

CNAPA Meeting

Luxembourg – September 2016

Manuel Cardoso

RARHA Executive Coordinator

Public Health MD – Senior Advisor

Deputy General-Director of SICAD - Portugal



Insights and outputs from Joint Action RARHA, an ambitious three-year project

RARHA Events – Policy Dialogue and Final Conference



Policy Dialogue
6th September 2016 - Brussels

Joined up work by 31 countries across Europe provides new knowledge and tools for policy and action to reduce alcohol related harms

Insights and outputs from Joint Action RARHA, an ambitious three-year project

Moderator: Caroline Costongs, EuroHealthNet

14.00 Registration and welcome coffee

14.30 Addressing alcohol related harm across Europe calls for leadership and a concerted effort

- Key note by Manuel Cardoso, Executive Coordinator for Joint Action RARHA

14.45 RARHA an ambitious three year project:

- Alcohol consumption and harms in Europe today – key findings from the Standardised European Alcohol Survey (RARHA SEAS) – Jacek Moskalewicz, PARPA, Poland
- Pointers towards an evidence-based approach to inform consumers about the risks of alcohol – Marjatta Montonen, THL, Finland
- A tool-kit for evidence-based good practices in action to prevent alcohol related harm – Sandra Rados-Krnal, NIJZ, Slovenia

15.30 Discussion among panellists: How to make use of RARHA's results and foster implementation and sustainability. Views from:

- John Ryan, Director, DG Sante, European Commission
- Fernando Araújo, Secretary of State for Health, Portuguese Government
- Jose Inacio Faria, MEP, European Parliament
- Ewa-May Karlsson, Member of Committee of the Regions
- Lubomir Okruhlica, Director, Center for Drug Addiction, Slovakia

16.45 Discussion with the audience

17.00 Wrap-up

Centre de Conference Albert Borschette
Rue Froissart 36, B-1040, Brussels




SHARING THE RESULTS
LOOKING HOW TO REDUCE ALCOHOL RELATED HARM
RARHA - FINAL CONFERENCE

LISBON 13/14 OCTOBER 2016

DRAFT AGENDA

13

12H00 - REGISTRATION AND RECEPTION - WELCOME LUNCH

14H00 - OPENING SESSION
Manuel Cardoso (RARHA, Executive Coordinator)
John Ryan* (Director, DG Sante, European Commission)
João Gouveia (Portuguese National Drug Coordinator and General Director of SICAD)
Fernando Araújo (Portuguese Secretary of State Assistant and of Health)

14H30 - JOINT ACTION RARHA JOURNEY
Patrícia Figueira (RARHA Project Leader)
Discussant: Paola D'Acapito (Project Officer – CHAFEA)
Artur Furtado (Deputy Head of Unit at European Commission)
Chair: Bernt Bull (Royal Ministry of Health and Care Services, Norway)

15H45 - FIRST RARHA SYNERGIES - INEQUALITIES PROJECT
Chris Brooks (UK Health Forum - Inequalities Project)
Chair: Attila Balogh* (Head of Sector – European Commission)

16H15 - COFFEE-BREAK

16H30 - A TOOL-KIT FOR EVIDENCE-BASED GOOD PRACTICES IN ACTION TO PREVENT ALCOHOL RELATED HARM
Sandra Rados-Krnal (Work Package Leader)
Aneel Budde (Work Package Co-Leader)
Discussant: Carlos Sengeniva Perez (JA-CHRODIS)
Pedro Cunha (Deputy General-Director – Education Ministry)
Chair: Iva Pejnovic Franelic (Croatian Institute of Public Health)

18H00 - CLOSING THE DAY AND TRANSPORTATION TO THE RARHA GROUP DINNER

09H30 - ALCOHOL CONSUMPTION AND HARMS IN EUROPE TODAY – KEY FINDINGS FROM THE STANDARDISED EUROPEAN ALCOHOL SURVEY - RARHA SEAS
Jacek Moskalewicz (Work Package Leader)
Daniela Piontak (Work Package Co-Leader)
Discussant: Vladimir Poznyak* (WHO - Coordinator, Management of Substance Abuse)
Chair: Albert Kern (Federal Ministry of Health, Germany)

14

11H00 - COFFEE-BREAK

11H15 - TOWARDS A COMMON EUROPEAN APPROACH TO INFORMING CONSUMERS ABOUT ALCOHOL RELATED RISKS
Marjatta Montonen (Work Package Leader)
Emanuele Scafato (Work Package Co-Leader)
Discussant: Lars Møller* (WHO)
José Miguel Caldas de Almeida (JA MH-WB)
Chair: Vesna-Kerstin Petrič (Ministry of Health of Slovenia)

12H45 - CONCLUDING REMARKS
Manuel Cardoso* (RARHA Executive Coordinator)

13H00 - CLOSING SESSION
Vytenis Andriukaitis (European Commissioner for Health and Food Safety)
Adalberto Campos Fernandes (Portuguese Minister of Health)

CLOSING LUNCH

Fundação Oriente
Avenida Brasília, Doca de Alcântara (Norte)
1300-321 LISBOA - PORTUGAL



* To be confirmed

www.rarha.eu



Public Health

“Public health is the science and art of preventing disease, prolonging life and promoting physical health and efficiency through organised community efforts...”.

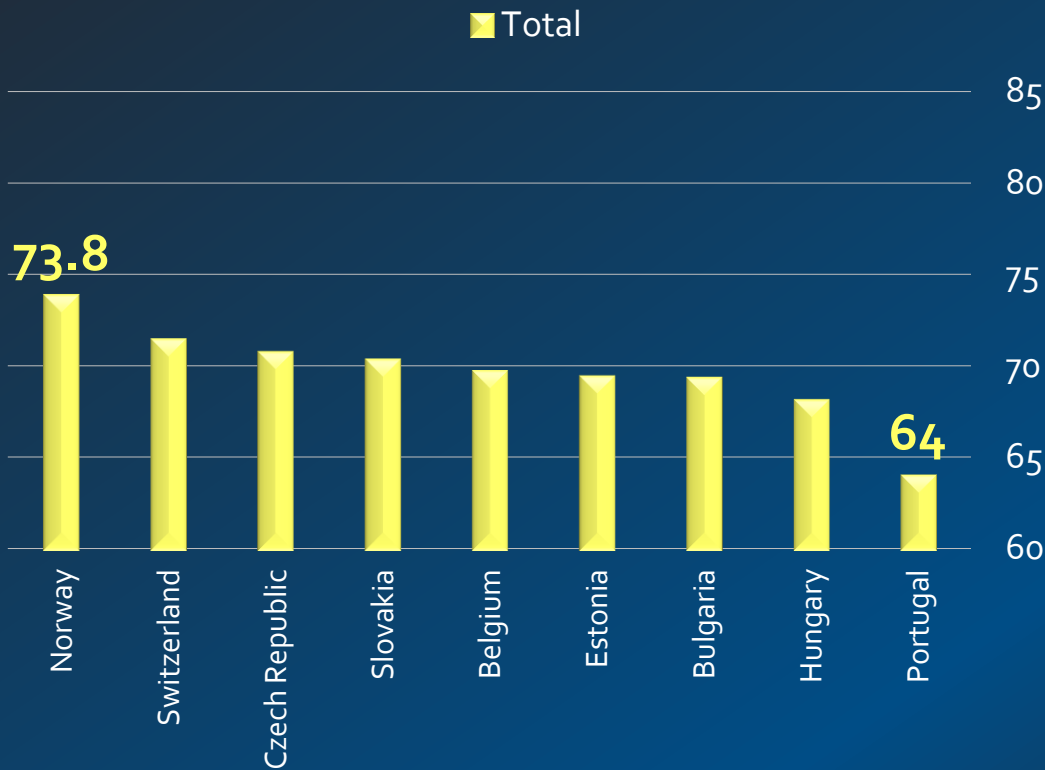
(Winslow, 1920)

