

Low risk drinking guidelines in Europe: results from RARHA survey

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Work Package “Guidelines”

- Co-led by the National Institute for Health and Welfare, Finland, and Istituto Superiore di Sanità, Italy
- Nearly 50 partners from 26 expert organizations based in 20 countries

Surveys to update state of play and background papers to summarize science underpinnings regarding

- low risk drinking guidelines
- brief intervention practices
- standard drink concept
- guidance for young people

Seeking broader views by means of Delphi surveys with

- public health and addiction experts
- experts on young people

Online survey of consumer views

Expert meetings

- Rome & Brussels 2014
- Helsinki 2016
- CNAPA 2014-2016




RARHA - FINAL CONFERENCE

SHARING THE RESULTS

LOOKING HOW TO REDUCE ALCOHOL RELATED HARM

The RARHA survey task 1 and 2

RARHA 





COUNTRY

Dear CNAPA member,

This table summarizes data gathered through ISS preliminary review of available sources of information on EU drinking guidelines or recommendations and their main features (sub-groups, high risk contexts addressed, etc.). For any listed "variables", please check the validity of the data reported under "Review of available sources" and fill in the column "RARHA survey" providing the most updated and reliable information for your Country. The input must follow the format specified under the column "Codes, categories and format". Do not hesitate to contact the ISS RARHA staff for any doubt or clarification. Thank you very much for your very kind collaboration.













RARHA WPS-Task1 Drinking Guidelines

Legend of review sources:

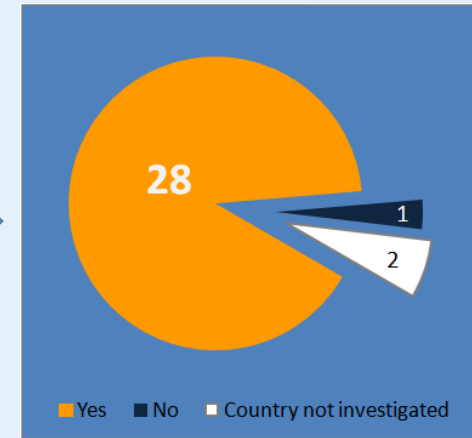
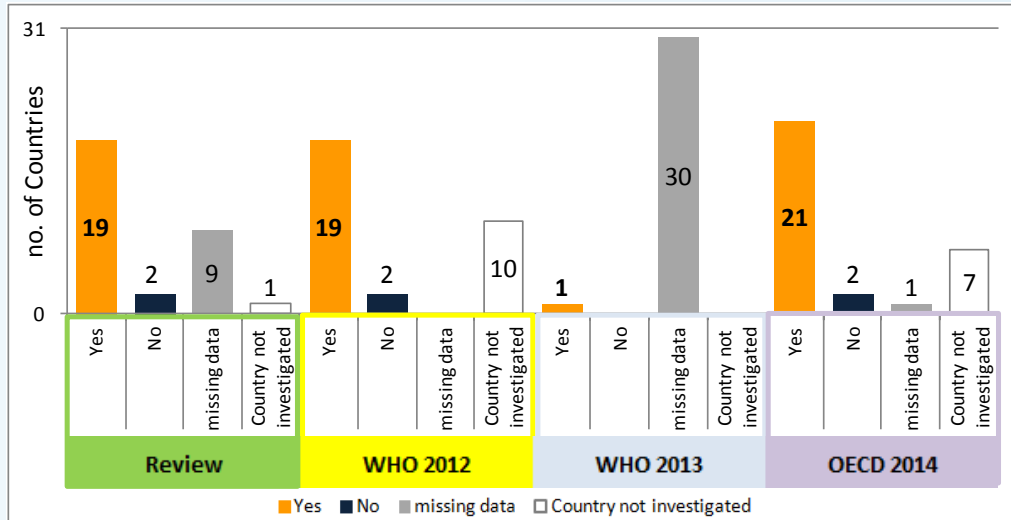
-  European Union review (Drug and Alcohol Review January 2013, 30, 1)
-  WHO advice (January 2012)
-  WHO Global report on alcohol and health in 25 EU countries 2013
-  OECD collection on national drinking guidelines (provisional version 19 May 2014)

Available sources of information from previous available surveys. Each color identifies one specific source reviewed by RARHA.

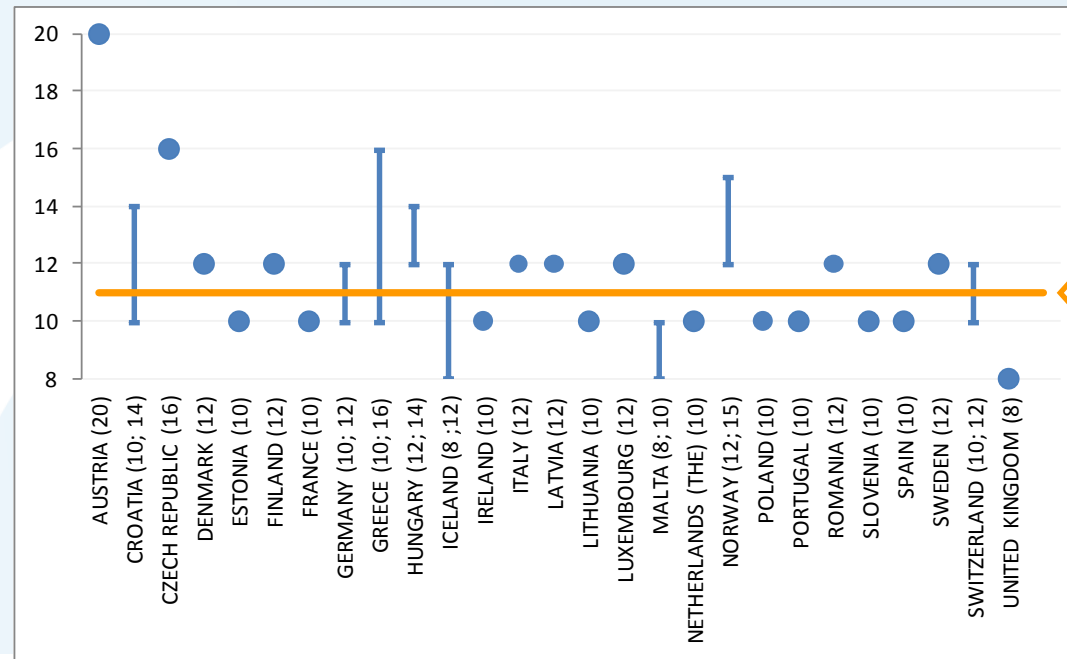
The different investigation sources are present only when the specific variable was investigated in the corresponding source (full E review). In Corresponding information among data available from different sources.

Investigated aspects	Variables	Codes, categories and format	Review of available sources	RARHA survey
STANDARD DRINK	Is the "Standard Drink" concept currently being used in your country?	1=Yes 2=No	   	
	If yes, in advice (brief interventions) provided by health care professionals:	1-To a large extent 2-To some extent 3-Not at all 4-Do not know		
	If yes, in public education messages:	1-To a large extent 2-To some extent 3-Not at all 4-Do not know		
	If yes, on alcoholic beverage packages to indicate the alcoholic content:	1-To a large extent 2-To some extent 3-Not at all 4-Do not know		
	How is the "Standard Drink" (SD) defined in your country?	in grams of pure alcohol; how many grams in one SD? in centiliters of pure alcohol; how many cl in one SD? Other, please specify.	    	

Standard Drink concept currently used

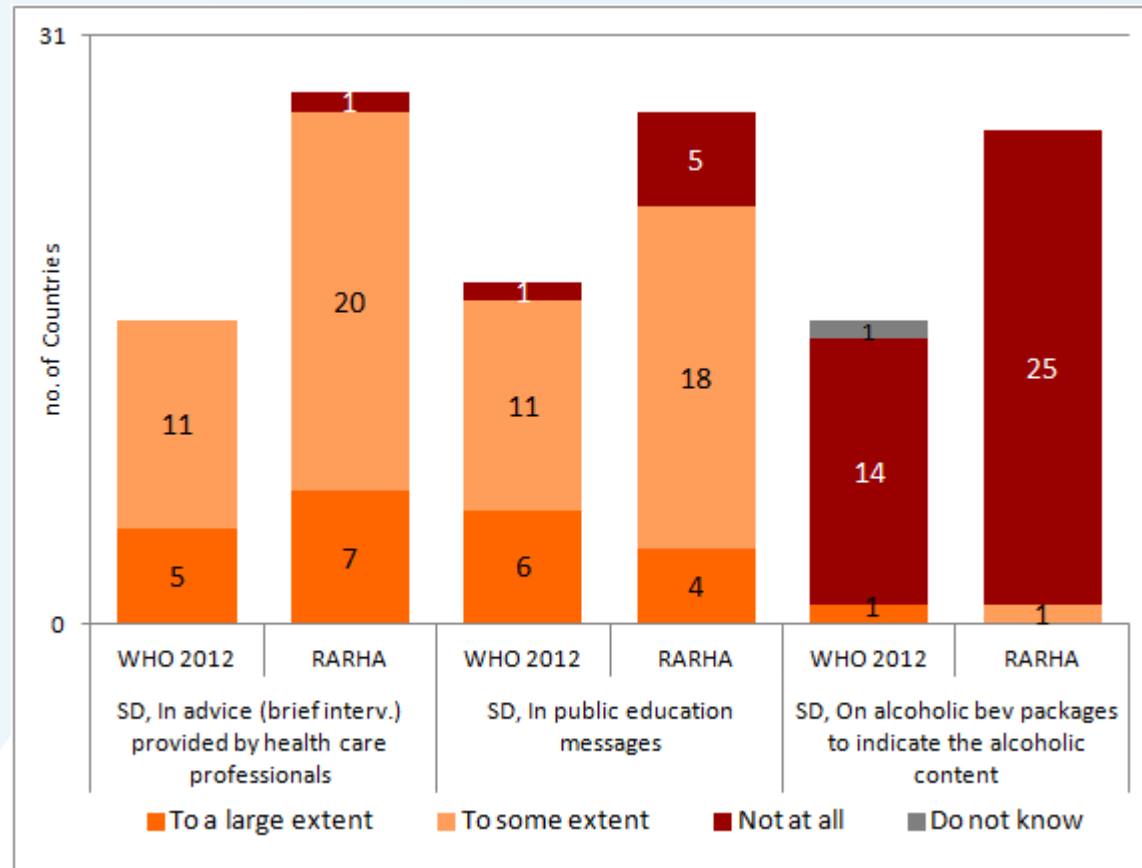


RARHA survey
SD in grams of pure alcohol:



