



SHARING THE RESULTS

LOOKING HOW TO REDUCE ALCOHOL RELATED HARM

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Cofunded by
the Health Programme
of the European Union



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REDUCING ALCOHOL RELATED HARM

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

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A tool kit for evidence-based good practices

- **Good practices present an important evidence base** for MS policy decisions and actions in the fields of alcohol prevention, treatment and harm reduction
- A wide range of interventions and good practice compilations have been developed and brought together - publications and databases - several of which have been produced with EU-funding
- Nevertheless, public health policy planners lack easy access to **well described** interventions that are **replicable/adaptable** and on which reasonable **evidence of effectiveness** in influencing attitudes or behavior and some **cost estimates** are available



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Covering 3 groups of interventions:

- **Early intervention services** (including brief advices)
- **School-based programs** (information and education)
- **Public awareness programs** (including new media, social networks and online tools for behavior change).....

... that have demonstrated their **effectiveness, transferability, and relevance**



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- **Good practice definition:**
 - Good practice refers to a preventive intervention (action/activity/working method/project/programme/service) that was found to be effective in accomplishing the set objectives and thus in reducing alcohol related harm. The intervention in question has been evaluated either through a systematic review of available evidence AND/OR expert opinion AND/OR at least one outcome evaluation. Furthermore, it has been implemented in a real world setting so that the practicality of the intervention and possibly the cost-effectiveness has also been examined.
- **Questionnaire for Collecting the Good Practices was sent in Dec. 2014:**
 - from 32 countries, 48 cases were collected



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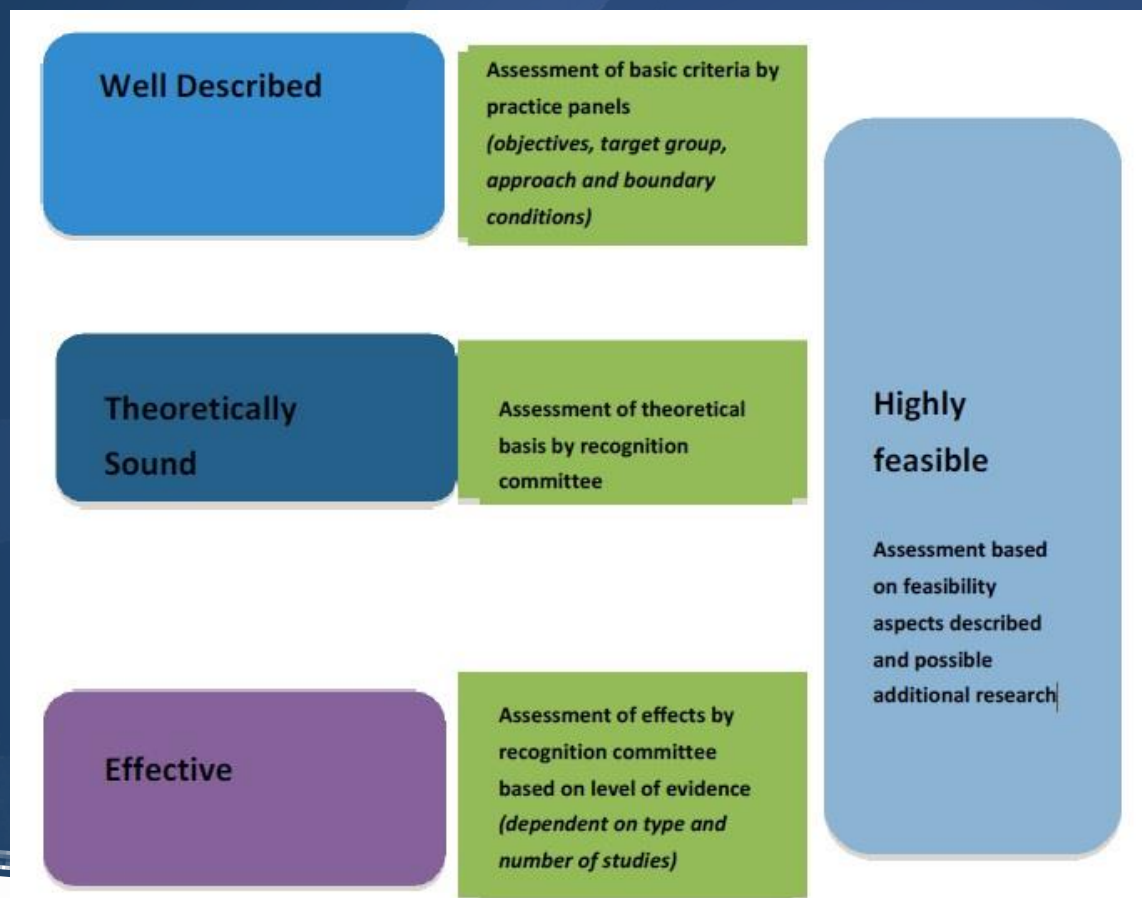
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Basis: Assessment system of the RIVM



