RARHA
REDUCING ALCOHOL RELATED HARM

NEWSLETTER

Issue 5 • 2017

EDITORIAL

A THREE YEARS TREE

"Alcohol intake in the WHO European Region is the highest in the world. The harmful use of alcohol is related to premature death and avoidable disease and is a major avoidable risk factor for neuropsychiatric disorders, cardiovascular diseases, cirrhosis of the liver and cancer. It is associated with several infectious diseases and contributes significantly to unintentional and intentional injuries. Further, excessive alcohol use during a woman's pregnancy can lead to severe mental handicap of her child."

WHO - http://www.euro.who.int/en/health-topics/disease-prevention/alcohol-use/alcohol-use

As emphasized at the WHO report, a public health topic cross over all European countries.

Planting Through the European Countries

So, as a Member States initiative with the European Commission support the Joint Actions RARHA took place during 3 years. So, one of the biggest Joint Action ever, initiated activities with 32 Associated Partners and 29 Collaborating Partners, including WHO/Europe, EMCDDA, OECD - Health Division and Pompidou Group.

Respecting timings; scientific procedures and cultural differences, all RARHA work-packages presented relevant and pioneering results that aim to provide new knowledge on three areas:

Monitoring of drinking patterns and alcohol related harm.

Providing a baseline for comparative assessment and monitoring alcohol epidemiology, including drinking levels, patterns and alcohol related harm across the EU.

Strengthening capacity in comparative alcohol survey methodology and increasing interest in using common methodology in the future.

Drinking Guidelines to reduce alcohol related harm.

Defining low risk guidelines as a public health measure. Based on the view that European citizens have the right to be informed about risks related to the alcohol consumption.

Finding good practices examples across Europe, and building a tool kit to reduce alcohol related harm.

All the countries, involved had energetic contributions for this outcomes. So, this results are not also a picture of Europe but above all, a reflection of a truly will of the scientific community and health professionals on help their own policy makers.

Today we sent the Final Report and like in a Quality Process, we can´t wait for a new release!

As RARHA Executive Coordinator, I'm truly proud for the work done and for the opportunity of working with such a great group of friends.

See you soon!

Manuel Cardoso
RARHA Executive Coordinator
SICAD, Portugal

SICAD Serviço de Intervenção nos Comportamentos Aditivos e nas Dependências

INTERVIEWS

Bernt Bull,
Advisory Group Chairman

1. How would you describe your experience with RARHA?

The whole process enlightened many of us on how implementation of research and knowledge needs an organised link to be realised. But the test of effectiveness of RAHRA lies in the years to come. How work packages are used and how the proposals function. Implementing social science research findings will often face more obstacles than natural science findings. In a new J.A I would therefore like to see more organised dialog between the work package groups and the governments representatives during the programme period to lay the ground for a smooth implementation.

2. How can the RARHA accomplishments contribute to the health and wellbeing of European citizens?

1. The organised cross border cooperation between research institutions and governmental participants improve the focus on alcohol related problems.
2. Improving tools for comparing results between countries can encourage countries with weak results to improve its efforts
3. The low risk drinking concept as a common basic approach to drinking guidelines is important. The concrete advises and the methods of disseminating guidance will vary based on different drinking patterns, culture and traditions. That is to me an advantage. The message is that there is no safe limit, but at the same time risk is linked to consumption level. It is not in contradiction to WHO-EUROs less is better.
4. Best practises is much praised method over many policy areas. Within the WHO global strategy on alcohol we have the best byes. They are nearly all population level approaches. Programmes addressing individual behavioural choices often aim at particular target groups.

RAHRA is presenting a way of qualify such programmes. Many programmes are tailor made for the national particularities, but some can be used in other countries, or trigger ideas by using elements. In a long perspective the projects evaluated in the RAHRA will quite soon be outdated, but there is presented a method to establish a common measuring system to provide member states with advise on new projects “on the market”.

3. How do you rate the interest in a new Joint Action, a RARHA II?

My impression is that nearly all member states support the idea, based on good experience with involving academic institutions and governmental operators.

1. How would you describe your experience with RARHA?

Working together with Member States on a joint action on alcohol has been very useful and important for us as a European NGO. The issues themselves are important, but even more is the informal networking, the meeting points and discussions on issues of common interest.

Mariann Skar,
EUROCARE

2. How can the RARHA accomplishments contribute to the health and wellbeing European citizens?

The three different workpackages gave different information related to alcohol harm.

- WP4 - monitoring and data gathering - gives more detailed information than we had beforehand on the situation across EU - so more targeted actions can be taken.
- WP5 - consumer information on alcoholic beverages. Information that the consumers receive on alcoholic beverages differ from country to country/beverage type to beverage type - these differences have been highlighted and discussed and it is now up to the EU and Member States to act on them.
- WP6 - good practice - the most important outcome here is to show the way forward and importance of evaluation of a “good practice”, sharing knowledge and experience.

3. How do you rate the interest in a new Joint Action, a RARHA II?

Eurocare is very interested in participating in a new joint action. Especially now that there are no EU Strategy - working together, exchanging information and knowledge is crucial to improving the health of Europeans and reducing alcohol related harm.

1. How would you describe your experience with RARHA?

RARHA has clarified the surplus of a deep and coherent cooperation at EU level. The Joint Action has brought the idea of the European Union to life. Can you expect more from a European project?

