



Strategies towards responsible alcohol
consumption for adolescents in Europe

Summary of
RAR Country Reports
(**R**apid **A**ssessment and **R**esponse)

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Introduction

The project proposal TAKE CARE is based on the successfully evaluated multilevel approach of the German project ,SeM – Sekundäre Suchtprävention im Mehrebenenansatz (secondary prevention in a multilevel approach). When starting the European project, it was necessary to verify in the first place whether the original approach can be transferred into the participating partner countries or whether adaptations are required and which further good ideas can be taken over.

The socio-scientific approach of Rapid Assessment and Response – RAR – was chosen as methodological basis for this examination. RAR is a method of collecting data which allows for rapid results and which can be done in an interactive manner. Existing knowledge and experiences are considered and the implementation of later interventions is already prepared by interviewing representatives of the target group(s).

The participating project partners from Belgium, Germany, Denmark, Greece, Ireland, Italy, Portugal, Slovenia, Slovakia and Cyprus investigated

- good practice projects according to a criteria catalogue which was developed in cooperation with all partners and
- the legal and cultural frame conditions for alcohol consumption of young people.
- The partners interviewed representatives of the four target groups (youths, parents, key persons, retail personnel) regarding their demands and important aspects for the implementation of the project.

This report summarises the results of the individual reports of the project partners. The last chapter contains conclusions for the practical phase of the project.



I. Context information

Alcohol consumption of children and adolescents is subject to various influences like cultural habits, legal regulations, availability, acceptance, etc. – same as for adults. These influencing factors, however, are not the same in all European countries. For a successful implementation of the project approach of TAKE CARE it is therefore necessary to have a closer view on these aspects before the implementation of the interventions. This includes legal regulations on the one hand, but also cultural traditions and habits. Further to this existing best practice approaches in this rapidly changing field with many actors must be investigated and analysed regarding their relevancy for the project.

1. Overview of existing regulations on the protection of minors

As shown in table 1 in all ten participating countries alcohol consumption under the age of 16 is generally forbidden and from the age of 18 it is permitted in general. The most significant differences in legislation refer to youngsters between the age of 16 and 18 years. In half of the countries alcohol consumption in public is forbidden for this age group, but in some countries – like Belgium and Germany – only consumption of spirits is forbidden for youngsters of this age group. There are major differences in complementary regulations. This applies to e. g. attendance in public restaurants or bars, age proofs, selling / serving of alcohol to minors and also sanctions. Table 2 gives an overview on further regulations and details regarding alcohol consumption in the individual partner countries.



Legal regulations regarding the protection of minors in public

Table 1: Sales and consumption of alcoholic beverages

Age	< 16 years		16 – 18 years		> 18 years	
	Beer, wine, sparkling wine	Spirits, alcopops	Beer, wine, sparkling wine	Spirits, alcopops	Beer, wine, sparkling wine	Spirits, alcopops
Belgium	No	No	Yes	No	Yes	Yes
Denmark	No	No	*1	*1	Yes	Yes
Germany	No *2	No	Yes	No	Yes	Yes
Greece	No	No	No	No	Yes	Yes
Ireland	No	No	No	No	Yes	Yes
Italy	No	No	Yes	Yes	Yes	Yes
Portugal	No	No	Yes	Yes	Yes	Yes
Slovakia	No	No	No	No	Yes	Yes
Slovenia	No	No	No	No	Yes	Yes
Cyprus	No	No	No	No	Yes	Yes

(as per summer 2010)

*1 = Sales in a store is permitted, serving in clubs/pubs forbidden

*2 = Permitted from the age of 14, if the youngster is accompanied by his parents or by a legal guardian



Legal regulations regarding the protection of minors in public

Table 2: Further regulations and details

Country	Sanctions in case of infringement	Stay in public locations (bars, restaurants, discos)	Regulations for domestic situations	Remarks
Belgium	Fine of 130 – 1,500 € (same applies for tobacco)	Up to the age of 16 years only if accompanied by an adult (exception: concerts, festivals and special youth events)	none	The bar owner may ask for a proof of age, but he is not entitled to ask for the ID. In case of infringement the bar owner risks a fine of 0.50 – 12.50 €. After midnight alcohol may only be sold in bars, not in nightshops/kiosks.
Denmark	Not specified	No legislation – some towns have a limit at 24.00 h for under 18-year-olds	none	
Germany	Fine of up to 5,000 € according to the Statute Governing Restaurants According to the law for the protection of youths up to 50,000 €	Up to the age of 16 years only if accompanied by an adult or guardian. in the time between 24:00 h and 5:00 h: 16 to 18-year-olds only if accompanied by parents or guardians (Exception: When a meal is served in a restaurant and at special youth events)	none	Youths must prove their age upon request. Regulations on the protection of minors must be displayed openly. No sales from vending machines if there is no control of access
Greece	Fine of 1,000 – 20,000 € In case of continued violations the license may be revoked.	Under 18-year-olds only if accompanied by parents or guardians	non	Youths must prove their age upon request For bars and centres of amusements it is compulsory to have a sign near the entrance stating that entrance is forbidden to people under the age of 18 that are not accompanied by parents or guardians. Other public bars must display a sign stating that alcohol consumption is not allowed for under 18-year-olds.



