

## Intervention Assessment: Results

All received interventions are assessed on the basis of the criteria established by the WP Good Practice Toolkit assessment team. There were three types 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)

The interventions were assessed based on the following criteria:

### **1. The intervention is well described**

<i>Problem</i>	Risk or theme is comprehensively and clearly described (e.g. description of nature, severity and possible consequences of the problem)
<i>Objectives</i>	Clearly described and if relevant differentiated in the main objectives and sub-objectives
<i>Target group</i>	Clearly described on the basis of relevant characteristics.
<i>Approach</i>	The design of the intervention is described (frequency, intensity, duration, timing of activities, recruitment method and location where it will be implemented).

### **2. The intervention is implemented in the real world/ feasible/transferrable**

<i>Participants' satisfaction</i>	The intervention is accepted by the target group.
<i>Prerequisites for implementation</i>	<ul style="list-style-type: none"> <li>– The necessary costs of and/or hours needed for the intervention are specified and transparent.</li> <li>– The specific skills and vocational training of the professionals who will implement the intervention are described and which people are needed to support the intervention is stated and how this support can be created is described.</li> <li>– There is an implementation plan or action plan</li> <li>– A manual is available with a concrete description of activities (if relevant)</li> <li>– The methods and instruments used are didactically sound and comprehensibly described.</li> </ul>

### **3. The intervention has a theoretical base**

<i>Theoretical Base</i>	<ul style="list-style-type: none"> <li>– The intervention is built on a well-founded programme theory or is based on generally accepted and evidence-based theories (e.g. meta-analyses, literature reviews, studies on implicit knowledge)</li> <li>– The effective elements (or techniques or principles) in the approach are stated and justified, in the framework of a change model or an intervention</li> </ul>
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theory, or based on results of previously conducted research.

#### 4. The intervention has been evaluated

- Evaluation*
- Method of the evaluation is described
  - The outcomes found are the most relevant given the objective, programme theory and the target group for the intervention.
  - Possible negative effects have been identified and stated
  - Information on attrition (dropout rate) is available

All intervention descriptions were assessed from April 2015 to August 2015. The most common requirements that weren't met during assessment:

**The intervention is well-described:** A problem that would often arise during assessment was that the goal of the intervention wasn't clearly described. Furthermore, the description of the intervention was often not complete or clear. For example, an intervention would be described in general terms, but no specifics would be given on frequency, intensity or duration .

**The intervention is implemented in the real world/ feasible/transferable:** Specifics on financial costs or time that needed to be invested were often missing or unclear, as well as that there wasn't a manual or a concrete description of activities for the intervention available.

**The intervention has a theoretical base:** It was often the case that there weren't any effective elements (or techniques or principles) in the approach stated or specified, in the framework of a change model or an intervention theory, or based on results of previously conducted research.

**The intervention has been evaluated:** The outcomes found weren't always the most relevant given the objective that was stated in the intervention description. This often occurred simultaneously with an unclear description of the intervention goal. In these cases, it was impossible to assess the effectiveness of the intervention properly.

The results of the intervention assessment project for the WP Good Practice Toolkit are described in Table 1. In total, 43 descriptions of interventions were received, of which 26 are accepted into the toolkit (57%). Of the Early Interventions, eleven were accepted in the toolkit (52%) because all intervention-criteria were met. Seven Public Awareness Interventions were accepted (78%). Finally, of the School Based Interventions, eight interventions were accepted into the toolkit (62%).

**Table 1: Results per intervention type:**

	<i>Early interventions</i>	<i>Public Awareness Interventions</i>	<i>School Based Interventions</i>	<i>Total</i>
<i>Rejected Interventions</i>	10	3	5	18
<i>Accepted interventions</i>	11	7	8	26

<i>Total # interventions received</i>	21	9	13	43
<i>% Accepted</i>	52%	78%	62%	59%

All the accepted interventions were divided into five different levels of evidence during assessment:

Basic level: theoretically sound

- Theoretically sound and with positive results (observational or qualitative studies)

First indications for effectiveness

- The above basic level criteria and
- Pre-post study without control group

Good indications for effectiveness

- All of the above criteria for the first indications for effectiveness
- A reliable and valid measurement of the intervention's effect was conducted with
  - An experimental or quasi experimental design or
  - A repeated N = 1 study (at least 6 cases) with a baseline or a time series design with a single or multiple baseline or alternating treatments or a study into the correlation between the extent to which an intervention has been used and the extent to which the intended outcomes were achieved or
  - The effects of the study are compared with other research into the effects of the usual situation or another form of care for a similar target group

Strong indications for effectiveness

- All of the above criteria for the good indications for effectiveness
- There is a follow-up of at least 6 months

Table 2 shows how many of the accepted interventions were accepted into the different levels of evidence.

**Table 2: Levels of Evidence:**

	<i>Early interventions</i>	<i>Public Awareness Interventions</i>	<i>School Based Interventions</i>	<i>Total</i>
<i>Basic Level</i>	4	4	0	8
<i>First Indications for Effectiveness</i>	1	2	2	5
<i>Good Indications for Effectiveness</i>	1	1	3	5
<i>Strong Indications for</i>	5	0	3	8

<b>Effectiveness</b>				
<b>Strong Indications for Effectiveness</b>	11	7	8	26

The distribution of the submitted interventions by country is visible in Table 3. Some of the interventions were accepted immediately, because the associated contact person send in sufficient information and all of the intervention-criteria were met. Other interventions were accepted in the toolkit after reassessment, when the associated contact person send additional information, after which all intervention-criteria were met. Of the rejected interventions, some were rejected because they simply did not meet the intervention-criteria. Furthermore, a number of rejected interventions lacked information, so a request was made to the associated contact person for additional information. This information however, was never received from the contact person. These interventions have been rejected because it remains unclear whether they are a good fit for the toolkit.

**Table 3: Distribution of submitted intervention by country:**

<b>Country</b>	<b>Submitted interventions</b>	<b>Submitted interventions that met the basic criteria</b>	<b>Accepted Interventions</b>	<b>(Of which reassessed)</b>	<b>Rejected interventions</b>	<b>(Request for more information was made, none received)</b>
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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Most accepted interventions in the same categories were somewhat similar, in the sense that school-based interventions often included programs ‘targeting’ both students as well as their parents, to prevent or reduce alcohol use of adolescents. With regard to early interventions, many programs focused on providing training for health care professionals to recognize alcohol-related problems within their field.

It was a different story concerning the public awareness campaigns. There were interventions aimed at visitors of football stadiums (“do not drink *too* much”), but also campaigns aimed at drivers of boats and employees (“do not drink at all”). It was difficult to assess public awareness campaigns with the criteria that were set up there, because in some cases these were not entirely applicable (for example, during the evaluation there wasn’t always information available on participant dropout because intervention-related activities were sometimes directly evaluated by spontaneously recruited participants/visitors of certain events). Therefore, in addition to meeting the criteria, a more general impression of the public awareness campaign was taken into account if doubts arose whether to include the intervention in the toolkit.

This European-wide assessment project of interventions is a first and unique attempt to improve the quality of alcohol prevention practices in the Member States. It’s a first step to 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 practice knowledge and experience.