

Good Practice Examples and Tool Kit to Reduce Alcohol Related Harm

OVERVIEW

The European Joint Action on reducing alcohol related harm ([RARHA](#), 2014-2016) worked on three specific areas: (1) monitoring of drinking patterns and alcohol related harm, (2) drinking guidelines to reduce alcohol related harm, and (3) finding good practice examples and building a tool kit to reduce alcohol related harm.

The aim of the third area of work within RARHA was to contribute to the implementation of the EU strategy to support member states (MS) in reducing alcohol related harm, by **focusing on concrete examples of good practice approaches that are implemented in MS**. These approaches present an important evidence base for MS' policy decisions and actions in the fields of alcohol prevention, treatment and harm reduction.

Our work built on the information gathered by the WHO report [Alcohol in the European Union](#), which indicates that **information activities related to alcohol consumption are widespread. Good practice approaches exist but are not collectively evaluated and available for use by other MS**, while in some settings, they seem to be missing. There are several good practice compilations – publications and databases – many of which have been produced with EU-funding. The challenge was to make good practices more accessible and more useful for e.g. relevant ministries, policy makers, public health workers, NGOs or other stakeholders and professionals responsible for designing and implementing alcohol policy interventions.

An important goal was to strengthen capacities of EU MS in building up information-based public education campaigns in combination with personal and online communication on the subject of drinking behaviour and self-help guidance.

The main tasks within WP6 were: a) providing good practice examples; b) developing good practice criteria; c) compiling examples into a tool kit; and d) disseminating the tool kit.

This European-wide assessment of alcohol prevention inter-

ventions was a unique attempt to improve the quality of alcohol prevention interventions in the MS. It was a first step towards a continuing exchange of field experience in order to promote evidence-based implementation of alcohol related interventions, and for professionals to profit from existing theoretical and practical knowledge and experience.

The general population level approach measures for prevention such as taxation, availability regulations etc. are not covered here. They are high on the agenda already and the knowledge base is generally well known. Measures addressing the individual behaviour change directly have not had the same attention in international cooperation on alcohol related harm. Some programmes have even gained a reputation as popular programmes with little effect. Another reason for little interest is a common understanding that such measures must have a strong focus on local or national particularities, hence are not so easy to transfer to other countries.

In our work, we included three types of prevention programmes, which address the individuals with different methods of implementation, but also different level of knowledge base.

- **Public awareness** is covering the area of public communication programmes and social marketing. With an increased political interest for behavioural economy, these practices fit well into that paradigm.
- **School based interventions** have a long history, with a large number of different setups throughout Europe. Many have not satisfied a design that can be evaluated and measured; many more have shown little or no effect on reducing the harm caused by alcohol.
- **Early interventions** have, over a short period of years, gained a strong support for being cost-effective measures



RESULTS

A tool kit for evidence-based good practices: Public awareness, school-based and early interventions to reduce alcohol related harm

At the core of the tool kit are **criteria, which were used to qualify the evidence base of submitted interventions**. In alcohol prevention, a wide chasm exists between expectations of prevention scientists, who are rarely content with anything other than randomised-controlled trials (RCTs) and the reality of prevention in practice – a reality in which the majority of interventions are not evaluated at all. To bridge this divide and provide practitioners and policymakers with hands-on advice, we adapted a Dutch classification system. It rates interventions along a continuous scale of evidence levels, ensuring that a number of minimum requirements are met. With this approach, we were able to identify and classify interventions other than RCTs. Using this methodology, **26 out of a total of 43 assessed interventions were accepted into the tool kit**.

One of the important achievements of the WP6 is the preparation of the **recommendations for good practice approaches**. To reduce alcohol related harm, a wide range of prevention interventions has been developed, but on the other hand, risky alcohol consumption remains a big health problem. Furthermore, prevention science is very complex and requires the involvement of a multidisciplinary team. Recommendations derived from effective interventions may help prevention practitioners to select, modify or develop more effective programmes.

To highlight that values not only influence our perception, but that they may guide our decision-making, we included a **chapter on ethics**, which sets out a number of empirical findings about effectiveness that need to be counterbalanced with value-based considerations of social justice, personal freedom and proportionality.

POLICY MESSAGES

The purpose of the tool kit is to inform policymakers about the tools for the assessment of available evidence that will help to make decisions in alcohol prevention that are grounded in the best available evidence, while making explicit the values and context that guide the decision.

There are three elements in the work package 6 that would be of special interest for governmental bodies involved in planning policies for reducing harmful alcohol use.

1. The **systematic description of each of the three types of practices** addressing individual behaviour.
2. The **recommendations for methods of choosing good practice approaches**. The presentation of projects of good practice is in itself a very useful tool kit for measuring projects also at national level.
3. There are **interesting projects to consider for use at home in the three lists of projects being screened as good practices**.

One additional proposal to both the MS and the European Commission is to establish a **permanent setup for screening projects of good practices** in reducing harmful alcohol use. Since the methods have now been established by RARHA, this should not be a costly endeavour. Engaging three to five experts to go through projects and present these in the format we proposed every second year and provide them with some administrative support, would be quite cost effective.

Documents

- The **pdf version of the Tool kit** (available by the end of August 2016)
- The **printed version of the Tool kit** (available in September 2016)
- The **online version of the Tool kit** (available in October/November 2016)

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