



# SHARING THE RESULTS

LOOKING HOW TO REDUCE ALCOHOL RELATED HARM  
RARHA - FINAL CONFERENCE



Co-funded by  
the Health Programme  
of the European Union



The Collaboration between the Health Equity Pilot Project  
and the Joint Action for Reducing Alcohol Related Harm  
– What can you expect and when?

Chris Brookes and Peter Goldblatt,  
Health Equity Pilot Project Coordinators

Lisbon . 13/14 October 2016

# HEPP working with Joint Action to Reduce Alcohol Related Harm

## What are the aims of the Health Equity Pilot Project (HEPP)

1. The Health Equity Pilot Project is one of a limited number of pilot projects funded by the European Parliament and commissioned and managed by the European Commission
2. Pilot Project - related to reducing Health Inequalities and building expertise and evaluations of actions specifically in alcohol, nutrition and physical activity
3. The intention is to mainstream Health Inequalities in the work of the Commission, starting with the determinants strand in the areas of alcohol, nutrition and physical activity
4. It explicitly tries to link with work already being undertaken with the European Commission – and names JA RARHA and JA NPA as the two main actions to link to.



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## What are the aims of the Health Equity Pilot Project (HEPP)

1. The focus is on socio-economic status – the gradient in health, and areas of greater deprivation in relation to alcohol related harm
2. In relation to alcohol – what are looking at the harm caused by alcohol and how that is distributed across the social gradient, and the consumption levels and patterns associated with alcohol related harm across the gradient



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## The themes we will initially explore are:

- Socio-economic status and rates of harmful and hazardous drinking
- Socio-economic status and rates of underage drinking
- Socio-economic status and alcohol consumption in pregnancy
- Socio-economic status and binge (heavy episodic) drinking
- Socio-economic status and alcohol related harms including reductions in harm through work place alcohol policies workplace
- Geographic indicators of deprivation and the incidence and prevalence of alcohol related harms



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What will we produce that you might be able to use in to reduce alcohol related harm (and nutrition and physical activity):

1. A review for each country where data is available of alcohol related harm and harmful and hazardous drinking behaviours (October)
2. A review of evidence of (cost) effectiveness to reduce alcohol related harm (and associated drinking behaviours) across the social gradient (November/December)
3. Case studies of effective practice and emerging effective practice (July 2017)
4. Training courses in 6 countries at high level which will focus on what can be done to reduce health inequalities through (July 17- February2018)
5. An online training course based on the earlier work and experience in the delivery of the training courses (June 2018)



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What will we produce that you might be able to use in to reduce alcohol related harm:

1. An online training course based on the earlier work and experience in the delivery of the training courses (April 2018)
2. A summary policy review
3. A final conference



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## What can you do for us?

1. Data (see Peter Goldblatt's slides)
2. If you have a case study of work that has helped to reduce the harm from Alcohol Consumption across the social gradient and particularly in deprived areas or with lower socio-economic groups we would like to hear.
3. If your government is in the process of developing either a health inequalities strategy or a alcohol harm reduction strategy we would like to know and may be able to support you with a case study.
4. We are keen to support member states to include a health inequalities dimension into their work on alcohol (as well as nutrition and physical activity) – please do contact us.



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## Working with JA RARHA

1. We are committed in contract to produce a report on health inequalities on alcohol related harm based on the survey data provided by JA RARHA
2. We haven't yet had access to the SEAS and HERMES data – however we are aware that some analysis of the data will be possible by SES indicator.
3. We are meeting tomorrow to discuss and agree what we might analyse and a time table for production.
4. We would be happy to share the resulting analysis with all delegates once we have agreed with JA RARHA and the EC what can be released and when.



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If you do not want to receive information from HEPP  
please let us know!



