



Strategies towards responsible alcohol consumption for adolescents in Europe



(implementation period September 2011 to May 2012)

Organisation: SSP & Forebyggelse _____

Country/City: _____ Denmark _____

Contact: _____ Steen Bach/Tanni Thuesen _____

Date: _____ 29.th may 2012 _____



General Information about TAKE CARE in Your Region

1. Has it been possible to implement TAKE CARE in the selected region?

yes no

Comments:

2. How satisfied are you with the implementation of the different interventions in your region?

	1 not at all	2	3	4 very	Comment
ro.pe- Training©			x		Bad timing but it was easy to get the young people to participate.
Homeparty		x			Very hard to get the parents to participate, we don't know if it was because of the parents, or the way we approached them.
Key Training				x	Very hard to get the parents to participate, we don't know if it was because of the parents, or the way we approached them.
First-Rate Retailer Tools				x	Very easy– both the approach and getting them to participate.

3. Your assessment:

Taking the TAKE CARE project as a whole, is it the right way to achieve the goals, as specified by the concept

(reduction of the use of alcohol and the related damage to the young people; compliance with the legal norms regarding alcohol)?

Please, express your opinion on a scale from 1 to 4

1 = "no, these goals are not achieved at all" to

4 = "yes, TAKE CARE achieves these goals completely"

no yes
 1 2 3 4

reasons:

By involving the entire community it seems as everyone are more attentive to the alcohol consumption amongst youngsters AND adults. Because the project has been displayed in the media and because it's a small area where TAKE CARE has taken place and because of the TC material at the retailers, it's been hard



to NOT notice, so the inhabitants have been kind of forced to think about it one way or another. It has been hard to sell the idea to some of the targetgroups though – especially to the parents. It seems like they don't wanna be associated with the problem of the huge alcohol consumption among young people. Because we were only 2 TAKE CARE prevention experts the practical was spread out on a long time. We think it would have been more effective if we had been 4 prevention experts for instance and a shorter practical fase for instance 4-6 months.

4. Please, describe the social environment, which you have been selecting for the implementation of TAKE CARE:

Name: Ribe C

Number of inhabitants: 3500

What is the structure of the social environment? Is it a ... (please, tick a box)

A community (a closed social environment, a small town)	An urban quarter (... of a bigger city)	A sub-district (part of a city or an urban quarter)
		x

5. Which have been the criteria according to which you have been selecting the social environment?

This social environment ...	Yes	No	Resp. comments
is a social hotspot		x	Not particularly.
has been noticed for an increased use of alcohol		x	Not more than the rest of the country though the countryside is known for having a bigger alcohol consumption between young people than the bigger cities.
overall is a residential area	x		
is an amusement mile/nightlife district	x		
has been selected, because there are no/hardly any prevention offers		x	There's been a regional campaign running over the last three years
has been selected, because of a significant number of points of retail		x	
has been selected, because the support by cooperation partners was guaranteed		x	
other criteria, namely ...	x		We wanted to offer this project to a city that doesn't get so many offers on this theme (as for instance Esbjerg where SSP & Forebyggelse is located does).
other criteria, namely ...	x		It was an area with a small number of inhabitants, the young people party and



have an active nightlife in the city.

6. Conceptually, the manual stipulates the implementation of the multilevel approach in a defined social environment/sub-district/urban quarter.

ADVANTAGES of the orientation towards social environments:

That a larger group is being “exposed” to the project/the goals at the same time in a limited area. Multiple interventions in a limited area strengthens the domino effect.

DISADVANTAGES of the orientation towards social environments:

Some of the closest cooperation partners may become tired of the project, because of the massive attention and input all the time within the same theme. We haven’t particularly experienced that in Denmark, but we think we would have if the project would have been going on for just a week longer.

Orientation towards social environments versus “core target group”

One alternative of the orientation towards social environments is the decision for a “core target group”. This means that the focus is more on a specific group of adolescents with a risky consumption of alcohol and less on a specific urban quarter.

