RARHA
REDUCING ALCOHOL RELATED HARM

NEWSLETTER

Issue 3 • 2015

EDITORIAL

Getting Results from Investments

Bernt Bull
Senior Advisor, Ministry of Labour and Social Affairs, Norway

When the EU Member States' expert Committee on National Alcohol Policy and Action (CNAPA) first was introduced to the idea of establishing a Joint Action on alcohol, very few of the members had a clear idea what a Joint Action was. Now, three years later, most people involved in alcohol policy are familiar with the expression.

During the last 15 years, the European Commission (EC) has financed many studies addressing alcohol. The implementation of research findings is an important reason for the EU's financial support to research. Hence, EU financed research projects on alcohol related issues were presented and discussed at CNAPA meetings over the years and we like to think that some ideas were brought back home. However, there was no organised follow-up.

The Joint Action concept aims to make a faster link between research and implementation. Within a Joint Action, Member States give a direct commitment and there is a broad participation of actors. A Joint Action gives the implementing bodies of governments a better opportunity to achieve a more profound understanding of project reports, than just disseminating research reports. Already at the start of RARHA in February 2014, we had achieved an astonishing result: Nearly all EU Member States had signed up as associated partners. Now, half way through the Joint Action, the remaining Member States joined as collaborating partners. No other Joint Action has reached this level of participation.

The three main work packages are all addressing the policy goals formulated in WHO's Global Alcohol Strategy and the EU Alcohol Strategy of 2006.

To improve the **monitoring** system and to make it easier to compare countries is important for developing good policies. We have seen some challenges during the work of this work package. One is to combine established time line collections measuring trends over many years within a new standard monitoring system. Another challenge is to agree on the cost-effectiveness of the collection of data since these costs vary between the countries. RARHA's organisational set up has so far proven to be a constructive and problem resolving process.

Many health authorities have had **guidelines for alcohol use** for many years. At CNAPA meetings, many questions have been asked: Which advice should be given? Should everybody receive the same advice? How should such information be disseminated? The work package on guidelines addresses these questions. Cooperation between governments and researchers can give good, evidence based advice in health promotion.

The third of the operational work packages has a down to earth goal: Facilitating exchange of **good practices** among health authorities. A systematic comparison can make it easier to choose among experiences from other countries.

RARHA results will provide countries with proposals and ideas one does not find in strategies and policy programmes. A Joint Action is, however, not an alternative to policy documents, but it will make the realisation of the goals more achievable.

I hope that the EU will give priority to a new Joint Action in the alcohol field after RARHA has come to an end. As part of the preparation for a renewed EU Alcohol Strategy, CNAPA presented a joint paper addressing upcoming areas with the need of increased cooperation between countries. It is a long list to choose from; thus I will just point to a few: harm to others, cross-border issues, brief and early intervention, and the long path to reach comparable monitoring. Additionally, there are important challenges related to global health processes that will influence the alcohol agenda, for example the so-called poly drug agenda, the burden of non-communicable diseases and the issue of mental health. All of these give food for thought for a new EU Joint Action on alcohol.