Mean=
Median=
11

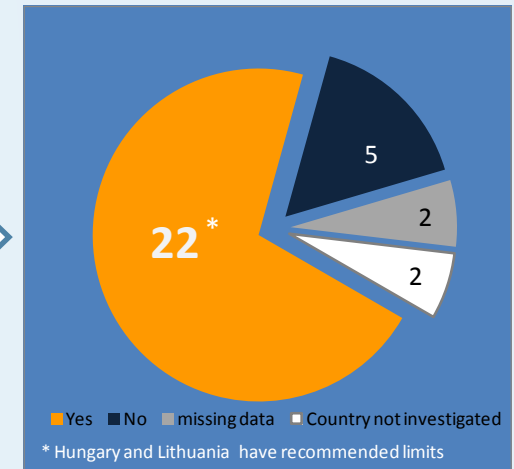
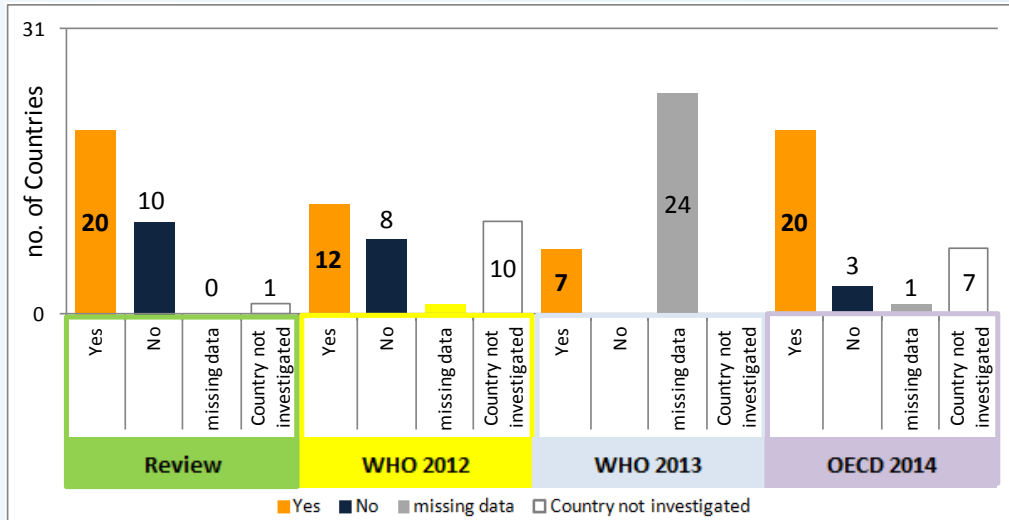
Standard Drink concept currently used in:



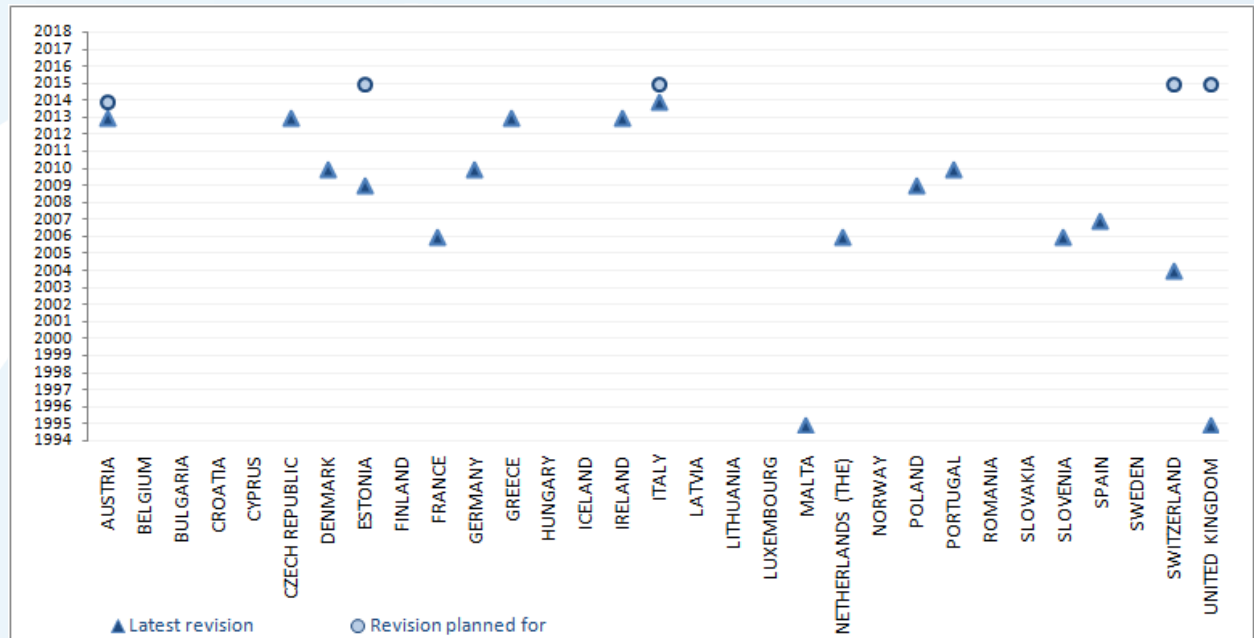
Low Risk Guidelines (GL)/Recommendations (R)

Country	DATA SOURCE					Have guidelines for low risk drinking been issued in your country?				Organization		Latest revision		Not revised since		Revision planned for			
	Review	WHO 2012	WHO 2013	OECD 2014	RARHA	1=Yes; 2=No						Year (YYYY)		Year (YYYY)		Year (YYYY)			
AUSTRIA						1	1		1	1	Ministry of Health	Ministry of Health	2009		2013	2009	2013	Not yet agreed	2014
BELGIUM						2			2	2									
BULGARIA						1	2												
CROATIA										1	Croatian Association for Treated Alcoholics	Croatian Association for Treated Alcoholics; Croatian National Institute of							
CYPRUS						2	2												
CZECH REPUBLIC						1	2		1	1		Centre for Addictology, 1st Faculty of Medicine and General Teaching Hospital			2013				
DENMARK						1		1	1	1			2010		2010		2010		
ESTONIA						1	1	1	1	1	National Institute for Health Development	National Institute for Health Development	2009	2009	2009				2015
FINLAND						1	1		1	1	Alcohol Programme (guidelines are not official)	there are no official guidelines that explicitly refer to "low risk" but HIGH RISK				2003			
FRANCE						1			1	1	INPES	INPES			2006		2006		
GERMANY						1	1	1	1	1	German Centre for Addiction Issues (DHS)	German Centre for Addiction Issues (DHS)	2010	2008	2010		2010		
GREECE						2	2		1	1		Ministry of Health			2013				
HUNGARY						2	2		1	2									
ICELAND						1				1									
IRELAND						1	1	1	1	1	Department of Health	Department of Health			2013				2012/13
ITALY						1	2	1	1	1	THERE ARE ADVICES FROM THE ITALIAN NATIONAL INSTITUTE FOR	INRAN (Italian National Research Institute for Food and Nutrition) - Italian Ministry of	2011		2014		2003		2015
LATVIA						2	2			2									
LITHUANIA						2	2			2									
LUXEMBOURG						2				1		Directorate of Health							
MALTA						2	1			1	sedqa	sedqa				1995	1995		
NETHERLANDS (THE)						1			1	1		Gezondheidsraad (Health Council of the Netherlands)			2006		2006		
NORWAY						2			2	2									
POLAND						1	1		1	1	PARPA	PARPA	2009		2009	2009	2009	no	
PORTUGAL						1	1		1	1	WHO guidelines reflected in the Action Plan against Alcoholism 2000 and in the Romanian Forum for Responsible Consumption - RFRD	National Action Plan for Alcohol related Problems 2010-2012	2010		2010				
ROMANIA						2	1			2			don't know						
SLOVAKIA						1				2									
SLOVENIA						1	1		1	1	Faculty of Medicine, Department of Family Medicine	Faculty of medicine	2006		2006	2006	2006		
SPAIN						1			1	1		Ministry of Health, Social Services and Equality					2007		
SWEDEN						1	1	1	1	2	National Board of Health and Welfare	National Board of Health and Welfare	2011						
SWITZERLAND						1			1	1		Federal Office of Public Health/Addiction			2008	2004		2004	2015
UNITED KINGDOM						1	1	1	1	1	Chief Medical Officer (CMO)	The Government's lower risk drinking guidelines were published in the December	Review in progress		1995	1995		2012	2015

Low Risk GL/R issued



Revision (yrs):

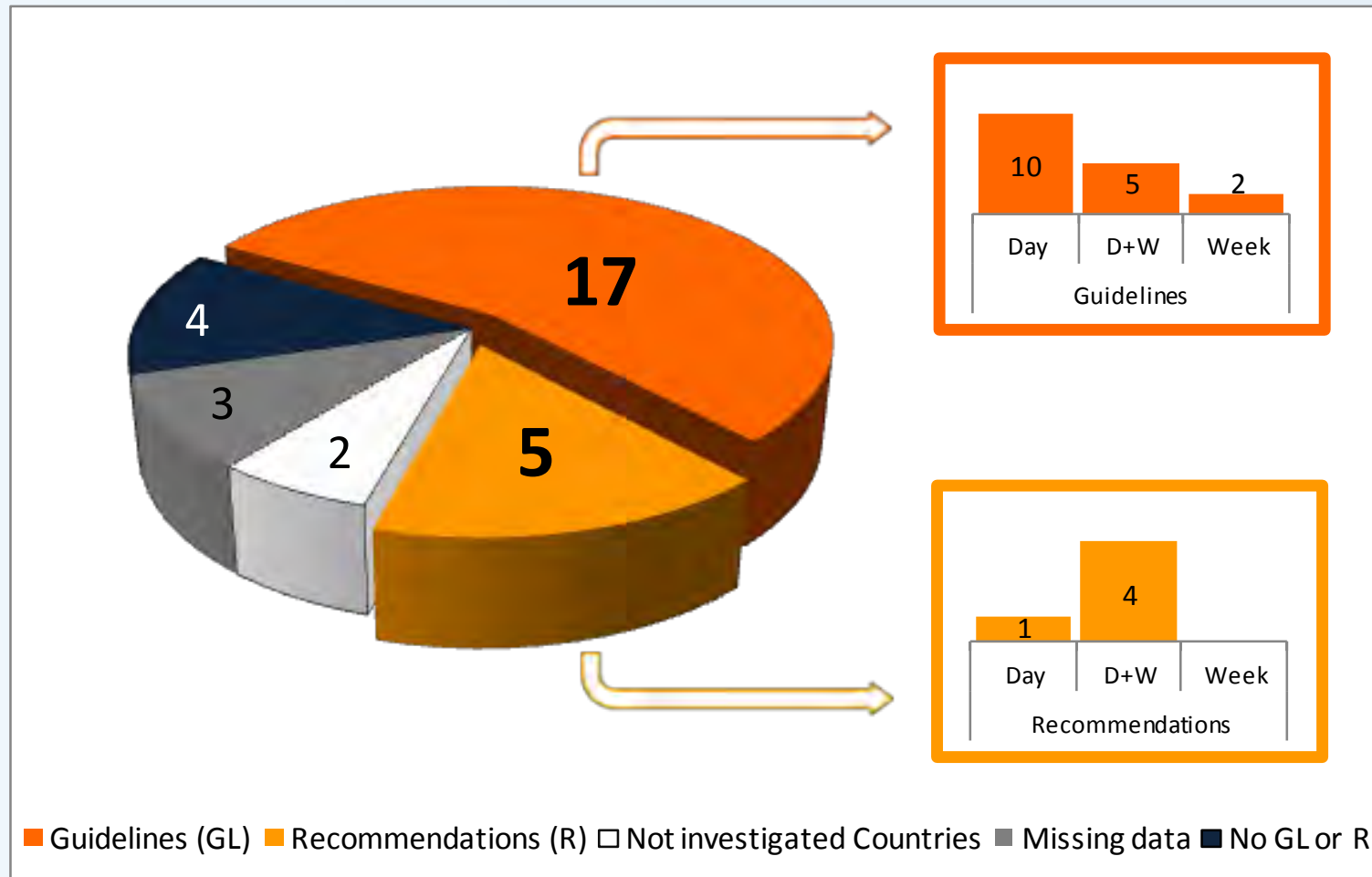


WEEK low risk GL/R (in g)