(Example: Core target group are adolescents, who have been looked after by youth services fairly long-term and who consume riskily. Their parents are motivated to hold home parties, their counsellors and teachers run through a key training and the sales staff in their area is trained).

Is this a good alternative?

yes x no

reasons:



If we approach a core target group instead of what we have been doing, we will experience a lot of excuses, resistance, explanations on WHY they do as they do. By reaching the pier groups, we hope to reach and influence the more problematic young people in an indirect way. And therefore we think that there's a bigger possibility to break down barriers and defense mechanisms and promote a more acceptable / "normal" drug culture.

The adults surrounding them are becoming aware of how important rolemodels they are and what kind of a difference they are able to make for the young people. Especially for the young people with a risky and concerning behaviour.



7. Overall Assessment:

To which extent do you agree the following statement?

“Precisely because of the multilevel approach, TAKE CARE is suited to achieve the goals mentioned above.”

no yes
 1 2 3 4

1 = “no, the multilevel approach is not a primary factor in achieving the goals in the different target groups; the effect of an intervention beyond the target group cannot be detected” to

4 = “yes, TAKE CARE achieves those goals precisely because of the co-action of the different levels of interventions.”

8. How many participants (P) from the different interventions did you reach?

	Number of applications	P at the beginning of the training	Number of P, who completed ro.pe regularly	Resp. comment
ro.pe-Training©	42	42	40	

	Total number of participants	Resp. comment
Homeparty	60	

	Total number of P	Completed	How many have been participating BEYOND their working hours?	Resp. comment
Key Training	15	15	15	



	Total number of P	Number of short interventions (10-30 min.)	Number of training (2 hrs.)	Resp. comment
First-Rate Retailer Tools (1)	51	12		

	Number of trained owners or branch managers	Number of trained employees	Number of supermarkets	Number of small stores	Number of cafés / pubs	Number of other points of sales	Number of schools providing vocational education
First-Rate Retailer Tools (2)	3	40	8		0	0	0



II. Information regarding ro.pe-Training© (Adolescents)

1. Who has been transferring the adolescents to ro.pe-Training©?

- a) after a few unlucky episodes with teachers/keypersons, we decided to recruit the young people directly ourselves. _____ c) _____

- b) _____ d) _____

2. Which ways of transferring (cooperation partners) or methods of motivation for a transfer did more or less fail?

- a) Look above. _____ c) _____

- b) _____ d) _____

3. Do you use a flyer in order to advertise the ro.pe-Trainings©?

yes no

If “yes”, please attach one.

4. Please, tick a box, which structure you have chosen how many times for the ro.pe-Training©.

	How many times conducted in your region? Please, with information about implementation data	How many times did you held a follow—up meeting?
1 x 4 days (with three overnight stays)	4	4
2 x 2 days (with one overnight stay each)		
Other structures, namely:		



5. **Your recommendation about the best group sizes** (please, enter figure)

from 7 to 11 participants

6. **Do you recommend a preliminary talk with the whole group and / or individual talks before the actual training?**

yes no
Preliminary talk in form of a individual talk
group talk both

7. **Are there any practical exercises, which have been proven inapplicable and which should be eliminated from the manual? If “yes” – which? Why?**

yes

Which? Why?

no

8. **Are there any practical exercises, which you can recommend additionally and which should be included into the tool box?** If “yes”, please use the attached sheets when describing them – if would be great, if you could describe them in your national language and in English each!

yes

Which?

I already sent you an additional teambuilding exercise we used at the very beginning of the rope trainings.

no



9. Which ideas do you want to share regarding gender-specific aspects?

(For instance, how did the girls especially profit from ro.pe-Training©? How the boys? Which exercises are (not) right for which gender? How do the mixed-gender groups stand the test?)

The girls like the reflecting talks better than the boys. Both boys and girls had great success-experiences with doing more than they thought could to begin with (climbing high trees for instance).