2. How can the RARHA accomplishments contribute to the health and wellbeing European citizens?

All work packages have delivered surprisingly well-implementable templates, which are very usable for a practice-oriented alcohol policy.

3. How do you rate the interest in a new Joint Action, a RARHA II?

Due to the growth potential of alcohol policy, a continuation of RARHA is very welcome from a German perspective!

Albert Kern,
CNAPA, Germany

Leda Chistodoulou
CNAPA, Cyprus

1. How would you describe your experience with RARHA?

Overall, Cyprus participation in RARHA has proved to be a unique and positive experience, working closely with a large number of member states, and a learning curve on new tools as well as information.

2. How can the RARHA accomplishments contribute to the health and wellbeing European citizens?

In my personal and professional view the outcomes of the RARHA project can certainly have a positive impact on people's wellbeing on a national as well as EU level, can be deemed very important in improving information delivery, development of effective prevention interventions and the establishment of common monitoring tools to further facilitate the design and promotion of targeted actions to reduce alcohol related harm.

3. How do you rate the interest in a new Joint Action, a RARHA II?

Cyprus would be very interested and supportive in the continuity of the RARHA programme, considering that in the absence of a new Alcohol Strategy Member States can further develop action and promote the main priorities in reducing alcohol related harm.

1. How would you describe your experience with RARHA?

RARHA was the first joint action implemented by Romania as associated partner. The project itself has very appropriate objectives for our country. We are very proud of the results. RARHA seas is the first survey on alcohol with internationally agreed methodology we implemented in Romania. The results are very use for our policy makers. Also the guidelines developed within RARHA framework are very useful for the public health specialists. We have learned a lot from the colleagues and we have now more connections among the public health scientist from other countries. It was a wonderful experience.

Florentina Furtunescu,
CNAPA, Romania

2. How can the RARHA accomplishments contribute to the health and Wellbeing European citizens?

The tools developed within the RARHA project are very useful for the public health specialists and decision makers from all the associated and collaborative partners. The exchange of good practice was very useful.

Also the survey developed in the wp 4.1. And the existing surveys analyses under the 4.2. Provide a very useful picture of the real situation of alcohol consumption, showing, in fact, the baseline for developing new public health policies. The guidelines developed under wp 5 and 6 provide an orientation of the best buys, being very useful in orienting the policy makers. I would say that RARHA ja is one of the most important achievements of the EU member states in the field of alcohol control.

3. How do you rate the interest in a new joint action, a RARHA II?

We are extremely interested in a second joint action.

Iva Franelic,
CNAPA, Croatia

1. How would you describe your experience with RARHA?

Participation in the JA RARHA personally and professionally for me it was a very valuable experience with opportunity to exchange opinions, work together and learn from each other in the process. When a positive atmosphere is created with so many countries around the same challenges it generates a positive climate and opens up new possibilities for addressing the challenges. Bringing closer research, policy and practice thus becomes more likely.

2. How can the RARHA accomplishments contribute to the health and wellbeing European citizens?

Alcohol related harm interfere with many areas of our everyday life and prevention of it is of great importance for the health, well-being and happiness of the future generations of people living in the European region. Working together on the challenges associated with harm related to alcohol clarifies that only joint, targeted action that includes all segments of societies, can produce desired results and ensure a healthier and happier environment for life. Lots of materials created as a part of this JA together with consultations, discussions and activities that were taking place in the last 3 years are a good point for continuation of the work in this area.

3. How do you rate the interest in a new Joint Action, a RARHA II?

Already the participation of 28 EU Member States and Iceland, Norway and Switzerland as well as so many associated and collaborative partners in JA RARHA is evidence of great interest for this area that in my opinion, will not stop with the end of the JA as well as unfortunately the challenge is not becoming smaller in upcoming years. Continuity of efforts and activities is an important prerequisite for the positive progress from which all will benefit.

1. How would you describe your experience with RARHA?

RARHA was a very interesting project which gave an incredible opportunity to make some steps forward onto three important topics related to alcohol misuse control. In France three structures were chosen by the social affairs and health ministry and followed the works of three work packages. We hope that the results of the three technical work packages will be of a great usefulness for fostering our national policies and action in France.

Pierre-Yves Bello,
CNAPA, France

2. How can the RARHA accomplishments contribute to the health and wellbeing European citizens?

RARHA results are very practical and seem to be of great usefulness for monitoring alcohol use and alcohol misuse in a more comparable way, for giving practical tools of prevention and for helping to build national low risk guidelines.

It gives useful common tools and will help to narrow the differences between national alcohol policies within European Union.

3. How do you rate the interest in a new Joint Action, a RARHA II?

This interest is very high in my point of view. Within EU the European dynamic on public health policies against alcohol misuse is not strong, which is rather problematic on such a heavy topic.

The first JA on alcohol was very helpful in fostering the identification and in depth analysis of common problematic. It also gave numerous opportunities of exchanges and co-building between a huge variety of people from nearly all EU countries.

A second JA will foster this already existing dynamic and, naturally, will be a major contribution in creating new practical tools for building our public policies and strategies on this topic. Definitely, it would be a highly useful action for the coming years.

Visit our website! www.rarha.eu

WORK PACKAGE COORDINATION

Patricia Pissarra,
RARHA Project Leader
SICAD, Portugal

For three years long Portugal, through SICAD proudly coordinated the RARHA Joint Action.

