal points reported declining trends in alcohol consumption.
► There were various new legislative developments reported, with a focus on additional restrictions on alcohol sales, availability, marketing and labelling.
► Pricing policies (particularly increases in excise taxes) and labelling of alcoholic beverages have been major elements of new alcohol policy developments in CIS countries.
► Overall, alcohol control measures frequently are integrated within other broader legislative packages, although several countries reported recent adoptions of exclusive alcohol-specific legislation.
► Ongoing monitoring of the COVID-19 impact on alcohol consumption patterns continues, although data remain scarce.
The second session on CIS country updates provided an opportunity for country representatives to provide updates on recent developments in alcohol policies, with an emphasis on challenges encountered and lessons to share with others.

Before proceeding to country updates, Carina Ferreira-Borges provided some brief historical background to the establishment of the CIS Alcohol Policy Network for exchanging best practices on alcohol policy implementation in this part of the Region. The network was initiated at a meeting in 2019 at which a proposal for its establishment was put forward and accepted by CIS countries. The resulting meeting report highlighted high-impact cost-effective measures and the role of health systems in targeting preventive policies. The report was launched on 20 October 2020, documenting best practices in alcohol implementation and areas that need further attention (3). Ms Ferreira-Borges mentioned that the current meeting provided an opportunity for countries to share updates on their progress with implementation since the last meeting, what challenges were being faced and where more progress should be made, linking these experiences to the global framework developed by WHO to strengthen implementation in key areas.

Maria Neufeld, Consultant, Alcohol at the WHO European Office for the Prevention and Control of Noncommunicable Diseases, also made brief remarks thanking all the countries that had contributed to the development of the first report, which now serves as a comprehensive compendium of progress. It has already received much international attention (8), underscoring the importance of experience-sharing.

Country updates

Country updates were delivered by nominated focal points.

Armenia

Kristine Galstyan, Team Leader, Public Health Department, Ministry of Health

New comprehensive alcohol legislation has been developed and currently is undergoing review at the National Assembly. The new legislation combines previously separate alcohol policies into one legal instrument regulating areas such as labelling, pricing policies, restrictions on sales and marketing in public places. In relation to marketing, the new regulation will not only focus on addressing traditional alcohol marketing, but also on online marketing sources. Doubling of the excise tax is planned by 2023, as is a two-times increase in minimum unit pricing.
Belarus

Tatyana Korotkevich, Deputy Director for Organizational and Methodological Work, Republican Scientific and Practical Centre for Mental Health

Trends in alcohol consumption at population level have stagnated over recent years. The share of vodka and other spirits constitutes more than 50% of total alcohol consumption, which is a troubling trend for the Ministry of Health. To address and reverse this development, a proposal to increase prices on strong alcoholic beverages by 20–40% has been approved and will be included in the national Government programme, which currently is under development. The Ministry of Health will also promote restructuring of excise tax to differentiate between spirits and low-alcohol beverages, as current excise taxes on spirits are lower than on beer. Other measures under consideration include night-time restrictions on alcohol sales, restrictions on alcohol sales in residential premises and public awareness campaigns on alcohol harm, including at point of sale.

Kazakhstan

Aigerim Sadubaeva, Chief Public Health Expert, Ministry of Health

One of the key achievements has been a two-times increase in excise tax on spirits that came into effect in January 2020. In July 2020, amendments were made to the country’s health legislation to set additional limitations on alcohol consumption and sale. Age restrictions on alcohol sales are also in place, as are monitoring and regulation of sales and production. The overall trend of consumption and alcohol-related harm has been on the decline, with the target set by the Ministry of Health to reach a level of alcohol consumption of 6.5 litres per capita. The Ministry of Health is also monitoring the impact of the COVID-19 pandemic on drinking behaviours, including the potential for increases in consumption during isolation, despite lack of concrete data at this point.

The Republic of Moldova

Tudor Vasiliev, Director, Republican Narcology Dispensary, and Ion Şalaru, Deputy Director, National Agency for Public Health

The year 2020 is the final year of a national programme on alcohol control that has been running since 2012, which makes it possible to draw conclusions about successes and drawbacks. A new programme on NCD prevention will now come into force, with alcohol control as one of its components. Despite some decreases in consumption, the Republic of Moldova remains one of the highest-consuming countries in the world, according to WHO data. Current efforts to reduce alcohol consumption involve amendment of legislation to introduce 12 information pictograms based on the experience of other European countries on the labels of alcoholic beverages; this will be phased in over the next four years. Agreement has also been reached with the Ministry of Finance
to introduce taxes on wine and sparkling wine. These are now included in the mid-term budget for 2021–2023 and the draft action plan of the European Union (EU) Association Agreement 2021–2027. The impact of the COVID-19 pandemic can only be assessed on the basis of sales data, which show that sales grew by 20% during the lockdown period.

The Russian Federation

**Daria Khalturina**, Head, Risk-factors Prevention Department, Federal Research Institute for Health Organization and Informatics, Ministry of Health

The biggest ongoing focus of alcohol control in the Russian Federation is the development of a new alcohol strategy. The previous strategy adopted in 2009 ended in 2020 and was evaluated to determine which alcohol measures should be further included in the next phase. One of the major achievements was the implementation of a comprehensive package of measures that included pricing and availability restrictions at regional and federal levels. This helped the country to significantly decrease its level of alcohol consumption. Among new developments are a ban on alcohol-containing energy drinks, which initially was introduced at regional and later federal level, due to the special harm the products pose to young people. Efforts are also being undertaken to introduce screening and brief interventions (SBIs) for alcohol-use disorders into primary health-care settings. Additional jurisdiction has been given to regions to introduce further restrictions on alcohol sales and availability on residential premises.

