

# RARHA Interim Report

## RARHA

Joint Action | Reducing Alcohol Related Harm



Contract number: 2013 22 02

Proposal title: Joint action on Reducing Alcohol Related Harm

Acronym: RARHA

Starting date: 01/01/2014

Duration of the project: three years

Reporting period: 01/01/2014 to 31/12/2016

Main Partner: Serviço de Intervenção nos Comportamentos Aditivos e nas Dependências (SICAD)

Number of Associated Partners: 32

Total amount of the project: 3 311 917, 00 Euros

EC Co-funding: 1 533 383, 00 Euros

First prefinancing payment: 613 553, 20 Euros

Second prefinancing request: 460 014, 90 Euros

## 1. Executive summary

RARHA Joint Action (JA) mobilises MS to cooperate towards wider uptake and development of common approaches along the five common priorities of the EU alcohol strategy: WP4 strengthens the knowledge base by improving access to EU-comparable data on alcohol consumption levels, patterns and related harms; WP 5 and WP6 foster the use of common and effective approaches to inform and educate on drinking patterns and alcohol related harm which contributes to the priorities to protect children, young people and the unborn child, to reduce harm among adults and to reduce harm at the workplace and in road traffic. Comparable data are essential for monitoring progress in reducing alcohol related harm at EU and national level s and for benchmarking national developments against trends in other countries.

Guidelines for low risk drinking are given in most MS but their scope and definitions vary which may cause confusion among consumers. Building on existing summaries, WP5 brings together scientific knowledge on risks and information on practices in the use drinking guidelines in order to clarify reasons behind divergent definitions. Making use of feedback and input from wider experts, including through a Policy Delphi survey, WP5 works towards consensus on good practice principles in the use of low risk drinking guidelines to reduce alcohol related harm. WP6 fosters the use of evidence based and cost effective prevention approaches that will contribute in the longer term to reduce alcohol related harm and the burden for health systems and the society.

The action will produce tools to support action and public health policy planning to address alcohol as a key determinant of health and contributor to health inequalities.

The JA was planned with input from Member States Committee on National Alcohol Policy and Action set up by the Commission to support the implementation of the EU alcohol

strategy. The JA maintains contacts with the Committee for feedback and guidance to ensure that the JA responds to MS needs and interests. Joint work on alcohol bringing together MS health ministries and their expert agencies has not been done before with a European perspective.

### **WP1 Coordination**

SICAD is responsible for overall coordination of the JA RARHA and contacts with CHAFEA and SANCO-UNIT C4, the Project Coordinator is in charge of supervision and day-to-day management and proposing corrective action as appropriate to make sure the operational and financial plan is followed according to the JA Agreement and Consortium Agreement including procedures and rules for decision making, to be signed between partners.

The 4 Tasks are: 1) Management: day-to-day management at consortium level of technical activities; monitoring progress and quality of the work; financial management; reporting and communication to the Consortium and Commission. WP leaders are the main interface for communication with partners and will collect from them WP-specific info for technical and financial reports. WP leaders supervise and manage Tasks within WPs. An internal communication plan will be developed in concert with WP2.

2) Coordination: organising Kick Off and Interim meetings and final JA Conference; organising and chairing Steering Group (SG), Advisory Group (AG) and Management Group (MG) meetings (6,2 and 2 respectively). MG comprised of SICAD team and WP co/leaders monitors progress and discusses major operational issues. SG comprised of associate partners meets to discuss, clarify and give feedback on work plan and progress. AC comprises Ministry partners, experts suggested by MS and collaborating expert organisations (WHO, OECD Health Division, Pompidou Group, EMCDDA, Eurostat ) and meets to discuss in particular options for the continuation of common EU alcohol surveys.

3) External liaisons: contacts and cooperation with external key partners including AG members; linking with relevant JAs, projects and bodies at European level to exchange information and identify opportunities for common events.

4) Expanding the JA: contacts with organisations and countries beyond the Consortium to share results and tools and identify opportunities for networking and cooperation.

### **WP2 –Dissemination**

To ensure close linkage with overall coordination WP2 is led by SICAD supported by a planning group (WP leaders). SICAD will see to the production of: JA visual image, brochure, pocket folder, USB etc. Dissemination is a shared task for all partners who use their own channels for dissemination at national level. SICAD creates a dedicated web site with common content in English, to be translated by partners for dedicated national web pages, adding nationally relevant material and links to SICAD JA page where reports, policy briefs and other outputs will be available in English. This enables to reach national audiences, tailor content to national needs and contributes to sustainable dissemination. Based on material provided by partners EuroHealthNet produces and distributes biannually a JA newsletter.

SICAD is responsible for disseminating info through SANCO and EAHC web sites, newsletters and stakeholder groups such as the Alcohol and Health Forum. A dissemination plan for the JA will be developed in months 1-6 with partners' plans annexed. EuroHealthNet develops guidance for partners for planning national dissemination and a common form for reporting dissemination activities carried out. An initial stakeholder mapping already carried out by partners helps categorise target groups and identify common target groups at EU level. At the start dissemination aims at creating visibility for the JA and the common priorities. A satellite event on the JA will be linked to European Alcohol Policy conference 2014 (Eurocare) to introduce the JA to public health community and another one in 2016 to disseminate results. The JA work plan includes international expert meetings and towards the end a policy dialogue (EuroHealthNet) and final conference (SICAD). Results will be

presented in conferences organised by partners (ag. ISS, THL) and partners will disseminate in appropriate national and international conferences, journals and newsletters.

### **WP3-Evaluation**

The first part of the reported period was dedicated to the organization of the evaluation activities, with: (1) the creation of the Evaluation Steering Group, composed of CNAPA representatives (JA Advisory Group) from 5 participating countries (**Milestone 1**); (2) the formalization of the subcontract of part of the evaluation activities with an independent and experienced organization (ESADE Business School, Ramon Llull University, Barcelona, Spain) that supports ISS in the planning, monitoring and reporting activities related to the evaluation exercise (**Milestone 2**); (3) the elaboration of a detailed plan for internal and external evaluation (**Deliverable 5**), which describes the methods and instruments adopted, providing also an in depth analysis of stakeholders and a detailed calendar of RARHA evaluation activities.

The first wave of the online longitudinal survey for internal evaluation was conducted in November 2014 to gather information on the progress of the single WPs and of the JA as a whole. The online questionnaire was addressed to all associated partners, including both scientific and administrative staff, and enquired about timing, networking, organization, communication and value of the project in its first year of life. The implementation process of the first year of RARHA activities obtained an overall positive judgement by involved partners.

The results and suggestions derived from the survey were collected in the 1<sup>st</sup> interim Internal Evaluation Report (**Milestone 3**) and presented to RARHA partners at the Management Group meeting held in Brussels on 27-28 April 2015.

During the same MG meeting in Brussels, the first face-to-face semi-structured interviews with WPs leaders and co-leaders were also conducted. The goal of these interviews is to obtain first hand information about the management and organization of the JA and the level of accomplishment of desired goals. For effect evaluation, the questions revolve around the perceived impact that respondents believe the JA has had on relevant stakeholders.

A synthesis of results of the first face-to face interview has already been shared with the JA coordinators (SICAD), whereas the complete analysis will be part of the next evaluation report and shared with other partners at the time of its delivery.

### **WP4 Monitoring**

PARPA is in charge of WP4 composed of two tasks whose common aim is strengthening capacity in comparative alcohol survey methodology and increasing interest in using common methodology in the future. Within this work package PARPA focuses on its task 1, leading elaboration of a common alcohol survey instrument and its implementation on national population samples, including pilot study.

In the reporting period detailed work plan as well as pilot version of the questionnaire were adopted and translation into 20 European languages was completed, guidelines for pilot data collection, including interviewers instruction elaborated and adopted, and finally coding instruction and template of the data base for data collection and transmission was worked out. Pilot study with 50 interviews per country on average was completed in 20 countries: Austria, Bulgaria, Croatia, Denmark, Estonia, Finland, France, Greece, Hungary, Iceland, Italy, Latvia, Lithuania, Norway, Poland, Portugal, Romania, Spain, Sweden, and UK.

On the basis of the pilot survey experiences and its results a revised version of the questionnaire was elaborated and adopted. Other survey documents such as the guidelines for data collection, including interviewers instruction, the guidelines for methodological report, and finally the coding instruction and template of the data base for data collection and transmission were worked out.

The questionnaire is currently available in more than twenty European languages and the main survey is either completed or under way in ten countries. The remaining countries had to postpone a fieldwork until Autumn.

PARPA contributed to task 2 of WP4 too providing relevant information on existing Polish alcohol survey participating in two working meetings and offering its feedback.

PARPA collaborates also with WP5 and WP6 offering comments to the research tools and participating in three meetings of WP5 contributing to its progress. Finally, PARPA contributed to WP1 participating in all Management/ steering meetings, WP2 disseminating information on alcohol survey and to WP3 providing relevant information for the project's evaluation.

