

Meeting of the World Health Organization (WHO) Collaborating Centers

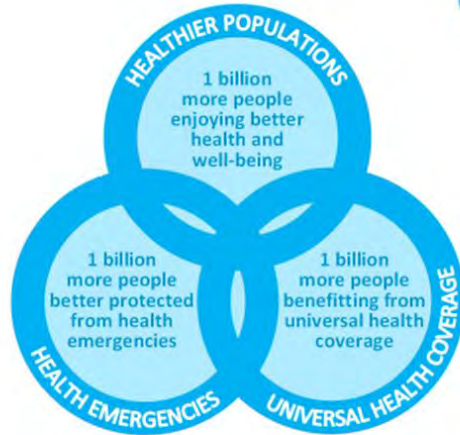
WHO Best Buys and other priority areas for NCD risk factors

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3 Billion goals in WHO General Programme of Work 2019-2023



the transformation effort



In GPW 13 (WHA May 2018), WHO pledges to monitor the world's progress – and the Secretariat's contribution – towards the three ambitious SDG-based goals

Goals and targets

SUSTAINABLE DEVELOPMENT GOALS



Ensure healthy lives and promote well-being for all at all ages

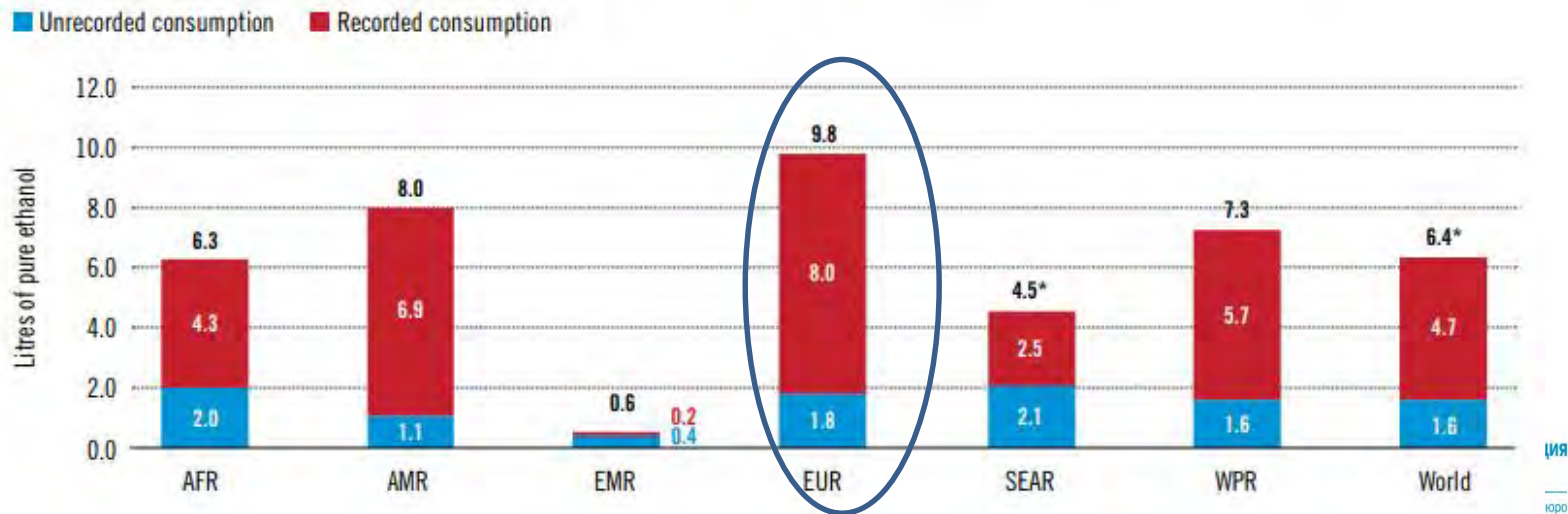
- 3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drugs and harmful use of alcohol
- 3.3 Ending the AIDS epidemic and combating hepatitis,
- 3.4 Prevention and treatment of noncommunicable diseases and promotion of mental health
- 3.8 Universal health coverage
- 3.b Access to essential medicines.

