

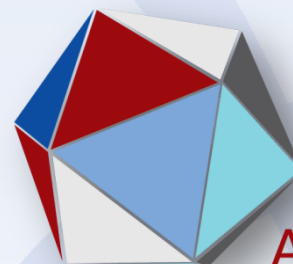
Lisbon Addictions Conference

23-25 September 2015

Patrícia Pissarra
Project Leader



Co-funded by
the Health Programme
of the European Union



Lisbon
Addictions 2015

First European conference on addictive behaviours and dependencies

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 28 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

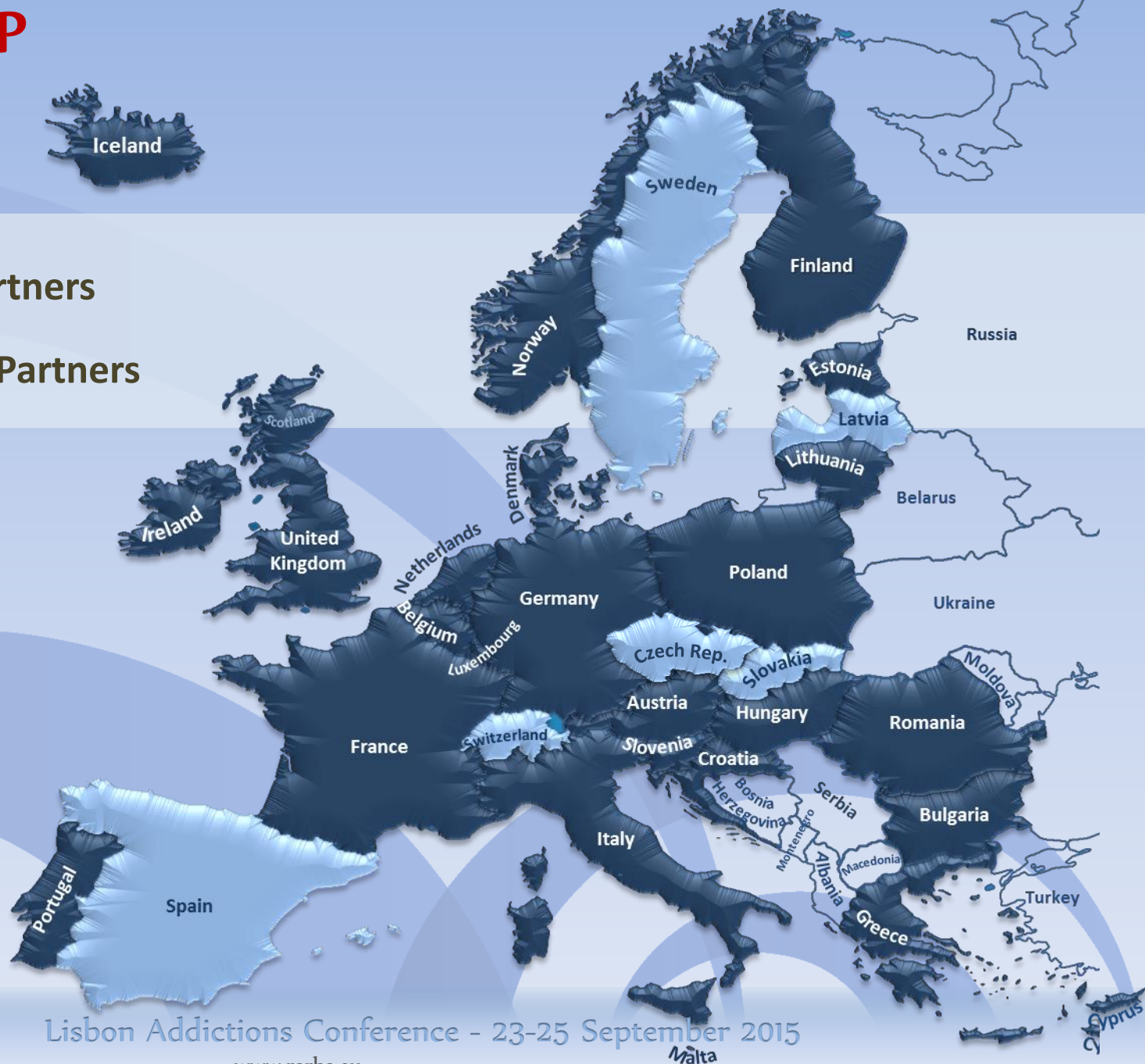
- ✓ 3 Horizontal Work Packages - **Coordination;**
 - Dissemination;
 - Evaluation
- ✓ 3 Core Work Packages - **Monitoring,**
 - Guidelines
 - Tool-Kit;

