

## EDITORIAL

# RARHA Satellite Event at 7th EAPC

The Ministry of Health of the Republic of Slovenia is sponsoring and hosting, together with co-organiser the European Alcohol Policy Alliance (EUROCARE), the 7th European Alcohol Policy Conference (EAPC) with the theme “Alcohol policy for sustainable development – ACT NOW”. The conference will be held in Ljubljana (Slovenia) on 22nd-23rd November 2016.

In conjunction with the 7th EAPC, RARHA is organising a satellite event, which will be held at the Slovenian National Council in Ljubljana, on 21st November from 10.30 until 13.30. This event will focus on the work done in the work package 6, which aimed to contribute to the implementation of the EU strategy to support member states (MS) in reducing alcohol related harm, by focusing on concrete examples of good practice approaches implemented in MS. The symposium will include presentations of the best examples of good practices, the assessment criteria, procedures and results as well as the recommendations for good practice approaches.

The EAPC will be the seventh in a series of European Alcohol Policy Conferences (Warsaw 2004, Helsinki 2006, Barcelona 2008, Brussels 2010, Stockholm 2012 and Brussels 2014). The main aim of this year’s EAPC is to bring together a broad representation of stakeholders concerned with alcohol related harm (e.g. policy and decision makers, scientists and alcohol and health experts) in order to strengthen networks, build ca-



Alcohol policy for sustainable development  
Act Now!

7th European Alcohol Policy Conference  
22 and 23 November 2016  
Ljubljana, Slovenia  
[www.7EAPC.eu](http://www.7EAPC.eu)

REPUBLIC OF SLOVENIA  
MINISTRY OF HEALTH

euroware  
European Alcohol Policy Alliance

capacity and stimulate action to prevent and reduce alcohol related problems at all levels.

The conference aims to raise awareness of the current burden of alcohol in Europe and the multiple health and social problems it creates. It will explore ways in which cost-effective alcohol policies can contribute to equity in health and identify policy approaches to reducing alcohol related harm for the creation of sustainable development.

During a high level roundtable, health ministers from Slovenia, Malta, Luxembourg, Croatia and Ireland will discuss alcohol policy and politics. We are honoured to present lecturers from around the world, including distinguished experts like Sir Michael Marmot, Thomas Babor, David McDaid, Jürgen Rehm and others. Eminent speakers from the WHO, European Commission, other experts and NGOs will present diverse topics regarding alcohol, sustainable development and inequalities, best practices for reducing alcohol related harm, promotion of the health in all policies approach and working with non-state actors.

The 6th Symposium of the Alcohol Policy Network Europe (APN) is also organised as a side event to 7th EAPC, taking place in the same venue as the RARHA satellite event (13.30-18:00). The agenda includes the following items: the role of the industry in policy making, update on developments in some countries and alcohol and young people.

Both satellite events are free of charge for all participants; however, online registration is required. More information is available here: <http://www.7eapc.eu>.



**Sandra Rados-Krnel**,  
National Institute  
for Public Health

Co-authors: **Natasa Blazko** (Ministry of Health, Slovenia) and **Vesna-Kerstin Petric** (Ministry of Health, Slovenia)

## WORK PACKAGE - GOOD PRACTICE TOOL KIT

### A tool kit for evidence-based good practices

#### Early interventions, public awareness interventions and school-based interventions are included



*Sandra Rados-Krnel, (NIJZ)*

The aim of RARHA's work package 6 (WP6) is to contribute to the implementation of the EU strategy to support Member States (MSs) in reducing alcohol related harm, by focusing on examples of good practice approaches that are implemented in the countries. The selected good practice approaches present an important evidence base for MSs' policy decisions and actions in the fields of alcohol prevention, treatment and harm reduction.

WP6 has carried out a European-wide assessment of alcohol prevention interventions as a unique attempt to improve the quality of alcohol prevention interventions in the EU. It is a first step towards a continuing exchange of field experience in order to promote evidence-based implementation of alcohol related interventions and for professionals to profit from existing theoretical and practice knowledge and experience.

National experts were asked to send the examples of interventions that were considered to be effective in accomplishing the set objectives and thus in reducing alcohol related harm. The interventions in question focused on one of the three areas: early intervention, school-based approaches or public awareness. They had to be evaluated and implemented in a

real world setting. All intervention descriptions were received from December 2014 to April 2015 and were assessed between April 2015 and August 2015 on the basis of the criteria established by the WP6 good practice tool kit assessment team. When an intervention met the criteria described in Table 1, it was subsequently categorised in levels of evidence described in Table 2.