Country	Sanctions in case of infringement	Stay in public locations (bars, restaurants, discos)	Regulations for domestic situations	Remarks
Ireland	Anyone found guilty of buying alcohol for or selling alcohol to < 18's is liable to a fine not exceeding € 3,000 for a first offence and € 5,000 for a second and any subsequent offence. License holders allowing unsupervised children in their premises are liable to a fine of up to € 1,500 for a first offence. The fine is increased to € 2,000 for a second and any subsequent conviction. If the parent or guardian can prove that the child was there without his or her knowledge or permission, the fine may be reduced to 300 €.	Under the age of 15 years only permitted if it is to attend a private function like a wedding between 10:00 and 21:00 h (October – April) or 22:00 h (May – September), after this time only in presence of parents or a guardian and if a proper meal is being served.	none But: It is an offence to give alcohol to anyone under the age of 18, no matter if in public or private occasions.	18 to 21-year-olds need to present an age document to be permitted into pubs and bars. Since 2000: Code of Ethics and Good practice for Children's Sport = Alcohol-free environments should be used for underage sports events and celebrations and adults should also refrain from drinking alcohol at such events.
Italy / autonomous region of Bozen	144 – 552 €, in case of repeated offences closure of the premises for a maximum of 2 months	No regulations	none	There are various regulations regarding alcohol consumption in the autonomous region of Bozen.
Portugal	In case of an offence by a private person the fine may range between 498,80 – 3.740,98 €, if law is offended by a company between 2.493,99 – 29.927,87 €.	Under the age of 16 years: Stay in discos and nightclubs is not permitted, 16 to 18-year-olds: Stay in nightclubs not permitted. (Exception: if minor is married)	none	Sales and consumption of alcoholic beverages in canteens and other catering establishments of health facilities are prohibited. Offences are liable to fines from 124,70 till 997,60 € in case of private persons or from 498,80 till 4987,98 € if the offence is committed by a company. Further to this, restrictions on the economic activity are possible.



Country	Sanctions in case of infringement	Stay in public locations (bars, restaurants, discos)	Regulations for domestic situations	Remarks
Slovakia	Fine for shopkeepers ranging from 160 till 6.666 €. The local authority may impose a fine of up to 33 € on parents/guardians in case of offences by minors (till 15 years of age). Violations by minors (15 – 18 years of age) reprimand from municipality and in indicated cases interdiction to visit public locations with served alcohol.	Youths below the age of 15 only if accompanied by parents or another legal guardian.	none	Minors are obliged to undergo a breath test or other orientation test regarding the use of substances. Children and youths must prove their age upon request. The applicable regulations must be clearly displayed in open restaurants / pubs. In Slovakia there are no vending machines for alcohol or tobacco products.
Slovenia	Fine for shopkeepers between 2,085 and 34,000 €	Youths below 16 only if accompanied by parents or another legal guardian in the time between 24.00 and 5.00 h	none	Youths must prove their age upon request Sales of alcohol in public vending machines is forbidden. Sales of alcohol to a persons who are likely to pass it on to minors is forbidden. Alcohol in meals must also be declared.
Cyprus	Imprisonment of up to 6 months or fine of up to 1,710 €, license may be revoked.	Below the age of 16 youths are not allowed to stay in bars, clubs, discos and cabarets. Youngsters aged between 16 and 17 are allowed to stay in a. m. places, but sales and consumption of alcohol is not permitted.	none	Illicit presence in a public bar may be fined with 855 € or 3 months imprisonment in case of a first offence, in case of subsequent offence(s) 1,710 € or 6 months imprisonment.



2. Alcohol consumption in a cultural context

Alcohol consumption is generally embedded in cultural trends and habits which often have a long tradition and are part of a society's behaviour. To be able to develop effective measures for the reduction of the present problem of alcohol consumption among young people, we must be aware of these aspects like tradition and roots. Only then a broad acceptance of the interventions can be expected.

The partners' reports reveal a very varied picture of the cultural context of alcohol consumption in the regions where TAKE CARE is going to be implemented. The following table includes more information on this.

Country	Cultural aspects
Belgium	Belgium provides of a long alcohol tradition which goes back to the Middle Ages when there was not enough clean tap water for the population. As an alternative people starting brewing and drinking beer. Spirits were also produced at an early stage. Traditionally the alcohol industry plays an important role. Nowadays there is an annual gin festival in Hasselt, where a small statue pours out free gin for everyone. At the age of 16 years about 90 % of the Flemish adolescents have already consumed alcohol, boys drinking more than girls. Like in many other Central European countries alcohol and fun go together. However, alcohol consumption led to poverty and unemployment already 100 years ago.
Denmark	The Danish alcohol culture is characterised by easy access to alcohol; it is cheap, available everywhere and at any time of the day. Not only adolescents drink a lot of alcohol; their consumption reveals the alcohol consumption of the Danish population in general which spills over to the younger generation. Results from surveys make believe that most parents do not control their children's alcohol consumption or that they do not wish to interfere which might boost alcohol consumption. Most parents believe that it is not useful to establish rules. They fear that this might have the opposite effect. However, surveys have shown that youths with liberal parents start drinking earlier than those with more restrictive parents.
Germany	The district of Herford is a typical German district with a long brewery tradition. The local brewery is a long-established family enterprise which offers cultural events for the region and provides good contacts with the authorities. It is well-established and held in high esteem in the local society. Generally the alcohol industry in Germany is an important economic factor with thousands of workplaces. Traditionally alcohol consumption is associated with getting adult and is kind of a starting ritual, especially for young men of approx. 14 years. In this spirit parents/adults are lenient towards the first inebriation. This attitude, however, is slowly changing since excesses and hospital stays are not wanted. Social control mechanisms do not work any longer. Police and police authority are increasingly called upon for intervention and control. Until today especially socially deprived families are not well reached by preventive measures.
Greece	Traditionally alcohol consumption in Greece goes with social events like dinner parties, social events. etc. Greece is a wine producing country and alcohol is available and affordable for people of any age. Compared to other countries, however, there are important cultural differences regarding the consumption behaviour of Greek youngsters. Although regular alcohol consumption of 16-year-olds is high compared to other countries, excessive or binge drinking rank lower. Teenagers in the Mediterranean area do not drink to get drunk; alcohol is linked to social events and traditional values.