10. Which ideas do you want to share regarding age-specific aspects?

(For instance, precisely how did especially the younger resp. older participants profit from ro.pe-Training©? Where should be the focus when dealing with young resp. older participants?)

Our ro.pe youngsters had more or less the same age. (15-17) They were all willing to and eager about talking about alcohol as it is very relevant to their lives.

11. Your assessment:

Is the ro.pe-Training© the right instrument to achieve the goals named in the concept

(for instance, increasing of the knowledge about effects and risks of alcohol; improvement of risk competences when dealing with risky situations, especially the consumption of alcoholic beverages)?

Please, express your opinion on a scale between 1 and 4

no yes
1 2 3 4

Reasons:

Because they are really becoming aware of how alcohol consumption also is about taking a great risk as it is to climb tress – We think it became very obvious to them during the training/the talks.

12. Are there any other interesting facts from your country – related to the ro.pe-Training© – which are worthwhile mentioning?

We experienced a great deal of insecurity by trying to recruit the young people through others (keypersons for instance). 1/3 way into the project we decided that we'd only trust ourselves in recruiting young people to the ro.pe training. When WE sold the idea to them, they were much more eager to participate.

III. Information about Homeparty (Parents)

1. Structure

	In private spaces of parents	In public spaces, namely ...	Resp. comment
How often did the Homeparty take place, and where? (please, enter number with dates and resp. location in the boxes)	<u>3</u>	<u>2</u>	We held 3 homeparties according to the concept described in the draft. The 2 “parents cafe’s” we held in a cafe-like surroundings in a youth advising center. In the center of the city. We held them as “open nights” where parents could come in from the street and participate. Announced by papers, local radio and posters.

2. Who invited the parents?

	Yes	No	Resp. comment
Parents invited other parents (original Homeparty)	x		
You, as TAKE CARE prevention experts, invited parents	x		Announced by papers, local radio and posters. (Parents cafe)
Other experts (who?) invited parents		x	

3. Do you use an information-flyer / an invitation card/ a letter to advertise the Homeparty?

x yes no

If “yes”, please attach one.

4. Are there any practical exercises, which have been proven inapplicable for the Homeparties and which should be eliminated from the manual? If “yes” – which? Why?

x yes

Which? Why?

We would focus less on the law concerning alcohol, (both serving and drinking) because the law is well known among adults in Denmark.

no

5. Are there any practical exercises, which you can recommend additionally and which should be included into the tool box? If “yes”, please write “freely” when describing them, there is no given structure – it would be great, if you could describe them in your national language and English each!

yes

Which?

no

6. Your assessment:

Is the Homeparty the right instrument to achieve the goals named in the concept?

(for instance, improving the competences to run a constructive conversation with their children about consumption of alcohol)?

Please, express your opinion on a scale from 1 to 4

(1 = “no, these goals are not met at all” to

4 = “yes, the Homeparty achieves these goals completely”)

no yes
 1 2 3 4

Reasons:

We definitely plan to use the homeparties as a great supplement to our already existing toolbox. We will offer it to the parents who of different reasons have chosen not to participate in the offers from the schools. Furthermore we will arrange 5-6 open cafe-nights with different themes for the parents – because of our experience with the Take Care project.

7. Are there any other interesting facts from your country – related to the Homeparty – which are worthwhile mentioning?





IV. Information about Key Training (Key Persons)

1. Structure

	Yes (please, enter dates)	No	Resp. comment
2 x 8 hrs.		<u>X</u>	
Differently, namely:	<u>1x8 + 2x4</u>		It was hard for us to get the keypersons to use an entire weekend on a keytraining without us paying them. So we choose to do it this way instead (1 Saturday + 2 weekday evenings).

2. Did you held a follow-up meeting with the coached key persons? Why (not)?

yes

no

3. Do you use an information-flyer / an invitation to advertise the Key Training?

yes no

If "yes", please attach one.