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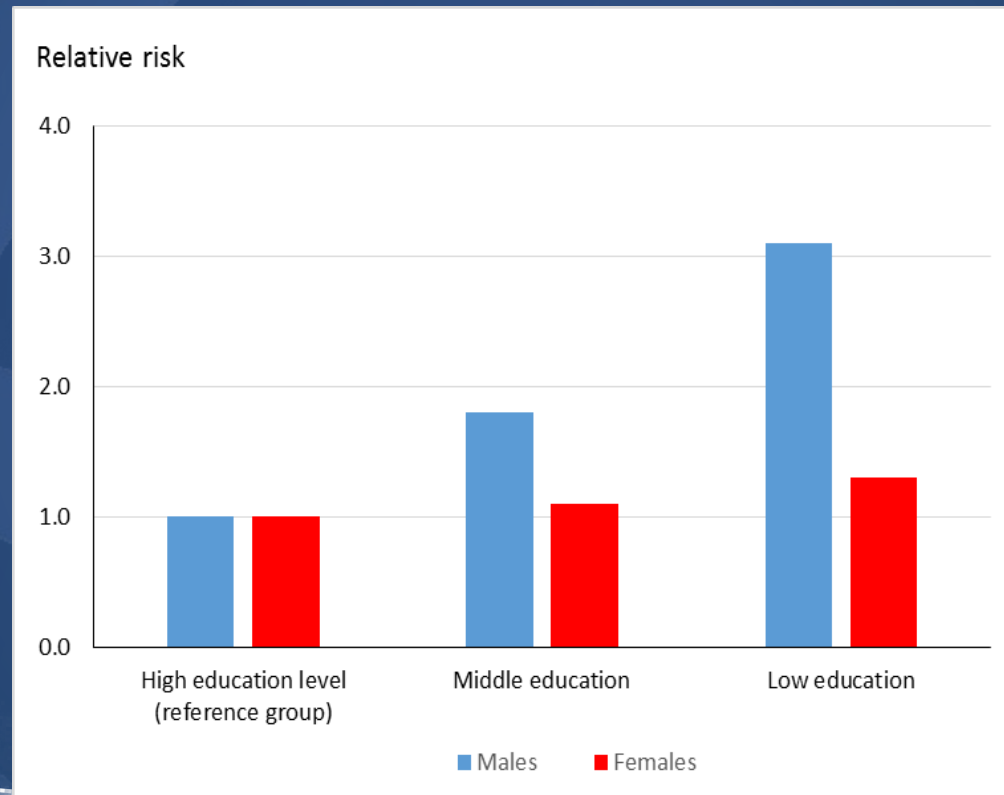
## Availability of alcohol harm data by socio-economic status

Member state	Hazardous and harmful drinking	Binge drinking	Underage drinking	Drinking in pregnancy	Alcohol-related harm
Austria	✓		✓		✓
Belgium		✓	✓		✓
Bulgaria		✓	✓		
Croatia			✓		
Cyprus		✓			
Czech Republic	✓	✓	✓		✓
Denmark	✓	✓	✓		✓
Estonia	✓	✓	✓		✓
Finland	✓	✓	✓		✓
France	✓	✓	✓		✓
Germany	✓	✓	✓		
Greece	✓	✓	✓		
Hungary	✓	✓	✓		✓
Ireland	✓	✓	✓	✓	
Italy	✓	✓	✓		✓
Latvia	✓	✓	✓		
Lithuania	✓	✓			✓
Luxembourg			✓		
Malta		✓			
Netherlands	✓	✓	✓	✓	✓
Poland			✓		✓
Portugal		✓	✓		
Romania		✓	✓		
Slovakia		✓			
Slovenia		✓	✓		✓
Spain	✓	✓			✓
Sweden	✓	✓	✓		✓
United Kingdom	✓				✓

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Heavy drinking – more than 20g a day for females and 30g a day for men.

