

# Alcohol and Younger People



# Welcome

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# Introduction and Scene Setting

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eurocare

European Alcohol Policy Alliance

# PROTECT Project and Alcohol Labelling

'Alcohol and Younger People  
The Health and Europe Centre



16 April 2013

## Eurocare

The European Alcohol Policy Alliance was formed in 1990 with 9 member organisation

Today:

- 55 member org
- 24 countries
- Secretariat in Brussels





## The burden of alcohol at EU level

- Highest alcohol consumption in the world\* 12.5 liters of pure alcohol per capita
- Around 60 diseases and disorders are associated with alcohol i.e. cancer
- 1 of 4 road fatalities in EU due to alcohol; in 2010 nearly 31,000 Europeans were killed on the roads
- €155.8 billion social costs attributable to alcohol \*\*

\* WHO report, *Alcohol in the European Union: consumption, harm and policy approaches*, March 2012

\*\* *Interventions for alcohol dependence in Europe: A missed opportunity to improve public health*, May 2012

## Harm done by alcohol to children

- 5 – 9 million children (9%) live in families adversely affected by alcohol
- 16% of cases in child abuse involves alcohol
- 23% of all deaths in children aged 0-15 from motor vehicles are due to alcohol
- 19% of all child homicides are due to alcohol

Source: Anderson P, Baumberg (2006) Alcohol in Europe: a public health perspective



## Harm to young people

- Alcohol is the biggest cause of death among young men of age 16-24
- At least 87% of the students (age 15-16) have drunk alcohol at least once during their lifetime



Source: European School Survey Project on Alcohol and other Drugs, 2011 Report



## Harm to young people

- Heavy episodic drinking/ binge drinking (in last 30 days) has undergone one of the most striking changes among girls over the years, average increasing from 29% in 1995 to 41% in 2007. In the 2011 survey the figure for 38% (for girls) and 43% for boys
- 25% of the 15-24 year old binge drink once a week



## PROTECT Project

- Assessed young people's consumer needs for labelling- focus groups
- Gathered experience and best practices on consumer labelling- literature review



<http://protect-project.eu/>

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### About

Should we put health warnings on alcohol beverages, as for cigarette packs? That's the question that PROTECT, a project funded by the European Commission, tries to answer. Alcohol consumption is very common and harmful in Europe, especially among young people. A [2009 Eurobarometer survey](#) showed that one third of 15-24 years old Europeans binge drink (more than 5 drinks on one occasion) at least once a week, more than any other age group.

While alcohol is known to present very serious health hazards, both on the short term (road accidents, risky behaviors...) and on the long term (addiction, cirrhosis, cancers...).

PROTECT aims at collecting and disseminating science-based information regarding the usefulness of health warnings on alcoholic beverages. Through a network of European partners, interviews with young

1st International Conference on FASD Prevention (23-09-13) Canada  
Brief interventions on alcohol and other drugs

## PROTECT Project

❖ Partnership of 6 consumer organisations and Eurocare:

- Belgium (CRIOC- Coordinator)
- France
- Lithuania
- Hungary
- Romania
- Spain



<http://protect-project.eu/>

## Objectives of the focus groups

- Identify general consumption behaviours of young people toward alcohol beverages depending on the circumstances
- Determine the level and sources of knowledge of the dangers related with alcohol consumption
- Collect youngster's views and opinions toward different prevention tools and labelling of alcohol products

## Methodology

- Average number of participants 10
- Number of focus groups arranged (minimum 2 per country)
- Total number of participants :126
- Age: 18-25
- Collect youngster's views and opinions toward different prevention tools and labelling of alcohol products

# Consumption patterns

## First time alcohol consumption (age, circumstances, type of alcohol)

When I was a child I used to taste alcohol from my parents of from the guest glasses (Male, Romania)

I was with my family, I was little, 10 or 12 years old, i was given a bit of champagne,. In fact, I wanted to behave like adults (Female, France)

## First time drunkenness (age, circumstances, type of alcohol)

During family meetings, we drink wine to savour it but when we are with friends we just drink to get drunk (Female, Lithuania)

## Perception and risk knowledge

- Mostly aware of short term risks, dangers i.e. Road accidents, comas, unwanted sexual relations
- They are generally unaware of long-term health hazards (diseases and addiction) but said that they would like to be informed

## Alcohol labels perceptions

- Images with humorous labels were appreciated as well as links to websites for additional information
- Agree that people need more information on the dangers of alcohol
- Opposition to the idea of shocking images on bottles



I don't want to see a  
crap picture on my  
champagne bottle.  
French heritage is  
sacrosanct (Male,  
France)



## Health and Safety warning messages worldwide

❖ Around 20 countries (mandatory)

