

QUESTIONNAIRE FOR COLLECTING GOOD PRACTICES

Joint Action on Reducing Alcohol Related Harm (JA RARHA) is an initiative under the EU health programme to take forward work in line with the EU Strategy on alcohol related harm by strengthening the common knowledge base (www.rarha.eu). The work is carried out through a cooperation by expert organisations in public health from 31 European countries. The activities under the JA RARHA will be carried out from January 2014 till December 2016.

RARHA's Work Package 6 produces a Tool Kit of interventions on the interventions that have demonstrated their effectiveness, transferability, relevance and costs-effectiveness, to facilitate exchange between Member States (MS) public health bodies. For that purpose, we have developed the questionnaire to collect the examples of good practices, which consists of six sections:

- Evidence base (quick scan)
- Basic facts
- Development (including preparation, planning and core processes)
- Implementation
- Evaluation
- Additional information

In the communication with MS representatives, as well as WP 6 partners, we decided to collect **the examples of good practices appertain to one of the three groups of interventions:**

- **Early interventions (Early identification and brief intervention for hazardous and harmful drinking)**
- **Public awareness/education interventions (including new media, social networks and online tools for behaviour change)**
- **School-based interventions (information and education)**

Building on your expertise, we are kindly asking you to complete the questionnaire with the requested information. Feel free to send more than one example per country/organization. Should you require further information please contact:

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Please return the questionnaire by 15th of January 2015 to sandra.rados-krnel@nijz.si



Interpretation of the terms

- **Intervention:** The term intervention refers to a defined set of structured activities carried out in (direct or indirect) contact with a target population in order to produce a certain outcome. Interventions can be implemented in different settings, have various aims and objectives and vary in their methodology and duration.
- **Good practice:**¹ Good Practice refers to an intervention 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.² 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.
- **Early intervention:** An early intervention aims to identify and intervene before the onset of medical and social problems and requires proactive case finding of individuals at risk. Early interventions involve various educational and health promotion programmes and techniques including community development and capacity building to identify and assist people at risk.³
- **Early identification:** Early identification is an approach to detect a real or potential alcohol problem through clinical judgement or screening using standardized questionnaires.³
- **Brief interventions:** Brief interventions are short advisory or educational sessions, counselling and motivational interviewing provided in primary health care settings². Brief alcohol interventions are typically delivered by primary care practitioners or health workers to hazardous and harmful drinkers identified by screening in the context of routine primary care and to help harmful drinkers to change their

¹ This definition was collectively formed and agreed upon by WP6 partners in JA RARHA.

² The EDDRA database defines outcome evaluation as measurement of how far the specific objectives have been achieved. Cf. EMCDDA European drug prevention quality standards (p. 207): "The basic level outcome evaluation aims to understand if the intervention produced change in participants in line with the defined goals and objectives without causing any harms." <http://prevention-standards.eu/wp-content/uploads/2013/06/EMCDDA-EDPOS-Manual.pdf>

³ Assembly of European Regions (AER), European Commission (2010). Early Identification and Brief Intervention in Primary Healthcare, Fact sheet. Available in: http://www.aer.eu/fileadmin/user_upload/MainIssues/Health/2010/Alcohol_Factsheets/Factsheet_14_-_Early_Identification_and_Brief_Intervention_in_Primary_Healthcare_-__.pdf (acceded Oct 2014)

behaviours.⁴ The brief interventions can be carried out also in other health and social care settings including emergency departments, trauma care, acute medical care, obstetric services, sexual health clinics, pharmacies, and criminal justice services.

- **Public awareness/education interventions:** Public health communication campaigns are part of social marketing and can be defined as purposive attempts to inform or influence behaviours in large audiences within a specified time period, using an organised set of communication activities and featuring an array of mediated messages in multiple channels, generally to produce non-commercial benefits to individuals and society.^{5,6}
- **School-based interventions:** School-based alcohol education programs have been the method of choice in attempts to prevent alcohol-related problems among youngsters. School-based alcohol use prevention programs can increase knowledge, change attitudes toward alcohol and in some cases can reduce the level of alcohol drinking. There are knowledge-based programs providing students with mainly knowledge of alcohol, media influences and peer influences, as opposed to more comprehensive programs that include alcohol-related information combined with training of refusal skills, self-management skills and social-skills. Some programs are combined with family-based interventions.⁷

⁴ Babor T, Higgins-Biddle J. Brief intervention For Hazardous and Harmful Drinking A Manual for Use in Primary Care (2001). World Health Organization, Department of Mental Health and Substance Dependence.

⁵ Rice, R. E., & Atkin, C. K. (2013). Public communication campaigns (4th ed.). Thousand Oaks, Calif.: Sage.

⁶ Rogers, E. M., & Storey, J. D. (1987). In Berger C. R., Chaffee S. H. (Eds.), Handbook of communication science. Beverly Hills: Sage publications

⁷ Babor T.F, Caetano R. Evidence-based alcohol policy in the Americas: strengths, weaknesses, and future challenges. Rev Panam Salud Publica. 2005;18(4/5):327–37.

