



Towards a possible new Joint Action

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Manuel Cardoso
RARHA Executive Coordinator

RARHA Joint Action – V.2

Alcohol Policy Framework

Let's see....

An EU strategy

to support Member States in reducing alcohol related harm

Five priority themes and relevant good practices

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



THE WHO

The 10 action points below adhere to the titles and follow the order of the action points included in the WHO global strategy to reduce the harmful use of alcohol. The main areas are:

- ✓ Leadership, awareness and commitment;
- ✓ Health services' response;
- ✓ Community and workplace action;
- ✓ Drink–driving policies and countermeasures;
- ✓ Availability of alcohol;
- ✓ Marketing of alcoholic beverages;
- ✓ Pricing policies;
- ✓ Reducing the negative consequences of drinking and alcohol intoxication;
- ✓ Reducing the public health impact of illicit alcohol and informally produced alcohol;
- ✓ Monitoring and surveillance.



WP4 Monitoring Comparable Data

Main Goals

- ✓ Providing a baseline for comparative assessment and monitoring of 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.

WP5 Guidelines

Concept Harmonization

Main Goals

- ✓ Guidelines for limiting drinking in order to reduce risks of harm from alcohol are given in most EU countries.
- ✓ Lot of variation in the scope of guidelines, levels of drinking defined as low/high risk, and definitions of "standard drink".
- ✓ May confuse consumers when information is accessible across borders on the internet, on product labels...
- ✓ May reduce the potential for effect of risk communication to reduce alcohol related harm.

What do we hope to achieve?

WP5 Guidelines

- In the short term:
 - ✓ Increase understanding among public health policy makers of the scientific basis and practical implications of the use of low risk drinking guidelines as a public health measure.
- In the medium term:
 - ✓ Contribute towards more aligned messages to the general population, subgroups and health professionals about alcohol consumption levels and ways to reduce risk of harm.
- In the long term:
 - ✓ Informing people on factors that influence their health and empowering towards healthy lifestyles reduces alcohol related harm and the risk of chronic diseases / NCDs.

WP6 – Good Practice Tool Kit

Sharing Good Practices

Main Goals

- Putting together a Tool Kit comprising
 - ✓ transferable interventions on which evidence of effectiveness in influencing alcohol attitudes or behaviors is available
 - ✓ guidance relating to criteria for a different approach in interventions/ practices to be recognized as a good practice and the use of information approaches as part of wider public health policies on alcohol

CNAPA – Scoping Paper

“Member States are calling on the Commission to work on a new and ambitious strategy with the main objective to work on cross border issues at EU level and to support Member States in preventing and reducing harmful use of alcohol and alcohol related harm across the European Union.”

.....

“A new EU Strategy can also be very helpful in highlighting effective and cost-effective options for action in different fields below EU level. It will be up to national, regional or local authorities to use the most suitable approach to reduce alcohol related harm.”

CNAPA – Scoping Paper

“The best way to ensure the comprehensiveness of a new strategy is to make use of the structure of the WHO global alcohol strategy and its European action plan, given that all EU Member States have signed up to these .”

New Joint Action Proposal

Let's see....

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- ✓ Marketing of alcoholic beverages;
- ✓ Pricing policies;
- ✓ Reducing the negative consequences of drinking and alcohol intoxication;
- ✓ **Reducing the public health impact of illicit alcohol and informally produced alcohol;**
- ✓ **Monitoring and surveillance.**