9 GLOBAL TARGETS FOR NONCOMMUNICABLE DISEASES FOR 2025



Global Status Report 2018

Figure 3.4 Total, unrecorded and recorded alcohol per capita consumption (APC) (15+ years) in litres of pure alcohol by WHO region and the world, 2016

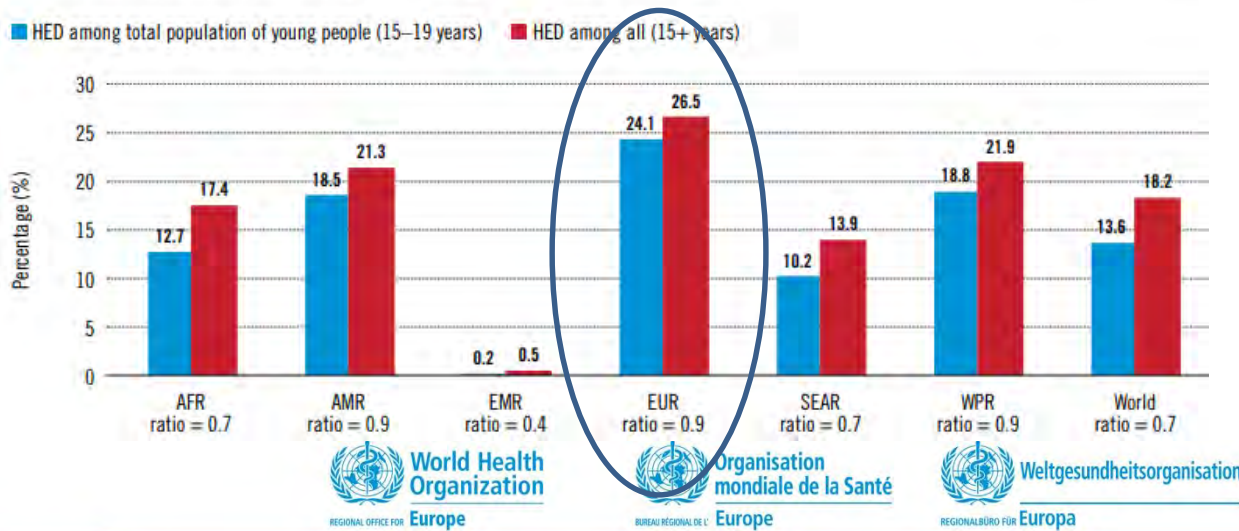




Global Status Report 2018



Figure 3.12 Prevalence (in %) of heavy episodic drinking (HED) among the total population aged 15 years and older and adolescents (15–19 years) and the corresponding adolescents-to-all ratios of HED prevalence by WHO region and the world, 2016



Europe continues to have the highest levels of alcohol consumption in the world, resulting in the highest share of all deaths, attributable to alcohol consumption. These indicators and alcohol policy responses in the 28 European Union (EU) Member States, Norway and Switzerland in 2016 were analysed and compared with the situation in 2010. Results show that there were no significant changes in the levels of alcohol per capita consumption (the main determinant of harm) since 2010, and highlight that Europe still faces an enormous challenge to reduce the burden that alcohol places on its citizens. Despite the overwhelming evidence on the role of alcohol in premature mortality and disability, nearly half of the male population continues to engage in heavy episodic drinking and more than 60% of adolescents (15–19) are current drinkers.

Every day, about 800 people in Europe die from alcohol-attributable causes. Most were people in relatively high proportion of alcohol harm occurs early in the life course, with one in every four deaths among young adults aged 20–24 being caused by alcohol. Achievements in 10 key areas of alcohol policy show wide differences between countries and signal a need for improvement. Reduction in alcohol-attributable ill health and social harm has been verified in the period, but they are limited in nature. EU Member States, Norway and Switzerland therefore need to step up implementation of evidence-based policies aimed to decrease levels of consumption and harmful drinking patterns. This is critical to improving the health and well-being of European citizens and supporting the sustainability and productivity of the EU as a whole.