WP4 strengthens the knowledge base by improving access to EU-comparable data on alcohol consumption levels, patterns and related harms. Comparable data are essential for monitoring progress in reducing alcohol related harm at EU and national level and for benchmarking national developments against trends in other countries. WP4 uses two mutually supporting tasks to provide comparable data on alcohol consumption levels, patterns and related harm. In Task 1, a common alcohol survey methodology is implemented using as blueprint the survey instrument developed and tested for cross-cultural applicability in EU-funded project SMART. The results will be analyses and reported at national and EU level. In Task 2, data from surveys carried out in 2008-2012 will be pooled and recoded for comparative assessment. WP4 provides tools to improve access to comparative information on alcohol consumption and harm that will also enable to address alcohol related harm as a factor contributing to health inequality between and within MS. Expert input from WHO, OECD Health Division, Pompidou Group of the Council of Europe, EMCDDA and Eurostat will be sought to discuss options for the continuation of common EU alcohol surveys and the linkage with EU Health Indicators (ECHI).

### **WP6 Toolkit**

This WP helps MS public health authorities/bodies exchange proven interventions to prevent alcohol related harm among children, young people or adults, with attention on good practice in information dissemination. A wide range of interventions have been developed and brought together, including in EU-funded projects (e.g. EU-Dap, Healthy Nightlife Toolbox, TAKE CARE, AAA-PREVENT focused on young people; EWA, FASE, VINTAGE focused on adults; AMPHORA, EU/US Civil Society Dialogue focused on policy development).

Nevertheless, public health policy planners lack easy access to well described interventions that are replicable/adaptable and scalable and on which reasonable evidence of effectiveness in influencing attitudes or behaviors and some cost estimates are available. The work is divided in four main tasks. 1) Partners are invited to provide examples of interventions implemented in MS by public bodies. The scope and focus in terms of target groups and context (e.g. school, workplace, health services, local community, and road traffic) will be determined based on an interest survey carried out in the preparation stage among MS public health policy planners, the results of which will be presented to CNAPA for confirmation. 2) A Tool Kit will be produced in which good practices are described in a structured manner to highlight evidence of effectiveness (some level of evaluation being the eligibility threshold), potential for replication/adaptation, scalability, costs and critical success factors. 3) The Tool Kit will include guidance for public health policy planners on criteria of good practice in the dissemination of alcohol information (including but not limited to guidelines for low risk drinking) building on already available criteria and also addressing the integration of information approaches into wider public health policies. 4) The Tool Kit and the guidance will be disseminated online and in print in accordance with specific dissemination plans.

## **2. Specification of the project:**

### *2.1 General Objective of the project:*

The JA boosts the implementation of the EU alcohol strategy by producing tools for health policy planning and action on alcohol. WP4 is a step towards take-up of common methodology to obtain comparable data for monitoring progress in reducing alcohol related harm at national and EU level and for benchmarking national developments against wider trends. WP5 provides guidance for policy makers on the scientific basis and policy implications of the use of drinking guidelines, thereby widening common ground in communication on alcohol related harm. WP6 identifies examples of good practice that are effective in MS and define criteria for good practice approaches considering effectiveness, transferability, relevance, costs and usefulness.

Joint work and exchange and transfer of knowledge through conferences, expert/policymaker meetings and policy briefs strengthens consensus on common priorities.

Informing people on factors that influence their health and empowering them towards healthy lifestyles contribute in the longer term to reduce alcohol related harm and the risk of chronic diseases.

The JA will contribute to public health policy processes at national and EU level by sharing policy relevant results and by producing tools to support policy planning and implementation. If good enough to be taken up by MS, tools such as a common methodology for alcohol surveys that enable benchmarking at national level and monitoring a EU level (WP4) will contribute to further development of public health policy and action also in the future.

Guidelines for limiting drinking to reduce risks of harm from alcohol use are given in most MS but there is a lot of variation in the scope of guidelines, the levels of drinking defined as low/high risk and the national definition of a "standard drink". WP5 brings together scientific knowledge on risks and experiences in the use of drinking guidelines in order to clarify reasons behind divergences and work towards consensus on good practice principles for the use of drinking guidelines as a public health measure to reduce short-term and chronic harm from alcohol. The work is divided in separate Tasks with one partner in lead of each. Tasks 1-6 are associated with RARHA objective #3 and Tasks 7-9 with RARHA objective #4, with some overlap. Three work meetings (January 2014 in Lisbon, November 2014 in Rome and January 2015 in Dublin) and one expert meeting (December 2014 in Munster) were organised to coordinate and jointly plan the work. During the first half of the period of operation, working papers were produced: to update information on low risk drinking guidelines in Europe (T1); to summarise the use of drinking guidelines in the context of brief interventions (T2); to get an overview of the use of the "standard drink" concept based on a survey and on a review of literature (T5); and on a review of research on consumers' perceptions (T6); to get an overview of guidelines relating to drinking by young people (T3); and to summarise scientific knowledge on health risks of alcohol and to update for selected EU countries estimates of risk of death due to alcohol (T4). The working papers provided material for the planning of two Delphi surveys, with two separate panels of experts, and for the planning of an online survey – ongoing at the time of the interim report – directed to consumers across the EU. Further working papers were produced relating to the Delphi methodology and the work process (T3). The purpose of the Delphi surveys, which are still ongoing, is to gain deeper understanding on selected issues and identify points of convergence and potential for consensus in order to structure informed discussion on the linkage between science and the practical use of drinking guidelines as a public health measure. Such discussion was already

started in the preparatory phase in an European expert meeting organised in November 2014 in Rome with RARHA partners, CNAPA members and further experts, and in two events that were open to wider stakeholders, the RARHA Satellite event and the RARHA round table within the 6<sup>th</sup> European Alcohol Policy Conference, both in November 2014 in Brussels. A Tool Kit of good practice in using information approaches to prevent alcohol related harm among children, young people or adults (WP6) will contribute to further development of public health policy and action also in the future.

## *2.2 Specific objectives of the project*

Number	Title	indicators	WP
1	Providing a baseline for comparative assessment and monitoring of alcohol epidemiology, including drinking levels and patterns and alcohol related harms across the EU.	The number of Member States that successfully carry out the common survey during the period of operation of the JA. (Cf by 2013 the SMART survey has been piloted in 9 MS and implemented in one.)	1
2	Strengthening capacity in comparative alcohol survey methodology and increasing interest in using common methodology in the future.	The number of Member States planning to use common items or methodology in future alcohol surveys. (MS planning to repeat a SMART survey carried out in the framework of the JA or MS that did not participate as associate partners in the JA common survey.)	1
3	Clarifying the science underpinnings and public health policy implications of the use of low risk drinking guidelines to reduce alcohol related harm- <b>All delivered</b>	Feedback on the quality and usefulness of overviews and summaries produced in WP5 as assessed by a wider range of JA participants (associate and collaborating).	5

4	Building consensus on the use of low risk drinking guidelines to reduce alcohol related harm - <b>Identified and made use of in Delphi planning.</b>	Measurable increase in areas of consensus between first and last Policy Delphi round.	5
5	Facilitating exchange between MS public health bodies of good practice in the use of information approaches to reduce alcohol related harm	The number of Member States and partners from which good examples for the Tool Kit are sourced. Number of well described and transferable interventions to prevent alcohol related harm among children, young people or adults on which some evidence of effectiveness in influencing attitudes or behaviours is available.	6
6	. Providing guidance and tools for public health policy planners for the use of information approaches to reduce alcohol related harm in the framework of wider public health policies.	Number of good practice examples included in the Tool Kit. Well-structured and informative presentation of good practice criteria.	6

*2.3 Overview of activities for the period covered in the interim report (WP1 and WP2)*

WP	Activities	Outcomes/ deliverables	Date foreseen	Date of achievement	Level of achievement (measured by indicators)	Justification/ Problems encountered	Action to be taken to overcome the problem
WP 1	Kick off meeting	Agenda Minutes Presence list	M1	M1	100%	None	None
	Management meetings	Agenda Minutes Presence list	M1;M11		25%	None	None
	Stering Group metings	Agenda Minutes Presence list	M1	M1	50%	None	None
WP 1	Advisory Group meetings	Agenda Minutes Presence list	M3	M3	50%	None	None
WP 2	Creation Image	Promotional package (incl. visual image, overview brochure, pocket folder)	M3	M1	100%	None	None
	Common content for dedicated JA web pages (in English, for translation by	Common content for	M3	M3	82%	Adaptation Problems	Offering help and consulting

	partners)	dedicated JA web pages (in English, for translation by partners)					
	Bi-annual electronic newsletter	1 <sup>st</sup> ; 2nd	M6;M12	M9;M12	100%	Slight delay in the first newsletter due to technical problems	Introduction of new software
	Amendment Agreement	Document Amendment	--	M16	100%	----	-----
WP 2	Satellite event	Agenda Minutes Presence list	M6	M11	100%	Slight delay	Not a RARHA launch event but an Expert meeting
WP 2	Policy dialogue focused on results of WP 5	Policy Dialog	M12	M12	100%	None	None

### *2.3 Overview of activities for the period covered in the interim report*

The activities listed in the table below are based on the WP3 Work Plan (in attachment), approved in the course of the RARHA kick off meeting, and on the Calendar of activities for internal and external evaluation, included in the Dissemination Plan (Annex 2). Milestones/deliverables foreseen in the Grant Agreement are highlighted in bold characters.

