

TAKE CARE

Strategies towards responsible alcohol consumption for adolescents in Europe

A prevention project involving 10 European partner institutions



This project receives funding from the European Union, in the framework of the Health Programme.







Background

Europe has the highest alcohol consumption per capita in the world and the use of alcohol is firmly anchored in the cultures of the EU countries. Consumption among minors and, in particular, binge drinking (five or more alcoholic drinks at a single setting) represent a serious problem. According to Eurobarometer 2010 the share of young people among the so-called "binge drinkers" is a worring 33 %. However, young people are often unaware of the dangers and risks involved in consuming alcohol.

In this respect there are hardly any secondary prevention concepts available that are known to have an effective impact against this phenomenon.

Project goal and target groups

The general aim of the project TAKE CARE is therefore to reduce alcohol consumption and the associated harm caused to adolescents and young adults.

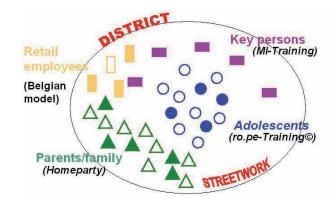
The main target group comprises young people aged between 12 and 21 who have become conspicuous through their risky alcohol consumption.

In addition, further target groups will be focussed on who have an important influence on the consumption behaviour of adolescents: parents, key persons and retail employees. On the one hand they should help ensure that child protection laws determining the sales of alcoholic drinks are complied with and on the other hand help adolescents and young adults learn to deal responsibly with alcohol.

The innovative aspect – the multilevel approach

The underlying assumption is that interventions are more effective and mutually strengthening if they are applied simultaneously to various target groups.

The TAKE CARE approach is based partly on the outcomes from the evaluated German prevention project entitled 'SeM – Secondary Prevention of Addiction using a Multilevel Approach', and is being adapted to the requirements of all participating countries by means of a qualitative 'good practice' analysis.



The young people are given training to improve their individual risk competence.

Parents and so-called key persons (important contact persons for the adolescents) are given help in developing a clear and considered response to the use of alcohol.

Retail traders and their employees in the region are given training regarding everyday sales situations and compliance with statutory laws relating to alcohol sales.

Scientific monitoring

The project is being scientifically monitored by the Zurich University of Teacher Education, Switzerland.

Project steps

Kick off meeting March 2010

Research on good practice projects

Workshop I (evaluation & RAR)
June 2010

Drafting the manual (prototype)

Workshop II (training on methods)
March 2011

Practical testing in the partner countries

Workshop III (exchange of experiences) February 2012

Workshop IV (evaluation)
August 2012

Final manual

Final European conference November 2012

Partners from 10 European countries

10 institutions are taking part as partner in the TAKE CARE project:



CAD - Centra voor Alcohol- en andere Drugproblemen Limburg VZW, Belgium



SSP & Forebyggelse - Esbjerg Kommune, Denmark



Diakonisches Werk im Kirchenkreis Herford, Fachstelle für Suchtvorbeugung, Germany



OKANA, Organization against Drugs, Greece



HSE - Health Service Executive, Health Promotion Department, Ireland



Autonome Provinz Bozen Südtirol, Amt für Jugendarbeit, Italy



IREFREA – Instituto Europeu para o Estudo dos Factores de Risco nas Criancas e Adolescentes, Portugal



Prevencia V&P, Slovakia



Regional Public Health Institute Maribor, Slovenia



KENTHEA – The Center for Education about Drugs and Treatment of Drug Addicted Persons, Cyprus

In addition to the basic funding provided by the European Union, the partner institutions are also contributing to the project financing with their own funding.

Project coordination:

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