



Strategies towards responsible alcohol
consumption for adolescents in Europe

interim report

March 2010 up to June 2011

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Executive summary

The project TAKE CARE – *Strategies towards responsible alcohol consumption of adolescents in Europe*, organised by the LWL-Coordination Agency for Drug-Related Issues, Münster/Germany, is being implemented since March 2010 together with partners/institutions from ten European countries. It has a duration of 33 months and is scientifically monitored by the Zurich University of Teacher Education.

The project is funded by the health programme of the European Commission. Additionally, the participating organisations from the different countries contribute to the funding with their own resources.

General information on TAKE CARE

The innovative element of TAKE CARE is the multilevel approach in a specific social environment. TAKE CARE is especially suited for districts and places, which are pressured, for instance, with a high unemployment rate, violence, poverty, or integration issues and which have 8,000-12,000 citizens. The concept relies on the assumption that interventions in those encumbered districts are more effective and reinforcing each other, if different target groups are worked with preventively at the same time. Consequently, in addition to the main target group of young people (12 to 21-year-olds), also parents, key persons and employees in retail are approached.

The TAKE CARE interventions, which are tailored according to the respective target group, should be effective and have a positive impact on the consumption behaviour of adolescents.

The increasing figures of adolescents in Europe, who consume alcohol riskily, have been the cause to design this concept for TAKE CARE.

According to the HBSC study¹ (2005/2006), Europe has the highest consumption rate of alcohol worldwide and the use of alcohol is deeply rooted in most countries' culture. Even though the drinking behaviour of young people depends on a number of different cultural, social and (education-related) political aspects, the alcohol consumption of minors and binge drinking is a serious problem. 5% of the 11-year-olds, 11% of the 13-year-olds and 26% of the 15-year-olds consume alcohol regularly (HBSC study 2005/2006).

According to the ESPAD study² 2007, 82% of the students (average age 15.1 years) reported having consumed alcoholic beverages during the past year. On average, 43% of the students reported about intense episodic alcohol consumption in the past 30 days; these numbers have been increasing significantly between 1995 and 2007.

When asked how easy it is to buy alcoholic beverages, most of the ESPAD-students confirmed that there are hardly any difficulties:

- 78% of the students stated that it is fairly easy to buy beer,
- 70% reported that it is easy to get wine and
- the respective figure for spirits has been at 56%.

¹ HBSC = Health Behaviour in School-Aged Children

² ESPAD = European School Survey Project on Alcohol and other Drugs

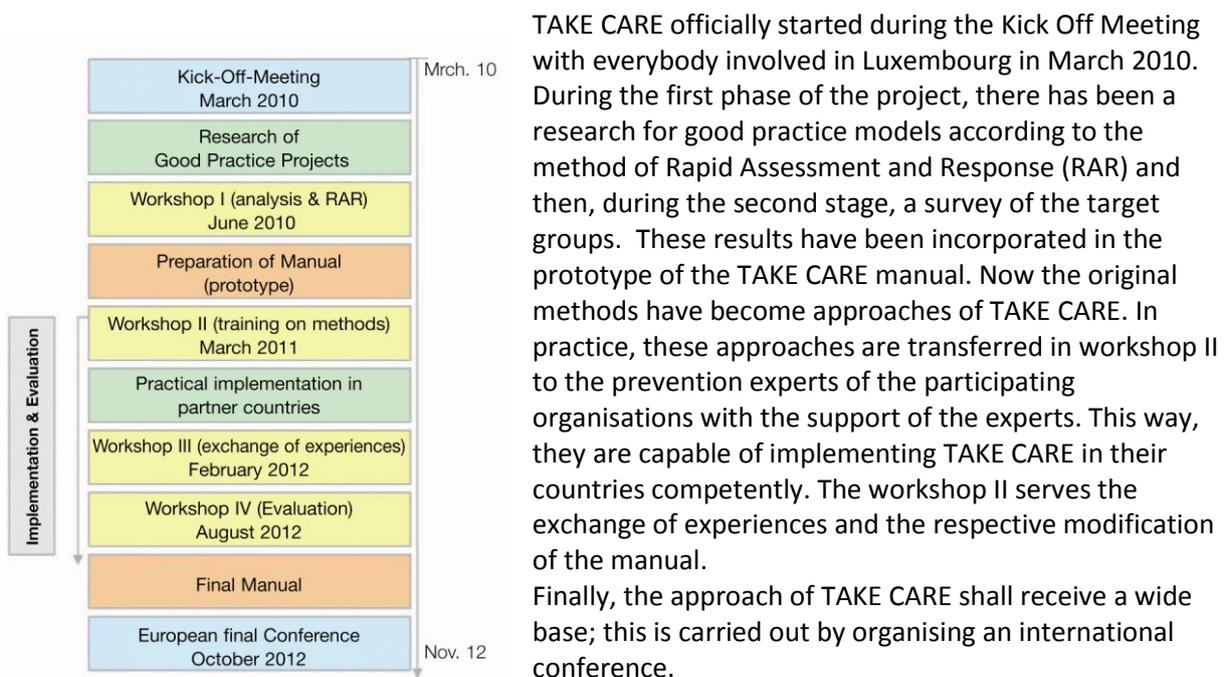
Adults (for example, parents, key persons) are not always aware of their responsibilities as role models. Similarly, retail dealers often have problems to comply with the provisions for the protections of minors regarding the sales of alcohol.