Country	Cultural aspects
	Alcohol consumption symbolises for a teenager that he/she is getting older and more independent and gradually becomes a member of the group of adults.
Ireland	Ireland has the highest alcohol consumption per capita in Europe (13.37 l). Problematic consumption penetrates the Irish society, men, women, younger and older people alike. By now, binge drinking can be considered to be the norm in Ireland. Various initiatives have already been started.
Italy	The Italian province of South Tyrol has three recognised ethnic groups: 69 % are German-speaking, 26.5% Italian-speaking and 4.5% Ladin-speaking. Regarding culture and tradition the main differences are between the German/Ladin and the Italian population. In the German-speaking population it is almost self-evident to drink wine at many occasions. Alcohol has a high cultural and social importance. Even top politicians are shown with alcoholic beverages. Although officially this situation has changed in the recent past, inadequate drinking behaviour can be detected – not only with adolescents – in traditional, sports or recreative clubs.
Portugal	Simpura (2001) divided drinking cultures into three categories: wine culture (Mediterranean countries), beer culture (Europe, Africa and Latin America) and spirit cultures (Eastern Europe, Scandinavia and Asia). Due to globalisation these cultures have overlapped during the past years, a situation which can also be observed in Portugal. There are increasing reports about youths practising the so-called „pre-drinking“ and excessive drinking before visiting public locations. This trend is being supported by the price relating advertisement by influential and dominating wine chains.
Slovakia	Alcohol consumption in Slovakia has steadily increased over the past years. The amount of alcohol consumed by boys and girls has increased to a risky and harmful consumption behaviour. Especially spirits and beer are being consumed.
Slovenia	Slovenia is one of the leading countries worldwide regarding the alcohol consumption per capita and regarding the percentage of people with alcohol related problems. It is known for a very permissive dysfunctional alcohol culture – a so-called “wet culture”, where the common attitude towards alcohol is very positive and where there are few restrictions. Wine, wine growing and beer are closely linked to the Slovenian culture. It is normal to have one or two glasses of wine during a meal and youths get high on alcohol in the evenings. The Slovenian historian Anton Šepetavc says that alcohol is a part of national consciousness and tradition or part of national folklore. Availability of alcohol is high, also for younger people. One third of the 11-year-olds has already had his first wine or beer. Pupils from secondary schools and students expect positive effects by alcohol (fun, socializing, forgetting problems). Although they are very well informed they do not see any health consequences. Probably they are uninterested or information is given inadequately.
Cyprus	In Cyprus the attitude towards juvenile drinking seems to be quite relaxed, both for parents and retail personnel. Alcohol consumption seems to be embedded in every aspect of the Greek-Cypriote culture. An ethical responsibility regarding the role of the retail personnel on alcohol consumption by youths is missing. Police reports that 42 % of the fatal accidents alcohol consumption was noticed. Especially young men between 15 and 24 year are affected.



3. Relevant youth and socio-political aspects

Some partners referred to youth and socio-political aspects which are relevant for the project.

In Ireland, for example, the alcohol industry was asked to ensure trainings for service personnel for responsible serving. The responsible ministry for sports published a code of ethics for adults working with children and young people. This code of ethics includes information for trainers and responsible on how to deal with alcohol.

Youth work in South Tyrol (Italy) has developed a tight network of infrastructures, groups and projects funded by the state and communities. Youth policy is regarded as a common task to enable children and youngsters to act in a self-reliant and self-dependent way, assert their rights, take over responsibility and see life as a chance to live according to their own ideas. Cooperation and dialogue are essential values, focussing on the demands of children and young people.

In the district of Herford (Germany) partnerships between police and youth welfare/public order offices have been established which carry out controls during public festivities. Expert centers for addiction are engaged in case of alcohol intoxications and offer counselling to youngsters and their parents.

The Slovenian partners pointed out the social changes in their country. Like all over Europe also in Slovenia young people grow up in a rapidly changing world. The time between childhood and adulthood is getting significantly longer, more complex and more uncertain than in earlier generations. This phase is also characterised by late achievement of economic independence, longer dependence from adults and earlier achievement of individual freedom. Alcohol consumption usually takes place in the weekends and means fun in contrast to a boring week at school. In their free time youths can create their own identity, make own experiences and separate from the world of adults.

Based on the results of various studies the project partners in Denmark emphasise the importance of parents. Parents must be more involved in order to

1. resolve misunderstandings regarding alcohol before their children start drinking,
2. build up networks of parents who agree upon common rules regarding their children's parties (alcohol consumption, times to return home ...) and
3. set up concrete strict drinking rules as a consequence.

Although in Portugal there are many regulations regarding the protection of minors they are not controlled well enough. In Eiras there are no leisure time facilities for young people where no alcohol is consumed.

The a. m. aspects as well as the cultural backgrounds which were summarised in the previous paragraph may have influence on the implementation of the project.



4. Already existing interventions

The interventions listed in the following table were investigated according to a commonly developed criteria catalogue at the beginning of the project. Hence they present best practice examples whose results may deliver important information for the results of the project TAKE CARE. They will be inserted into the EDDRA database and also be published on the project website. It is for this reason that we will only show an overview of the interventions at this place.