WP	Activities	Outcomes/ deliverables	Date foreseen	Date of achievement	Level of achievement (measured by indicators) *	Justification/ Problems encountered	Action to be taken to overcome the problem
WP3	Selection of experts from the JA Advisory Group for the Evaluation Steering Group (ESG)	<b>Milestone 1</b> Evaluation Steering Group creation	M3	M4	100%	---	---
	Specification of tasks, call for tender and formalization of the subcontract with an external evaluator	<b>Milestone 2</b> Sub-contracting of external evaluation	M6	M7	100%	---	---
	Detailed evaluation plan for internal and external evaluation	<b>Deliverable 5</b> Evaluation Plan	M7	M7	100%**	---	---
	Follow the progress of core WPs and dissemination activities	Monitoring of JA activities for internal evaluation	M5-M35	ongoing	45%	---	---
	Creation of the online instrument for the 1 <sup>st</sup> internal evaluation survey, data collection, quality control, analysis and elaboration of data	1 <sup>st</sup> wave of the online survey for internal evaluation	M11	M11	100%	---	---
	1 <sup>st</sup> Internal Evaluation Report	<b>Milestone 3</b> First interim internal evaluation report	M13	M13	100%	---	---

	Presentation of results of the 1 <sup>st</sup> evaluation survey at the following Management Group meeting and circulation of the report among partners	Providing feedback to partners on aspects that hinder or advance the JA	M14	M16	100%	---	---
	Assess achievements and their quality against appropriate process, output and outcome indicators	Monitoring and evaluation of JA results for external evaluation	M7-M35	ongoing	40%	---	---
	Creation of the instrument, for the 1 <sup>st</sup> external evaluation interview, data collection, quality control, data analysis and elaboration	1 <sup>st</sup> semi-structured face-to-face interview for external evaluation	M12	M16	100%	Necessity to reschedule the interview conduction planned for the second MG meeting of 2014	Postponed to the first MG meeting of 2015 (Brussels 27-28 April)
	Check if the JA outputs are produced on time and with the requested quality	Document analysis	M8-M35	ongoing	39%	---	---
	External evaluator observation of the working method and network	Participant observation during MG meetings	M12	M16	100%	Rearrangement of participation in the MG meeting for the face-to-face interview conduction and participant observation	Postponed to the first MG meeting of 2015 (Brussels 27-28 April)

\* No indicators for WP3 activities were predefined in the Grant Agreement. Level of achievement is measured according to the degree of completion of the action.

\*\* Periodically updated

*3 .Overview of activities for the period covered in the interim report WP4*

WP	Activities	Outcomes/ deliverables	Date foreseen	Date of achievement	Level of achievement (measured by indicators)	Justification/ Problems encountered	Action to be taken to overcome the problem
4, T1	Kick off meeting	Work plan	M3	M3	Achieved	None	None
	Elaborating study protocol	Draft of pilot study protocol	M5	M5	Achieved	None	None
	1st working meeting (adopting pilot study protocol)	Revised pilot study protocol, draft of consortium agreement, draft of model tender documentation	M5	M5	Achieved	Slovenian partner withdrew from task 1 due to financial constrains	Unfortunately, Slovenia had to be excluded from task 1
	Translations of research tools	Translated questionnaire available in 20 languages, showcards, guidelines for pilot study and interviewers' training translated/ adopted	M7	M7	Achieved	None	None
	Tender and contracting survey implementing agency	Tender documentation and contract with implementing company	M10	M10	Achieved	None	None
	Preparation of data collection (interviewers' training, sampling)	Sample, trial interviews	M10	M10	Achieved	None	None

	Data collection	826 questionnaires from 17 countries	M12	M12	Achieved	None	None
	Data entry and cleaning	826 records from 17 countries in the data base	M14	M14	Achieved	None	None
	Data processing and analysing	Tables with results of the pilot survey	M15	M15	Achieved	None	None
	Developing final study protocol	Draft protocol for the main study	M15	M15	Achieved	None	None
	2nd working meeting (summarizing pilot results, adopting final study protocol)	Final study protocol, including the questionnaire	M15	M15	Achieved	None	None
	Launching the field work – implementing the main survey	National samples drawn, teams of trained interviewers	M17	M17	In progress	A number of countries had to postpone field work to this Autumn	All but Latvian collaborating partner reported that they have successfully solved the problems encountered and will complete the survey by November at the latest.

*2.3 Overview of activities for the period covered in the interim report (WP4-Task 2)*

WP	Activities	Outcomes/ deliverables	Date foreseen	Date of achievement	Level of achievement (measured by indicators)	Justification/ Problems encountered	Action to be taken to overcome the problem
4, T2	Kick off meeting	Minutes	March 2014	March 2014	Achieved	None	None
	1st working meeting	Minutes	March 2014	March 2014	Achieved	None	None
	Survey selection	24 surveys from 17 countries selected	March/April 2014	April 2014	Achieved	Sweden subsequently decided to participate in WP4-Task 2	Deadline for Sweden extended to July 2015
	Collection of basic survey information	22 information sheets collected	March/April 2014	April 2014	Achieved	Sweden subsequently decided to participate in WP4-Task 2	Deadline for Sweden extended to July 2015
	Collection of available national measures	38 available alcohol-related measures selected	March/April 2014	April 2014	Achieved	Further measures were discussed with national data holders at 2 <sup>nd</sup> working meeting	Deadline for additional measures set at March 2015
	Formal agreement and contract on data transfer	16 signed collaboration agreements	April/May 2014	January 2015	Achieved	More time needed in some countries due to national data protection rules; Sweden subsequently decided to participate in WP4-Task 2	Deadline extended to January 2015

	Data delivery	20 national datasets collected	April/May 2014	December 2014	Achieved	More time needed in some countries due to national data protection rules; Sweden subsequently decided to participate in WP4-Task 2	Deadline for outstanding datasets extended to July 2015
	Translation of national questionnaire/codebook and preparation of questionnaire map	Questionnaire map	April-June 2014	August 2014	Achieved	More time needed in several countries due to time-consuming task; Sweden subsequently decided to participate in WP4-Task 2	Deadline extended
	Preparation of stakeholder map	Stakeholder map	May 2014	May 2014	Achieved	None	None
	Preparation of dissemination plan	Dissemination plan	May 2014	May 2014	Achieved	None	None
	Preparation of work package description for RARHA website	Work package description for RARHA website	June 2014	June 2014	Achieved	None	None
	Preparation of socio-demographic section to be used in WP4 – Task 1	Suggestion for socio-demograph	June 2014	June 2014	Achieved	None	None

	hic section to be used in WP4 – Task 1					
2nd working meeting/ meeting of national data holders	Minutes	November 2014	March 2015	Achieved	None	None
Development of European database and codebook (part 1)	European database and codebook	November 2014	November 2014	Achieved	None	None
Test and adaptation of database and codebook (part 1)	Prelimina ry syntaxes	January 2015	January 2015	Achieved	None	None
Presentation of overview of RARHA project at EASAR conference in Bangor/Wales	Presentati on	May 2015	May 2015	Achieved	None	None
Matching of variables (part 1)	National syntaxes	June 2015	Expected: August 2015	In progress	None	None
Discussion and solving problems (part 1)	Document tion of discussion	June 2015	Expected: August 2015	In progress	None	None

*2.3 Overview of activities for the period covered in the interim report:*

The table below shows the WP5 milestones/deliverables as per the scheduled WP5 work plan (see WP5 timeline); the three WP5 milestones included in the Grant Agreement are highlighted.