This experience with RARHA was a very intensive challenge! Was a growing and learning experience and a giant team work. Formally it was very well succeeded by the strong interaction with management team and the fruitful collaboration with both associated partners and collaborating partners. One of the most important pillars of this work was the guidance that the Advisory Group – CNAPA Members – with the help done by the European Commission by CHAFEA, Unit C4.

32 + 29 = RAHRA

Considering the importance of the RARHA achievements:

- Common questionnaires in 24 languages and the comparable data that arouse from them;
- Consensus on the guidelines on alcohol related harm;
- Good practice identified that are evaluated and can be replicable trough out all Europe;
- …and the importance of the practical implementation of these outcomes to be disseminated in a context off Public Health as a resource for Policy Makers at European level to inform their decisions in the Alcohol Policy arena, made our work very demanding and simultaneously very exciting.

This is an important contribute to the health and wellbeing of the EU citizens and to reduce costs to health systems and the wider economy.

Our task was to create a balance between project deadlines; partner's timings and RARHA goals. … And this stability was a reality till the final report, presented today!

So, thank you so much for your differences, your opinions, your acceptance and above all for being so committed on the European Public Health!

See you!

Associated Partners

Collaborating Partners

WORK PACKAGE DISSEMINATION

Bringing colours to the Joint Action RARHA

Alexandra Pinto,
WP2 Leader
SICAD, Portugal

In 2014, 32 countries got together to work! And for 36 months all worked hard!

It´s now our obligation to make this work visible and structuring for near future projects on this area. All the defined targets should somehow access to the results and for that to happen the information should now flow through the correct communication channels and presenting as a single voice from all working Partners.

As "Actions speak louder than words", the three horizontal Work-Packages outcomes are now being disseminate through the Europeans countries, exposing consensual drinking guidelines, presenting solid and experienced examples of good practice on evidence-base and a comparative data of alcohol consumption across the EU.

As symbolized on the RARHA logo, since the beginning we aim to build bridges between European Partners and the major goal was settled a contribution for the European public health knowledge and an expressed will for the dissemination of the new achievements.

So, we built a website (www.rarha.eu); got a QR Code for easier access; launched five newsletters this included); made several presentations over diverse European forums and similar messages were disseminate through the partners websites. Last September, a Policy dialogue event took place at EC in Brussels with the presence of several politicians from different European countries.

The final conference, on October showed that the work done and we do think that we all brought the colours to the Joint Action and as *Mr. Vytenis Andriukaitis, European Commissioner for Health and Food Safety*, said:

"I commend the progress made by all the Member States and stakeholders in this Joint Action. ..... I believe this joint action is a good example of how the Commission can help Member States address alcohol abuse and I remain committed to continue supporting Member States in this regard."

So, let´s keep on working and disseminating this new colours!

Marjatta Montonen,
WP2 Co-leader
THL, Finland

SHARING THE RESULTS

LOOKING HOW TO REDUCE ALCOHOL RELATED HARM

RARHA - FINAL CONFERENCE

WORK PACKAGE EVALUATION

Emanuele Scafato,
WP3 Leader, Italy

RARHA Evaluation toward the final evaluation report

In order to verify if RARHA has been implemented as planned and reaches the main objectives, internal and external evaluations have been carried out led and overseen by the Istituto Superiore di Sanità, Italy and supported by an Evaluation Steering Group composed of the CNAPA representatives of Belgium, Croatia, Estonia, Hungary and Italy. Furthermore, part of the evaluation process has been subcontracted to an independent evaluator, the ESADE business school, Ramon, Llull University (Barcelona, Spain). The internal reports (3) are available at RARHA website.

The final evaluation report, combining conclusions from the final internal and external reports, will be available soon.

In summary, from the online surveys for internal evaluation addressed to associated partners (conducted in Nov 2014 and Nov 2015) it merged that the individual contribution to RARHA activities has considerably increased during the first year of the JA, remaining substantially unchanged for most partners in the second year of activity; the reduction in the proportion of subjects with decreasing trust in the JA shows a longitudinal improvement in the level of confidence in RARHA potentialities. Concerning potential obstacles, in both surveys, the highest mean evaluation is for the insufficient economic and human resources at disposal. A general decrease in all average evaluations over time suggests that adequate measures, to enhance the management, the involvement and the interaction within WPs, were properly adopted.

The internal evaluation reports show that the implementation process obtains an overall positive judgment by all partners involved in RARHA activities; the JA is meeting its goals and progressing according to the Grant Agreement and that apart from minor delays in producing certain products it seems that the JA is meeting its deadlines and producing the expected outputs.

For further details on the RARHA evaluation process, see the presentation on the last final conference in October 2016 at:
http://www.rarha.eu/Events/Events/Documents/3.%20RARHA_WP3.pdf

WORK PACKAGE MONITORING

RARHA OUTCOMES - LAYMAN VERSION

European Survey Methodology to Monitor Drinking Patterns and Related Harms

Jacek Moskalewicz,
WP4 Leader, PARPA

Daniela Piontek,
WP4 Co-leader, IFT

Process

A few years ago the WHO publication concluded:

"Perpetuating the status quo in this field, that is, spending resources on hundreds of national alcohol surveys, which offer limited scope for international comparisons, is neither cost–effective nor helpful for monitoring progress towards common aims such as those of the EU strategy to support member states in reducing alcohol-related harm. A move towards the use of common instruments … would be crucial for methodological advance and would, over time, reduce the costs of monitoring at both national and international level. An EU-wide or European drinking survey to gather comparable baseline information would be a necessary first step to encourage Member States to adopt common methodology."