Life expectancy at birth



Life expectancy at birth

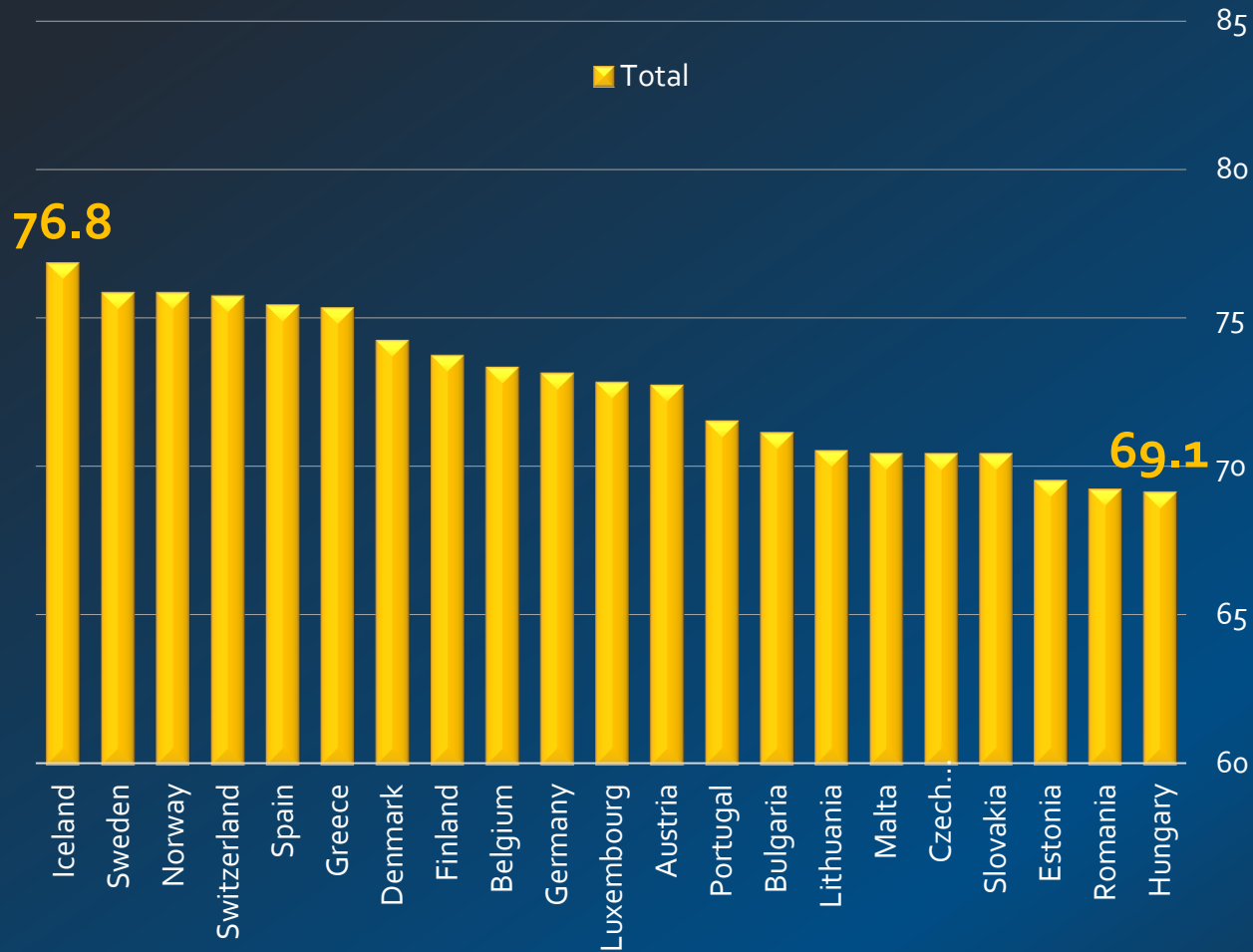
1960



Source: www.pordata.pt

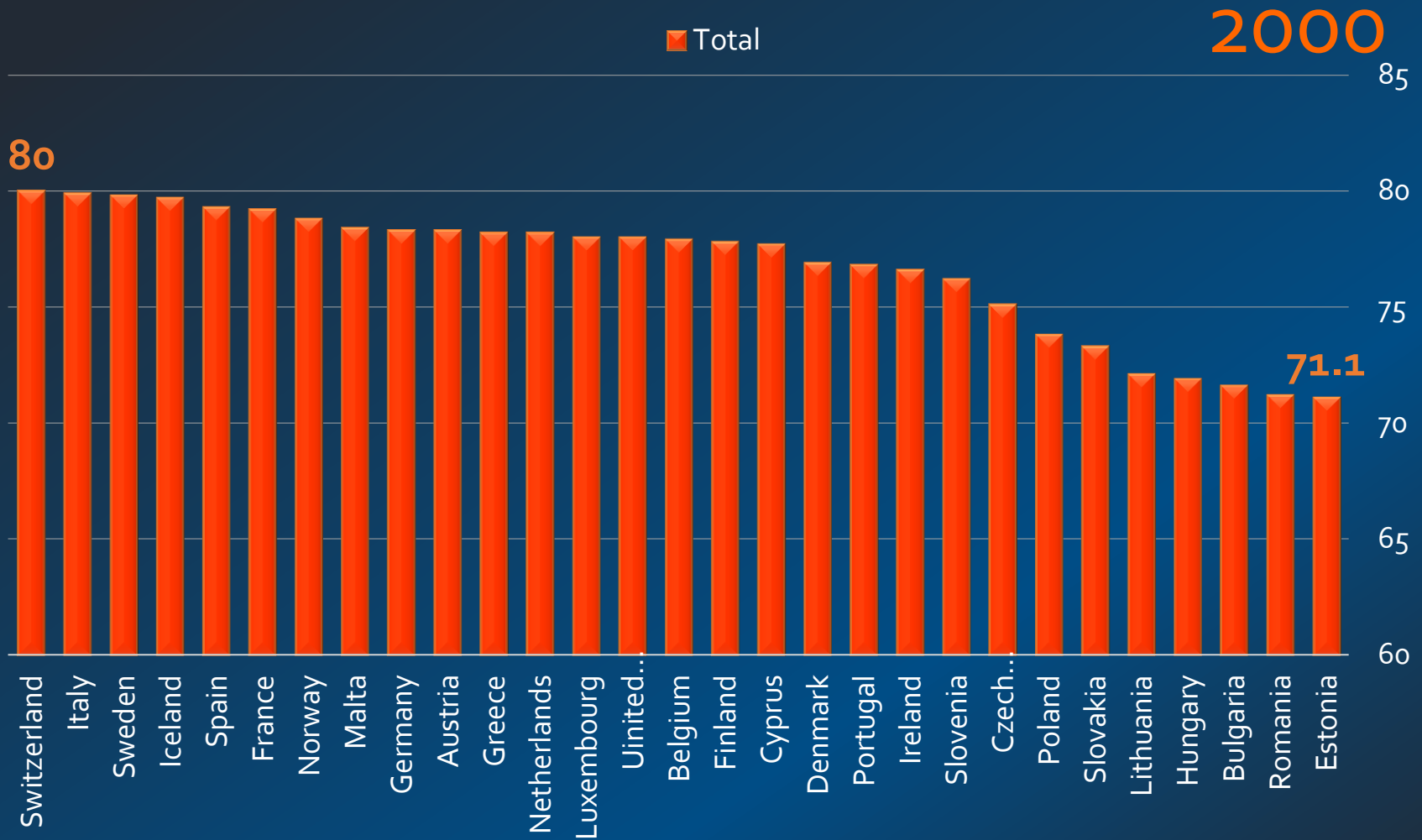
Life expectancy at birth

1980



Source: www.pordata.pt

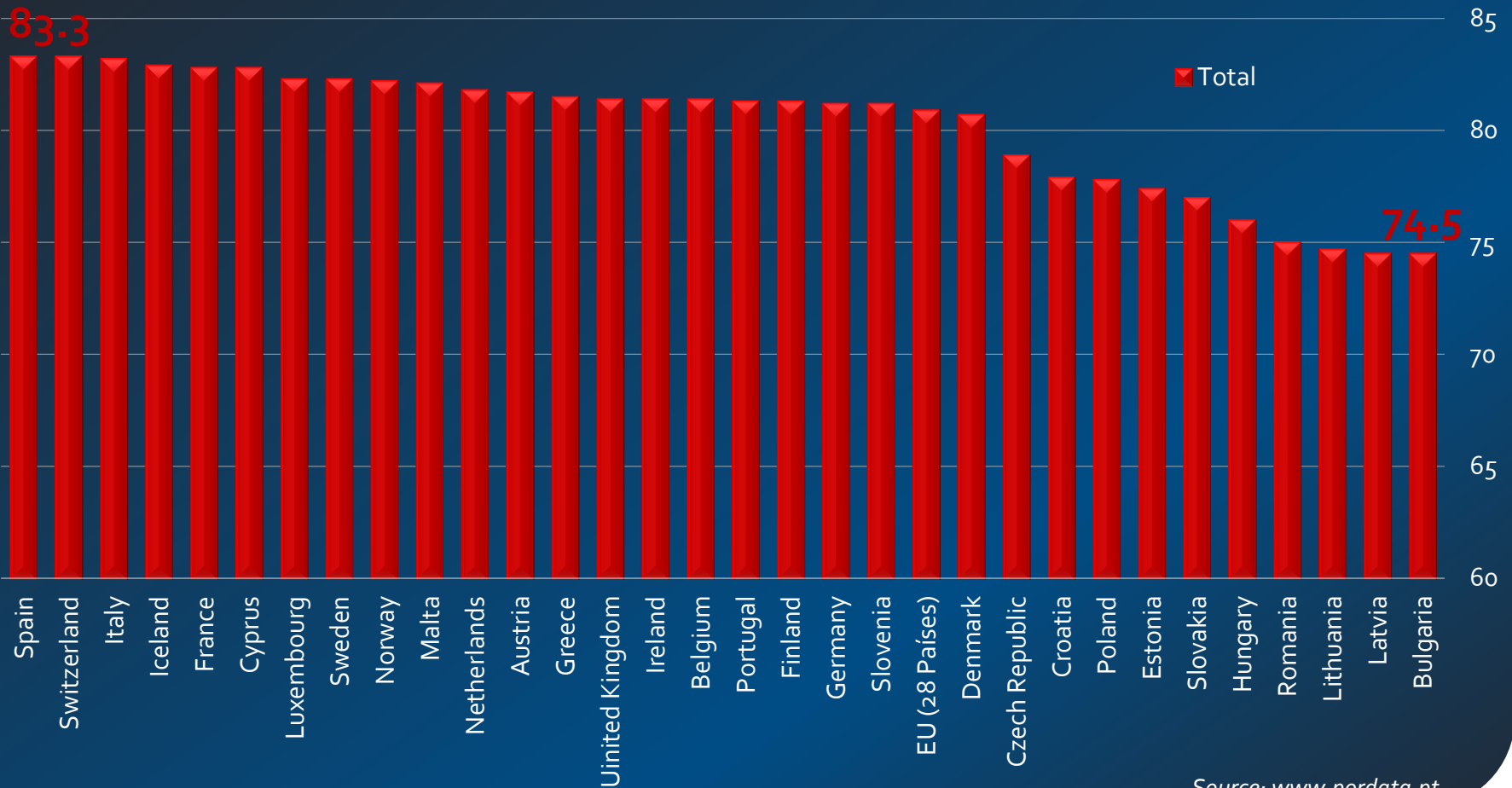
Life expectancy at birth



Source: www.pordata.pt

Life expectancy at birth

2014



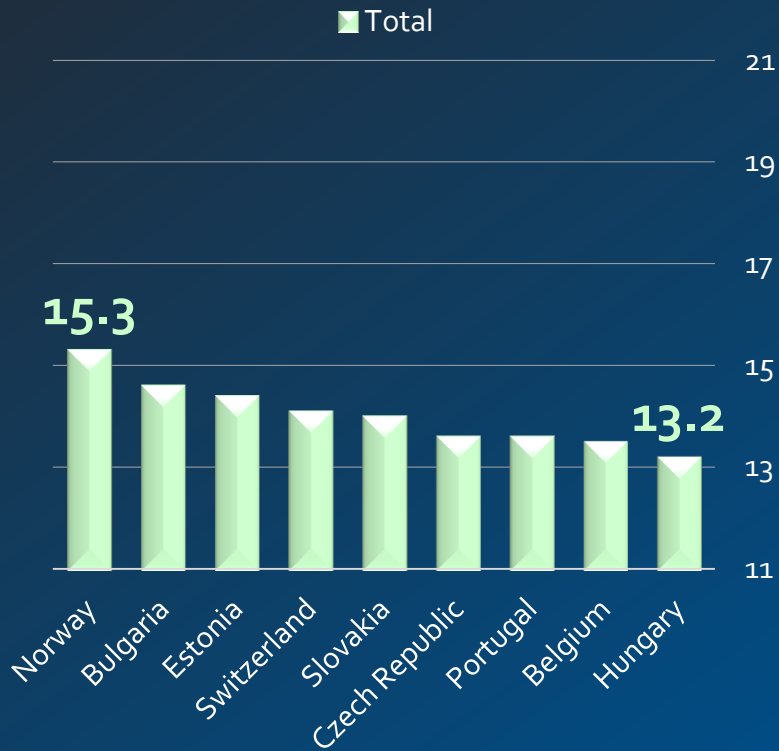