Country	Project title	Setting	Target group			
			Youths	Parents	Key persons	Retail employees
Belgium	100 days	Big festivities in the town centre of Sint-Niklaas (70,000 inhabitants)	X			X
Denmark	Parent - backup	School		X		
	Safe – Night Life	Nightlife	X			
	Social misunderstandings / Social exaggerations	School (for pupils < 12 years)	X			
Germany	b. free	Transcending settings (community, associations, schools) / children and youths Adults	X			
	HaLT – Hart am Limit (close to the limit)	Transcending settings (hospital, leisure time, community, schools) Focus: Youths taken to hospital with an alcohol intoxication	X			a.o. X



Country	Project title	Setting	Target group			
			Youths	Parents	Key persons	Retail employees
	Alkohol? Jetzt lieber nicht! (alcohol? – not now!)	Transcending settings (hospital, free time, community, schools) / focus: Youths taken to hospital with an alcohol intoxication	X			X
Greece	Information and sensitisation on the implementation of measures regarding the provision of alcohol (und 18 years)	Shops selling alcohol				X
Ireland	Club cork project / smart serve					X
	Putting the pieces together	Local environment	X	X		
	Club4U		X		X	
	Strengthening families program for teens	Local environment	X	X		
Portugal	Before you get burnt: University Peer Education	Traditional event for freshmen = students in their 1 st year (9 days and nights in October); a second event for senior students in May (10 days and nights)	X		X	
	Decide yourself		X	X	X	
	Drinks – it's your decision	School / Young people aged between 14 and 20 years	X			



Country	Project title	Setting	Target group			
			Youths	Parents	Key persons	Retail employees
Slovakia	Age matters	1. Retailers (addressed 8.500 tobacco retailers) 2. Services (restaurants, bars...) 3. General public				X
	Adventure Way of Upbringing – Manual for parents	Families, media campaign 1. Parents 2. Adults		X		
Slovenia	Alcohol? The adults can influence!	School	X	X	X	
Cyprus	Safer Clubbing Intervention	Recreational facilities	X			
	Safe Alcohol Serving / Distribution	Retailers serving and selling alcohol				X



II. Survey results

In the countries which take part in the project the prevention experts conducted interviews with representatives of the four target groups in TAKE CARE regarding their experiences and assessments. The following groups were interviewed:

- Young people aged between 12 and 21 years
- Parents with children of the above mentioned age
- Key persons, i.e. important persons for young people like e. g. coaches of sports clubs, employees of youth centers, teachers
- Retail personnel or their managers.

The experts interviewed two up to four representatives per target group.

The objective of the interviews was to ask the target groups we wish to reach in a participating manner about their needs and good ideas, but also about possible stumbling blocks for the implementation of the project.

1. Alcohol consumption of young people in a certain district / “social environment”

a) Special places where young people are noticed with conspicuous behaviour

The mentioned places can be classified in

- Certain places (like e. g. parks, in front of certain shops, social housing areas, places where students live),
- School (schools in general or during school trips or parties),
- Special events (e. g. cultural festivities, festivals, sporting events),
- Nightlife in general (bars, discos, private parties).

While inadequate alcohol consumption by young people was noticed rather “sometimes“ or „not at all“ by the interviewees of our partner in Denmark, the other countries reported that such incidents were noticed rather “often”.

b) Special groups of young people coming to notice

Three countries state that there is no specific group of young people becoming conspicuous by inadequate drinking! A differentiation of age was only partly referred to (minor versus adults) in the other reports.

Seven countries report that the interviewees noticed certain groups of young people.

- Specific groups of young people come to notice in:
 - Belgium, Denmark, Germany, Ireland, Italy, Slovakia and Slovenia.
- No specific groups are reported from
 - Greece, Cyprus, Portugal (but especially the interviewed young people stated the 14 and 15 year olds to be conspicuous).



Specific groups of young people are classified by the interview partners regarding their age, social state and / or lifestyle. The different countries report in detail:

Country	Groups of young people who have come to notice by inadequate drinking
Belgium	<ul style="list-style-type: none"> - Student groups - Male or female young people with migration background - Youths, hanging out at street corners
Denmark	<ul style="list-style-type: none"> - Pupils from the commercial school in the district - Youths with conspicuous behaviour in general
Germany	<ul style="list-style-type: none"> - Minors (13- to 16-year-olds, male and female in equal shares) - Skaters, punks, but also football fans
Ireland	<ul style="list-style-type: none"> - 13- to 17 year-olds from council estates
Italy	<ul style="list-style-type: none"> - A part of the 14- to 17-year-olds in no detailed contexts - Pupils from different types of schools
Slovakia	<ul style="list-style-type: none"> - Rich eccentric young people - Young people from lower social classes (street children drinking cheap alcohol) - Young people visiting sports events and parties during weekends
Slovenia	<ul style="list-style-type: none"> - 12- to 21-year-olds, especially pupils in their last year of regular school as well as students

c) Times when young people come to notice

- The interview partners continuously report about young people who come to their notice by inadequate drinking in the evenings or at night, especially in the weekends.
- Further to this, „seasonal times“ like school holidays, cultural or churchly festivities are mentioned very often.
- Holidays and end-of-season-parties were stated in connection with school.

d) People having influence on the drinking behaviour of young people

All countries (except Italy) report that friends and peers have the biggest influence on the drinking behaviour of young people. It is striking, however, that only Denmark, Germany and Greece suggest peers as access way to young people with risky alcohol consumption.

Parents or family rank at the second place.

Four countries report that also contact persons of young people and retail personnel for alcohol have influence on the drinking behaviour of young people.



In some cases famous persons (ideals) or commercials are referred to (e. g. the so-called „Promo-Girls“), as people having influence on the drinking behaviour of young people.

It is stated that this influence can be either positive or negative. The interview partners mention the importance to act as role model on the one hand, but on the other hand they say that it is important to consider the fact that young people get access to alcohol via adults, despite minimum age limits for the consumption of (certain types of) alcoholic beverages.



2. Prevention work for the different target groups

2.1. Target group youths

a) Access ways to young people who have come to notice by inadequate drinking and suggestions regarding the methodical implementation of an intervention

The question „How can young people between 12 and 21 years be reached to avoid inadequate drinking?“ the interviewed persons made ...