In total, 43 descriptions of interventions with evidence base were received, of which 26 are accepted into the tool kit (57%). Of the early interventions, eleven were accepted in the tool kit (52%) because all intervention-criteria were met. Seven public awareness interventions were accepted (78%). Finally, of the school-based interventions, eight interventions were accepted into the tool kit (62%).

The description of all accepted interventions as well as the criteria, assessment procedure, results and recommendations arising from our work will be presented in the final publication of the WP6, The Tool Kit. It will be available at the final RARHA conference in Lisbon (October 2016) and also at different national and international conferences and meeting across Europe. The online version of the Tool Kit will be ready in autumn 2016.



Public awareness,  
school-based and early  
interventions to reduce  
alcohol related harm  
A TOOL KIT FOR EVIDENCE-BASED GOOD PRACTICES

**Click here to read the tool kit:**

<https://user-ucadpix.cld.bz/RARHA-ToolKit>



**Visit our website! [www.rarha.eu](http://www.rarha.eu)**

# WORK PACKAGE - GOOD PRACTICE TOOL KIT

1. The intervention is well described	
Problem	Risk or theme is comprehensively and clearly described (e.g. description of nature, severity and possible consequences of the problem).
Objectives	Clearly described and if relevant differentiated in the main objectives and sub-objectives.
Target group	Clearly described on the basis of relevant characteristics.
Approach	The design of the intervention is described (frequency, intensity, duration, timing of activities, recruitment method and location where it will be implemented).
2. The intervention is implemented in the real world, feasible and transferable	
Participants' satisfaction	The intervention is accepted by the target group.
Prerequisites for implementation	<ul style="list-style-type: none"> <li>• The necessary costs of and/or hours needed for the intervention are specified and transparent.</li> <li>• The specific skills and vocational training of the professionals who will implement the intervention are described and which people are needed to support the intervention is stated and how this support can be created is described.</li> <li>• There is an implementation plan or action plan.</li> <li>• A manual is available with a concrete description of activities (if relevant).</li> <li>• The methods and instruments used are didactically sound and comprehensibly described.</li> </ul>
3. The intervention has a theoretical base	
Prerequisites for implementation	<ul style="list-style-type: none"> <li>• The intervention is built on a well-founded programme theory or is based on generally accepted and evidence-based theories (e.g. meta-analyses, literature reviews, studies on implicit knowledge).</li> <li>• The effective elements (or techniques or principles) in the approach are stated and justified, in the framework of a change model or an intervention theory, or based on results of previously conducted research.</li> </ul>
4. The intervention has been evaluated	
Evaluation	<ul style="list-style-type: none"> <li>• Method of the evaluation is described.</li> <li>• The outcomes found are the most relevant given the objective, programme theory and the target group for the intervention.</li> <li>• Possible negative effects have been identified and stated.</li> <li>• Information on attrition (dropout rate) is available.</li> </ul>

**Table 1:** 26 good practices were admitted to the tool kit following the assessment criteria outlined in this table.

## WORK PACKAGE - GOOD PRACTICE TOOL KIT

<b>Basic level: theoretically sound</b>	<ul style="list-style-type: none"> <li>• Theoretically sound and with positive results (observational or qualitative studies)</li> </ul>
<b>First indications for effectiveness</b>	<ul style="list-style-type: none"> <li>• The above basic level criteria and</li> <li>• Pre-post study without control group</li> </ul>
<b>Good indications for effectiveness</b>	<ul style="list-style-type: none"> <li>• All of the above criteria for the first indications for effectiveness</li> <li>• A reliable and valid measurement of the intervention’s effect was conducted with:               <ul style="list-style-type: none"> <li>→ An experimental or quasi experimental design or</li> <li>→ A repeated N = 1 study (at least 6 cases) with a baseline or a time series design with a single or multiple baseline or alternating treatments or a study into the correlation between the extent to which an intervention has been used and the extent to which the intended outcomes were achieved or</li> <li>→ The effects of the study are compared with other research into the effects of the usual situation or another form of care for a similar target group</li> </ul> </li> </ul>
<b>Strong indications for effectiveness</b>	<ul style="list-style-type: none"> <li>• All of the above criteria for the good indications for effectiveness</li> <li>• There is a follow-up of at least 6 months</li> </ul>