(ANDERSON, MØLLER, AND GALEA 2012 EDS.)

This crucial step towards the use of common survey methodology was completed within RARHA work package 4, which performed two tasks.

Task 1

Standardised European Alcohol Survey (**RARHA – SEAS**) was to carry on a standardized European alcohol survey across Europe.

Task 2

Harmonising Alcohol-Related Measures in European Surveys (**RARHA-HARMES**) focused on reanalyzing existing data from previous surveys in a comparative manner.

All 20 RARHA SEAS partners elaborated and adopted a common instrument based on a previous EU-funded SMART questionnaire. A great variety of important themes were covered such as usual alcohol consumption, risky single occasion drinking, motives and context of drinking, individual harm for a drinker as well as harm from others, and last but not least – attitudes towards alcohol policy. All together 20 surveys were carried out 19 countries with over 30 000 interviews completed.

RARHA-HARMES harmonised alcohol survey data from 17 European countries collected in the 2008-2013 period. It succeeded in bringing together in a comparative manner the data on alcohol consumption, including risky consumption and some data on individual harm. It confirmed, however, very low level of standardisation across European surveys that apply different methodologies, different time frames, different thresholds as well as different questions, which all constitute serious limitations for their comparability across Europe.

Conclusions

Overall experience from RARHA SEAS and RARHA HARMES calls for further efforts to harmonise alcohol survey research across Europe. Standardised alcohol survey implemented across Europe appears to be feasible and offers more comparative and policy-relevant data than re-analyses of existing national surveys.

Both approaches confirmed significant variation in drinking patterns and harm. Despite increasing cultural homogenisation in Europe, including drinking patterns significant diversity still exists. European drinking is still highly diversified in terms of proportion of abstainers, frequency of drinking and volumes consumed, risky single occasion drinking, motives of drinking and abstaining, context, in which alcohol is consumed, individual harm as well as harm suffered from others' drinking. Significant differences exist in attitudes towards alcohol policy and utilisation of unrecorded sources of alcohol. All these dimensions are extremely interesting research-wise and crucial for policy making and its monitoring.

On average, about 15% of Europeans participating in RARHA SEAS report to have abstained from alcohol in the past 12 months. This proportion, however, greatly varies from 7% in Denmark to over 25% in Portugal and over 30% in Italy. There is a number of reasons why people in a legal drinking age abstain from alcohol. Four factors emerged in the RARHA SEAS sample: bad personal health, bad experiences with drinking, disliking taste and

effects of alcohol and finally rejecting alcohol due to principal reasons that are reinforced by economic considerations.

Factor analysis of motives of drinking identified four factors: pleasure, fitting with others, healthiness and coping with problems. On average, hedonistic and social reasons dominated over all remaining ones.

Traditional typology of drinking patterns based on beverage preferences has become less adequate. Currently, in majority of countries beer has become a beverage of choice. It is too early, however, to claim that traditions in drinking cultures are fading away. In fact, they still persist in terms of drinking frequency, which is clearly higher in Southern Europe and alcohol volume consumed per drinking day that is higher in the Northern European countries.

Huge variation exists as regards prevalence of risky single occasion drinking (RSOD). A proportion reporting RSOD at least once in the past 12 months ranges from over 60% in the countries located in the North of Europe to less than 10% in Italy and Portugal.

The Rapid Alcohol Problem Screen (RAPS) showed that almost one in five respondents experienced at least one alcohol-related problem according to RAPS scale, while one in ten experienced two or more problems in the past 12 months.

An issue of harm from others' drinking has so far been under-researched. It is confirmed by RARHA HARMES, which did not find a single question on harm from others that could be compared across Europe. It was found in RARHA SEAS, that on average over 60% of Europeans from the participating countries reported being harmed due to others' drinking in the past 12 months, including 46% of those affected by a person known to them and 42% of those affected by a stranger's drinking. The RARHA SEAS showed that every fifth European on average lived in a childhood or adolescence in a household with a fairly heavy drinker.

There is a consensus among respondents that the most preferable policy measures are education and information as well as random breath testing of drivers, both supported by vast majority of respondents. Against prevailing economic ideologies, however, a majority of respondents accepts that alcohol is not a product like any other and requires special restrictions and that public authorities have responsibility to protect people from being harmed by their own drinking.

Both, RARHA SEAS and RARHA HARMES confirmed commitment to comparative alcohol survey approach across Europe. As shown in the report from both tasks, surveys can produce numerous data that not only supplement routine statistics but also offer new perspectives on interpretation of statistical data.

Following suggestions for future action could be formulated:

1. Overall experience from RARHA SEAS and RARHA HARMES suggest a need of further efforts to harmonise alcohol survey research across Europe.

2. Alcohol-specific or substance use-specific surveys could be recommended as they offer more data and higher coverage rates compared to general health or social surveys.

3. RARHA SEAS survey should be replicated within four-five years to grasp trends in alcohol epidemiology and monitor impact of alcohol policies as well as influence of more general socio-economic and cultural developments.