Source: www.pordata.pt

Life expectancy at 65 years



Life expectancy at 65

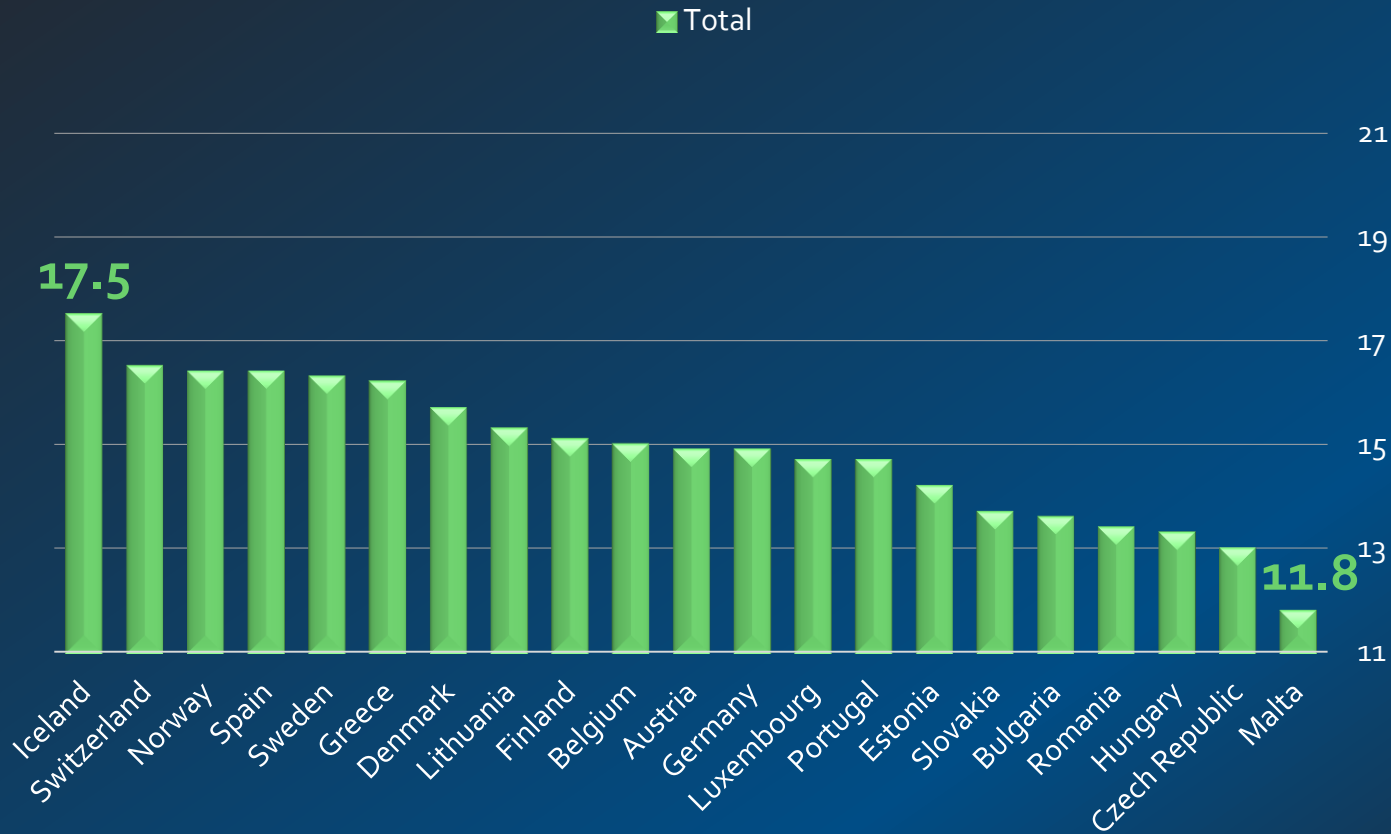
1960



Source: www.pordata.pt

Life expectancy at 65

1980

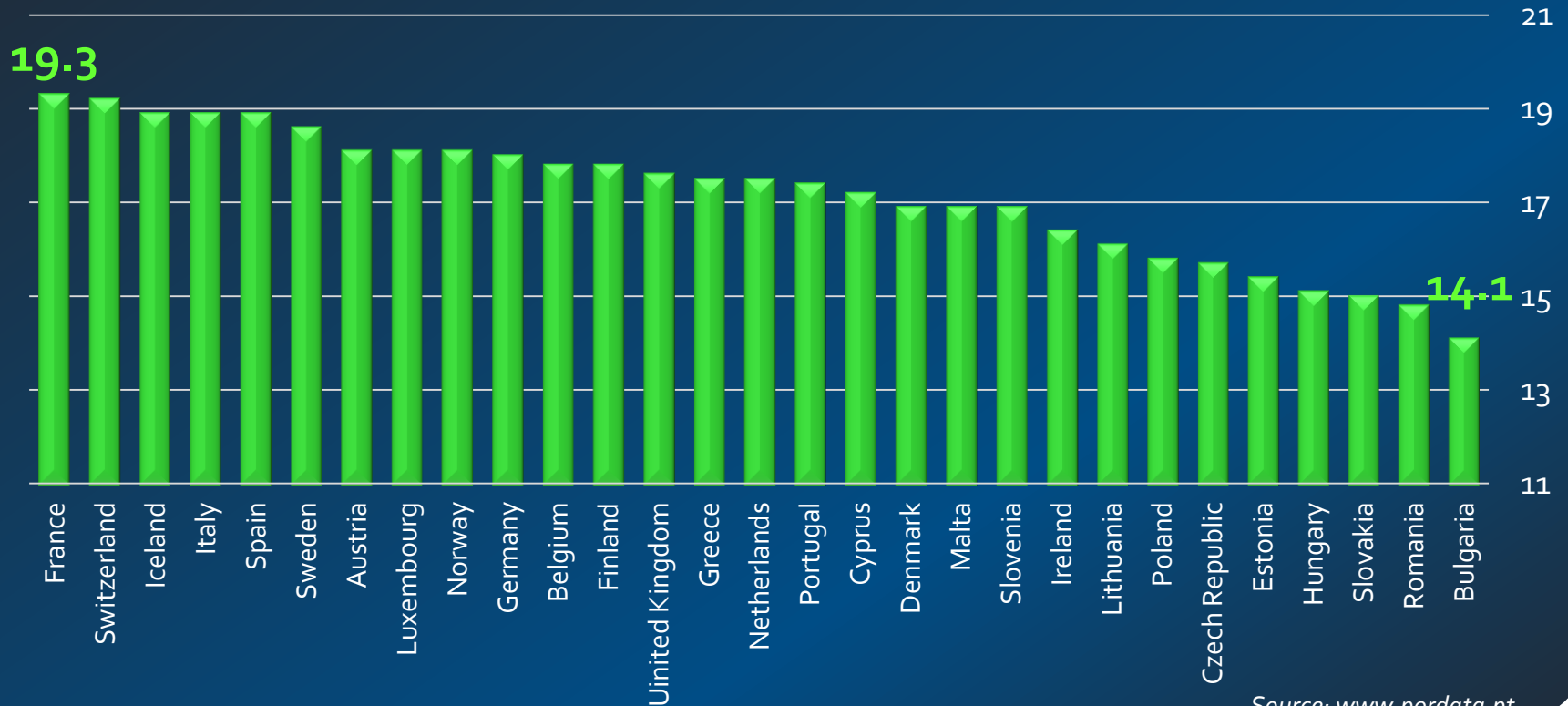


Source: www.pordata.pt

Life expectancy at 65

2000

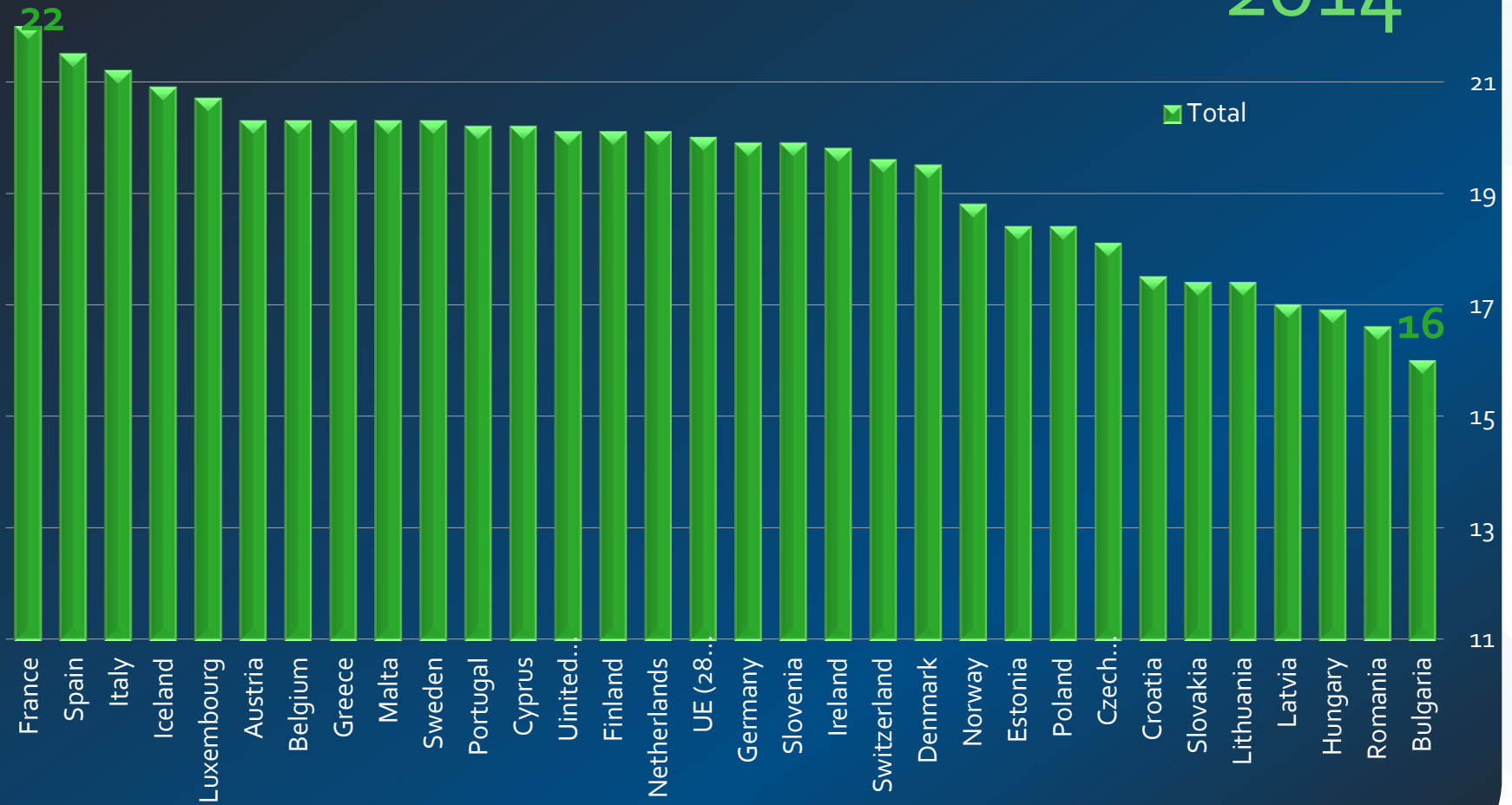
■ Total



Source: www.pordata.pt