**Table 2: Four different levels of evidence were used to assess the good practices.**

## Good practices online accessible

### The Online Tool Kit now available

While the good practice toolkit will be available as a paper version, a core group of WP6 partners is preparing the content of the toolkit to also be available online. For this, a website is being designed, which will host a database. It will structure and sort information across categories, including evidence class, target group and features such as a keyword search. A range of filter functions caters to the individual interests and needs of users and provides them with a customised experience. While this is unique advantage of a web-based database, a great challenge in an online environment consists in displaying large chunks of texts in a visually appealing and “digestible” format.

Currently, the core working group plans to extend the hosting of the online toolkit beyond the duration of the Joint

Action. In the medium term, the focus will lie on setting up a transparent submission mechanism for good practices, as well as consolidating and refining the peer review process developed for RARHA. In the long term, the goal is to establish the web version as a trusted mechanism for sharing European good practice examples in alcohol prevention.

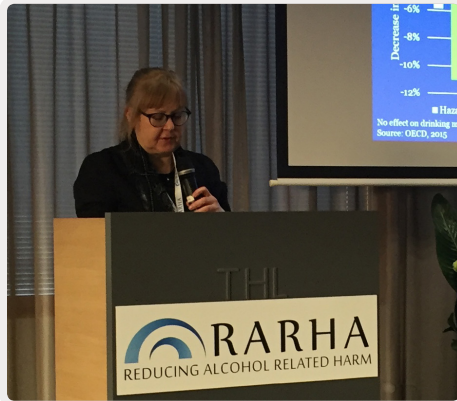
The websites of RARHA partner organisations across Europe will provide links to the online version of the toolkit. Building on this network, the web version of the toolkit will make good practice examples accessible at the national level and thus broaden the reach of the target population substantially.

The online tool kit can be accessed via: [www.rar-ha-good-practice.eu](http://www.rar-ha-good-practice.eu).



**Axel Budde,**  
BZgA

## Expert meeting on low risk drinking guidelines



The expert meeting drew the interest of around 60 participants from around Europe to discuss low risk drinking guidelines.

In February 2016, the Finnish National Institute for Health and Welfare (THL) organised a European expert meeting focussed on low risk drinking guidelines in Helsinki. It was the third in a series of open expert meetings started in 2014 with similar events in Rome and Brussels. In Helsinki, results from two Delphi surveys carried out during 2015 were presented, one concerning low risk drinking guidelines more generally and one focussed specifically on guidance to reduce harm from alcohol for young people. Like in the previous events, snapshots of revisions of national low risk drinking guidelines were also presented, with the UK, Switzerland and Finland being in the spotlight this time.

While half of the around 60 people, who attended the meeting, were associate or collaborating partners in RARHA, one in five had no linkage with the Joint Action, so the meeting did serve its purpose to reach beyond the partnership. All those who responded to the meeting feedback survey considered attendance worth the while.

Pia Mäkelä's presentation "What does research tell us about alcohol related health risks" was ranked by far the most interesting and the most useful for the respondents' own work. It discussed the

*"Calculations done for Joint Action RARHA suggest that for most EU countries a level of average alcohol consumption not exceeding 10 grams per day in women and 20 grams in men would correspond to an absolute risk below 1 in 100 of alcohol caused death."*

PIA MÄKELÄ, HEAD OF THE THL ALCOHOL AND DRUG RESEARCH UNIT

core methodological issues involved in coming to an agreement on a level of alcohol consumption where the risk of health harm remains low. Central decisions include whether to emphasise meta-analyses of mortality or a wider range of harms including morbidity, whether to examine the risks of various outcomes separately or combine into overall risk and whether to make calculations in terms of relative risks (comparing various categories of drinkers to abstainers) or absolute lifetime risks (estimating the likelihood for a person with a given level of alcohol consumption of an adverse alcohol-attributable event over lifetime).

About half of the respondents found useful the presentation of Marjatta Montonen about the results of the low risk

Delphi survey which went "beyond epidemiology" to discuss aspects of public communication and the possibility of a more aligned approach between countries in providing low risk guidance to populations. An update on the UK Chief Medical Officers' alcohol guidelines published in January 2016 as well as an OECD presentation on the wider international context of alcohol policy were also among those considered the most useful.