Evidence base (quick scan)

Before starting to fill in the questionnaire please read carefully following **2 questions representing the basic criteria for inclusion of examples of good practices in the Tool Kit.**

- Are all of the following elements described in such detail that the methodology is comprehensible and transferable, allowing for some estimate of effectiveness?*

 - Objectives
 - Target group
 - Approach
 - Prerequisites for implementation
 - Participants' satisfaction

*Evidence base: e.g. descriptive study, observational research, document analysis, interviews, participants' satisfaction survey

Yes

No

- Does the intervention build on a well-founded programme theory or is it based on generally accepted and evidence-based theories?*

*Evidence base: e.g. meta-analyses, literature reviews, studies on implicit knowledge

Yes

No

ONLY IF YOU ANSWERED BOTH OF THESE QUESTIONS YES, PROCEED WITH THE COMPLETION OF THIS QUESTIONNAIRE.

We are particularly interested in interventions with a strong evidence base therefore if you did not answer YES for these two questions, your proposed intervention would not fit this requirement meaning that your best practice is NOT ELIGIBLE for the purpose of JA RARHA.

- Who funds/funded your example of good practice (it is possible to mark more than one answer)?
 - National/regional/local government
 - Institution of education, public health and/or research
 - Non-governmental organization
 - Private sector company/organization
 - Alcohol/ Catering industry
 - Other resources (please specify)

- What is/was the level of implementation of your example of good practice (it is possible to mark more than one answer)?
 - National
 - Regional
 - Local (municipality level)
 - Other (please specify)

- What are the main aim and the main objectives of your example of good practice?

- Please give a description of the problem the good practice example want to tackle (nature, size, spread and possible consequences of the problem):

Development (including preparation, planning and core processes)

- Which of these stakeholders were involved in the development of your example of good practice (it is possible to mark more than one group of stakeholders):
 - Target groups
 - Intermediate target groups (teachers, management of the school, medical and social workers, etc.)
 - Economic operators (alcohol and connected industry)
 - Government (national, regional, local)
 - Funders
 - Researchers
 - Representatives of civil society (NGOs)
 - Other (please add)

- Please describe the logic model (the rationale or logical framework) of your example of good practice (it is possible to mark more than one answer)?
 - Scientific evidence -models or theory (please describe)

 - Past experience - could be based on qualitative/quantitative research or based on practical experience from previous interventions (please describe)

Implementation

- Implementation of your example of good practice is/was:
 - Continuous (integrated in the system)
 - Periodic, please specify:
 - Single - How long did it last?
 - Less than one year
 - One year
 - From one to two years
 - More than two years
- Target groups (it is possible to mark more than one target group):
 - General population
 - Children (before adolescence time)
 - Adolescents
 - Young adults
 - Adults
 - Elderly population
 - Parents
 - Pregnant women
 - Women
 - Men
 - Families
 - Drivers
 - Party goers

- Vulnerable social groups⁸
 - Ethnic minorities
 - Migrants
 - Disabled people
 - Homeless
 - Persons struggling with substance abuse
 - Isolated elderly people
 - Isolated children
 - Other:
 - Other (please add):
-
- Which communication channels were used (it is possible to mark more than one dissemination channel)?
 - Television
 - Radio
 - Newspapers and magazines
 - Billboards
 - Brochures/leaflets/items
 - Telephone/mobile
 - Social media (Twitter, Facebook, Linked-in, Instagram, Snapchat, WhatsApp)
 - Website
 - E-mail
 - Meetings/conferences with experts/colleagues
 - Direct communication (one on one or in the group)
 - Guidelines

⁸ Groups that experience a higher risk of poverty and social exclusion than the general population. Ethnic minorities, migrants, disabled people, the homeless, those struggling with substance abuse, isolated elderly people and children all often face difficulties that can lead to further social exclusion, such as low levels of education and unemployment or underemployment. Source: Social protection and Social inclusion Glossary. DG Employment, Social Affairs and Inclusion (http://ec.europa.eu/employment_social/spsi/vulnerable_groups_en.htm)

Evaluation

- Who did the evaluation?
 - An external party
 - An internal party (representatives of the intervention, own organisation)
 - Both – internal and external parties

- What has been measured / evaluated?
 - Process evaluation (respondents, method, participants satisfaction) (please describe)

 - Evaluation of the impacts/effects/outcome (please describe the design)

 - Other (please add and describe)

- What are the main results/conclusions/recommendations from the evaluation (please describe)?

- Is the evaluation report available, preferably in English or at least an English summary? (if yes, please provide link/reference/document)
- Was there a follow-up (describe how) or is any follow-up evaluation planned in the future?
- What were, in your opinion, the pre-conditions for success? Were there any facilitating factors?
- Were any obstacles encountered (if yes, please describe how these obstacles have been overcome and how they affected the results)?
- Were there any harmful or negative effects revealed by assessment of the intervention?

Additional information

- Web page related to the intervention:

- References (with possible links) to the most important articles or reports on the intervention:

- Other relevant documents (implementation manuals, training manuals, posters, videos or other tools available for use or adaptation, etc.):*

* Please attach these documents to the e-mail when returning the questionnaire.

Final comments or suggestions:

Contact details

- Contact details of person completing the form:
 - Name and surname, titles
 - Organization
 - Address
 - Country
 - Telephone number (+ country code)
 - E-mail address
- Contact details of person who may be contacted for further information (if different from person completing the form):
 - Name and surname, titles
 - Organization
 - Address
 - Country
 - Telephone number (+ country code)
 - E-mail address