Actis and Norwegian alcohol and drug policy

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About Actis

- Actis is a Norwegian umbrella organisation for NGOs in the alcohol and drugs field
- 32 member organisations in the fields of prevention, treatment, after care and self-help
- Founded in 2003 – but a continuation of organisations that date back to the 19th century
- Main office in Oslo (12 empoyees)
- Office in Brussels in cooperation with European networks (2 employees)



About Actis (cont.)

- Goal: To reduce health and social harms from alcohol, drugs and gambling
- An advocacy organisation: target the media, politicians and other decision makers
- Organise seminars and conferences, produce reports, take part in hearings and political processes, participate in the public debate and in the media
- Provide various services for our members – from offices to accounting services

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NGOs in the field of alcohol and drugs

- Long tradition for NGOs in the field of alcohol and drugs in Norway
- NGOs pioneers in developing policies and delivering relevant services
- Many NGO services have later been taken over by the state
- Some NGOs produce services for the state through public tenders or through projects

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NGO involvement in policy development

- NGOs are ”close to the ground” – can pick up new needs at an early stage
- Laboratories – can start (and change) services more rapidly than the state and municipalities
- Competence – combination of grass roots involvement and hands-on experience
- Credibility – can offer volunteers and peer support
- Bridge gap between policy and grassroots
- Schools in democracy – train people in democratic processes, representation of diverse views in debate

«Health in all policies»

- Alcohol and drug policies are intersectoral
- Health is a dominant perspective
  - But many of the ”tools” are found in other sectors
    - Taxation (finance)
    - Restrictions on availability (law enforcement, customs)
    - Advertising restrictions (culture)
    - Licencing and opening hours (trade and industry, local authorities, zoning authorities)
    - Prevention (culture, sports, schools, health)
    - Treatment (health – local level and state level)

Actis' advocacy work

- We have to work with several Ministries
- We have to work with several Parliamentary Committees
- We have to work on both the national and municipal level
- And since alcohol and drug policies also have an international dimension, we have to work on the international level.

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Actis' international work

- A need to be on the arenas that influence the context of national policies
- Useful to have information about international developments in the national debate
- Possible to influence policy developments that affect us
- Participate in European networks in the field of alcohol and drugs (NordAN, Eurocare + EURAD)

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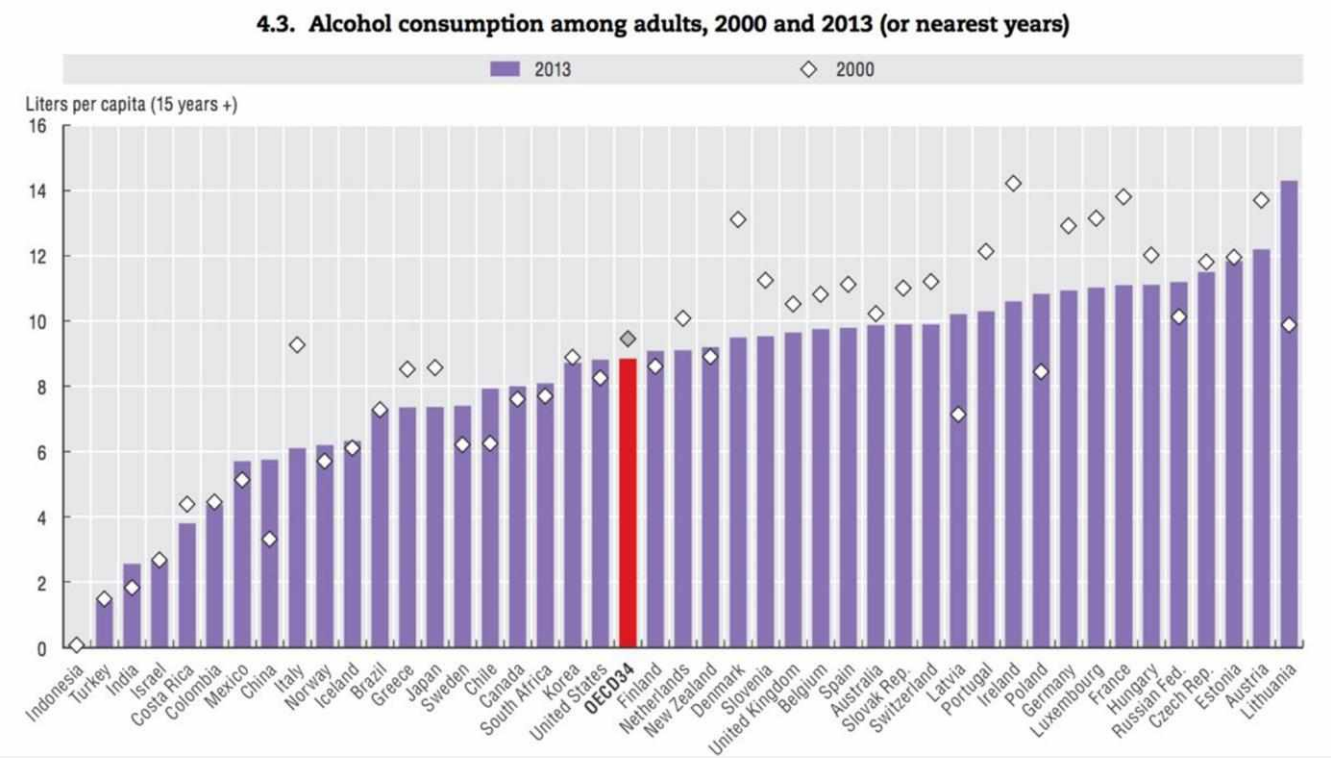
Alcohol and drugs in Norway