**North America:** United States, Mexico

**South & Central America:** Argentina, Brazil, Colombia, Cost Rica, Ecuador, el Salvador, Guatemala, Honduras

**Asia:** Taiwan, Thailand, South Korea

**Europe:** France, Germany, Russia, United Kingdom, Slovenia, Bulgaria

**Africa:** South Africa

# Labelling review of practices



Nutrition Facts	
Serving Size 1 cup (240 mL)	
Servings Per Container 4	
Amount Per Serving	
<b>Calories 150</b>	<b>Calories from Fat 70</b>
% Daily Value*	
<b>Total Fat 8g</b>	<b>12%</b>
Saturated Fat 5g	<b>25%</b>
Trans Fat 0g	
<b>Cholesterol 30mg</b>	<b>10%</b>
<b>Sodium 105mg</b>	<b>4%</b>
<b>Total Carbohydrate 12g</b>	<b>4%</b>
Dietary Fiber 0g	<b>0%</b>
Sugars 12g	
<b>Protein 8g</b>	
Vitamin A 6%	Vitamin C 0%
Calcium 30%	Iron 6%
<small>*Percent Daily Values are based on a diet of 2,000 calories per day. Your daily values may be higher or lower depending on your calorie needs.</small>	
<small>Total Fat</small>	<small>Less than 50g 80g</small>
<small>Saturated Fat</small>	<small>Less than 20g 25g</small>
<small>Cholesterol</small>	<small>Less than 300mg 300mg</small>
<small>Sodium</small>	<small>Less than 2,400mg 2,400mg</small>
<small>Total Carbohydrate</small>	<small>30g 37g</small>
<small>Dietary Fiber</small>	<small>25g 35g</small>
<small>Calories per gram:</small>	
<small>Fat 9 • Carbohydrate 4 • Protein 4</small>	

Does NOT cause cancer and 60 other diseases

Is NOT addictive

Is NOT third leading risk factor for chronic disease

**PROVIDES** information to consumers



DOES cause cancer and 60 other diseases

IS addictive

IS third leading risk factor for chronic disease

**DOES NOT** provide any information

## French pictogram – since October 2007



All alcoholic packages require pictogram or:

*“Consumption of alcoholic beverages during pregnancy even in small amounts can seriously damage the child’s health”*

## Voluntary scheme- the UK example

- Campden Chorleywood Food Research Association (2008) report
- 85% of alcoholic drinks are not labelled
- When labelled – less than 3% used recommended text



**Captain Morgan** *Spicy Mango*

*Born in 1635, Captain Henry Morgan gained the loyalty of many buccannars who followed him without question and won the respect of nobles and kings. He was knighted in 1675 for his service to England & became Governor of Jamaica in 1680.*

DIAGEO North America, Inc.; 6 Landmark Square, Stamford, CT 06901

**DIAGEO** 1.800.223.5557

Alcohol Facts		Amount Per Serving	
Serving Size 1.7 fl oz		<b>Total Fat</b> 0g	0%
Servings Per Container 15		<b>Sat Fat</b> 0g	0%
<b>Calories Per Serving 100</b>		<b>Cholest</b> 0g	0%
<b>Alcohol Per Serving 0.6 oz</b>		<b>Total Carb</b> 0g	0%
<small>*Only those carbs that cause a noted effect on blood sugar.</small>		<b>Net Carbs*</b> 0g	0%
		<b>Protein</b> 0g	0%

**GOVERNMENT WARNING: (1) ACCORDING TO THE SURGEON GENERAL, WOMEN SHOULD NOT DRINK ALCOHOLIC BEVERAGES DURING PREGNANCY BECAUSE OF THE RISK OF BIRTH DEFECTS. (2) CONSUMPTION OF ALCOHOLIC BEVERAGES IMPAIRS YOUR ABILITY TO DRIVE A CAR OR OPERATE MACHINERY, AND MAY CAUSE HEALTH PROBLEMS.**

BARREL AGED RESERVE SERIES

**NEBRASKA**  
*Brewing Company*

**BLACK BETTY**  
IMPERIAL STOUT

*Ale Aged in Whiskey Barrels*  
BOTTLE CONDITIONED

Black Betty is black as night and every bit Imperial. A rich, malty experience heightened through a 6 month barrel aging in fresh whiskey barrels. Meshing rich chocolate & coffee-like aromatics, the sweet whiskey nose plays with the drying character of the oak. Slightly behind on the palate are the hops - held in restraint by the wonderfully full character and broad flavors brought on by the perfect blend of so many malted barley varieties. A decadent indulgence!

Alc. By Vol. 9.0%    83 IBU    Vol. 1 Pint 9.4 Fl. Oz.