Tajikistan

**Mahmadrahim Malahov**, Head, Republican Clinical Centre of Narcology

Overall, multiple activities aimed at health improvement broadly and alcohol harm in particular are being undertaken within the frameworks of global and regional development instruments. Alcohol policy is part of the nationwide plan on NCD prevention and control. There is a state monopoly on production of alcohol, with a strict licensing system in place to regulate the sale of alcohol. New normative measures have been introduced for individuals working in the transport sector. Ethnocultural aspects constitute a significant contributing factor to maintaining low levels of alcohol consumption.

Turkmenistan

**Ata Boppyev**, Head Specialist, Information Centre, Ministry of Health and Medical Industry

The implementation of new anti-alcohol legislation came into effect only in January 2019, making it challenging to determine with certainty its effectiveness in reducing alcohol consumption. Many activities nevertheless are being taken forward to implement the legislation across the country.
Uzbekistan

Nodira Adilova, Narcologist, Tashkent City Narcological Dispensary

In October 2019, the Uzbekistan Government published a decree increasing minimum prices for alcohol. This resulted in an alcohol price spike in 2020. A new agency to regulate alcohol and tobacco marketing has been established with a mandate to develop common policy on alcohol production and issuing (and revoking) of licensing. The new agency is under the jurisdiction of the Ministry of Economy, which poses challenges for the Ministry of Health in influencing its mandate.
Session III

Key priority areas restricting alcohol marketing and alcohol availability

Key messages

► Despite its growing and harmful impact, digital marketing of alcohol is one of the most poorly regulated types of marketing.
► Many countries lack specific legislation covering digital marketing; those that have such legislation lack proper monitoring and enforcement instruments.
► Cross-country collaboration in regulating digital marketing is important.
► Despite the challenges regulating digital marketing poses, strengthening regulation in this area is essential, especially to reduce harm to young people.
► Examples of addressing hidden marketing strategies used in other countries, including industry collaboration disclosures and restrictions on content-sharing, have been successful and should be further researched and disseminated.
► Restricting availability of alcohol through raising the minimum drinking age and setting limits on sale hours and outlets of alcohol is another important area in which CIS countries have made progress over the years.
► Recent evidence from a natural experiment on alcohol availability in regions of the Russian Federation has shown that restricting hours of sale leads to reduced levels of drinking. Restrictions on the night hours of sales had the largest impact and resulted not only in reduced drinking, but also in declining rates of road-traffic crashes and crimes.
WHO regional update report on alcohol marketing

In the opening part of the session, Mikaela Lindeman, Research Fellow from the Finnish Institute for Health and Welfare at the University of Helsinki, presented an overview of the WHO European Region update report focusing on alcohol marketing in the European Region (9).

Ms Lindeman compared the ways in which new alcohol marketing strategies differ from more traditional modes of advertising such as print and television. She particularly stressed the increasing shift towards online advertising, which opens new and innovative ways to reach consumers directly, quickly and at low cost while posing special challenges to the effective implementation of alcohol advertising measures. One of the challenges is the scale of potential exposure due to widespread use of mobile devices and technologies by young people. In addition, online marketing is often disguised in various forms such as apps, competitions or games, making it difficult to recognize.

These unique features of online marketing, fuelled by its borderless nature, pose barriers to legislation keeping pace with and regulating this sphere effectively. Lack of proper legislation in this area is particularly concerning given the susceptibility to alcohol marketing, particularly on social media, among young people. According to recent country data, many countries have very limited legislation covering online marketing compared to more traditional forms of advertising, often due to strong lobbying efforts by the industry (Fig. 1).

Fig. 1. Number of countries in the WHO European Region without marketing regulations, 2016
Ms Lindeman concluded by sharing several positive developments, including a Finnish amendment to its alcohol act introducing a ban on competition and lotteries by the alcohol industry, user-generated content and any alcohol-related content geared for sharing. Assessment of the legislation showed its impact in three areas: increased awareness and better monitoring of social media content of alcohol producers; curbed use for advertising purposes of user-generated content; and reduced competitions and lotteries on social media. This Finnish example demonstrates that despite substantial challenges in regulating, monitoring and enforcing online alcohol marketing, more must be done to prevent harm in general and to young people in particular.

Restricting alcohol availability: how to restrict to prevent the most harm?

Marina Kolosnitsyna, Professor at the Higher School of Economics of the Russian Federation, shared the findings of a study on the effectiveness of off-premises hours restrictions in the country. The study has assessed the effectiveness of alcohol availability restrictions introduced in 32 Russian regions before the introduction of a nationwide ban on night-time sales of alcohol off-premises between 23:00 and 08:00. Because regions were free to introduce their own restrictions a year before the introduction of the national ban and could also extend the restricted hours of sales at regional level beyond the mandated core hours, this presented an opportunity to assess the effectiveness of the introduced time restrictions by comparing the regional sales hours and the resulting health statistics.

The results of the study showed positive correlations between levels of alcohol consumption and sales hours, highlighting the higher effectiveness of restricting sales hours in evenings rather than mornings. Specifically, the study revealed that one additional hour of closed shops in the evening reduced consumption by 8%, compared to a 2% reduction in the morning. The study also looked at the societal impact of off-premises restrictions, demonstrating an 11–18% reduction in traffic crashes and improvements in adult and adolescent crime rates from one additional closing hour. In conclusion, Ms Kolosnitsyna noted that despite the effectiveness in reducing consumption, unintended consequences of closing bans can include expansion of the black market and increased consumption of surrogate alcohol. These therefore need to be considered when implementing alcohol availability restrictions, as additional measures to address unintended consequences have to be introduced.
Country presentations

**Turkmenistan**

Ata Boppyev, Head Specialist at the Information Centre of the Ministry of Health and Medical Industry of Turkmenistan, shared Turkmenistan’s experience in introducing new alcohol legislation to reduce alcohol-related harm. The law was adopted in 2018 and came into effect in January 2019. Several other ministries involved in the national NCD committee described the law as very restrictive during its development, but the Ministry of Health was firm in its commitment to ensuring the law passed the legislative approval process.