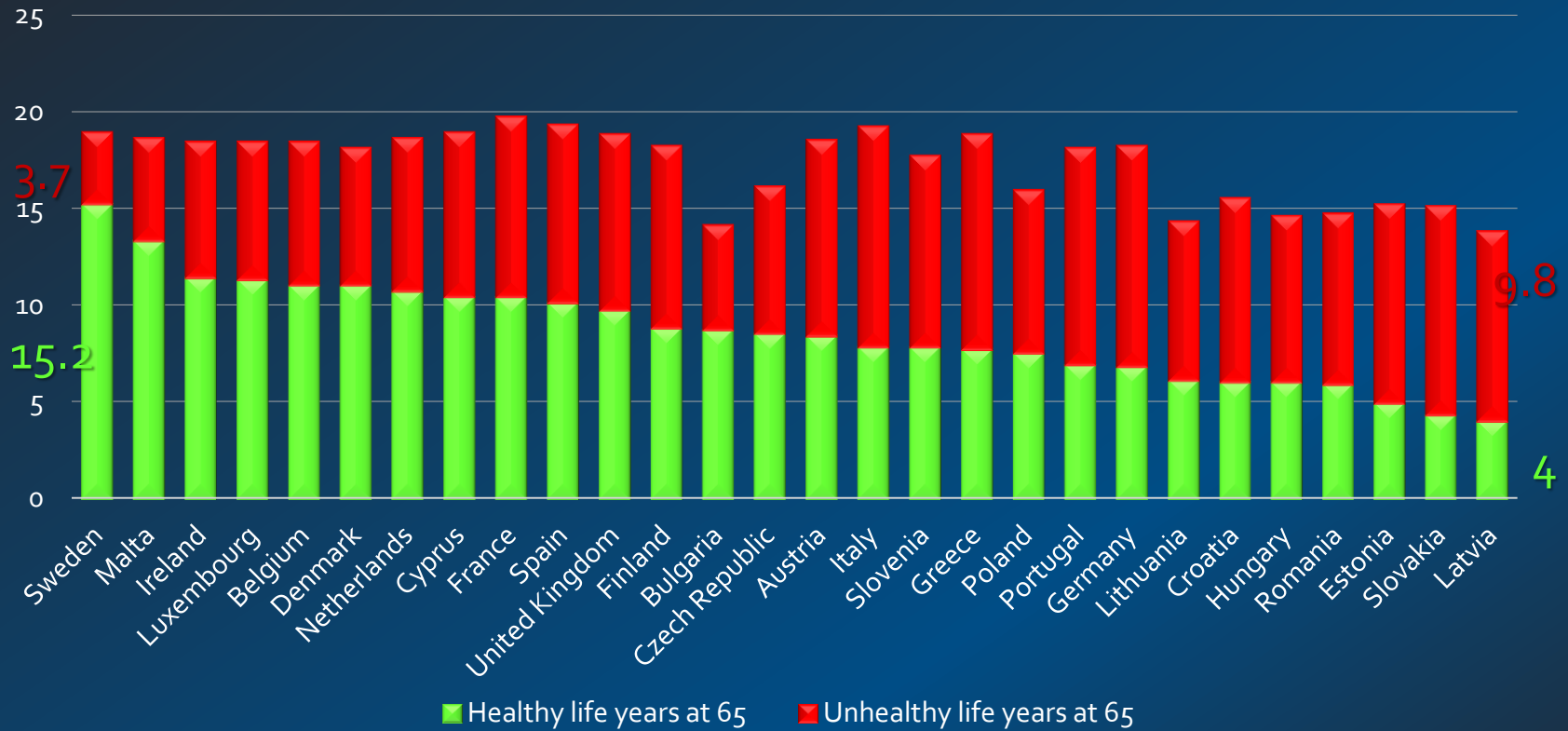
Life expectancy at 65

2014



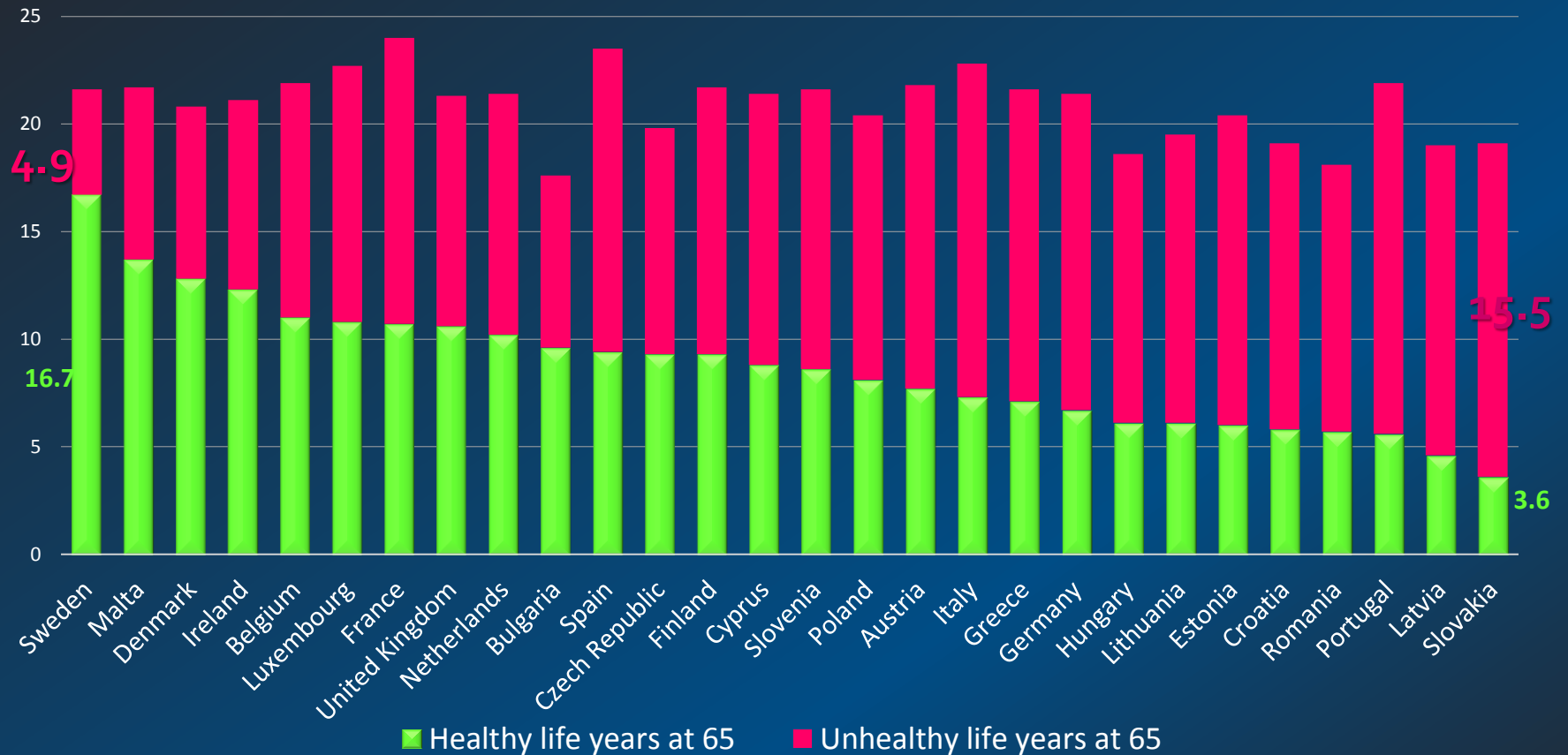
Source: www.pordata.pt

Life expectancy at 65 of male population: total and by healthy and unhealthy life years



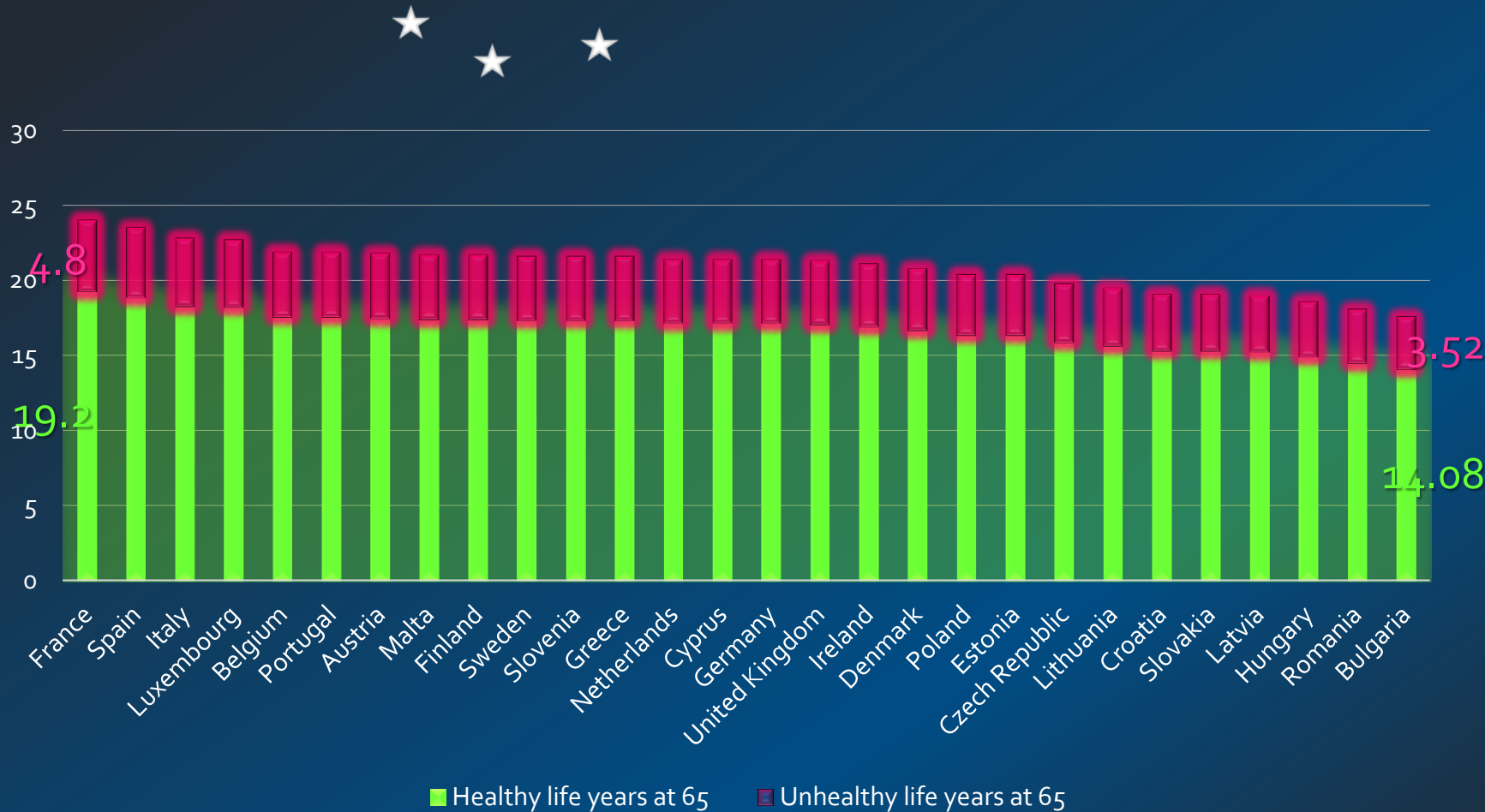
Source: www.pordata.pt

Life expectancy at 65 of female population: total and by healthy and unhealthy life years

