



Strategies towards responsible alcohol
consumption for adolescents in Europe

Summary of Country Reports Regarding the Multilevel Approach TAKE CARE

(Practical period September 2011 to May 2012)

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1. Introduction

In TAKE CARE, strategies are developed, tested and evaluated, which are supposed to encourage a responsible approach towards alcohol by adolescents. The multilevel approach of TAKE CARE is innovative. The presumption of this approach is that interventions are more effective and reinforcing each other, if different target groups are dealt with in the field of prevention of addiction simultaneously and in a defined social environment (city/urban quarter/district). With tools/interventions, which are tailored for the respective target group, adolescents themselves and their parents can be accessed, also important key persons and employees in retail selling alcohol.

The overall goal of this project is the reduction of the alcohol consumption for preventing potential health and social damages at young people and adolescents. Connected with this goal is the encouragement of complying with legal norms regarding the sales of alcoholic beverages, according to the national legislation on youth protection.

TAKE CARE is partly funded by the European Union as part of the Public Health Programme 2008 – 2013 and has a run-time of 33 months. The idea for this project came up within the European Network for Practise-Oriented Addiction Prevention - *euro net*. The implementation is carried out by expert organisations from ten European countries and by the organising institution of the LWL Coordination Office for Drug-Related Issues, Münster/Germany.

This report focuses on the topic of how the multilevel approach has been implemented during the practical period between September 2011 and May 2012.

All ten partners have been successful in implementing the multilevel approach of TAKE CARE in the selected social environments. The range of these “social life related environments” forms a colourful mixture and can go from a part of a hustle and bustle inner district to a small picturesque village; accordingly the number of people differs from a few thousands up to 18.000 citizens.

Experts from the ten partner countries are convinced that TAKE CARE can achieve the goals, which are specified in the concept and, even more, that this is due to the multilevel approach: *“The multilevel approach increases the probability of a wider awareness and maybe even the common understanding of being able to contribute to this matter”* (Youth Office, South Tyrol/Italy).

Social-environment-related measures for four target groups have been conducted in TAKE CARE between September 2011 and May 2012:



1. Children/ Adolescents/ Young Adults (12- to 21-year-olds)

- *ro.pe-Training*[®], a four-days training with a risk-, adventure-based and psycho-educational focus

2. Parents

- *Homeparty*, a 2-3 hours event regarding topic of the constructive handling of alcohol by adolescents. This usually takes place in the homes of the parents, who then invite friends, relatives and other people.

3. Key Persons

- *Key Training* – a two-days-training with interactive methods for learning conversation skills, inspired by Motivational Interviewing

4. Employees in Retail

- *First-Rate Retailer Tools*, a) Drafting information materials and a training programme (in charge: CAD Limburg / Belgium). The information materials have been printed in the national languages. b) Training of the retailers can be organised as short interventions or a 2-hours-training.

When implementing the four interventions, the concepts, which are well-established and successfully evaluated on the national level, have been adapted country-specific and culturally sensitive. In order to still maintain a sufficient comparability for the scientific evaluation, it has been crucial to keep these adaptations still in line with the parameters of the prototype concept.

The project partners are (very) satisfied with the implementation of the *ro.pe-Trainings*[®], the Key Trainings and the First-Rate Retailer Tools. The implementation of the original concept of Homeparty as part of TAKE CARE has been more difficult. Here, partners are (overall) satisfied.

In the following, central aspects from the feedbacks of the partners in their country reports on the different interventions shall be presented.



2. Results of the different interventions

2.1. ro.pe-Training[©]

- Access:
Nine out of ten project partners selected the setting of a school in order to gain access to adolescents, who have been noticed in connection with alcohol. Three partners also used parents for referral.
In Ireland there has been the specific approach to choose young people from vocational preparation courses as the “core target group”; therefore recruitment worked solely via this way.
Additional ways of access have been friends, youth centres and social services.
- Structure of the Training:
The training is designed as a four-days-event with three overnight stays conceptually. However, it may be transformed into 2 x 2 day events with one overnight stay each. Only one partner (IREFREA, Portugal) has modified the structure in principal.
- Contents:
Pointing out the link between taking risks at climbing deliberately and risky consumption of alcohol to the adolescents worked almost without exception. Through this, their risk competence increased. The careful selection of climbing coaches is crucial – they have to challenge the adolescents, yet, at the same time, they have to offer security.
- Gender- and Age-specific Aspects:
Predominantly, partners recommend mixed-gender trainings, so that girls and boys may profit from each other’s differences. On the other hand, it can be exciting to try out the ro.pe-Training[©] in gender homogeneous groups.

The target group of young people is defined in a rather wide age range (12 to 21 years). Still, it makes more sense, if training groups have a spread of ages as low as possible.