Bernt Bull

FOCUS ON WP5 - GUIDELINES

"Low risk" alcohol consumption varies from one country to another

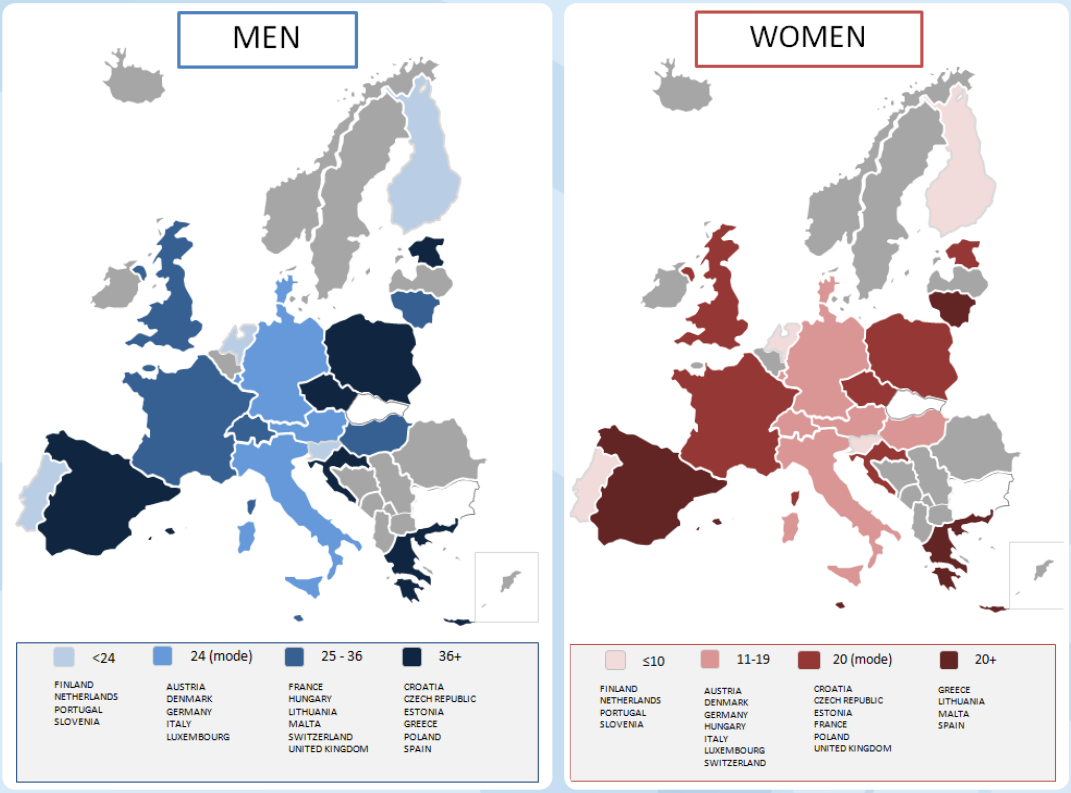
Marjatta Montonen,
THL, Finland

The Italian Istituto Superiore di Sanità (ISS) carried out a survey for RARHA to update information on national guidelines concerning "low risk" drinking. The survey was addressed to the members of the EU Committee on National Alcohol Policy and Action and covered EU Member States and RARHA partner countries. The purpose was to validate information previously gathered by the WHO and by the OECD Health Division. Obtaining the correct information is not always straightforward. In some countries "low risk" drinking guidelines are revised to take into account new scientific evidence. In other countries no "low risk" drinking guidelines are disseminated or the guidelines do not have an official status, that is, have not been issued by a medical or public health body.

The information tends to be fuzzy also because guidelines are given in different ways. When "low risk" refers to health harm over a longer period of time, the guideline may specify average alcohol consumption per day or per week. When "low risk" refers to immediate harm due to drunkenness, the guideline may specify a maximum amount of alcohol not to be exceeded on any single occasion. Guidelines for men and women are usually different, and there may be different guidelines for younger or older people.

The picture is even more complex than that. Although the properties of alcoholic beverages are the same and there are no cross-border differences in the vulnerability of the human body, the level of alcohol consumption defined as "low risk" varies between countries. In the 21 countries from which the ISS obtained information on the guideline for "low risk" alcohol consumption per day, the average daily amount not to be exceeded ranged from 20 to 48 grams pure alcohol for men and from 10 to 32 grams for women. From a lay person's perspective, this is puzzling to say the least.

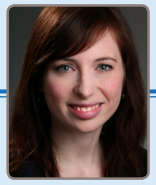
RARHA focuses on the reasons behind the variation and on the possibility to move towards a common view of how drinking guidelines would best serve the purpose of reducing alcohol related harm. The ongoing Delphi survey on "low risk" drinking is a step in that direction.