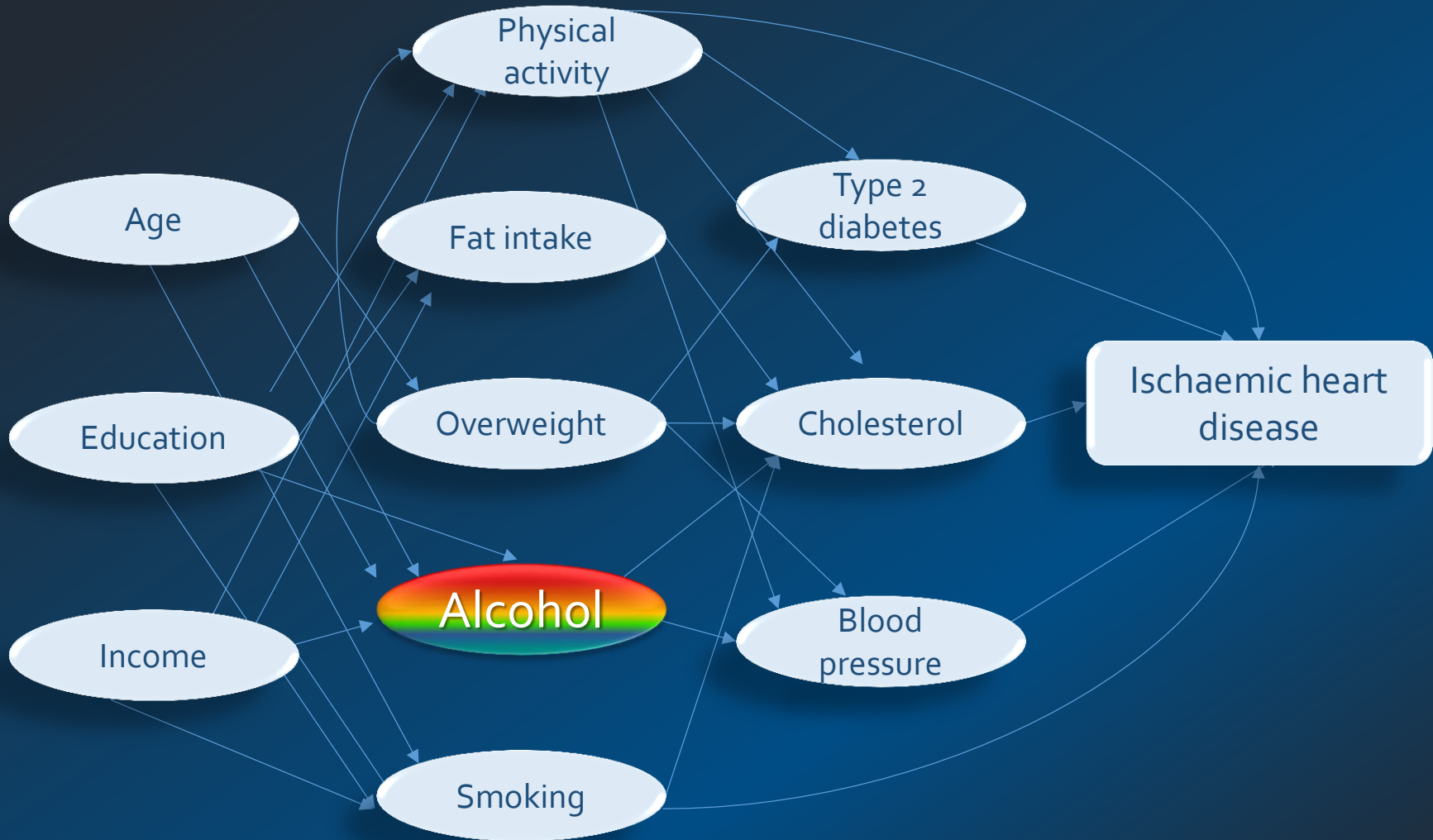


Source: www.pordata.pt

A WISH Life expectancy at 65 of female population: total and by healthy and unhealthy life years



Risk Factors - origin



Source: Global Health Risks, WHO 2009

An EU strategy

to support Member States in reducing alcohol related harm

In 2006, the Commission adopted a strategy to support Member States in reducing alcohol related harm. The Strategy covers five priority themes:

- ✓ Protect young people, children and the unborn child;
- ✓ Reduce injuries and deaths from alcohol-related traffic accidents;
- ✓ Prevent alcohol-related harm among adults and reduce the negative impact on the workplace;
- ✓ Inform, educate and raise awareness on the impact of harmful and hazardous alcohol consumption, and on appropriate consumption patterns;
- ✓ Develop, support and maintain a common evidence base.

An EU strategy

to support Member States in reducing alcohol related harm

IMPLEMENTING THE COMMISSION COMMUNICATION



CNAPA

COMMITTEE ON NATIONAL
POLICY AND ACTION



EAHF

EUROPEAN ALCOHOL AND
HEALTH FORUM



Data

COMMITTEE ON DATA COLLECTION,
INDICATORS AND DEFINITIONS

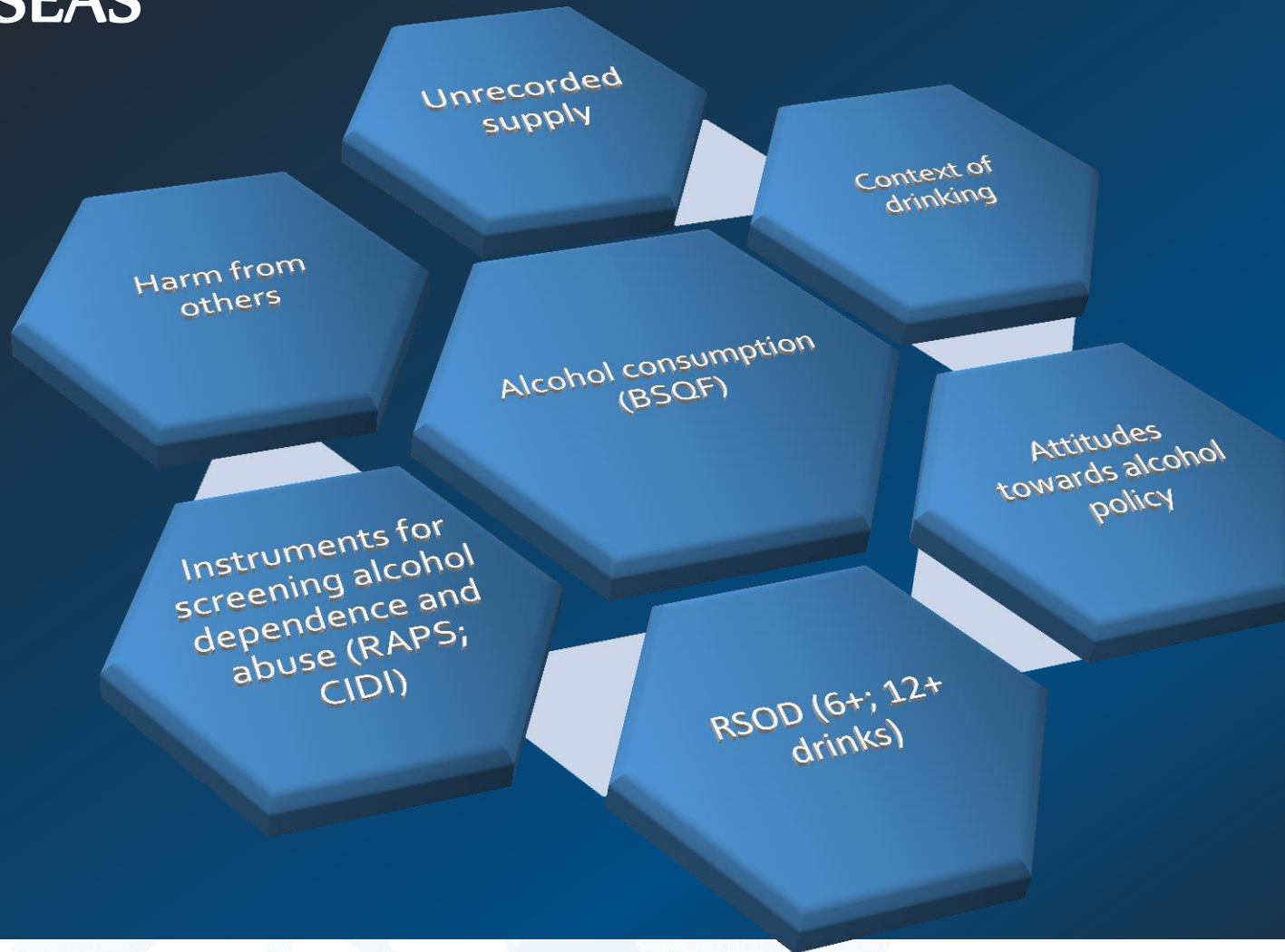
RARHA . First Achievements

Standardized European Alcohol Survey

RARHA SEAS (WP4)