WP	Activities	Outcomes/ deliverables	Date foreseen	Date of achievement	Level of achievement (measured by indicators)	Justification/ Problems encountered	Action to be taken to overcome the problem
5	Task 1	Overview	M9	M11			
	Task 2	Overview	M9	M11			
	Task 3	Overview	M12	M12			
	idem	Expert meeting	M12	M12			
	idem	<b>Launch of Delphi survey</b>	<b>M16</b>	<b>M18</b>		Minor delay	
	Task 4	Overview	M12	M13			
	Task 5	Overview	M10	M11			
	Task 6	Overview	M10	M13			
	idem	<b>Launch of consumer survey</b>	<b>M13</b>	<b>M17</b>		Minor delay	
	Task 7	<b>Expert meeting</b>	<b>M10</b>	<b>M11</b>		Negligible delay	
	Task 8-9	Overview	M9	M11			
	idem	<b>Launch of Delphi survey</b>	<b>M16</b>	<b>M16</b>			

*2.3 Overview of activities for the period covered in the interim report (WP6 milestones included in the Grant Agreement are highlighted)*

WP	Activities	Outcomes/ deliverables	Date foreseen	Date of achievement	Level of achievement (measured by indicators)	Justification/ Problems encountered	Action to be taken to overcome the problem
6	Kick off meeting	Minutes	M1	M1			
	Survey of needs and MS confirmation of selected specific areas	Report	M3	M3			
	Review of existing information on practices in selected areas	Report	M8	M11			
	Template for describing good practice examples	Template (Questionnaire)	M8	M11		Preparation and coordination of the Questionnaire has taken more time than expected	We have sent to WP6 partners several remainders to send the suggestions for improvement and to reach consensus for final version
	Overview of existing criteria for good practice approaches (GPA)	Presentation	M7	M5			
	Defining criteria and respective indicators for GPA	Criteria	M11	M13			
	WP Meeting	Minutes	M5	M5			
	Development of guide/ recommendations for GPA	Recommendations	M16	Expected M20		Minor delay because of minor delays in developing the template and	

					collecting the examples	
Expert support to review criteria and indicators for GPA	Criteria	M19	M16			
Survey to collect good practice examples in MS	Collected good practice examples	M13	M17			
WP Meeting	Minutes	M13	M13			
Assessment of GPA	Report	M17	Expected M20			

### **3. Technical implementation of the project**

#### *3.1 Activities related to Horizontal Work Packages:*

##### **WP1: Management of the project**

###### **Management structure**

The **Management Group** comprises the Coordination, the Work Package Leaders and Co-Leaders. The **Coordinator (SICAD)** has the overall responsibility for policy and direction of the Action, managing its execution and shall be the intermediary between the Parties and the Executive Agency, as well as perform all tasks assigned to it as described in the Grant Agreement and in this Consortium Agreement.

The Coordinator will thus be the ultimate decision making body and official liaison for the European Commission (EC) and the Consumers Health and Food Executive Agency (CHAFEA), as regards reporting requirements, budgetary management and timely release of the Action's deliverables.

**WPLs** are responsible for executing the work, supervise and manage Tasks within WPs and collect from partner's specific information for technical reports. The WPL will communicate and meet with the Work Package Team to plan, implement and coordinate activities of the WP.

The **Steering Group** consists of one senior representative (or substitute) designated by each associated partner.

The **Advisory Group** comprises the members of the *Committee on National Alcohol Policy and Action* (CNAPA), plus Iceland, Norway and Switzerland and, as observers, European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), World Health Organization/ Regional Office for Europe (WHO/Europe), Organization for Economic Cooperation and Development (OECD Health Division) and Pompidou Group.

According to the Description of Work the management role of the Coordinator (Work Package 1) consists of tasks. The results of these four tasks will be described in the following paragraphs.

**1)Management:** reporting and communication to the Consortium and Commission, SICAD with WP leaders are the main interface for communication with partners and will collect from them WP-specific info for technical and financial reports and also SICAD is the link between the consortium and CHAFEA in order to solve emerging questions of the Associated Partners. WP leaders supervise and manage Tasks within WPs. An internal communication plan and a Stakeholders mapping exercise has been developed in concert with WP2, and will be up-dated after the September meetings.

In preparation of the day to day management a **Consortium Agreement** was prepared and signed by all Associated Partners in order to set bases and rules to specify with respect to the Action the relationship among the Parties, in particular concerning the organization of the work between the Parties, the management of the Action and the rights and obligations of the Parties concerning inter alia liability, access rights and settlement of disputes.

This Consortium Agreement cannot be in conflict with the provisions in the Grant Agreement. Any provision in this Consortium Agreement will be valid to manage the relations between the parties of the Action, but cannot change the way the relation between the EC and the Action's parties are described in the Grant Agreement.

Concerning the financial management SICAD prepared a **Manual for Financial Procedures** to help the associated partners with the financial rules; all financial questions are mediated by the financial officer in CHAFEA towards communication by SICAD;

The overall coordinator is responsible for collecting the Progress Reports from AP of the RAHRA project every six months and sending them to the coordinator of the WP3 that is the responsible for the evaluation(internal and external);

SICAD has prepared and send an Amendment to the Grant Agreement to CHAFEA (June 2015) concerning the changes needed to the Grant (financial and technical);

### **Activities undertaken**

SICAD organized the **Kick-off meeting** of the Joint Action on 31st January 2014 in Lisbon, the **Steering Group Meeting** 30th January 2014 in Lisbon and the **Advisory Group Meeting** 4th March 2014 in Luxemburg .

Several **Management Group meetings** on the 29th January 2014 in Lisbon, 5th November 2014 in Rome, 27 and 28 April in Brussels 2015, these meetings comprise the Coordination Team, the Work Package Leader's and co-leaders, which intended to provide a general oversight over Action progress. It is important to stress that all these meetings were organized back to back in order to save costs. Also the management team together with the EUROCARE organized the **RARHA Satellite event**, on the 26<sup>th</sup> November 2014 back to back to the annual conference of EUROCARE.

In the EUROCARE annual conference a RARHA round table was organized to discuss and present the progress of the project.

### **Partnership**

**External liaisons:** several contacts and close cooperation were established with external key partners including Advisory Group members - *Committee on National Alcohol Policy and Action* (CNAPA), liaison to relevant Joint Actions, projects and bodies at European level to exchange information and identify opportunities for common events or actions. An example of this was the presentation of the RARHA Project in the Conference on Health Inequalities and Vulnerability 21th October in Rome, organized by CHAFEA.

### **Internal communication**

All activities in the JA are organized in a realistic timetable (to each WP and updated in time), with work meetings coordinated with Kickoff and Interim meetings that bring together all associate partners in order to economise work days and costs. Skype meetings are used for contacts with MG and partners as appropriate. An internal communication plan and Stakeholders mapping exercise was developed in concert with WP2. WP leaders supervise and manage Tasks within WPs .WP teams (WPT) consisting of WP leaders and co-leaders are responsible for the coordination, planning, monitoring and reporting of the respective WP. The teams communicate (generally by e-mail and Skype) and meet as appropriate and feasible to plan, implement and coordinate Tasks and activities in the WPs.

### **Communication strategy**

Expanding the JA: contacts were established with organizations and countries beyond the Consortium to share results and tools and to identify opportunities for networking and cooperation an example is the presentation of RARHA JA in 19th Wonca Mundial Conference – General Practitioners Association 2<sup>nd</sup> to 5<sup>th</sup> July 2014 in Lisbon and the World Psychiatric Association Thematic Conference on Intersectorial Collaboration 31th October-1<sup>st</sup> November 2014 in Athens ;

### **Problems encountered**

Dimension of the Consortium takes time to have things done and the limited budget difficult the number of times WP partners can meet to decide about the tasks progress. Changes in the entities in the consortium, changes in the people that works in the associated partners entities and changes in the budget.

### **How were problems resolved**

Discussing within the Consortium in order to simply the communications. MG meetings to get consensus in some decisions regarding the progress of RARHA and the partners/stakeholders with how to cooperate.

Amendment to the Grant agreement.

**Activities planned for the next period**

Interim Progress report M18

Management Group meeting 21 September 2015, Lisbon

Advisory Group meeting 21 September 2015, Lisbon

CHAFEA event on Lisbon Addictions Conference 23 September 2015, Lisbon

Steering Group meeting November 2015, Poland

Management Group meeting February 2016, Finland

Expert meeting February 2016, Finland

**Annexes**

Consortium agreement;

Manual for Financial Procedures;

Amendment to the Grant Agreement;

## WP2: Dissemination

Dissemination Plan Available † Yes (please attach as Annex 1)

WP2 - Led by SICAD, co-led by THL and supported by a planning group (WP leaders plus EUROCARE and Eurohealthnet).

A Dissemination Work Package meeting was held on the 28<sup>th</sup> January 2014, where SICAD, as a WP2 leader, presented **RARHA identity Manual** and a proposal for **RARHA website layout and structure**.

The first RARHA **newsletter** was broadcasted in June 2014. This first launch had a complex work on defining the structure, the software, the contents and the technical solution to insert it on the RARHA website.

A **Guidance Document on Stakeholders Mapping and Dissemination** was also drafted in April 2014, to provide partners with a tool to develop and implement dissemination plans. Activities carried out under this work package are nonstop and requires a continuous revision to answer to the members technical and information issues. We can highlight the follow activities, according to the defined deliverables for this WP:

- Participation in WP2 work meetings (January + Skype meetings).
- Input into the overall dissemination planning process.
- Various dissemination activities see Dissemination action report July 2014.
- Approval and dissemination of the Guidance Document on Stakeholders Mapping and Dissemination;
- Define technical solutions for the RARHA website;
- Define new digital formats of communication for the members on the website with a sub site exclusive for members;
- Redefine the newsletter structure and technical solution;
- Define the RARHA Key Messages for the Joint Action;
- Regular update of the Partners data and daily answer to their technical issues;
- Introduction of all website contents;
- Define the RARHA QR code;

### Activities Assumed

A meeting of the Dissemination Work Package was held on the 28th January 2014, where SICAD, as leader of the Work Package presented **RARHA identity manual and a proposal for RARHA website image**.