- very detailed statements on the one hand,
- suggestions regarding the methodical implementation of the intervention on the other hand.

Statements regarding possible ways of access:

In five reports school is mentioned as place of conspicuity („school“ in general, during a school trip or a class party). As a consequence school is also seen as a suitable access way to young people with risky consumption.

The same number of reports states that the interviewees recommend key persons like e. g. streetworkers as access way. So we see that they are committed to the personal contact of important key persons to younger people in order to motivate them to participate in a prevention measure.

The individual countries suggest the following ways of access – according to the number of mentions:

- School teachers (5 countries)
- Key persons (5 countries)
- Peer leaders (3 countries)
- Parents (parental networks) (2 countries)
- Employees of youth clubs, youth recreation centres (2 countries)
- Public relations work (e. g. flyer, poster, radio, TV spots) (2 countries)
- Further mentions:
 - Associations,
 - Church,
 - Sports clubs,
 - Activation of the local society and institutions,
 - Activities at places where young people meet (see item 1.a.)
 - By means of (disciplinary) pressure: „alternative punishments“ (see 1.c.)

In Belgium the interviewees suggested to include TAKE CARE into the school curriculum so that teachers can motivate their pupils to take part in a rope training®.

Ireland has decided to use the organisation „Youth Reach“ as a central access way to the target groups youths, parents and key persons.



Suggestions regarding the methodical implementation:

Next to the proposals for possible access ways to reach the target group, the interviewees also commented on the way how the interventions can be communicated and implemented in methodological respect:

- The intervention programme should be introduced to the public in advance.
- The approach should be interactive, adventure-oriented and creative in order to reach young people.
- The contents should be communicated in a “lively” and simple way.
- It should be considered that fun is an important aspect during the implementation.
- The intervention should not focus too much on alcohol, but more on dealing with limits.
- Visualisation is important when conveying knowledge to the youngsters.

(For methodological suggestions which were mentioned by the interviewed persons and which deviate from the TAKE CARE concept see 1.d.)

b) What should be avoided when implementing the interventions for the young people?

Feedback from the partner countries revealed that it is important that the prevention experts adopt a respectful attitude towards the young people. They should not behave in a preachy, patronizing, judging, authoritarian or smart-alec way.

The targets of the intervention should not be characterised by the claim to become abstinent, as stated in four reports. As a consequence the emphasis should not be put exclusively on the risks of alcohol.

During the planning of the intervention it should be emphasised that the use of expert language must be avoided. The trainings should not be held as “educational events” nor as lectures or simple presentations of „boring statistics”. Further it should be avoided to “teach” (like in school classes). One country (IE) mentioned that it should be avoided to penetrate too much into the personal backgrounds or biographies of the youths.

c) Contents of the intervention

The proposals from the part of the interview partners regarding the question what young people must learn in order to deal with alcohol in an adequate way, are quite consistent:

- Improve knowledge on alcohol (9 countries)
 - Types of alcohol
 - Risks and their assessment (physical, psychological, social, in traffic)
 - Differences between different consumption patterns or motivation for consumption (drinking for pleasure versus dependency) / knowing limits

- Show alternatives to consumption, useful ways of spending leisure time (8 countries)



- Strengthening personality (6 countries)
 - Promotion of risk competence
 - Dealing with group pressure and learning to use group support / learning to say “no”
 - Promotion of strategies to deal with unpleasant feelings
 - Promotion of self-confidence and communication skills

- Imparting knowledge on local / regional support systems for youths (2 countries)

d) Deviations from the methods as proposed in the TAKE CARE concept

In three reports (Portugal, Greece and Cyprus) visiting nightlife was suggested as central intervention methodology. This would substantially deviate from the ro.pe training® which was originally planned.

The following further suggestions were made which are not compatible with the TAKE CARE concept (in the first place).

- Public discussions between youths, parents, retail employees and key persons (Portugal)
- Organisation of alcohol-free parties for young people (Denmark)
- Inviting ex-consumers in order to learn from their personal experiences (Denmark)
- Showing shocking videos from the police (Germany).

According to the concept of the ro.pe training®, access to youths with risky alcohol consumption is mainly achieved by street workers and key persons who motivate the young persons in question to take part in the intervention on a voluntary base.

Differing from this methodology in TAKE CARE the interview partners in Slovakia suggested to gain access by disciplinary pressure, i. e. to promote the implementation of an „alternative punishment“.

e) Important aspects

- Voluntariness versus disciplinary pressure:
As described in paragraph 2.1.d. Slovakia suggested to initiate access to the ro.pe training® by means of disciplinary measures / pressure. A possible practical example: A pupil has come to notice by the consumption of alcohol at a school party. He may not take part in the next school party unless he has passed the ro.pe training®.

In contrast to this, the Slovenian interview partners found it important that the access to intervention methods should be on a voluntary base in principle.

- A joint consultation with all TAKE CARE partners must show whether or to which extent disciplinary pressure is accepted as access way for TAKE CARE (see III. Conclusions).



- Interviewed youngsters in Germany pointed out that young people do not wish that their parents are informed about their drinking behaviour. This aspect plays a role a. o. if parents must give their consent that their children may take part in the rope training® (overnight).
- Youngsters in Germany asked for beer and wine tastings as a part of the intervention (supervised drinking experience).
- Promotion material could support the intervention for young people and motivate them to take part, e. g. a button with the slogan („I drink smart“ – Belgium) could be developed.
- In some country reports the following question was raised: How can we deal with the situation that „representatives“ (adult brothers and sisters or friends) buy alcohol for youngsters?

2.2. Target group parents

a) Access ways to parents having children aged between 12 and 21 years

The question „How can we reach parents?“ was answered by statements regarding possible ways of access on the one hand, on the other participating countries formulated suggestions how the interventions should be implemented in methodological respect.