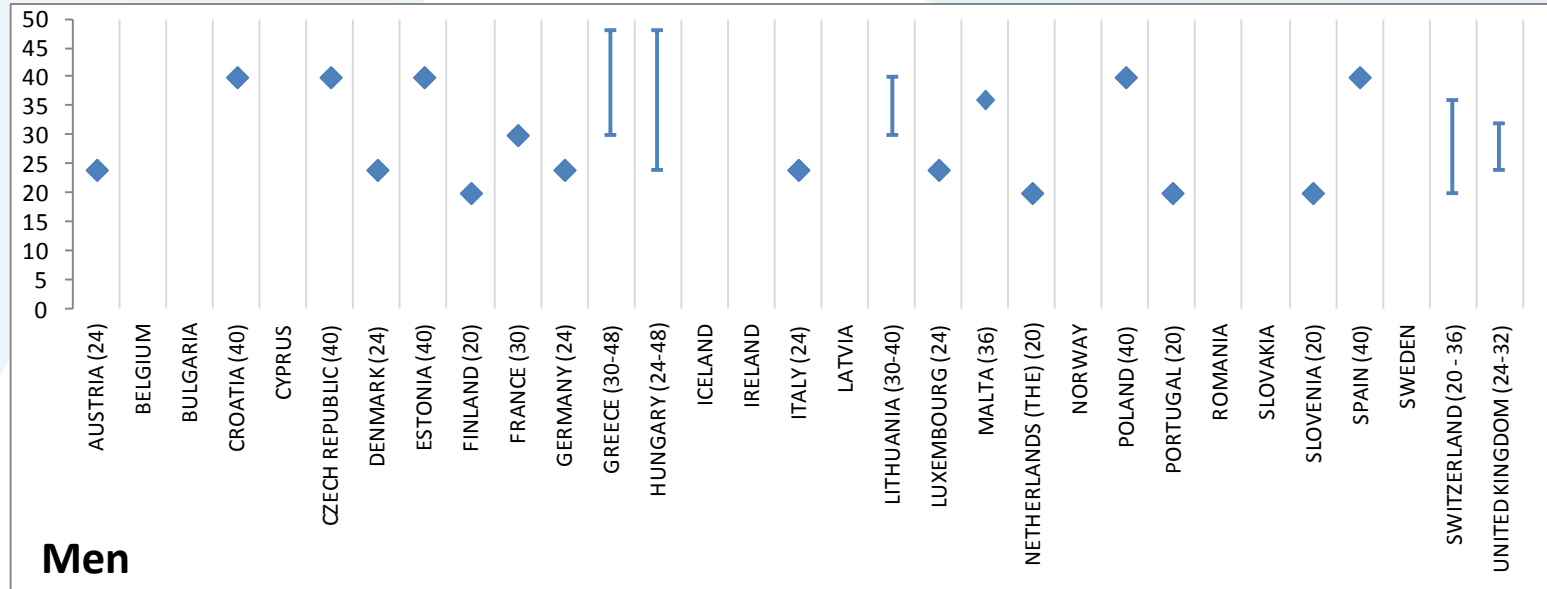
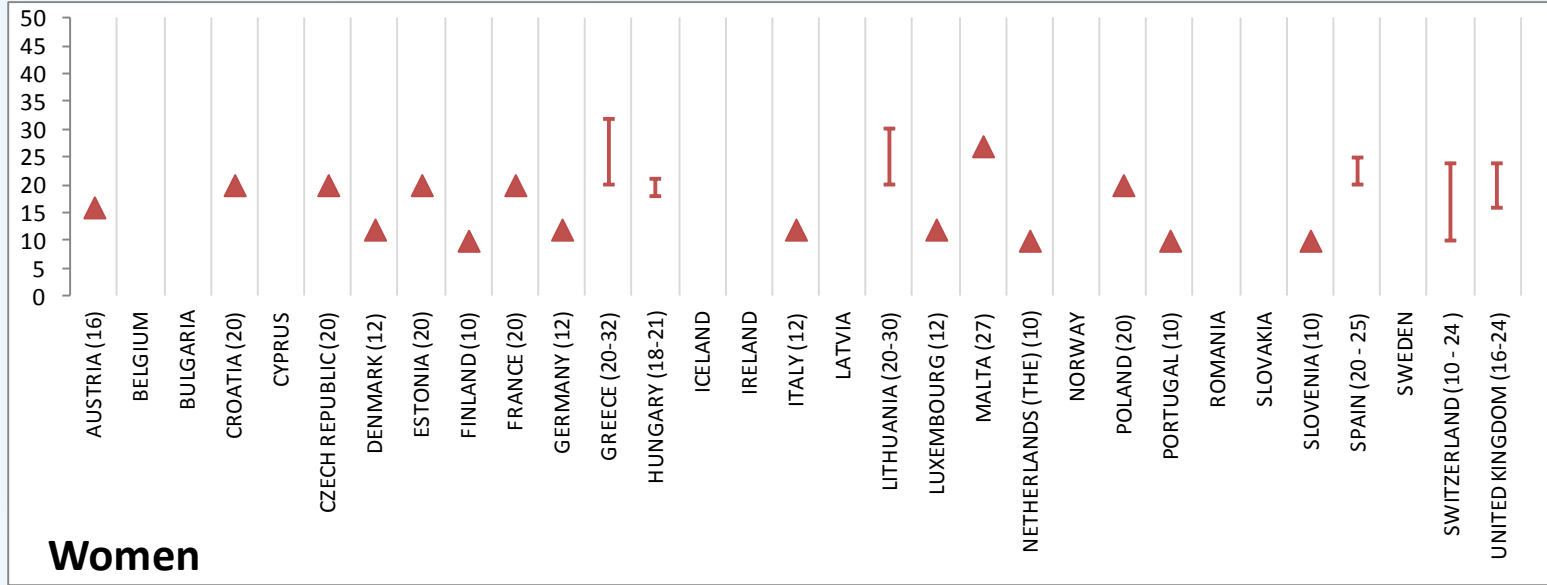
Country	DATA SOURCE					Men				Women				All consumers		Guidelines on average alcohol intake in a week		No guidelines but RECOMMENDATION 5 on average alcohol intake in a week	
	Review	WHO 2012	WHO 2013	OECD 2014	RARHA	Average alcohol intake in a week not to be exceeded (grams of pure alcohol)				Average alcohol intake in a week not to be exceeded (grams of pure alcohol)				Average alcohol intake in a week not to be exceeded (grams of pure alcohol)		2=Not issued			
AUSTRIA							160					120				300	2	2	<input checked="" type="checkbox"/>
BELGIUM																		2	
BULGARIA							0					0					2		
CROATIA							200					120							
CYPRUS																		2	
CZECH REPUBLIC																	2	2	
DENMARK							168			168	84			84					
ESTONIA							160	160	160		80	80	80						
FINLAND								280		288		190		192			2		
FRANCE							210				140								
GERMANY								120				60	60				2	2	<input checked="" type="checkbox"/>
GREECE																		2	
HUNGARY																		2	
ICELAND							168				84								
IRELAND							210	168 (sug)	21 SU	170	168	140	112 (sug)	14 SU	110	112			
ITALY																	2	2	2
LATVIA																			
LITHUANIA										210				140			2	2	<input checked="" type="checkbox"/>
LUXEMBOURG														2-3 free-alcohol					
MALTA								189		189		126		126				2	<input checked="" type="checkbox"/>
NETHERLANDS (THE)																	2	2	
NORWAY																			
POLAND							280	280		280	140	140		140					
PORTUGAL																	2	2	2
ROMANIA								195				130						2	
SLOVAKIA																	2		
SLOVENIA								140		140		70					2		
SPAIN							210			280	140		170						
SWEDEN							168	168	168		108	108	108					2	
SWITZERLAND																	2	2	
UNITED KINGDOM							168		168	168		112		112			2	2	<input checked="" type="checkbox"/>

DAY low risk GL/R (in g)

Country	DATA SOURCE					Men				Women				All consumers	Guidelines on average alcohol intake in a day		No guidelines but RECOMMENDATIONS on average alcohol intake in a day		
	Review	WHO 2012	WHO 2013	OECD 2014	RARHA	Average alcohol intake in a day not to be exceeded (grams of pure alcohol)				Average alcohol intake in a day not to be exceeded (grams of pure alcohol)				Average alcohol intake in a day not to be exceeded (grams of pure alcohol)	2=Not issued				
AUSTRIA						24	24		24	24	16	16		16	16	40		2	<input checked="" type="checkbox"/>
BELGIUM																		2	
BULGARIA						30	20				20	10							
CROATIA							40			40		20			20				
CYPRUS																		2	
CZECH REPUBLIC						24			40	40	16			20	20				
DENMARK									24	24				12	12		2		
ESTONIA						40	40		40	40	20	20		20	20				
FINLAND						20			24	20	10			12	10			2	
FRANCE						30			30	30	20			20	20				
GERMANY						24	24	24	24	24	12	12	12	12	12				
GREECE									30	30-48				20	20-32				
HUNGARY									48-60	24-48				32-40	18-21			2	<input checked="" type="checkbox"/>
ICELAND						24			24		12			16					
IRELAND						40			24		30			16			2	2	
ITALY						36	24-36		24-36	24	24	12-24		12-24	12				
LATVIA																			
LITHUANIA										30-40					20-30		2	2	<input checked="" type="checkbox"/>
LUXEMBOURG										24					12			2	<input checked="" type="checkbox"/>
MALTA										36					27		2	2	<input checked="" type="checkbox"/>
NETHERLANDS (THE)						30			20-30	20	20			10	10				
NORWAY																			
POLAND						40	40		40	40	20	20		20	20				
PORTUGAL						20	24		24-36	20	20	16		12-24	10				
ROMANIA							39					26						2	
SLOVAKIA						28					14								
SLOVENIA						20	20		20	20	10	10		10	10				
SPAIN						30			40	40	20			20	20 - 25				
SWEDEN									24						15		2	2	
SWITZERLAND						40			40-48	20 - 36	20			20-24	10 - 24				
UNITED KINGDOM						32	24-32		24	24-32	24	16-24		16	16-24			2	<input checked="" type="checkbox"/>

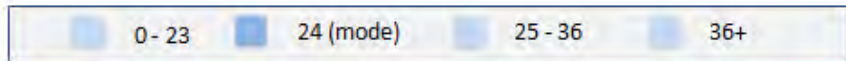


Average alcohol intake in a day not to be exceeded (grams of pure alcohol)

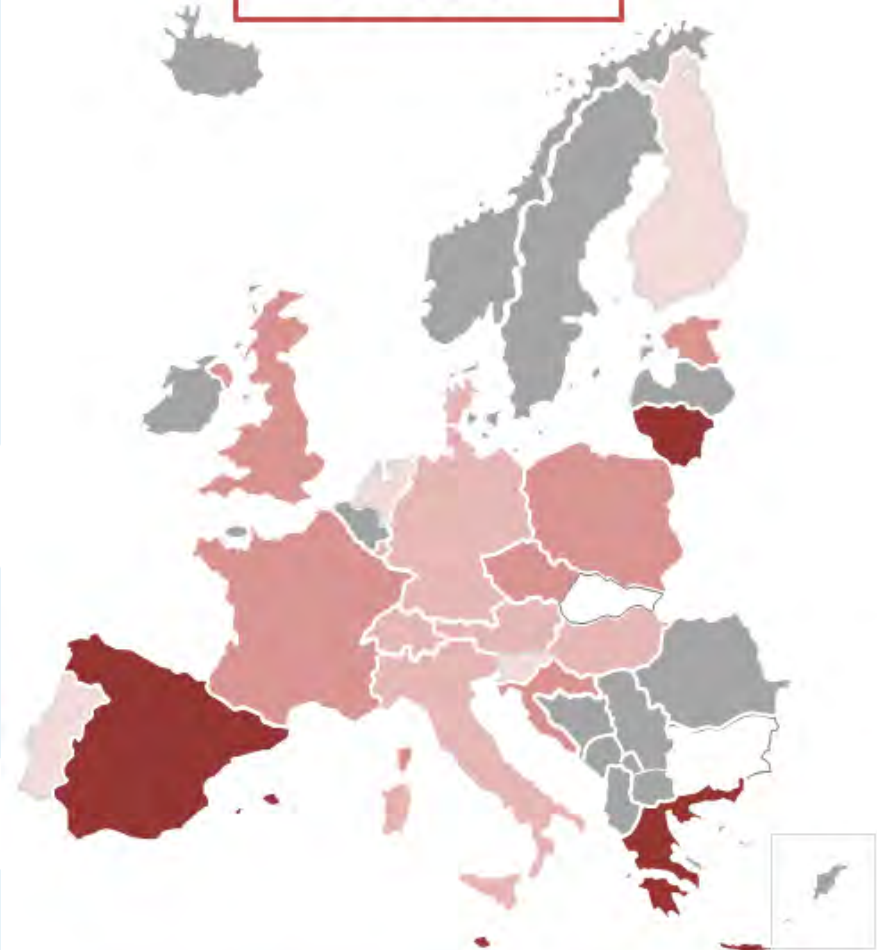


Average alcohol intake in a day not to be exceeded (g pure alcohol)