- The first RARHA newsletter was broadcasted in June 2014.
- WP2 work meetings, (January + Skype meetings).
- 8<sup>th</sup> July Dissemination Group Skype Meeting
- 16<sup>th</sup> July Dissemination Group Skype Meeting
- 02/05<sup>th</sup> July: 19<sup>th</sup> Wonca Europe Conference
- 24<sup>th</sup> September –Dissemination Skype Meeting
- 7/8<sup>th</sup> October: CNAPA Meeting
- 21<sup>st</sup> October: Conference on Health Inequalities and Vulnerability

- 22<sup>nd</sup> October: Dissemination Skype Meeting
- 31<sup>st</sup> October/1-November World Psychiatric Association Thematic Conference on Intersectorial Collaboration
- 4<sup>th</sup> November European Expert Meeting – Rome/Italy
- 26<sup>th</sup> November – (APN) Alcohol Policy Network Symposium – Brussels/Belgium
- 26<sup>th</sup> November – RARHA Satellite Event – Brussels/Belgium
  
- 27/28<sup>th</sup> November – EUROCARE - 6th European Alcohol Policy Conference – RARHA round table – Brussels/Belgium

## **2015**

- 6<sup>th</sup> January- Dissemination Skype Meeting
- 29<sup>th</sup> January –Dissemination Skype Meeting
- 27<sup>th</sup> April – Dissemination Meeting – Brussels/Belgium

### **Stakeholder analysis / target group identification**

As mentioned, a Guidance Document on Stakeholders Mapping and Dissemination was drafted, to provide partners a first tool to develop and implement dissemination plans.

Committee on (CNAPA) National Alcohol Policy and Action Members are the first target group: the members represent an intended user group for the tools to be developed. Participants of the RARHA such as member states public health expert agencies, are themselves part of another primary target group. The partner's shells identify target groups at national level. Primary target groups for WP4 may include the scientific community and public health policy makers, for WP5 the public health/medical communities and public health policy makers, and for WP6 public health policy planners at national and sub-national levels. Target groups are likely to vary due to different national interests and frameworks for policy and action. Common target groups at EU level are likely to include the DG Health and Consumers sector, European Parliament, subgroups of the EESC and European umbrellas for regional governments and for public health professionals. Major public health projects or JAs with overlapping interests for example relating to chronic diseases are a target group at European and possibly also at national level. The JA does not target the population level directly – that remains the responsibility of MS public health bodies. Professional and general media are, however, an important target group as intermediaries between public health science and lay people. Clarification of issues related to low risk drinking guidelines in particular is a topic for media contacts.

These featured groups should be revisited constantly to assure correct communication channels and a good capillarity through the JA members.

### **Dissemination content**

- Approval and dissemination of the Guidance Document on Stakeholders Mapping;
- Redefine the newsletter structure and technical solution;
- Define the RARHA Key Messages for the Joint Action;

- Website launch;
- Members sub site launch;
- Newsletter launch;
- Define/Approve a RARHA text to broadcast through all JA member sites;
- Several presentations of the progress of RARHA JA;
- Develop of Technical tools like the Excel Timesheet

### **Dissemination means**

- Input into the overall dissemination planning process.
- Various dissemination activities (see Dissemination action report July 2014).
- Define Technical solutions for the RARHA website;
- Define new digital formats of communication for the members on the website
- Regular update of the Partners data;
- Introduction of all website contents;
- Define the RARHA QR code;
- International Press and digital news – that were spread throughout 30 European Countries and 12 from other areas (Africa and South America) – example – “The Parliament Magazine article”
- RARHA presentations on scooping seminars/conferences
- RARHA Website launch – 16<sup>th</sup> September
- 1<sup>st</sup> Newsletter launch – 30<sup>th</sup> September
- Reinforce the European Data Protection Law on all the RARHA communications supports and channels
- Launch 2<sup>nd</sup> Newsletter – 26<sup>th</sup> March 2015

### **Problems encountered**

- Due to the size of the consortium it took time to have all the information from partners together and uploaded in the website.
- Technical – hardware/software issues and answer to all technical issues from the different countries/partners

### **How were problems resolved**

New forms of communication and simplify the communication process

Increase the team. Reinforce the supplier work.

Answer individually to realize their software/firewall/anti-virus....

### **Activities planned for the next period**

3<sup>rd</sup> Newsletter

Up-date of the website

## **Next steps**

4rd Newsletter

Renewal of the website (preparing the webpage for the upcoming information from the WPs and JA achievements)

Start up next meeting/presentation contents

Final Conference Preparation

## **Annexes**

Guidance Document on stakeholders mapping and Dissemination;

Common content for website pages;

1<sup>st</sup> and 2<sup>nd</sup> Newsletters

Logo and image brand guide

Example of a RAHRA presentation at an international event

Article at an international media magazine

TimeSheet -Excel

## WP3: Evaluation of the project

Evaluation plan available   yes (please attach as Annex 2)

### Activities undertaken

- data collection for process evaluation
- analysis of process evaluation data
- suggestions for improvement
- data collection for effect evaluation (baseline)
- analysis of effect evaluation data

According to the RARHA Grant Agreement, both internal and external evaluation activities of RARHA JA are led and overseen by the WP3 leader (ISS), supported by an **Evaluation Steering Group (ESG)** that is informed on the progress of the JA and consulted on the main topics of the evaluation process. The ESG is composed of at least 5 members of the Committee on National Alcohol Policy and Action (CNAPA) as representatives of participating countries (**Milestone 1**). The ESG has been established on 07.04.2014 and involves CNAPA/JA Advisory Group representatives from Belgium (M. Capouet), Croatia (I. Pejnović Franelić), Estonia (T. Taht), Hungary (E. Vandlik), and Italy (E. Scafato).

As set out in the RARHA Grant Agreement, part of the RARHA evaluation process is subcontracted to an external experienced organization (**Milestone 2**). The **external evaluation** tasks and requirements have been specified in a Technical Annex conceived as integral part of the **subcontract**. The external evaluator is responsible for the elaboration of the detailed plan for internal and external evaluation, the development of the necessary data collection instruments, the suggestion of the analytic methodologies to be adopted and the analysis of stakeholders to be addressed, providing support to ISS in performing monitoring activities and reporting of results. The subcontract of the RARHA evaluation activities has been stipulated in accordance with the conditions specified in the Grant Agreement art. II-10 and with the Italian and European legislation regulating procurement of goods, works or services for public supplies. As the total budget allowed for the external evaluator was under "subcontracting costs" (40.000,00 Euros), it was possible to opt for a direct commitment procedure. For this reason, before sending a formal request of tender, a preliminary e-mail survey addressed to experienced organizations/experts has been performed, in order to ascertain their interest in the evaluation of European research projects and the willingness to accept the RARHA direct commitment, taking into account the activities required, the maxim budget at disposal and the work timeline. Among proposals received in response to the e-mail preliminary survey, and after an in-depth crosscheck under the supervision of the ISS central administrative office, the offer presented by ESADE Business School, Ramon Llul University (Barcelona, Spain) has been identified as the best fitting the minimum standard defined in the RARHA Grant Agreement and the focal points of the evaluation procedure, as specified in the Technical Annex of the subcontract. Finally, the subcontract was finalized on 29.07.2014.

The first of the tasks assigned to ESADE as independent evaluator was the development of the **detailed plan for internal and external evaluation (Deliverable 5)**, which has been timely submitted to the approval of ISS and ESG, then forwarded to CHAFEA and circulated among partners. The document is periodically updated and uploaded to the RARHA website. As defined in the detailed RARHA Evaluation Plan, the methods used to conduct the internal and external evaluation of the JA throughout its implementation are mixed, including both quantitative and qualitative instruments, online surveys, in-depth face-to-face interviews, participant observation and document analysis. The overall evaluation activities and data

collections are aimed at verifying the level of accomplishment and the quality of the JA products against predefined process, outputs and outcomes indicators, taking into account the timing and characteristics of milestones, deliverables and of other actions foreseen in the Grant Agreement (see the comprehensive calendar of internal and external evaluation activities included in the plan). The evaluation plan also contains a detailed analysis of stakeholders to be addressed during the evaluation process.

In the reported period, the following data collections took place in order to monitor the progress and assess the achievements of the JA:

**(1) the first wave of the online survey for internal evaluation**

The two-wave online evaluation survey has been devised as instrument to gather information on the progress of the JA throughout the implementation process, using a quantitative longitudinal approach. The second wave is planned after about twelve months from the first. Both waves are addressed to all RARHA associated partners, including both scientific and administrative staff.

The first online survey enquired about timing, networking, organization, communication and value of the project in its first year of life, as seen by involved partners. After a preliminary reorganization and update of the mailing list of the 32 RARHA associated partners, the link to the first online evaluation questionnaire and the invitation to participate in the data collection was forwarded by email, on 7 November 2014, to 113 contacts. A reminder was sent on 24 November and the data collection was closed on 5 December 2014 (response rate 64.6%).