Guideline for "low risk" average alcohol consumption per day, grams pure alcohol for men and women.

FOCUS ON WP5 - GUIDELINES

What's the state of play on alcohol guidelines for young people in Europe?




Rebekka Steffens ***Doris Sarrazin***
LWL-Coordination Office for Drug-Related Issues, Münster, Germany)

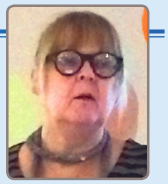
One task within work package 5 of RARHA is providing a background paper about guidelines on young people's drinking targeted to young people, parents, health or other professionals or policy makers in the EU Member States. In 2014, as a first step, partners collected information on existing guidelines and relevant studies through a survey among representatives of the Committee on National Alcohol Policy and Action (CNAPA) from 24 member states, Iceland, Norway and Switzerland.

The reported guidelines are targeting young people themselves, parents or professionals working with young people and are provided by governmental bodies, scientific societies or medical associations. Those guidelines contain divergent statements concerning young people's alcohol consumption. Elaborating a common European guideline for young people seems to be rather difficult, as not only the content of national guidelines differs but also the general attitude towards guidance for young people concerning the consumption of alcohol. Whereas some experts support the promotion of abstinence, others prefer a harm reduction approach with specific advice concerning risk and protective factors, also for young people under the legal drinking age. They state that young people's reality has to be taken into account in order to reach them with preventive messages.

Scientific evidence has been collected, including evidence concerning short- and long-term consequences such as accidents, intoxication, violence, harm for the adolescent brain, cancer and other adverse health effects, which will supplement the final working paper.

To elaborate the findings above, partners are currently carrying out a Delphi study. First results of this study in which 55 European experts have participated so far, indicate that different guidance is needed for different age groups. For example, for young people between 18 and 25, a focus should be reducing binge drinking. Discrepancies have occurred concerning guidance for 16- to 17-year-olds and children younger than 16. Possible convergences as well as existing discrepancies among European experts will be reported after the second round of the Delphi study.

A Delphi survey to explore experts' views regarding "low risk" drinking guidelines



Marjatta Montonen,
THL, Finland

The Delphi method was developed as an aid to decision making. The name derives from the Oracle of Delphi, a priestess at the temple of Apollo in ancient Greece, to whom people turned for predictions of their future. The modern Delphi method turns to a panel of experts, seeking their informed opinions on complex topics. The process consists of a survey conducted in two or more rounds. Replies are analysed and fed back to the panellists before the next round. This enables to reconsider one's views in light of the replies from others. The views expressed are expected to converge towards the best arguments and possibly greater consensus or, in any case, a deeper understanding of the issue.

In RARHA, a panel of experts was invited to reply to a survey exploring various aspects of "low risk" drinking guidelines. The experts were identified by RARHA partners and by members of the EU Committee on National Alcohol Policy and Action. At the launch of the first survey round in May 2015, the panel comprised 51 experts in public health or in the prevention of alcohol related harms, based in 27 countries.

The first survey round addressed conceptual and methodological issues (for example how to set the threshold for "low risk" from alcohol), public health policy aspects (for example how "low risk" drinking guidelines are expected to help reduce harm) and practical communication aspects (for example what kind of health related information should be given on alcoholic beverage packages).

The second survey round is currently ongoing. The survey is carried out using an online platform that the panellists can access at their convenience as long as the survey stays open. A range of working papers produced during the first year of RARHA served as the basis for designing the Delphi survey. The survey questions were developed with input from RARHA partners and the process is led by the Finnish National Institute for Health and Welfare (THL).

Results will be presented in a RARHA expert meeting on 17 February 2016 in Helsinki, Finland, for discussion with RARHA partners and a wider range of experts. The purpose is to identify points of convergence and potential for consensus on good practice principles in the use of drinking guidelines as a public health measure.