**Marjatta Montonen,**  
THL, Finland



**Pia Mäkelä,**  
Head of the THL  
Alcohol and Drug  
Research Unit

### Downloads

The presentations are available online at:  
[www.thl.fi/fi/tutkimus-ja-asiantuntijatyo/hankeet-ja-ohjelmat/joint-action-on-reducing-alcohol-related-harm-rarha/wp5-haitta-riskit/expert-meeting-2016](http://www.thl.fi/fi/tutkimus-ja-asiantuntijatyo/hankeet-ja-ohjelmat/joint-action-on-reducing-alcohol-related-harm-rarha/wp5-haitta-riskit/expert-meeting-2016)

The RARHA Delphi Survey – "Low risk" drinking guidelines as a public health measure

[www.thl.fi/documents/10531/1734256/RARHA+low+risk+Delphi+report/af3d113e-00d6-40bc-8438-bf2071bbca48](http://www.thl.fi/documents/10531/1734256/RARHA+low+risk+Delphi+report/af3d113e-00d6-40bc-8438-bf2071bbca48)

## WORK PACKAGES MONITORING & GUIDELINES

### European Survey Methodology and Datasets Developed



*Jacek Moskalewicz*  
PARPA



*Daniela Piontek*  
IFT

#### Standardised European Alcohol Survey (RARHA – SEAS)

Since December 2015, the RARHA – SEAS survey was carried out in 19 countries. Most of the countries completed their field work already in 2015 but several partners provided their data sets early Spring 2016. All together around 30,000 interviews were collected, with 1500 interviews per country. Data cleaning has been a long process combining technicalities as well as substantial discussions for example on possible options to calculate annual alcohol consumption, what capping should be applied to eliminate extreme values of individual intake, when inconsistencies between related questions should be revised and when these should be accepted as humans not being consistent.

During the work package 4 partners' meeting held in Barcelona in February 2016, fruitful discussions were held, both within and across both WP4 tasks. Partners adopted further division of labour and agreed upon an outline of the final report, which will integrate results of both complementary tasks.

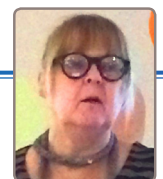
#### Harmonising Alcohol-Related Measures in European Surveys (RARHA-HARMES)

In the last months, work in RARHA-HARMES was mostly dedicated to the creation of the European dataset and data analysis. Firstly, the creation of the European database and codebook was completed and the resulting database was tested and adapted. Secondly, the syntax-based harmonisation of data from 24 surveys from 17 European countries was completed in December 2015. Problems occurring during this phase were discussed and solved in close cooperation with all participating partners. Thirdly, data analyses at national level were conducted and distributed to the participating partners in order to cross-check the preliminary results. All partners confirmed the results for their country. During the third working meeting in Barcelona, the creation of further variables was discussed and the strategy for data analyses was adopted. The remaining time of the project will be used for international data analyses and the preparation of the final report.

### Towards good practice principles in the use of low risk drinking guidelines

Back to back with the Expert Meeting in Helsinki in February 2016, a meeting for RARHA partners engaged in work package 5, "Good practice principles in the use of drinking guidelines to reduce alcohol related harm", took place, with a second work meeting in May in Brussels. The main purpose was to agree on a road map and division of labour towards final outputs. Key points from the information and results presented in a dozen working papers so far need to be condensed into a reader-friendly synthesis report to be launched in RARHA's final conference.

Partners will draw up a policy brief targeted to decision-makers at EU and national levels to present the Joint Action's rec-



*Marjatta Montonen, THL, Finland*

ommendations concerning good practice principles in the use of low risk drinking guidelines as a public health measure. The current variation in how different countries define low risk in alcohol consumption was the starting point for this work. Consequently, ways toward a more aligned approach will be suggested as well.

In parallel, a policy brief addressing on-pack information about health aspects of alcohol consumption will be developed. On-pack information is an underused tool to inform and raise awareness of alcohol related harms and there is room for mutually reinforcing action at EU and national levels.