European Status Report 2018

Fig. 2. Proportion of deaths caused by alcohol by age and sex in the EU+, 2016



European action – 10 action areas

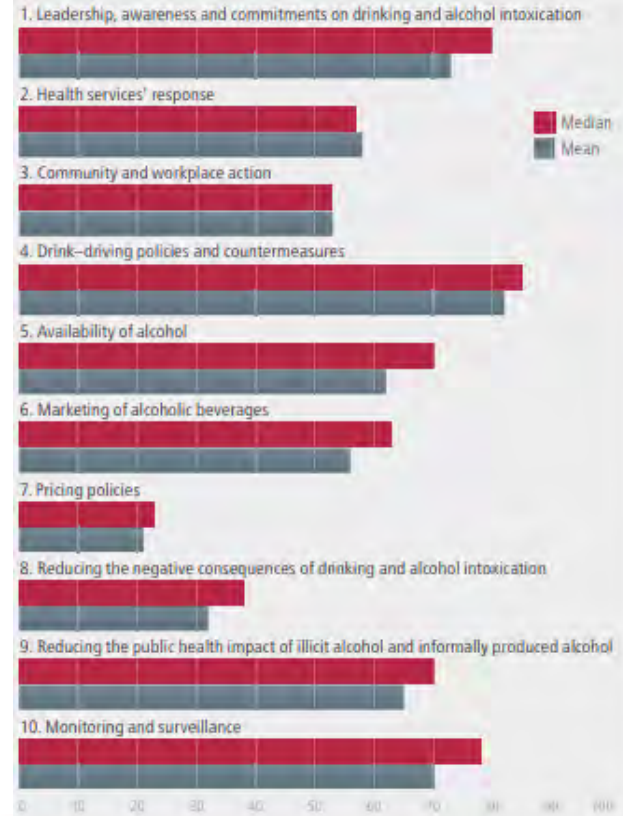
- Leadership, awareness and commitment
- Health services' response
- Community action
- Policies and countermeasures on drink–driving
- Availability of alcohol
- Marketing of alcoholic beverages
- Pricing policies
- Reducing the negative consequences of drinking and alcohol intoxication
- Reducing the public health impact of illicit and informally produced alcohol
- Monitoring and surveillance



Scoring Tool



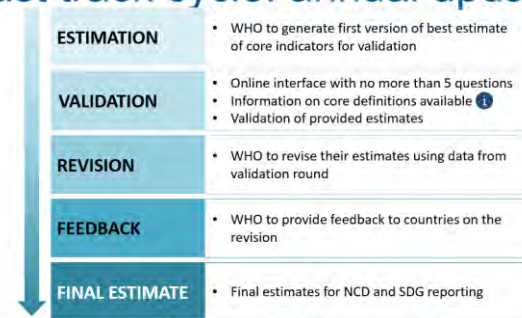
Fig. 4. Levels of alcohol policy implementation in the EU+ in 2016, assessed with the EAPA scores



Other priority areas for NCD risk factors

- Fast-track mechanism for monitoring alcohol consumption, harm and policy implementation and report
- Initiative on reducing binge drinking and alcohol attributable mortality in young people
- Addressing marketing of alcoholic beverages to young people (digital marketing)

Fast track cycle: annual updates

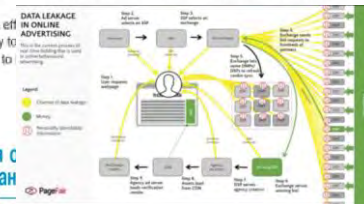


Expert meeting on monitoring of digital marketing of unhealthy foods (HFSS) and beverages, alcohol and tobacco to children and adolescents



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

WHO/Europe is organizing a meeting to extend its efforts targeted at children. The meeting will pave the way to children and young people, and will hopefully lead to European Region.