Example – Educational level in the Czech Republic



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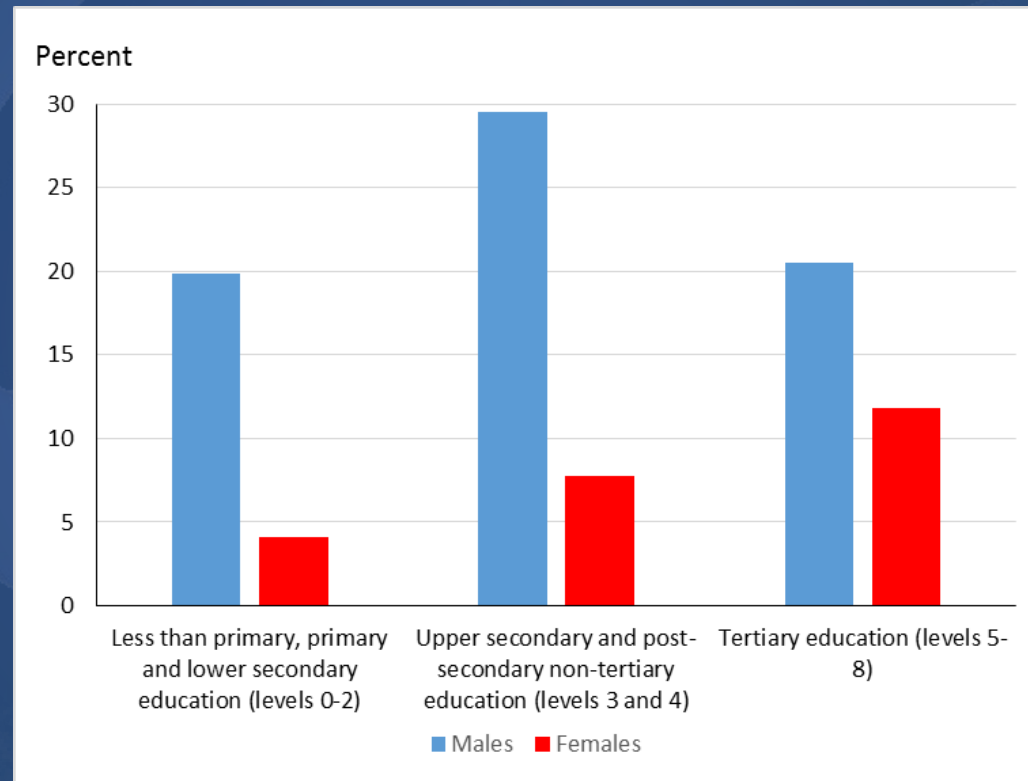
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## Frequency of binge drinking

### Example – Educational level in the Czech Republic



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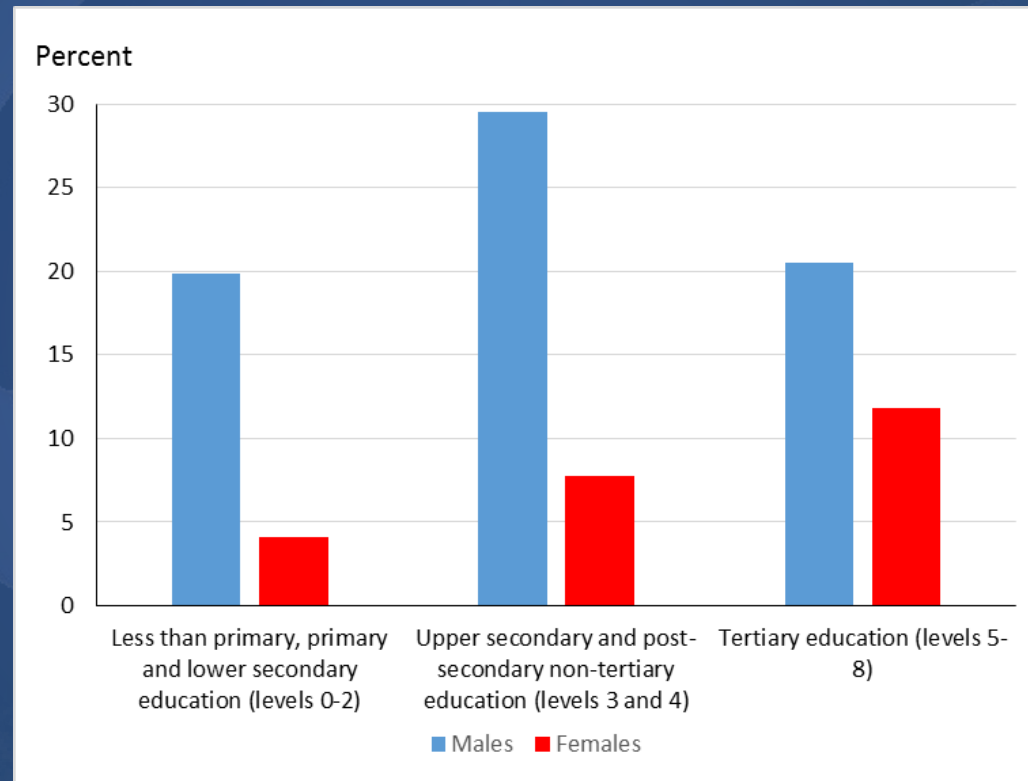
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## Frequency of binge drinking