Norway has relatively low alcohol consumption compared to most other countries

But a tendency to binge drink (intoxication)

Increased from the early 1990s to 2008 but has since levelled off and maybe even dropped



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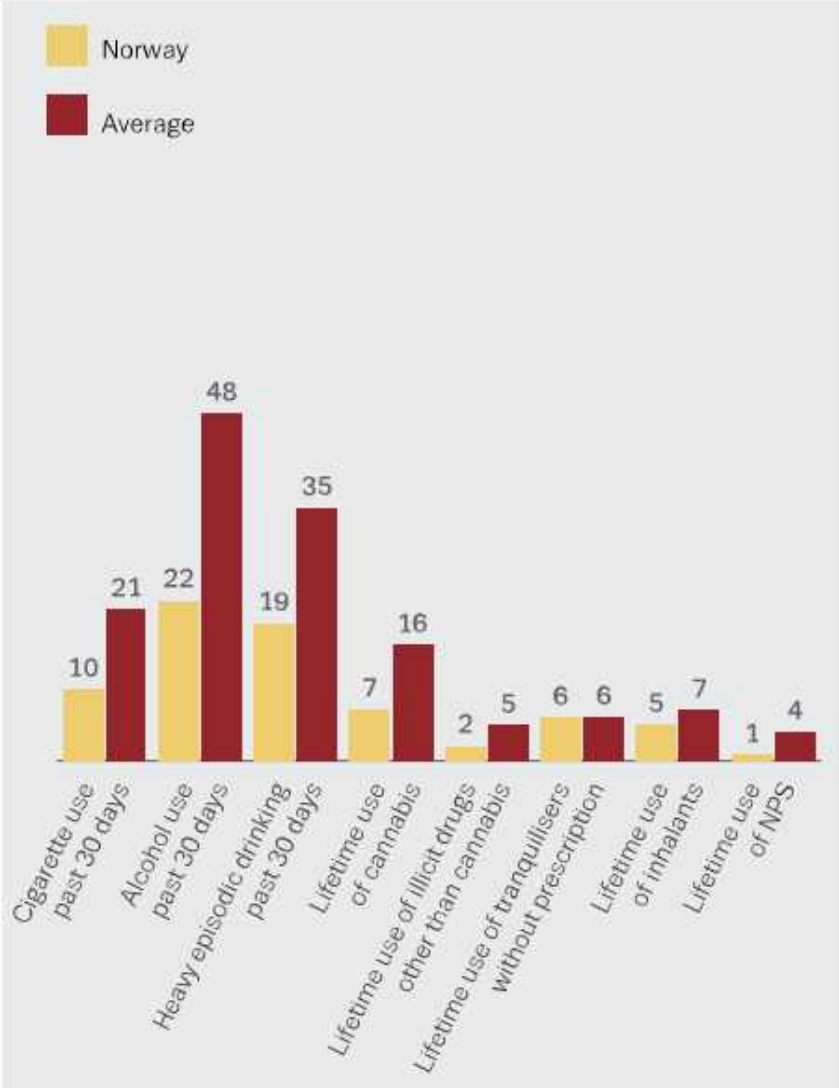
Alcohol and drugs in Norway - youth

Youth consumption is among the lowest in Europe and has been falling in recent years (ESPAD 15-16 yrs)



