



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:** OKANA \_\_\_\_\_

**Country/City:** GREECE, KOS \_\_\_\_\_

**Contact:** \_\_\_\_\_

**Date:** 15/06/2012 \_\_\_\_\_

## General Information about TAKE CARE in Your Region

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

☒ yes

☐ no

#### Comments:

The prevention programs were already in place and being implemented in Kos, and the networking we had because of these, helped us to come into contact with the target groups easier. The difficulty we faced was due to the high number of participants in each target group, compared to the population size of the selected area, because it was small.

### 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		Even the short interventions were conducted under stressful conditions because of the limited amount of time retailers had. There is also doubt whether they will implement the materials given to them by.

### 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:

We believe that all the interventions in all 4 target groups will have to: be continuous regarding our interventions as prevention experts, and also follow-up work with parents and key persons.

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

**Name:** Kefalos, village in Kos\_

**Number of inhabitants:** 2612

**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		For the summer time
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 ... the lack of social structures in the village	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:**

Due to our already established prevention programs, we already had a network in place, which enabled us to implement the program with their help. Because of the social environment, the program was easy to disseminate in the local community. Furthermore, it provided us with the opportunity to work with retailers as it is a highly tourist area.

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

A large number of participants was necessary for the implementation of the intervention compared to the population as a whole of our chosen area, which caused problem in finding participants.

**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:**

## 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
<b>ro.pe-Training©</b>	47	43	43	2 of the participants were ill, and 2 of the participants did not inform us that they would not be attending.

	Total number of participants	Resp. comment
<b>Homeparty</b>	52	

	Total number of P	Completed	How many have been participating BEYOND their working hours?	Resp. comment
<b>Key Training</b>	16	16	16	1° : 13 participants 2° : 3 participants (7 had registered to take part, but 4 participants did not attend the key training)

	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>	51	14	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
<b>First-Rate Retailer Tools (2)</b>	16	35	1	6	8	Restaurants : 1	

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

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

- a) \_\_\_\_\_teachers\_\_\_\_\_ c) \_\_\_\_\_friends\_\_\_\_\_
- b) \_\_\_\_\_parents\_\_\_\_\_ 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©.**

	<b>How many times conducted in your region? Please, with information about implementation data</b>	<b>How many times did you held a follow—up meeting?</b>
1 x 4 days (with three overnight stays)	1°: 30/06/11 – 03/07/11 13 participants 2° : 05/09/11 – 08/09/11 14 participants 3°: 5 /04/ 12 – 08/04/12 16 participants	We had meetings with the participants in order to fill in the questionnaire T3 and at the same time, we also discussed about their alcohol consumption and attitude towards alcohol after the end of the training.
2 x 2 days (with one overnight stay each)		
Other structures, namely:		

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

from 8 to 10 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?

We do not consider that an exercise should be eliminated from the manual, but we did not include the risk-fall exercise as we evaluated that it was a little dangerous for the youths.

☒ 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?)

There were no significant differences between boys and girls in the implementation of the practical exercises and towards reaching the project targets.

**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?)

We decided to choose participants of the same age groups as it would be easier for them to share their experiences. We believe that this ensured the successful implementation of the exercises and reaching the required project goals.

**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:**

We identified that the important thing in this training was to co-ordinate and involve the knowledge for the dangers of alcohol use, with the undergoing of risky exercises like the rock- climbing.

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

For all our participants in the different ro.pe-training groups, rock-climbing was a new and exciting experience.

### 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)	<b>Interventions in the parents' homes</b> 2/2/12 10 partic. 24/2/12 8 partic. 1/4/12 10 partic. 9/5/12 6 partic. 21/5/12 6 partic.	<b>Interventions in the spiritual centre</b> 25/5/12 7 participants 29/5/12 5 participants	

#### 2. Who invited the parents?

	Yes	No	Resp. comment
Parents invited other parents (original Homeparty)	X		Even though some of the interventions took place in the spiritual centre, the parents still invited other parents.
You, as TAKE CARE prevention experts, invited parents	X		Our role was to find a parent who would be able to accommodate us.
Other experts (who?) invited parents			

#### 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:**

1. There was positive verbal feedback from all the parents.
2. We believe that the way they view alcohol consumption changed and also their beliefs about the dangers of alcohol use by youths.
3. They became more sensitized with regard to their own children’s’ needs.

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

It was a very important intervention for us, because although we implement parent programs in our work, it was the first time we conducted these interventions in their homes.

## IV. Information about Key Training (Key Persons)

### 1. Structure

	Yes (please, enter dates)	No	Resp. comment
2 x 8 hrs.			
Differently, namely:	<a href="#">19-20/12/2011</a> <a href="#">2x6hrs</a>  <a href="#">02/05/2012</a> <a href="#">7hrs</a>		In the second group for the training, we only had 3 participants, so we had to alter the structure of the training for it to work. Their comments after the training were very positive. Speaking with the evaluation team in Switzerland, we were assured that this would not impact the evaluation process.

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

☐ yes

☒ no

We held an individual follow up meeting for the collection of the T2 data.

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

☐ yes ☒ no

If "yes", please attach one.

We prepared and circulated a notification regarding the program to all the schools and media in the local area, where we informed about the training, but we had no participants from this. After personal contacts with teachers, the priest and people involved in the community, we managed to recruit participants.

### 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 ☐ 1 ☐ 2 ☐ 3 ☒ 4 yes

**Reasons:**

All the participants had very positive comments and found it very interesting throughout because it combined practical and theoretical knowledge together. Furthermore, the content of the training was new to them and they all found it very supportive and useful for their work.

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	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:**

Although the rules concerning the sales of alcohol are rather strict, the controls are not applied satisfactorily.

### **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:**

All the parents and all the participants in the project were aware of the age restrictions regarding alcohol consumption and they considered it relevant and that it should be in use. However, the fact that in our country alcohol consumption is nearly always associated with social events and celebrations, there seems to be the attitude of “one little drink won’t hurt”.

**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
<b>Wobbler</b>	x				x	Very Useful for supermarkets and small stores
<b>Brochure</b>	x				x	Very useful. The retailers could keep it and reference to it when necessary
<b>Poster</b>	x				x	Very useful to show that they participate in the project
<b>Sorry Card</b>	x		x			We believe that retailers will not use it.
<b>Pennant “We join in”</b>						
<b>National materials</b> (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      ☐      ☐      ☒      ☐      yes  
           1           2           3           4

**Reasons:**

We faced the most difficulties with this target group, as their first impression was that we were there to check on them, if they were selling to underage youths. Strangely enough however, when the intervention finished, their remarks were positive to the program.

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