Other priority areas for NCD risk factors

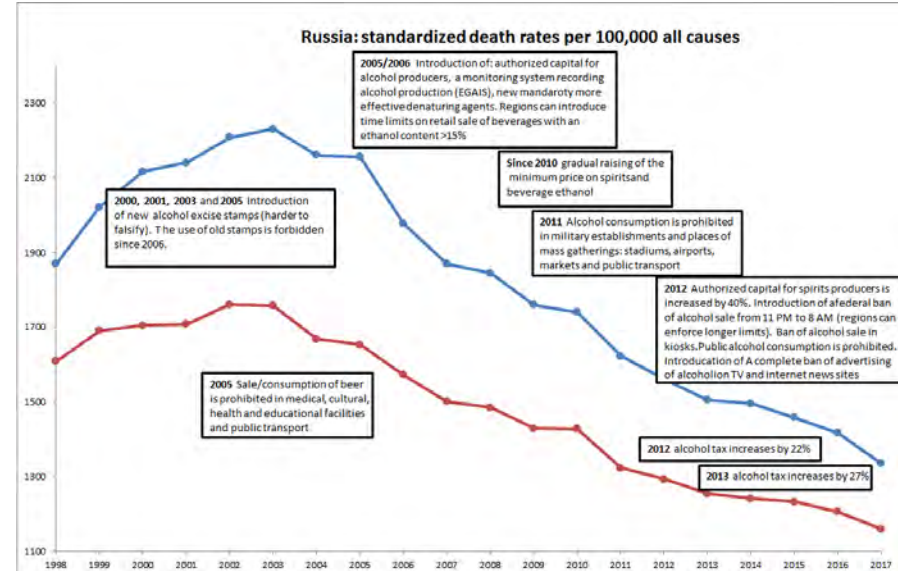
- Monitoring the European Action Plan on Alcohol
 - Factsheets on national implementation of alcohol policies
 - Guide on actions to facilitate policy implementation, namely 3 best buys
 - Tool package to evaluate implementation of best buys on alcohol
- Evidence-based policy (HEN report)
 - a) Alcoholic beverages labeling
 - b) Interventions in primary health care
 - c) Health Vs Economics
 -
- Policy impact – country case studies

Policy impact – case studies

Alcohol Policy Factors Timeline in Russia

VII 2005	Set of major changes of Federal Law No. 171-FZ of 22 November 1995	I 2013	Prohibition of night sales of any alcohol beverages (>0,5% vol. 23.00-8.00)
I 2006	Prohibition of night retail sales of spirits (>40% vol. 23.00-8.00)	I 2013	Further alcohol advertising restrictions (printed media)
IV 2008	Amendments to the Law on Advertising Tobacco and Alcohol Products (objects of transportation infrastructure advertising ban)	I 2013	Further increase of minimal retail prices of alcohol beverages (= 170 RUR)
I 2010	Minimal retail prices for alcohol beverages first established (0,5 l. vodka = 89 RUR)	IX 2013	Zero alcohol tolerance for drivers replaced 0,16 g/l breathalyser limit. simultaneously with more severe drunk driving punishment
VII 2010	Zero alcohol tolerance for drivers introduced	III 2014	Further increase of fines for alcohol sales to minors and criminal responsibility (30-50,000 individuals, 100-200,000 officials, 300-500,000 RUR entities)
IX 2010	Prohibition of night retail sales of medium strength beverages (>15% vol. retail sales 22.00-10.00)	III 2014	Increase of minimal prices for spirits (= 199 RUR)
VII 2011	Increase of fines and administrative responsibility for alcohol sales to minors (3-5,000 individuals, 10-20,000 officials, 80-100,000 entities)	VIII 2014	Increase of minimal prices for spirits (= 220 RUR)
VII 2011	Prohibition of alcohol sales at gas stations	II 2015	Decrease of minimal retail price for vodka (= 185)
VII 2012	Sales of all alcohol beverages, including beer >5% are regulated (kiosks and small-size shops, at public transport stops)	VII 2016	Increase of minimal prices for spirits (= 190 RUR)
VII 2012	Alcohol advertising restrictions (Internet and in electronic media)	V 2017	Increase of minimal prices for spirits (= 205 RUR)