The overall goal of TAKE CARE is to reduce the consumption of alcohol by adolescents and young adults in the European countries. Respectively, physical, psychological, social and societal damages related to an inappropriate consumption should decrease.

TAKE CARE is especially focusing on young people between 12 and 21 years, who have been noticed for a risky consumption of alcohol. It aims for a compliance with the respective national legislation regarding the protection of the youth in relation to alcohol; in particular, this means obeying the determined minimum age. Above this minimum age, the project encourages the responsible consumption of alcohol by young people. It also tries to reduce the risks of developing an addiction, damages in health, but also the behavioural patterns that might come along with exorbitant alcohol consumption, such as personal injury, unprotected sexual contacts, drunk driving, or property damage, through interventions in the relevant social environment.

The multilevel approach mentioned before can be – among others - traced back to the German pilot project SeM – *secondary prevention in a multilevel approach*, which has been evaluated with good results. The methods tested in SeM with adolescents, parents and key persons have been supplemented by the Belgian partner CAD Limburg with a training concept, which also includes the draft of information materials for employees in retail.

TAKE CARE pursues a participatory approach. The original methods of SeM and the Belgian training of employees in retail are being adapted according to the needs of the target groups and previous experiences in similar projects.

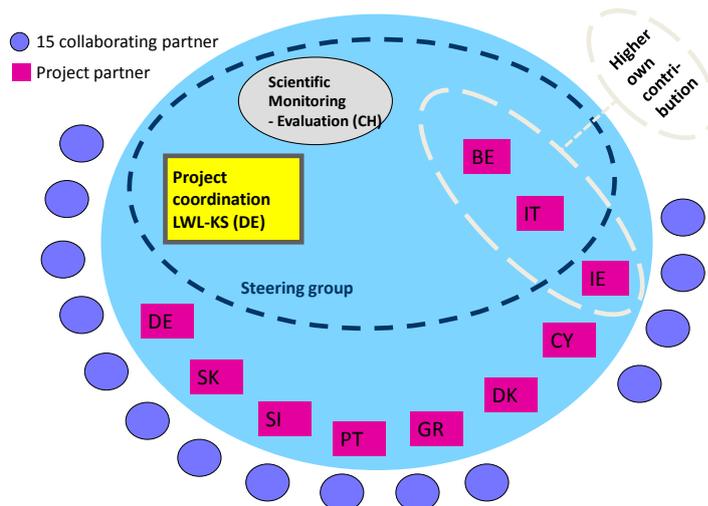


TAKE CARE officially started during the Kick Off Meeting with everybody involved in Luxembourg in March 2010. During the first phase of the project, there has been a research for good practice models according to the method of Rapid Assessment and Response (RAR) and then, during the second stage, a survey of the target groups. These results have been incorporated in the prototype of the TAKE CARE manual. Now the original methods have become approaches of TAKE CARE. In practice, these approaches are transferred in workshop II to the prevention experts of the participating organisations with the support of the experts. This way, they are capable of implementing TAKE CARE in their countries competently. The workshop II serves the exchange of experiences and the respective modification of the manual. Finally, the approach of TAKE CARE shall receive a wide base; this is carried out by organising an international conference.