4. Sustainability of standardised alcohol surveys could be secured by establishment of a European institutional framework. Different options need to be considered including special European agency for alcohol research and policy or extending mandate of the European Monitoring Centre for Drugs and Drug Addiction.

Report

- Comparative monitoring of alcohol epidemiology across the EU. Baseline assessment and suggestions for future action. Synthesis report.

- RARHA SEAS questionnaire available in 20 languages.

Publication

http://www.rarha.eu/Events/Events/Documents/3.%20RARHA_WP3.pdf

WORK PACKAGE GUIDELINES

RARHA OUTCOMES - LAYMAN VERSION

Drinking guidelines to reduce alcohol related harm

There is considerable variation in the alcohol consumption characterized as low-risk in national drinking guidelines. The aim of RARHA's Work Package 5 was to shed light on factors behind the divergence and to explore areas of consensus. The work was carried out with active involvement of 26 partner organizations based in 20 countries.

Relevant scientific knowledge was summarized and information was gathered on current specifications of low risk drinking, on public understanding of the "standard drink" concept, on guidelines regarding drinking by young people, and on the state of play in brief interventions to reduce hazardous and harmful drinking.

To inform recent reviews of drinking guidelines in Australia, Canada and in the UK, quantitative pooling of risks from various causes of death at different levels of alcohol consumption was used to help weigh the overall risk from alcohol. In RARHA, this approach was expanded by calculating the lifetime-risk of alcohol attributable mortality separately for seven EU countries chosen to capture cross-country variation in drinking cultures and mortality structures.

Informed views of a wide range of experts were surveyed using the Delphi technique. Two separate Delphi surveys were carried out, each with more than 50 participants identified by members of the EU Committee on National Alcohol Policy and Action. One Delphi survey focused on drinking guidelines and their key components while also addressing the need for health relevant information on alcoholic beverage labels. The other Delphi survey sought to foster shared understanding on guidance to reduce alcohol-related harm for young people.

Conclussions and policy messages

Traditional typology of drinking patterns based on beverage preferences has become less adequate. Currently, in majority of countries beer has become a beverage of choice. It is too early, however, to claim that traditions in drinking cultures are fading away. In fact, they still persist in terms of drinking frequency, which is clearly higher in Southern Europe and alcohol volume consumed per drinking day that is higher in the Northern European countries.

Huge variation exists as regards prevalence of risky single occasion drinking (RSOD). A proportion reporting RSOD at least once in the past 12 months ranges from over 60% in the countries located in the North of Europe to less than 10% in Italy and Portugal.

The work done in RARHA demonstrates that the lifetime risk of early death due to alcohol could be adopted as a common metric for weighing the risks of alcohol consumption. This would provide a transparent approach for justifying the alcohol intake levels to be included in national guidelines. Furthermore, the use of a common criterion for what is considered "low" risk would contribute towards a common minimum level of protection of public health. Across the seven countries chosen as examples in RARHA, the lifetime risk of alcohol attributable death would remain below 1 in 100 at an average lifetime level of consumption of 10 grams of pure alcohol per day. The current guidelines for low risk drinking are consistent with or slightly below that level in some countries, while in others the risk level associated with the current guidelines is considerably higher.

Formulating alcohol guidelines at the national levels enables to take into account prevailing drinking patterns and harms and adapt the messages to existing perceptions and information needs. Nevertheless, communication on alcohol related risks can be strengthened by applying the good practice principles, key components and core messages identified in RARHA.

On-pack information is a widely used method for informing consumers about health relevant aspects of products. To support low risk drinking guidelines, alcoholic beverage labels should be required to give the number of grams of pure alcohol in the package. Compared with the nationally varying "unit" or "standard drink", grams have the advantage of being a uniform metric. In addition, alcoholic beverages should carry information on specific health and safety risks, as appropriate to awareness raising needs at national level.

While being a necessary component of public health policies on alcohol, guidance on how to reduce risks from alcohol alone is not sufficient for

reducing harm from alcohol for consumers, for people around them and for the wider society. Applying and enforcing across Europe an age limit of minimum 18 years for the sale and serving of any alcoholic beverages was identified in RARHA as a key measure for reducing harm for young people.

A crucial measure for reducing harm for those who drink beyond the low risk levels consists in managerial and infrastructure support, including tailored training and tools, for primary health care and other front-line services to systematically identify at-risk drinkers and offer advice to reduce drinking. At the governmental policy level, taxation of alcoholic beverages as well as controls over their availability and promotion have proven the most effective measures.

Towards a common concept of low risk drinking.
http://www.rarha.eu/Resources/Deliverables/Lists/Work%20Package%205/Attachments/26/Rarha_low_risk_policybrief.pdf

RARHA Policy brief: Call for a legal framework to ensure the provision of health-relevant information on alcoholic beverage labels.
http://www.rarha.eu/Resources/Deliverables/Lists/Work%20Package%205/Attachments/25/Rarha_Labelling%20policybrief.pdf

The work done in RARHA is based on the view that people have the right to be informed about risks related to alcohol consumption and that it is a task for governments and the public health community to address knowledge gaps and help avoid ill-advised choices.