Access ways or places:

Predominantly access ways to parents were mentioned which are already proven or applied in prevention work:

- School
 - e. g. at parents' evenings or workshops: DE / GR / PT / SI
 - in case of conspicuity of a pupil (DK)
- Key persons / „scouts“ (BE / SI / PT)
- Church (PT / GR)
- Associations (GR)
- Via public relations work (e. g. local newspaper, flyer): DK / GR / SI
- Via parental networks which are to be developed: DK
- Latching on to offers from other institutions: DE

In Denmark the interviewees mainly favoured the development of parental networks (see below under „methodological implementation“).

In Germany the respondents suggest a possible way how to prevent (feared) stigmatisation: They suggest an intervention which latches on to another (regular) offer, e. g. a course of an educational institution which targets at dealing with pubescent young people.



Respondents in Belgium pointed out that prevention experts must consider that not only those parents are reached who are already committed and reflected.

The Irish partner intends to use the organisation “Youth Reach” as central access way to the target groups of young people, parents and key persons.

Suggestions for a methodological implementation:

- Suggestions regarding the place and structure of the intervention
 - The setting / the atmosphere should be friendly and warm (DE),
 - Participation of parents should be made easy and comfortable (CY)
 - Parents’ groups in the parents’ homes (CY)
- Parents’ work as group offer, conducted by experts (DK / PT / GR / SK)
- Empowerment
 - Development of a long-run network: Experts support parents with the target that they support each other (DK)
- Providing information material at public places (e. g. health institutions) (PT)
- Multimedia campaigns (SK)
- Target group specific approaches for families (DK)

b) What should be avoided?

Parents must be encountered in a respectful attitude. They may not get the impression that they are solely made responsible for the conspicuity of their child. Feelings of guilt, pedantry, confusion, fear or pressure on parents must be avoided. Their parental competence must not be questioned.

Stigmatisation must be avoided when contacting parents (GR). They may not get the feeling that they are contacted because they have “done something wrong” or because they are “bad parents”. One country reports that the interview partners fear that parents may be faced with the assumption that their child shows inadequate drinking behaviour (DE). Respondents from another country (SI) even advise against presenting themselves as an institution of alcohol prevention.

It is recommend to refrain from boring, fatiguing (powerpoint) presentations and also from too much theory. For the design of the interventions it should be considered that the interview partners object to time-consuming offers for parents. Further they mentioned that they do not “wish to read too much” (PT).

c) Contents of the intervention

The following important contents were stated:

- Promotion of communication skills for the communication with their child (8 countries)
- Reflection of their function as role model (5 countries)
- Improve knowledge about alcohol (5 countries)
- Setting up rules regarding alcohol consumption or setting boundaries (3 countries)



- Showing interest in their children's living environment (3 countries)
- Being able to notice early signals for risky consumption or other problems (2 countries)

Further details:

- Information for parents about (the development of) addiction and other topics of social importance
- Information for parents about (professional) support systems for families
- Information for parents about local offers for young people which may present an alternative to alcohol consumption.

d) Deviations from the proposed method of the TAKE CARE concept

Place of the home party

There might be deviations in two countries (IE and SK) regarding the place of the home party in case the concerns of the interviewees are followed. The home party might then take place at a more neutral place instead of the parents' home.

Suggestions regarding the kind of interventions (see 2.2.a)

- The development of a long-run parental network which was suggested by Denmark is (in the first place) in contrast with the approach of a short intervention as planned in TAKE CARE with the intervention home party. Nevertheless interested parents may join after the home party.
- A multimedia campaign as suggested by the Slovakian partner is often combined with a high financial effort. TAKE CARE does have the financial means for such a campaign. Apart from this the proposed approach belongs more to the field of universal prevention while TAKE CARE intends to be active in the field of selective prevention.
- The proposal from the Slovakian respondents to provide target group specific approaches for the different needs of families is useful with regard to the contents, however, it cannot be implemented within TAKE CARE alone.

e) Important aspects

- Portuguese respondents suggest providing free information at different public places (e. g. health institutions). This idea can be taken up by displaying TAKE CARE info flyers together with already existing information material about the topic alcohol in a country. By doing so public attention could be attracted on the topic itself and further on the implementation of TAKE CARE.
- The Irish partner is the only one who follows the target to reach all parents of those youngsters taking part in the ro.pe training®. This target surely is very useful to raise the effects of the multilevel approach. In Ireland it can probably be implemented since this partner intends to reach three of the target groups centrally via the organisation „Youth Reach“. In



other countries it will probably be more difficult to motivated youngsters and parents „from the same family.”

- Belgian respondents recommend to offer different times for the home parties so that the parents have the opportunity to chose a date, meaning that they are being able to integrate this activity into their personal time planning.
- Belgium also suggests „discussion nights with youngsters“.
- Germany proposes to latch the home party on to offers from other institutions (see 2.2.a).

2.3. Target group key persons

a) Who are key persons?

Identification of key persons

Regarding the target group of the key persons it was important to identify a key person first. Not everyone who has contact to young people with risky alcohol consumption is a key person. Instead we refer to persons having a special relation toward the youngster of this target group. He / she must be able to influence youngsters in a positive way (e. g. a family friend, teacher, neighbour, music mate). The person in question should be named personally by members of the other target groups as a key person.

Classification of identified key persons

The key persons whom the partners identified can be divided into „professionals“ and „non-professionals / volunteers“.