Mr Boppyev provided a brief overview of the main clauses of the new alcohol legislation that cover areas such as the introduction of excise stamps to eliminate illegal alcohol production, new packaging restrictions to reduce alcohol appeal to young people, inclusion of alcohol harm warnings constituting 20% of the total surface of labels on alcohol products, prohibition of sales to special population groups such as pregnant and breastfeeding women, and increasing the minimum legal drinking age from 18 to 21. Increasing the minimum legal drinking age faced opposition as 18 years is the legal age of majority in Turkmenistan, but the legislation, which is based on biomedical evidence, passed successfully. In conclusion, Mr Boppyev urged participants to be firm and not be afraid to introduce restrictions and limitations, particularly to counter aggressive industry techniques.

**Tajikistan**

In the final presentation of the session, Mahmadrahim Malahov, Head of Tajikistan’s Republican Clinical Centre of Narcology, presented the country’s policies to reduce alcohol use. Mr Malahov started by describing normative policy instruments guiding alcohol measures in Tajikistan, such as the national health strategy, national programme for the prevention of NCDs and the national strategy to eliminate illicit drug trade. Alcohol policies are framed by the broader NCD prevention strategy. Limitations are in place on sales and availability of alcohol as well as age-related limitations, advertising and pricing policies. Blood alcohol concentration limits when operating vehicles were introduced in 2018. Ethnocultural factors such as communal norms and behaviours have a positive influence on the population and can also be credited for creating low consumption levels.

The session concluded with a brief discussion on existing best practices to address hidden marketing. In some countries, this includes the obligation to disclose industry collaborations on social media channels and restricting content exposure to certain age groups (Finland), and in others restrictions on products imitating alcohol (Kazakhstan). It was outlined that further support is needed from WHO and other partners in this area, where many new threats to public health emerge due to digital technology.
Session IV

Alcohol consumption and policy response in the context of the COVID-19 pandemic

Key messages

► Several potential policy directions in alcohol control policy emerged amid the COVID-19 pandemic, including enhanced action at community level, informing the alcohol research agenda and capitalizing on behavioural insights to refine health promotion practices.

► Proliferation of misinformation and myths about alcohol and COVID-19 underscored the need for accurate, timely and clear information, such as the guidance documents developed by WHO.

► Results of a preliminary survey on alcohol consumption during the pandemic found a general decline in the overall consumption level in most west European countries, pointing to the effectiveness of availability restrictions in reducing consumption.

► The disruptive impact of the pandemic on health services for alcohol-use disorders has been noted in some countries. The long-term implications are still unknown and need to be evaluated.
Yana Andersen, Consultant at the WHO European Office for the Prevention and Control of Noncommunicable Diseases, opened the session on the impact of the COVID-19 pandemic on alcohol consumption by presenting a rapid review study on the emerging policy directions in alcohol control in the context of the ongoing COVID-19 pandemic in the WHO European Region. Ms Andersen noted that despite alcohol not being included in the initial pandemic response with other risk factors such as tobacco, initial epidemiological data on COVID-19 infections revealed individuals with alcohol-attributable conditions like cancers and cardiovascular diseases were particularly vulnerable to the virus. COVID-19 public health measures, including quarantine and full lockdowns, also revealed societal vulnerability to alcohol due to increased consumption at home, based on the early sales data. These developments warranted a more detailed analysis of the situation, which brought to light several opportunities for decision-makers and the public health community to advance alcohol measures. Among them are increased involvement of community-level actors due to repurposing of clinical staff to COVID-19 responses, knowledge gaps in alcohol control during public health emergencies, and increased emphasis on lagging policy areas such as online marketing that have become prominent during the pandemic.

Further expanding on challenges posed by COVID-19, Elena Yurasova, Technical Officer for NCDs at the WHO Country Office in the Russian Federation, presented work from WHO and WHO collaborating centres on developing early guidance on COVID-19 and alcohol for individuals and policy-makers. Ms Yurasova reiterated specific challenges related to alcohol during the early onset of the pandemic, including misinformation, inaccurate public statements by public figures, authorities and media outlets, and incorrect interpretation of scientific results. Special challenges faced by individuals with alcohol-use disorders due to limited access to treatment, counselling and other types of support were also noted. To address this, WHO, on the basis of information available at the time, produced guidance materials for the general public (Fig. 2) and decision-makers that included key messages to dispel myths about COVID-19 and alcohol and provide accurate information about alcohol, its harm and relevant health recommendations in the context of the pandemic.

In the closing part of the session, Jürgen Rehm, Senior Scientist from the Institute for Mental Health Policy Research and Campbell Family Mental Health Research Institute at the Centre for Addiction and Mental Health in Canada, presented the results of the first pan-European survey on changes in alcohol consumption in the western part of the European Region (11). Mr Rehm explained that despite reports of alcohol misuse during the pandemic, mainly based on sales numbers, very little data on actual consumption, which is vital to support public health measures, were available. The cross-sectional study, conducted with over 40,000 participants, included the first three test items of the Alcohol Use Disorders Identification Test (AUDIT) and questions about consumption of other psychoactive substances, financial and other types of distress (also linked to the pandemic), and general demographic indicators. The findings on individual consumption level pointed to decreases in frequency, quantity and heavy episodic drinking measures, with some variation among countries (12). The findings need to be validated by other data sources such as household...
purchases and alcohol sales records, but the survey nevertheless provides a good first insight into the dynamics of consumption during the early months of the pandemic and presents an opportunity for a natural experiment to be conducted to confirm that consumption can decline if availability is restricted.