Further details on the 1<sup>st</sup> online survey, including design, methods, results of the assessment of each WP and of the JA as a whole, are extensively described in the **1<sup>st</sup> Internal Evaluation Report (Milestone 3**, in attachment). In general, the implementation process of the first year of RARHA activities obtained a positive judgement. The JA is meeting its goals and progressing according to the Grant Agreement. 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. Nevertheless, a certain attention should be paid to enhance the professional exchanges among partners and the involvement in RARHA activities, in order to promote a better network cohesion and a working ethos more collegiate and productive. A continuous close watch by the project management team was also recommended, so as to ascertain the timely delivery of the outputs and their high quality, and to be sure that corrective actions are taken as early as possible.

**(2) the first semi-structured face-to-face interview**

The goal of these interviews is to obtain first hand information from WPs leaders and co-leaders about the management of RARHA and evaluate the extent to which the JA as well as the different WPs are achieving the desired goals, by a qualitative longitudinal approach. The questions are mainly linked to the planning and organization of the project activities, focusing on whether the activities are implemented according to plan, how obstacles and difficulties are identified and dealt with, and how the quality of the project implementation is assured. For effect evaluation, the questions revolve around the perceived impact that respondents believe the JA has had on relevant stakeholders.

A synthesis of results of the first face-to face interview, which was administered by the external evaluators in the course of the Management Group meeting held in Brussels on 27-28 April 2015, has already been shared with the JA coordinators (SICAD) in order to provide an immediate feedback on the opinions expressed by the interviewees; whereas, as planned, the complete analysis will be part of the next evaluation report and shared with other partners at the time of its delivery.

As planned in the Grant Agreement, the findings presented in the evaluation report, and in general all those obtained from the ongoing monitoring of the implementation process, were

used to provide **feedback and suggestions to partners**, in order to improve the work in progress and increase the likelihood that the JA is successful. Results of the first evaluation survey, comprising both strength points and aspects to be improved, were presented to and discussed with the RARHA coordinator, WPs leaders and co-leaders in the course of the Management Group Meeting held in Brussels on April 2015. The evaluation report was also circulated among all partners by means of the JA website.

### **Problems encountered**

Apart from very negligible delays in the achievement of Milestones 1 and 2, some slight deviations from the original schedule were due to the necessity of merging RARHA meetings as much as possible, in order to save time and money. As a consequence, the agenda of the two days in November dedicated to various meetings in Rome (Expert conference + Management Group meeting + WP5 meeting, 4-5 November 2014) was too full and busy to host also the evaluation activities planned for that period, back-to back to the MG meeting.

### **How were problems resolved**

It was necessary to postpone the conduction of the 1<sup>st</sup> semi-structured face-to-face interviews for external evaluation to the following MG meeting (Brussels, April 2015). Thus, the second round of interviews with WPs leaders and co-leaders, planned at about one year from the first, will be carried out presumably around April-May 2016 (back-to-back to MG meeting). So, because of this time shifting, the third round of interviews will be avoidable.

Also the participation of the external evaluators at RARHA meetings will be accordingly reduced from 3 to 2 meetings.

### **Activities planned for the next period**

- going on with monitoring the JA activities for internal evaluation, and assessing the JA achievements and their quality for external evaluation (M35)
- prosecution of document analysis (M35)
- 2<sup>nd</sup> wave of the online survey for internal evaluation (M23)
- 2<sup>nd</sup> interim internal evaluation report (M26) (**Milestone 4a**)
- 1<sup>st</sup> interim external evaluation report (M26) (**Milestone 4b**)
- providing feedback to partners on the last interim evaluation results (M27)
- 2<sup>nd</sup> face-to-face semi-structured interview with WPs leaders and co-leaders (back to back with first 2016 MG meeting, presumably M28-M29)
- Short online survey addressed to relevant stakeholders (M32)
- External evaluators observation of participants in the JA closing conference (M34)
- Final internal and external evaluation report (M35) (**Deliverable 6**)
- Publication of overall evaluation report (M35) (**Milestone 5**)

## **Annexes**

1. WP3 Work Plan
2. Detailed evaluation plan for internal and external evaluation (Deliverable 5)
3. 1<sup>st</sup> Interim Internal Evaluation Report (Milestone 3)

### *3.2 Activities related to project objectives (core work packages)*

Objective 1: Strengthening the Monitoring of drinking patterns and alcohol related harm across EU countries and Objective 2: Strengthening capacity in comparative alcohol survey methodology and increasing interest in using common methodology in the future

**(Work Package 4, Task 1)**

**Methodology applied as planned**

**Involvement of partners and target groups**

In total, 17 associated partners were involved in WP4, Task 1:

API (Austria),  
CNIPH (Croatia),  
EL (Iceland),  
FCSH/UNL (Portugal),  
ISS (Italy),  
IVZ (Slovenia).  
MU (United Kingdom),  
NCA (Hungary),  
NCOPHA (Bulgaria),  
NIHD (Estonia),  
NIPH (Romania),  
OFDT (France),  
PARPA (Poland) - WP Leader,  
SIF/NIPH (Denmark),  
SIRUs (Norway),  
THL (Finland),  
UMHRI (Greece).

Additionally 7 collaborating partners were involved in WP4, Task 1:

ASA EG NDPHS (Norway),  
CAN (Sweden),  
EMCDDA,  
FPS Health (Belgium),  
GENCAT (SPAIN),  
POMPIDOU GROUP  
University of Latvia (Latvia).

**Coordination with other projects or activities**

Elaboration of the standardized alcohol survey instrument is closely co-ordinated with European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) which considers to apply some questions from the RARHA alcohol survey in its model questionnaire for national population surveys on drugs.

Exchange of information with European Health Interview Survey (EHIS) is maintained thanks to participation of our Belgian collaborating partner which worked out alcohol section of EHIS.

**Outcomes and deliverables achieved**

Pilot version of the alcohol survey questionnaire with other survey instruments.

Final version of the alcohol survey questionnaire with other survey instruments.

### **Problems encountered**

Withdrawal of the Slovenian partner due to initial underestimation of its budget for the survey.

### **How were problems resolved**

Unfortunately, the Slovenian partner withdrew its participation in the survey

### **Activities planned for the next period**

- Continuing data collection – field work
- Data entry and delivery
- Data checking and cleaning
- Reports on the survey implementation from individual countries
- Computing results of the main survey
- Third working meeting
- Writing comparative report
- Final conference

## **4. Annexes**

Pilot version of the alcohol survey questionnaire (for males).

Final version of the alcohol survey questionnaire (for males).

### **Methodology applied as planned**

The initial work plan had to be adjusted due to time-consuming activities as well as a subsequent participation of Sweden. Deadlines for some activities were extended and shortened for others. No effects on the adherence of major deliverables of WP4-Task 2 are expected due to the adjustment of schedule.

### **Involvement of partners and target groups**

In total, 17 partners were involved in WP4, Task 2:

API (Austria)  
PPS Health (Belgium)  
CNIPH (Croatia)  
SIF (Denmark)  
THL (Finland)  
OFDT (France)  
NCA (Hungary)  
EL (Iceland)  
ISS (Italy)  
IFT (Germany)  
University of Latvia (Latvia)  
SIRUS (Norway)  
PARPA (Poland)  
FCSH/UNL (Portugal)  
NIJZ (Slovenia)  
GRE (United Kingdom)  
CAN (Sweden)

### **Coordination with other projects or activities**

Experiences from earlier projects such as GENACIS, Alice-Rap, SMART and the Harmonised Data Project of the EMCDDA were used.

### **Outcomes and deliverables achieved**

The following milestones were achieved:

- Minutes (Kick off meeting)
- Minutes (1st working meeting)
- 24 surveys from 17 countries selected (Survey selection)
- 22 information sheets collected (Collection of basic survey information)
- List containing 38 available alcohol-related measures (Collection of available national measures)
- 16 contracts (Formal agreement and contract on data transfer)
- 20 national datasets collected (Data delivery)
- Questionnaire map (Translation of national questionnaire/codebook and preparation of questionnaire map)
- Stakeholder map (Preparation of stakeholder map)
- Dissemination plan (Preparation of dissemination plan)
- Work package description for RARHA website (Preparation of work package description for RARHA website)

- Suggestion for socio-demographic section to be used in WP4 – Task 1 (Preparation of socio-demographic section)
- Minutes (2nd working meeting/ meeting of national data holders)
- European database and codebook (Development of European database and codebook (part 1))
- Preliminary national syntaxes
- Presentation of overview of RARHA project at EASAR conference in Bangor/Wales

### **Problems encountered**

Due to time-consuming activities (e.g. translation of national questionnaires by partners; adherence of data protection rules), deadlines for specific activities were extended. In addition, one partner/country (Sweden) subsequently (in January 2015) decided to participate in WP4-Task 2; some deadlines were extended for this case. An adjustment of schedule was necessary, but no effects on the adherence of major deliverables of WP4-Task 2 are expected.

### **How were problems resolved**

Dates of achievement/deadlines were adjusted for specific outcomes/deliverables.