FOCUS ON WP5 - GUIDELINES

Messages for guidance on alcohol consumption

The Federal Commission for Alcohol-Related Issues (FCAL) in Switzerland has published messages to guide alcohol consumption tailored to particular groups of people

Despite the fact that alcohol can cause and contribute to many diseases, until recently neither the Federal Office of Public Health (FOPH) nor the Federal Commission for Alcohol-Related Issues (FCAL[1]) in Switzerland had formulated messages for **guidance on low-risk alcohol consumption**. While a range of unofficial guidelines had been proposed by various bodies, none of them has had any firm scientific basis.

To remedy this lack of official guidance, the FCAL (who is also the Swiss collaborating partner in RARHA), in collaboration with the FOPH, commissioned the organisation Addiction Switzerland to draw up a report reviewing recent scientific findings on the health effects of alcohol. The report, entitled *Risks for alcohol-related disease and mortality: a basis for guidance on low-risk alcohol consumption*, was published in December 2013[2]. It is based on epidemiological data concerning alcohol-related morbidity[3] and statistics on mortality in Switzerland between 1997 and 2011[4].

On the basis of this document, the FCAL's main aim has been to provide differentiated information reflecting the fact that there is no single rule applicable to everyone. The limits beyond which alcohol consumption is harmful depend on the age, sex, and health of the individual concerned and specific circumstances such as whether they are for example pregnant, on medication, driving or exercising. The goal was to provide guidance on drinking tailored to particular groups of people.

Another goal was to formulate messages that would be interpreted as points of reference for the consumption of alcohol rather than as firm recommendations. To emphasise the preventive intent, the messages highlight the fact that alcohol-free lifestyles are worthy of respect and that it is advisable, even for people in good health, to abstain from drinking two days a week.

The guidance on alcohol consumption was published to coincide with the launch of the national alcohol campaign under the aegis of the FOPH and numerous partners in spring 2015. The goal of the campaign is to encourage people to think about their own drinking habits and ask themselves the question "how much (is too much)?" in a humorous and non-moralising way.

The final messages can be viewed here. For more information on the campaign (German, French, Italian and Romansh): www.alcohol-facts.ch

Sophie Barras Duc, *FCAL, Switzerland*

1 The Federal Commission for Alcohol-Related Issues (FCAL), which comprises fifteen members representing organisations working in public health, prevention, care and research, serves the Federal Council in a consultative capacity. The FCAL deals with questions directly or indirectly related to the impact of alcohol on health, and initiates and supervises processes for evaluating, deciding on and implementing measures related to these issues.

2 Marthaler, M.: Risiken für alkoholbedingte Krankheiten und Mortalität, Grundlagen für eine Orientierungshilfe zum risikoarmen Alkoholkonsum (Risks for alcohol-related disease and mortality: a basis for guidance on low-risk alcohol consumption), Sucht Schweiz, Lausanne 2013. (Report available in French and in German)

3 Rehm J, Taylor B, Mohapatra S, Irving H, Baliunas D, Patra J, et al. (2010b): Alcohol as a risk factor for liver cirrhosis: a systematic review and meta-analysis. In: Drug Alcohol Review Vol. 29, No. 4, pp. 437–445

4 Marmet, S., Gmel, G. sen., Gmel, G. jun., Frick, H., Rehm, J. (2013): Alcohol-attributable mortality in Switzerland between 1997 and 2011.

FOCUS ON WP5 - GUIDELINES

Selected working papers of Work Package 5

Work Package 5 has produced a variety of high-quality reports and research papers since the start of RARHA. Please find below a selection. Note: "Europe" refers to EU Member States and RARHA partner countries, including Iceland, Norway and Switzerland.

Low risk drinking guidelines in Europe.

Overview of current guidelines on the level of "low risk" alcohol consumption (daily or weekly average and maximum for single occasions) including age, gender or situation-specific guidelines • Istituto Superiore di Sanità (IT), 2014.