### Example – Educational level in the Czech Republic



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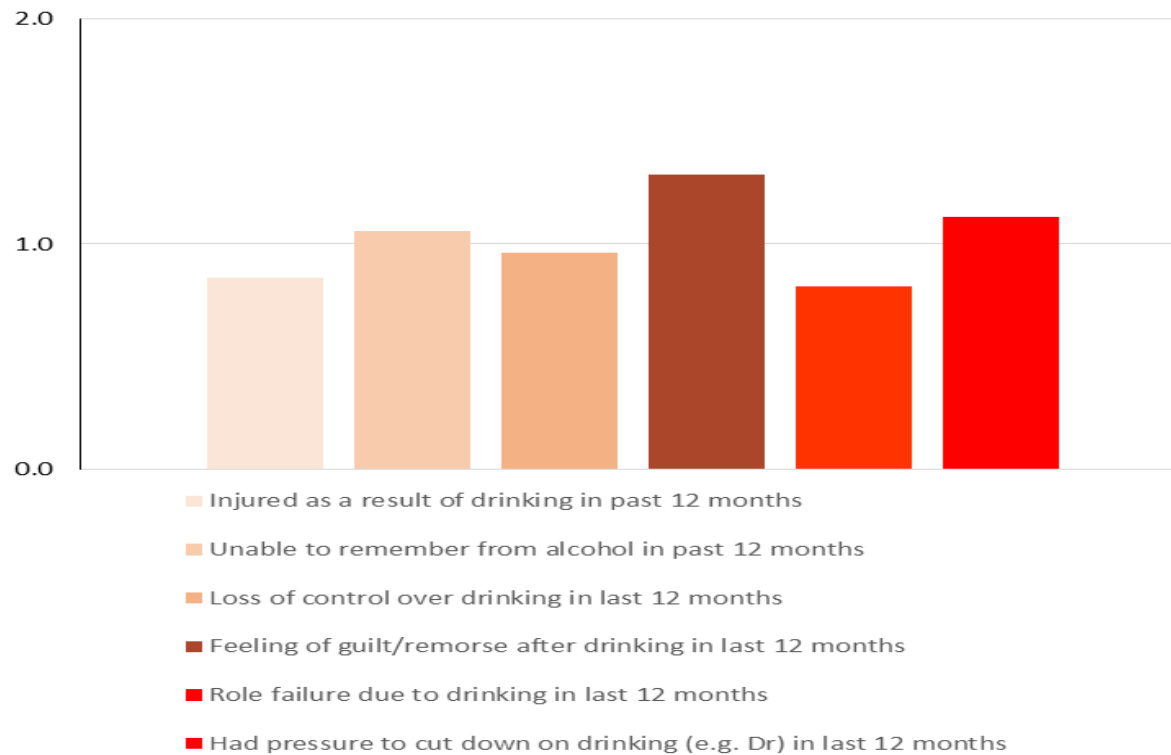
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## Signs of alcohol dependency

Example – Relative risk by educational level in the Czech Republic

Relative risk  
(high education compared  
to low education)



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## Data on other behaviours and outcomes by socio-economic status

<b>Behaviour/outcome</b>	<b>Number of member states with data</b>
Life expectancy	15
BMI 25-30 and 30+	17
Infant mortality rate per 1000 live births	8
Breastfeeding & complimentary food	8
Daily physical activity	11
Breast-feeding	1
Obesity pre-school	9
Obesity child	20
Obesity adolescent	27
Obesity men	26
Obesity women	26
Salt intake	3
Saturated fat intake	4
Trans-fat intake	0
Sugared beverages	27
Fruit intake	28
Vegetable intake	19

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**If you know of data by socio-economic status  
for your member state, please let us know!**



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## Contact:

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