MEN

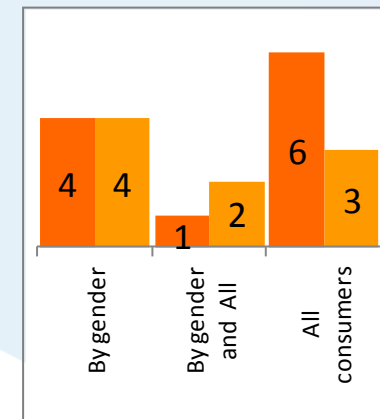
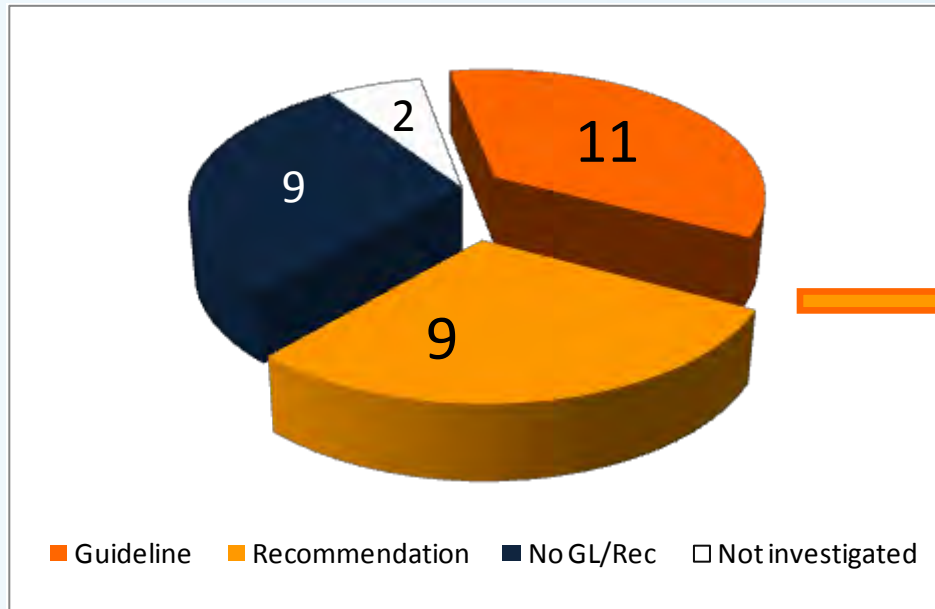


WOMEN



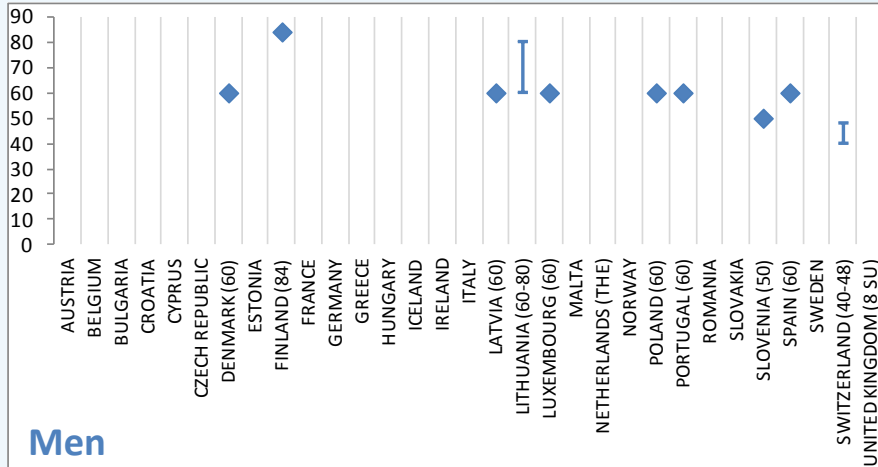
Binge Drinking

Country	DATA SOURCE					Men			Women			All consumers		Guidelines on binge drinking			No guidelines but RECOMMENDATIONS on binge drinking		
	Review	WHO 2012	WHO 2013	OECD 2014	RARHA	Maximum intake per drinking occasion (binge drinking) (grams of pure alcohol)			Maximum intake per drinking occasion (binge drinking) (grams of pure alcohol)			Maximum intake per drinking occasion (binge drinking) (grams of pure alcohol)		1=Issued 2=Not issued					
AUSTRIA																2	2		
BELGIUM																2	2		
BULGARIA						100			50										
CROATIA														2				2	
CYPRUS																		2	
CZECH REPUBLIC											80	80				1	1		
DENMARK								60		60		48				1	1		
ESTONIA												60				1	2		
FINLAND						84	84	84	60	60	60		60-72			1	1		
FRANCE												60	40		1	1	1		
GERMANY						50			50			60	50		1	1	1		
GREECE													40-64			2		☑	
HUNGARY												96-120	72-84			1	2	☑	
ICELAND																2	2		
IRELAND						*70 (old high risk)			*50 (old high risk)			60	60			1	1		
ITALY												60-72	72	2	1	1	1		
LATVIA								60					40			60		2	☑
LITHUANIA								60-80					40-80					2	☑
LUXEMBOURG								60				60				2	2	☑	
MALTA												36				36		1	
NETHERLANDS (THE)																	2	2	
NORWAY													72-90				1	2	
POLAND						60	60	60	40	40	40						1		☑
PORTUGAL						60	72	60	48	60	50						1	1	
ROMANIA													72	2				2	☑
SLOVAKIA												6 SU					1		
SLOVENIA						50	50	50	30	30	30						1	1	
SPAIN								60	60		40	40					1		☑
SWEDEN						60	60		48			48					1	2	
SWITZERLAND							50-60	40 - 48		40-48	30 - 36						1	1	
UNITED KINGDOM							64	8 SU		48	6 SU				2	1	1	2	☑

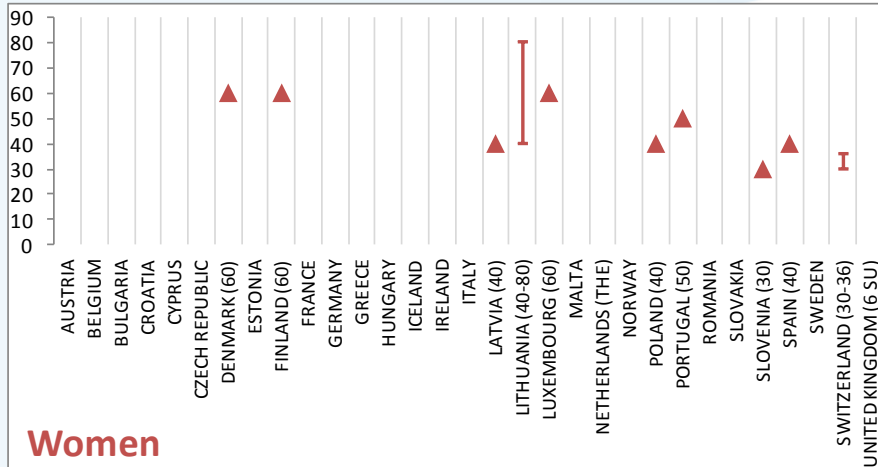


RARHA Binge Drinking

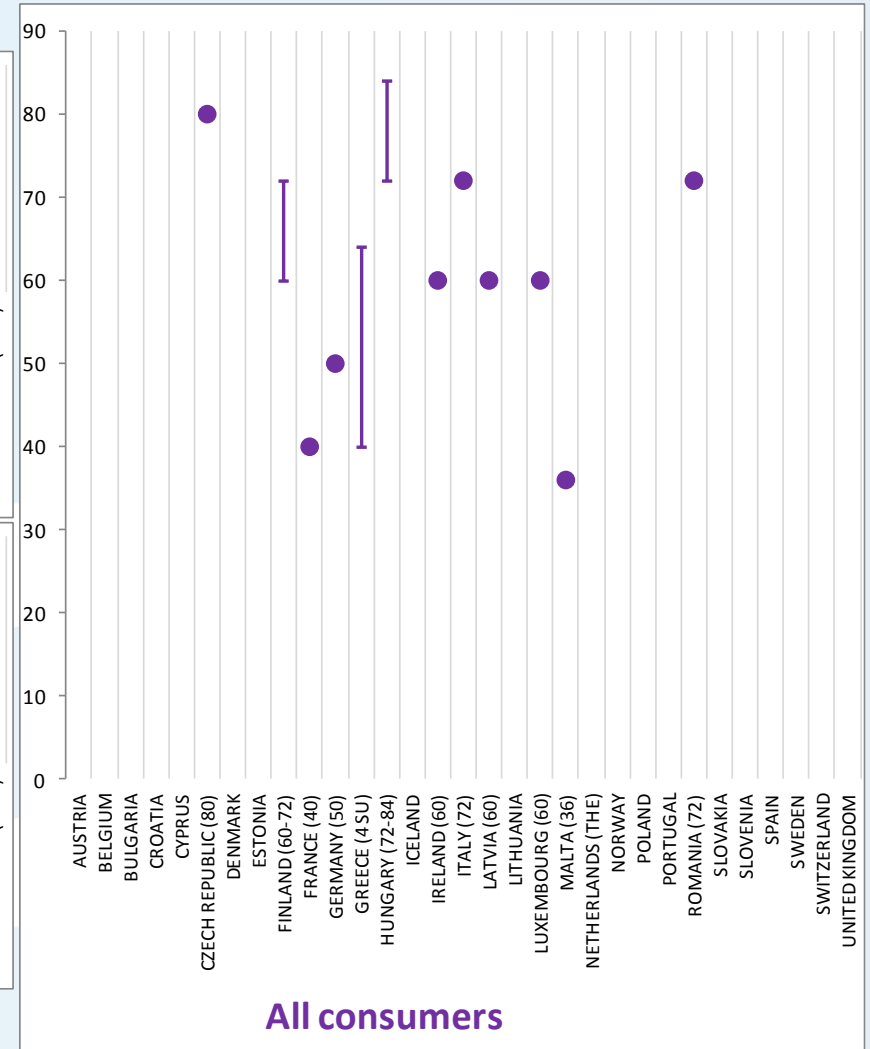
Maximum intake per drinking occasion (g pure alcohol)