↓ availability ↓ marketing ↓ pricing ↓ drink driving



Screening & brief interventions for alcohol



30

AUDIT-C. Пример суммы: 6

	Система начисления баллов					Ваша сумма
	0	1	2	3	4	
1. Как часто Вы употребляете алкогольные напитки?	Никог-да	Раз в месяц или реже	2-4 раза в месяц	2-3 раза в неделю	4+ раза в неделю	3
2. Сколько стандартных порций алкогольных напитков (10 г этанола) Вы обычно употребляете в день, когда выпиваете?	1-2	3-4	5-6	7-9	10+	1
3. Как часто Вы выпиваете шесть стандартных порций (60 г этанола) или более за один раз?	Никог-да	Менее 1 раза в месяц	Ежемесячно	Ежед-ельно	Ежед-ельно или почти ежедневно	2

Scaling up screening and Brief Interventions (SBI) in CIS countries

Other priority areas for NCD risk factors

- Alcohol playbook to support countries on their engagement with stakeholders
 - Collecting numerous evidence-based arguments from different thematic areas
- Industry interference



Alcohol and Cancer

WHO highlights link between alcohol and cancer at the European Parliament

- Report on alcohol and cancer
-gambling

Top story



[Raising awareness of the link between alcohol and cancer](#)

02-02-2018

World Cancer Day on 4 February 2018 is an opportunity to reinforce the important message that alcohol use is associated with an increased risk of cancer, and to call for the implementation of effective measures to reduce the overall use of alcohol.

WHO : Prisons and health

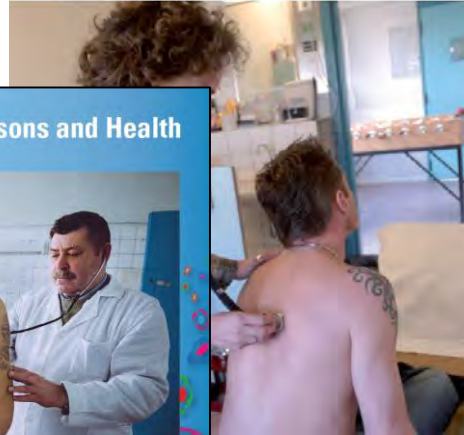


EUROPE



Health in prisons

A WHO guide to the essentials in prison health



Prisons and Health



Organisation
mondiale de Santé
REGIONAL OFFICE FOR Europe

Organisation
mondiale de Santé
BUREAU REGIONAL DE L'Europe

Weltgesundheitsorganisation
REGIONALBÜRO FÜR Europa



B
3
E



World Health Organization
REGIONAL OFFICE FOR Europe

Food systems in correctional settings

A literature review and case study

GOOD PRACTICES IN THE PREVENTION AND CARE OF TUBERCULOSIS AND DRUG-RESISTANT TUBERCULOSIS IN CORRECTIONAL FACILITIES

World Health Organization
REGIONAL OFFICE FOR Europe

Preventing overdose deaths in the criminal-justice system

Indicator set – 7 domains

Population demographics (7 indicators)

E.g. total number of prisoners, number of female prisoners

Prison health systems (21 indicators)

E.g. government ministry responsible for prison health, health workforce statistics

Risk factors for diseases (10 indicators)

E.g. Risk factor prevalence (smoking, obesity, drug and alcohol use), testing protocols

Disease screening (24 indicators)

E.g. testing protocols, % tested and number of cases (E.g. HIV, Hep B & C, TB), availability of mental health disorder screening

Prevention of communicable and non-communicable diseases (14 indicators)

E.g. availability of disease prevention programmes such as needle exchange, availability of drug-free units