**GOVERNMENT WARNING: (1) ACCORDING TO THE SURGEON GENERAL, WOMEN SHOULD NOT DRINK ALCOHOLIC BEVERAGES DURING PREGNANCY BECAUSE OF THE RISK OF BIRTH DEFECTS (2) CONSUMPTION OF ALCOHOLIC BEVERAGES IMPAIRS YOUR ABILITY TO DRIVE A CAR OR OPERATE MACHINERY, AND MAY CAUSE HEALTH PROBLEMS.**

- No less than 30% of the total surface area of the package



แบบที่ ๑ “ดื่มสุรา ทำให้เป็นโรคตับแข็ง”



Type 3 “Drinking alcohol leads to unconsciousness and even death”



แบบที่ ๔ “ดื่มสุรา ทำให้เสื่อมสมรรถภาพทางเพศ”

## Health campaigners proposals in Australia



**HEALTH WARNING**

**Women who drink less than 2 standard drinks a day reduce their life time risk of developing breast cancer.**

Standard Drinks

21

700mL  
37.5%  
ALC/VOL

**HEALTH WARNING**

**Drinking any alcohol can harm your unborn baby**

If you are concerned about your alcohol consumption, call xxxx xxx xxx or visit [www.xxxxxxxx.gov.au](http://www.xxxxxxxx.gov.au)

INGREDIENTS: CARBONATED WATER, SUGAR, FOOD ACIDS, FLAVOUR, PRESERVATIVE, COLOUR

**NUTRITIONAL INFORMATION**

AVE. QUANTITY	PER 100mL	PER 100mL
Energy	301 kJ / 72Cal	301 kJ / 72Cal
Protein	3g	3g
Fat	1g	1g
Carbohydrates	2g	2g

## Alcohol industry actions

### ❖ Denmark (1995):

- Alcohol content in units (revised 2009)

### ❖ The Netherlands (2004):

- Responsible drinking message (website)

### ❖ Germany (2006):

- Age limits: “Beer? Sorry, at 16 years.”
- Drinking and Driving (campaigns)
- Responsible drinking message: “Enjoy beer consciously“

### ❖ Lithuania (2010):

- Age limits





# Alcohol industry actions

## ❖ SABMiller (2011)



Examples of responsible drinking messages.



## ❖ Anheuser -Busch InBev ( 2012)

## Way forward on labelling

- All alcoholic beverages **should be required** to state:
- Ingredients
- Substances with allergenic effect
- Relevant nutrition information like Energy value (kcal)
- Alcoholic strength (total grams)
- Health and safety warnings

## Health warnings on alcohol beverages should

- Be placed in a standard location on the container
- Be parallel of the base of the container
- Be clearly separate form other information of the label i.e. be placed in boxes with thick red borders
- Size should be determined by a minimum percentage of the size of the container

## Health warnings on alcohol beverages should

- Be written in capital letter and bold type
- Appear on contrasting background (red bold type on white)
- Be rotating and with sufficient vividness and strength to attract consumers
- Use images that are informational in style and taken from other ongoing education campaigns
- Be in official language of the country
- Be determined by European Institution/ Agency or Ministers of Health (public body nor private)

# 1 IN 4 OF ALL ROAD DEATHS INVOLVE ALCOHOL

ALCOHOL INCREASES YOUR REACTION TIME



DON'T DRINK AND DRIVE



**1 IN 4 DEATHS**

**AMONG YOUNG MEN**

**INVOLVES ALCOHOL**

DON'T SERVE ALCOHOL TO MINORS



ALCOHOL UNDER 18? CERTAINLY NOT







**ALCOHOL CAN CAUSE  
DEPENDENCE**



**ALCOHOL CONTRIBUTES TO  
MORE THAN 60 DISEASES**



**DON'T DRINK  
WHEN TAKING MEDICINE**



**ALCOHOL INCREASES THE  
RISK OF VIOLENCE**





## VINEYARD CREEK

### South Australia Shiraz

This wine is made from Shiraz grapes grown in Vineyard Creek valley in South Australia. The grapes have been vintaged to produce this full bodied red wine, with ripe berry characters, subtle oak and an appealing lingering finish. It is recommended that Vineyard Creek Wine should be decanted before serving.

Produced and bottled by Vineyard Creek Wines, Penfold Road, New Margill, South Australia, Australia 5061.