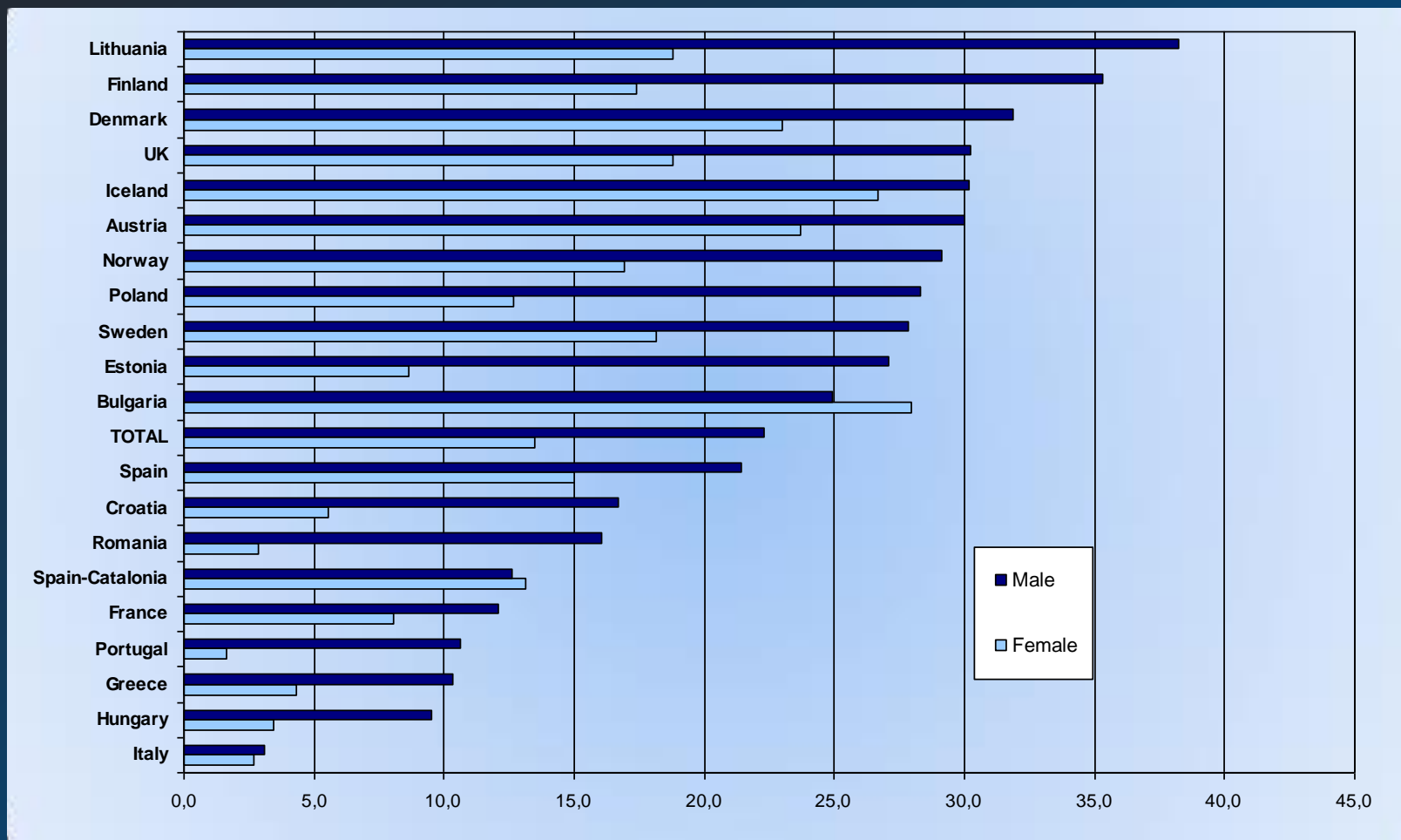
Standardized European Alcohol Survey

SEAS

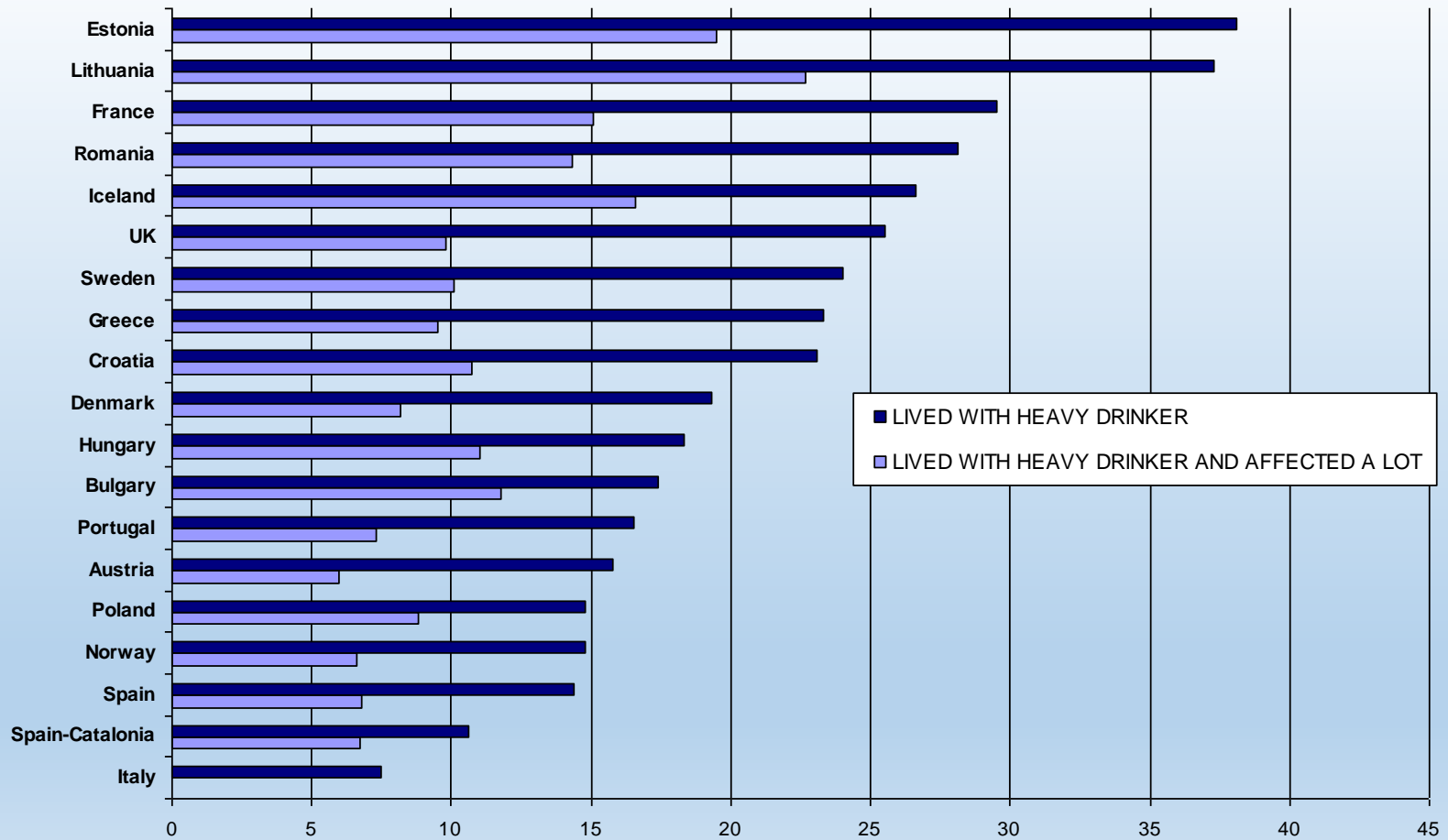


Monthly Episodic Heavy Drinkers

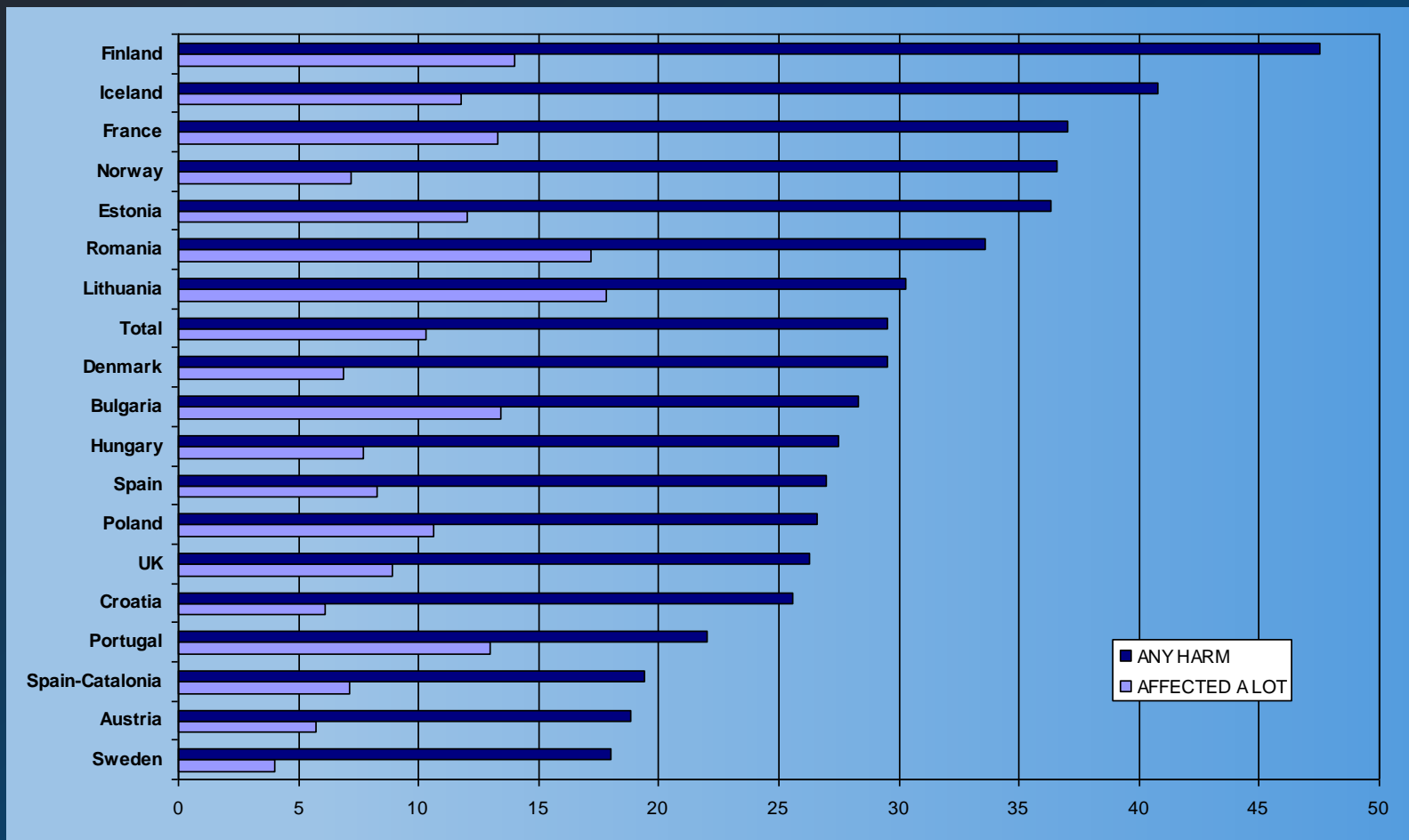
60+ Grams Males, 40+ Grams Females (%)



Heavy Drinker In Your Childhood (%)

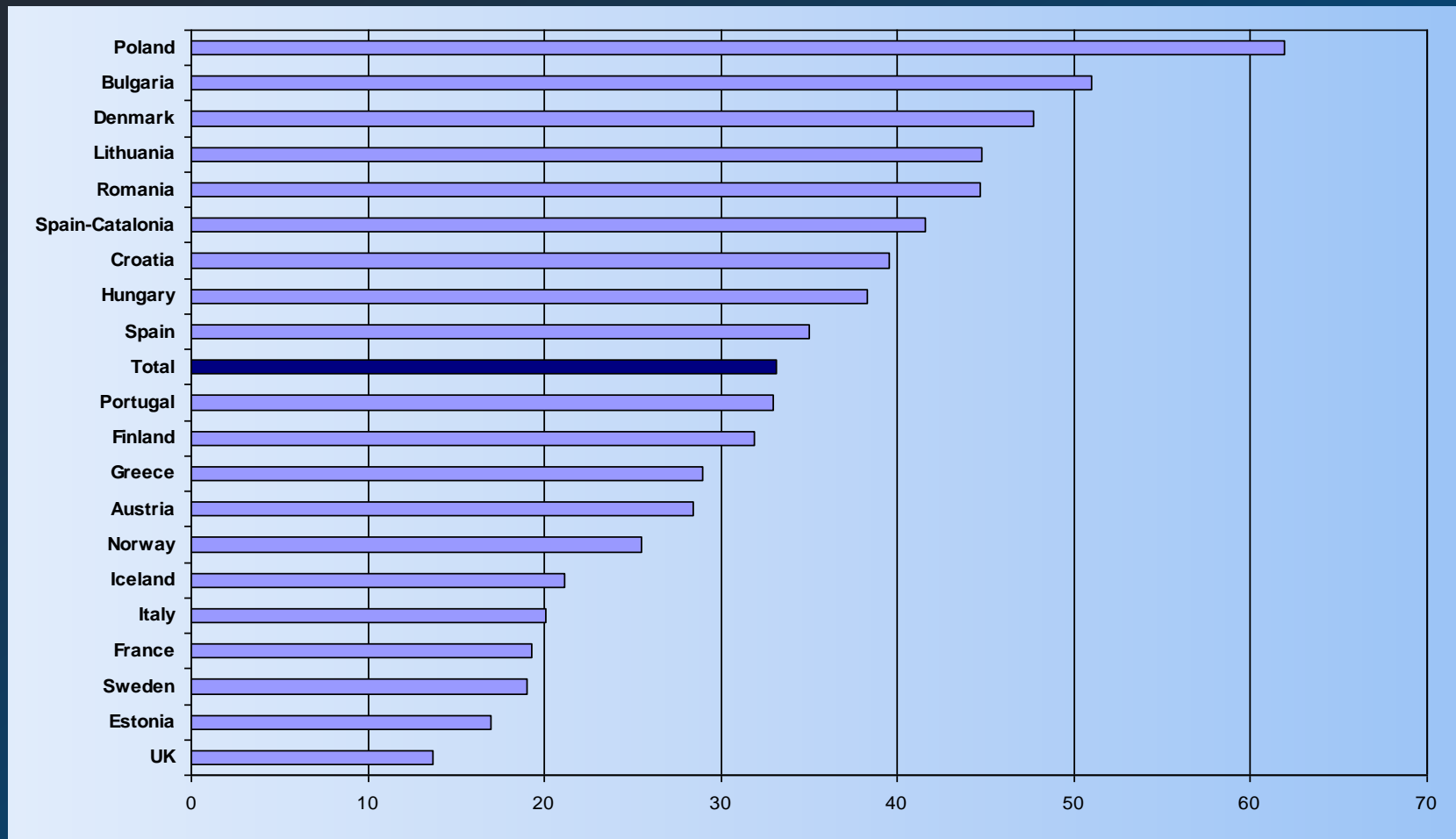


Harm Experienced From Known Heavy Drinker In Past 12 Months (%)

