

# The Collection of good practice examples aimed to reduce alcohol related harm

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## The Collection of good practice examples aimed to reduce alcohol related harm



- **Joint Action on Reducing Alcohol Related Harm (JA RARHA)** is an initiative under the EU health programme to take forward the work in line with the first EU Strategy on alcohol related harm
- The work is carried out through a cooperation by expert organisations from 32 European countries
- RARHA's Work Package 6 aims to present a Tool Kit with different interventions to facilitate exchange between Member States public health bodies

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- **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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The **Tool Kit** will include three 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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The work is divided into 4 tasks:

- To provide good practice examples
- To develop good practice criteria
- To compile examples into the Tool Kit and
- To disseminate the Tool Kit

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## The questionnaire

### Evidence base (quick scan)

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

**Yes /No**

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

**Yes /No**

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

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Questionnaire for Collecting the Good Practices was sent in Dec. 2014:

- from 32 countries, 48 cases were collected, 43 with evidence base (quick scan)

Cases with evidence base (quick scan) per intervention area:

Country	Early interventions	Public awareness/ education interventions	School-based interventions
SUM = (countries = 28 MS + 4 EEA/EFTA = 32)	21	9	13
%/43	49 %	21 %	30 %
Cases total	43 (100%)		

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56 % of interventions were founded from national/regional/local government (multiple-choice question)

		E	P	S	A	
<b>a</b>	<b>National/regional/ local government</b>	<b>16</b>	<b>9</b>	<b>10</b>	<b>35</b>	<b>56%</b>
<b>b</b>	Institution of education, public health and/or research	3	2	3	8	12%
<b>c</b>	Non-governmental organization	5	2	0	7	11%
<b>d</b>	Private sector company/organization	1	2	0	3	5%
<b>e</b>	Alcohol/ Catering industry	0	1	0	1	2%
<b>f</b>	Other resources	3	3	3	9	14%
	<b>Total</b>	<b>28</b>	<b>19</b>	<b>16</b>	<b>63</b>	<b>100%</b>



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Stakeholder involvement in the development phase (multiple-choice question):

		<b>E</b>	<b>P</b>	<b>S</b>	<b>A</b>	
<b>a</b>	Target groups	10	6	5	21	13%
<b>b</b>	Intermediate target groups	15	6	12	33	21%
<b>c</b>	Economic operators	0	5	0	5	3%
<b>d</b>	Government	15	8	6	29	18%
<b>e</b>	Funders	5	4	1	10	6%
<b>f</b>	Researchers	13	7	8	28	18%
<b>g</b>	Representatives of civil society (NGOs)	5	5	5	15	10%
<b>h</b>	Other	7	5	5	17	11%
	Total				158	100%