Men



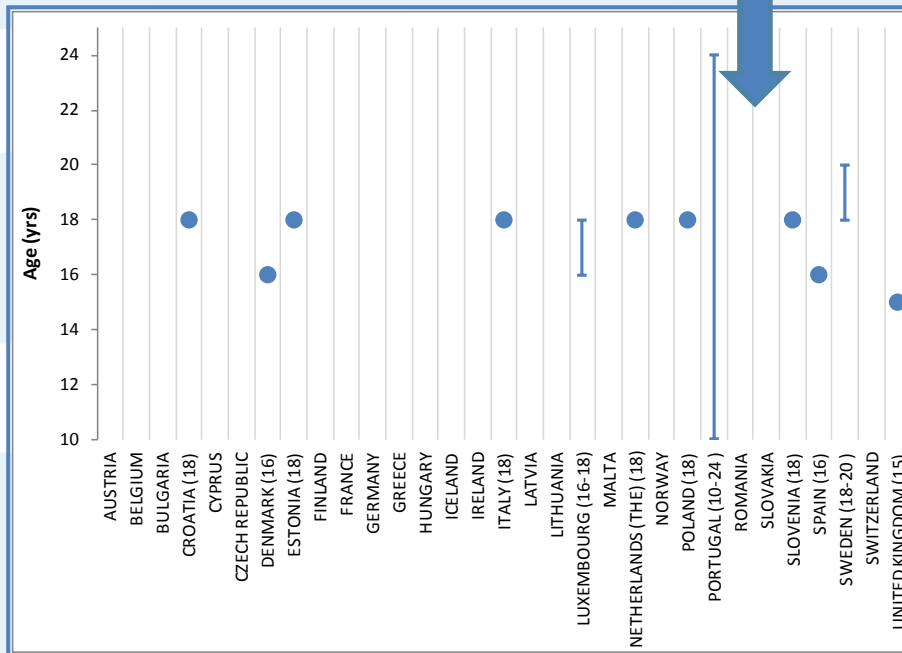
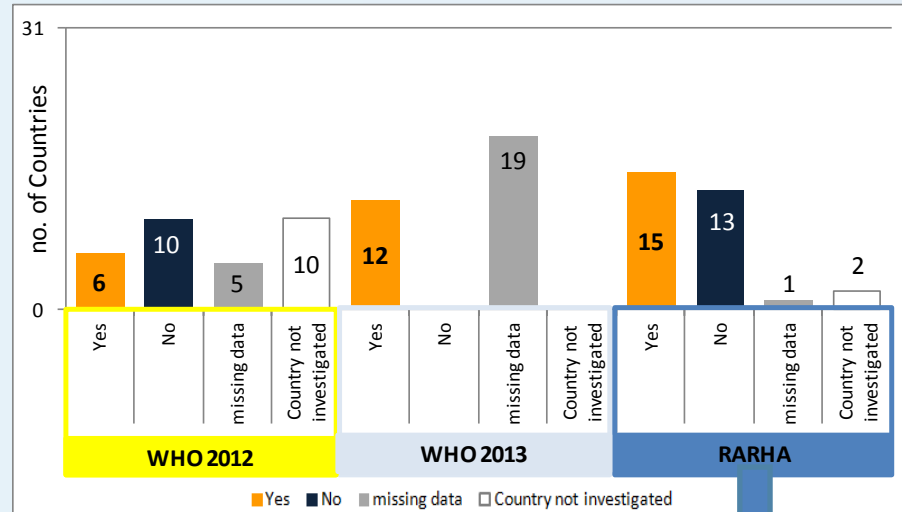
Women



All consumers

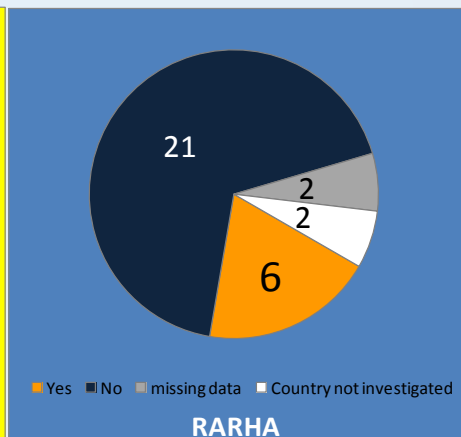
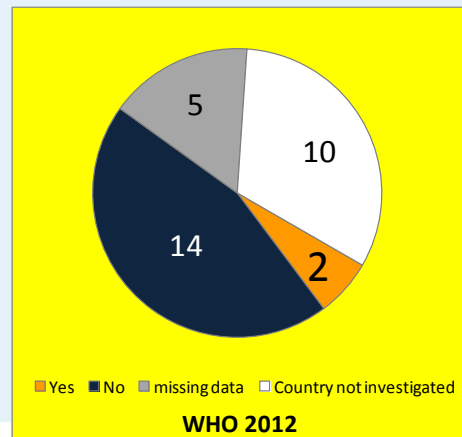
Young People GL or R

Country	DATA SOURCE			Are there separate guidelines/recommendations for young people in your country?		For persons younger than		What are the guidelines?	
	WHO 2012	WHO 2013	RARHA	1=Yes; 2=No		Age in yrs (YY)		(text)	
AUSTRIA				2		2			
BELGIUM					1	2			
BULGARIA				2					
CROATIA				1		1	18	18	Alcohol intake is illegal for minors, BAC for
CYPRUS						2			Croatian Association for Treated Alcoholics:
CZECH REPUBLIC				2		2			
DENMARK					1	1		16	young people should not drink alcohol stronger
ESTONIA				2		1		18	No drinking under 18
FINLAND				2		1			drinking under 18 is illegal
FRANCE					1	2			Children and young people should not drink
GERMANY				1	1	2	16		No alcohol
GREECE						2			
HUNGARY					1	2			
ICELAND						2			
IRELAND				2	1	2			
ITALY				2	1	1		18	no alcohol
LATVIA						2			
LITHUANIA						1			School rules, information material,
LUXEMBOURG					1	1		16-18	12g once a week
MALTA				2		2			
NETHERLANDS (THE)						1		18	no alcohol
NORWAY									
POLAND				1	1	1	18	18	
PORTUGAL				2	1	1		10-24	Define procedures concerning heavy
ROMANIA				2		2			
SLOVAKIA									
SLOVENIA				1		1	18	18	According to the Act the sale and provision of
SPAIN					1	1		16	According to the Act restricting the use of
SWEDEN				1		1	18	18-20	Prevention alcohol consumption in minors
SWITZERLAND						1			Legislative text, e.g. "Alcoholic beverages
UNITED KINGDOM				1	1	1	18	15	It is more guidance in the form of information
									In 2009, The Chief Medical Officer for
									CMO has issued guidance (rather than



Older People GL or R

Country	DATA SOURCE			Are there separate guidelines/recommendations for older people in your country?		No guidelines but RECOMMENDATIONS for older people	For persons older than:	What are the guidelines?	
	WHO 2012	WHO 2013	RARHA	1=Yes; 2=No			Age in yrs (YY)	(text)	
AUSTRIA				2	2	☑			
BELGIUM					2				
BULGARIA				2					
CROATIA				2	2				
CYPRUS					2				
CZECH REPUBLIC				2	2				
DENMARK					1				Older people should be especially careful
ESTONIA				2	2				
FINLAND				1	1		65	65	You should not drink more than two
FRANCE					2				The yellow box is correct. This is the
GERMANY				2	2				
GREECE					2				
HUNGARY					2				
ICELAND					2				
IRELAND				2	2				
ITALY				2	1	1	65		less than 1 SD/day
LATVIA					2				
LITHUANIA					2				
LUXEMBOURG					2				
MALTA				2			N/A	N/A	
NETHERLANDS (THE)					2				
NORWAY									
POLAND				2	2				
PORTUGAL				2	1		65		over 65 years old 10g SD
ROMANIA				2	2				
SLOVAKIA									
SLOVENIA				1	1		65	65	equal as for women
SPAIN					1		65		170gr/17W and 280gr/17M
SWEDEN				2	2				
SWITZERLAND					2				
UNITED KINGDOM				2	2				



OVER 65 YRS OF AGE

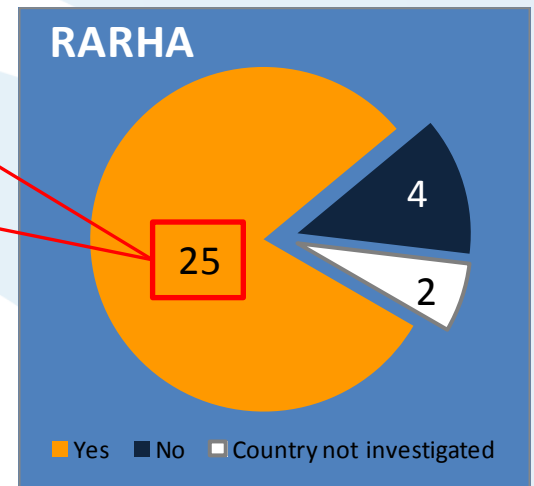
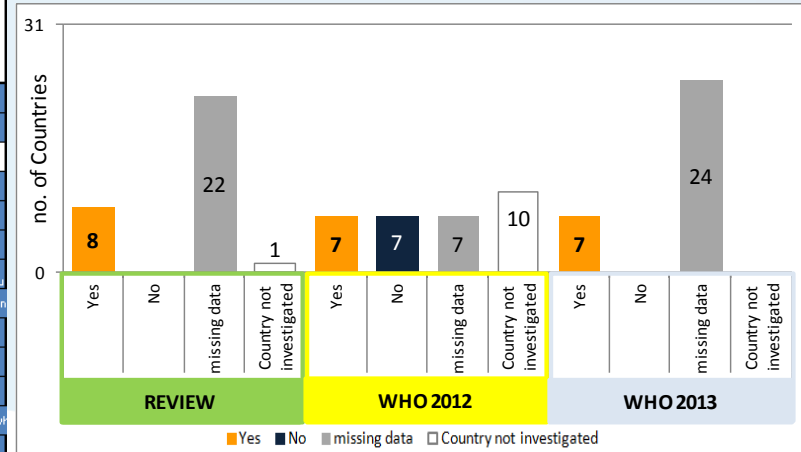


Pregnancy/ Breastfeeding GL or R

Country	DATA SOURCE				Are there separate guidelines/recommendations for drinking during pregnancy/ breastfeeding in your country?		No guidelines but RECOMMENDATIONS for pregnancy/ breastfeeding	What are the guidelines?	
	Review	WHO 2012	WHO 2013	RARHA	1=Yes; 2=No	(text)			
AUSTRIA					2	1			to strictly avoid larger amounts of alcohol, no alcohol before drinking
BELGIUM						1			
BULGARIA									
CROATIA					1	1		Alcohol is recomen	prohibition
CYPRUS						1			
CZECH REPUBLIC					2	2		The Nation for Health	
DENMARK						1			Want to be pregnant? - are you drinking alcohol?
ESTONIA						2	<input checked="" type="checkbox"/>	No drinkin pregnant *No alcoh pregnancy	when pregn during pregnancy no alcohol
FINLAND					1	1			
FRANCE					1	1			
GERMANY					2	1		Education materiel advice to drink no	No alcohol
GREECE						1			prohibited to women wh
HUNGARY						2			
ICELAND						1			alcohol o
IRELAND					1	1		No alcohol intake during pregnancy	during pregn
ITALY					1	2	1		stention
LATVIA						2			
LITHUANIA						1	<input checked="" type="checkbox"/>		formation materiel
LUXEMBOURG						1		N/A	0 g
MALTA					2	1			...FAS can be completely avoided if No alcohol from then moment a couple
NETHERLANDS (THE)						1			Not to use alcohol dur
NORWAY					1	1			with no
POLAND					2	1	1	Abstinence whole per	Don't drink alcohol
PORTUGAL					2	1	1		under approval the hea
ROMANIA					1	1		zero	zero consumption
SLOVAKIA									
SLOVENIA					1	1		n the School for future Parents, organized as	
SPAIN					1	1		abstinence during pregnancy and	abstinence during pregn
SWEDEN					1	1	1	ZERO	zero consumption
SWITZERLAND					1	1			Recommendation to abstain from alcohol
UNITED KINGDOM					1	1	1	The UK Chief Medical Officers' advice to	The UK Chief Medical Officers' advice on



NO ALCOHOL



Other guidelines:

Country	DATA SOURCE			Alcohol in guidelines for		Separate guidelines for workplace
	WHO 2012	WHO 2013	RARHA	Nutrition	Physical activity	
AUSTRIA						<input checked="" type="checkbox"/>
BELGIUM				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
BULGARIA						
CROATIA				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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HUNGARY				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
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LUXEMBOURG						<input checked="" type="checkbox"/>
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NORWAY						
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SWEDEN				<input checked="" type="checkbox"/>		
SWITZERLAND				<input checked="" type="checkbox"/>		
UNITED KINGDOM				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	





Consensus and differing views
in RARHA Delphi survey
on “low risk” drinking



Starting Point

- Guidelines for limiting drinking in order to reduce risks of harm from alcohol are given in most EU countries.
- Lot of variation in the scope of guidelines, levels of drinking defined as low/high risk, and definitions of “standard drink”.
- May confuse consumers when information is accessible across borders on the internet, on product labels ...
- May reduce the potential for effect of risk communication to reduce alcohol related harm.