Participants briefly discussed the impact of the pandemic on the availability of, and access to, health services for alcohol-related problems, particularly for individuals living with alcohol dependence. The representative from the Republic of Moldova mentioned significant disruptions to counselling and psychosocial support services for alcohol-use disorders and services in primary care settings, with most still not fully restored. An example of industry interference using the pandemic as the platform to induce beer sales under the call to help frontline health workers was also provided.

**Fig. 2. WHO infographic**

**Alcohol and COVID-19:**

*What you need to know*

<table>
<thead>
<tr>
<th>Advice</th>
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<tbody>
<tr>
<td>Avoid alcohol altogether so that you do not undermine your own immune system and health and do not put the health of others at risk.</td>
</tr>
<tr>
<td>Reach out for help if you think your drinking or the drinking of someone close to you is out of control.</td>
</tr>
<tr>
<td>Avoid alcohol as a social cue for smoking and vice versa, as smoking is associated with more complicated and dangerous progression of COVID-19.</td>
</tr>
<tr>
<td>Discuss with children and young people the effect of alcohol on risk-taking behaviours including potential violation of COVID-19 related physical distancing measures.</td>
</tr>
<tr>
<td>Do not use alcohol as a way of dealing with your emotions and stress as isolation and drinking may also increase the risk of suicide. Please call a health hotline if you have suicide thoughts.</td>
</tr>
<tr>
<td>Never mix alcohol with medications even herbal or over-the-counter remedies, as this could make them less effective or even increase their potency to a level where they become toxic and dangerous.</td>
</tr>
<tr>
<td>Make sure that children and young people do not have access to alcohol and do not drink in their presence – be a role model. Monitor the screen time of your children, as TV and other media are flooded with alcohol advertising and misinformation that may stimulate early initiation and increased consumption.</td>
</tr>
</tbody>
</table>

Source: WHO Regional Office for Europe (10).
Session V

Pricing policies: what we can and need to do to reduce affordability of alcohol

Key messages

► Various alcohol pricing mechanisms are already being used in the WHO European Region and CIS countries, but not necessarily effectively.
► It is important to prioritize alcohol pricing measures that target social inequalities.
► Public health action must be informed by research, and investment case methods are a useful tool for initiating intersectoral dialogue.
► Modelling studies on alcohol taxation increases clearly demonstrate the public health benefits of higher alcohol taxation.
► There is often a lack of a solid evidence base at country level to substantiate alcohol policy measures. Developing research capacity in this area should be prioritized.
► A lack of collaboration and intersectoral dialogue between ministries of health and ministries of finance and economy can hinder effective policy implementation, so intersectoral collaboration has to improve to achieve impact.
Colin Angus, Senior Research Fellow of the Sheffield Alcohol Research Group, School of Health and Related Research, University of Sheffield, United Kingdom, opened the session with a presentation on the WHO update report on alcohol pricing in the WHO European Region (13).

Mr Angus provided an overview of various types of pricing policies, explaining that despite being an effective tool to control alcohol use, pricing policies might not be equally effective and may affect various population groups differently. Accordingly, they have different impacts on inequalities. Understanding their respective advantages and disadvantages therefore is important in informing best approaches to alcohol pricing.

Mr Angus focused on three main types of alcohol tax – specific, unitary and ad valorem taxation – explaining their mechanisms, benefits and drawbacks. He noted that because of the direct taxation of ethanol content, which is the main vector of harm, specific taxes are considered to be the most effective form of taxation from a public health perspective. Since spirits are associated with binge drinking and generally cost less to produce than other alcoholic beverages, higher tax rates should also be considered for these products and other alcoholic products with very low production costs to reduce their appeal to consumers due to their low prices. Having a taxation system that levels taxation across various types of alcoholic beverages to avoid excessive consumption of cheap alcohol, regular adjustment of taxation to inflation and use of minimum unit pricing and/or minimum pricing on alcohol were also highlighted as measures to target cheap alcohol. Overall, alcohol becomes more affordable over time if alcohol taxes are not regularly adjusted for inflation. Several mechanisms to do so are available.

In the second part of his presentation, Mr Angus described highlights of the WHO alcohol pricing report and the different alcohol tax systems across the WHO European Region. He briefly noted challenges the research team had faced in finding and accessing the data, appealing to Member States to make information on pricing policies more easily accessible. Some of the key findings included vast use of the specific tax on spirits, which is line with the recommendations. Wine, however, was found to be taxed at too low a level or not at all in most countries. Fewer than one third of countries routinely index taxes to inflation. Mr Angus concluded by reiterating key take-away messages to maximize the impact of alcohol pricing policies (Box 2).

In his second presentation of the day, Jürgen Rehm described the results of a modelling study to demonstrate the potential of reducing cancer burden by increasing alcohol taxation in the Region. After presenting a brief overview of alcohol-attributable cancer burden in Europe, Mr Rehm explained the dose–response relationship for each cancer type (oral cavity, oropharynx, oesophagus, liver, larynx, colorectum and the female breast) cause by alcohol
consumption, stressing that the risk of cancer begins with the first drop of alcohol consumed. Because this dose–response relationship is exponential, it was used to model the number of reduced cancer cases if alcohol taxes were increased and alcohol consumption subsequently reduced.

