



# Policy Dialogue

6<sup>th</sup> September 2016 - Brussels

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



## Public Health

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

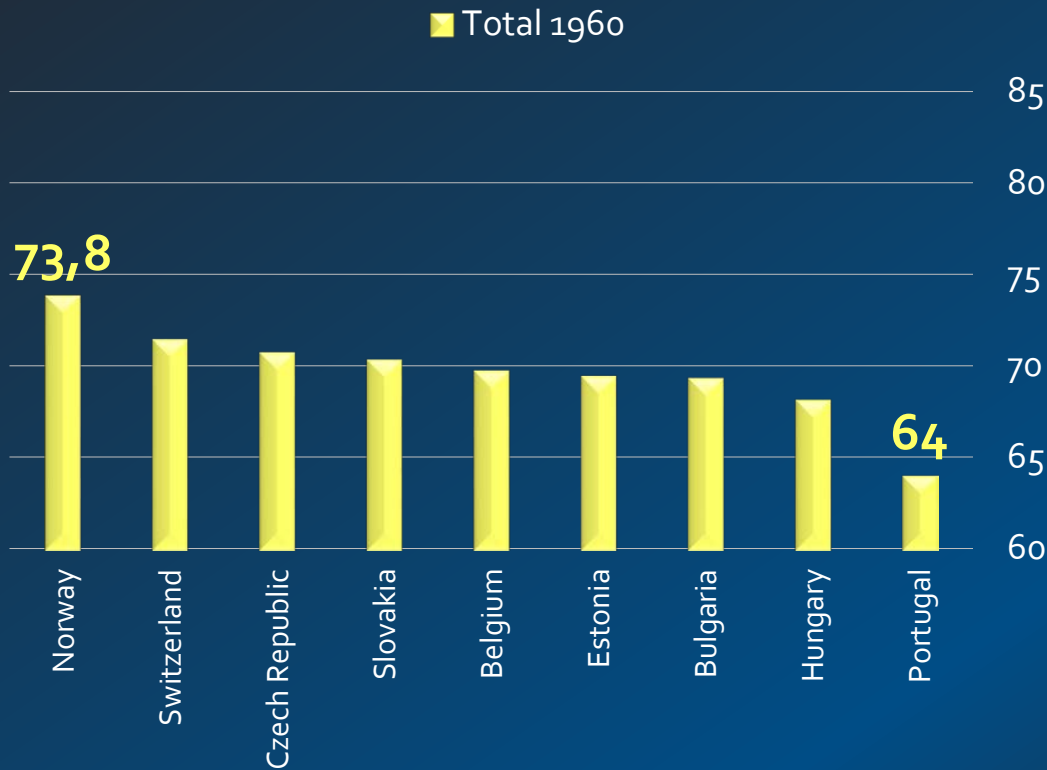
(Winslow, 1920)

Life expectancy at birth



# Life expectancy at birth

1960



Source: [www.pordata.pt](http://www.pordata.pt)

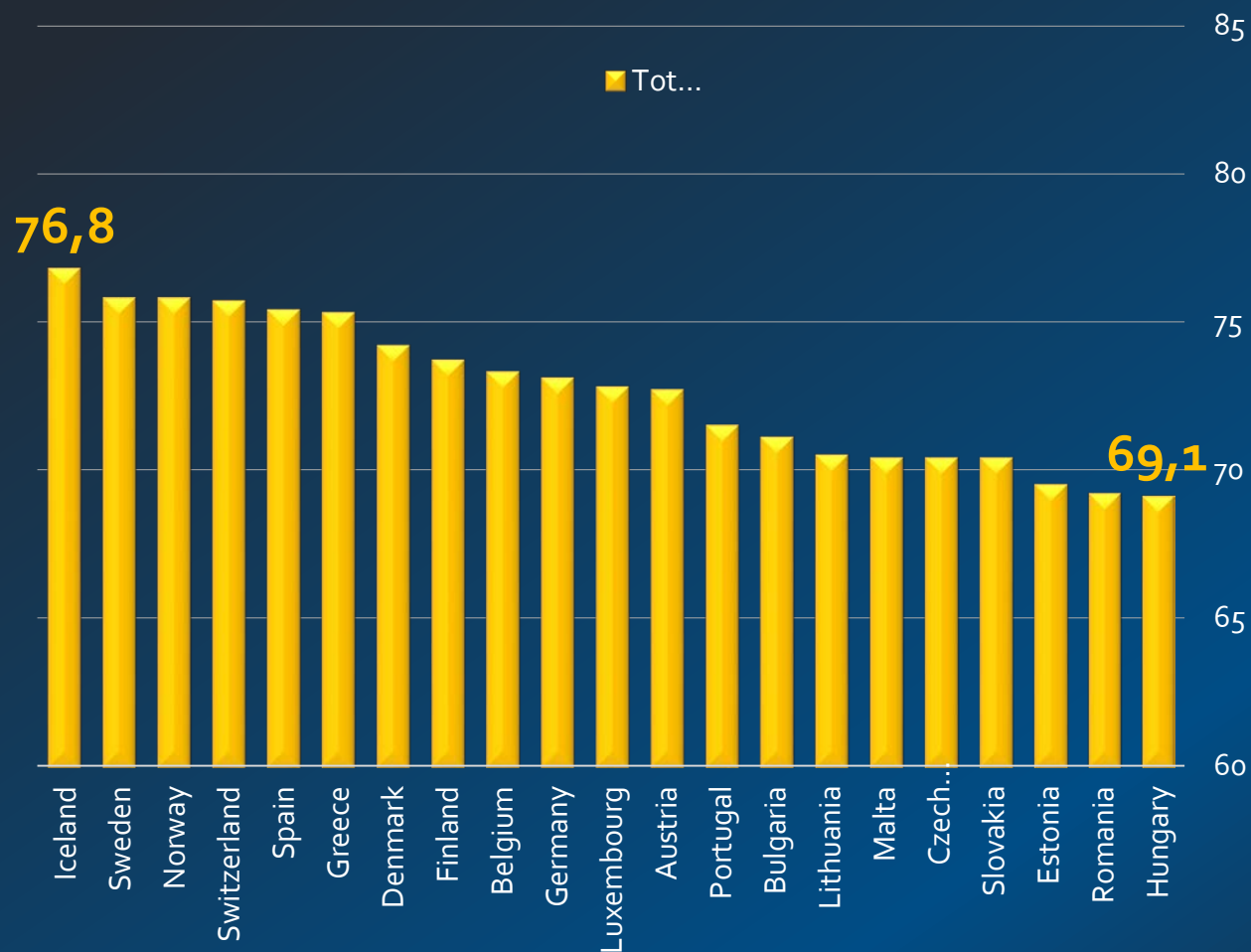


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REDUCING ALCOHOL RELATED HARM