Working methods

- Background papers to summarize the scientific basis as well as current definitions and practices to enable informed discussion.
- Two Delphi surveys to identify points of convergence and potential for consensus:
 - Issues around “low risk” drinking guidelines
 - Guidelines for reducing alcohol-related harm for young people
- Meetings for exchange between experts and dialogue with decision-makers .

Joint Action RARHA – Work Package “Guidelines” 2

Co-leaders

- National Institute for Health and Welfare THL (FI)
- Istituto Superiore di Sanità ISS (IT)

Further Task leaders

- Landschaftsverband Westfalen-Lippe LWL (DE)
- Health Service Executive HSE (IE)
- Eurocare (EU)

Participants

- Actively involved or as followers 34 partners from 24 countries

Delphi survey around “low risk” drinking

- In all 22 partners involved in the planning process
- Methodological support provided by two additional experts
- Core planning group comprising
 - Marjatta Montonen & Pia Mäkelä / National Institute for Health and Welfare (FI)
 - Emanuele Scafato & Claudia Gandin / Istituto Superiore di Sanità (IT)
 - Sandra Coughlan / Health Service Executive (IE)
 - Sandra Tricas-Sauras / Eurocare.

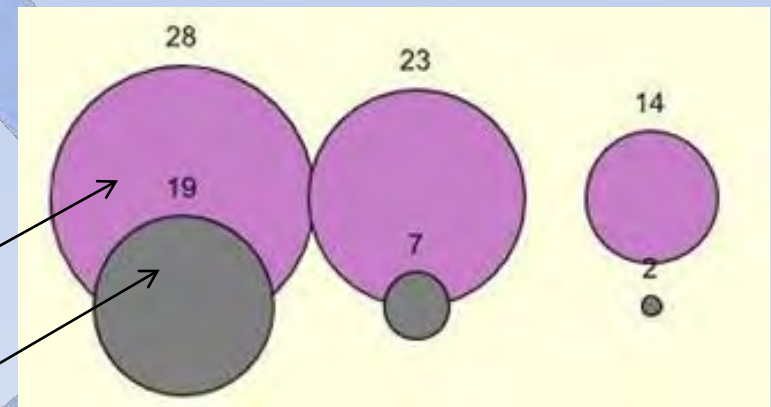
RARHA Delphi survey on “low risk” drinking

The Delphi method

- Method developed for future forecasting and to provide material for decision making on complex issues.
- The Delphi process: survey of expert views in two or more rounds, with results fed back to respondents in between.
- Respondent anonymity to minimize the effect of speaker status and group dynamics.
- The process leads to some degree of consensus and helps identify topics on which positions differ.

The expert panel

- First round: **51 experts** based in 27 countries
- Second round: **41 experts** based in 23 countries
- 4/5 participating in both rounds
- strong expertise in the **alcohol field**
considerable input from **broader public health**



primary *Prevention* *secondary* *tertiary*
/universal */targeted* */indicated*

Topics of the “low risk” Delphi survey

Drinking guidelines as a public health measure

- Conceptual clarification: purposes of drinking guidelines; “low” versus “high” risk; drinking over longer terms versus on single occasion
- Need for gender-specific and age-specific guidelines

Methodological issues

- Scientific basis: use of mortality data; how to factor in morbidity and harms to others

Communication aspects

- How to prevent unwanted effects; groups and situations where general guidelines do not apply; particular harms to highlight in risk communication

Possibility to move towards common guidelines

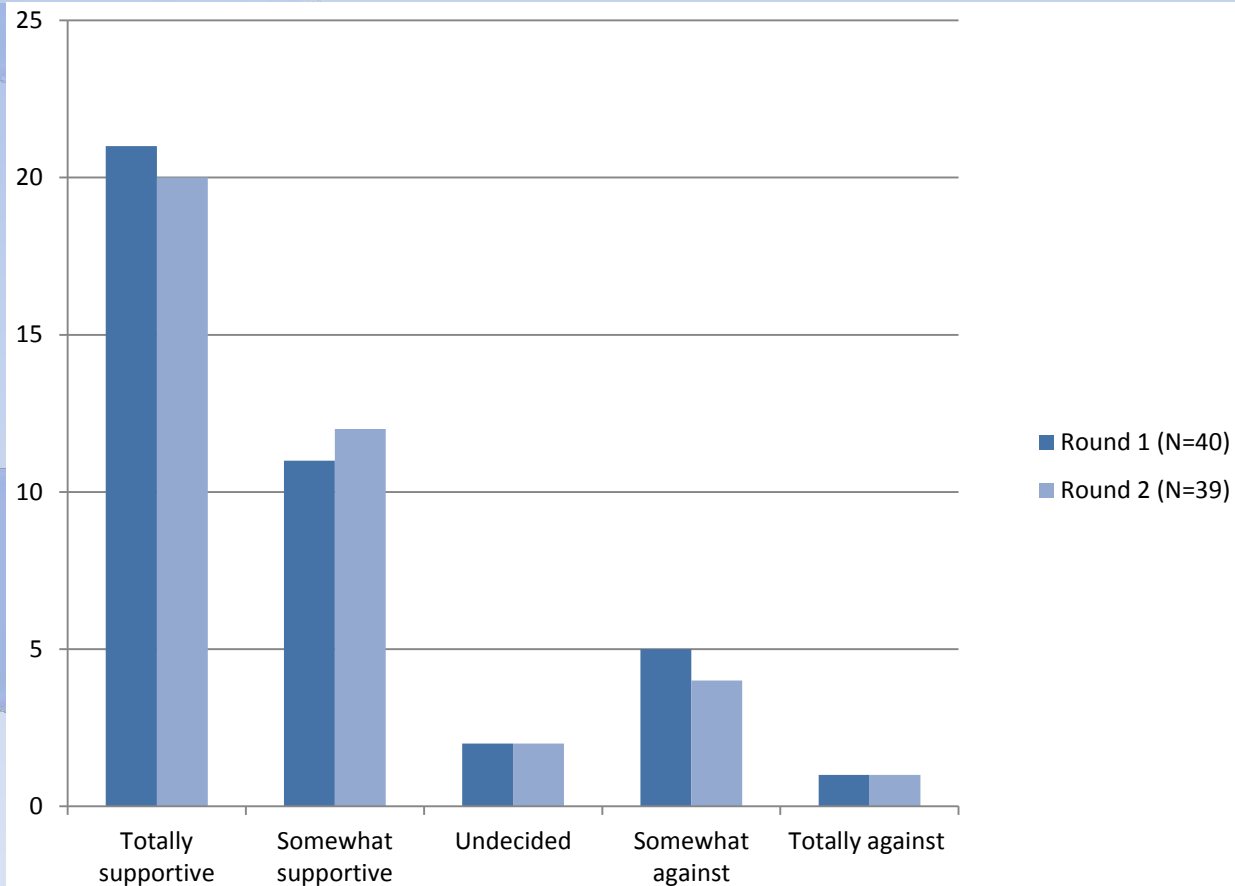
- Desirability of a common definition of “low risk” drinking; how to set the threshold for “low risk”

Practical aspects related to the labelling of alcoholic beverages

- Usefulness of a common definition of “standard drink”; what health related information should be given on alcoholic beverage labels

Delphi results: Drinking guidelines as a public health measure 1

Would you be supportive or against providing the general population with "low risk" drinking guidelines?



Delphi results: Drinking guidelines as a public health measure 2

Rationale for communicating “low risk” drinking guidelines

- Consumers have the right to be informed about risks related to alcohol consumption
- It is the responsibility for governments to provide such information.
- The core message is about risk rather than safety.

Guidelines are needed separately concerning

- drinking over longer periods of time
- drinking on a single occasion.

Realistic expectations regarding effects

- “Low risk” drinking guidelines may help correct misconceptions
- Communication about “low risk”, “high risk” and single occasion drinking guidelines may contribute in the longer term to influencing attitudes and drinking patterns in the whole population.
- Drinking guidelines are just one tool in the portfolio of measures to curb alcohol-related harm.

Delphi results: Drinking guidelines – to whom and for what purpose

The primary purpose of "low risk" guidelines is to inform rather than immediately change drinking patterns.

"Low risk" drinking guidelines

"High risk" drinking guidelines

Inform **alcohol consumers and others** about alcohol related risks

Draw **all alcohol consumers'** attention to the risks that may be involved in their drinking habits

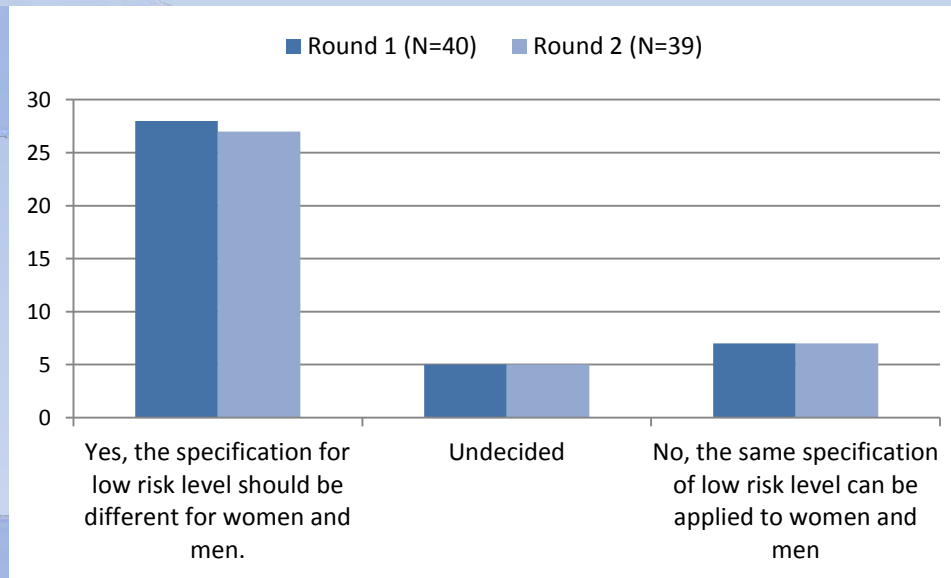
Encourage **"at risk" drinkers** reduce the amounts they are consuming

Single occasion drinking guidelines

Injuries and social harms

Delphi results: Need for gender-specific drinking guidelines

Should the guideline on what constitutes a "low risk" level of drinking be different for women and for men



Why different

- Physical differences (BAC levels)
- Biological differences (mortality)
- Specific risks (breast cancer)
- Risk fo harm to the foetus
- Broad acceptance of gender difference