Good practice principles for the use of drinking guidelines to reduce alcohol related harm:

- Drinking guidelines are not normative but informative.
- The core message is about risk, not safety.
- Guidelines should convey evidence based information on risks at different levels of alcohol consumption, correct misconceptions about the likelihood of positive or negative health effects of alcohol, and help alcohol consumers keep low the risk of adverse outcomes.

Reports

Coughlan S. & Doyle J. (2015) Standard Drink definitions, communication approaches and public understanding. Dublin: Health Service Executive.

Mongan D. & Long J. (2015) Standard drink measures in Europe: Peoples' understanding of standard drinks and their use in drinking guidelines, alcohol surveys and labelling. Dublin: Health Research Board.

Montonen M. (2016) RARHA Delphi survey: "Low risk" drinking guidelines as a public health measure. Helsinki: National Institute for Health and Welfare.

Montonen M. et al. (eds.) (2016) Good practice principles for low risk drinking guidelines. Helsinki: National Institute for Health and Welfare.

Rehm J et al. (2015) Lifetime-risk of alcohol-attributable mortality based on different levels of alcohol consumption in seven European countries. Implications for low-risk drinking guidelines. Toronto, On, Canada: Centre for Addiction and Mental Health.

Scafato E. et al. (2014/2016) Drinking guidelines used in the context of early identification and brief interventions in Europe: overview of RARHA survey results. Rome: Istituto Superiore di Sanità.

Scafato E. et al. (2014/2016) Low risk drinking guidelines in Europe: overview of RARHA survey results. Rome: Istituto Superiore di Sanità.

Steffens R. and Sarrazin D. (2016). Guidance to reduce alcohol-related harm for young people. Background paper. Münster: LWL-Coordination Office for Drug-Related Issues.

Tricas-Sauras S. et al. (2015) Consumer survey on communication of alcohol associated risks. European Alcohol Policy Alliance.

Contacts

Work Package 5 leader

Pia Mäkelä
pia.makela@thl.fi

National Institute for Health and WelfareTHL
www.thl.fi

Work Package 5 co-leader

Emanuele Scafato
scafato@iss.it

Istituto Superiore di Sanità ISS
www.iss.it

Work Package 5 co-leader

Marjatta Montonen,
marjatta.montonen@thl.fi

National Institute for Health and WelfareTHL
www.thl.fi

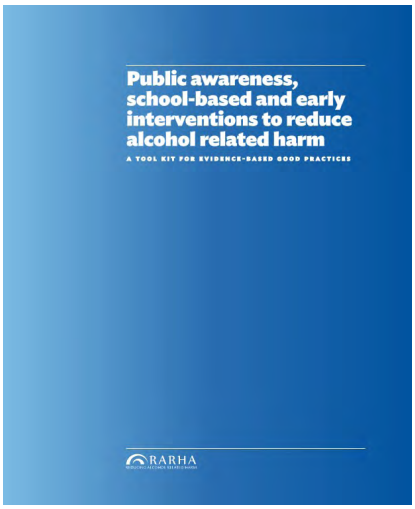
WORK PACKAGE TOOL KIT

RARHA OUTCOMES - LAYMAN VERSION

Sandra Rados-Krnel,
WP6 Leader
NIJZ, Slovenia

Axel Budde,
WP6 Co-leader
Bzga, Germany

Good Practice Tool Kited harm



Work package 6 “A tool kit for evidence-based good practices” has carried out a European-wide assessment of alco¬hol 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 exist¬ing theoretical and practical knowledge and experience. The main tasks within WP6 were: a) Providing good practice examples; b) Developing good practice criteria; c) Compiling examples into a tool kit; and d) Disseminating the tool kit.

National experts were asked to send the examples of inter¬ventions 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. All intervention descriptions were received from December 2014 to April 2015 and were assessed be¬tween April 2015 and August 2015 on the basis of the crite¬ria established by the WP6 good practice tool kit assessment team.

Basic characteristics of a good practices in the Tool Kit:

- The intervention is well described (information about objectives, target groups, approach/method are available);
- The intervention is implemented in real world setting (information about the feasibility of the intervention is available);
- The intervention is theoretically sound (information about the theoretical basis is available); and
- The intervention has been evaluated and has positive results (most relevant objectives in terms of changes within the target group have been achieved).

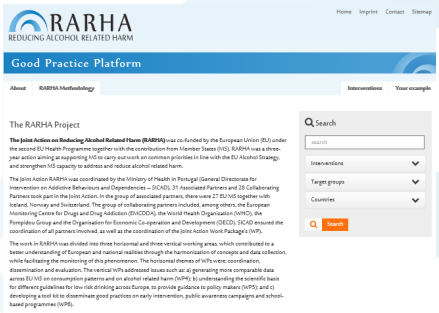
List of deliverables linked to this work package:

• Online version of the Tool Kit and
• Master for printed Tool Kit.

At the core of the Tool kit are criteria, which were used to qualify the evidence base of submitted interventions. In alcohol prevention, a wide chasm exists between expectations of prevention scientists who are rarely content with anything other than randomised-controlled trials (RCTs) and the reality of prevention in practice – a reality in which the majority of interventions are not evaluated at all. To bridge this divide and provide practitioners and policymakers with hands-on advice, we adapted a Dutch classification system of the National Institute for Public Health and the Environment.