4. Are there any practical exercises, which have been proven inapplicable for the Key Training and which should be eliminated from the manual? If "yes" – which? Why?

yes

Which? Why?

no



5. Are there any practical exercises, which you can recommend additionally and which should be included into the tool box? If “yes”, please use the attached sheets when describing them – if would be great, if you could describe them in your national language and English each!

yes

Which?

Practical exercises on “coaching”:

- 1) How does it feel, when the keyperson is advising you in a heavily, overruling and persistent way and
- 2) how does it feel when they are curious about your own solutions to whatever problem you may have.

no

6. Your assessment:

Is the Key Training the right instrument to achieve the goals named in the concept?

(for instance, improving the competences to run a constructive conversation with adolescents about the consumption of alcohol and, thereby, set up a (short) intervention)?

Please, express your opinion on a scale from 1 to 4

(1 = “no, these goals are not met at all” to

4 = “yes, the key training achieves these goals completely”)

no yes
 1 2 3 4

Reasons:

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.

7. Are there any other interesting facts from your country – related to the Key Training – which are worthwhile mentioning?



V. First-Rate Retailer Tools (sales staff)

1. Legal situation:

Sales of ...	Legal beyond the age of ...
Beer / wine	16
High-strength alcohol (for example, vodka)	18

2. Your assessment:

How (in-)consequentially are the legal rules regarding the sales of alcohol complied with?

Please, express your opinion on a scale between 1 and 4

1 = "very inconsequentially, the rules basically exist on paper only" to

4 = "very consequentially, there are controls (for example, underage mystery shoppers) and resp. fines"

no x yes
 1 2 3 4

Reasons:

The big supermarkets and chains follow the law strictly, but the small drugstores/kiosks are more likely to "look the other way".

3. Your assessment:

To which extent are the legal norms regarding the sales of alcohol accepted by the population in your area (especially by the parents with whom you have been working)?

Please, express your opinion on a scale between 1 and 4

1 = "the population considers the legal norms irrelevant"

4 = "the population accepts the legal norms completely."

irrelevant x completely accepted
 1 2 3 4



Reasons:

A lot of adult Danes accept the legal norms, but still they think that it is their responsibility to “teach” the young people to drink (!!?) – and they like to “control” it by bying the alcohol for the young people themselves – instead of the young people can buy it’. So the parents like the law, but they think that because of them “controlling” how many beers/ciders etc they buy for and give to the young people, they also control how much the young people drink. Most parents think that young people shouldn’t drink strong liquor, but that unfortunately doesn’t mean they don’t drink it.

4. Please tick a box: Which materials have you been using?

Please mark: How useful are they for the conduct of an intervention resp. for its support?

Type of material	Printed and used?	1 Not useful at all	2	3	4 Very useful	Resp. comment
Wobbler	x			x		
Brochure		x				
Poster	x				x	
Sorry Card						
Pennant “We join in”	x				x	
National materials (please, specify the topic under “comment”)					x	

5. Are there any practical exercises, which have been proven inapplicable for the First-Rate Retailer Tools and which should be eliminated from the manual? If “yes” – which? Why?

yes

Which? Why?



no

6. Are there any practical exercises, which you can recommend additionally and which should be included into the tool box? If “yes”, please write “freely” when describing them, there is no given structure – it would be great, if you could describe them in your national language and English each!

yes

Which?

no

7. Your assessment:

Are the First-Rate Retailer Tools (short- and long-term training, including materials) the right instrument to achieve the goals named in the concept?

(for instance, the retailers are aware of the legislation regarding alcohol; the retailers know how to deal with young people, who want to buy alcohol or are drunk already)?

Please, express your opinion on a scale from 1 to 4

1 = “no, these goals are not achieved at all” to

4 = “yes, first-rate retailer tools achieve these goals completely”

no 1 2 3 4 yes

Reasons:

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.



8. Are there any other interesting facts from your country – related to the First-Rate Retailer Tools – which are worthwhile mentioning?