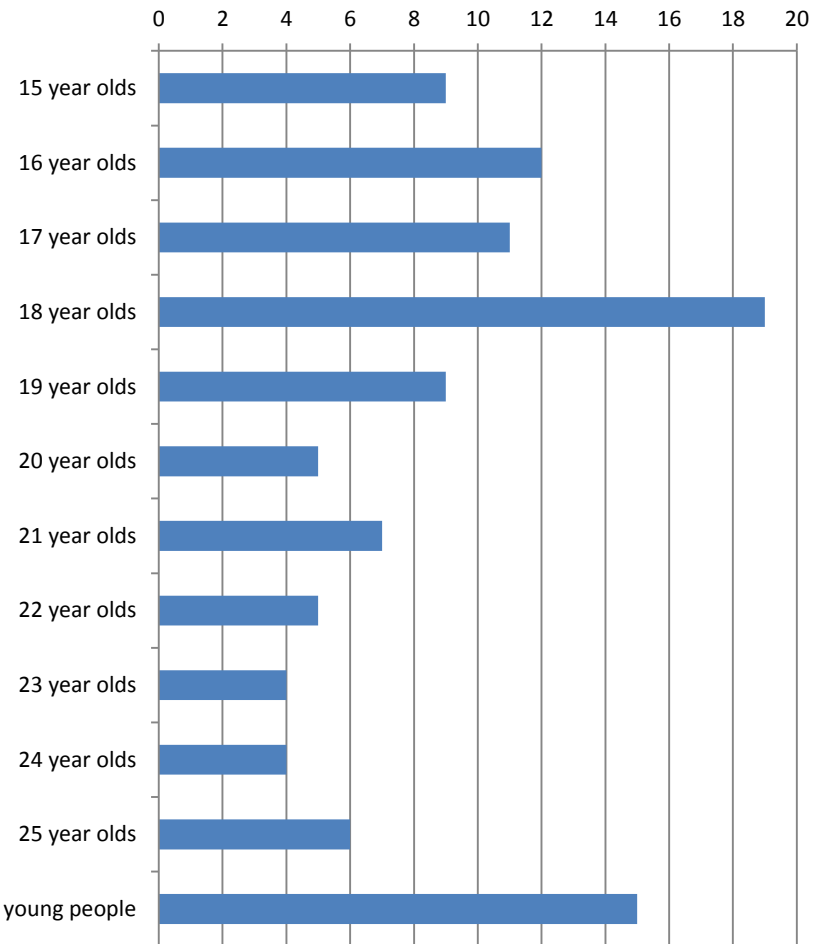
Why not the same

- Alcohol is harmful for humans
- Gender differences in risk are small
- Women are less prone to risky behaviour
- People adjust drinking according to effects
- Easier to communicate a single guideline

Delphi results: Need for age-specific drinking guidelines: young people

Young people: Which age group/s, if any, should be covered by separate guideline/s?

- 18year olds
- No "low risk" guidelines for young people



Is there a need for specific drinking guidelines for older people?

- For the age group 65 years and over
- **Clear statement on the level of alcohol intake not to be exceeded**
- **General statement** about greater vulnerability due to biological changes
- **Specific risks** to be highlighted
 - Interference or interaction of alcohol with medication, in particular with central nervous system depressants.
 - Comorbidities with alcohol use disorders or diseases that may increase the risk of alcohol related harm.
 - Risk of injuries and accidents, including when driving.

Delphi results: Methodological issues

- There is consistent evidence of a causal impact of the volume of alcohol consumption on a number of diseases.
 - Knowledge of **causality and risks** relating to alcohol needs strengthening.
 - Reliability and validity of **self-reports of alcohol consumption** deserves further attention.
 - Further research on **heavy drinking patterns** and the risk of alcohol related mortality and morbidity.
- At the moment, **mortality data** is the most usable measure of alcohol related health harm available for epidemiological analysis of risks.
- **Morbidity data** (e.g. DALYs) would bring added value but at the moment does not allow robust estimation of risk curves.
 - Further research on dose-response relationship between alcohol consumption and morbidity.
- Quantifying **harms to others** would be useful background for formulating “low risk” guidelines.
- Further research may **increase understanding of confounders and the relationship between alcohol consumption and health conditions** but the main body of science in this area is likely to remain valid.

Delphi results: Communication aspects

Points to highlight to prevent unwanted effects

- “Low risk” drinking does not mean “no risk”.
- The maximum for a single occasion does not mean that drinking up to that level is safe or that it is OK to drink that much every day.
- Occasional heavy drinking and daily drinking are both potentially harmful drinking patterns.

At-risk groups or high-risk situations that call for caution

- Use of medications
- Mental health problems / other addictions / family history of alcohol dependence

Situations where the safest option is not to drink at all

- During pregnancy / when driving / at work / in tasks that require concentration

Particular harms to highlight

- Increased risk of cancer
- Risk of adverse effects on the family

Positive effects of alcohol

- No messages or messages to correct misconceptions

Messages reharding alcohol and pregnancy – Examples

Avoid alcohol if pregnant or trying to conceive

- **UK Chief Medical Officers' guideline, January 2016:**
 - “If you are **pregnant or planning a pregnancy**, the safest approach is not to drink alcohol at all.”
 - “Drinking in pregnancy can lead to long-term harm to the baby, with the more you drink the greater the risk.”
- **US Centers for Disease Control and Prevention's Vital Signs report, February 2016**
 - “About half of all US pregnancies are unplanned and, even if planned, most women do not know they are pregnant until they are 4-6 weeks into the pregnancy. - - - It is recommended that women who are **pregnant or might be pregnant** not drink alcohol at all.

GOVERNMENT WARNING: (1) ACCORDING TO THE SURGEON GENERAL, WOMEN SHOULD NOT DRINK ALCOHOLIC BEVERAGES DURING PREGNANCY BECAUSE OF THE RISK OF BIRTH DEFECTS. (2) CONSUMPTION OF ALCOHOLIC BEVERAGES IMPAIRS YOUR ABILITY TO DRIVE A CAR OR OPERATE MACHINERY, AND MAY CAUSE HEALTH PROBLEMS.

USA 1989

France 2007



UK 2007

Know your limits



UK Chief Medical Officers recommend
Adults do not regularly exceed:

Men	3-4 units daily
Women	2-3 units daily

Avoid alcohol if pregnant or trying to conceive

www.drinkaware.co.uk

Consumers should obtain full information on alcoholic beverages

- The calorie content
 - percentage of daily intake
- All ingredients
 - additives, preservatives, colouring substances
- All allergens
- Other nutrients

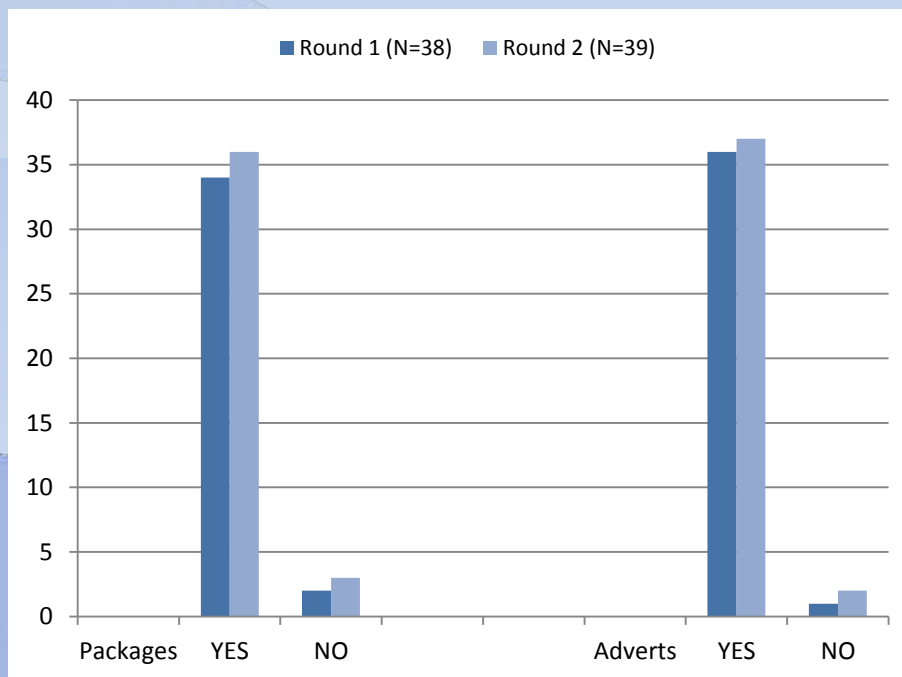
Consumers should be alerted to specific risks:

- alcohol consumption during pregnancy
- drink driving
- mixing alcohol with medications
- vulnerability of minors
- effects on the brain
- loss of self-control
- violence
- decreased perception of risk
- addictive nature of alcohol

Would it be useful from a public health perspective if warning messages about health or safety risks were required across the EU on alcoholic beverage packages and/or on alcohol advertisements?

YES

- Consumer's right
- Coherent policy
- Information gaps
- Risks for others



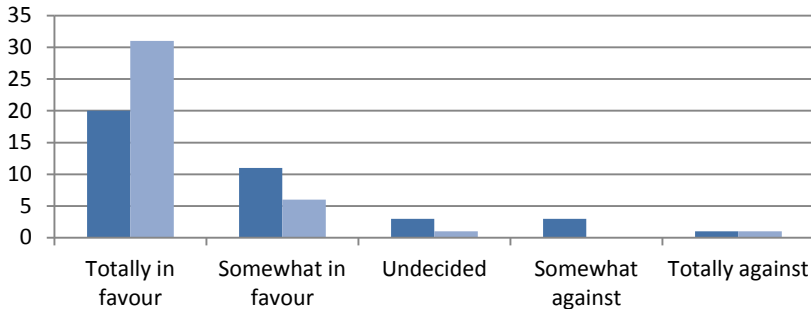
NO

- Risks are known
- Too much info
- Too small font
- Campaigns better

Delphi results: Definiton of “standard drink”

Would you be for or against agreeing on a common definition of standard drink

■ Round 1 (N=38) ■ Round 2 (N=39)



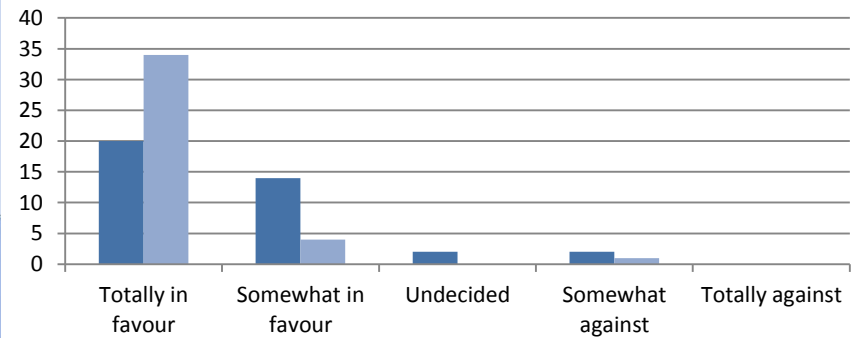
- A common definition would widen the reach of consumer information campaigns while decreasing the possibility of misunderstanding

Alternative approaches

- Give up scientific precision in public communication: “limit your consumption to X drinks a day”
- Display in grams pure alcohol the alcohol content of the bottle/can/box or of the serving on the price list.