Mr Rehm presented different scenarios of what could happen to cancer incidence in the Region. One scenario reported on prevented cancer cases if current tax rates in countries were raised by a certain percentage, and another if alcohol taxes of all countries were increased to the alcohol tax level currently in place in Finland, a country with one of the highest alcohol taxes in the Region. All modelling scenarios demonstrated the potential for substantial public health gains through reduction of alcohol-attributable cancers. Mr Rehm also emphasized that the full impact of such a taxation intervention would only be felt within a decade due to slow cancer progression.

Country presentations

Diana Andreasyan, Head of the National Health Information Analytic Centre at the Armenian National Institute of Health, and Kristine Galstyan, Team Leader of the Public Health Department at the Armenian Ministry of Health, shared more details of Armenia’s current developments in alcohol policy. Recent trends in alcohol consumption point to an increase in binge drinking, high prevalence of spirits consumption and earlier initiation of alcohol drinking among young people. In 2020 a process was initiated to develop exclusive national policy to regulate alcohol, covering regulation of sales, production, labelling, information on health hazards, and restrictions on sales in public areas, health facilities and cultural venues. Despite the intention to also increase pricing, limited collaboration with the Ministry of Economy makes it challenging to influence pricing policies. The existing minimum unit pricing policy is regulated by legislation but has not yet fully been implemented. Lack of substantial evidence linking alcohol to specific diseases, particularly cancer and cardiovascular diseases, is problematic, although the WHO NCD investment case report on Armenia (14) has been used in discussions with the Ministry of the Economy to demonstrate health gains that can result from a comprehensive package of measures. There is therefore a need to improve intersectoral collaboration to achieve impact.
Session VI

Screening and brief interventions and community action: what we need to do to keep up in these areas

Key messages

► Action at community level is an important priority area that puts emphasis on collective action to harness the experience of the community to promote healthy behaviours and lifestyles.

► Much less success has been achieved by CIS countries in the area of community action as in pricing and advertising, making community action the focus for the next five years.

► Community-level measures normalize healthy behaviours and lifestyles, leading to gradual acceptance as a norm rather than the exception.

► Pilot projects on the implementation of SBIs pointed to the challenges posed by historical legacies of health system structures, cultural attitudes towards alcohol, lack of education and training of health professionals, lack of time and tenuous links to individual health conditions.

► Digitalization could facilitate implementation of SBIs in health settings, addressing some of these challenges by helping personalize health-risk assessments, saving time for health-care providers and accounting for contextual specificities.
Maria Neufeld, Consultant at the WHO European Office for the Prevention and Control of Noncommunicable Diseases, opened the session by introducing the priority area of community and workplace action and broader health system response in relation to alcohol. Ms Neufeld noted that while CIS countries have largely been successful in the previously discussed priority areas, much more needs to be done to improve policies in the area of community action, which has been identified as a priority for the next five years.

Community action in relation to alcohol measures relies on building knowledge and experience available within communities to influence collective behaviour and is based on three streams of work: 1) prevention at the level of schools and other education institutions; 2) prevention in the workplace; and 3) harm-reduction measures at community level. Ms Neufeld stressed that community action is targeted at health promotion and prevention broadly and is about changing the community context, such as an educational space or a workplace.

She outlined the example of a model package of corporate programmes to improve workforce health that was developed in the Russian Federation. The package presents step-by-step guidance for employers, outlining what can be done to improve the health of their staff (15). Examples of specific measures to tackle alcohol included in the package are the introduction of routine testing for alcohol through breath analysers to prevent an intoxicated person from assuming work duties, conducting routine screening procedures for alcohol use and the associated risk levels with standardized tests like the AUDIT, and holding alcohol-free corporate events to establish and normalize alcohol-free work environments. Ms Neufeld concluded the presentation by reiterating the importance of community-based interventions to overall health improvement and, just as important, to framing the context of alcohol policy. She emphasized that decision-makers should start acknowledging that alcohol-free environments should be the norm rather than an exception because alcohol does not only harm individuals, but also their communities.

Oleg Yussopov, Director of the Monitoring Centre for Alcohol and Drugs in Kazakhstan, highlighted his experience with a pilot project on introducing SBIs at primary care level in Kazakhstan. A review of the national database health records revealed that only 1% of the analysed records documented alcohol-use disorders, which is even lower than the official government statistics on alcohol-use disorders. This points to problems identifying individuals who may need help to deal with their disorders and difficulties in accessing treatment. Although several projects were taking place across the country, the SBI concept of providing early screening and intervention for potential alcohol-use disorders was still fairly new and unfamiliar to medical personnel in Kazakhstan several years ago, highlighting the need for training.

In 2018, in collaboration with four organizations, a study was initiated to determine whether primary health-care conditions in Kazakhstan were conducive to the introduction of SBIs. The main goal of the study was to compare two approaches – first, SBIs only, and second, screening followed by standard treatment practice for alcohol-use disorders. The aim was to understand the effectiveness of each approach and their acceptability to medical staff. The study has not yet been published, but Mr Yussopov shared preliminary
indications that reduction in alcohol consumption occurred in both groups. In addition, several important insights were provided on the use of SBIs, such as ease of use, simplicity, importance of the prior relationship with the client, linking alcohol use to the person’s specific health problems and availability of necessary materials. Reported challenges and barriers included time, definition of a standard drink (a measure unit used in the AUDIT to assess drinking behaviours), reliability of responses, extra workload for health professionals to carry out the interventions, and health professionals’ attitudes towards alcohol, which might influence their clients’ answers. In conclusion, Mr Yussopov shared several specific recommendations for successful introduction of SBIs in Kazakhstan and potentially other CIS countries (Box 3).