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



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

Organization of the work

- ✓ Work package Leader: Państwowa Agencja Rozwiązywania Problemów Alkoholowych (PARPA), Poland
- ✓ Work package Co-Leader: IFT Institut für Therapieforschung (IFT), Germany

Providing a baseline

- ✓ Common survey instrument to provide a baseline for comparative assessment and monitoring of alcohol epidemiology elaborated
- ✓ Pilot study completed
- ✓ **National population surveys** completed or under way in 20 countries
- ✓ Data from 23 existing surveys from 17 countries collected and prospects for comparative analyses elaborated
- ✓ Preliminary European database and codebook for analysing existing alcohol measures available

Strengthening capacity and increasing interest

- ✓ **Twenty countries** involved in comparative survey, including three which initially did not express their interest (**Latvia, Spain, Sweden**)
- ✓ Over **40 researchers from 23 countries** contributed to standardized survey methodology
- ✓ Intense experiences sharing
- ✓ Methodological guidelines provided
- ✓ Approx. 1000 interviewers trained in **20 countries** following common guidelines

Working methods – Task 2

Working documents

- ✓ Standard form “basic survey information”
- ✓ Standard form “survey instruments”
- ✓ Standard document “questionnaire map”
- ✓ General rules for recoding national variables

Outputs so far

- ✓ **Collaboration agreements**
- ✓ Questionnaire map
- ✓ Suggestion for socio-demographic section to be used in WP4, Task 1
- ✓ **Preliminary European database and codebook**
- ✓ Overview and review of alcohol-related measures in **23 European surveys**
- ✓ Preliminary analyses on alcohol consumption and related problems

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.

Organization of the work

- ✓ **Lead and Co-lead:** National Institute for Health and Welfare THL (FI) and Istituto Superiore di Sanità ISS (IT)
- ✓ The work is divided in 10 Tasks, with one partner in charge of each, plus joint work.
Further Task leaders: Landschaftsverband Westfalen-Lippe LWL (DE), Health Service Executive HSE (IE), Eurocare (EU)

Working methods

Working papers (2014) to obtain overviews and updates on:

- ✓ Current “low risk” guidelines across partner countries
- ✓ Guidelines in the context of Brief Intervention practices
- ✓ Definitions of “Standard Drink” and how the SD concept informs consumers
- ✓ Scientific basis for defining “low risk” from alcohol, including updated estimates of lifetime risk of death due to alcohol for selected EU countries
- ✓ Current guidelines relating to drinking by young people
- ✓ Consumer views on alcohol-related risk communication obtained through on-line survey

Two separate **Delphi surveys** (2015) with two panels of experts, focussed on:

- definition of “low risk” drinking and related issues
- ✓ guidelines regarding drinking by young people

Expert/decision-maker meetings to discuss findings and explore areas of potential consensus, including:

- ✓ Rome, 4 November 2014
- ✓ Helsinki, 16 February 2016

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

Organization of the work

- ✓ Work package Leader: National Institute of Public Health (NIJZ), Slovenia
- ✓ Work package Co-Leader: Federal Centre for Health Education and Health Promotion (BZgA), Germany

Working methods

Working papers/documents:

- ✓ Background paper for Public Communication Campaigns
- ✓ Background paper for School-based programs education
- ✓ Background paper for Early intervention services including brief advices
- ✓ Definition of Good Practice
- ✓ Template for Collecting the Good Practices
- ✓ The Assessment Criteria were developed based on the criteria form an existing Dutch system:
 - ✓ Basic level - theoretically sound
 - ✓ First indication of effectiveness
 - ✓ Good indication of effectiveness
 - ✓ Strong indication of effectiveness
- ✓ Recommendations for development and implementation of good practice approaches/interventions

Survey -Collecting Good Practices (December 2014- March 2015)

Survey results

- ✓ The Tool Kit will include three group interventions :
 - ✓ Early intervention services (including brief advices)
 - ✓ School-based programs (information and education)
 - ✓ Public awareness programs (including new media, social networks and online tools for behavior change).
- ✓ From 32 (EU MS/EEA/EFTA) Countries, 48 examples were collected, 43 with evidence base.
- ✓ 13 Countries didn't provide any examples.
- ✓ Among examples with evidence base (n= 43), early interventions represented most of the collected cases (49 %), followed by School-based interventions (30 %) and Public awareness interventions (21 %).
- ✓ The collected interventions targeted predominately adolescents (22 cases), parents (17 cases), young adults (15 cases) and adults and general population (13 cases both).