### **Activities planned for the next period**

- Development of European database and codebook (part 2)
- Test and adaptation of database and codebook (part 2)
- Matching of variables (part 2)
- Discussion and solving problems (part 2)
- Data analysis at national level
- Data analysis at European level
- Integration of Task 1 and Task 2
- 3rd working meeting
- 4th working meeting
- Final conference

**WP5, RARHA Objective 3:** Clarifying the science underpinnings and public health policy implications of the use of drinking guidelines to reduce alcohol related harm

### **Methodology applied as planned**

- The main method towards Objective 3 was to summarise existing information into working papers and combine with new information gathered to update or to fill in gaps. The working papers served as preparatory work for the two ongoing Delphi studies (Objective 4) and their main points and findings will feed into the WP5 synthesis report (M34).
- Work was carried out as separate Tasks 1-6, each with one partner in charge (Task leader). Existing information was located, literature searches were carried out and three survey forms were created for information gathering, addressed to national experts through CNAPA members. An online consumer survey was developed and circulated widely in partner countries. The updating for selected EU countries estimates of risk of death with different alcohol consumption levels was subcontracted to CAMH, Canada, having special expertise in this area.
- Nine working papers were produced, covering the topics specified in the work plan. One of the working papers has been made available as a finalised publication. The rest have been and will continue to be updated and modified as appropriate and will feed into the WP5 synthesis report. Working papers of interest to wider audience have been available upon request or in the public RARHA web site while work process-related papers can be accessed in the partners' section of the web site.

### **Involvement of partners and target groups**

- In the Grant Agreement 15 associate partners and 13 collaborating partners are listed for WP5. The WP5 mailing list includes 7 “additional” partners. Several collaborating and “additional” partners are considered “cooperating” partners as they have been actively involved using their own resources (for example to participate in work meetings). Five partners have the role of Task leader for one or more Tasks (THL, ISS, LWL, HSE, Eurocare).
- Three WP5 work meetings were organised on 30 January 2014 in Lisbon, on 5 November 2014 in Rome and on 20-21 January 2015 in Dublin, hosted by SICAD, ISS and HSE, respectively. The work meetings were attended by 11-19 people representing 8-14 partner organisations.
- In the process to update and gather information, CNAPA members were contacted as informants or as links to further national experts. The online consumer survey was circulated widely across partner countries through Eurocare’s stakeholder networks.
- Work done in WP5 was shared and discussed with partners, CNAPA members and other invited experts in two expert meetings (4 November 2014, Rome, organised by ISS; 16 December 2015, Münster, organised by LWL) and with wider stakeholders in the open RARHA satellite event (26 November 2014, Brussels, organised in cooperation between SICAD, Eurocare and the Alcohol Policy Network) and in the RARHA round table within the 6th European Alcohol Policy Conference (28 November 2014, Brussels, organised in cooperation between SICAD and Eurocare).

### **Coordination with other projects or activities**

- In Tasks 1-2 information gathered in the EU-funded projects Bistairs and Odhin was made use of, as well as data previously gathered by the WHO and the OECD in cooperation with the EU Commission.

### **Outcomes and deliverables achieved**

- **Task 1:** *Low risk drinking guidelines in Europe.* ISS, November 2014.
- **Task 2:** *Drinking guidelines used in the context of early identification and brief interventions.* ISS, November 2014.
- **Task 3:** *Reducing alcohol related harm for young people: Summary of survey results.* LWL, December 2014.
- **Task 4:** Rehm J & al. *Lifetime-risk of alcohol-attributable mortality based on different levels of alcohol consumption in seven European countries. Implications for low-risk drinking guidelines.* Centre for Addiction and Mental Health, Toronto, Ontario, Canada, 2015.  
(Published on 1 January 2015)
- **Task 5:** *Literature review of standard drinks.* HRB, November 2014.
- **Task 5:** *Standard Drink definitions, communication approaches and public understanding: Report of RARHA survey.* HSE, November 2014.
- **Task 6:** *Overview of published research on consumer's perceptions and understanding standard drinks and drinking guidelines.* Eurocare, January 2015.

### **Problems encountered**

- Changes in contact information have been a recurring problem as regards RARHA partners and as regards CNAPA members. (Due to changes, for example Bulgaria did not provide information for Tasks 1 and 2 until in July 2015.)
- Although updating information on “standard drink” definitions was planned as part of Task 5 it was found to be crucial also for Task 1, resulting in differing views on how to carry out the information gathering.

### **How were problems resolved**

- ISS made efforts to update contact information for CNAPA members (updating a list of contacts provided by DG SANCO) and for RARHA partners. The updated information was made use of by HSE, LWL and THL for information gathering and for recruiting experts for Delphi panels.
- A compromise was reached whereby ISS included updating “standard drink” definitions in Task 1 and subsequently shared the data with HSE and HRB in charge of Task 5.

### **Activities planned for the next period**

- Reporting on the results of the consumer survey.

- Feeding in key findings and points from Tasks 1-6 into the WP5 synthesis reportt.
- Updating working papers as appropriate including to integrate information reveiced with delay from Member States.

**WP5, RARHA Objective 4:** Building consensus on the use of drinking guidelines to reduce alcohol related harm

**Methodology applied as planned**

- The Policy Delphi method and expert/decisionmaker meetings are used to gain deeper understanding on issues related to low risk drinking and identify points of convergence and potential for consensus on good practice principles in the use of drinking guidelines as a public health measure. (Tasks 3, 7 and 8).
- An expert meeting was organised on 4 November 2014 in Rome by ISS to share key points from the work so far and to obtain input for the development of the Delphi survey on low risk drinking. Based on a background paper by THL, the Delphi methodology was discussed in a WP5 work meeting hosted by ISS on 5 November 2015. On 20-21 January 2015, a work meeting was organised in Dublin by THL in cooperation with HSE, with the scope to do joint work with interested partners to develop the Delphi survey. Before the meeting a test run of the online Delphi paltform was carried out with WP5 partners as testers. Based on the results of the meeting, the Delphi survey on low risk drinking was developed by THL with further input from WP5 partners. RARHA partners and CNAPA members were contacted for nominating national experts to be invited to the panel. The first round of the RARHA Delphi survey on low risk drinking was launched in April and closed in June. A second survey round will follow.
- A separate Delphi survey focussed on guidelines to reduce alcohol related harm for young people was developed and launched by LWL. Material for developing the survey was provided by the overview of existing guidelines produced by LWL based on information gathered from partner countries by means of a survey. An expert meeting was organised on 16 December 2014 in Münster to help develop the survey through joint work. CNAPA members were contacted in their role as members of the RARHA Advisory Group to nominate national experts to be invited to the panel. The first round of the RARHA Delphi survey focussed on young people was launched in June to be closed in July. A second survey round will follow.

**Involvement of partners and target groups**

- Patricipants of the expert meeting in November 2014 in Rome included RARHA partners, Cnapa members and further experts. The expert meeting in December 2014 in Münster was attended only by RARHA partners.
- In total 22 partners were involved in the process to plan the Delphi survey on low risk drinking, and 11 partners in the planning of the Delphi survey focussed on young people.
- Both Delphi surveys are targeted to a range of experts that goes beyond the RARHA partners. The panel for the young people Deplhi was intended to comprise experts in this particular area, ideally 2 researchers and 2 practitioners from each country. The panel for the

low risk drinking Delphi was intended to comprise two experts from each country. Both surveys were directed to all RARHA partner countries and all EU Member States, irrespective of their involvement in WP5.

### **Coordination with other projects or activities**

- In January 2015, the RARHA WP5 work meeting and the work meeting of WP6 were organised back to back in Dublin, hosted by the HSE, in order to benefit from synergy and coordination and to save travelling costs since a considerable number of partners attended both meetings.

### **Outcomes and deliverables achieved**

- **Task 7: The policy Delphi method: background, characteristics and steps in the process.**  
THL, November 2014.
- **Task 3: Process in T3: Guidelines for reducing alcohol related harm for young people.**  
LWL, November 2014.

### **Problems encountered**

- The aim was to recruit for the Delphi survey on low risk drinking two national experts from each EU Member State/RARHA partner country. It was not possible to pay the experts for their time. The only incentive available was to give the RARHA expert panel a “high profile”.
- The focus of the Delphi survey relating to young people, as outlined in the original RARHA work plan drafted in 2013, was found narrow from the perspective of the current EU alcohol strategy process.

### **How were problems resolved**

- RARHA partners and CNAPA members were requested to agree on nominations for the low risk drinking expert panel and, in the few cases on non-response, to provide names of reserve persons. The invited panelists were informed that their name had been put forward by their respective country’s representative in the EU Committee on National Alcohol Policy and Action (CNAPA). The nominated experts’ willingness to participate was overall high but despite repeated contacts a few countries were left without nominations.
- To increase the policy relevance of the young people Delphi survey, additional questions to gauge the youth experts’ views of the relative importance of the areas of the “Action Plan on Youth Drinking and on Heavy Episodic Drinking (Binge Drinking)”, endorsed in 2014, will be included in the second round.