INGREDIENTS: Grapes, yeast, eggs, casein, isinglass, sulphites		
NUTRITIONAL INFORMATION		
AVE QUANTITY	Per glass (125 ml)	Per bottle (750 ml)
Alcohol	16.3 mL	97.5 mL
Energy	85 kcal	510 kcal
Protein	0.13g	0.75 g
Carbohydrates	0.25g	1.5g
- Sugars	0.25g	1.5g
Sodium	7.0mg	52.5mg







**ALCOHOL MAY HARM THE UNBORN  
BABY**



**ALCOHOL MAY HARM  
THE UNBORN BABY**



**ALCOHOL SLOWS YOUR REACTION  
TIME - DON'T DRINK AND DRIVE**



**ALCOHOL SLOWS YOUR REACTION  
TIME - DON'T DRINK AND DRIVE**



**DON'T SERVE ALCOHOL TO MINORS**



**DON'T SERVE ALCOHOL TO MINORS**



**DON'T DRINK WHILE OPERATING MACHINERY**



**DON'T DRINK WHILE OPERATING MACHINERY**



**ALCOHOL INCREASES THE RISK OF ACCIDENTS AND INJURIES**



**ALCOHOL INCREASES THE RISK OF ACCIDENTS AND INJURIES**



**ALCOHOL CAN CAUSE DEPENDENCE**



**ALCOHOL CAN CAUSE DEPENDENCE**





**ALCOHOL CAN CAUSE  
MENTAL HEALTH PROBLEMS**



**ALCOHOL CAN CAUSE  
LIVER CIRRHOSIS**



**ALCOHOL CAN CAUSE  
MENTAL HEALTH PROBLEMS**



**ALCOHOL CAN CAUSE  
LIVER CIRRHOSIS**



**DON'T DRINK  
WHEN TAKING MEDICINE**



**ALCOHOL CAN CAUSE CANCER**



**DON'T DRINK  
WHEN TAKING MEDICINE**



**ALCOHOL CAN CAUSE CANCER**

## Way forward on labelling

Eurocare position is:

All alcoholic beverages **should be required** to state:

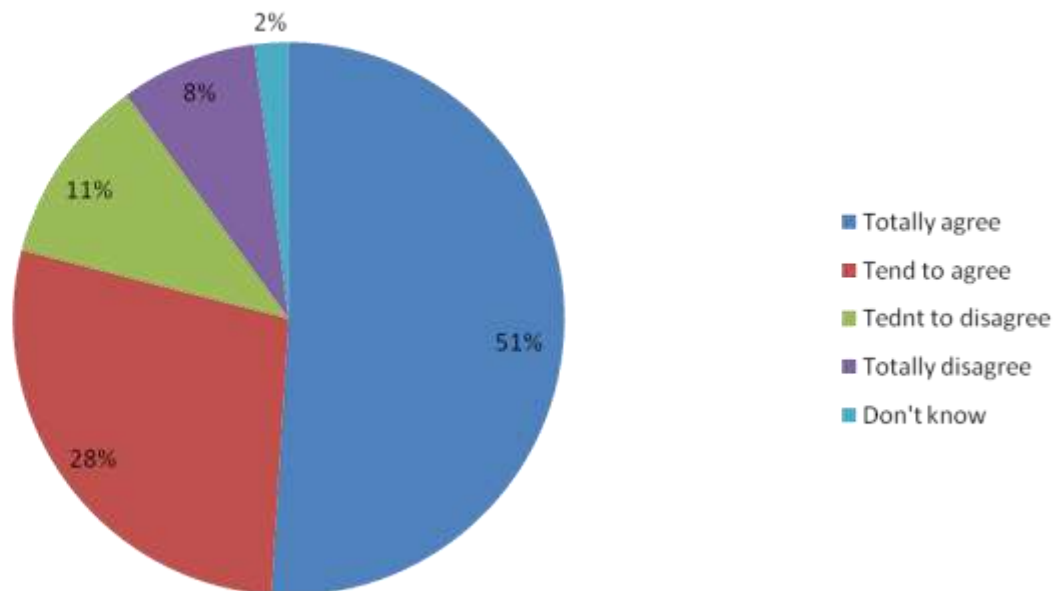
- Health and safety warnings
- Relevant nutrition information like Energy value (kcal)
- Ingredients
- Substances with allergenic effect
- Alcoholic strength (total grams)



## Eurobarometer 2010:

- There is strong public support **79%** for health warnings on the known risks (pregnancy and drink driving)

Health warnings on the bottles



# Thank you for your attention

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Strategies towards responsible alcohol  
consumption for adolescents in Europe

PH Zürich



# TAKE CARE – Project and Evaluation

Strategies towards responsible Alcohol Consumption for  
Adolescents in Europe

The Health and Europe Centre  
Alcohol and younger people  
Kings Hill, West Mailing, Kent

Walter Kern-Scheffeldt,  
Zurich University of Teacher Education



Executive  
Agency for  
Health and  
Consumers





## What's TAKE CARE?

- The Take Care project has the aim to develop and test new strategies towards a responsible consumption of alcohol among adolescents in Europe.
- The innovative idea in Take Care is a multilevel approach: In addition to adolescents only, the project also focuses on parents, key persons and employees in retail.