# Life expectancy at birth

1980



Source: [www.pordata.pt](http://www.pordata.pt)



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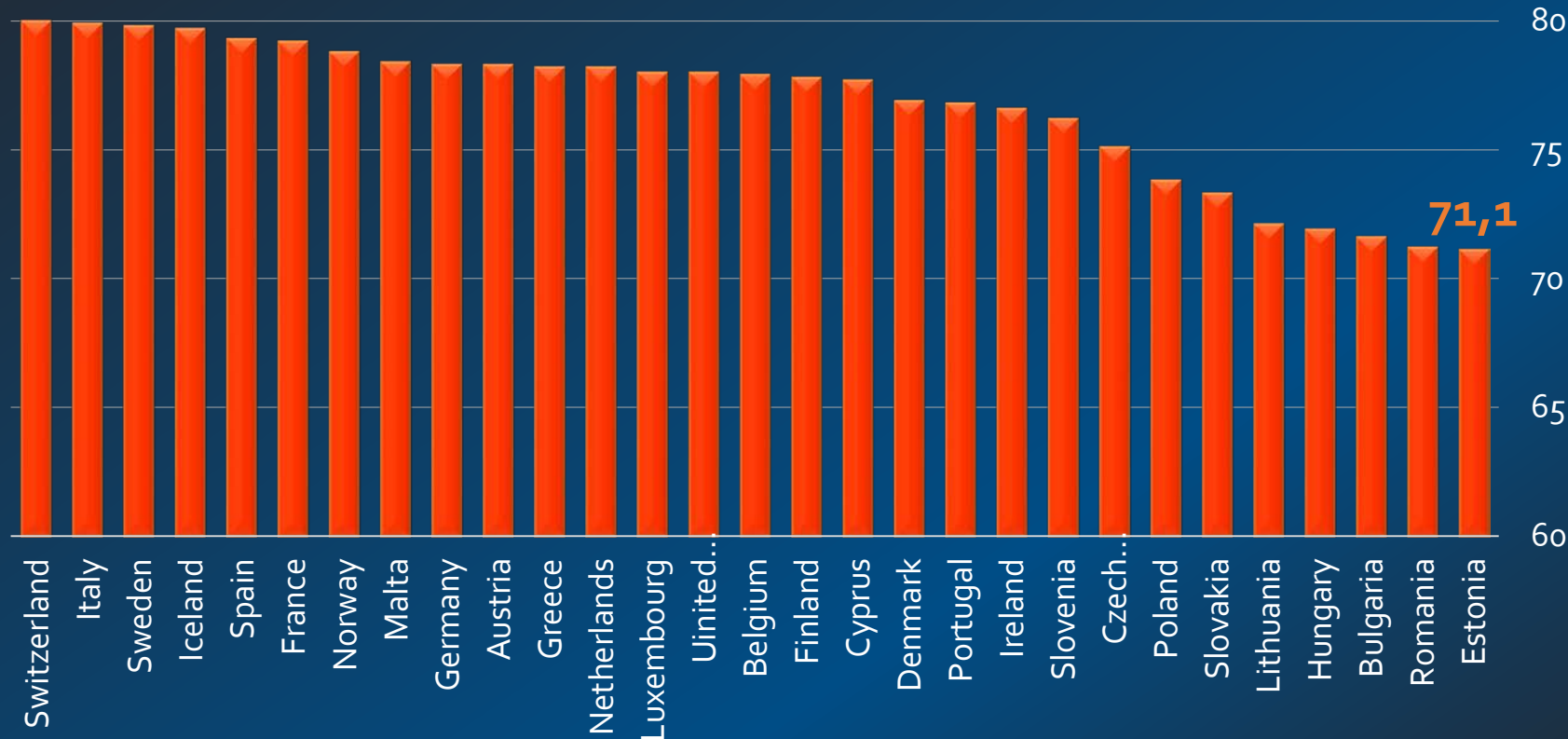
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# Life expectancy at birth

■ Total 2000

2000

80



Source: [www.pordata.pt](http://www.pordata.pt)



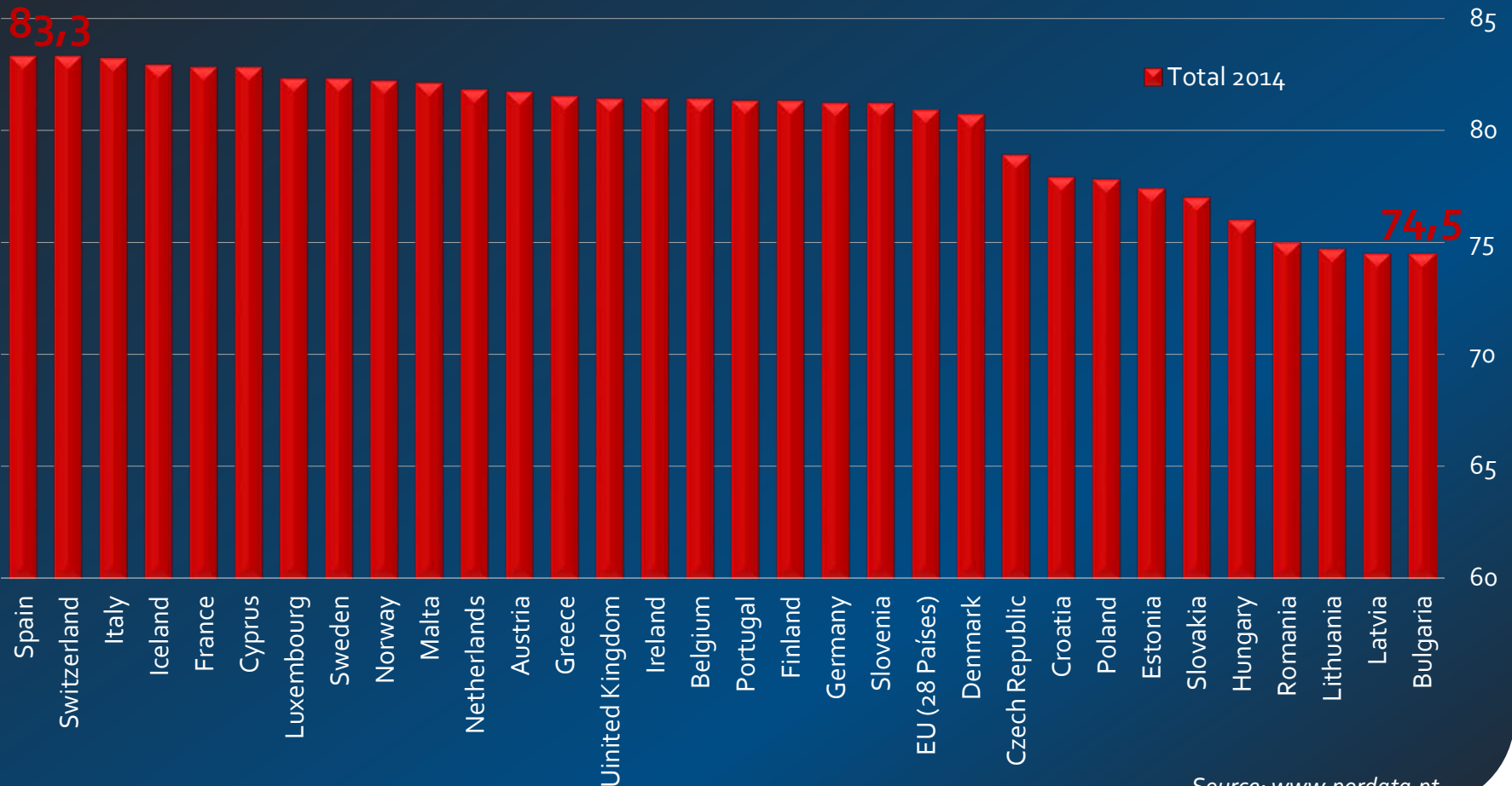
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# Life expectancy at birth

