

Drinking Guidelines to Reduce Alcohol Related Harm

OVERVIEW

The European Joint Action on reducing alcohol related harm ([RARHA](#), 2014-2016) worked on three specific areas: (1) monitoring of drinking patterns and alcohol related harm, (2) drinking guidelines to reduce alcohol related harm, and (3) finding good practice examples and building a tool kit to reduce alcohol related harm.

Work Package “Guidelines” was about low risk drinking guidelines as a public health measure. The work is based on the view that **people have the right to be informed about risks related to alcohol consumption** and that it is a task for governments and the public health community to address the knowledge gaps to help avoid ill-advised choices and avoidable risks.

Taking as the starting point current variation in national guidelines, the partners in this work explored the possibility to widen common ground in order to contribute towards more aligned messages to the population and health professionals.

We updated and summarised information to provide material for our own work and **to inform others on current specifications of low risk alcohol consumption across the partner countries, on guidelines relating to drinking by young people, on brief intervention practices and on public understanding of the “standard drink” concept.**

We commissioned a report that summarises current knowledge on the risks of negative health outcomes at different levels of al-

cohol consumption and presents calculations for lifetime-risk of alcohol-attributable mortality in seven European countries, representative of various drinking patterns.

We carried out two Delphi surveys with two separate groups of experts, each with more than 50 participants. One survey, directed to experts specialising in issues related to young people, sought to foster shared understanding on what kind of guidance to young people, parents and professionals would help prevent and reduce alcohol related harm at a young age. **One conclusion is that it would be important to legislate and enforce an 18-year minimum age for all alcoholic beverages across all European countries.**

Another Delphi survey turned to experts in public health and addictions to gain deeper understanding of key issues relating to low risk guidelines. The issues addressed included the **desirability of a common European definition of low risk drinking and of a common definition of the “unit” or “standard drink”** intended to help consumers understand how much pure alcohol is contained in beverages that come in different strengths and servings.

By the final conference in October 2016, we will summarise key points from our work in a synthesis report, along with good practice principles based on current knowledge and wide consensus among the experts consulted and reflecting overall views of the partnership.

RESULTS

Currently, there is a lot of variation in national low risk guidelines. Many factors are contributing to this, including the lack of a common definition of what is considered “low risk” drinking.

Our work suggests that **adopting the lifetime risk of early death due to alcohol as a common metric and using a common criterion for defining low risk would increase transparency when setting guidelines** and would contribute towards a common minimum level of protection of public health.

While a common concept of low risk drinking is considered desirable among the experts consulted, **population guidelines would be best formulated at national level**, not least because effective communication on alcohol related risks needs to take into account prevailing drinking patterns and harms, existing perceptions of risk and gaps in knowledge and awareness. Nevertheless, the message could be strengthened through a common approach regarding key components and for that we have identified good practice principles.



POLICY MESSAGES

RARHA has presented a ground-breaking calculation, which demonstrates that the **lifetime risk of mortality due to alcohol can be used as a metric for European countries despite differences in their levels and patterns of alcohol consumption.**

National low risk guidelines could be supported and amplified through European action. One option would be to follow the example of the European Code Against Cancer, developed through cooperation between the World Health Organization and the European Commission, to disseminate a set of core messages on alcohol related risks on which there is broad consensus among public health experts.

Action from the European Commission is urgently needed to bring the **provision of consumer information on alcoholic beverages to level with mandatory food information.** Besides full information on ingredients and nutrition, the number of grams of pure alcohol in the package could be given to help consumers relate it to the national definition of “standard drink” and to the guidelines for low risk drinking. In addition, information relevant to awareness-raising needs at national level should be provided on particular alcohol related risks and ways to reduce risk.

RARHA shows there is wide – although not total – consensus among public health experts about key messages regarding the risks of alcohol consumption – for example, that **daily drinking and occasional heavy drinking are both potentially harmful drinking patterns.**

Documents

- Scafato E et al. (2014/2016) **Low risk drinking guidelines in Europe: overview of RARHA survey results.** Rome: Istituto Superiore di Sanità. http://www.rarha.eu/Resources/Deliverables/Lists/Work%20Package%205/Attachments/21/Overview%20WP5_T1%20LowRiskDrinkingGuidelines_FINAL.pdf
- Rehm J et al. (2015) **Lifetime-risk of alcohol-attributable mortality based on different levels of alcohol consumption in seven European countries. Implications for low-risk drinking guidelines.** Toronto, On, Canada: Centre for Addiction and Mental Health. http://www.camh.ca/en/research/news_and_publications/reports_and_books/Documents/Lifetime%20Risk%20of%20Alcohol-Attributable%20Mortality.pdf
- Montonen M. (2016) **RARHA Delphi survey: “Low risk” drinking guidelines as a public health measure.** Helsinki: National Institute for Health and Welfare. <https://www.thl.fi/documents/10531/1734256/RAR-HA+low+risk+Delphi+report/af3d113e-00d6-40bc-8438-bf2071bbca48>

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