Anna Bunova, junior researcher at the National Medical Research Centre for Therapy and Preventive Medicine of the Ministry of Health of the Russian Federation, presented on opportunities offered by digital tools to facilitate access to screening and brief interventions. Ms Bunova noted that to understand if and how digitalization can support SBIs, it is important to understand the main barriers to successful SBI implementation in practice. One such challenge is the use of the standard drink4 as a unit of measurement in alcohol screening procedures to define the quantity and frequency of individual intake. Difficulties in using the concept of the standard drink were revealed during the adaptation and validation process of the AUDIT test in the Russian Federation (16). It was shown that it was very difficult to access the number of consumed standard drinks without proper drink visualization.

In an earlier study among health-care providers in the Russian Federation (17), several barriers to effective use of SBIs were identified, including lack of time, the need for special training, absence of normative frameworks, patient reluctance to discuss their alcohol problems and absence of financial incentives. These challenges have also been reported by health-care providers in other countries. Keeping these barriers in mind, Ms Bunova proceeded to highlight specific opportunities presented by digitalization to facilitate delivery of SBIs for alcohol (Box 4).

To fully realize the potential of digital tools, they need to be scientifically validated. A recent review of alcohol risk reduction mobile applications in the Russian Federation (18) showed that despite their functionality and usability, the application’s evidence base was weak, carrying the risk of providing misinformation or inaccurate assessment of drinking risk level. To avoid this, Ms Bunova stressed the importance of involving alcohol experts in the development of mobile applications. The presentation was concluded with a brief overview of a new mobile application currently being developed by the Heidelberg Institute of Global Health, Germany, in collaboration with WHO. The most important feature of this application is its animated digital assessment of consumed volumes of alcohol, which offers accurate assessment of alcohol and generation of personalized risk assessment.

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4 The concept of a standard drink helps to measure the absolute alcohol content of various beverage types and serving sizes. Various European countries have a standard drink which is equivalent to 10–12 g of pure alcohol, but standard drink sizes vary by country.
Tudor Vasiliev, Director of the Republican Narcology Dispensary of the Republic of Moldova, shared his country’s experience of introducing SBIs for alcohol and provided examples of challenges that were encountered. Mr Vasiliev noted that getting buy in from family doctors for SBIs was one of the biggest challenges. This reflected historically divided responsibilities within the health system, with specialized narcology settings traditionally being responsible for the treatment of patients with alcohol-use disorders. Although testing and screening for alcohol-use disorders have been included in the clinical family medicine protocol since 2010, most doctors did not use it due to limited familiarity with the approach. Cultural specificity related to not considering wine as alcohol further diminished the perception of the relevance of SBIs among family medicine practitioners. Education and training therefore were important elements in creating awareness of and promoting SBIs.

Within a three-year period, over 800 doctors and nurses went through SBI training focused on clarifying the definition of standard drinks and associated levels of risks. Parallel information campaigns were implemented to spread awareness, with alcohol-harm messages linked to specific health conditions. The main focus of information and training was to instil a strong sense of alcohol-associated risks not only to developing alcohol dependence, but also in relation to overall health and other health conditions. As part of this approach, it was frequently stressed that over 50% of patients with alcohol-related health outcomes come from the general public and not the clinical population of people diagnosed with alcohol-use disorders; these patients therefore fall under the responsibility of family doctors, and not addiction treatment specialists.

Mr Vasiliev concluded that many family doctors still struggle to incorporate alcohol screening into daily practices, and a set of simple questions has been developed to help them initiate discussions with their patients. He further reiterated that training and provision of financial incentives are of vital importance for implementation.

Daria Khaltourina, Head of the Risk-factors Prevention Department at the Federal Research Institute for Health Organization and Informatics of the Ministry of Health of the Russian Federation, highlighted several recent developments in the Russian Federation related to further strengthening public health legislation at regional level and provided some exemplary best practices in selected regions of the country.

As previously outlined by Ms Kolosnitsyna in her intervention on the effectiveness of alcohol availability restrictions in the Russian Federation, existing legislation enables regions to introduce additional restrictions on alcohol sales beyond the restrictions mandated at national level. Ms Khaltourina emphasized that this practice has proven to be very effective and should be considered by other countries. Some regions have introduced further restrictions that go beyond sale hours and are related to sale locations and licensing requirements. For instance, some have increased the authorized capital – the obligatory financial
contribution that alcohol retail outlets must have to obtain a license – by 1 million roubles.

Ms Khalturina shared several other examples of regional alcohol policy measures, many of which have resulted in significant mortality declines and increased life expectancy among men and women. Specific examples of regional measures include a complete ban on alcohol sales in certain residential areas, restricted sales of ethanol-based products in pharmacies to curb consumption of surrogate alcohol, implementation of SBIs into routine care in health services and expanded road sobriety checks.

Country presentations

**Aigerim Sadubaeva**, Chief Public Health Expert at the Ministry of Health of Kazakhstan, provided an overview of recent alcohol developments in the country. She noted a 57.5% reduction in governmental statistics on alcohol dependence over the last five years. Significant reductions have also been observed in other key indicators, including alcohol dependence among young people, other types of alcohol-use disorders and alcohol per capita consumption at population level.

Recently released health legislation proposes a series of strict alcohol control measures such as increases in the minimum retail prices of alcoholic beverages, doubling of excise taxes and implementation of new age restrictions starting from 2020. Several large-scale public health information campaigns have been implemented focusing on behavioural risk factors and promotion of healthy lifestyles across all regions of the country.

