

# Monitoring of Drinking Patterns and Alcohol Related Harm Across the EU

## OVERVIEW

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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.

RARHA's work on monitoring had two objectives:

- Providing a **baseline for comparative assessment and monitoring of alcohol epidemiology**, including drinking levels and patterns and alcohol related harms across the EU
- **Strengthening capacity in comparative alcohol survey methodology** and increasing interest in using common methodology in the future

## SEAS – Standardised European Alcohol Survey

A **standardised alcohol survey instrument was elaborated**, adopted by experts from 19 EEA countries, pilot-tested and implemented in 20 European jurisdictions representing all European regions from Portugal and Spain in the West to Estonia and Finland in the East, from Greece and Italy in the South to Norway and Iceland in the North. The survey was carried out on random samples of general population aged 18-64 with average sample size of 1500 respondents per country.

The SEAS survey instrument covered a number of issues of great importance for both science and alcohol policy, including alcohol consumption, risky single occasion drinking, context of drinking, drinking problems with focus on harm from others, attitudes towards alcohol policy as well as unrecorded supply. **An integrated European database composed of over 32,000 interviews was completed**, cleaned and is currently being analysed by the RARHA SEAS team.

Two tasks to achieve the objectives were adopted:

- RARHA SEAS: A common alcohol survey methodology was elaborated and implemented. The survey instrument developed and tested for cross-cultural applicability in the EU-funded project SMART was used as a blueprint.
- RARHA HARMES: Data from surveys carried out in 2008-2012 were pooled and recoded for comparative assessment.

## HARMES – Harmonising Alcohol Related Measures in Europe

Data from 24 earlier surveys completed in a five-year period (2008-2012) in 17 countries was collected and **a common database composed of over 300,000 records was established**. Basic data on alcohol consumption and related harm was recoded to get a comparative picture across participating countries. Currently, the database is being analysed by the RARHA HARMES team.



## RESULTS

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### Heavy episodic drinking

Among the most important findings is the data on prevalence of heavy episodic drinking collected in a comparative manner for the first time across Europe. Heavy episodic drinking was defined as 60 grams+ of pure alcohol for men and 40+ grams for women consumed at least monthly. **The study shows that over 20% of men and over 10% of women in countries represented in this survey drink in a hazardous way, at least once a month.** These prevalence figures, however, vary greatly across Europe, in particular among men.

### Unrecorded supply

In every country, some of the alcohol consumed by the population falls outside the statistics. In six countries, that studied this question within RARHA SEAS, the percentage of respondents who admitted acquiring alcohol from unrecorded sources varied from about 10-40%. **In countries with high alcohol taxes and prices and practically no border control (like in the Nordic EU countries), travellers' alcohol imports are a crucial source of unrecorded supply, while in vine-growing countries major sources of unrecorded supply are domestic wine as well as domestic spirits.**

### Attitudes towards alcohol policy

Almost all respondents agree that alcohol education should be the most important policy to reduce alcohol related harm. Only one third considers alcohol as any other product that does not require any special restrictions. Substantial proportions, ranging from **over 40% to over 50%, support alcohol control measures such as high prices, restrictions on number of outlets, time restrictions and advertising bans.** Random breath testing in drivers is supported by over 80%. However, the level of support for alcohol control policies varies greatly across participating countries.

### Harm to others

About one fifth of Europeans represented in this survey lived with a fairly heavy drinker in their childhood or adolescence. Approximately half of those admitted to be negatively affected by that drinker in their household. **Almost 30% of the respondents reported being harmed by a heavy drinker known to them in the past 12 months** with variation across the participating countries from less than 20% to almost 50%. Over 40% of all respondents represented in the countries participating in this study reported alcohol related harm suffered from strangers in the past 12 months with great variation across the countries (20-70%). This harm from others included problems as being woken at night, verbally or physically abused, experiencing traffic-related problems or feeling unsafe in public places.

## POLICY MESSAGES

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20 European jurisdictions found it worthwhile and feasible to participate in a standardised European alcohol survey and to benefit from comparative assessment that is crucial for methodological advance and for progress in pragmatic, evidence-based alcohol policy at both national and EU level.

Already preliminary results show high relevance for policy making. Nevertheless, genuine benefits will be achieved if RARHA SEAS is regularly applied as monitoring tool in the future, offering the opportunity for monitoring trends in alcohol consumption and related harm as well as for tracing changes in attitudes towards alcohol policy.

These benefits will also include financial gains as the application of a common instrument would, over time, reduce the costs of monitoring at both national and international level.

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