## The main goals of TAKE CARE 1

- Compliance with legislation regarding the protection of the youth.
- Motivating young people for a responsible drinking behaviour.
- The goals for the specific target groups are:
  - Training of risk competence. This is the ability to handle risky situations in a constructive and responsible way.
  - Overall reduction of alcohol consumption

## The main goals of TAKE CARE 2

- Strengthening the educational skills of the parents through a reflected attitude towards the alcohol consumption of their children.
- Supporting the key persons, so that they are capable of talking about alcohol consumption and initiating constructive talks with the adolescents.
- Informing and training retailers, caterers and owners of kiosks, so that they become aware of the problem and can act consequently.



## 15-year-old female from Portugal

- *“In school, the teachers talked a lot about sexuality. It would have been better to talk more about alcohol – because this topic is more relevant to us than sex.”*



## Essential conceptuel approaches

- The basic assumption of the multi level approach:

The effect is stronger when the interventions are conducted with the adolescents, parents, key-persons and retailers in the same period.

If there is an orientation on a clearly contoured social environment (social habitat).





## Target Group I Adolescents

- **Target group** *Young people between the age of 12 and 21, who consume alcohol, and sometimes other drugs, in a risky way. The youngsters are divided into 12- to 16- or 18-year olds, who are legally not allowed to buy or consume alcohol, and up-to-21-year olds, who are legal to consume, but who have been noticed as risky consumers.*

German adolescent after the climbing in the ro.pe-training.

*“Climbing turns me on as much as drinking does.”*



## ro.pe-Training©

- The ro.pe-Training© (initial methods: **r**isk **o**ptimisation and **p**eer **e**ducation) is mainly based on the risflecting©-approach. It is a addiction-preventive group offer for young people aged between 12 and 21 years with risky amounts of alcohol consumption.
- In a four day training the adolescents learn in a realistic way how to deal with risky situations. The target is to improve their *personal risk competence* in the way they deal with alcoholic beverages. On the other side they learn to test the limit of a “healthy” risky behaviour. The used methods focus mainly on adventure based approach and psycho-education. Coping with inebriation, thrill and risk can be taught and learned.



## Target Group II Parents

- *Mothers and fathers of adolescents who consume alcohol riskily.*
- Home-parties are known as a marketing idea for special products, especially “Tupperware-Parties” are well known. It is a method for the prevention of addiction, which has originally been developed for parents of adolescents with a migration background in The Netherlands and Switzerland in the 1990s and which tries to further develop this idea.



## Target Group III Key-persons

- *Key-persons, who have an influence on adolescents that consume riskily, for example professionals of youth facilities, street-workers, teachers or coaches in sports clubs.*
- Key Training is a training for important attachment figures of adolescents with risky alcohol consumption. The focus of the training is on the basic principles of the conversation technique of Motivational Interviewing MI.
- Key-persons are taught to identify youths for the target group of the ro.pe-Training© and refer them to a course



## Target Group IV Employees in retail

- *Employees in retail and catering*
- *Owners of small shops etc.*
  
- First-Rate Retailer Tools
- Short intervention 5 – 10 Minutes
- Long intervention
  
- Information about Legislation
- Instrument for handling situations when youngsters try to buy alcohol. Wobblers, Manif



## Parent of a participant in ro.pe-Training© from Ireland after a home-party

*“For a long time, I have been drinking a bottle of wine every evening. Neither have I been aware of the fact that my children noticed that, nor how my drinking behaviour had a negative impact on them.”*



## Summary of the results over 10 countries

- The level of agreement with the content and the objectives of of TAKE CARE is high in all target groups.
- All target groups have reached the required number of participants.

440 adolescents,

176 key-persons,

474 parents,

600 employees in retail.



## Summary of the results: Adolescents

- The main goal of Take Care has been the reduction of the consumption of alcohol at adolescents, who drink riskily. The evaluation proved that this goal could be reached during an evaluation period of three months. Take Care initiated and supported a more responsible and less risky way of consuming alcohol among the adolescents.



# Climbing







## Adolescents: ro.pe-Training©

- The ro.pe-Training© for adolescents who show risky consumption patterns is effective in the sense of promotion of risk competence and reduction of alcohol consumption.



## Adolescents: Results ro.pe-Training©

- The interviews three months after the ro.pe-Training© showed that the adolescents had changed their behaviour in a positive way; three month later they consumed less alcohol on average.
- After the ro.pe-Training©, the adolescents knew more about the risks and effects of alcohol and had an improved knowledge on the topics of legislation and youth protection regarding the sales and consumption of alcohol.



## Adolescents: Results ro.pe-Training©

- The adolescents did not only know more: They also considered the youth protection laws significantly more appropriate after the ro.pe-Training© and announced to try to comply with these laws.
- The risk competence increased significantly. These positive changes can be noticed among adolescents, who are tee-totalling or who have low-risk consumption patterns as well as with adolescents, who consume riskily.