Other activities Ms Sadubaeva shared with participants included expansion of health infrastructure and staff to increase access to treatment for alcohol-use disorders, finalizing the clinical protocol to diagnose alcohol-use disorders in accordance with global standards, and the introduction of fines for drinking in public places or displaying disruptive behaviours as a result of intoxication. The presentation was concluded with a note of an upcoming WHO STEPS survey shortly to be carried out in Kazakhstan.
Key messages

► Only a small minority of countries in the WHO European Region (eight of 53) have labelling legislation in place that covers all three recommended areas: ingredients, nutritional value and health information.
► Most of the countries with comprehensive labelling legislation are in the eastern part of the WHO European Region, with CIS countries making most progress so far.
► Most legislation reviewed in 2018 was recent and had not fully been implemented.
► A substantial amount of industry-led self-regulating labelling practices was found in EU countries, but most did not comply with public health-informed recommendations and were seemingly used to defer mandatory regulations.
► Constant monitoring and evaluation of labelling policies should be carried out and specific guidance developed, reflecting the lessons learned in the area of tobacco control, such as rotation of health messages and use of graphical health warnings.
► While the WHO Framework Convention on Tobacco Control has allowed countries to make significant progress in introducing key tobacco control measures such as labelling, no such international mechanism exists for alcohol. The idea of such a framework being developed for alcohol should be explored.
► Improvement in alcohol labelling policies presents one of the most promising areas in alcohol control, as alcohol labels are cheap to implement and reach many consumers.
In the final session of the day, Eva Jané-Llopis, Director of Health, Sustainable Development Goals and Social Innovation at ESADE Business School, Spain, provided a summary of the Health Evidence Network synthesis report on the implementation of alcohol labelling in the WHO European Region (19). Ms Jané-Llopis explained the importance of labelling of alcoholic beverages to inform consumers on the ingredients and nutritional value of alcoholic beverages consumed and any potential health harms caused by alcohol so consumers can make informed decisions. The systematic review of labelling legislation in the WHO European Region has shown that in 2018, 62% of countries did not have any ingredient and nutrition labelling legislation in place, and those that did were largely incomplete. The majority of countries (74%) did not have any legislation on the provision of health information in place on labels of alcoholic beverages (Fig. 3).

Explaining the distribution of legislation by country, Ms Jané-Llopis commended the meeting participants, stating that many CIS countries are ahead of other European countries in labelling legislation, including specification of labelling sizes (20). EU countries, in contrast, not only lack legislation, but also lack the depth and comprehensiveness of health messaging. For instance, many of the health messages found in EU countries focus mainly on pregnancy and underage drinking, reflecting population groups in which consumption of alcohol is socially condemned. Ms Jané-Llopis noted that only a very small number of countries in the Region (eight of 53) have comprehensive labelling

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**Fig. 3. Legislation on ingredients, nutritional and health information labelling in the WHO European Region**

Source: WHO Regional Office for Europe (19).
legislation in all three recommended areas of ingredients listing, nutritional value and health-related information. Most of the reviewed legislation was recent and had not yet fully been implemented. Also, a significant amount of industry-led labelling provisions (self-regulation) were found in the EU, but most were not in compliance with WHO and other public health-informed guidance on alcohol labelling. In conclusion, Ms Jané-Llopis emphasized that there is an evident need for specific labelling legislation that covers all three areas as well as international guidelines, and constant monitoring and evaluation of alcohol labelling practices in the Region.

Aleksey Kiselev-Romanov, Consultant at the WHO European Office for the Prevention and Control of Noncommunicable Diseases, gave a short overview of WHO guidelines for labelling of alcoholic beverages (21). Referring to a discussion document on policy options for alcohol labelling developed by the WHO Regional Office for Europe, Mr Kiselev-Romanov reiterated that so far, very few countries considered the guidance in this area and stressed there is still a lot of room for improvement.

Mr Kiselev-Romanov shared several important take-away messages from the WHO discussion document on labelling, such as the importance of involving ministries of health in the design of labels and health warnings of alcoholic beverages, avoiding information overload by restricting the number of health messages and pictograms, and introducing a rotation principle for any health warnings, following existing practice in tobacco control as outlined in the WHO Framework Convention on Tobacco Control. In conclusion, Mr Kiselev-Romanov reiterated that this priority area holds much promise, as alcohol labelling is one of the cheapest measures available in the area of alcohol control and messages displayed on labels of alcoholic beverages have the potential to reach so many consumers.

Country presentations

Nodira Adilova, Narcologist of the Tashkent City Narcological Dispensary, Uzbekistan, shared the country’s experiences of introducing health warnings on the labels of alcoholic beverages and at points of sale. She explained that this area is regulated by the Law of the Republic of Uzbekistan on the restriction of distribution and consumption of alcoholic and tobacco products, which includes specific requirements for packaging and labelling of alcoholic beverages and tobacco products. According to the requirements, the labels of alcoholic beverages must contain a medical warning occupying at least 40% of the main area of the label in the form of a text inscription and/or drawing stating, “Alcohol abuse leads to serious diseases of the nervous system and internal organs”. The message must be displayed in Russian and Uzbek languages (an example of such a label is presented in Fig. 4).

Ms Adilova also pointed out that some health warnings on containers are difficult to read by consumers, as the legislation does not specify the font that has to be used when displaying the message or the background to ensure readability.
She further noted that the same law mandates the display of health-warning signs in every alcohol and tobacco retail outlet. Sale outlets also have to display a message stating that alcoholic beverages cannot be sold to persons under the age of 20, which is the minimum drinking age in accordance with national law.

