



## 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 6<sup>th</sup> 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".

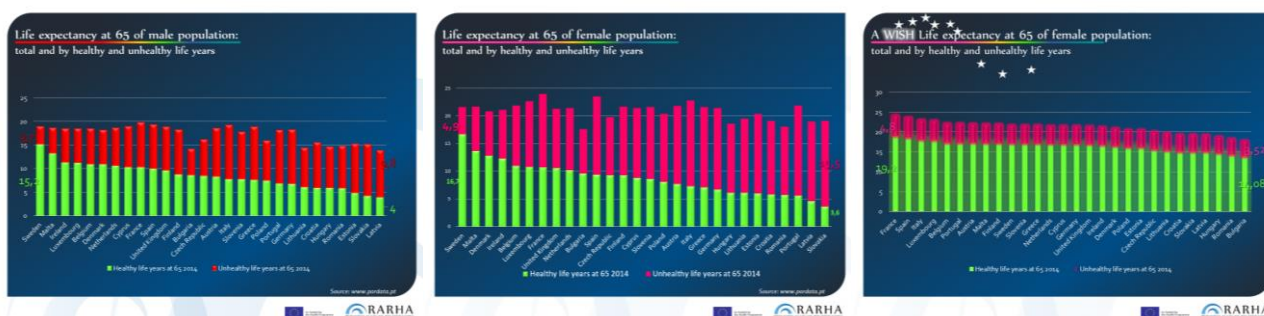


Figure 1: Presentation slides from Manuel Cardoso life expectancy across Europe.

In a public health context, the alcohol risk factor was approached by the evolution of life expectancy and disability-adjusted life year (DALY) in Europe and its indexation to the alcohol consumption. This thought was concluded with a 'perfect scenario' description for this major indicator.

Jacek Moskalewicz (PARPA), who led RARHA's work on monitoring of alcohol consumption and harms, presented preliminary findings from the Standardised European Alcohol Survey (SEAS) instrument, which was implemented in 20 European countries and covers policy-relevant issues, like alcohol consumption, risky single occasion drinking, context of drinking, drinking problems with focus on harm from others, attitudes towards alcohol policy as well as unrecorded supply.

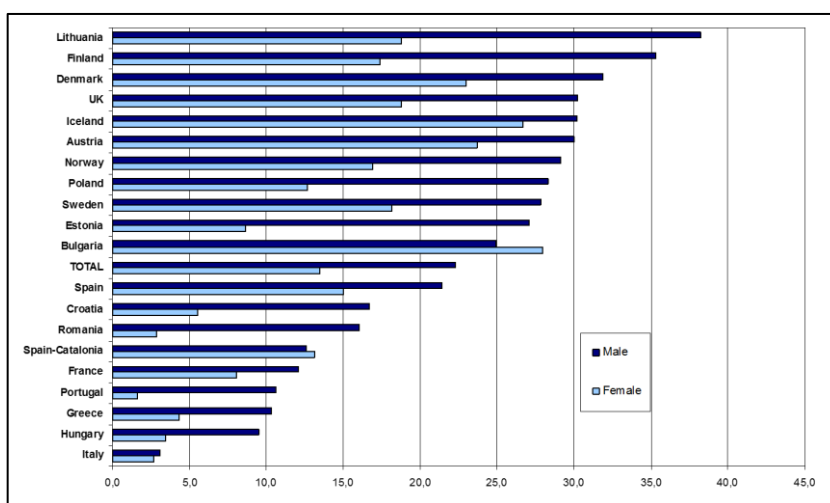


Figure 2: Data for heavy single episodic drinking (60gr+ for men, 40gr+ for women)

The data on binge drinking, for example, shows a clear divide between wine and beer producing countries with the latter having a higher incidence of heavy episodic drinking.

In terms of policy improvement, Jacek Moskalewicz mentioned that "the EU will gain genuine benefits if RARHA SEAS is regularly applied as a monitoring tool, offering the opportunity for monitoring trends in alcohol consumption and related harm as well as for tracing changes in attitudes towards alcohol policy." Following Caroline Costongs' question about the inclusion of vulnerable groups in RARHA SEAS, he answered that from an equity point of view it is important to include them but that these groups were underrepresented in the current survey. To reduce the risk of stigmatisation, special surveys need to be designed to include these groups, which requires (future) investments from countries.