## Preliminary exercises on the path to Swing



## Adolescents: Results ro.pe-Training©

- Only very few adolescents did not complete the ro.pe-Training©; this indicates that the training has been well-received by the adolescents: Based on the usable evaluation sheets at the end of the training, 94% of the adolescents completed the training.
- 250 adolescents (77 %) reported in the re-interviewing that the ro.pe-Training© has been a topic of discussion among their friends.
- Because of the high level of satisfaction, it can be assumed that it has been a topic with positive connotations.



## Parents: Results of the Home Parties

- The outcome of the interviews at the end of the training showed, that 88 % of the parents are aware of the legislation regarding the sales and consumption of alcohol by adolescents.
- When asked, whether they will pay attention that their children respect the laws on the consumption of alcohol, the parents clearly agreed: On a scale between 1 (do not agree at all) and 4 (agree completely) the average has been at 3.55.
- New range of options how to deal with their children regarding alcohol consumption





## Key - persons

- The key-persons support the project goals with firm conviction: On the scale between 1 to 4 they agree significantly with an average of 3.24 to the idea that a constructive talk with adolescents makes sense, in the way that they trigger some thinking about the consumption of alcohol.
- The key-persons feel well-prepared by the key Training, when it comes to address the topic of alcohol with adolescents in an open and understanding attitude.
- This may be in the workplace or in a more leisurely context: again, on the scale between 1 and 4, the level of agreement has been at a high 3.50 on average



## Employees in retail – Results and Findings

- 600 employees in pubs, small shops and shopping centres have been accessed by longer interventions (one to two hours) or short interventions of around 15 minutes. They have been satisfied with this intervention about the handling of difficult situations at their workplace (average of 3.26 on the 4-level-scale).



## Employees in retail – Results and Findings

- The comparison of long and short interventions shows, how appropriate resources of time can support the knowledge transfer significantly.
- Whereas, after the short intervention, only 77% of the employees were able to reproduce the legal age for the consumption of alcohol correctly, this figure increased to 95 % of correct answers at the long interventions.



## Employees in retail – Results and Findings

- A key aspect of this intervention has been the drafting of information materials on the legislation regarding alcohol and the handling of difficult sales-situations with drinking adolescents. The material has been received majorly positive: about 90 % of the employees consider them helpful for the handling of difficult situations at the workplace.



## 4. Key persons / Key Training

- Volunteers who are important attachment figures for adolescents who consume riskily, should be motivated to take part in addiction prevention programmes. However, avoid excessive demands.



## Retail employees / First-Rate Retailer Tools

Behaviour-related prevention as TAKE CARE should be accompanied by structural measurements (e.g. enforcement of youth protection regulations).



## Results: Parents, key-persons and employees in retail

- With parents, key-persons, and employees in retail, the project improved the competence to deal with alcohol consuming adolescents, confidently and with better know-how.
- Additionally, there has been more readiness to comply with the legal norms. »



Target goal – over all countries	youth	parents	Key persons	Employees in retail
Target group reached? → quantitative	Yes!	Yes!	Yes!	Yes!
Target group reached? → qualitative	Yes! But...	Yes! But...	Yes! But...	Yes!
alcohol consumption reduced?	Yes! But...			
Compliance with legislation promoted?	Yes!	Yes!	Yes!	Yes!
Knowledge of risks of alcohol promoted?	Yes!	Yes!		
General risk competence promoted?	Yes!			
Competence in handling (risky) alcohol consumption promoted?	Yes! But...	Yes! But...	Yes! But...	Yes! But...
Satisfaction with intervention?	Yes!	Yes!	Yes!	Yes!





## Results over all satisfaction

- The overall satisfaction with the interventions is very high among all target groups. Also, the experts, who were involved in Take Care, identified themselves with the project quite strongly



## TAKE CARE works under the project.....

- TAKE CARE is successful.
- TAKE CARE is a project with highly motivated participants
- TAKE CARE is expensive
  
- The successful application in practice follows
- Practice will facilitate the project



**And...**

**Thank you for listening to my  
strange “Swiss English” .....**



## Following colleagues have been crucial for the design, set up and implementation of Take Care:

Nadja Wirth (LWL), Wolfgang Rometsch (LWL),  
Nazih Eldin (HSE, Dublin), Sandra Okome (HSE, Dublin),  
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Public Health and Special Educational Needs.  
Carsten Hinz, Translation

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## Informationen

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More Material and Information look: [www.lwl.org](http://www.lwl.org) --- TAKE CARE

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Zurich, 16 April 2013



# Alcohol and Younger People

Presentation to the Health and Europe Centre  
Swale 2 & 3, Sessions House, Maidstone  
Tuesday, 16 April 2013

Doriane Fuchs  
Policy Coordinator for Health Promotion and Disease Prevention  
**European Public Health Alliance (EPHA)**



# WHO ARE WE?

## The **European Public Health Alliance (EPHA)**....

- Is a Brussels-based network representing the public health community throughout Europe
- Represents 90+ member organisations based in the EU-27 and EFTA states, EU applicant / candidate countries & beyond
- Is a "**change agent** " : EPHA's **mission** is to bring together the public health community to provide thought leadership and facilitate change; to build public health capacity to deliver equitable solutions to European public health challenges, to improve health and reduce health inequalities
- **Advocates** for more citizen involvement and transparency in political decision-making processes on health policy at EU level (advocacy vs lobbying)



# WHAT IS OUR VISION?

EPHA Strategic Plan 2011-2015

"Our **vision** is of a Europe with universal good health and well-being, where all have access to a sustainable and high quality health system: A Europe whose policies and practices contribute to health, both within and beyond its borders."