### **Activities planned for the next period**

- Carrying out the second round of the two Delphi surveys and summarising the results.  
(Tasks 3 and 7)

- Hearing from the Advisory Group on recommendations regarding forthcoming expert/decisionmaker meetings, the synthesis report and policy briefs. (September 2015)
- Sharing and discussing results so far in the Steering Group. (Fall 2015)
- Organising a WP5 work meeting and an expert/decisionmaker meeting in Finland in early 2016 to discuss good practice principles in the use of drinking guidelines as a public health measure. (Task 8)
- Contributing with content for the RARHA related policy dialogue event to be organised by EuroHealthNet in 2016.
- Production of a synthesis report and one or more policy briefs to summarize key findings, conclusions and key messages to decisionmakers relating to the scientific basis and good practice principles in the use of drinking guidelines as a public health measure, as well as recommendations for key messages to the population and health professionals. (Task 9, M34)

#### **4. Annexes**

##### **References**

Rehm J & al. *Lifetime-risk of alcohol-attributable mortality based on different levels of alcohol consumption in seven European countries. Implications for low-risk drinking guidelines*. Centre for Addiction and Mental Health, Toronto, Ontario, Canada, 2015.  
<http://urn.fi/URN:ISBN:978-1-7714-206-9>

##### **Copies of deliverables**

WP5 partner list

WP5 timeline

WP5 in a nutshell

WP5 meeting reports

- Work meeting, January 2014, Lisbon
- Expert meeting, November 2014, Rome
- Work meeting, November 2014, Rome
- Expert meeting, December 2014, Münster
- Work meeting, January 2015, Dublin (including meeting participant evaluation)

WP5 working papers

- *Low risk drinking guidelines in Europe*. ISS, November 2014.
- *Drinking guidelines used in the context of early identification and brief interventions*. ISS, November 2014.

- *Standard drink measures in Europe: Peoples' understanding of standard drinks and their use in drinking guidelines, alcohol surveys and labelling.* HRB, November 2014/May 2015.
- *Report of RARHA survey: Standard Drink definitions, communication approaches and public understanding.* HSE, November 2014/May 2015.
- *The policy Delphi method: background, characteristics and steps in the process.* THL, November/December 2014.
- *Process in T3: Guidelines for reducing alcohol related harm for young people.* LWL, November 2014.
- *Reducing alcohol related harm for young people: Summary of survey results.* LWL, November/December 2014.
- *Overview of published research on consumer's perceptions and understanding standard drinks and drinking guidelines.* Eurocare, January 2015.

### *3.2 Activities related to project objectives (**WP6 Toolkit**)*

**Objective 5: Facilitating exchange between MS public health bodies of good practice in the use of information approaches to reduce alcohol related harm**

**Methodology applied as planned**

The questionnaire to collect the examples of good practices was developed, which consists of six sections: Evidence base, Basic facts, Development, Implementation, Evaluation and Additional information. In the communication with MS representatives and WP 6 partners we decided to collect the examples of good practices appertain to one of the three groups of interventions: Early interventions, Public awareness and School-based interventions. Using JA RARHA network and CNAPA we have searched for professionals experienced in alcohol related interventions, with a good overview and knowledge on interventions in their country, to provide reliable data at country level.

From 32 (EU MS/EEA/EFTA) Countries, 48 cases were collected, 43 with evidence base. 13 Countries didn't provide any cases. Among cases with evidence base (n= 43), early interventions represented most of the collected cases (49 %), followed by School-based interventions (30 %) and Public awareness/education interventions (21 %). A vast majority (49 %) of evidence based interventions were founded from National/regional/local government and mostly implemented on national level (35 %), followed by implementation on national, regional and local level together (19 %). Mostly the implementation of the interventions was continuous (integrated in the system) (63 %). The collected interventions targeted predominately adolescents (22 cases), parents (17 cases), young adults (15 cases) and adults and general population (13 cases both).

**Involvement of partners and target groups**

<b>Activity</b>	<b>Partner</b>
Kick off meeting	WP 6
Selection of areas which will be covered by the good practice Tool Kit	CNAPA members, WP6
Communication on Good practice intervention areas - Background documents	WP 6, dedicated task leaders
Communication on Good Practice definitions	WP 6, WP 5
WP 6 Meeting, Tallinn (Estonia), May 2014	WP6
Communication on Questionnaire design, Piloting the Questionnaire	WP 6
Communication on MS Contact person's information. (Collecting contact details of persons that could provide information on their interventions in the framework of the collection of good practice examples)	WP 6, RARHA, CNAPA
Communication on meeting agendas, travel, minutes etc.	WP 6

We organized a few teleconferences with task leaders and sustained email correspondence with the WP6 team.	WP6 and Task leaders
Coordination with other projects or activities	
<p>We have shared our Template for describing good practice examples with JA CHRODIS. Participated at the workshop »Reducing Harmful Use of Alcohol with Behavioural Interventions« (Ispra, 9<sup>th</sup> and 10<sup>th</sup> of December 2014) to gathered accurate information about different interventions approaches.</p>	
Outcomes and deliverables achieved	
<p>Survey of needs and MS confirmation of selected specific areas        Template for describing good practice examples        Survey to collect good practice examples in MS        Dissemination of WP6 results:</p> <ul style="list-style-type: none"> <li>Stakeholders Mapping</li> <li>News Article: "Joint action Reducing alcohol related harm (JA RARHA) - Zmanjševanje škode zaradi uživanja alkohola" - describing RARHA</li> <li>A brief presentation of JA RARHA at the annual conference of the Slovenian Section of Preventive Medicine (which is part of the Slovenian Medical Association)</li> <li>RARHA presentation and Newsletter announcement (Translated to Slovene) - National Institute of Public Health Website</li> <li>RARHA 1.st and 2.nd Newsletter distribution – NIJZ Website and emails to stakeholders</li> <li>Active participation at »6th European Alcohol Policy Conference«, (Brussels, 27th and 28th of November 2014)</li> </ul>	
Problems encountered	
<p>Preparation and coordination of the Questionnaire has taken more time than expected since we wanted to reach consensus and to pilot the questionnaire.        Difficulties to reach some MS contact persons to provide information on national good practice approaches.</p>	
How were problems resolved	
<p>We have sent to WP6 partners several remainders.        Requested support by RARHA and CNAPA members, email reminders, telephone calls.</p>	
Activities planned for the next period	
<p>Data analysis and assessment of GPA        Survey report and recommendations        WP Meeting</p>	

Dissemination of WP6 results within various conferences (European Public Health Conference, Global Alcohol Policy Conference, European Society for Prevention Research Conference ...)

Objective 6: Providing guidance and tools for public health policy planners for the use of information approaches to reduce alcohol related harm in the framework of wider public health policies

#### Methodology applied as planned

In order to assess the collected examples we have developed the Assessment criteria based on an existing Dutch system for evaluating health-based interventions.

To be included in the Toll Kit intervention must comply with the following basic criteria: well described, implemented, theoretically sound, evaluated and with positive results. If the intervention is in line with the basic criteria it will be classified according to the level of evidence for effectiveness: Basic level, First, Good and Strong indication of effectiveness. To reduce alcohol related harm a wide range of interventions has been developed. Also a broad range of social and behavioural science theories are available. The actual application remains a real challenge for health promotion planners. Therefore and because risky alcohol consumption is still a big health problem, general principles/recommendations/guidelines derived from effective interventions may help prevention practitioners select, modify, or create more effective programmes.

#### Involvement of partners and target groups

Activity	Partner
WP 6 Meeting, Dublin (Ireland), January 2015	WP 6
Communication on criteria and respective indicators	WP 6
Communication on Toll Kit concept	Task leaders
Communication on meeting agendas, travel, minutes etc.	WP 6
We organized a few teleconferences with task leaders and sustained email correspondence with the WP6 team.	WP6 and Task leaders

#### Coordination with other projects or activities

Participated at the workshop »Reducing Harmful Use of Alcohol with Behavioural Interventions« (Ispra, 9th and 10th of December 2014) to gathered accurate information about different interventions approaches.

#### Outcomes and deliverables achieved

Review of existing information on practices in selected areas (In cooperation with dedicated task performers we have prepared background papers for 3 groups of interventions:

- a. Early intervention services (including brief advices)
- b. School-based programs (information and education)
- c. Public awareness programmes (including new media, social networks and online tools for behaviour change)

Overview of existing criteria for good practice approaches (GPA)

Defining criteria and respective indicators for GPA

Development of guide/ recommendations for GPA

Expert support to review criteria and indicators for GPA

Assessment of GPA

#### Problems encountered

Delay in developing the guide/ recommendations for GPA because of minor delays in developing the template and collecting the examples.

#### How were problems resolved

Additional efforts to speed up the process (more intense involvement of some WP6 partners).

#### Activities planned for the next period

Development of the conceptual framework of the Tool Kit

Preparing basic examples for Tool Kit

Creation of printed Tool Kit

Master for printed Tool Kit

Contracting Agency for technical implementation of the online Toolkit

Translation of printed Tool Kit

Dissemination of WP6 results within various conferences (European Public Health Conference, Global Alcohol Policy Conference, European Society for Prevention Research Conference ...)

WP Meeting

Launch of printed Tool Kit on the final conference

Launch of Tool Kit online version on the Alcohol Policy conference

WP final report