- Achievement of Objectives:
Overall, experts evaluate the ro.pe-Training[©] by stating that the conceptual objectives are “achieved completely”. Some quotes:
 - *“... It provided factual information, provided opportunity to improve risk competences when dealing with risky situations in a fun, innovative and novel way. It fully engaged this hard to reach group (HSE, Ireland).”*
 - *“... it was clear to see from their faces that they were able to transfer things like risk competence into everyday situations and into their experiences when going out and consuming alcohol, but also in other risky situations like riding a motorbike without a helmet, or using other substances” (Kenthea, Cyprus).*



- *“Training contains of sharing information together with “fun” activities, which motivate youngster to act and learn at same time” (Preventia V&P, Slovakia).*
- *“A good, almost perfect method!” (CAD, Belgium)*

2.2. Homeparty

- Access / Structure:

The concept of Homeparty is that parents invite other parents (friends, neighbours, and so on) with children in the respective age group to their home, in order to discuss – after a brief input by the expert – about topics regarding the prevention of addiction. This approach has been implemented in six countries (to some extent). Some partners have been facing major difficulties, as many parents did not want to act as hosts. Partners assumed that this is, for instance, due to embarrassment and fear of exposure. Additionally, in some countries it is culturally less accepted to invite each other home partially.

Another barrier may have been that conceptually – following the multilevel approach – the idea was to gain access to the parents of those adolescents, who had been participating at the ro.pe-Training[©].

In contrast, TAKE CARE with the “classic Homeparty” has been reaching parents from middle class families, who – if at all – had less family difficulties. As soon as the offer has been relocated to public spaces, it has been possible to reach parents with a lower socio-economic status and with sometimes massive psychosocial problems.

- Contents:

Some experts have been stressing that accessing the parents is the real difficulty. If this has been achieved, the Homeparty is usually successful. Parents are quite interested in educational and factual issues, for example effects and risks of alcohol consumption of young people, but also in an exchange about drawing lines and constructive conversation with their children.

- Achievement of Objectives:

One project partner is not convinced that the Homeparty is able to achieve the designed objectives. Nine partners, on the other hand, consider the offer reaching the objectives (completely).

- *“The training is well designed, but it is very hard to involve/engage the parents.” (IREFREA, Portugal)*
- *“In the beginning we were facing some difficulties when running the Homeparty, because parents did not really want to participate. The Homeparties began to kick off, when the first parents agreed on organising a Homeparty at their places. Subsequently, we did not have any difficulties with organising the next Homparties any longer.” (RPHI, Slovenia)*



- *“They swapped tips as to how to initiate a conversation with their children regarding alcohol and other substances, and how to encourage them to drink responsibly by setting good examples and promoting a “no driving when drinking” attitude.” (Kenthea, Cyprus)*
- *“The Homeparty at home is not a good method for Flemish parents. We (parents) feel more comfortable at a community centre: neutral ground. Evenings are occupied by other ‘more important’ activities. But the participating parents were positive about the content of the meetings. We had good talks about alcohol, age limits and how to implement this as a parent.
A possibility is to link the ‘Homeparty’ to another activity like an introduction in the nightlife scene.” (CAD, Belgium)*
- *“1. There was positive verbal feedback from all the parents.
2. We believe that the way they view alcohol consumption changed and also their beliefs about the dangers of alcohol use by youths.
3. They became more sensitised with regard to their own children’s’ needs.” (OKANA, Greece)*
- *“The main task will be to find parents at all, who invite others to the private homes. If this problem has been mastered, this form of event is self-selling.” (DW, Germany)*

2.3. Key Training

- Access:

Key persons in TAKE CARE are (young) adults, who are in a special relationship with alcohol consuming adolescents, who enjoy the trust and may have a positive impact on them.

Experts are supposed to identify these people by the “snowball effect”. They ask themselves through, from one person to the next, who might be such an attachment figure of adolescents, in order to motivate them eventually to participate in a Key Training.

Another path to gain access has been public relations work. Still, the experts have to assure that people, who show interest, are really key persons in the above sense.

One innovative strategy, which should be tested, is to concentrate not only on experts, who work with adolescents professionally (teachers, youth workers), but also keep neighbours, football coaches, maintenance staff in schools, and so on, in mind.

In practice it turned out to be quite difficult to find out, who is actually a “special” attachment figure of adolescents. Sometimes it has simply been assumed that those, who were interested in the training, also have good contacts with adolescents, who consume alcohol riskily.

Winning over volunteers has hardly been successful. One of the reasons might be that “non-professionals” invest much time in serving the public good anyway and therefore consider investing two more days too much.



- Structure:

Originally, the concept planned the training with three days of eight hours each. However, the RAR revealed that this is too much time for key persons. Consequently, the length of the training has been cut by one third; also, some modifications of the content in the concept have been made.