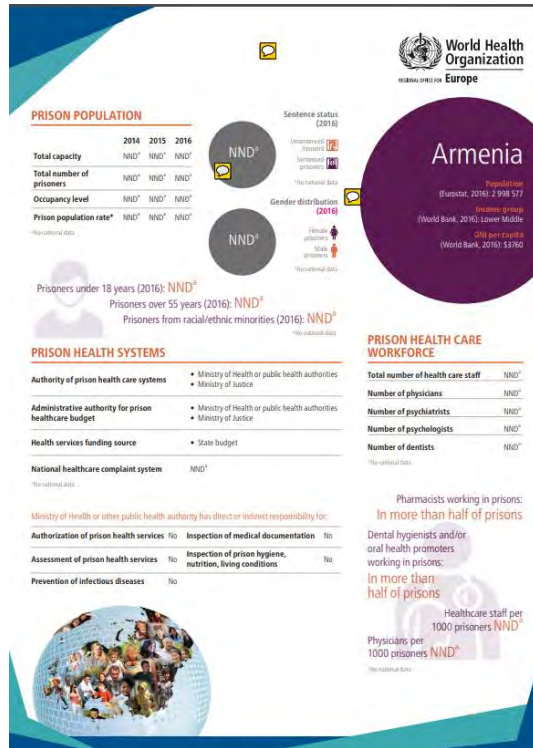
Treatment of communicable and non-communicable diseases (7 indicators)

E.g. numbers in treatment for opioid addiction, HIV and Hep C, availability of mental health support

Mortality data (4 indicators)

E.g. total number of deaths, number of <18 deaths, number of deaths by suicide

Country profiles



PRISON ENVIRONMENT AND RISK FACTORS

Smoke-free cells	NND ^a
Drug-free units available	In more than half of prisons
Number of prisoners in drug-free units	NND ^a
Meals produced in centralized kitchen for sentenced prisoners	In all prisons
Urine or sputum screening for illicit drug use	NND ^a
Number of prisoners tested for illicit drugs	NND ^a
Screening for harmful use of alcohol	NND ^a
Screening for severe mental health disorders	NND ^a

DISEASE SCREENING

HIV testing availability	NND ^a
Number of prisoners tested for HIV on or close to reception/Percentage of prisoners tested for HIV on or close to reception (%)	NND ^a
Screening for sexually transmitted infections (STIs) on or close to reception	NND ^a
Hepatitis B testing on or close to reception	NND ^a
Hepatitis C testing on or close to reception	NND ^a
Screening for oral health problems on or close to reception	NND ^a

Current injecting drug use NND^a
Ever injecting drug use NND^a

PREVALENCE OF COMMUNICABLE DISEASES

HIV and STIs	Male	Female
Number of positive HIV tests/Prevalence of positive HIV tests (%)	NND ^a	NND ^a
Number of cases of syphilis/Prevalence of syphilis cases (%)	NND ^a	NND ^a
Number of cases of chlamydia/Prevalence of chlamydia cases (%)	NND ^a	NND ^a

Hepatitis C

Percentage tested for anti-HCVs/Percentage of positive tests	NND ^a
Percentage tested for HCV PCR/Percentage positive tests	NND ^a

Tuberculosis

Number of prisoners tested for new or relapse TB/Percentage of prisoners tested for new or relapse TB (%) ¹	NND ^a
Number of new or relapse TB cases detected/Percentage of new or relapse TB cases detected (%) ²	NND ^a
Number of new or relapse cases of TB tested for MDR	NND ^a
Number of cases of MDR detected among new or relapse TB cases	NND ^a
Number of TB cases tested for HIV/Prevalence of all TB cases tested for HIV (%) ³	NND ^a
Number of TB cases positive for HIV/Prevalence of TB cases positive for HIV (%)	NND ^a

PREVENTION

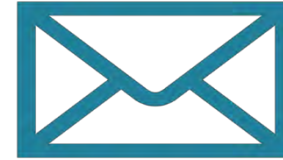
Condoms available/free of charge	In all prisons/Yes
Lubricants available/free of charge	In all prisons/Yes
Disinfectants for syringes, razors, tattoo equipment etc. available/free of charge	In all prisons/Yes
Needle/syringe exchange programmes for prisoners who inject drugs implemented	In all prisons
Non-supervised family/partner visits possible (including the possibility for sexual intercourse)	In all prisons
Full vaccination course against Hepatitis B in prisons	Offered to at-risk groups
Full Hepatitis B vaccination available from reception to pre-trial detention	Yes

Links between prison health system and community health systems for treatment:
Yes

Priority areas for prison's health

- International meeting
- HIPED Database - expansion
- Integrated package (SBI)
- Development of tools to support governance

More information on the WHO website



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