This vision is based on our overarching **values**:

- Equity
- Sustainability
- Diversity
- Solidarity
- Universality
- Good governance



# WHO ARE OUR MEMBERS?



European Level

Associations

Organisations



National level



Voluntary groups

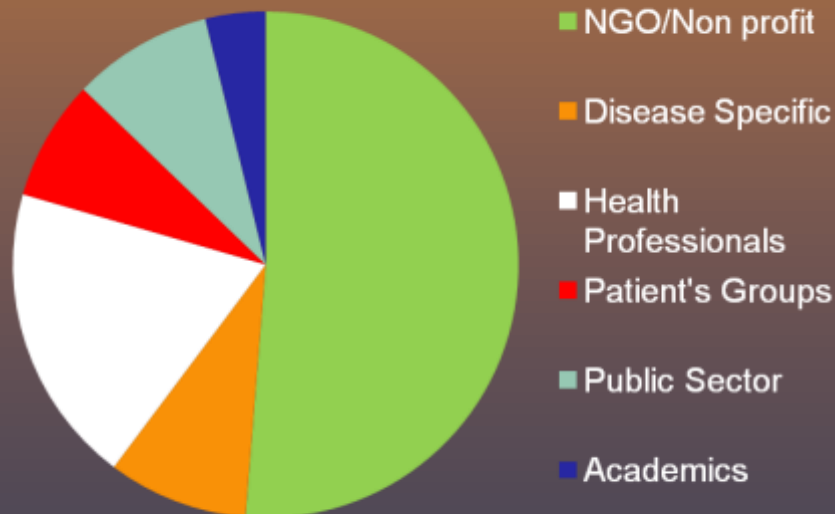


Regional Level



# WHO ARE OUR MEMBERS?

One of our major assets! Our membership represents the interests of a wide range of civil society organisations covering different health-related needs, issues and target groups. Together we work to improve health and strengthen the voice of public health in Europe.





# CSO INVOLVEMENT

"This role of civil society organisations in the EU policy process has grown hugely over the last decades and is closely linked to the fundamental right of people to form associations in order to pursue a common purpose, as highlighted in [Article 12 of the European Charter of Fundamental Rights](#) referred to as [civil dialogue](#).

The involvement of civil society in EU policies has brought much added value to people's lives, through ensuring that EU policies meet their needs and concerns. The experience and expertise of public health and patient organisations are particularly important in supporting policies and programmes on prevention and disease management, ensuring they are targeted effectively to reflect real needs and preferences of patients.

Civil society participation enhances the legitimacy, transparency and equity of policy and decision-making, ensuring that it takes into consideration the interests of [all sectors of society](#)."

See also [Article 11 Lisbon Treaty](#) on [participatory democracy](#).



# CSO INVOLVEMENT

## Stakeholder Dialogue (1)

- **EU Health Policy Forum** (EPHA provides Secretariat & technical expertise; 52 umbrella orgs including industry, academics, health providers, insurers...)
- **Civil Society Contact Group** (EPHA provides Secretariat; 8 value-based NGO sectors): participatory democracy, transparency, future of EU (e.g., MAFF, Horizon 2020)
- **ALTER-EU** membership (Alliance for Lobbying Transparency and Ethics Regulation; coalition of 200 CSOs, trade unions, academics, public affairs firms; joint Open Letters and statements)
- Collaboration with **Social Platform** (e.g., Working Groups on Social Policy, SGI; joint letters & delegations; see SP website for "guidelines on effective dialogue")
- Expert seat on relevant **EC advisory groups** (e.g., DG CONNECT, EMA, EFSA...; issue-specific leadership)
- Annual Operating Grant from **European Health & Consumer Agency** under EU Public Health Programme (also enables project work)



# CSO INVOLVEMENT

## Stakeholder Dialogue (2)

- European Health Forum Bad Hofgastein (annual)
- High level engagements by Secretary General
- NGO Liaison Group of European Economic & Social Council (EESC)
- Speaker slots at public hearings in European Parliament, roundtables, 1-2-1 meetings with MEPs on health policy dossiers
  
- **NGO roles include:** intermediary between citizens & public bodies, representative of "the people ", issue-specific expert, facilitator / disseminator of information between ALL stakeholders, ideas generator / innovator, critical watchdog...
- **NGO influence depends on:** legitimacy, reach, independence (governance), trust in individuals, expertise / knowledge, capacity, working methods (evidence-based?), values, ability to produce concrete recommendations
- **Common obstacles:** constant need to build / maintain relationships, size & influence of industry lobby, lack of capacity (staffing, finances), different notions of advocacy / public health in EU, different approaches to lobbying, health mandate not at EU level!