RIVM: Dutch Institute for Public Health and the Environment;
Ministry of Health, Welfare and Sport



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Assessment criteria for evidence based interventions

Basic characteristics of a good practices in the Tool Kit

An intervention in the Tool Kit:

- **is well described** (information about objectives, target groups, approach/method are available)
- **is implemented** in real world setting (information about the feasibility of the intervention is available)
- **is theoretically sound** (information about the theoretical basis is available)
- **has been evaluated and has positive results** (most relevant objectives in terms of changes within the target group have been achieved)

Level of evidence

- **Basic level:** theoretically sound and with positive results (observational or qualitative studies)
- **First indications for effectiveness** (pre- and post-design)
- **Good indications for effectiveness** (pre-post controlled design)
- **Strong indications for effectiveness** (pre-post controlled design with follow-up)



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Results

	Early interventions	Public Awareness Interventions	School Based Interventions	Total
Rejected Interventions	10	3	5	18
Accepted interventions	11	7	8	26
Total # interventions assessed	21	9	13	43
% Accepted	52%	78%	62%	59%



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Accepted Interventions

Level of Evidence	Early interventions	Public Awareness Interventions	School Based Interventions	Total
Basic Level	4	4	0	8
First indications for effectiveness	1	2	2	5
Good indications for effectiveness	1	1	3	5
Strong indications for effectiveness	5	0	3	8
Total	11	7	8	26



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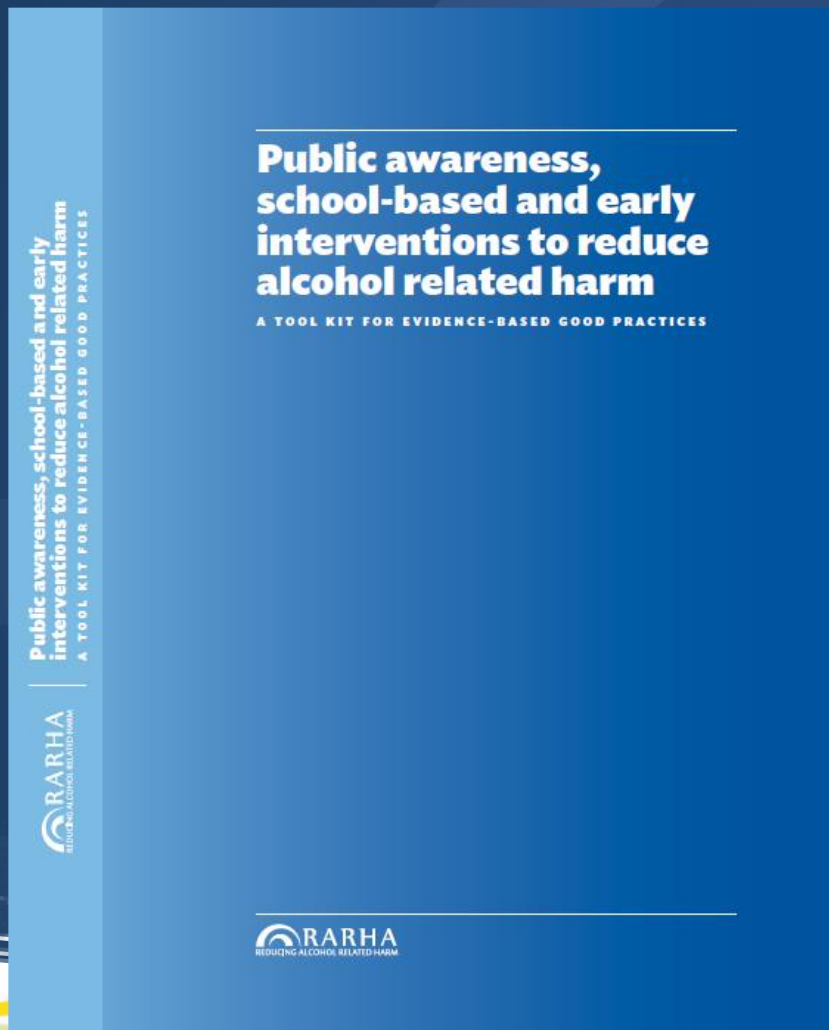
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Results per country

<i>Country</i>	<i>Submitted interventions</i>	<i>Submitted interventions that met the basic criteria</i>	<i>Accepted interventions</i>	<i>(Of which reassessed)</i>	<i>Rejected interventions</i>	<i>(Request for more information was made, none received)</i>
Austria	3	3	1	1	2	1
Bulgaria	1	1	-	-	1	-
Croatia	2	2	2	2	-	-
Cyprus	1	0	0	0	0	0
Finland	2	2	2	2	-	-
Germany	2	2	1	-	1	1
Greece	2	2	1	1	1	-
Ireland	2	2	1	1	1	-
Italy	2	2	2	1	-	-
Liechtenstein	1	0	0	0	0	0
Lithuania	2	2	1	-	1	-
Luxembourg	1	1	1	1	-	-
Netherlands	2	2	2	-	-	-
Norway	3	3	2	1	1	-
Poland	2	2	2	2	-	-
Portugal	8	5	2	1	3	-
Slovenia	3	3	2	1	1	-
Spain	2	2	1	1	1	1
Sweden	7	7	3	-	4	3
Total	48	43	26	15	17	6