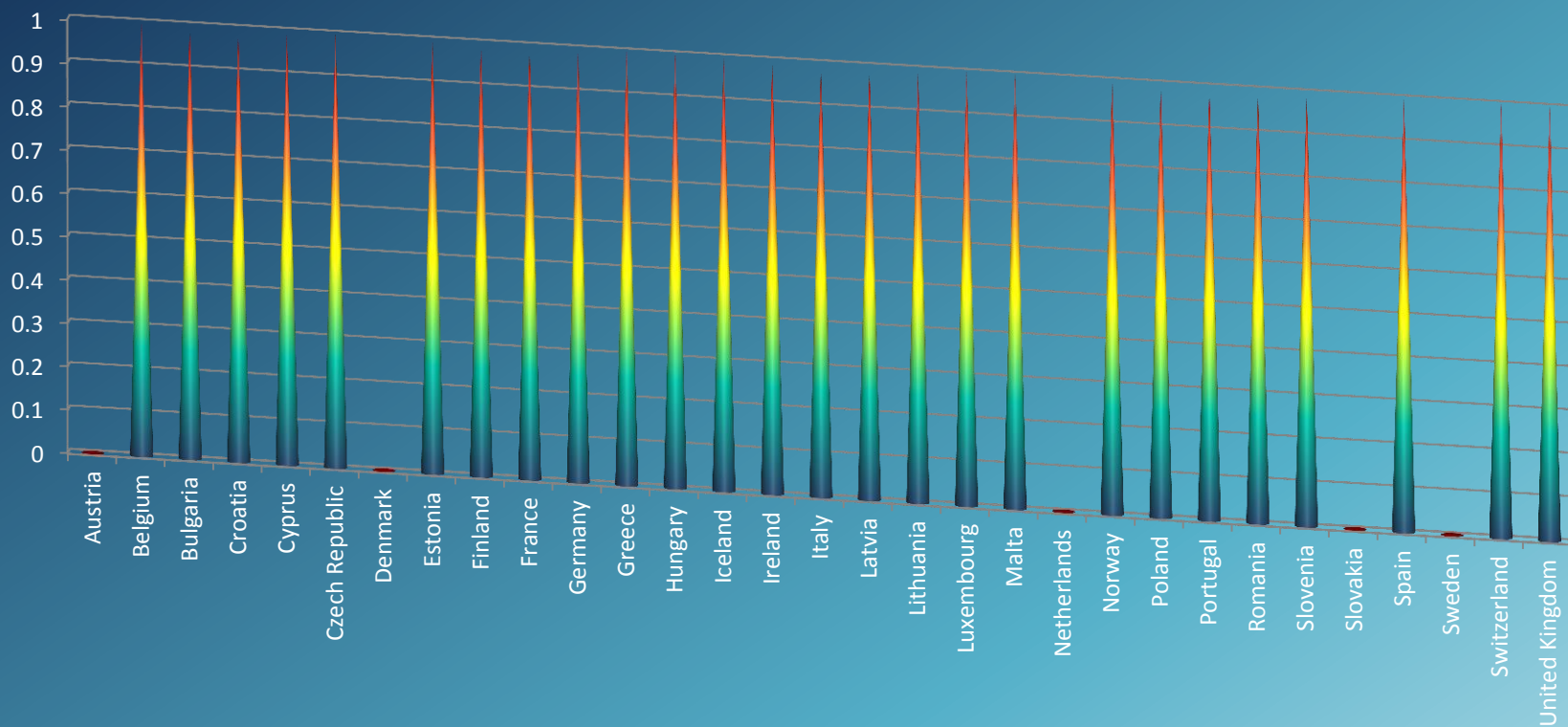


RARHA V.2 - Yes?

Number of countries:	31
Answers:	26
Positive Answers:	26 (84 %)
No Answers:	5 (16 %)
Negative Answers:	0

	NO ANSWER	YES
Austria	1	
Belgium		1
Bulgaria		1
Croatia		1
Cyprus		1
Czech Republic		1
Denmark	1	
Estonia		1
Finland		1
France		1
Germany		1
Greece		1
Hungary		1
Iceland		1
Ireland		1
Italy		1
Latvia		1
Lithuania		1
Luxembourg		1
Malta		1
Netherlands	1	0
Norway		1
Poland		1
Portugal		1
Romania		1
Slovenia		1
Slovakia	1	
Spain		1
Sweden	1	
Switzerland		1
United Kingdom		1
Total	5	26
%	16%	84%

RARHA V.2 - Yes?