Drinking guidelines used in the context of early identification and brief interventions.

Overview of the availability of national clinical guidelines for the management of hazardous drinking and the provision of brief intervention or treatment • Istituto Superiore di Sanità (IT), 2014.

Standard drink measures in Europe: Peoples' understanding of standard drinks and their use in drinking guidelines, alcohol surveys and labelling.

Review of research on practical aspects of the "standard drink" measure (definitions, consumers' perceptions and the size of their actual drinks) and on uses of "standard drink" in drinking habits surveys and in alcoholic beverage labelling • Health Research Board (IE), 2015.

Report of RARHA survey: Standard Drink definitions, communication approaches and public understanding.

Overview of country-based practices in defining a "standard drink", public understanding of the definition and informant views on the usefulness of a common definition of "standard drink" as opposed to current variation country by country • Health Service Executive (IE), May 2015.

Reducing alcohol related harm for young people: Summary of survey results.

Overview of country-based guidance for young people, parents or professionals on how to reduce harm from drinking by young people, recommendations concerning different age groups, early intervention approaches and national studies relevant to the topic • Landschaftsverband Westfalen-Lippe (DE), 2014.

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.

Calculations of lifetime absolute risk of premature death (at the age of 15-75 years) from an alcohol-attributable cause for various levels of alcohol intake over the life course in Estonia, Finland, Germany, Hungary, Ireland, Italy and Poland. Centre for Addiction and Mental Health, Toronto, Ontario, Canada, 2015.

EUROPEAN EXPERT MEETING

How do guidelines on low risk drinking fit in the framework of public health policy to reduce alcohol-related harm

- **WEDNESDAY 17 FEBRUARY 2016**
- **THE NATIONAL INSTITUTE FOR HEALTH AND WELFARE (THL)**
- **HELSINKI, FINLAND**

The programme includes:

- Contributions from the Finnish Ministry of Health and the EU Commission's Directorate-General for Health and Food Safety, representing RARHA's funders, and from the WHO and the OECD Health Division as RARHA's collaborating partners.
- Country case reports describing different stages in the implementation of guidelines on "low risk" drinking.
- Results from the RARHA Delphi survey on guidance for young people, parents or professionals on how to reduce harm from drinking by young people.
- Results from the RARHA Delphi survey on "low risk" drinking guidelines – with what purpose, for whom, how to prevent unwanted effects and how to make the best use of drinking guidelines to advance public health.

The expert meeting is targeted to RARHA partners and members of the EU Committee on National Alcohol Policy and Action but it is open to further interested experts in the field of public health and alcohol policy.

Pre-registration will open soon
KEEP AN EYE ON THIS PAGE!

NEWS AND EVENTS

First European conference on addictive behaviours and dependencies

RARHA's Project Leader Patricia Pissarra presented the Joint Action at the Lisbon Addictions conference, held 23-25 September 2015

The first European conference on addictive behaviours and dependencies – Lisbon Addictions 2015 – was held on 23-25 September 2015, in Lisbon, Portugal. It was a comprehensive and multi-disciplinary event, showing the latest developments in addiction research in the specialist areas of illicit drugs, alcohol, tobacco, gambling and other addictive behaviours. It addressed new challenges and covered developing fields such as new psychoactive substances, online sales and gambling, cannabis legalisation and alcohol pricing.

The conference was organised around four general themes:

- Addictions: a multi-disciplinary perspective
- Translating research into policy and practice
- New frontiers in addiction research
- Challenges of addiction in an interconnected world

Lisbon Addictions 2015 had reached its maximum capacity in July, attracting over 600 participants from 56 countries. We heard 16 keynote speeches, more than 200 oral presentations and around 140 rapid communications, as well as various side-events.

The conference provided an opportunity to show the potential value of investment made in addiction science and to enable a productive dialogue across countries and disciplines. It also offered valuable opportunities for networking between researchers, practitioners and policy experts, becoming an unprecedented event of important scale and scope on the international agenda.

