

EDITORIAL

Working together on a modern phenomenon or a current way to work on a human legacy



Manuel Cardoso
Deputy General Director,
SICAD

In the fifth century BC, Plato outlined what he considered to be correct behaviour in relation to alcohol.¹ Now, 26 centuries later, we are working together on this same issue in the Joint Action RARHA.

Just like Plato, we are striving for greater clarity around what should be considered 'correct behaviour' in relation to alcohol, by bringing together the scientific evidence on harmful levels of alcohol consumption. We are also trying to get a more accurate picture of the realities of alcohol consumption patterns across the EU today, and to identify how best we can stimulate broader adherence to levels of consumption less likely to lead to harm.

At the end of the first year of our collaboration in the Joint Action RARHA, it is clear that despite our different lifestyles, we share common social dilemmas. RARHA provides us with the remarkable opportunity to bring together experts concerned with the issue of alcohol related harm in Europe, to identify solutions to this problem. By working together, we can achieve more elaborate solutions that we can attain individually.

Plato believed that human behaviour flows from three main sources: desire, emotion and knowledge. These three drivers are embedded in the RARHA work packages' daily work where we highlight motivations, develop tools for wider use and make use of the best expert knowledge on alcohol consumption in Europe. Just like the ancient Greek philosopher says!

"Alcohol use is associated with numerous harmful health and social consequences, including an increased risk of a range of cancers, stroke and liver cirrhosis. Alcohol also contributes to death and disability through accidents and injuries, assault, violence, homicide and suicide."(OECD) That is why we will keep on working hard to achieve health policies based on the best, current scientific evidence available and that are suited to the contexts in which we live, to meet the needs of and preserve and enhance the well-being of our citizens.

SICAD wishes the Joint Action RARHA another year of fruitful collaboration around efforts to reduce alcohol related harm in our societies, and for strong outcomes that will benefit us all.

All the best,

Manuel Cardoso (SICAD)

A PARTNER'S VOICE



Marjatta Montonen – Finland

Joint Action RARHA is not just another EU project as it brings together Member States' ministries of health and the European Commission, and has expert agencies designated by the ministries as main partners. Although the challenge of alcohol related harm is common to all our countries, the alcohol policy frameworks and the particular causes for concern in our countries are different. There is no fit-for-all alcohol policy and therefore also the room for joint policy initiatives is limited. But work to strengthen the knowledge base is ideal for joint work: we all have something to gain there and, above all, we can lessen obstacles to synergies between European countries in the public health field.

¹ Sournia, Jean Charles. A History of Alcoholism. Oxford, UK: Basil Blackwell, 1990, p.6

WP UPDATES

WP 4 – Strengthening the monitoring of drinking patterns and alcohol related harm across EU countries



Picture taken from : <https://www.theparliamentmagazine.eu/articles/opinion/alcohol-related-harm-represents-top-public-health-priority>

Partners from 24 countries and a number of international organisations are participating in work package 4 on “strengthening the monitoring of drinking patterns and alcohol related harm across EU countries”. The work is divided into two tasks, which are carried out simultaneously.

The first task consists of a survey to collect comparable data on alcohol consumption, drinking patterns and alcohol related harm across EU Member States by using the instrument developed as part of the EU project on “Standardised measurement of alcohol-related troubles” (SMART). 20 countries have committed to carry out this survey. In 2014, WP4 has translated the standardised pilot questionnaire into 22 languages and developed guidelines for a pilot study and interviewers’ training, show cards, a codebook and a data base template. In 2015, quantitative and qualitative analyses will be undertaken of responses to the pilot survey, which was completed in 19 countries. The responses will be discussed at a working meeting, where a final version of the questionnaire will be discussed and adopted. National surveys will be carried out in 20 European countries with probable samples of the general population aged 18-64 (mini-

mum 1500 interviews per country) and lead to an international database.

Task 2 aims to pool existing data on alcohol consumption, drinking patterns and related harms from surveys carried out in Member States between 2008 and 2012 and record the data into variables comparable to those measured in the SMART questionnaire, developed in task 1. 17 countries participate in implementation of task 2. In 2014, WP4 did a mapping of existing alcohol surveys, developed a template for the database to collect variables from national surveys and a codebook. This work will lead to the establishment of a European dataset based on existing surveys with matching variables. A working meeting in 2015 will provide WP4 partners with the opportunity to discuss the codebook and first problems with variable recoding.