# CIVIL SOCIETY INVOLVEMENT

Other important stakeholders

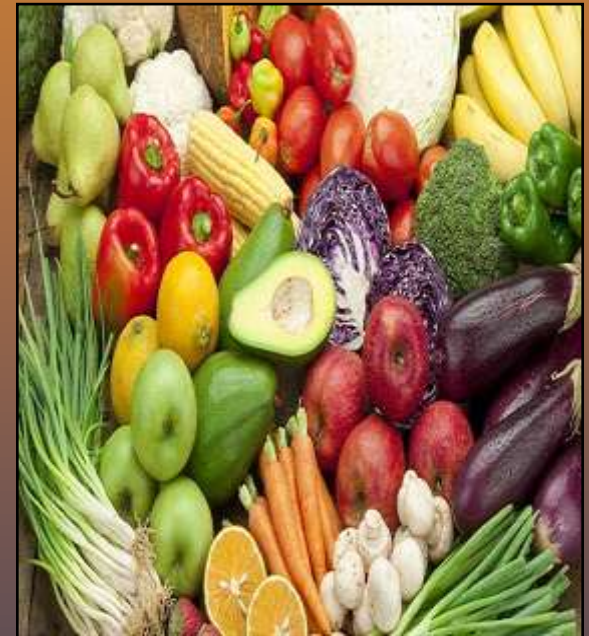
- **EPHA members** – EU umbrella organisations: AGE, European Federation of Nurses Associations, European Heart Network, Mental Health Europe, Pharmaceutical Group of the European Union, European Association of Hospital Pharmacists
- **European Patients' Forum** (partner on health inequalities)
- **European Federation of Pharmaceutical Industries and Associations** (EFPIA)
- **EuroHealthNet** (members represent national / regional institutes, academic / research centres, national / regional authorities and government departments)
- **European Consumers' Organisation** (BEUC)
- **Standing Committee of European Doctors** (CPME)
- **European Hospital & Healthcare Federation** (HOPE)
- **European Women's Lobby**
- ....



# HEALTH DETERMINANTS

Improve population health &  
increase healthy life years

- Good diets and healthy food
- Addictive substances
- Mental health & well-being
- Health-promoting physical environment





# WHAT DO WE WORK ON?

EPHA 2012 Business Plan

Strategic Aim 1: Health Determinants  
Prevention

- **Alcohol / Tobacco**, action on the four “A’s”: availability, affordability, accessibility, acceptability
- Chronic diseases (stroke, heart disease, diabetes, cancer, respiratory diseases)
- **Mental health**
- Children’s health
- Sexual and reproductive health (HIV/AIDS policy, reproductive health rights, etc.)
- **Nutrition**, e.g. healthy diet policies & fiscal measures to reduce cardiovascular diseases & NCDs
- Physical activity & health-promoting environments
- Drugs & other addictive substances
- Supporting vulnerable groups to combat health inequalities





# WHAT DO WE WORK ON?

Alcohol



- Work at the **European and national** level
- **Alcohol policies** : labelling (FITC), marketing and advertising (AVMS, EP report on vulnerable consumers), sponsorship (Olympics), pricing policies (MUP in Scotland, tax in France)
- **Alcohol and chronic non-communicable diseases** (Commission work on CD, WHO NCD Action Plan)
- **Mainstream alcohol in other policy areas**: mental health, sexual health, poverty, violence, health inequalities, agriculture, transport, etc.
- **Strong collaborations** - Eurocare, Alcohol Focus Scotland, RCP, RCN, HEC, etc. - and **good coordination** - EPHA Working Group on Alcohol Policy, coordination meetings in advance of European and Health Forums or whenever needed - are key to success





# WHO DO WE WORK WITH?

## Partnership and Dialogue

- European Food Standards Agency (EFSA)
- European Medicines Agency (EMA)
- European Centre for Disease Prevention & Control (ECDC)
- EU Health Policy Forum
- EU Platform for Diet, Physical Activity and Health
- EU Platform on Alcohol and Health
- Platform of European Social NGOs
- Civil Society Contact Group
- Health and Environment Alliance (HEAL)
- WHO, IMF, OECD, UN...
- Perm Reps, representations of EU regions, EESC, EFTA/EEA countries...



Thank You

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# Close

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