2014



Source: [www.pordata.pt](http://www.pordata.pt)



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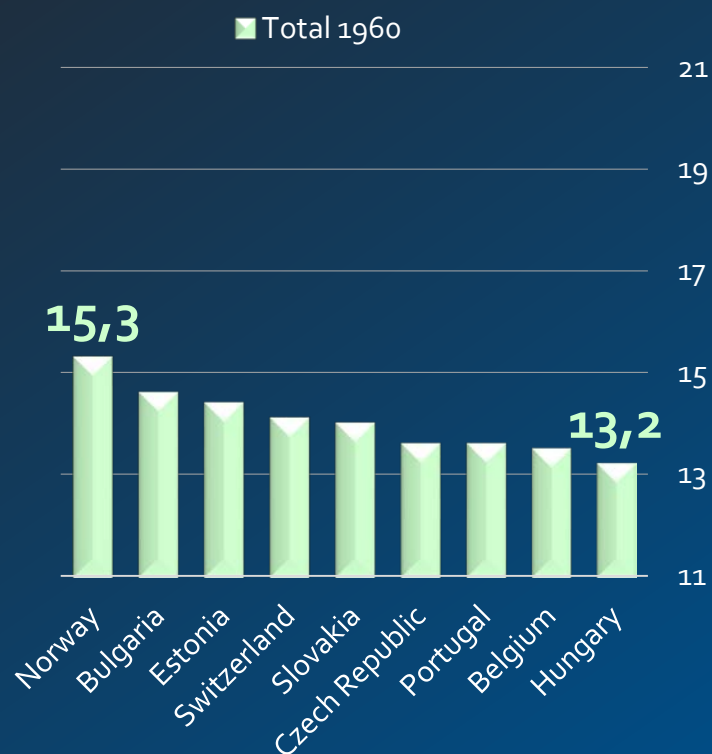
Life expectancy at 65 years





# Life expectancy at 65

1960



Source: [www.pordata.pt](http://www.pordata.pt)



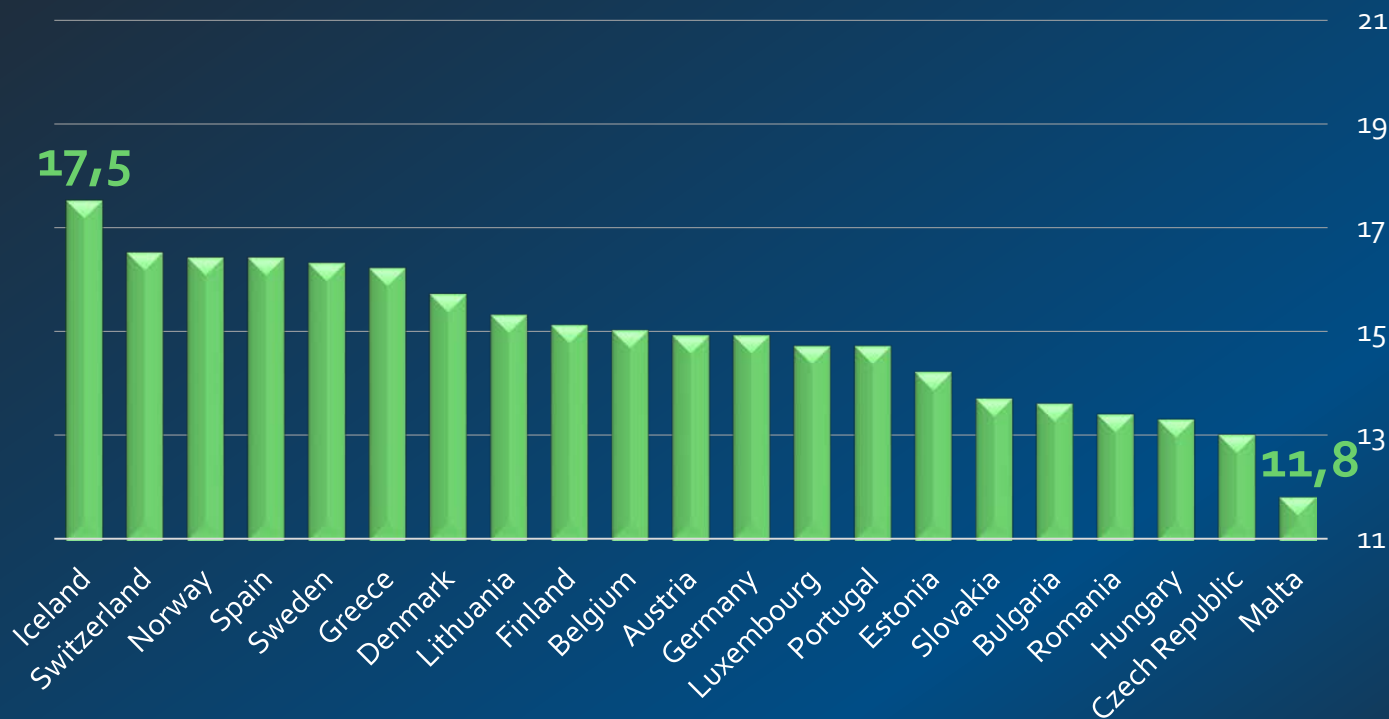
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# Life expectancy at 65