The event was organised by the General Directorate for Intervention on Addictive Behaviours and Dependencies (SICAD) from Portugal, jointly with the Journal Addiction, the European Monitoring Center for Drugs and Drug Addiction (EMCDDA) and the International Society of Addiction Journal Editors.

The conference was also supported by several renowned international partners: the United Nations Office on Drugs and Crime, the World Health Organisation, the European Commission, the Pompidou Group, the Inter-American Drug Abuse Control Commission and the National Institute on Drug Abuse from the USA. To contribute to the scientific excellence of the event, three collaborative partners joined in: Addiction and Lifestyles in Contemporary Europe-Reframing Addictions (Alice Rap), Joint Action on Reducing Alcohol Related Harms (RARHA) and European Research Area Network on Illicit Drugs (ERA-NID).

NEWS AND EVENTS

Pilot Project Related to Reducing Health Inequalities: Building Expertise and Evaluation of Actions

John F. Ryan *(Acting Director, Directorate C Public Health, DG SANTE, European Commission)*

The European Commission is currently preparing, funded by the European Parliament, a pilot project on building expertise and evaluating actions in relation to reducing health inequalities in EU. The aim of the project is to support knowledge sharing and policy development, with a focus on alcohol, nutrition and physical activity as lifestyle determinants, particularly in Member States and regions with the greatest needs.

The objectives of the project are to:

- Update scientific evidence and review policies and actions, in particular within the area of lifestyle and behavioural economics;
- Conduct case studies on policies and actions in different Member States aiming to reduce health inequalities;
- Organise workshops and expert exchange with the objective of breaking barriers to inter-sectorial action on health inequalities;
- Ensure synergies and support to the health determinants related Joint Actions including the Joint Action RARHA;
- Facilitate information exchange and collaboration between groups of experts and stakeholders.

Concerning the issues related more specifically to alcohol related harm and the work in RARHA, the project will review existing evidence on alcohol consumption and health inequalities and conduct targeted case studies involving experts from RARHA and the Member States. Coaching workshops for these experts in two selected Member States will also be held, with testing of the training material in further Member States. The training material will be publicly available.

In close cooperation with the experts of Member States and RARHA, country fiches and policy briefs on health inequalities and alcohol will be published and joint meetings between the pilot project and RARHA will be organised. RARHA will be involved also in the dissemination of the results of the pilot project.

Improving RARHA's Communication Tools

Manuel Cardoso
Deputy General Director, SICAD

The aim of dissemination is to bring about change!

All experts and countries involved in RARHA aim to contribute to new public health guidelines on reducing alcohol related harm and enlighten opinion makers for new policies supported by scientific bases and technical processes. This on-going task should be supported by using different communication techniques to ensure that our messages reach the correct and well-defined target groups.

Segmentation, Targeting and Positioning

These three stages of the process should be involved when making decisions about any given dissemination activity. Segmentation consists of defining the groups of people with different interests and motivations. Targeting refers to deciding which ones are the most important groups to work for. Finally, we ought to optimise our product for the defined segments and outline our positioning. Correctly disseminating RARHA's outcomes and products to the stakeholders can create the impact to lead to the change.

RARHA partners (associative and collaborative), as all who work with us, should use the tools to disseminate RARHA achievements to the target groups identified, namely European policy makers, health professional and citizens). In order to match these communication requirements, the RARHA website, one of the most important communication tools, has been revamped, so it can be prepared for the upcoming results from all Work Packages.

One of our next goals is to define how to spend the time, money and human resources as well as our attention according to the targets, interests and geographic issues in order to reflect the hard work done by all partners of RARHA.