Partners identified much more key persons who are in contact with risky consuming youngsters due to their profession than those who are „non-professional / volunteers“. „Professionals“ are e. g. employees in a youth centre, teachers; those out of the group of „non-professionals / volunteers“ are e. g. members of the community or coaches from sports clubs.

b) Possibilities to motivate key persons

- The central answer in the country reports (5 partners) was to offer an appreciation and / or some kind of personal benefit to the key persons for their participation in the intervention (BE / IT / IE, SK / CY). The following examples for an incentive or benefit were mentioned:
 - Certificates of confirmations of participation in a course,
 - Facilitation of their daily work,
 - Achieving an additional resource / competence,
 - Attractive opportunity to take part in a „new European offer“.
- Illustrating the benefit for young people (IE)



- Moral / ethical approach: Their responsibility for young people is addressed to (GR)
- „Material values“: Participants receive „additional points“ which can be transferred into financial means by the local authorities (BE)
- Fun: The training can be integrated into a „fun action“, e. g. visiting an adventure park and / or integrating a play into the training (BE)
- Participation: Involving key persons into the development and implementation of preventive programmes in general (DE) as well as emphasis on their share of responsibility for TAKE CARE (IT)
- Raising the awareness for the problem and their influence: Key persons must learn about the risks of inadequate alcohol consumption. At the same time it must be pointed out that they can influence young people in a positive way (GR).
- Contacting coaches and motivating them to take part (DK)
- Gaining access to the target persons via decision makers: Managers may pledge them to take part in the training (IT)
- Responding to concrete wishes:
 - Supporting interaction with young people showing risky alcohol consumption and accompanying supervision for key persons in individual cases (DE).

c) What should be avoided?

In five country reports the central recommendation of the respondents was to refrain from time-consuming interventions. However, they did not describe in detail what would be an acceptable time for an intervention.

- The intervention may not be too time-consuming (BE / DK / DE / GR / IT / CY) and should imply as less additional work as possible (DK / PT). The intervention should not consume too much of the leisure time of the professionals (CY).
- The key persons may not be burdened with a too high responsibility, leading to (feelings of) excessive demand, e. g. by burdening them with the role of “advisor” (BE / IE / IT / GR).
- Blaming the key persons (DE / IT / DK)
- Obligation to participate by (e. g. moral) pressure and restraint (SK / CY)
- Charging the participants with a high fee (DE)
- Consideration: Youth workers have already participated in various trainings – no double trainings! (IE)
- Being patronizing (DK) or pessimistic (CY)
- Boring theoretical presentations (SK)



d) Contents of the intervention / How can key persons contribute to solve the problem?

- Being aware of their function as role model for young people and acting accordingly (DK / GR / IT / SK / CY)
- Being informed about the effects and risks of alcohol (GR / IE / PT / CY)
- Improving their communication skills with juvenile alcohol consumers in order to intervene in a positive way (DK / IE / PT)
- Accompanying young people, availability for discussion with them (DK / DE / IE)
- Setting up clear rules regarding the consumption of alcohol on site (DE)
- Placing young people with risky alcohol consumption into the support system (DE)
- Key persons can suggest persons from the three other target groups for the interventions (BE)
- Implementation of self-responsible prevention measures:
 - Leading / organizing information units regarding alcohol (IE)
 - Organizing activities for a healthy lifestyle (SI)

e) Deviations from the method as suggested in the TAKE CARE concept

- In the reports from Ireland and Slovenia it is suggested that key persons carry out preventive or health-related actions / units on their own. This suggestion is in contrast to the TAKE CARE concept for key persons. The training as proposed in TAKE CARE is meant to teach the key persons on the basis of the Motivational Interviewing how to start a conversation with young people about alcohol consumption and motivate them to adopt a critical attitude toward the consumption of alcohol. By doing so changes of behaviour can be initiated. Additionally, key persons can refer youngsters into a rope training®.
- The German report states that the key persons wish practical support in individual cases and supervision (also development of rules and placing into the support system). This is also not foreseen in the TAKE CARE concept.

f) Important aspects

Five partner countries report that their interview partners recommend to keep the intervention not too time-consuming. Further five partners state that the key persons should have some kind of benefit from their participation.

In a feedback round with the TAKE CARE partners it must be discussed whether ...

- the time (3 days) as planned in TAKE CARE for the training of the key persons is adequate in order to reach the set targets;
- there are further possibilities for a „benefit“ for the key persons in recognition of their participation in the intervention.



2.4. Target group retail personnel

a) Access ways to retail personnel selling alcohol and ways to motivate them

Classification of respondents from the field of „alcohol sales“

Three reports did not specify where the respondents from the field of „alcohol sales“ come from (e. g. “sales assistants from shops near schools”). Therefore the following cluster does not refer to the total number of respondents.

The prevention experts mainly interviewed retail personnel regarding their assessments and opinions. They work as managers (six persons) or sales assistants / cashiers (seven persons) in supermarkets or supermarket chains or in special shops selling beverages (three persons).

Further to this the interviewers contacted owners (four persons) or employees (two persons) of bars or cafés.

Three respondents work in a kiosk / nightshop and another two persons in a gas station. Finally an event manager (for concerts) was interviewed.

The respondents mentioned the following **access ways for recruiting retail personnel**:

- Retailers' associations and key persons from the sales area,
- Professional schools for trainees from retailing,
- Gas stations, kiosks,
- Vintners' associations (only in Ireland),
- Personal contact by project members.

How can people from the field of alcohol sales be motivated to take part in TAKE CARE?

Similar to the key persons many interview partners state that the sales assistants should also have an incentive or benefit as a motivation to take part in the training (nine reports). A “positive public relations measure” is given as an example in several cases.

Two reports suggest that the employer should pledge his employees to take part in a training.

Another report recommends to ask for the support from the local authorities and make use of politics as an advocate for TAKE CARE. As an example the website of a town could show a report about the project and its participants (where amongst also the sales assistants).



b) What should be avoided?