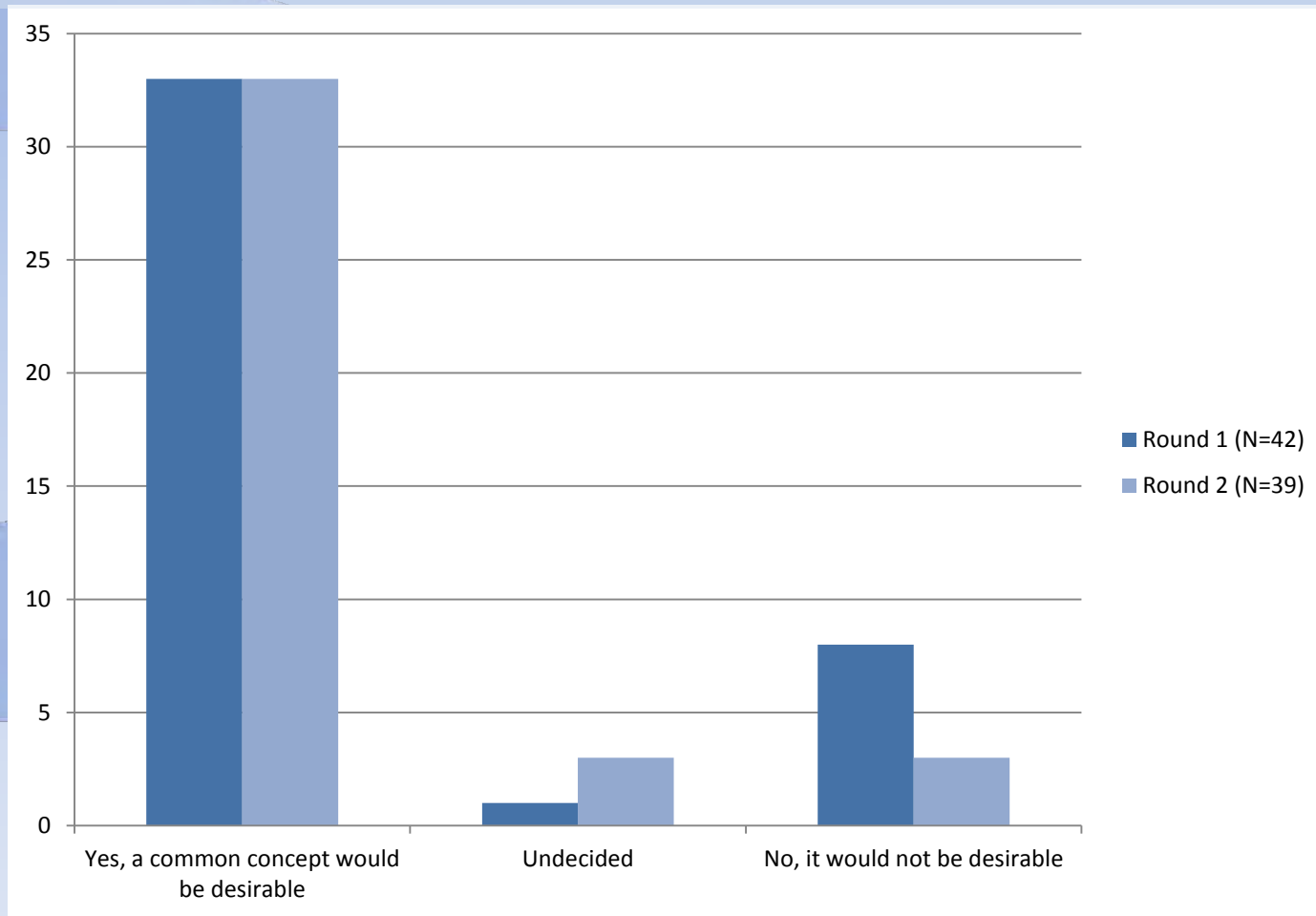
Would you be for or against requiring alcoholic beverage labels to indicate – in addition to the % abv – the grams pure alcohol contained in the package

■ Round 1 (N=38) ■ Round 2 (N=39)



Delphi results: Moving towards common guidelines 1

Would you consider it desirable for European public health bodies to agree on a common concept of "low risk" drinking?





SHARING THE RESULTS

LOOKING HOW TO REDUCE ALCOHOL RELATED HARM



Co-funded by
the Health Programme
of the European Union



**Good practice principles for the use of low risk drinking
guidelines as a public health tool**



NATIONAL INSTITUTE
FOR HEALTH AND WELFARE



Lisbon . 13/14 October . 2016

Towards a common concept

- More authority and credibility, clearer and stronger.
- A co-ordinated effort by European countries to promote low risk guidelines using the same definition would have a better chance of being accepted by the population.

However,

- National drinking guidelines have been introduced without coordination or international guidance.
- The WHO does not set limits for alcohol consumption – “the ideal for health is not to drink at all.”
- Drinking guidelines in some countries have a long history.
- Public health bodies in some countries have chosen not to issue guidelines on low risk drinking.
- To effectively communicate low risk drinking guidelines to the population, pre-existing information needs and perceptions need to be taken into account.

Nevertheless, a move towards a more aligned approach is possible

- Adopting the cumulative lifetime risk of death due to alcohol as a common metric for assessing the risks from alcohol.
- Applying the good practice principles suggested by Joint Action RARHA.



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SHARING THE RESULTS

LOOKING HOW TO REDUCE ALCOHOL RELATED HARM

 RARHA
REDUCING ALCOHOL RELATED HARM

Good practice principles for drinking guidelines

Principles

- Drinking guidelines are not normative but informative.
- The core message is about risk, not safety.
- Guidelines should convey evidence-based information on risks at different levels of alcohol consumption, correct misconceptions about the likelihood of positive or negative health effects of alcohol, and help alcohol consumers to keep the risk of adverse outcomes low.

Agreeing on a "European code on alcohol"

- Set of core messages applicable across diverse populations.
- To amplify the core message to alcohol consumers and the society at large.
- To provide a common reference and support for national action.



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Good practice principles for drinking guidelines

Components

- Daily drinking and occasional heavy drinking should both be highlighted as potentially harmful drinking patterns.
 - Advice to limit average consumption over a longer period of time.
 - Advice to limit the amount drunk on any single occasion.
- Advising equally low consumption levels for men and women, while highlighting gender-specific factors in verbal communication, should be considered.
- Guidance for healthy adults should be accompanied by guidance for various age groups, in particular for older people.
- Advice should be provided concerning alcohol consumption in high-risk situations and at-risk groups.
- While the focus in drinking guidelines is on health risks, it should be communicated that limiting alcohol consumption and avoiding drunkenness also reduces the risk of social harms to the drinker and to others.



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SHARING THE RESULTS

LOOKING HOW TO REDUCE ALCOHOL RELATED HARM



Good practice principles for drinking guidelines

Key messages

- Not drinking at all is the safest option
 - ✓ in pregnancy, childhood and adolescence
 - ✓ when driving, at work or engaged in tasks that require concentration.
- High-risk situations include
 - ✓ taking a medication that may interact with alcohol.
- At-risk groups include people with
 - ✓ other addictions, mental health problems or family history of alcohol dependence.
- Advice for older people should highlight risk of
 - ✓ adverse interactions with medications, co-morbidities and injuries.
- Specific harms to highlight include
 - ✓ increased risk of cancer, high blood pressure, addiction, depression, adverse effects on the brain, overweight and adverse effects on the family.
- As low risk drinking guidelines are based on averages across populations, any individual should also take into account their own characteristics and particular situation.



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LOOKING HOW TO REDUCE ALCOHOL RELATED HARM

Support measures at European and national level



Legislating for health relevant information on alcoholic beverage labels.

- ✓ Ingredients and nutrition values
- ✓ The amount of calories in the bottle or can
- ✓ The amount of pure alcohol in the bottle or can, in grams of ethanol
- ✓ Message/s on the health and safety risks related to alcohol consumption

Requiring information on health and safety risks on alcoholic beverage packages and alcohol advertisements.

- ✓ Alcohol consumption during pregnancy; Vulnerability of minors
- ✓ Drink driving; Mixing alcohol with medications
- ✓ Effects on the brain; Addictive nature of alcohol
- ✓ Loss of self-control; Violence; Decreased perception of risk

For effectiveness, health and safety messages should be:

- ✓ Rotating – designed to fill in gaps in information
- ✓ Clear and powerful
- ✓ Highly visible, of sufficient size, placed on the front of containers



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SHARING THE RESULTS

LOOKING HOW TO REDUCE ALCOHOL RELATED HARM

Support measures at European and national level

- Applying and enforcing an age limit of minimum 18 years for the sale and serving of any alcoholic beverages.
 - ✓ Organized and regular enforcement
 - ✓ Training for servers and retailers
 - ✓ Efforts to enhance public awareness and support for compliance with age limits
 - ✓ Effective use of sanctions—suspension of alcohol license, closure order.
- For promoting awareness and enforcement, an integrated alcohol policy with a combination of structural and individual prevention measures is needed rather than isolated actions.
- Supporting in particular primary health services to identify at-risk drinkers and offer advice to reduce high-risk drinking.



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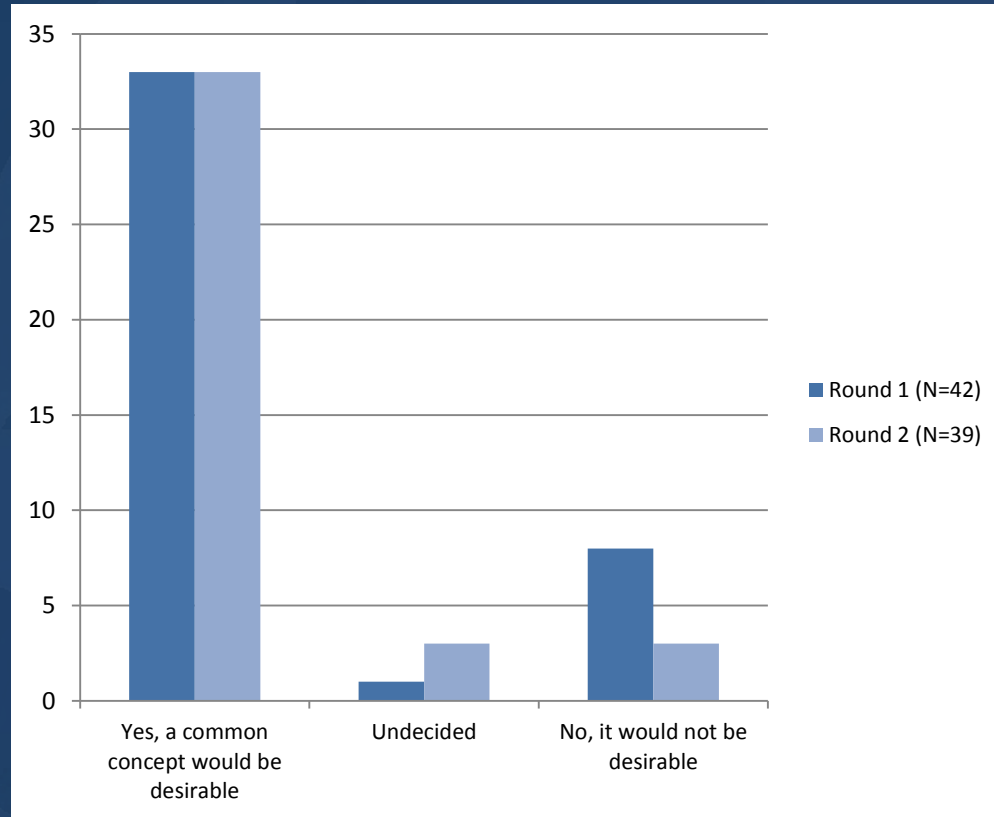
SHARING THE RESULTS

LOOKING HOW TO REDUCE ALCOHOL RELATED HARM

 **RARHA**
REDUCING ALCOHOL RELATED HARM

Experts would welcome a common concept of low risk drinking

Would you consider it desirable for European public health bodies to agree on a common concept of "low risk" drinking?



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SHARING THE RESULTS

LOOKING HOW TO REDUCE ALCOHOL RELATED HARM

Low risk drinking guidelines in Europe: results from RARHA survey

Thank you for your attention



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