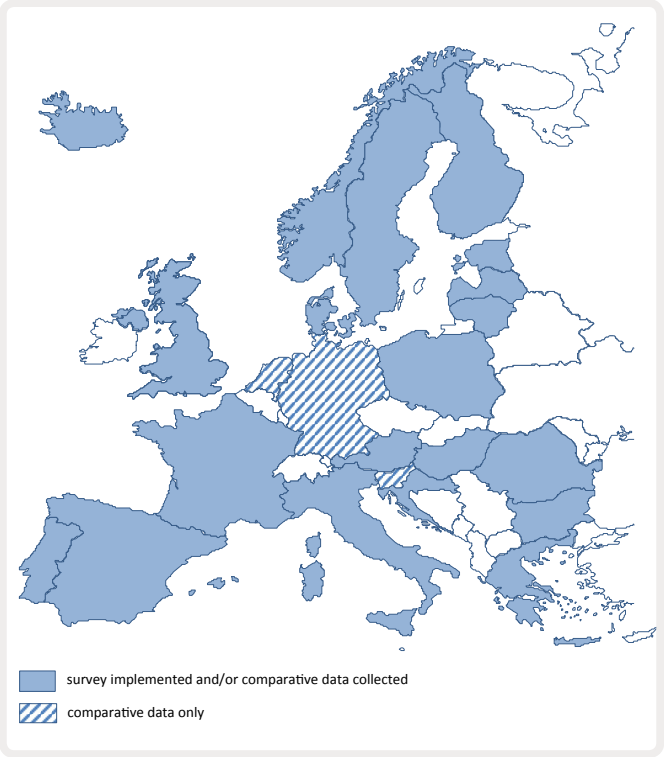
Contact us!

Please contact us for any question on manuelcardoso.rarha@sicad.min-saude.pt or http://www.rarha.eu/Contacts/Pages/default.aspx.

UPDATE FROM WP4 - MONITORING

Prospects for an EEA-Wide Alcohol Monitoring System

Work package 4's objectives are twofold. Firstly, partners aim at providing a baseline for comparative assessment and monitoring of alcohol epidemiology, including drinking levels and patterns and alcohol related harms across the EU. Secondly, they aim to strengthen the capacity in comparative alcohol survey methodology and increasing interest in using common methodology in the future. To achieve these objectives two tasks were identified. Within the first task, they elaborate and implement a common alcohol survey methodology using the survey instrument developed and tested for cross-cultural applicability in the EU-funded project SMART as blueprint. This task is being coordinated and implemented by WP4 leader Polish State Agency for Solving Alcohol Problems. Within the second task participating partners work together to pool and recode data from surveys carried out in 2008-2012 for comparative assessment. The German Institute for Therapy Research coordinates this second task.



Task 1 had very productive working meeting in Athens on 13-14 March 2015 hosted by the Department of Psychiatry of Athens University Medical School during which results of the pilot survey were discussed and summarised in order to elaborate and adopt the final research tools for the European alcohol survey. Over 30 participants from 20 countries attended as well as representatives from European Monitoring Centre for Drugs and Drug Addiction and Northern Partnership Dimension.

The research tools adopted tentatively during the meeting were then elaborated and their final version was distributed within two months after the meeting. A complete set of the survey instruments includes the questionnaire, showcards, guidelines for study implementation and interviewers' training as well as a codebook and database template. Currently, the survey instruments are available in 25 languages and the survey has been completed or is under way in 20 European countries on a random sample of the population aged 18-64 with a minimum sample size of 1500 respondents. Next steps will include cleaning the data, establishing a common database with around 30,000 interviews and computing the results.

Task 2 had its fruitful meeting on 2 March 2014 in Munich with 12 participants from 10 countries. Questions of comparability of alcohol measures in over 20 surveys from 17 countries were discussed as well as a draft codebook for the common European dataset. Preliminary comparative analyses on alcohol consumption and related problems were completed. Further attempts at matching variables from different surveys representing various methodological traditions will be made.

The results of both tasks will be presented and discussed during the third working meeting to be held in Barcelona early February next year. The upcoming meeting will offer opportunities for task assignment in drafting an international comparative report.