Five project partners have been conducting the Key Training according to the modified guidelines (two days of eight hours each). One partner differed from the concept by cutting off four hours. The other partners did slight modifications, for example, cutting off two hours or dividing the second day into two times four hours.
- Content:

According to the feedback of the experts, a strength of the concept is the interactive design of the training. There are no further requests for modifications, but some quite interesting proposal for including further exercises and methods.
- Achievement of Goals:

Predominantly, the experts think that the conceptual objectives of the Key Training have been completely achieved.

 - *“The high level of satisfaction and enthusiasm of participants tells its own tale. They felt it quite helpful to experience a conversational structure and, eventually, a reflection on their own attitude.” (DW, Germany)*
 - *“The key persons practice with us the Motivational Interview techniques, and later they told us (with satisfaction) they have used those strategies in their regular interaction with youngsters.” (IREFREA, Portugal)*
 - *“In South Tyrol many educational and training offers exist. Same is true of the topics of youth world and Motivational Interviewing. In this flood offers, it has been tricky for us to convince 15 people to participate in a free (!) offer.” (Youth Office, South Tyrol/Italy).*
 - *“A lot of people who work with young people don’t have communication educations and from a “good heart” they try giving young people advice on what THEY think the young people should do, instead of listening to what the young people have to say and supporting them in finding their own solutions. We think that this has been a neglected area overall.” (SSP & F, Denmark)*

2.4. First-Rate Retailer Tools

- Access:

The results of the RARs made it clear that, in addition to the 2-hours-training, there should be a short intervention offer. Owners of small kiosks and points of retail cannot just close their shop during the training. Additionally, there have been occasionally language barriers.



Different methods of access, as in the concept, have been tested (for instance, outreach work and contact via management). Mostly this has been successful. Some partners have been commenting that it might make sense to focus on the younger employees in retail. On the one hand, it is more difficult for them to refuse selling alcohol to customers of (almost) same age, whom they might meet at the next party soon. On the other hand – because of their age -, they can be considered a “double target group”, as they might also consume alcohol riskily like many young people.

- Structure:

The training of employees in retail has been conducted by the partners in form of outreach work (short intervention) as well as in two-hours-trainings.

- Contents:

The interventions consisted of the distribution of information materials, which point out the relevant norms on youth protection (posters, brochures, sorry card, stickers “We are in” and wobblers). Furthermore, there are behavioural instruments for the training of retailers. They should be aware of the legal norms about the sales of alcohol to young people, but also be able to turn down the request of minors to buy alcohol confidently. Feedbacks on short interventions as well as on trainings have been predominantly positive.

Some partners recommend, for further development of the training, to focus more on the purchase of alcohol by minors through older “representatives”.

- Achievement of Objectives:

Partners consider the drafted materials – especially the brochure – (very) helpful. The same is true for the contents of the trainings.

Yet, the overall evaluation of the experts regarding the achievement of the objectives is more heterogeneous. Usually it is agreed that the objectives are (completely) achieved, but three partners differ for their respective region.

Probably, there might be a connection to the implementation and enforcement of the youth protection norms in the respective country. Those partners, who do not recognise enough enforcement of the law in their countries, do also think that the interventions do not achieve the objectives as good. Another aspect is that behavioural interventions are based on structural measures.

Otherwise, a substantial and high-quality intervention such as the First-Rate Retailer Tools can only become effective to a lesser extent.

- *“The feedback we had from the retail employees was very positive and they were concerned and alarmed by the information they heard during the training. However, without the proper implementation of the law through the implementation of stricter checks and consequences, the long-term target will be met with difficulty. This is something that we have to address if/when the project will be implemented on a national level.” (Kenthea, Cyprus)*
- *“The implementation worked wonderfully.” (DW, Germany)*



- *“In Denmark the law isn’t being complied with all the time, but it is not because of ignorance or lack of training in how to deal with youngsters. It is because they don’t take it seriously enough – they choose to take the SMALL risk getting a fine, because they want to make money.” (SSP & F, Denmark)*
- *“The concept was picked up by national television and they made a short item of the short intervention in night shops + they highlighted the problem of lack of control by the government. The short intervention is perfect for this target group.” (CAD, Belgium)*
- *“However, we should note that it is not in the interest of the retailer not to sell alcohol to young people even though they have a moral obligation as well as obliged by the law not to do so”. (HSE, Ireland)*

3. Perspectives

The country reports and their summary will serve as a basis for modifications of the TAKE CARE manual. At present, the manual exists as a prototype. In the further run-time of the project, new experiences of project partners during the practical period of TAKE CARE will be incorporated. New sites, which wish to implement the project, will be able to profit from the results of European partners in a hands-on manner.

Proposals for modifications of the TAKE CARE manual will be discussed during Workshop IV in August 2012. Additionally, the purpose of this workshop is to draft key recommendations for the implementation of TAKE CARE.

Results and experiences of TAKE CARE will be presented to a larger audience during the final conference in October 2012, country-specific as well as trans-national.