

PRESS RELEASE



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European Joint Action on Reducing Alcohol Related Harm Share the Results

RARHA Final Conference happens this week in Lisbon

The Joint Action Reducing Alcohol Related Harm final conference takes place on October 13-14 in Lisbon, Portugal. The insights from the Workgroups, presented at the conference, have 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.

RARHA is a Member States initiative that exists from the joint work between European Commission and the Committee on National Alcohol Policy and Action (CNAPA) and composed by 32 Associated Partners and 29 Collaborating Partners, including WHO/Europe, EMCDDA, OECD/ Health Division and Pompidou Group. In Joint Actions, the minimum co-funding required from Member States is 50% but in RARHA, national funding amounts to 54% of a total of € 3,3 million, also reflecting the importance accorded to the initiative by the participating countries.

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. 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), travellers' 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 beverages 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 practise approaches that are implemented in member states.

The aim of this area is to 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; developing good practice criteria, compile and disseminate the accepted interventions in a Tool Kit.

This **European-wide assessment of alcohol prevention interventions** was a unique attempt to improve the quality of alcohol prevention interventions in the member states.

Were considered three types of prevention programmes:

- **Public awareness** is covering the area of public communication programmes and social marketing. With an increased political interest for behavioural economy, these practices fit well into that paradigm.

- **School based interventions** have a long history, with a large number of different setups throughout Europe. Many have not satisfied a design that can be evaluated and measured; many more have shown little or no effect on reducing the harm caused by alcohol.

- **Early interventions** have, over a short period of years, gained a strong support for being cost-effective measures.

Consult the Tool kit at: <https://user-ucadpix.cld.bz/RARHA-ToolKit> (www.rarha.eu)

Alcohol continues to be the third leading cause globally for disease and premature death. In the EU, the direct costs through healthcare, crime, policing, accidents and productivity losses were €155 billion in 2010. So this is an expected moment to make known this European studies and analysis and recommendations.

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

Please see the [Conference Agenda](#) in attachment or go to www.rarha.eu.

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You are welcome to attend at the Conference!