Jacek Moskalewicz,
PARPA, Poland



Daniela Piontek,
IFT, Germany

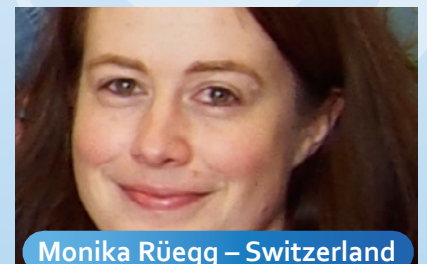
A PARTNER’S VOICE



Iva Pejnovic Frelanic – Croatia

According to WHO global status report on alcohol and health 2014, people in Croatia drink more than the average of the WHO European Region. It is also a public health challenge to try to reduce alcohol consumption among young people. As a partner in the Joint Action RARHA, Croatia has the opportunity to participate in a comprehensive survey on alcohol in WP4 Task 1 and to compare already existing data on alcohol with other countries in Task2. In WP 5, we contribute to discussions about research results and good public health messages and to try to bring closer together research, policy and practice.

A PARTNER’S VOICE

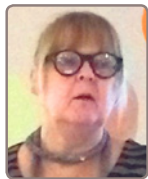
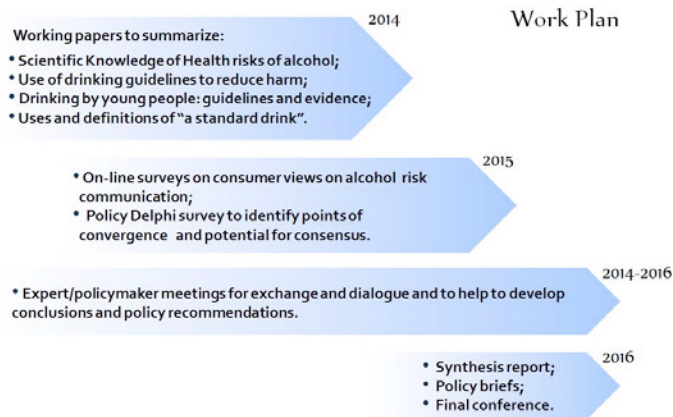


Monika Rüegg – Switzerland

One objective of the Swiss national alcohol programme is to inform the population about risks associated with alcohol consumption. Therefore, we are interested in other countries’ experiences with national guidelines and recommendations. Through our participation in RARHA, we hope to contribute to a consensus on good practice principles on how to define and communicate drinking guidelines.

WP UPDATES

WP 5 - Good practice principles in the use of drinking guidelines to reduce alcohol related harm



Marjatta Montonen,
THL, Finland

WP5 activities in the first year of the Joint Action mainly consisted in background work to update and summarise information on the following main topics: the science underpinning the definitions for low risk from alcohol in a public health context, current definitions of low risk drinking across the EU, guidelines relating to drinking for young people, brief intervention practices, uses of the "standard drink" concept and consumer perceptions relating to alcohol risk communication. In addition to three work meetings held in Italy, Germany and Ireland, the main outcomes of the background work were shared with experts, decision-makers and wider stakeholders in three major events in November

2014: the RARHA European expert meeting organised by the Istituto Superiore di Sanità in Rome, the RARHA Satellite event organised back to back with the Alcohol Policy Network meeting in Brussels, and a RARHA round table within the 6th European Alcohol Policy Conference (see pages 5-6).

The background work done so far will feed into two separate Delphi surveys carried out with public health experts from partner countries and an online survey addressed to consumers in EU countries. One Delphi survey, led by LWL-Koordinationsstelle Sucht, is focussed on young people and seeks to foster shared understanding on what kind of guidance to young people, parents and professionals would help prevent and reduce alcohol related harm. The other Delphi survey, led by the Finnish Institute for Health and Welfare, addresses issues related to the provision of information on low risk drinking levels to the population as a public health measure.

A further theme addressed in WP5 during 2015 concerns the types of health related consumer information that could be provided for example on alcoholic product labels to support broader risk communication. Such information could be about the amount of pure alcohol contained in the package, about the energy and sugar content of the product, or about health or safety risks that should be highlighted. Consumer information will be addressed both in the Delphi survey led by THL and in the series of online consumer surveys that will be carried out at national level by Eurocare members.

Help to disseminate a European Consumer Survey on Consumers' perceptions of drinking guidelines!

Across Europe there are different messages in relation to alcohol consumption. A variety of sources communicates about alcohol: producers, public health agencies, doctors and nurses, the media and so on. This can lead to mixed messages being sent regarding the how much you should drink and when you should not drink at all.

As part of the work in work package 5, RARHA is this spring issuing a consumer survey on consumers' percep-

tions on drinking guidelines. RARHA seeks a consensus on good practice principles regarding the setting of guidelines and communicating risks associated with alcohol consumption, and the survey will be used in this context.