## DISSEMINATION ACTIVITIES

# RARHA outcomes could change Europe's alcohol problem

## EU policy makers discuss tackling alcohol related harm



**Anna Gallinat,**  
EuroHealthNet

On 6th September, EuroHealthNet organised and moderated a policy dialogue in the context of RARHA. The event welcomed RARHA experts, on the one hand, and policymakers from the European institutions, on the other. Key messages received from the participants included: “The various outcomes from RARHA are of great quality and very relevant for European policymakers” and “The questions about implementation need further exploration to achieve change in Europe and reduce alcohol related harm.” Caroline Costongs, Managing Director of EuroHealthNet, moderated the event and started the discussion by making the link between alcohol and health equity. Vulnerable groups are more prone to suffer from alcohol related harm due to a variety of factors, for example lower levels of education or social support.

Manuel Cardoso (SICAD), Coordinator of RARHA, introduced the participants to the Joint Action, its background and the European policy context in the field of alcohol. Jacek Moskalewicz (PARPA), who led RARHA's work on monitoring of alcohol consumption and harms, presented preliminary findings from the Standardised European Alcohol Survey (SEAS) instrument, which covers policy-relevant issues. Marjatta Montonen (THL) presented pointers towards an evidence-based approach to inform consumers about the risks of alcohol, which is based on RARHA's work on drinking guidelines. Through various surveys and expert consultation, the partners have established, for example, that a common concept of “low risk” drinking would be favourable across Europe. She called for EU regulation to ensure consistent health-relevant information on alcoholic beverage labels. Sandra Rados-Krnel (NIJZ) presented a tool kit containing concrete examples of good practice approaches to reduce alcohol related harm across Europe. This European-wide assessment of alcohol prevention interventions is a unique way to improve the quality

of interventions in three areas: public awareness, school based interventions and early interventions.

The panel of European policymakers consisted of DG Sante Director John Ryan from the European Commission, José Inácio Faria, MEP, Ewa-May Karlsson, rapporteur from Committee of the Regions and Lubomir Okruhlica, representing the current European Council's presidency, Slovakia. John Ryan stressed alcohol as a factor causing losses in productivity and employability and having an impact on health systems. He indicated that the EC wants to focus more on implementation, i.e. closing the gap between the knowledge generated and actual policy making (in countries). The EC will do that by employing a more general approach to chronic diseases rather than providing many smaller strategies, indicating that they are currently preparing a chronic disease strategy, which will include work on health determinants, such as alcohol and alcohol policy. José Inácio Faria noted that the Parliament is still calling for a renewed EU alcohol strategy and would like to see the issue of alcoholic beverage labeling sorted out as soon as possible. Ewa-May Karlsson also highlighted the need to build on the old EU alcohol strategy. Lubomir Okruhlica noted that for implementation, low risk drinking guidelines need to be tailored by a national expert group. As regards wider alcohol policy, he drew attention to costs to health systems and economy, the need to protect children and issues of social justice, individual freedom and proportionality.

### Downloads

Access the final event report: [http://www.rarha.eu/Events/Events/Documents/PolicyDialogue%20Report\\_FINAL.pdf](http://www.rarha.eu/Events/Events/Documents/PolicyDialogue%20Report_FINAL.pdf)

The infosheets for each of the work packages are available here: <http://www.rarha.eu/Events/Events/Pages/details.aspx?itemId=37>



## RARHA FINAL CONFERENCE

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# RARHA Shares the Final Results



RARHA's final conference takes place on October 13-14 in Lisbon, Portugal. The insights from the various working groups will be presented at the conference. They have a strong accent on mutual Member States cooperation and knowledge sharing, spanning a wide range of topics on reducing alcohol related harm and considering future challenges and impact on public health policy in Europe.

The achievements will be presented by the expert leaders of the working groups and discussed by international well known professionals in public health, education and policy makers, including Mr. Vytenis Andriukaitis, European Commissioner for Health and Food Safety and Mr. Adalberto Campos Fernandes, Portuguese Minister of Health.

RARHA is a Member States initiative that came out the joint work between European Commission and the Committee on National Alcohol Policy and Action (CNAPA) and composed by 32 Associated Partners and 29 Collaborating Partners, including WHO/Europe, EMCDDA, OECD/ Health Division and the Pompidou Group. In Joint Actions, the minimum co-funding required from Member States is 50% but in RARHA, national funding amounts to 54% of a total of € 3.3 million, also reflecting the importance given to the initiative by the participating countries.

You can find the full conference agenda here: [http://www.rarha.eu/Events/Events/Lists/Events/Attachments/36/Final\\_Conference\\_Agenda.pdf](http://www.rarha.eu/Events/Events/Lists/Events/Attachments/36/Final_Conference_Agenda.pdf)



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