Subsequently, Marjatta Montonen (THL) presented pointers towards an evidence-based approach to inform consumers about the risks of alcohol, which is based on RARHA's work on drinking guidelines. Through various surveys and expert consultation, the partners have established, for example, that a common concept of "low risk" drinking would be favourable across Europe as well as the adoption of a lifetime risk of early death due to alcohol as a common metric. She also presented identified good practice principles, such as:

- ✓ The message is about risk, not safety.
- ✓ Daily drinking and occasional heavy drinking are both potentially harmful drinking patterns.



Figure 3: Suggested label including health-relevant information

Marjatta Montonen called for EU regulation to ensure consistent health-relevant information on alcoholic beverage labels. These could be reinforced with awareness-raising campaigns, dependent on national identified needs.

Sandra Rados-Krnel (NIJZ) took the floor to present RARHA's work on the evidence-based good practice tool kit, which is aimed at health policymakers as well as practitioners, to foster practical action to reduce alcohol related harm. The tool kit covers three groups of interventions, which were assessed and evaluated according to assessment criteria (well described, implemented, theoretically sound, evaluated with positive results) and by level of effectiveness:

- Early intervention services
- School-based programmes
- Public awareness programmes

The tool kit will be available both in printed and an online version by October 2016.

In response to a question from Caroline Costongs regarding the inclusion of policy good practices, Sandra Rados-Krnel pointed out that the tool kit's aim was not to look at different policy developments; however, some examples are quite comprehensive and include many different stakeholders, levels and target groups. She also clarified that her work did not exclude good practices funded by the industry categorically as long as they fit within the criteria set.

## The European policymakers' views

The panel consisted of representatives of the European Commission (EC), European Parliament (EP), Committee of the Regions (CoR) and the current European Council's presidency, Slovakia. The panellists

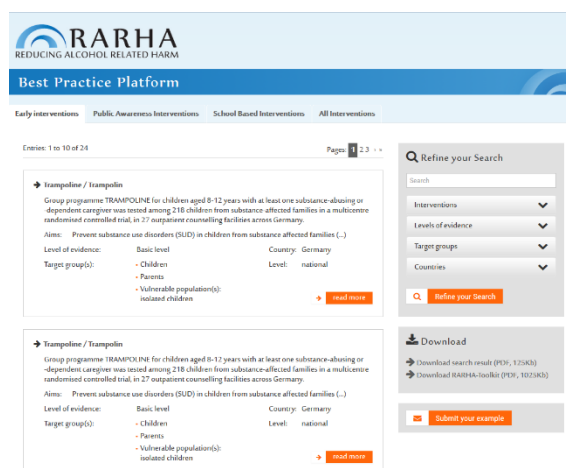


Figure 4: Screenshot of the online version of the tool kit.

were asked to give a 3-5 minutes opening statement after which a discussion among the panel and the previous speakers as well as the audience followed.

John Ryan, Director for Public Health, Country Knowledge & Crisis Management at the EC, stressed that alcohol remains an important factor in productivity losses and employability as well as creating a negative impact on health systems. He complimented RARHA on delivering high quality results on a small number of high value areas. 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.

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, Director at the Centre for Drug Addiction in Slovakia, 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.

Since there is to be consensus among public health experts on what key messages should be given to citizens and Member States to reduce alcohol related harm, the call for the establishment of a European Alcohol Code, similar to the European Cancer Code, was discussed with John Ryan as well. While he did not see this in the hands of the EC at the moment, he gave a "complicated yes and no answer. We need to dig deeper and see to what extent the European code constitutes an effective communication tool." He noted that the EC is providing a lot of funding for action on alcohol harm through the health and research programmes.

On the issue of labelling, José Inácio Faria mentioned that it was a recurring and difficult topic in the EP. He said it is important to create awareness among citizens but there need to be harmonised rules across Europe for the industry to follow. According to John Ryan, even though alcohol is currently exempted from European labelling rules, Member States are allowed to have national rules as long as they follow internal market rules. In addition, he cautioned that labelling is only one part of the solution to address the problem. An EC report on this issue is planned to be discussed with stakeholders before the end of 2016.

Labelling was also the main issue addressed by comments from the audience. The CEEV (European Committee of Wine Producers) noted the need for concrete rules when it comes to introducing labelling and questioned how meaningful the information of grams of pure alcohol really is for consumers. Eurocare (European Alcohol Policy Alliance) estimated that the industry's solution of providing information on

websites rather than bottles is unrealistic and highlighted the fact that the Council and the EP have changed their stance on labelling, thus calling on the EC to consider implementing it.

## Further information

For more information regarding the policy dialogue, please contact Anna Gallinat: [a.gallinat@eurohealthnet.eu](mailto:a.gallinat@eurohealthnet.eu)

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For downloading the presentations and infosheets as well as some photos, please click [here](#).