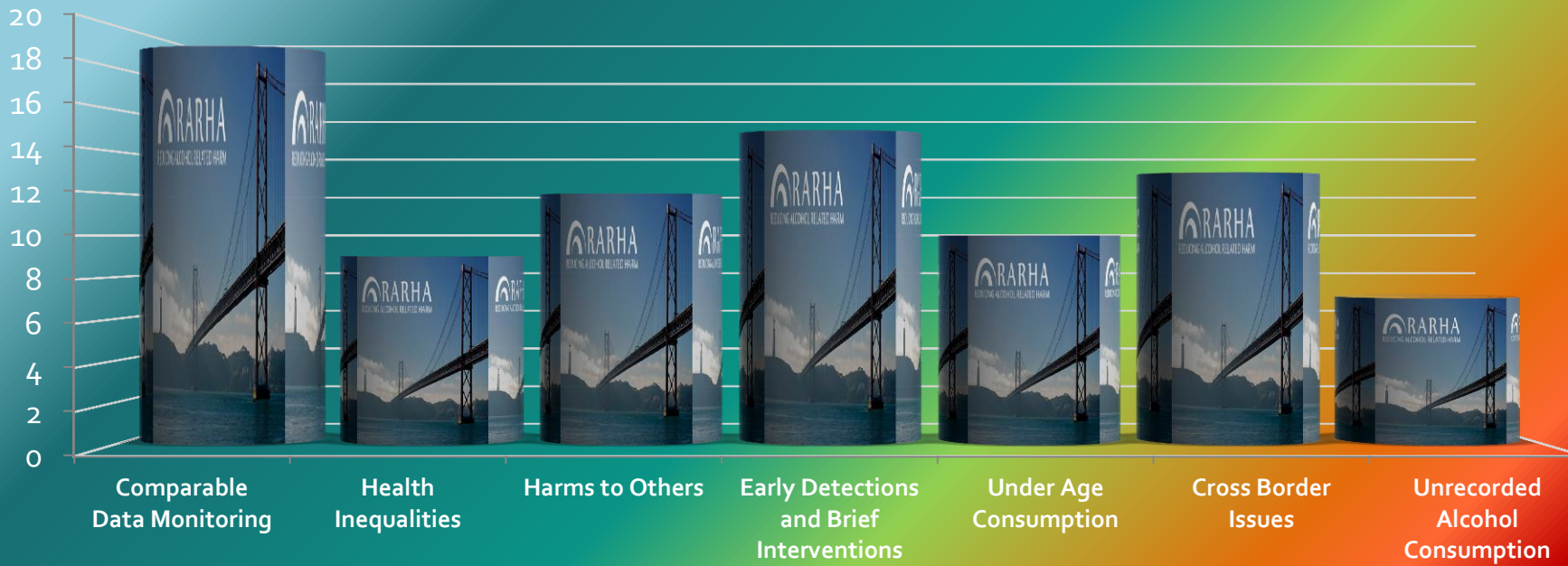


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RARHA V.2

COUNTRIES	Yes	Comparable Data Monitoring	Health Inequalities	Harms to Others	Early Detections and Brief Interventions	Under Age Consumption	Cross Border Issues	Unrecorded Alcohol Consumption
Austria	0	--	--	--	--	--	--	--
Belgium	1	1					1	
Bulgaria	1	--	--	--	--	--	--	--
Croatia	1	1	1	1	1			
Cyprus	1	1	1	1	1	1	1	
Czech Republic	1	1			1			
Denmark	0	--	--	--	--	--	--	--
Estonia	1	1	1	1	1	1	1	1
Finland	1	1		1			1	
France	1	1	1		1	1	1	
Germany	1	1		1				
Greece	1	1			1	1		
Hungary	1		1	1	1			1
Iceland	1	--	--	--	--	--	--	--
Ireland	1	1			1		1	
Italy	1	1	1	1	1	1	1	
Latvia	1	1			1	1		1
Lithuania	1	1			1		1	1
Luxembourg	1	1		1	1	1	1	
Malta	1	--	--	--	--	--	--	--
Netherlands	0	--	--	--	--	--	--	--
Norway	1	1		1			1	
Poland	1	1	1	1	1	1	1	1
Portugal	1	1	1	1	1	1	1	1
Romania	1	--	--	--	--	--	--	--
Slovenia	1	--	--	--	--	--	--	--
Slovakia	0	--	--	--	--	--	--	--
Spain	1	1	1	1	1	1	1	1
Sweden	0	--	--	--	--	--	--	--
Switzerland	1	--	--	--	--	--	--	--
United Kingdom	1	1	1	1	1	1	1	1
31	26	19	9	12	15	10	13	7

RARHA V.2



Question iii

“Added to these, there are important challenges related to global health processes that will influence the alcohol agenda, namely, the poly drug use; the Non Communicable Diseases Strategy and; the Mental Health Strategy. Do you think these issues should also be addressed?”

- ✓ Whatever is directly or indirectly related to alcohol should be addressed. Therefore all these areas mentioned should be taken into account. (Greece)
- ✓ These items would require separate project, the weight and the extent of these problems far exceed the volume of one working group of a Joint Action. Anyway, these issues are cardinal. (Hungary)
- ✓ Especially poly drug use. (Latvia)
- ✓ We would like JA to stay focused on alcohol and relate to other strategies only as much as needed to ensure it's financing. (Estonia)
- ✓ Having a JA with a scope too large could be risky, but we consider that the "NCD agenda" could be useful (there is experience on cross border issues in the tobacco field for example) as well as the "mental health strategy" (Belgium)
- ✓ In the context of active Ageing. (Italy)
- ✓ Health in all policies is a priority theme stated in Scoping Paper – not user at this stage how it could be addressed through a Joint Action though. (Cyprus)

We agree that these are significant challenges for Member states and the wider health community. However, we doubt that including alcohol policy issues in other strategies would adequately address the need for Member States to have greater flexibilities in developing and adopting their own alcohol policies. (UK)

Question iv

“What others themes the new EU Joint Action on Alcohol should deal with?”

- ✓ Alcohol product line transparency: i.e. identification, description and exploration of individual steps of alcohol production, from “vine-stock to the table”. It’s a basic consumer protection point, similarly to the food-related regulation. (Hungary)

Having an EU wide Alcohol Strategy is the priority issue; mental health, NCDs, and poly drug use are all important but subsuming alcohol into a wider NCD or wellbeing strategy will dilute any impact and weaken measures to reduce alcohol harm.