It rates interventions along a continuous scale of evidence levels, ensuring that a number of minimum requirements are met. With this approach, we were able to identify and classify interventions other than RCTs. Using this methodology, 26 out of a total of 43 assessed interventions were accepted. The description of all accepted interventions as well as assessment procedure, results and recommendations arising from our work are presented.

Working as a multi-national team, we have learned that values, ethics and context all matter and that there is no “one-size–fits-all” approach to effective alcohol prevention. Epidemiological developments differ between and within countries and so do value systems and cultures. This should be taken into account. At a minimum, this Tool kit will help choosing a highly evaluated and effective intervention over a poorly evaluated and ineffective one.



http://rarha-good-practice.eu

FINAL CONFERENCE

The Final Conferene RARHA took place in Lisbon last October under the theme: Share The Results.

Almost 300 health professionals from more than 30 countries joint to discuss the final results. The insights from the Workgroups, presented at the conference, had a strong accent on mutual member states cooperation and knowledge sharing, spanning wide range of topics on reducing alcohol related harm considering future challenges and impact on public health policy in Europe. Vytenis Andriukaitis, European Commissioner for Health and Food Safety, was present and said: “I commend the progress made by all the Member States and stakeholders in this Joint Action. The survey they carried out shows that half of our citizens support strong measures to address alcohol-related harm such as high prices, restrictions on the number of outlets, and on selling time and advertising bans. I invite all Member States to build on this and implement measures to tackle alcohol-related harm under a wide range of policies. I believe this joint action is a good example of how the Commission can help Member States address alcohol abuse and I remain committed to continue supporting Member States in this regard.”

All results aim to provide new knowledge and tools based on RARHA outcomes on three areas:

MONITORING OF DRINKING PATTERNS AND ALCOHOL RELATED HARM:

Providing a baseline for comparative assessment and monitoring alcohol epidemiology, including drinking levels and patterns and alcohol related harms across the EU. Strengthening capacity in comparative alcohol survey methodology and increasing interest in using common methodology in the future. Remarkable findings: - Heavy episodic drinking - collected in a comparative manner for the first time across Europe, the study shows that over 20% of men and over 10% of women in countries represented in this survey drink in a hazardous way, at least once a month. - Unrecorded supply - In countries with high alcohol taxes and prices and practically no border control (like in the Nordic EU countries), travelers’ alcohol imports are a crucial source of unrecorded supply, while in vine-growing countries major sources of unrecorded supply are domestic wine as well as domestic spirits. - Attitudes towards alcohol policy - Substantial proportions, ranging from over 40% to over 50%, support alcohol control measures such as high prices, restrictions on number of outlets, time restrictions and advertising bans. Random breath testing in drivers is supported by over 80%. - Harm to others - About one fifth of Europeans represented in this survey lived with a fairly heavy drinker in their childhood or adolescence and approximately half of those admitted to be negatively affected by that drinker in their household. Almost 30% of the respondents reported being harmed by a heavy drinker known to them in the past 12 months.

LOW RISK DRINKING GUIDELINES IN RARHA PARTNER COUNTRIES AND A COMMON CRITERION FOR LOW RISK:

Defining low risk guidelines as a public health measure, based on the view that European citizens have the right to be informed about risks related to the alcohol consumption. Taking as the starting point current variation in national guidelines, the partners in this work explored the possibility to widen common ground in order to contribute towards more aligned messages to the population and health professionals. Findings and Highlights: The importance to legislate and enforce an 18-year minimum age for all alcoholic beverages and enforce an 18-year minimum age for all alcoholic bev-

erages across all European countries. RARHA has presented a ground-breaking calculation, which demonstrates that the lifetime risk of mortality due to alcohol can be used as a metric for European countries despite differences in their levels and patterns of alcohol consumption. National low risk guidelines could be supported and amplified through European action. Action from the European Commission is urgently needed to bring the provision of consumer information on alcoholic beverages to level with mandatory food information. Besides full information on ingredients and nutrition, the number of grams of pure alcohol in the package could be given to help consumers relate it to the national definition of "standard drink" and to the guidelines for low risk drinking. RARHA shows there is wide – although not total – consensus among public health experts about key messages regarding the risks of alcohol consumption – for example, that daily drinking and occasional heavy drinking are both potentially harmful drinking patterns.

FINDING GOOD PRACTICES EXAMPLES CROSS EUROPE, AND BUILDING A TOOL KIT TO REDUCE ALCOHOL RELATED HARM:

Contribute to the implementation of the EU strategy to support member states in reducing alcohol related harm by focusing on concrete examples of good practice approaches that are implemented in member states.

This was certainly the highest and the most expected moment of the three years of work for all RARHA Partners.

RARHA Satellite Event at 7th EAPC

A RARHA WP6 satellite event was held at the Slovenian National Council in Ljubljana (Slovenia), on 21st November from 10.30 until 13.30 (in conjunction with the 7th EAPC).

The agenda included the items like the role of the industry in policy making, update on developments in some countries and alcohol and young people.

Were presented different and successful examples of European projects that you can find on the Tool kit.

This was a great opportunity to exchange ideas with the professionals that worked directly on the field and developed these projects.