Figure 1: **Process of TAKE CARE**

Organised by the LWL-KS, the ten partner organisations are implementing TAKE CARE in the countries. Two partners have accepted to be in charge of the work packages (WP) and become, jointly with the LWL-KS, members of the steering group. The CAD Limburg, Hasselt (Belgium) developed the tools for the employees in retail and the Office for Youth, Bolzano (Italy) is responsible for the evaluation of the project.

The Office for Youth invited tenders for the scientific monitoring of TAKE CARE and the Zurich University of Teacher Education won the tender – the director of studies has an advisory function within the steering group.



In addition to those partners directly involved in the project (marked in pink), there are 15 collaborating partners (blue) supporting the project by consulting and feedback; even more, they will be helpful, when the project will be disseminated after a period of practical experiences. The ten associated partners from Belgium, Denmark, Germany, Greece, Italy, Ireland, Portugal, Slovakia, Slovenia, and Cyprus represent a great diversity of European countries.

Figure 2: Structure and Partners in TAKE CARE

Hence, TAKE CARE contributes to an evidence-based development of innovative methods for prevention on a European level. Likely, the results can be transferred to countries that have not been participating in the project so far.

Activities and Results of the First Half of the Project

There have been only a few weeks between granting the funding of TAKE CARE by the EAHC and the actual start of the project. Consequently, the implementation of the different steps of the project has been worked on hurriedly and dedicatedly.

The project managers of the partner organisations and also representatives of the DG Sanco and EAHC met in **Luxembourg** for the **Kick Off meeting** on March, 22nd to 25th 2010.

The conference began with a presentation of the contents, methods, structure and organisation of the project. In addition to these introductory topics, the participants of the conference agreed upon criteria for the research of good practice projects in the context of the RAR, on the one hand, and a grid table for the dissemination plan, on the other hand. All PR activities of the partners should be filled into this grid table.

Almost three months later, on March, 14th to 18th 2010, the prevention experts of the participating partners met for **Workshop I in Navan /Ireland**.



Figure 3: Participants of Workshop I in Navan / Ireland

Main topics were

- 1st part of the RAR: presentation and discussion of the national good practice projects that have been researched on, under the perspective of how TAKE CARE might be able to profit from their experiences and approaches (see figure below).
- 2nd part of the RAR: Attunement of the interview guidelines regarding the interviews with the four target groups of TAKE CARE;

The following table gives an overview about the national good practice projects:



Good Practice Projects					
	Project name	Target Group ¹			
		I	II	III	IV
Belgium	100 days	X			X
Denmark	Parent – backup		X		
	Safe – Night Life	X			
	Social misunderstandings / Social exaggerations	X			
Germany	b. free	X			
	HaLT – Hart am Limit	X			X
	Alkohol? Jetzt lieber nicht!	X			X
Greece	Information and sensitisation on the implementation of measures regarding the provision of alcohol (under 18 years)				X
Ireland	Club cork project / smart serve				X
	Putting the pieces together	X	X		
	Club4U	X		X	
	Strengthening families program for teens	X	X		
Portugal	Before you get burnt: University Peer Education	X		X	
	Decide yourself	X	X	X	
	Drinks – it's your decision	X			
Slovakia	Age matters				X
	Adventure Way of Upbringing – Manual for parents		X		
Slovenia	Alcohol? The adults can influence!	X	X	X	
Cyprus	Safer Clubbing Intervention	X			
	Safe Alcohol Serving / Distribution				X

¹ Target groups:
I: adolescents, II: parents, III: key persons and IV: retail employees

Figure 4: good practice projects

Further information about these projects may be found on the TAKE CARE homepage:

www.project-take-care.eu

Back in their countries, the prevention experts started to implement **part 2 of the RAR**: running the interviews with the target groups.