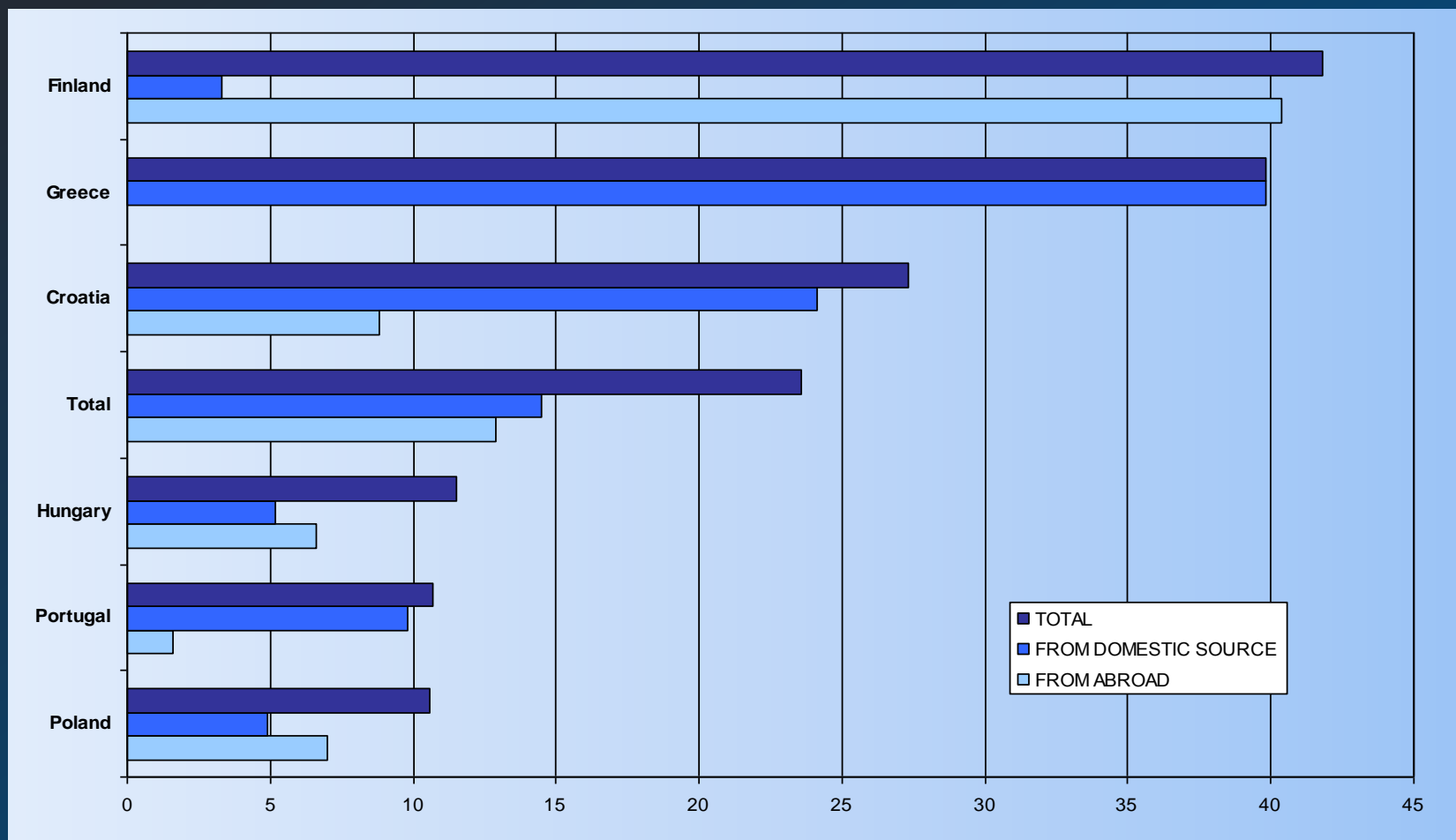


Alcohol – Ordinary Commodity

(Strongly Agree Or Agree - %)



Respondents Who Acquired Alcohol From Unrecorded Sources - During Past 12 Months (%)

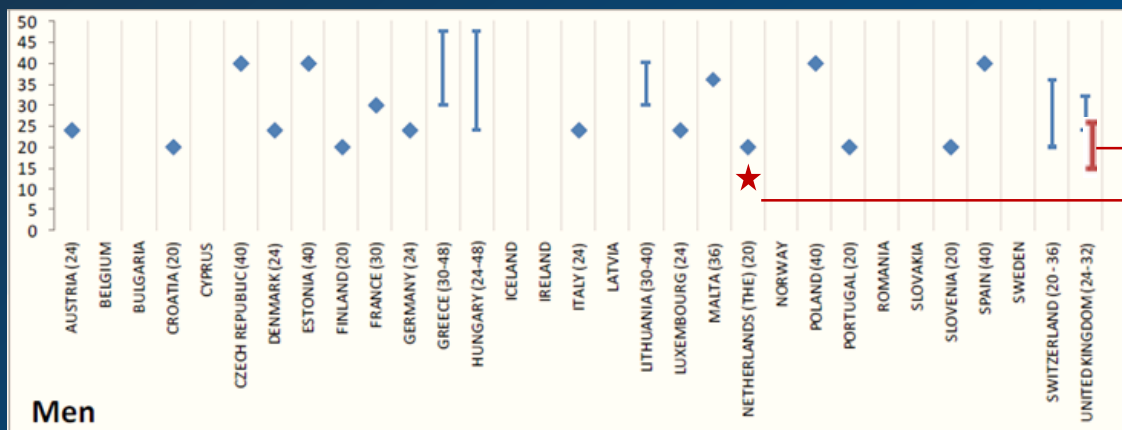
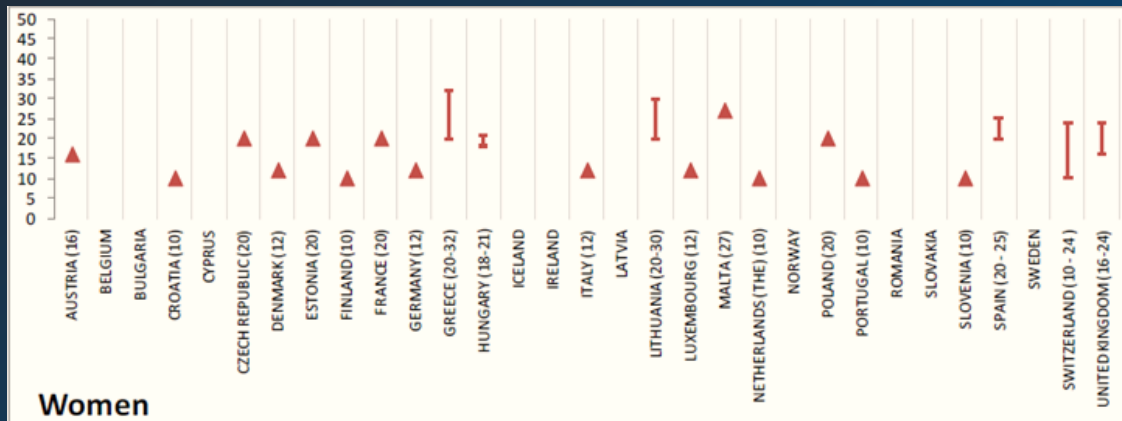


Questions For Discussion

- ✓ What benefits do you see in adopting a standardised european alcohol survey as a tool for systematic monitoring alcohol policies and their impact at national and eu levels?
- ✓ What institutional framework could facilitate its sustainability?
- ✓ What may hinder its sustainable implementation?

Pointers towards an evidence-based approach to
inform consumers about the risks of alcohol (WP5)

Low risk drinking guidelines in RARHA partner countries



Average daily alcohol intake (grams of pure alcohol) defined as “low risk” for women and men in RARHA partner countries (ISS 2014)

Work Package focused on drinking guidelines

- ✓ National Institute for Health and Welfare /FI with Istituto Superiore di Sanità /IT
- ✓ Nearly 50 partners from 26 expert organizations based in 20 countries

Surveys to update state of play and background papers to summarize science underpinnings regarding:

- ✓ low risk drinking guidelines
- ✓ brief intervention practices
- ✓ standard drink units
- ✓ guidance for young people

Seeking broader views by means of:

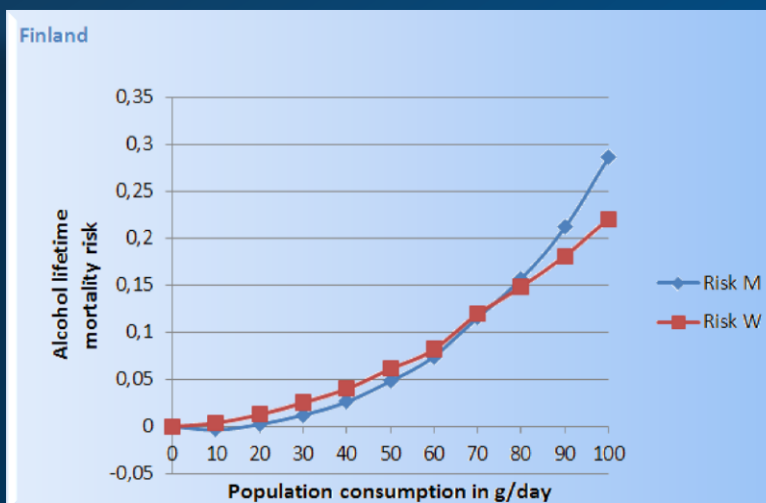
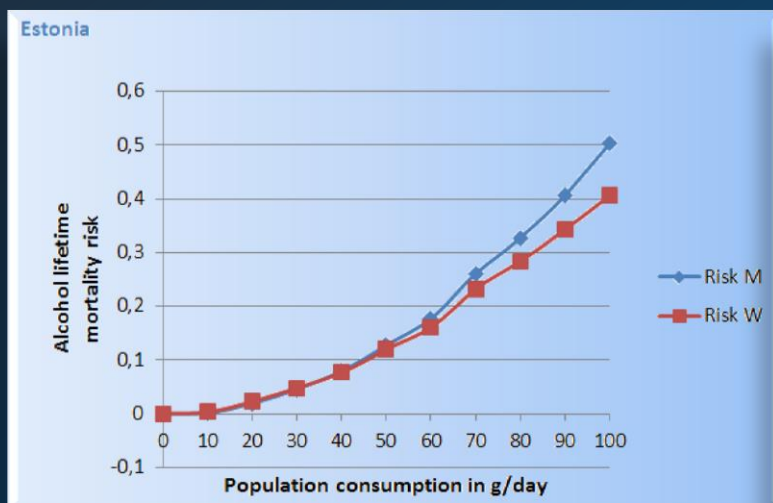
- Delphi surveys with:
 - ✓ public health and addiction experts
 - ✓ experts on young people

Online survey of consumer views

- Expert meetings
 - ✓ Rome & Brussels 2014
 - ✓ Helsinki 2016
 - ✓ CNAPA 2014-2016

Move towards a common metric of alcohol related risk ...