The discussion of this session focused on the feasibility of conducting research to assess the impact of alcohol health warnings, following the lessons learned in the area of tobacco control. Besides the health warnings in text and pictograms and rotation health messages, examples of practices could include the introduction of graphical health warnings and standardized plain alcohol packaging. Recognizing the unique challenges this may present, some participants mentioned that the absence of an international framework convention (as there is for tobacco) is hindering progress in this area. The idea of such an international binding mechanism for alcohol should be further explored, given the enormous progress that countries could make thanks to the WHO Framework Convention on Tobacco Control.
Closing session and conclusions of the meeting
In his concluding remarks, João Breda, the Head of the WHO European Office for Prevention and Control of Noncommunicable Diseases, expressed his gratitude for the work done by CIS countries in the key areas of alcohol control. He emphasized that action taken by CIS countries in reducing alcohol consumption and harms sets an example for other countries, not limited to the WHO European Region. Mr Breda further spoke about the impact of the COVID-19 pandemic, which underscored the significance of addressing public health and the importance of support among all the stakeholders. He noted that the current focus of the network on policies, research and data is particularly important as it puts the role of health systems at the forefront in providing better responses in many areas of alcohol control that require integrated approaches. To conclude, Mr Breda commended the group on the establishment of the CIS Alcohol Policy Network which, while still young, is an important development that lays the foundation for future work by bringing important contributions from CIS countries to share with each other and the rest of the WHO European Region.

The second technical meeting of the CIS Alcohol Policy Network provided a platform and a networking opportunity for CIS countries to exchange successes and challenges in implementing alcohol control measures. From the discussions that took place over the course of the meeting, it became evident that some progress has been made at country level in several previously lagging policies, particularly in the area of pricing policies, where several countries reported substantial advances. The need to better understand and regulate online marketing was highlighted prominently during the meeting. Posing unique challenges due to its broad appeal, especially to young people, and its cross-border activity, online marketing is an emerging area for which legislation and regulations often lag. Several countries noted efforts to strengthen online advertising policies, but these measures often are hindered in other settings by limited enforcement mechanisms. Establishment of dedicated structures for this purpose has been successful in parts of the Region and can serve as a model.

The meeting also brought to light another important development, which is the creation and continuation of national alcohol strategies and action plans, some of which are integrated into broader NCD frameworks. This points to the growing recognition of alcohol-related harm at individual and societal levels and the need for concerted approaches to alcohol control measures while giving ministries of health stronger mandates over vital (yet previously largely siloed) areas of alcohol regulation.

The need for more robust research and evaluation capacity at country level was emphasized by participants, especially in light of the ongoing COVID-19 pandemic. The availability of a stronger evidence base on the impact of alcohol control measures is an important precondition for effectively and convincingly conveying the need to implement alcohol control, especially when engaging with stakeholders from different sectors. More efforts are needed to build capacity at national level in relation to collection and analysis of data on the impact of alcohol policies and to disseminate knowledge in the public domain and raise awareness on the multifaceted harms caused by alcohol.

The meeting concluded with an important discussion and consideration of the value of a global legal regulation instrument for alcohol, such as a framework on alcohol control, to bolster national-level efforts.
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**Scope and purpose of the meeting**

Countries of the Commonwealth of Independent States (CIS) can be considered as so-called first movers of implementing alcohol control policies and the European Action Plan to Reduce the Harmful Use of Alcohol 2012–2020 (EAPA). Their contribution to reaching the noncommunicable disease (NCD) target of a 10% reduction in the harmful use of alcohol by 2025 in the WHO European Region was crucial. Thanks to the various alcohol control measures introduced in these countries, an overall reduction of alcohol consumption could be achieved in the WHO European Region.

Yet CIS countries often remain under-researched success stories of alcohol control and more efforts are needed to review and analyse the experiences collected in these countries and to document the lessons learned for the rest of the WHO European Region, where overall progress has been halting in recent years. This seems even more urgent and important in light of the upcoming framework to strengthen implementation of the WHO European Action Plan to Reduce the Harmful Use of Alcohol for the period 2021–2025, to which Member States will be asked to contribute.

The WHO-initiated Alcohol Policy Network of CIS countries provides a platform for knowledge and experience exchange on the implementation of alcohol control in the CIS. A first meeting of the network was held on 4–5 December 2019 in Moscow, Russian Federation, following a request from respective Member States. Following the success of this first landmark meeting, the WHO Regional Office for Europe convenes a virtual technical meeting of the CIS Alcohol Policy Network to discuss countries’ priorities and contributions to strengthening implementation of key priority areas of the EAPA.

The technical meeting aims to:

- discuss the progress made in alcohol control in CIS countries over the past year;
- provide a forum to exchange experiences and success stories in the respective areas and lessons learned; and
- discuss the priority areas and concrete actions for the framework to strengthen implementation of the EAPA.

The meeting structure involves group discussions and sharing of experiences among the participants. 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 prior to the meeting.
Annex 2.

Provisional agenda

Provisional agenda
1. Opening session
2. Reflection from the last Commonwealth of Independent States (CIS) meeting in 2019, presentation of the meeting report and country updates
3. Updates on the consultation process and the framework of actions to strengthen implementation of the European Action Plan
5. Action area – availability: how to restrict and when to restrict to prevent the most harm
6. Action area – pricing: how many lives can be saved with higher excise taxes in the CIS: presentation of the WHO pricing update report
7. Action area – health information: consumers have the right to know, producers have the obligation to inform: presentation of the Health Evidence Network labelling report and the WHO discussion document on labelling
8. Action area – health services’ response: where are we with implementing screening and brief interventions in the CIS?
9. Action area – community action: examples of community action from the CIS
10. Successes and challenges in pricing policies – the case of minimum unit prices
11. Summary of progress and challenges in the areas and closing session
Annex 3.

Participants

Technical online meeting of the CIS alcohol policy network to strengthen the implementation of key priority areas of the WHO European Action Plan to Reduce the Harmful Use of Alcohol

20 October 2020

18 September 2020

Original: English

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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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Portugal
Republic of Moldova
Romania
Russian Federation
San Marino
Serbia
Slovakia
Slovenia
Spain
Sweden
Switzerland
Tajikistan
Turkey
Turkmenistan
Ukraine
United Kingdom
Uzbekistan