Participation plays an important role in TAKE CARE, therefore these interviews have been used to test the acceptance of the TAKE CARE methods from adolescents, parents, key persons and employees in retail.

The prevention experts gave a [summary](#) of the results in a country report. The essence and some conclusions from this have been published by the project coordinators. Likewise, this **RAR report** may be downloaded in English and German from the project homepage. In addition to the requests of the respective target group towards prevention offers, an overview about interesting cultural backgrounds of alcohol consumption can be found, as well as the national legislations for youth protection in the respective partner countries are given:

http://www.lwl.org/LWL/Jugend/lwl_ks/Projekte_KS1/Take_Care_Start/RAR_Bericht/?lang=en

Based on these reports, the original methods, which have been used with the four target groups, have been adapted and attuned by the project partners.

As a result, the project coordinator have been able to draft the **prototype** of the **TAKE CARE manual**. Part 1 focuses on the goals and contents of TAKE CARE. Part 2 offers a detailed instruction for the implementation of the methods to the four target groups.

During **Workshop II** (March, 27th– April, 3rd 2011), always two prevention experts have been trained for the **four levels of TAKE CARE**:

- ro.pe -training© for adolescents:
 - A 4-day-training about an improvement of the risk skills of adolescents, mainly through adventure-based counselling approaches, such as climbing, but also through self-reflection of personal consumption patterns; the base is the method of Risflecting©.

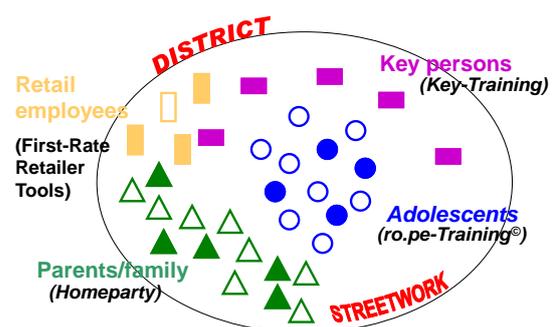


Figure 5: *The Methods of TAKE CARE*

- Homeparty for parents :
 - A two-hour-meeting in the parents' home – in a coffee-time gathering – with information and discussion about alcohol consumption and its consequences; this method is inspired by Tupperware parties or the Femmestische.

- Key-Training for key persons
 - In two days, the prevention experts interactively communicate among others the fundamental attitudes and skills of Motivational Interviewing to people, who have a special relation with adolescents consuming alcohol riskily (so-called “key persons”).
- “First rate retailer tools” for employees in retail
 - A 5-minutes-information or a training lasting one to two hours for employees in retail of alcohol; this module also includes the draft of information materials; developed by the CAD Limburg, Hasselt, Belgium.

Another important topic of Workshop II has been the scientific monitoring of TAKE CARE. The evaluation team presented the general **evaluation plan** with the respective times of measurement and provided information about how the questionnaires should be filled in by the respective target groups.



Figure 6: Participants in Workshop II

Then, in May 2011, the period of practical experiences in TAKE CARE could begin. Nine of the ten partners have been running a **ro.pe-pilot-training© for adolescents** between May and July 2011. The project coordinators designed a scheme, which has been used by the partners as a base for writing a report. Relevant aspects, which also rely on the feedback of the adolescents involved, will be incorporated when adapting the manual for the TAKE CARE project.