Consult all the projects on: www.rarha.eu or at the online platform: http://rarha-good-practice.eu/

EU POLICY MAKERS DISCUSS TACKLING ALCOHOL RELATED HARM

In the context of the Joint Action RARHA, EuroHealthNet organised and moderated a policy dialogue on alcohol, held in Brussels on 6th September 2016. The event welcomed experts and policymakers from the EU institutions. Key messages received from the participants included:

"The various outcomes from RARHA are of great quality and very relevant for European policymakers."

"The questions about implementation need further exploration to achieve change in Europe and reduce alcohol related harm."

After short presentations by the Coordinator Manuel Cardoso and the work package leaders Jacek Moskalewicz, Marjatta Montonen and Sandra Rados-Krnel, a group of high-level EU policy makers addressed the issue of tackling alcohol related harm in the context of RARHA's work and findings.

The panel of European policymakers consisted of EC DG SANTE Director John Ryan, José Inácio Faria MEP, Ewa-May Karlsson, the rapporteur from Committee of the Regions and Lubomir Okruhlica, representing the current European Council presidency, Slovakia. Mr. Ryan indicated that the EC wants to focus more on implementation, closing the gap between the knowledge generated and actual policy making in countries. The EC will help to 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. 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 labelling 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.

More information: http://www.rarha.eu/Events/Events/Pages/details.aspx?itemId=37

John F. Ryan, EC

E.C. Voice

The Joint Action on alcohol which recently drew to a close is good example of strong Member States' action to reduce alcohol-related harm carrying the support of the Commission, focusing on specific results, respecting subsidiarity and delivering clear EU added value.

The Joint Action united all 28 EU Member States in a commitment to contribute to the reduction of alcohol related harm and yielded impressive results. Among others, it developed a new alcohol survey methodology and based on that, implemented a survey in 19 EU countries. This wealth of country specific data is a treasure for analysis that can result in improved public health policy measures.

The Member States have also worked on principles to define low risk alcohol consumption; this work greatly increased knowledge in this field and confirmed that a lot has to be done in this area in terms of public awareness.

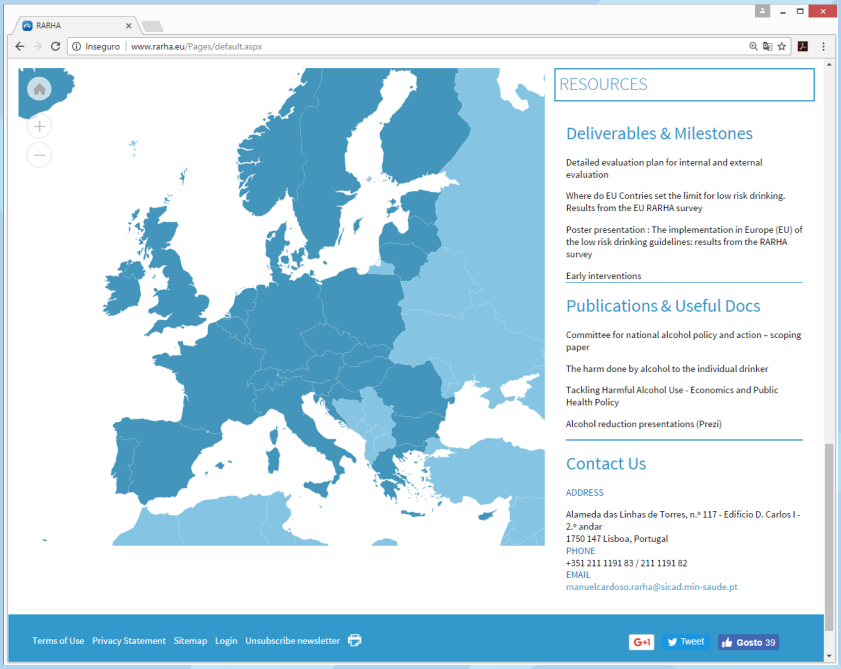
Thirdly, a toolkit of good practices in public awareness campaigns and early interventions was also developed. This European-wide assessment of actions is a unique attempt to improve the quality of these types of alcohol prevention interventions in the Member States.

Alcohol can seriously undermine our efforts to keep people in good health throughout their lives. We need to continue to work on raising awareness about the risks of alcohol consumption and its link with major chronic diseases. We need to support the Member States in addressing the harm that alcohol inflicts on people's lives, on our societies, on productivity and on our economy as a whole. The work has not finished with the closing conference of the JA RARHA in November 2016 – in fact, in many respects, it has only just started. It is now up to the policy makers in Member States to take the solid results of the Joint Action and to continue to implement them at national, regional and local level.

It is important to remember that the principal responsibility to tackle alcohol related harm rests firmly with the national authorities. The Commission will continue to support such efforts, namely with 4 million EUR for the period 2017-2020 in the Health Programme. The most important is that the Member States agree on objectives of common action and that we together ensure their ownership of future projects. This will surely take forward the spirit of the RARHA Joint Action.

RARHA
REDUCING ALCOHOL RELATED HARM

Always get updated information on the RARHA website and confirm the who are the partners in each country.



www.rarha.eu

RARHA
REDUCING ALCOHOL RELATED HARM

RARHA is coordinated by:

SICAD Serviço de Intervenção nos Comportamentos Aditivos e nas Dependências

REPÚBLICA PORTUGUESA
SAÚDE

Newsletters are produced by:

SICAD Serviço de Intervenção nos Comportamentos Aditivos e nas Dependências

Co-funded by the Health Programme of the European Union