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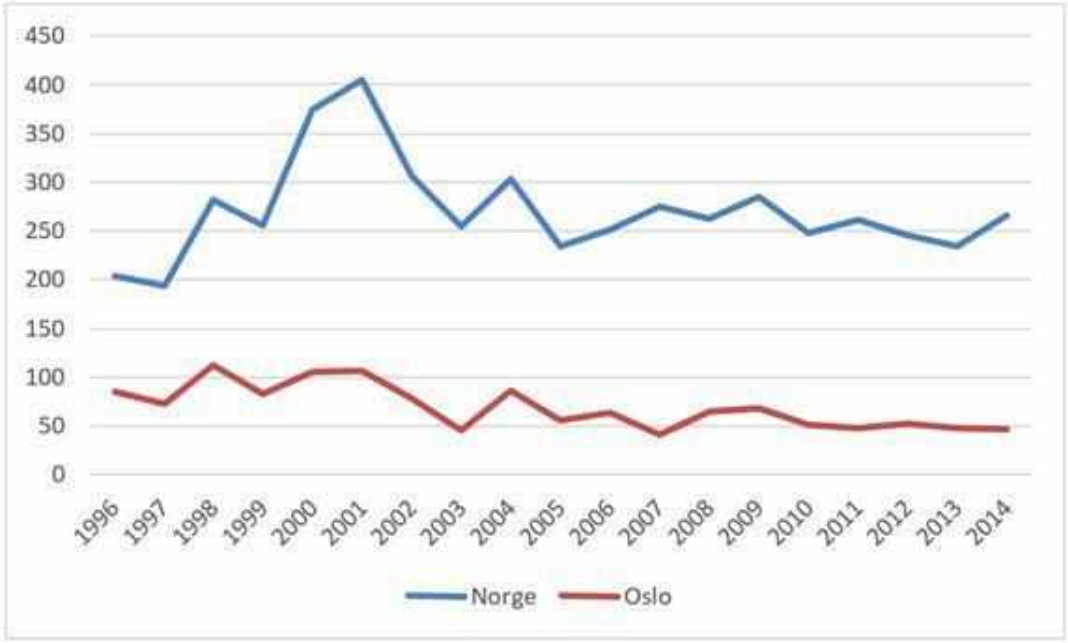
Alcohol and drugs in Norway

Despite low consumption rates in the general population:

High overdose rates

One of the highest rates in Europe per capita



Some explanations

- Heroin epidemic in the 80s and 90s – an ageing group of high risk users
- Injection culture
- Polysubstance use
- High autopsy rates (i.e. most cases are registred)
- Good data registration
- Other factors?

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National policy

- Government white paper
  - Covers alcohol, drugs and doping

- Goals
  - Prevention and early intervention
  - Coordination of services
  - Competence and quality
  - Help to high risk users – reducing drug overdoses
  - Help to families of people with substance use problems



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Public health approach

- Alcohol and drug policy guided by public health approach
  - A mix of population level interventions
  - Risk group interventions; and
  - Treatment and harm reduction services for heavy users



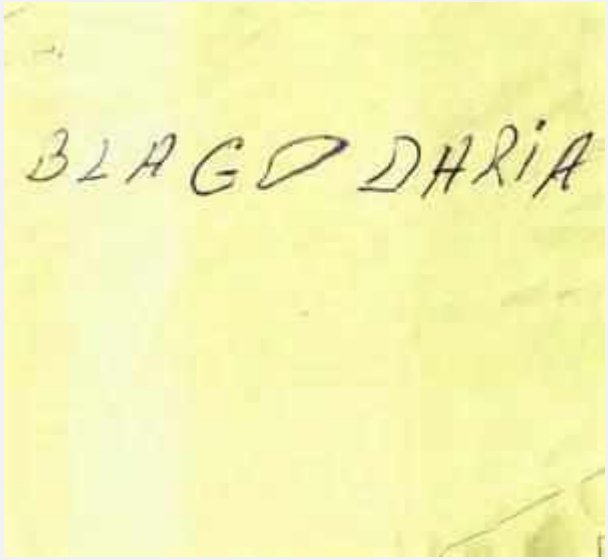
«Scandinavian» alcohol policy model

- High levels of taxation
- Limited availability
  - Licencing for sale of beer
  - Licencing for serving beer, wine, spirits
  - State monopoly for sale of wine and spirits
- Age limits (18 for beer and wine, 20 for spirits)
- Strict drink driving laws with random breath tests
- Ban on alcohol advertising
- Limited import quotas
- Treatment and health services



Challenges to alcohol policy

- Political support for restrictive policies
- Legitimacy of restrictions in the population
- Cross-border shopping
- Illicit alcohol
- Global nature of marketing
  - Including marketing through social media, music, sports, sponsorship etc
- International agreements – e.g. internal market rules



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