If you would like to help disseminate the survey or want to know more, please contact

Aleksandra.kaczmarek@eurocare.org

WP UPDATES

WP 6 – Good Practice Tool Kit



Sandra Radoš Krnel,
NIJZ, Slovenia

Work package 6 involves 13 associated and 14 collaborating partners from 18 Member States. So far, a needs assessment was conducted among the European Committee on National Alcohol Policy and Action (CNAPA) members in 2014. Based on these results, the areas that will be covered by the good practice Tool Kit were determined and confirmed by the RARHA Advisory Group. The following three groups of interventions will be taken on board: (I) early intervention services (including brief advice), (II) school-based programs (information and education), and (III) public awareness programs (including new media, social networks

and online tools for behaviour change). In cooperation with dedicated task performers, WP 6 has prepared background papers on these three groups of interventions.

Furthermore, WP6 has developed, piloted and sent the questionnaire/template for collecting good practices to Member State contacts. Until the end of March 2015, WP6 will analyse the results and define criteria for assessment of the examples of good practices. Subsequently, the good practices that have been collected will be evaluated based on the criteria. Summaries of selected good practices will be included in the Tool Kit in the second half of 2015. Towards the end of the year, WP6 will write a survey report alongside recommendations.

A PARTNER'S VOICE



Bernt Bull – Norway

The general globalisation makes intergovernmental cooperation a must when addressing problems caused by alcohol. All the three RARHA work packages address issues where intergovernmental cooperation makes a difference. A common understanding of monitoring is important when creating common actions. Guidelines today vary among the countries; both in what guidelines are given, and in how they are functioning. Exchange of best practices, including exchange of experiences, is a precondition for developing better policy measures.

A PARTNER'S VOICE



Sandra Radoš Krnel – Slovenia

Slovenia is pleased to take part in RARHA since it produces the following added value:

- A platform for cooperation, for exchanging knowledge and opinions
- Comparable data between EU countries on alcohol consumption and harm in order to benchmark our own developments
- The exchange of good practices – examples of successful approaches in reducing alcohol related harm can be transferred, modified and used (benefits for individuals and the society)
- The analysis of the already existing guidelines will provide better insight which will help policy markers to take evidence – based decisions
- The knowledge to improve communication on alcohol related harm



Lisbon Addictions 2015
First European conference on addictive behaviours and dependencies

23 – 25 September Lisbon | Portugal

The First European conference on addictive behaviours and dependencies will be held in Lisbon on 23–25 September 2015.

This will be a comprehensive and multi-disciplinary event, showcasing leading European addiction research in the specialist areas of illicit drugs, alcohol, tobacco, gambling and other addictive behaviours. It will address new challenges and cover developing fields such as new psychoactive substances, online sales and gambling, cannabis legalisation and alcohol pricing.

Save the date

More information at
www.lisbonaddictions.eu



UPDATES ON EVENTS

RARHA Satellite Event

On 26th November 2014, RARHA held a satellite event to inform external parties about the Joint Action and to (re-)connect with its internal partners. This half-day meeting was arranged prior to the 6th European Alcohol Policy Conference, organised by RARHA partner Eurocare. Around 90 people attended the satellite event and the vast majority came from health authorities and NGOs.

In his opening speech, Manuel Cardoso (SICAD) stressed the aim of this event: "We want to disseminate our Joint Action and strengthen communication and cooperation among ourselves, but we also want feedback from those who are not yet actively involved. RARHA is a dynamic process. Let's take advantage of the moment and have a debate." His presentation was followed by an introduction to RARHA by the project's leader Patricia Pissarra (SICAD).

One of the foci of RARHA is on understanding the science behind drinking guidelines, and this was also a focus of the Satellite event. Emanuele Scafato (ISS), WP5 co-leader, presented where EU countries have set the limits for low-risk drinking. Almost all countries investigated (28 out of 29) had definitions for what constitutes a standard drink (SD). The prevalent measure to express a SD was 'grams of pure alcohol', with the average SD containing 11 grams. 22 countries have low risk guidelines or recommendations expressed in terms of grams of alcohol per day.

Jürgen Rehm and his colleagues, from the Centre for Addiction and Mental Health (CAMH) in Canada, was commissioned by RARHA to investigate how, based on current evidence, alcohol consumption levels affect the risk of death. Read more about the findings on page 7. He called for a substantial reduction in low-risk guidelines. "Interventions to inform citizens are needed", Rehm stated and went on to explain that "guidelines should inform about risks and not reflect current drinking behaviour."

