



Strategies towards responsible alcohol  
consumption for adolescents in Europe

## **Country Report about the Multilevel Approach of TAKE CARE**

(implementation period September 2011 to May 2012)

**Organisation:** [IREFREA Portugal](#)

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## General Information about TAKE CARE in Your Region

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

☒ yes ☐ no

#### Comments:

In our selected region (Eiras), the implementation was successful due to the first phase of contacts, to the involvement of schools and the mayor of the parish of Eiras. Our choice was also good since the region has all the elements we needed: schools, sports centers, bars, gas stations, health center.

### 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	
Homeparty	X				This was a difficult target group to reach, although the intervention was well designed.
Key Training				X	
First-Rate Retailer Tools			X		

### 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 ☐ 1 ☐ 2 ☒ 3 ☐ 4 yes

#### reasons:

Like in all prevention programs it is not easy to access their results right away. We are sure we have made a statement in the community. But about making a difference, maybe in time we can see the real results in the youngsters behaviour. It was very difficult to reach the parents target group, although we tried different forms of engagement.

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

**Name:** Eiras

**Number of inhabitants:** 12.097 persons (Statistics: INE 2011)

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

A <b>community</b> (a closed social environment, a small town)	An <b>urban quarter</b> (... of a bigger city)	A <b>sub-district</b> (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	
has been noticed for an increased use of alcohol		X	
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		
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 ...			

**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:**

It is easy to reach all persons/entities related to use of alcohol consumption. It is easier to get partnerships.



### **DISADVANTAGES of the orientation towards social environments:**

Demands more time and more resources because there are different groups to reach.

### **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

☐ no

**reasons:**

The contents of the approach are more specific.

## 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 ☐ 1 ☐ 2 ☒ 3 ☐ 4 yes

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©	5	67	49	

	Total number of participants	Resp. comment
Homeparty	27	

	Total number of P	Completed	How many have been participating BEYOND their working hours?	Resp. comment
Key Training	22	19	All of them.	



	Total number of P	Number of short interventions (10-30 min.)	Number of training (2 hrs.)	Resp. comment
<b>First-Rate Retailer Tools (1)</b>	74	17	6	

	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
<b>First-Rate Retailer Tools (2)</b>	10	64	3		7	3	1

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

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

- a) teachers c) \_\_\_\_\_  
b) coach d) \_\_\_\_\_

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

- a) \_\_\_\_\_ 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)		
2 x 2 days (with one overnight stay each)		
Other structures, namely:  <b>3 days</b> <b>With two overnight stay</b>	<b>5 times:</b> <ul style="list-style-type: none"> <li>• 16 to 18 June 2011</li> <li>• 7 to 9 November 2011 (only T1)</li> <li>• 20 to 22 December 2012 (failed)</li> <li>• 25 to 27 January 2012 (split in two groups)</li> <li>• 20 to 22 February 2012</li> </ul>	<b>3 times:</b> <ul style="list-style-type: none"> <li>• 30.04.2012</li> <li>• 18.05.2012</li> <li>• 06.06.2012</li> </ul>

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

from 8 to 15 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?

Activity G because we did not think it was safe to do it with that specific group, and tried to make it up with other reflections on activities F and I.

☐ 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?

☒ 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 groups should be separated by gender. This way creates a motivational context for communication and sharing.

**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?)

The groups should be separated by age. This way creates a motivational context for communication and sharing.

**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:**

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

Youth are not used to do sleep overs in groups.

### **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)		<ul style="list-style-type: none"> <li>• <a href="#">Health Center of Eiras – 16, 18, 20 27 and 28 Jan;</a></li> <li>• <a href="#">Parish of Eiras - 3, 4, 10, 17 and 25 February</a></li> <li>• <a href="#">School Elementary (PTA) - 16. March, 20 and 27 April</a></li> <li>• <a href="#">School Secondary – 23 and 30 March</a></li> <li>• <a href="#">Final Parties Take Care – 06.Jun</a></li> </ul>	

#### **2. Who invited the parents?**

	Yes	No	Resp. Comment
Parents invited other parents (original Homeparty)		X	Some parents that we knew or that showed up in the first meetings were asked to organize themselves or invite some other parents but all refused. Even offering money (20euros) they wouldn't come.
You, as TAKE CARE prevention experts, invited parents	X		
Other experts (who?) invited parents		X	

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

☒ 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?

☐ 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 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:**

The training is well designed, but it is very hard to involve/engage the parents.

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

The parents that participated were very satisfied and surprised with the approach. Even so, they did not offer nor to invite other parents.

## 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: <b>3 x 5 hrs</b>	<u>Group 1:</u> 6 ,12 and 13 January 2012  <u>Group 2:</u> 21, 28 and 29 March 2012		

### 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?

☒ 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:

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.

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 consequently, there are controls (for example, underage mystery shoppers) and resp. fines"

no ☒ 1 ☐ 2 ☐ 3 ☐ 4 yes

**Reasons:**

### 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 ☐ 1 ☐ 2 ☒ 3 ☐ 4 completely accepted

**Reasons:**



**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				X	
Poster	X			X		
<del>Sorry Card</del>						
<del>Pennant "We join in"</del>						
<del>National materials</del>						

**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      ☐      ☒      ☐      ☐      yes  
           1           2           3           4

**Reasons:**

Although they found the training very interesting, mainly in the thematic “refuse sales”, the economic reasons (the business) is more important than the effort of changing someone opinion.

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

The business managers and owners were not very interested in the training even when they allowed their employees to be in training.