1980

■ Total 1980



Source: [www.pordata.pt](http://www.pordata.pt)



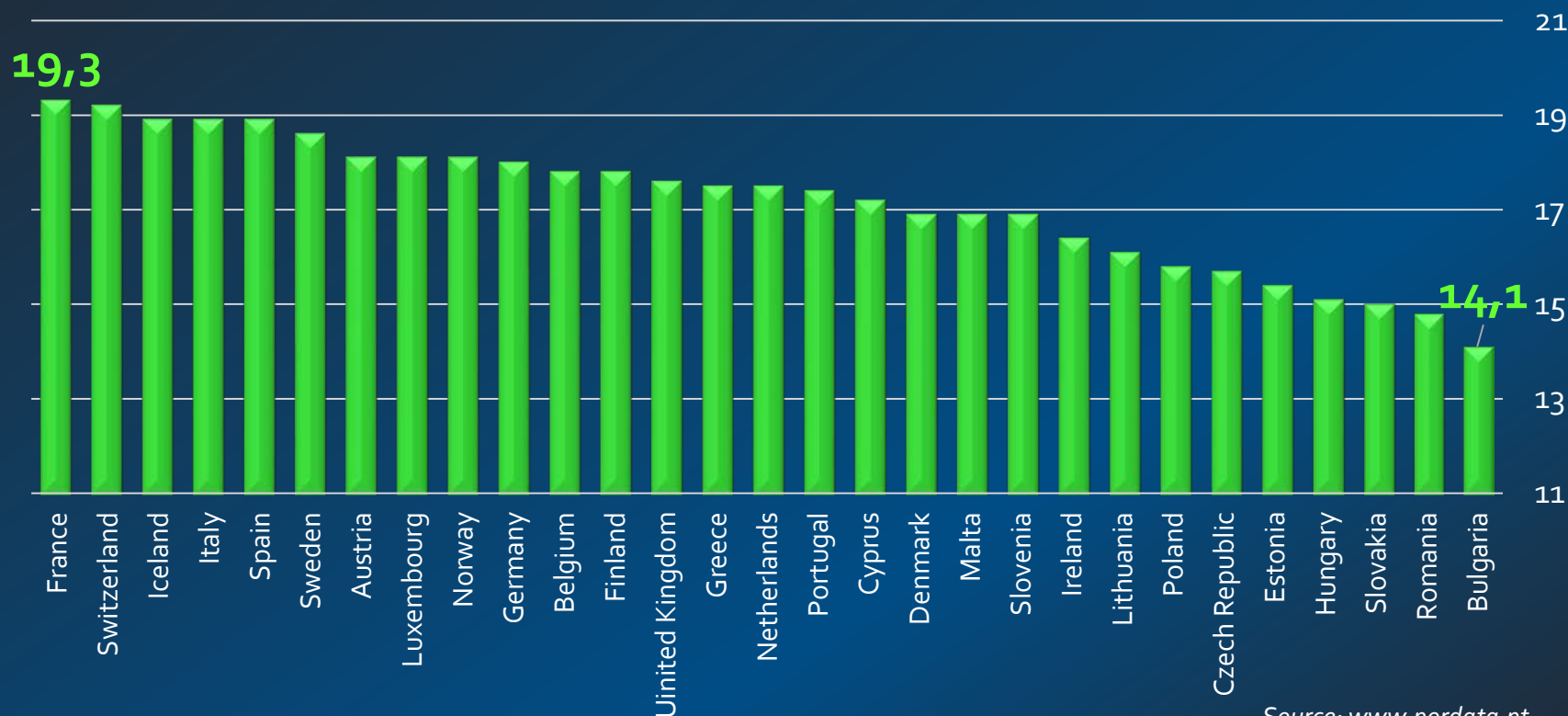
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# Life expectancy at 65

2000

■ Total 2000



Source: [www.pordata.pt](http://www.pordata.pt)