RARHA also focuses on the brief interventions as good practice with potential to reduce alcohol related harm. In this context, Cristina Ribeiro (Health Ministry, Portugal) and Frederico do Rosário (Medicine School Lisbon) introduced the audience to the BISTAIRS project, which encouraged care providers also beyond primary health care to inquire about patients' drinking habits and where necessary provide advice or refer to further treatment services.



Patricia Pissarra introduces the audience to the Joint Action RARHA



Around 90 people attended the event

Graça Vilar (SICAD) gave an overview of referral networks in Portugal which form part of an integrated strategy to reduce the harmful use of alcohol. She said that "citizens' access to healthcare is an essential factor" and called for a "dynamic network architecture in which all actors involved are adequately trained."

In her presentation, Marjatta Montonen (THL) talked about the spectrum of responses to alcohol use disorders highlighting that: "Brief interventions and treatment are not mutually exclusive." Differences in drinking patterns may require different approaches to reduce risk of harm, but prevention is crucial.

Anna Gallinat, EuroHealthNet



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UPDATES ON EVENTS

6th European Alcohol Policy Conference

The European Alcohol Policy Alliance (Eurocare) had the pleasure to host the 6th European Alcohol Policy Conference, 27th and 28th November 2014 in Brussels.

The conference brought together over 300 participants from 36 countries. This broad representation of stakeholders concerned with alcohol related harm, with participation from policy-makers, civil society, scientists and alcohol and health experts made the conference a success in and of itself.

The 6th European Alcohol Policy Conference aimed to raise awareness among the key decision-makers about the current burden of alcohol in Europe, and the multiple health and social problems it creates. The topics covered included the need for a new EU Alcohol Strategy, price and taxation, health and inequalities, advertisement and information to consumers. In addition, the conference had the intention to strengthen networks, build capacity and stimulate action to prevent and reduce alcohol related problems at all levels. It is for this reason that Eurocare encourages you to support its [Call for a Comprehensive Alcohol Policy Strategy in the European Union](#).

RARHA was well represented at the conference, both among the participants and also in the programme of the conference. On the second day of the conference, RARHA held a panel session led by Bernt Bull from the Norwegian Ministry



EAPC - Roundtable

of Health and Care Services. Manuel Cardoso, Executive Coordinator of RARHA, presented the Joint Action and the work packages, and was followed by short interventions from Iva Pejnović Franelić (Croatia), Sandra Radoš Krnel (Slovenia), Marjatta Montonen (Finland) and Monika Rueegg (Switzerland), who are all directly involved in different RARHA work-strands.

➔ [Take a look at the conference video here](#)

Nils Garnes, Eurocare

(WP5) European Expert Meeting, Rome



Emanuele Scafato opened the WP5 Expert Meeting in Rome

The European Expert Meeting, organised in the context of work package 5 (Guidelines), focused on what alcohol policy making can gain from the collection, analysis and description of the existing information derived from different sources, including those provided by Member States, on current low-risk drinking guidelines and on drinking guidelines in the context of early identification and brief intervention.

The European Expert Meeting, which took place on 4th November 2014 in Rome, aimed to inform policy makers about the scientific basis and policy implications of the use of drinking guidelines and thereby widening common ground in communication on alcohol related harm. The meeting brought together more than 50 experts to discuss the main outcomes of Work Package 5 so far. Those attending the meeting were academic experts beyond the Joint Action partnership and members of the EU Committee on National Alcohol Policy and Action (also functioning as Joint Action's Advisory Group).

During the meeting the overviews of current drinking guidelines and on practices in brief interventions for hazardous drinking were presented by the ISS (Work Package 5 leader) together with representatives from WHO and OECD and high level experts and scientists. This provided policy makers with a unique opportunity to consider the guidelines being applied across the EU and the scientific evidence underpinning them. It also allowed them to consider guidelines in relation to specific groups such as young and older people and high risk contexts like pregnancy and driving.

UPCOMING EVENTS & NEW PUBLICATIONS

Featured Publication

Rehm, J. et al. *Lifetime-risk of alcohol-attributable mortality based on different levels of alcohol consumption in seven European countries. Implications for low-risk drinking guidelines.* Centre for Addiction and Mental Health, Toronto, Ontario, Canada, 2014.

In order to update for WP5 the science underpinnings for defining low risk from alcohol in a public health context, RARHA commissioned the Centre for Addiction and Mental Health in Ontario, Canada to undertake a study on the lifetime risk of dying from alcohol attributable conditions. Dr Jürgen Rehm and colleagues used the approach developed for risk calculation in the context of the revision of low risk drinking guidelines in Australia in 2009, with some methodological refinements. The focus in the work done for RARHA was specifically on the EU, with seven countries selected to represent variation across countries in drinking patterns, cause-of-death structure and life expectancy. The calculations were based

on the most recent data on alcohol-attributable mortality and looked at the risk of alcohol-attributable death at different levels of alcohol consumption, when the risks of various individual causes of death are combined. The study shows that drinking more than 10 grams of alcohol already puts consumers above the generally accepted threshold of 'acceptable risk' from alcohol.