It would also be important to address areas that have the most evidence of effectiveness such as marketing, pricing and availability. We would prefer to look at these topics as they have the strongest evidence base with respect to reducing alcohol consumption. It may also be worthwhile to study the implementation of alcohol policy in each country.

- ✓ We appreciate that some of these issues may go beyond RARHA II's remit, but there would be value in exploring ways in which they could be addressed, e.g. current situation, possible solutions, different approaches, etc. (Ireland)
- ✓ Possibly prevention activities and good practice in prevention. (Latvia)

RARHA V.2 - iv

- ✓ Based on the identification and the durable observation of alcohol-related marketing strategies, it would be useful to focus on the public health counter-strategies at EU level: awareness-raising, protective legal frame, civil society empowerment, for example. (France)
- ✓ The role of the Ministries of Health on advertisements and marketing control (Spain).
- ✓ We would like JA to be focused on creating the comparable data gathering on adult alcohol consumption patterns, and if any topic is to be added, then it is advertising's influence on underage consumption, crossborder advertising, advertising in new media
(Estonia)
- ✓ Fetal Alcohol Spectrum Disorders (FASD) – Poland
- ✓ A review of the EU rules on the structure of alcohol taxation to allow the implementation of variable tax rates for wines and ciders in line with alcoholic strength. We would like to see an adjustment in EU rules to allow greater incentives for lower strength beers for example.
Further work on EU requirements on energy labelling for alcohol and consideration of the value of information on ingredients. We would want to ensure that any new labelling rules did not impact particular sectors of the industry over others nor create additional burdens without good cause.
Conclusion to the review of the Common Market in wines definition. (UK)

RAHRA V.2?

I asked to Partners...

Question i – “To what extent did your participation in JA RARHA contributed towards progress in reducing alcohol related harm at national level and it has been an important stimulus for implementing your national policy? (1 = has not contributed / 5 = contributed greatly).”

Question ii – “To what extend has the JA RARHA been effective in supporting Member States to take forward work on common priorities in line with the EU Alcohol Strategy and stepping up action to reduce the harm associated with alcohol at EU level? (1 = has not been effective/ 5 = has been very effective).”

Question iii – “Thinking about a possible second Joint Action on alcohol related harm would your organization be interested in participating?”

RARHA Joint Action – V.2 (Partners)

Type of Partnership	Partners Name	Country	Answer I	Answer II	Answer III
Associated	API	Austria			
Associated	Eurocare	Belgium	nd	nd	Yes
Associated	FPS Health	Belgium	1	nd	nd
Associated	Euroheathnet	Belgium	nd	4	Yes
Associated	NCPHA	Bulgaria	3	4	Yes
Associated	CNIPH (HZJZ)	Croatia	4	4	Yes
Associated	SIF/NIPH	Denmark			
Associated	NIHS	Estonia	4	4	Yes
Associated	THL	Finland			Yes
Associated	OFDT	France			
Associated	Bzga	Germany	3	4	Yes
Associated	IFT	Germany			
Associated	LJMU	UK			
Associated	UM	UK			
Associated	LWL	Germany	nd	nd	nd
Associated	UMHRI	Greece			
Associated	NCA	Hungary			
Associated	EL	Iceland	3	nd	Yes
Associated	HRB	Ireland			
Associated	HSE	Ireland	4	4	Yes
Associated	ISS	Italia	5	5	Yes
Associated	LT-DTACD	Lithuania			
Associated	FSWS	Malta	2	3	Yes
Associated	STAP	Neatherlands	2	3	Yes
Associated	FHI /NIPH	Norway	4	4	Yes
Associated	HDIR	Norway	4	4	Yes
Associated	SIRUS	Norway	nd	nd	Yes
Associated	PARPA	Poland			Yes
Associated	FCSH - UNL	Portugal	5	5	Yes
Associated	SICAD	Portugal	5	5	Yes
Associated	NIPH	Romania	4	5	Yes
Associated	Nijz	Slovenia	3	4	Yes
Collaborating	FCAL	Switzerland	2	nd	Yes
Collaborating	Ntakd	Italy	4	4	Yes
Collaborating	Gencat	Spain	4	4	Yes
Collaborating	MSSSI	Spain	5	5	Yes
Collaborating	CAC	Cyprus	4	4	Yes
		Total	75	79	Yes
		Average	3,57	4,16	25

RARHA Joint Action – V.2 (Partners)

Total:	75	79
Average:	3,57	4,16

Yes
25

Associated Partners	Total	Answers	N Reply	%
	32	22	10	68,75%



Thank You!

Manuel.cardoso@sicad.min-saude.pt