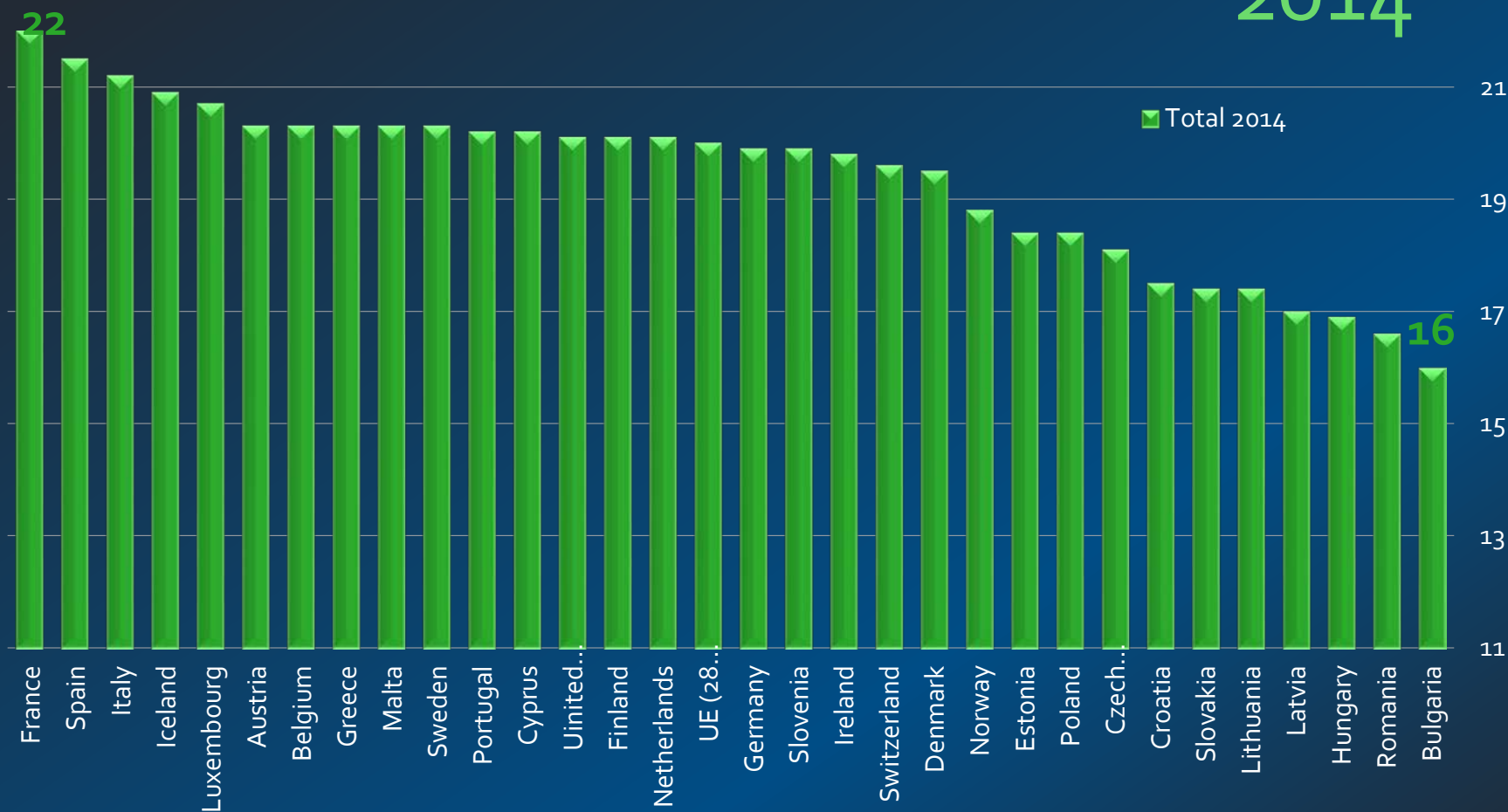


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# Life expectancy at 65

2014



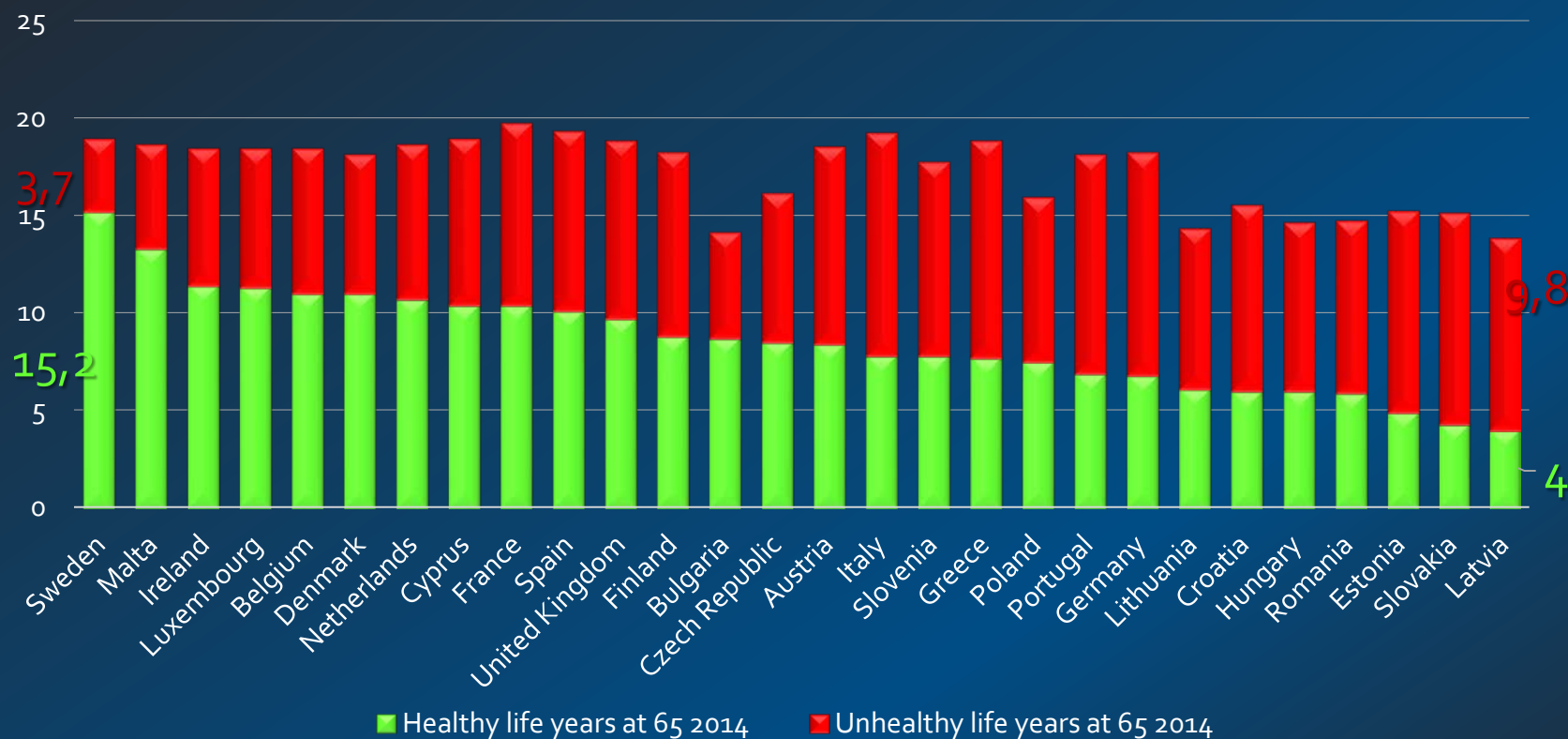
Source: [www.pordata.pt](http://www.pordata.pt)