As part of the **PR**, the project coordinators designed a logo, a general project flyer, and a sticker with the TAKE CARE logo during the first months of the project. Soon after, the project homepage www.project-take-care.eu went online:

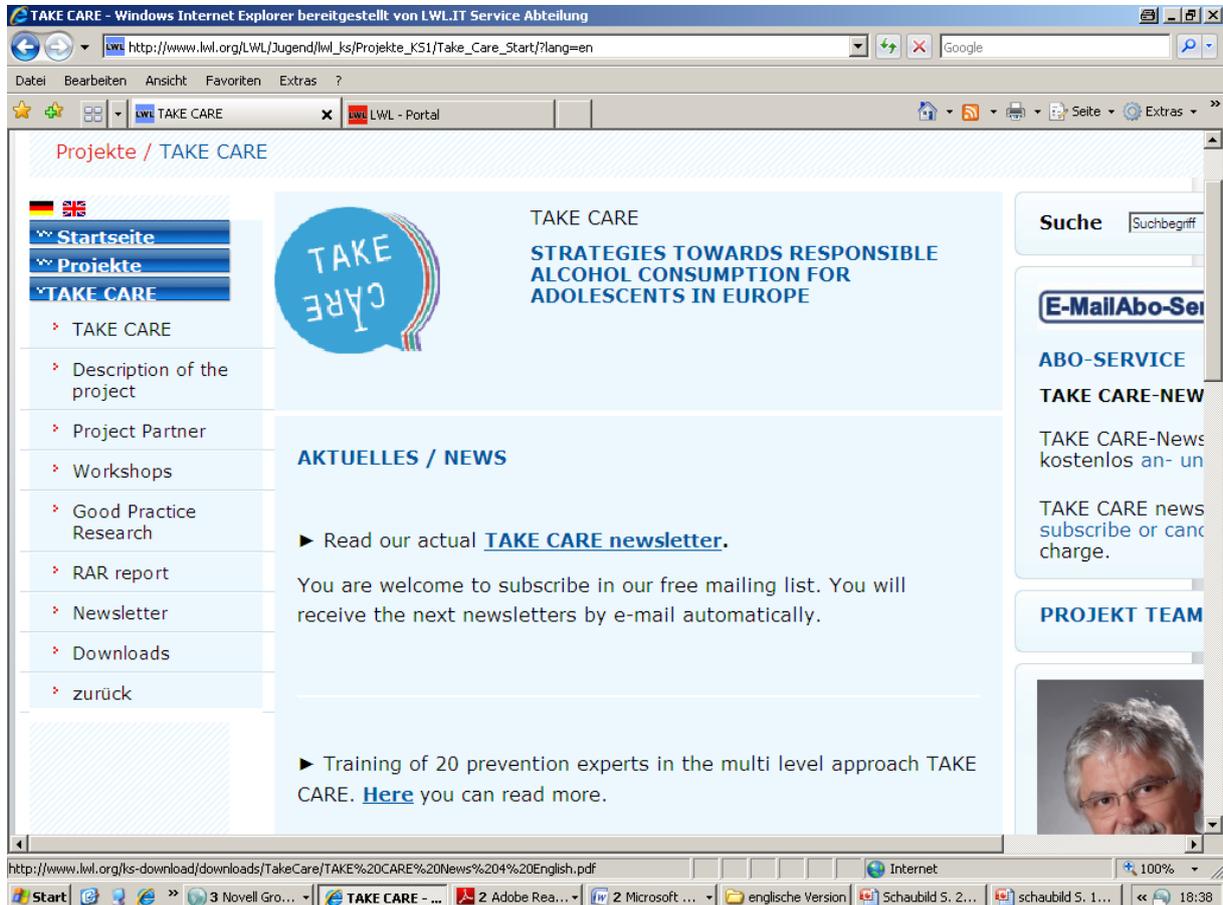


Figure 7: Screenshot of the TAKE CARE Homepage

The **TAKE CARE newsletter**, which is published quarterly, is an important tool of PR. Four issues have been published since August 2010. Right now (August 2011) 434 people subscribed to it and are updated about TAKE CARE.

As the **next central step**, the project now is up to the implementation of the methods at the other three target groups. Subsequently, it can be tested in the selected social environments, how synergy effects may occur, if interventions on four levels (= with four target groups) are implemented simultaneously in a limited field.

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