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6.4.3. Strong indication of effectiveness

TABLE 37: SLICK TRACY HOME TEAM PROGRAMME AND AMAZING ALTERNATIVES PROGRAMME (PDD – PROGRAM DOMOWYCH DETEKTYWÓW + FM – FANTASTYCZNE MOŻLIWOŚCI)

BASIC FACTS				
NAME	The Polish version of the US Slick Tracy Home Team Programme and Amazing Alternatives Programme (both belong to the Northland Project) (PDD – Program Domowych Detektywów + FM – Fantastyczne Możliwości)			
ABSTRACT	<p>PDD and FM are universal alcohol prevention programmes to be implemented in the consecutive school years. PDD targets students aged 10-12 years (in Poland they attend 4th or 5th grade of primary school) and FM targets students aged 11-13 years (5th or 6th grade).</p> <p>Both curricula consist of teacher- and peer-led sessions (in PDD – 5 sessions, based on comic booklets; and in FM – 6, based on audio-taped stories of 4 adolescents) combined with parent-child activities to be undertaken at home.</p> <p>Elected peer leaders, trained by their teachers, introduce the topic of each session to their classmates, facilitate small-group discussions, problem solving activities, games and role playing.</p> <p>The activities in the students' booklets are designed to facilitate parent-child communication about alcohol and other substance use and to establish effective family rules to deal with under-age drinking.</p> <p>At the end of the programme, a family evening is organized where pupils present posters to their parents and participate in other fun activities. The entire programme PDD + FM requires two consecutive school years and about 12-15 weeks to complete in each school year.</p>			
FUNDING	National/regional/local government (most often is funded by local governments)			
LEVEL	National			
AIMS & OBJECTIVES	<p>The programme aims to reduce under-age alcohol consumption.</p> <p>Specific objectives are to reduce intention to drink; to strengthen selected protective factors related to alcohol use: social pressure resisting skills, perception of peer norms against drinking and to decrease pro-alcohol attitudes; to facilitate parent-child communication about alcohol and other risky behaviours and to improve student's knowledge (on alcohol advertising and modelling, peer pressure and the consequences of underage alcohol consumption).</p>			
DEVELOPMENT				
STAKEHOLDER INVOLVEMENT	Target group(s)	Intermediate target group	Government	Funders
	Researchers	Primary school teachers	Primary schools principals	

LOGIC MODEL	Scientific: Modelling and strengthening desired child behavior by significant peer and parental involvement are the main prevention strategies utilized in the programme. These strategies are drawn from grounded psychosocial theories: theory of reasoned action (Ajzen & Fishbein, 1980), social learning theory (Bandura, 1986) and problem-behaviour theory (Jessor, 1987, 1998)			
ELEMENTS OF PLANNING	Literature review and/or formative research	Needs assessment	Detailed plan of action	Human resource management plan
	Time schedule	Partners' agreement	Evaluation plan	
IMPLEMENTATION				
TIMEFRAME	Continuous			
TARGET GROUP(S)	Pre-adolescents and their parents			
COMMUNICATION CHANNELS	Newspapers/magazines	Brochures/leaflets/items	Website	E-mail
	Meetings/conferences with experts/colleagues	Direct communications	Guidelines	Scientific publications
CORE ACTIVITIES	Careful cultural adaptation of the original US programmes, elaboration of Polish materials, pilot implementation, process evaluation, training sessions, supervisions and published material.			
SUPPORTIVE ACTIVITIES	Consultancy	Supervision	Training	Team meetings
EVALUATION				
RESPONSIBILITY	Internal			
TYPE	Process		Outcome	
RESULTS	<p>Process evaluation.</p> <p>PDD. The evaluation found that the programme had been fully implemented in all intervention schools. According to self-report data from both students and parents, over 90 % of the students participated in the booklet activities, most frequently with their mothers. Similar rates were identified from the teachers' classroom records. Girls, pupils in two-parent families and 'good' students were significantly more likely to complete more booklets. The rate of participation in the family evening was also high, with 74 % of students attending, 56 % with at least one parent.</p> <p>Teachers were given two alternative methods of selecting peer leaders in the classroom: election from a whole group of students; or election from small, pre-selected groups. Although most of the selections were based on student popularity, group interviews with teachers established that the peer-leader election procedure differed from class to class. Being a peer leader was perceived by students as an honour. In the teachers' opinions, the trained peer leaders were very motivated and fully engaged in the programme activities. Although they experienced some difficulties with discipline during small group activities, they generally performed their tasks well or very well.</p>			



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Thank You!

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