In addition to results that enable the comparison of risk at different consumption levels, between men and women and between countries, the report provides a discussion of alternative approaches that can be taken to choose which level is considered "low risk" when communicating information to the public or when setting goals for national public health policy. An interesting point concerns the societal "tolerance" regarding risk of death from alcohol use or other "voluntary" risk-taking as opposed to health risks caused by external factors, such as pollution of air or water, likely to warrant protective action at higher odds.

➔ [The report is available for download here](#)

Recent Publications

- ➔ Anderson, P., Rehm, J., Room, R. (eds) (2015). Impact of Addictive Substances and Behaviours on Individual and Societal Well-being. In: OUP.
- ➔ Committee on National Alcohol Policy and Action (CNA-PA). Member States call on the European Commission for a new and comprehensive strategy to tackle harmful use of alcohol and alcohol related harm - scoping paper.
- ➔ Rehm, J. et al (2015). General Practitioners Recognizing Alcohol Dependence: a Large Cross-sectional Study in 6 European Countries. In: Annals of Family Medicine.
- ➔ Søndergaard, G. et al (2015). Alcohol-related Morbidity and Mortality within Siblings. In: Addiction, 110(3).
- ➔ Upcoming publication (31 March 2015): OECD: Drinking lives away: Harmful Alcohol Use and the Economics of Public Health (<http://www.oecd.org/publications/drinking-lives-away-9789264181069-en.htm>)

Upcoming Events

- ➔ **Annual Symposium of the Kettil Bruun Society for Social and Epidemiological Research on Alcohol**, Munich, 1st-5th June 2015: <http://www.kbs2015munich.de/>
- ➔ **Thematic conference of the Kettil Bruun Society, Alcohol's Harm to Others – Perceptions, Policies and Approaches**, Helsinki, 14-17 September 2015: <http://www.nordicwelfare.org/kbsthematic2015>
- ➔ **Lisbon Addictions conference**, Lisbon 23-25 September 2015: <http://www.lisbonaddictions.eu/start>
- ➔ **Global Alcohol Policy Conference**, Edinburgh, Scotland, 7-9 October 2015: <http://www.gapc2015.com/>.

UPDATES FROM ACROSS EUROPE

New Finnish regulations on advertising of strong alcoholic beverages enters into force

In Finland, further restrictions on the advertising of alcoholic beverages up to 22 % alcohol per volume (abv) entered into force on the 1st of January 2015. The new restrictions prohibit outdoor advertising as well as any sales promotion that involves games, lotteries or competitions and restrict the forms of alcohol advertising allowed in information network services. The use of any kind of consumer produced textual or audio-visual content in commercial communication on alcoholic beverages in online services including social media is prohibited. "Traditional" brand advertising in digital media is still possible for beverages up to 22 % abv. All forms of direct and indirect advertising for beverages containing more than 22 % abv remain prohibited in all media. (<http://www.finlex.fi/en/laki/kaannokset/1994/en19941143.pdf>)

EC Action Plan on Youth Drinking and Heavy Episodic Drinking

The European Commission has adopted a two-year Action Plan on youth drinking and heavy episodic drinking (binge drinking). This Action Plan will complement existing EC activities implemented under the umbrella of the

EU strategy to support Member States in reducing alcohol related harm and contribute to the comprehensiveness of the implementation of the EU alcohol policy. Among others, the plan highlights the need to reduce exposure of young people to alcohol advertising. It also stresses that "as heavy users of new media young people are at particular risk of exposure to the advertising of alcohol beverages via digital media." (http://ec.europa.eu/health/alcohol/docs/2014_2016_actionplan_youthdrinking_en.pdf)

New CNAPA scoping paper on EU alcohol strategy

In February 2015, the Committee on National Alcohol Policy and Action (CNAPA) published a scoping paper on this topic and calls for a new and comprehensive strategy. The paper highlights the importance attached by Member States to continued strengthening of the common knowledge base – joint work in RARHA being a case in point!

The European Commission established CNAPA in 2007 with the purpose of ensuring "the coordination between national and EU alcohol policies, and to contribute to further policy development in the area of reducing alcohol-related harm". CNAPA is an essential structure for, and plays a major role in implementing the EU alcohol strategy launched in 2006. (http://ec.europa.eu/health/alcohol/committee/index_en.htm)



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