Jacek Moskalewicz,
PARPA, Poland

Daniela Piontek,
IFT, Germany

WP6 - GOOD PRACTICE TOOL KIT

European Survey of Good Practices

Sandra Rados-Krnel, (NIJZ)

Following a needs assessment of members of the Committee on National Alcohol Policy and Action (CNAPA) in 2014 and input from RARHA's Advisory Group, work package 6 had defined three groups of interventions to be included in the good practice Tool Kit, which they are developing. These groups are (I) early interventions, (II) public awareness and (III) school-based interventions.

Over the past six months, work package 6 has developed and carried out a survey to collect the examples of good practices to be included in the Tool Kit. This survey asks for information about each good practice in six sections: evidence base, basic facts, development, implementation, evaluation and additional information. Using both the RARHA and CNAPA networks, partners have identified professionals experienced in alcohol related interventions, with a good overview and knowledge on interventions in their country, to provide reliable data at country level.

A total of 48 good practices from 32 European countries were submitted, out of which 43 with evidence base. 19 countries responded and provided these good practices. Among cases with evidence base, 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 or 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 prevention system) (63 %). The collected interventions targeted predominantly adolescents (22 cases), parents (17 cases), young adults (15 cases), adults and the general population (13 cases each).

Partners of work package 6 have established criteria to assess the good practices to be used in the Tool Kit. These are: (1) well described (details about objectives, target groups, or approach); (2) implemented in real world setting (information about the feasibility of the intervention is available); (3) theoretically sound; (4) evaluated and has a positive results. The results of both the survey and this assessment are presented in the table below.

For the coming 6 months, work package 6 plans to summarise and evaluate the findings of this assessment in a report as well as prepare recommendations for good practice approaches. In addition, they will further develop the practicalities of the Tool Kit and organise a partners' meeting in Brussels, Belgium, on 4th December.

	Early interventions	Public Awareness Interventions	School Based Interventions	Total
Rejected Interventions	10	3	5	18
Accepted interventions	11	7	8	26
Total interventions received	21	9	13	43
% Accepted in Tool Kit	52%	78%	62%	59%

EVALUATION

RARHA Evaluation shows: Good Progress

The first Internal Evaluation Report – presented to RARHA partners at the Management Group meeting held in Brussels in April 2015, and available here – summarises results of the online longitudinal survey, conducted in November 2014 among associated partners, to gather information on the implementation process of the single work packages and of the Joint Action as a whole. The assessment of the organisation, networking, communication, timing, and value of RARHA in its first year of activity is overall positive and no particular difficulties or obstacles seem to have influenced the correct course of the actions.

The RARHA evaluation activities are progressing as planned. During the management meeting in Brussels, the first face-to-face semi-structured interviews with work package leaders and co-leaders were carried out. The launch of the second wave of the online survey for internal evaluation is scheduled for November 2, 2015.

The detailed analysis of results will be part of the next interim internal and external evaluation reports (scheduled for February 2016) and timely shared with partners in order to provide feedback on aspects that hinder or advance the achievements of the Joint Action.

WP Evaluation leader Emanuele Scafato and co-leader Lucia Galluzzo

Recent Publications

- **OECD: Drinking lives away: Harmful Alcohol Use and the Economics of Public Health**
- **WHO European Health Report 2015**

"The European Region is on track to achieve the target to reduce premature mortality from cardiovascular diseases, cancer, diabetes and chronic respiratory diseases. Most of the progress in the Region resulted from improvements in countries with the highest premature mortality. Nevertheless, levels of alcohol consumption, tobacco use and overweight and obesity, which are among the major risk factors for premature mortality, remain alarmingly high. The European Region has the highest levels of alcohol consumption and tobacco use in the world, and ranks only slightly behind the Region of the Americas – the WHO region with the highest prevalence – in rates of overweight and obesity."

RARHA
REDUCING ALCOHOL RELATED HARM

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