- ✓ Consortium Agreement
- ✓ Amendment to the Grant Agreement
- ✓ Interim Report
- ✓ Requested the next Financial Installment
- ✓ Final Conference

WP3 Evaluation of the JA

The aim is to verify if RARHA is being implemented as planned and reaches the objectives:

- ✓ following the progress of the JA
- ✓ assessing the achievements and their quality against appropriate process

The WP involves all the **32 Associated Partners**.

Internal and external evaluation are led and overseen by **ISS** (Istituto Superiore di Sanità, Roma, Italy) and supported by an **Evaluation Steering Group**

Part of the evaluation process is subcontracted to an **independent evaluator**

WP3 Evaluation of the JA

Timetable of WP3 Milestones & Deliverables

Year	Month	Deliverable/Milestone number	Description
2014	Mar	Milestone1	Evaluation Steering Group creation
	Jun	Milestone2	Specifications, call for tender and subcontracting external evaluation
	Jul	Deliverable5	Detailed evaluation plan for internal and external evaluation
2015	Jan	Milestone3	1 st internal evaluation report
2016	Feb	Milestone4	2 nd internal evaluation report <u>and</u> 1 st external evaluation report
	Nov	Deliverable6	Final evaluation report to summarise the overall evaluation of RARHA JA
	Nov	Milestone5	Publication of overall evaluation report combining conclusions from the final internal and external evaluation reports

The ESG is composed of the CNAPA representatives of **Belgium, Croatia, Estonia, Hungary, Italy**

ESADE Business School, Ramon Llull University (Barcelona, Spain) has been appointed as RARHA external evaluator

Deliverable 5 (available at RARHA website) has been timely submitted to CHAFAEA after the preliminary approval of ISS and ESG

The **1st interim Evaluation Report** presents the results of the first wave of the online survey among RARHA partners, conducted in November 2014, with the aim of following the progress of the JA and **providing feedback on the implementation process**

 = Done

1st Internal Evaluation survey

WP3 Conclusions

In general, the implementation process of the first year of RARHA activities obtains a **positive judgement** by all people involved at various levels.

- ✓ *The JA is meeting its goals and progressing according to the GA. Apart from very few delays, project deliverables were met and all foreseen commitments were respected*
- ✓ *No particular difficulties or impediments seem to have influenced the correct course of the actions..*

This overall **positive picture** with some recommended actions

- ✓ promote a better network cohesion and a working ethos more collegiate and productive
- ✓ continuous close watch by the project management team

W2 – WEBSITE

www.rarha.eu



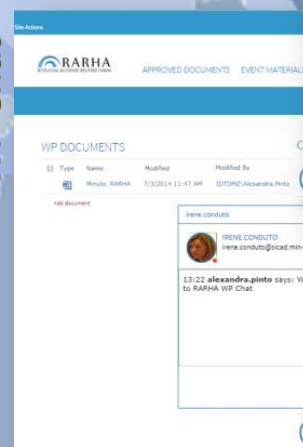
September 2014



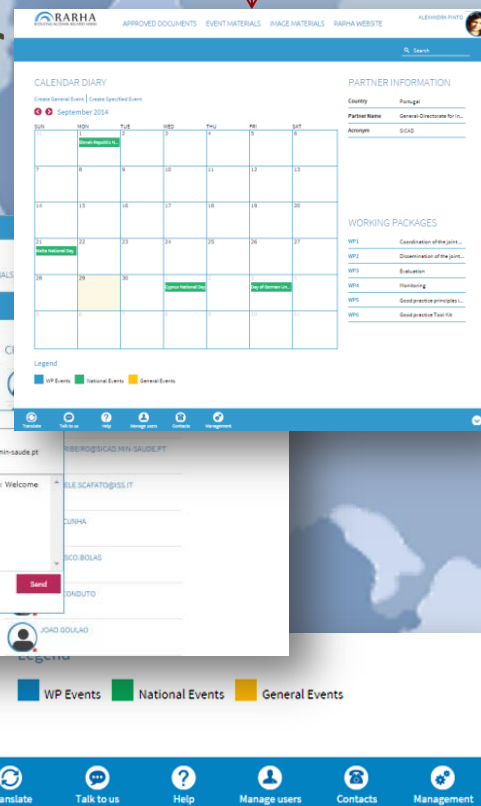
QRCode

Restricted Members Area

WP Chat



Diary



Translator/ Talk to Us/...



JOIN THE NEWSLETTER

Regional
Press

International
Press



www.rarha.eu



Patricia Pissarra
patricia.pissarra@sicad.min-saude.pt



GOVERNO DE
PORTUGAL

MINISTÉRIO DA SAÚDE



SICAD

Serviço de Intervenção nos
Comportamentos Aditivos
e nas Dependências