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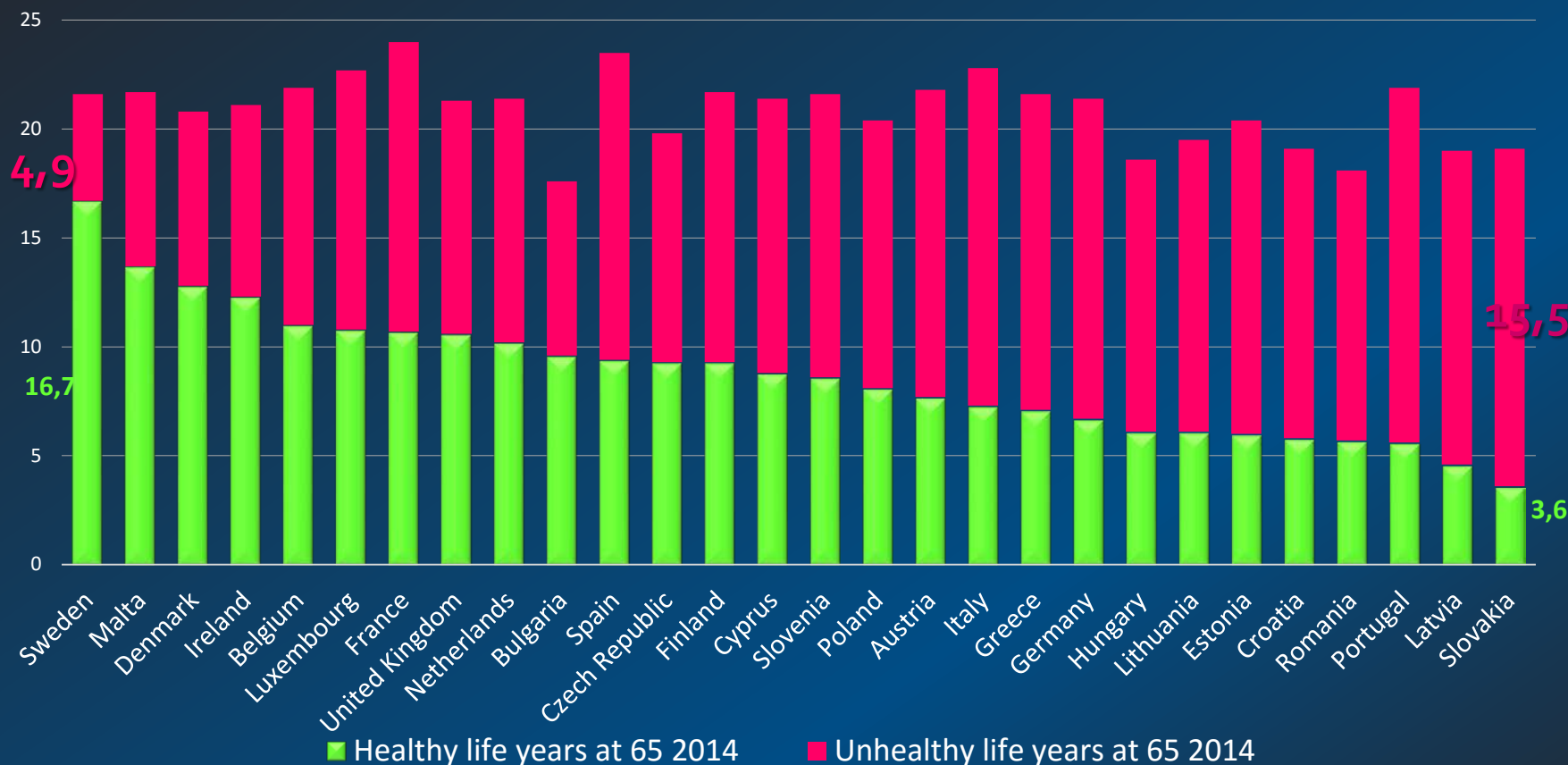
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## Life expectancy at 65 of male population: total and by healthy and unhealthy life years



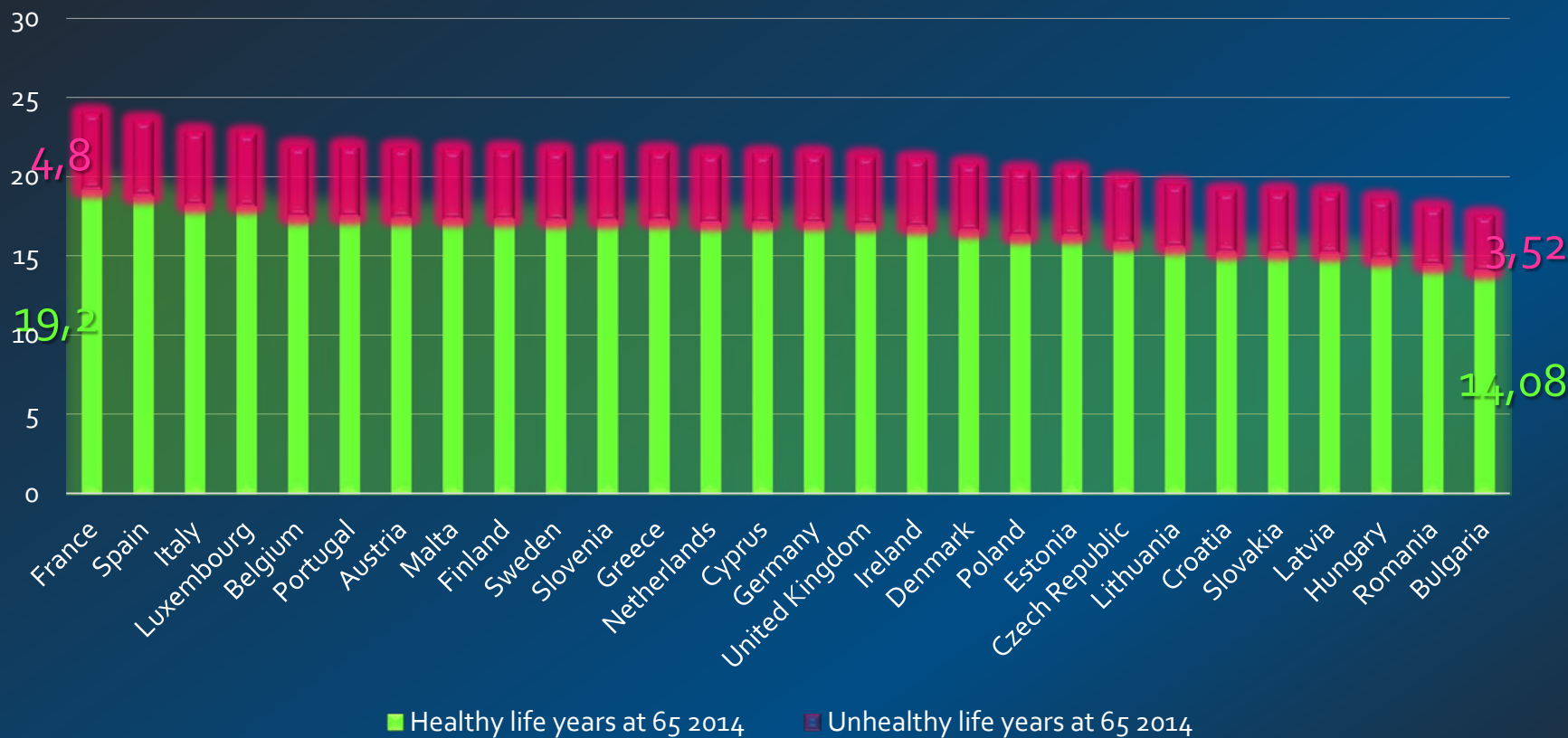
Source: [www.pordata.pt](http://www.pordata.pt)

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



Source: [www.pordata.pt](http://www.pordata.pt)