Absolute lifetime risk of death from alcohol-attributable causes for different levels of average daily consumption of alcohol, calculated for Finland and Estonia, using sex-specific basic mortality and sex-specific relative risks of alcohol consumption.



Rehm J & 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.

... and a common criterion for low risk

Lifetime risk of death from alcohol-attributable causes for different levels of average daily consumption of alcohol, for men (M) and women (W) in selected countries.

Range of current low risk guidelines

Average per day	Estonia	Finland	Hungary	Poland
	M	M	M	M
10g	0,0027	-0,0015	-0,0061	-0,0068
20g	0,0138	0,0030	0,0028	-0,0004
30g	0,0296	0,0102	0,0171	0,0102
40g	0,0504	0,0197	0,0373	0,0259
50g	0,0792	0,0344	0,0635	0,0458

Average per day	Estonia	Finland	Hungary	Poland
	W	W	W	W
10g	0,0051	0,0037	-0,0022	-0,0062
20g	0,0380	0,0185	0,0274	0,0148
30g	0,0842	0,0402	0,0695	0,0466
40g	0,1371	0,0655	0,1221	0,0877
50g	0,2175	0,1054	0,1888	0,1418

Overall protective effect

Overall lifetime risk smaller than 1 in 100, but larger than 1 in 1000

Overall lifetime risk equal to or larger than 1 in 100

- ✓ The lifetime risk approach enables to develop drinking guidelines in light of a clear criterion of low risk.
- ✓ The risk level of 1 per 100 alcohol-attributable deaths could be considered a maximum for "low" risk.
- ✓ A stricter criterion of no more than 1 death per 1000 would contribute towards a healthier population.

Good practice principles for low risk drinking guidelines

- ✓ The message is about risk, not safety.
- ✓ Daily drinking and occasional heavy drinking are both potentially harmful drinking patterns.
- ✓ Drinking guidelines should provide evidence-based information on risks at different levels of alcohol consumption, and help alcohol consumers to keep the risk of adverse outcomes low.
- ✓ Guidelines for healthy adults should be accompanied by guidance for various age groups, and advice concerning high-risk situations and at-risk groups.
- ✓ Not drinking at all should be promoted as the safest option in pregnancy, childhood and adolescence, driving, work or tasks that require concentration.
- ✓ Advice for older people should address adverse interactions with medications, co-morbidities and injuries.
- ✓ High-risk situations include taking a medication that may interact with alcohol, and at-risk groups include people with other addictions, mental health problems or family history of alcohol dependence.
- ✓ Particular harms to highlight in communication include increased risk of cancer, high blood pressure, addiction, depression, effects on the brain, overweight and adverse effects on the family.

Policy action to support drinking guidelines

European level

- ✓ Following the example of the European Code Against Cancer, cooperation between the WHO and EU to disseminate core messages regarding alcohol related risks and ways to reduce risk.
 - “European Alcohol Code”

EU level

- ✓ EU regulation to ensure consistent health-relevant information on alcoholic beverage labels:
 - Ingredients and nutrition values.
 - Calories/Joules and grams of pure alcohol in the package.
- ✓ Information on alcohol related risks, as appropriate to awareness-raising needs at national level.

Country level

- ✓ Applying and enforcing a minimum 18 years age limit for all alcoholic beverages.
- ✓ Supporting primary health services to identify at-risk drinkers and offer brief advice to reduce high-risk drinking.

Labeling



Brand name

RESERVE
2020

Estate bottled

GRAPE VARIETY

Fantasy name

Winery/manufacturer

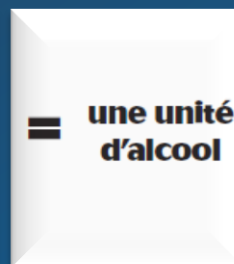
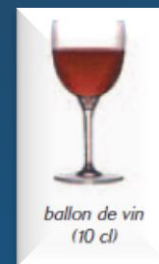
AREA • COUNTRY

12% vol.
75 cl.

Contains sulphites

72 g EtOH
555 kcal/2322 kJ

 If you are pregnant or think you could become pregnant, avoid alcohol to keep risks to your baby to a minimum.



A tool kit for evidence-based good practices:

Public awareness, school-based and early
interventions to reduce alcohol related harm (WP6)

A tool kit for evidence-based good practices

- ✓ **Good practices present an important evidence base** for MS policy decisions and actions in the fields of alcohol prevention, treatment and harm reduction.
- ✓ A wide range of interventions and good practice compilations have been developed and brought together - publications and databases - several of which have been produced with EU-funding.
- ✓ Nevertheless, public health policy planners lack easy access to **well described** interventions that are **replicable/adaptable** and on which reasonable **evidence of effectiveness** in influencing attitudes or behavior and some **cost estimates** are available.

A tool kit for evidence-based good practices

Covering 3 groups of interventions:

- ✓ **Early intervention services** (including brief advices)
- ✓ **School-based programs** (information and education)
- ✓ **Public awareness programs** (including new media, social networks and online tools for behavior change).....

... that have demonstrated their **effectiveness, transferability, and relevance**

Questionnaire for Collecting the Good Practices was sent in Dec. 2014:

from 32 countries, 48 cases were collected

A tool kit for evidence-based good practices

Assessment criteria for evidence based interventions

Basic characteristics of a good practices in the Tool Kit

An intervention in the Tool Kit:

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

Level of evidence

- ✓ **Basic level:** theoretically sound and with positive results (observational or qualitative studies)
- ✓ **First indications for effectiveness** (pre- and post-design)
- ✓ **Good indications for effectiveness** (pre-post controlled design)
- ✓ **Strong indications for effectiveness** (pre-post controlled design with follow-up)

A tool kit for evidence-based good practices



www.rarha.eu

Best Practice Platform

[Early interventions](#)
[Public Awareness Interventions](#)
[School Based Interventions](#)
[All Interventions](#)

Entries: 1 to 10 of 24

Pages: **1** 2 3 »

→ Trampoline / Trampolin

Group programme TRAMPOLINE for children aged 8-12 years with at least one substance-abusing or -dependent caregiver was tested among 218 children from substance-affected families in a multicentre randomised controlled trial, in 27 outpatient counselling facilities across Germany.

Aims: Prevent substance use disorders (SUD) in children from substance affected families (...)

Level of evidence: Basic level Country: Germany

Target group(s):

- Children
- Parents

- Vulnerable population(s):
isolated children

→ [read more](#)

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isolated children

→ [read more](#)

Q Refine your Search

Search

Interventions



Levels of evidence



Target groups



Countries



Refine your Search



Download

→ Download search result (PDF, 125Kb)

→ Download RARHA-Toolkit (PDF, 1025Kb)



Submit your example

Platform

Summary – Panellists Opinion

Ewa-May Karlsson

from the CoR currently prepares a rapport (to be adopted by the plenary in February 2017) entitled “The need for and way towards an EU strategy on alcohol-related issues”. She noted that an EU strategy must take different national contexts into account and must support and complement both national policies. Additionally, she favoured the continued collection of data, for example by employing RARHA SEAS more regularly.

Lubomir Okruhlica,

drew attention to costs to health systems and economy, the need to protect children and issues of social justice, individual freedom and proportionality, as regards wider alcohol policy. He also noted that data (monitoring) is crucial for evidence based policymaking at national and European level and that low risk drinking guidelines need to be tailored by a national expert group before they can be effectively implemented.

Summary – Panellists Opinion

John Ryan,

stressed that alcohol remains an important factor in productivity losses and employability as well as creating a negative 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.

MEP José Inácio Faria (ALDE, Portugal)

stated that the EP continues to call for a renewed EU alcohol strategy and that he is critical of the joint approach planned by the EC.

Policy Dialogue – Final Report

Final Report

www.rarha.eu



RARHA
REDUCING ALCOHOL RELATED HARM

Policy Dialogue
6th September 2016 - Brussels

Insights and outputs from Joint Action RARHA, an ambitious three-year project

Event Report

The various outcomes from RARHA are of great quality and are very relevant for European policymakers. The question about implementation to achieve change in Europe and reduce alcohol related harm need further exploration. These considerations are the key messages from RARHA's policy dialogue, which took place in Brussels on 6th September 2016. Organised and moderated by EuroHealthNet, the event welcomed RARHA experts, on the one hand, and policymakers from the European institutions, on the other.

The participants were key stakeholders working in the area of alcohol. More than 60% of the 50 attendants were external to RARHA, i.e. not a partner in the Joint Action. The proportion between government and NGO versus industry representatives was more or less equal.

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.

RARHA and its outcomes

Manuel Cardoso from SICAD, Executive Coordinator of RARHA, introduced the participants to the Joint Action, its background and the European policy context in the field of alcohol. He stated that reducing alcohol related harm is a huge task and that "it requires cooperation from all of us". As European policy makers are one of RARHA's main target group, the policy dialogue offered an ideal setting to improve "concerted action at European level [which] has proven to be crucial to coordinate measures in terms of national policies".

 Funded by the Health Programme of the European Union

 EuroHealthNet

 SICAD

1

Sharing the Results

RARHA Final conference

Lisbon

13/14 October 2016

www.rarha.eu



SHARING THE RESULTS LOOKING HOW TO REDUCE ALCOHOL RELATED HARM RARHA - FINAL CONFERENCE

LISBON 13/14 OCTOBER 2016

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Artur Furtado (Deputy Head of Unit at European Commission)
João Guilfo (Portuguese National Drug Coordinator and General Director of SICAD)
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Fátima Pissarra (RARHA Project Leader)
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Chair: **Bernt Bull** (Royal Ministry of Health and Care Services, Norway)

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Chris Brooks (UK Health Forum - Inequalities Project)
Chair: **Manuel Cardoso*** (RARHA, Executive Coordinator)

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Chair: **Iva Pejnovic Francic** (Croatian Institute of Public Health)

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Daniela Piontak (Work Package Co-Leader)
Discussant: **Dag Rekke** (WHO - Management of Substance Abuse Department of Mental Health and Substance Abuse)
Alexis Goosdeel* (EMCDDA)
Chair: **Albert Kern** (Federal Ministry of Health, Germany)

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José Miguel Caldas de Almeida (JA MH-WB)
Chair: **Vesna Kerstin Petric** (Ministry of Health of Slovenia)

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Manuel Cardoso (RARHA Executive Coordinator)

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Adalberto Campos Fernandes (Portuguese Minister of Health)

CLOSING LUNCH

*To be confirmed

Fundação Oriente
Avenida Brasília, Doc. de Alcântara (Norte)
1300-352 LISBOA - PORTUGAL



Co-funded by
the Health Programme
of the European Union



REDUCING ALCOHOL RELATED HARM

See you in Lisbon! 😊!

Thank You!

manuel.cardoso@sicad.min-saúde.pt
rarha@sicad.min-saude-.pt