RARHA
REDUCING ALCOHOL RELATED HARM

Joint Action on Reducing Alcohol Related Harm (RARHA) was undertaken in 2014–2016 to strengthen the knowledge base for the development of policy and action. RARHA involved 32 associated partners and 29 collaborating organizations from all EU countries, Norway, Switzerland and Iceland.

This policy brief is based on the view that it is a responsibility for governments to provide information on alcohol related risks and to correct misconceptions that may contribute to ill-advised choices.

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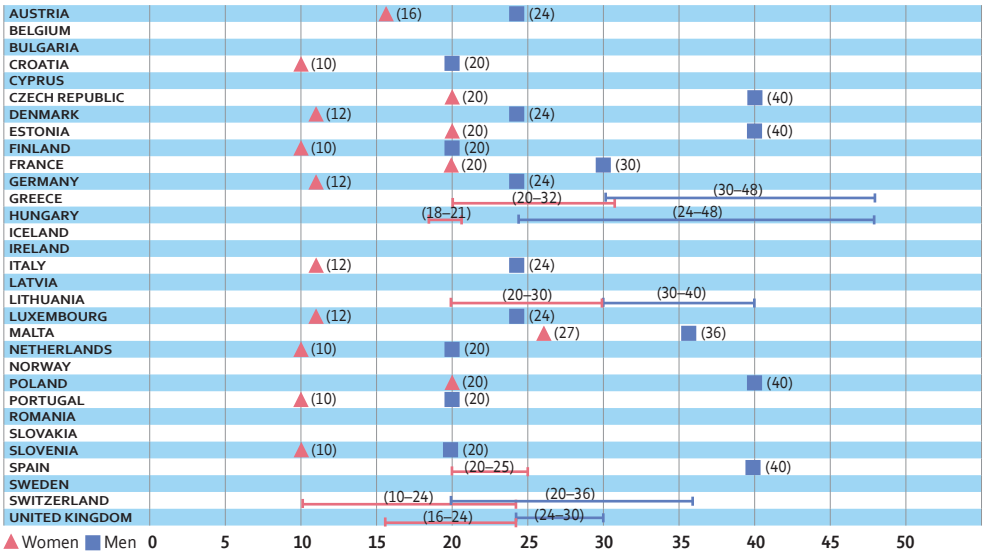
Towards a common concept of low risk drinking

Population guidelines for limiting drinking in order to reduce risk of harm are given in most EU countries. National definitions of what constitutes low risk from alcohol differ, however. In guidelines communicated to the public, alcohol consumption is quantified as Standard Drinks or units, the sizes of which also differ between countries. As low risk information is accessible across country and language borders, discrepancies may lead to miscommunication of research findings and health advice.

In 2014, the advice concerning average consumption per day not to be exceeded varied from 20 to 48 grams of pure alcohol for men, and from 10 to 32 grams for women.



Moving towards a common concept of low risk by adopting the cumulative lifetime risk of death due to alcohol as the metric.

In Joint Action RARHA the lifetime-risk of alcohol attributable mortality at different levels of consumption was calculated for seven EU countries. At an average lifetime consumption of 10 grams of pure alcohol per day the lifetime risk of death due to alcohol would remain below 1 in 100 in all seven countries. In some of them the low risk guidelines are consistent with or slightly below the risk level of 1 in 100, while in others the guidelines are associated with a higher risk. The risk level of 1 in 100 alcohol attributable deaths could be considered a maximum for "low" risk. Aiming for a risk level of no more than 1 alcohol-attributable death per 1000, for example, would contribute towards a healthier population.

Applying RARHA's good practice principles for a more aligned approach.

The potential of national guidelines can be enhanced by integrating similar components and by sharing key messages. Additionally, a common reference could be provided by issuing at European level a set of core messages applicable across diverse populations – for example, that daily drinking and occasional heavy drinking are both potentially harmful drinking patterns. A "European code on alcohol" would support national action by amplifying the overall message to alcohol consumers and society at large.

Dissemination of information on alcohol related risks is only one component in the broader alcohol policy mix. Policy decision-makers at national and EU-level are invited to consider the following ways to enhance the potential of information provision.

- Applying and enforcing an age limit of minimum 18 years for the sale and serving of any alcoholic beverages.
- Supporting in particular primary health services to identify at-risk drinkers and offer advice to reduce high-risk drinking.
- Requiring on alcoholic beverage bottles and cans a statement on the number of grams of pure alcohol contained in them.
- Requiring that alcoholic beverage packages and advertisements carry information on health and safety risks related to alcohol consumption.

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Good practice principles for low risk drinking guidelines

Alcohol is a causal factor for dozens of diseases and conditions. For most diseases, as well as alcohol-related injuries there is a dose-response relationship: the more a person drinks, the higher the risk. Increased risk has been shown for e.g. breast cancer for amounts as low as one drink per day. This means that there is no safe level for drinking and the ideal for health is not to drink at all.

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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.**

Components

- **Daily drinking and occasional heavy drinking** should both be highlighted as potentially harmful drinking patterns.
- Advice should be given to limit **average consumption over a longer period of time** and to limit the **amount drunk on any single occasion,** while making it clear that a limit for a single occasion does not mean that drinking up to that level is safe.
- 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.

Key messages

- **Not drinking at all** is the safest option in pregnancy, childhood and adolescence, and 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.
- **Increased risk of cancer,** high blood pressure, addiction, depression, adverse effects on the brain, overweight and adverse effects on the family should be highlighted to address information gaps and motivate risk reduction.
- 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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