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

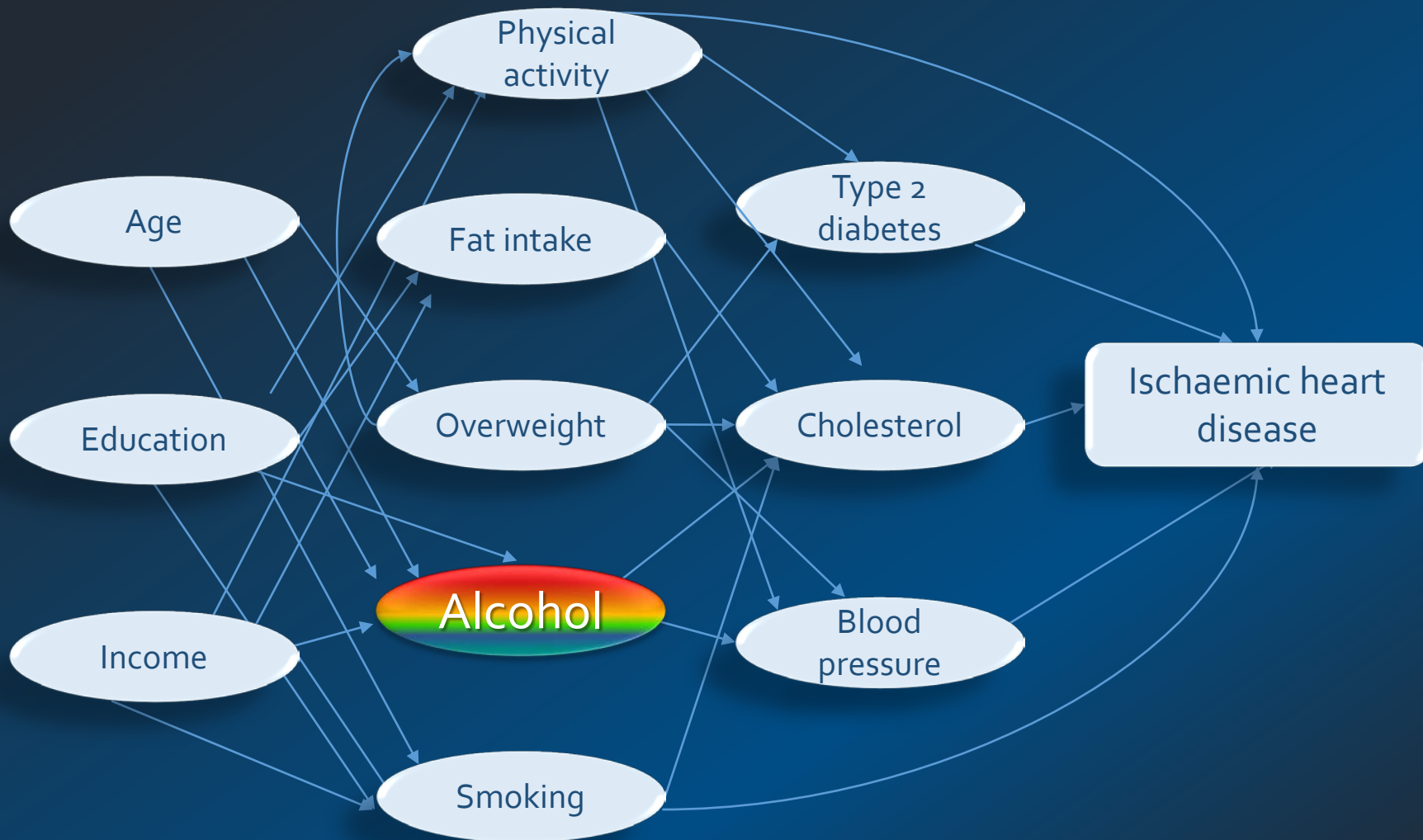




# Risk Factors

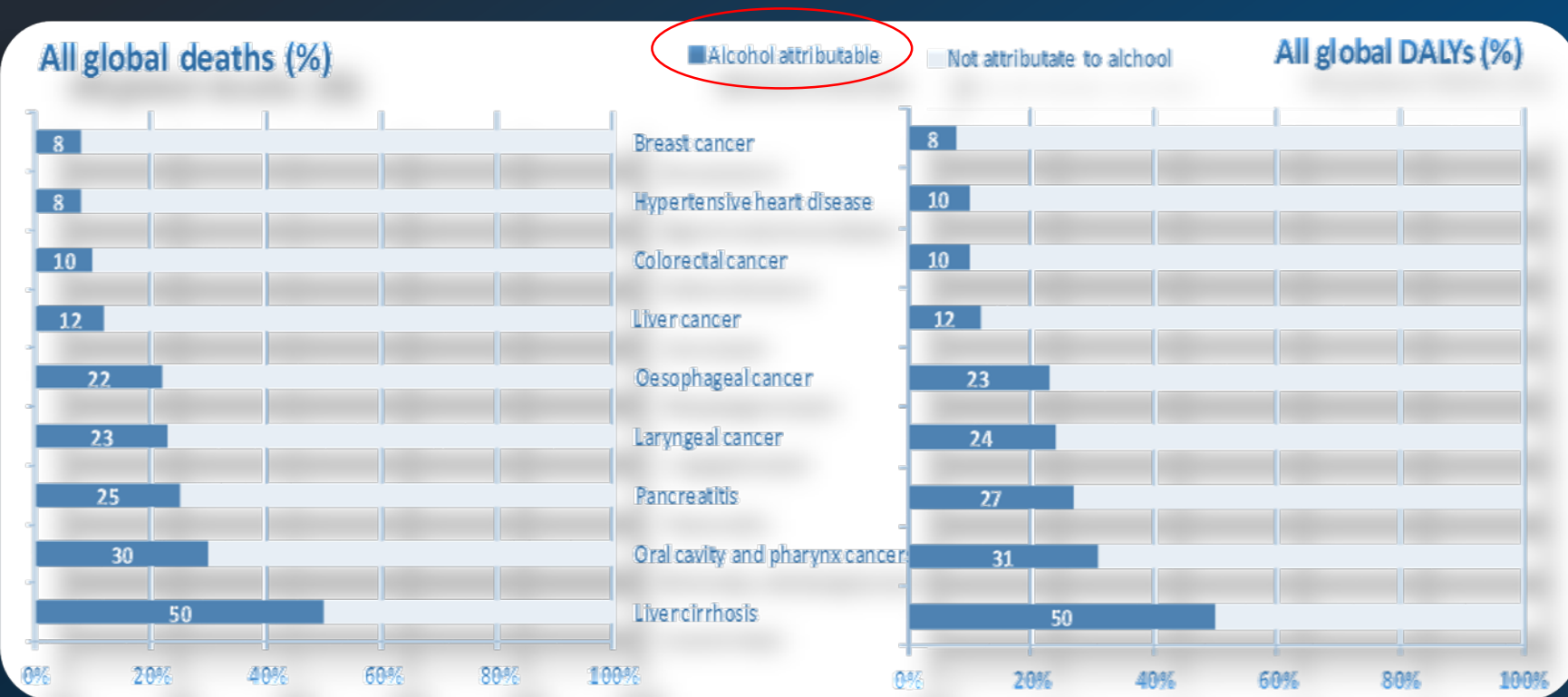


## Risk Factors - origin



Source: Global Health Risks, WHO 2009

# Risk Factors – World Numbers



World Population 2012:

Fractions attributable to alcohol (APAs) in the causes of death, disease and selected injuries 2012

Source: Global Health Risks, WHO 2009



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# Risk Factors – World Numbers

2012

**5.9%** of all deaths are alcohol related



**3,3 millions of deaths**

In Europe:  
1 in each 7 deaths in men  
1 in each 13 deaths in women

**5.1%** of all diseases are alcohol harm related

In Europe:  
15% of men  
14% of women

Source: Global Health Risks, WHO 2009



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# Risk factors

Ranking of selected risk factors: 10 leading risk factor causes of DALYs by income group, 2004

	Risk Factor	DALYS millions	% of Total
High-income countries*			
1	Tobacco use	13	10,7
2	Alcohol use	8	6,7
3	Overweight and obesity	8	6,5
4	High blood pressure	7	6,1
5	High blood glucose	6	4,9
6	Physical inactivity	5	4,1
7	High cholesterol	4	3,4
8	Illicit drugs	3	2,1
9	Occupational risks	2	1,5
10	Low fruit and vegetable intake	2	1,3

\* Countries grouped by 2004 gross national income per capita – high income (US\$ 10 066 or more)-

Source: Global Health Risks, WHO 2009

# Alcohol Policy Framework





# 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.



# WHO - European action plan

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Leadership, awareness and commitment

“Throughout the duration of this action plan, countries prepare, implement, review and revise at least once an identifiable national action plan or strategy on alcohol.

Countries ensure that their populations are progressively informed about the harm that alcohol can do to individuals, families and communities and about the measures that can be taken to reduce that harm.”

Source: *European action plan to reduce the harmful use of alcohol*

# 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



COMMITTEE ON NATIONAL  
POLICY AND ACTION



EUROPEAN ALCOHOL AND  
HEALTH FORUM



COMMITTEE ON DATA COLLECTION,  
INDICATORS AND DEFINITIONS



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# RARHA . What?



# What?

- 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).
- 32 Associated Partners and 29 Collaborating Partners, including World Health Organization/ Regional Office for Europe (WHO/Europe), European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), Organization for Economic Cooperation and Development (OECD - Health Division) and Pompidou Group are participating in the Joint Action.

## Structure:

- **3 Horizontal Work Packages - Coordination;**
  - Dissemination;
  - Evaluation
- **3 Core Work Packages - Monitoring,**
  - Guidelines
  - Tool-Kit;

# RARHA map

■ Associated Partners

■ Collaborating Partners





# Target groups



**European Policy Makers**

**Health Professionals -  
Primary Health Care**

## **Sub Target Groups**

Governmental and non-governmental public health professionals and researchers whose work would benefit from additional knowledge. Also specialized media responsible for dissemination.

# Citizens



# WP4 Monitoring

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## Objectives

- 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

## The approach

The work is divided into 2 tasks:

- survey to collect comparable data on alcohol consumption, drinking patterns and alcohol related harm across EU Member States
- analyses of existing survey data on alcohol consumption and related harm

# **WP5** Good practice principles in the use of drinking guidelines to reduce alcohol related harm

## **Background**

- Guidelines for limiting drinking in order to reduce risk of harm are given in most EU countries, but their scope and the levels of drinking defined as “low risk” differ.
- The lack of consistency may confuse consumers when information is accessible across borders on the internet, on product labels etc.

## **The approach**

- WP5 brings together scientific knowledge and practical experience to clarify reasons behind differences and work towards consensus on what would be good practice in the use of drinking guidelines as a public health measure to reduce short-term and chronic harm from alcohol.

# WP6 - Good Practice Tool Kit

## Background

- Public health policy planners lack easy access to well described interventions that are replicable/adaptable and on which reasonable evidence of effectiveness and some cost estimates are available.
- This WP helps MS public health authorities/bodies exchange proven interventions to prevent alcohol related harm, with attention on good practice in information dissemination.

## The approach

The work is divided into 4 tasks:

- To provide good practice examples
- To develop good practice criteria
- To compile examples into the Tool Kit and
- To disseminate the Tool Kit

Let's hear the workpackage leaders!

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# Sharing the Results

## RARHA Final conference

Lisbon

13/14 October 2016

[www.rarha.eu](http://www.rarha.eu)



LISBON 13/14 OCTOBER 2016

### SHARING THE RESULTS

LOOKING HOW TO REDUCE ALCOHOL RELATED HARM  
RARHA - FINAL CONFERENCE

**13**

- 12H00 - Registration and Reception - Welcome Lunch
- 14H00 - Opening Session
- 14H30 - Joint Action RARHA Journey. *Comments by EC/ CHAFAE*
- 15H45 - First RARHA Synergies - Inequalities Project
- 16H15 - Coffee-Break
- 16H30 - A tool-kit for evidence-based good practices in action to prevent alcohol related harm. *Comments by Pampidou Group and Joint Action On Chronic Diseases*
- 18H00 - Closing the day and transportation to the RARHA group dinner

**14**

- 09H30 - Alcohol consumption and harms in Europe today – key findings from the Standardised European Alcohol Survey - RARHA SEAS. *Comments by OECD/EMCDDA*
- 11H00 - Coffee-Break
- 11H15 - Towards a common European approach to informing consumers about alcohol related risks. *Comments by WHO/Joint Action on Mental Health and Wellbeing*
- 12H45 - Concluding Remarks  
Closing Session
- 13H00 - Lunch

Fundação Oriente  
Avenida Brasília, Doca de Alcântara (Norte)  
1350-352 LISBOA - PORTUGAL

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[www.rarha.eu](http://www.rarha.eu)

Thank You!

[manuel.cardoso@sicad.min-saude.pt](mailto:manuel.cardoso@sicad.min-saude.pt)

[rarha@sicad.min-saude.pt](mailto:rarha@sicad.min-saude.pt)