



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: OZ Prevencia V&P

Country/City: Slovakia / Bratislava

Contact: Kopanyiova Alena, Smiková Eva

Date: 14.6.2012

General Information about TAKE CARE in Your Region

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

☒ yes ☐ no

Comments:

Take Care Implementation was successful from the start thanks to a detailed RAR analysis of activities and regional cooperation and thanks to good cooperation of Key Persons in such locality.

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			
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:

- multilevel approach
- focusing intensive intervention in one area
- including retailers and parents as a target group (not only students and professionals as usual)

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

Name: Bratislava - Ružinov

Number of inhabitants: 50 000

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		
has been noticed for an increased use of alcohol	x		According to a survey of schools (VÚDPAP, 2011)
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		Long-term cooperation with experts in the area.
other criteria, namely ...			
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:

- Knowledge of risks factors in the social environment
- Implementation of other programs and projects in the social community
- Focusing on such social environment as a result of other problems too
- The possibility of networking and professional care activities

DISADVANTAGES of the orientation towards social environments:

- Some problems in the social environment are more pressing and must be addressed as a priority (than the project objectives, etc.).
- Less efficiency and greater needs for prevention interventions
- Higher concentration of problems, unmotivated people who are in trouble

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:

- intervention can be run in cooperation with school (easy access to reach adolescents and parents)
- easy to create networking of target groups
- Take Care project was added to existing prevention school system

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©	43	42	42	

	Total number of participants	Resp. comment
Homeparty	50	

	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)	52	8	2	

	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)	8	44	2	3	4	1	0

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

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

- a) __school advisors__ c) _____
 b) __school psychologists__ d) _____

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

- a) __social service__ 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)	3x	5x
2 x 2 days (with one overnight stay each)		
Other structures, namely:		



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

from 12 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?

☒ 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?

My worst experience with my own hangover / alternatively My worst experience with drunk person

☐ 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?)

- it is very good to have mixed groups (copying of real life of adolescents)
- at the age of 14 girls had a more experiences of drinking while hanging with older boys
- importance of beginning the formation of partnerships that can be risky because of alcohol

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?)

- Focus when dealing with young resp. older participants:
 Younger participants (12-14) – emphasise on cooperation, competition
- Older participants (16-21) – emphasise on partnership, sexuality, intimacy, impact of alcohol on self- efficacy, self-esteem and so on.

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:

Training contains of sharing information together with “fun” activities, which motivate youngster to act and learn at same time.

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

- Availability of good localities with the possibility of climbing, respectively others outdoor activities
- Tradition of climbing activities with young people of the Slovak Mountaineers Club (good communication and professionalism of the instructors)
- A national system of prevention in the school system allows the integration of Take Care to preventive system

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>2</u>	<u>4</u> <u>School meeting 2x</u> <u>Church community</u> <u>parents group 2x</u>	

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		
Other experts (who?) invited parents	x		School teacher, priest, school advisor

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:

- negative connotation of Homeparty in Slovakia /doorstep selling)
 - employed parents are busy (there was easy to reach older parents with adult children)
 - small dissemination of information in such a small group (5-6)

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

- negative connotation of the name Homeparty in Slovakia (like a doorstep selling) - maybe changing name of this intervention (for example - Home-meeting)

IV. Information about Key Training (Key Persons)

1. Structure

	Yes (please, enter dates)	No	Resp. comment
2 x 8 hrs.	<u>X</u> <u>13.-14.4.</u>		
Differently, namely:			

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?

SK: How to start interview (role play) - (First 10 sentences of counselling talk) – nur zu ro.pe was angehängt plus Flyer

☐ 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:

- practiced specific skills (introduction to motivational interview)
- Creation of networking experts from one region and various organizations
- Exchange of experiences

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

- the possibility of accreditation Key person training in the education system in schools (or as part of certificated program Take Care – multilevel preventive program)

V. First-Rate Retailer Tools (sales staff)

1. Legal situation:

Sales of ...	Legal beyond the age of ...
Beer / wine	18
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:

In Slovakia, the legal norms that govern the prohibition of alcohol use are formally sufficiently strict enough, which means there might be a good basis to put young people aside from drinking. However, in practice these norms should be applied not only in the form of repression, but mainly as a basis for prevention, informedness, change of attitudes and values both for parents and then for children and youths.

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:

Society does not support consummation of alcohol in the public; it is rather an individual or economic matter. Problems arise from parents' attitudes, benevolence, underestimating, belittling, nonparticipation of conflict situations, and trivialization of first signs in behavior. With parents, this is as if voluntary surrendering of parental educational rights and their own patterns. They solve the problem only in case it is serious. They want to solve the problem only with the child and not with the family itself.

Our parents group was from parents of pupil of secondary schools. Children around 15 years old. Parents have their opinion that kids should start drinking as later as it can be.

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	
Sorry Card	x				x	
Pennant "We join in"	-					
National materials (please, specify the topic under "comment")	-					

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:

- Appreciate the possibility of intervention for small or large retailers
- Choice of length of intervention
- Availability of already well-prepared materials

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

- Pleasant cooperation with the retailers sector



- we have been asked for close cooperation with Slovak Trade Chamber
- we can use connection with the campaign - Depends on age (tobacco prevention)