Three reports state that the respondents pointed out that finger-pointing at sales assistants of alcohol and a time-consuming programme would have a negative impact on the readiness of retail personnel to participate. Similar to the target group of the key persons, however, they did not specify when an intervention is found to be „too long“. At the same time it must be kept in mind not to overload the sales assistants and burden them with too much responsibility, assess their behaviour or criticise them (one report each).

For the first contact it is important according to the interviewees not to put pressure on them or threatening them with fines or threatening them to call the office for public order (two reports). Instead they should be contacted in a positive way as „part of the solution“ against inadequate alcohol consumption of young people (one report).

Four reports state that the respondents were pessimistic about the role of retailers and retail personnel: They are thought to be profit-oriented, having least influence on the consumption behaviour of young people, among others due to the fact that elder brothers and sisters or friends buy alcohol for younger persons below the limit age (“representative buying”).

It is exactly this accusation of the „greed of gain“ which is protested against by sales assistants from another interview (another report). They state that this is not their attitude towards work and in case the prevention experts have this opinion, they would be scared off from taking part in an intervention.

c) Proposals how retail personnel can influence the consumption behaviour of young people in a positive way

The question „What can retail personnel do in order to reduce risky alcohol consumption of adolescents according to your opinion?“ was answered by making suggestions about the behavior of retail personnel, but also by suggestions of a more structural kind, e. g. regarding the design of shops.

The following behavior-related aspects were mentioned:

- Knowing the legal regulations regarding the sales of alcohol and observing them (eight reports)
 - Practicing age controls (e. g. in a role play)
 - Training how to react towards aggressive customers who do not accept a refusal to sell alcohol (safety training)
- Dealing with the topic of alcohol in detail and learning about the risks of alcohol (four reports)
- No sales of alcohol to young people who are already drunk (four reports).

The following structural suggestions were named:

- Offering attractive non-alcoholic beverages
- Increasing prices for alcoholic beverages
- No advertisement of cheap alcohol
- Organizing alcohol-free parties with low prices
- During general training retail employees should be prepared for difficult sales situations
- Retail personnel should forbid young people to consume alcohol in front of their shops
- Informing the public about youth protection in shops and bars.



In order to make it easier for retail personnel to implement the legal regulations, accompanying (information) material was asked for in five country reports.

d) Deviations from the proposed method in TAKE CARE

In many reports structural suggestions were made about what should be changed regarding the sales of alcohol. Informing the public about legal regulations for the sales of alcohol in different locations can surely be implemented within TAKE CARE. However, it must be checked per country whether a project targeting at a special district is able to influence price policy or the promotion of alcoholic beverages.

e) Important aspects

The advice from the respondents from nine countries to offer an incentive / benefit to sales personnel or managements to take part in TAKE CARE (above all via public relations work) must be considered.

In the Belgian report it was pointed out that it would be useful to establish a local steering group. This steering group located at the place of implementation of TAKE CARE should consist of prevention experts, representatives of key persons and political decision-makers. An important topic for example would be how incentives or benefits for sales personnel could look like. This requires the support from local authorities.



III. Conclusions for the project

Important aspects to be considered for the implementation of the approaches for the four target groups were listed in the individual chapters for the different target groups. They are essential for the general or country-specific adaption of the methods in TAKE CARE. This chapter will deal with the question what are the central conclusions from the shown results.

The steering group will decide on possible adaptations of contents under consideration of the TAKE CARE concept and the feedback from the partners in the RAR process. These adaptations will be integrated into the draft manual which will be finalised in March 2011.

1. General aspects independent from the target groups

- **Sensitive approach to the topic of responsible alcohol consumption**

Chapter 1 of the country reports makes clear that alcohol consumption is deeply anchored in the participating partner countries. For this reason it is absolutely necessary that all partners of the project are aware of the individual, society-related, social, cultural and economic aspects and that they are dealing with these aspects in a sensitive way.

- **Local steering group**

The Belgian report has shown that an accompanying local steering group will be implemented (see 2.4.e). The project coordination considers this very useful and recommends it to all project sites.

- **Public relations work and accompanying material**

Distribution of already existing information material on alcohol in the individual country language is useful without doubt. It is also foreseen in the project to develop accompanying material for the target group retail personnel. It remains to be decided whether material or give aways shall also be developed for further target groups.

2. Target group youths

In principle there are no obstacles resulting from the country reports for the implementation of the ro.pe training®.

Central aspects for discussion:



- Three partners suggest visits to nightlife as intervention methodology. Is it consensus that for reasons of comparability (also for the scientific evaluation) such a deviation from the initial concept would be too serious (see 2.1.d)?
- Voluntariness versus disciplinary pressure: Shall the concept be changed towards the possibility that adolescents cannot only be placed into a role play training on a voluntary base but also by means of a disciplinary measure (see 2.1.e)?

3. Target group parents

Basically there are no obstacles for the implementation of the home party for the target group parents that would result from the country reports.

Possibly there will be a culture-specific adaption in Ireland and Slovakia regarding the place of the event (neutral place instead of the parents' home).

4. Target group key persons

In general there are no obstacles resulting from the reports to implement the MI training for the target group of key persons.

Central aspects for discussion:

- The project coordination needs feedback from the partners: According to their own opinion and the one of the interview partners - when is an intervention judged as being too time-consuming (see 2.3.f)?
- On the one hand key persons with professional background, but also key persons from the field of non-professionals or volunteers have been identified (see 2.3.a). This leads to the question whether a target group specific approach makes sense.

5. Target group retail personnel

According to the country reports there are no obstacles to implement the training with accompanying material for the target group of retail personnel on principle.

Central aspects for discussion:

- In how far is it realistic to implement structural measures in a concept that is related to a certain district like the TAKE CARE concept (see 2.4.c and d)?
- What kind of incentive or benefit can be offered to retail personnel to take part in TAKE CARE (see 2.4.e)?