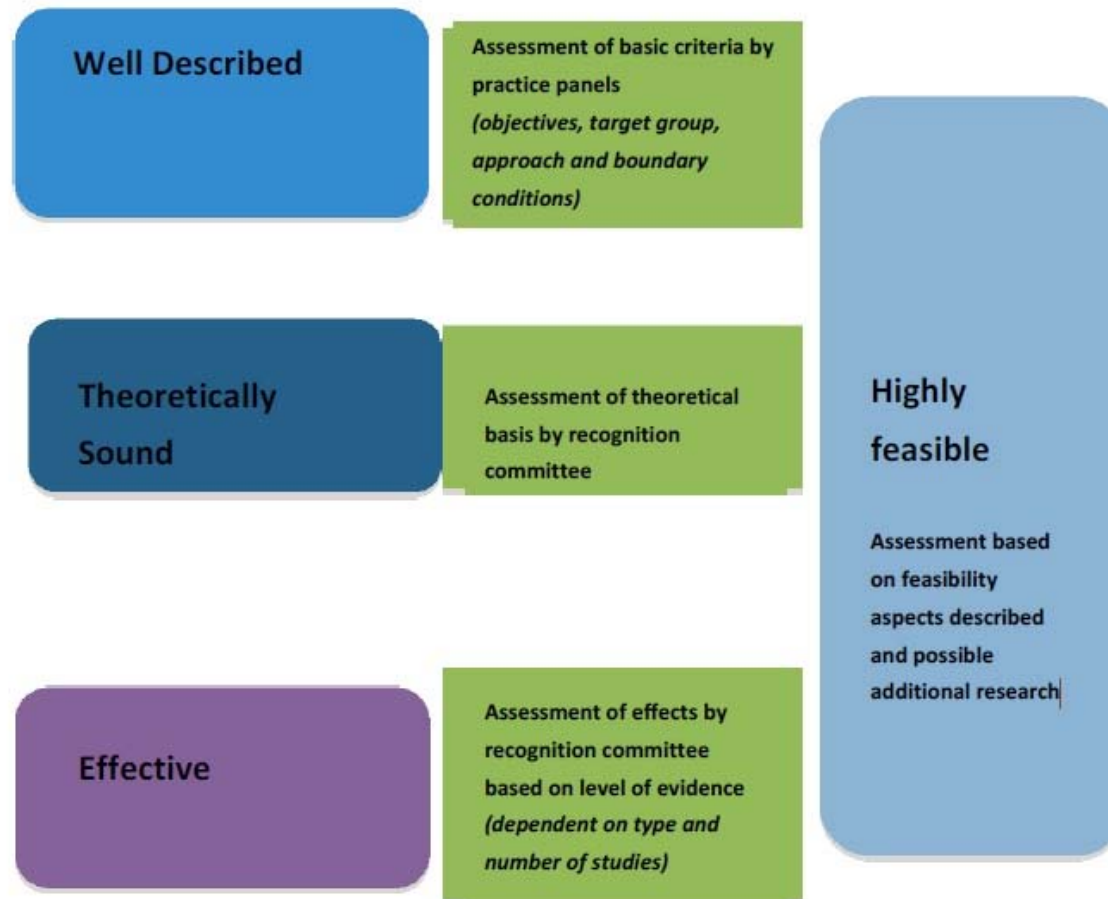
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- Implementation: mostly **implemented on national level (35 %)**, followed by implementation on national, regional and local level together (19 %)
- **69 %** of the interventions were **integrated in the system** (the implementation is continuous)
- the collected interventions **targeted predominately adolescents** (22 cases), parents (17 cases), young adults (15 cases) and adults and general population (13 cases both)

		E	P	S	A	
a	<b>General population</b>	7	6	1	13	9%
b	Children (before adolescence time)	3	3	2	8	5,5%
c	<b>Adolescents</b>	7	4	11	22	15%
d	<b>Young adults</b>	11	4	0	15	10%
e	<b>Adults</b>	7	5	1	13	9%
f	Elderly population	4	1	0	5	3,5%
g	<b>Parents</b>	9	3	5	17	12%
h	Pregnant women	4	1	0	5	3,5%
i	Women	6	2	0	8	5,5%
j	Men	6	2	0	8	5,5%
k	Families	5	2	1	8	5,5%
l	Drivers	2	3	0	5	3,5%
m	Party goers	2	2	0	4	3%
n	Vulnerable social groups	8	2	1	11	7%
o	Other	1	3	0	4	3%
	<b>Total</b>	82	41	22	146	100%

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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 best 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 received	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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## 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
<b>Total</b>	<b>48</b>	<b>43</b>	<b>26</b>	<b>15</b>	<b>17</b>	<b>6</b>

## What about rejected interventions (1)

Common requirements that weren't met during assessment:

- **The intervention is well-described:** A big 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 have information on frequency, but not on 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.



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### What about rejected interventions (2)

Common requirements that weren't met during assessment:

- **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.

## Conclusions

- Number of collected interventions (48 from 19 countries)
- Number of interventions to be included in the Tool Kit (26)
- Effectiveness of interventions considering
  - assessment criteria
  - type of intervention
  - effectiveness against different objectives
  - type and number of evaluation studies
  - innovative approaches
- Transferability (different circumstances)

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