

Final Report of Bridging the Gap Project: 2004-2006

1. INTRODUCTION

The Eurocare project, Alcohol Policy Network in the Context of a Larger Europe: Bridging the Gap (BtG) was co-financed by the European Commission for the years 2004-2006. The project included partners in 29 European countries as well as the World Health Organization (European Office), the European Youth Forum, the European Public Health Alliance and the European Cultural Foundation. The main beneficiary was the Alliance House Foundation of the United Kingdom, on behalf of Eurocare, the European Alcohol Policy Alliance. The project received external funding from the Norwegian Policy Network on Alcohol and Drugs, the Directorate for Social Affairs and Health of Norway, the Ministry of Health of Slovenia, the Polish State Agency for Prevention of Alcohol Problems, IOGT-NTO Sweden, and the Finnish Centre for Health Promotion.

The main aim of the project was to create a vibrant alcohol policy network to further the development of an integrated Community strategy to reduce alcohol related-harm in the context of a larger Europe as embodied in the Council's conclusions of 5 June 2001, and to support and encourage European countries to implement the Council Recommendation on the drinking of alcohol by young people.

The planned deliverables of the Bridging the Gap 2004-2006 Project were:

- European Alcohol Policy Network, together with collaboration and coordination with other multi-annual projects in the field of alcohol;
- Report of current alcohol policy, identifying barriers and facilitators in all. Member States and applicant countries;
- Launch of the Network at a European conference in Poland in 2004, accompanied by the publication of an alcohol policy document;
- Series of theatre sketches contrasting stakeholder views on alcohol policy to convey complex policy issues in an innovative way to and by young people;
- An alcohol policy questionnaire to be produced and distributed for young people by young people.
- An alcohol advocacy policy manual to meet the needs of up and coming policy makers and programme implementers;
- Two advocacy training schools for up and coming policy makers and programme implementers; and
- Alcohol policy technical visits to new Members States of EU.

2. PROJECT EVALUATION

The project evaluation was based upon a case study evaluation methodology, although here the case is one of intrinsic interest, rather than being generalisable to a larger type. In practice this means that the project (case) was examined in context, and that both case and context were investigated using multiple methods, namely:

Network survey of all Alcohol Policy Network (APN) members, undertaken in a way to ensure anonymity and maximise response rates.

Advocacy survey for all attendees of the advocacy school, undertaken in a way to ensure anonymity and maximise response rates.

Depth interviews: a series of four depth interviews with the staff who were involved in running the project over the 3 years.

Informal interviews with APN members during the Helsinki conference and with European Youth Forum representatives in early 2007.

Workshop with the full APN at the final official APN meeting, led by the evaluator with no BtG staff present

Discussion during a session with the APN members who attended the Helsinki conference, led by the BtG coordinator Peter Anderson.

Written documentation produced in the course of the project, including the original project outline, minutes of four APN meetings, two interim reports, and the project coordinator's own evaluation of the advocacy schools.

Participant observation of the evaluator throughout the project, including attendance at the Warsaw and Helsinki conferences and the three official APN meetings, as well as at the first advocacy school in Copenhagen and one of the European Youth Forum working group meetings.

Respondent validation: Eurocare staff and APN members were invited to comment on a draft version of the report. These comments were then used as a further form of evidence in their own right.

Accompanying Document:

BtG Evaluation report

3. EUROPEAN ALCOHOL POLICY NETWORK, TOGETHER WITH COLLABORATION AND COORDINATION WITH OTHER MULTI-ANNUAL PROJECTS IN THE FIELD OF ALCOHOL

European Alcohol Policy Network

The European Alcohol Policy Network (APN) was set up and maintained, with partners representing non-governmental organizations, governmental organizations, and professional and scientific bodies from all 27 present European Union countries, Norway, Switzerland and Turkey. The network included representation from the European Public Health Alliance, the European Youth Forum, and the World Health Organization, European and headquarters offices. In addition, it included scientists and experts from Finland, Ireland, and the Netherlands, as well as staff from Eurocare and ACTIS (Norwegian Policy Network on Alcohol and Drugs). The Network met three times, with regular communications and briefings, e-mail contact and completion of tasks in between meetings. An extraordinary meeting of the network took place at the time of the Bridging the Gap alcohol policy conference in Helsinki, November 2006. For future activities, it was considered important to extend the Network to include a wider range of public health and health promotion non-governmental and other organizations at the European level, as well as other European countries, such as Iceland.

Accompanying Documents:

APN Network Members

APN Network Meeting Warsaw June 2004 notes

APN Network Meeting Bled May 2005 notes

APN Network Meeting Barcelona May 2006 notes

APN Network Meeting Warsaw November 2006 notes

Web address:

<http://www.eurocare.org/btg/apn/members/index.html>

Coordination with other projects

The Bridging the Gap project coordinated with four other European Commission funded alcohol-related projects, the co-ordinators of which were invited to the annual meetings of the Alcohol Policy Network:

1. Integrating health promotion interventions for hazardous and harmful alcohol consumption into primary health care professionals' daily work, managed by the Ministry of Health of Catalonia. Links to the project and its country reports are placed on the BtG website
<http://www.phepa.net/units/phepa/html/en/Du9/index.html>
2. Enforcement of National Laws and Self-Regulation on Advertising and Marketing of Alcohol, which is managed by the National Foundation for Alcohol Prevention of the Netherlands (STAP). Links to the project are made on the BtG website
<http://www.alcoholpreventie.nl/english/>
3. Pathways for Health project, which, for each of the three topics, binge drinking, drinking and driving, and labelling and health warnings is preparing a review of the evidence, a database of country practice, and a series of recommendations. The members of the Alcohol Policy Network provided the information for the database of country practice and experiences
http://www.optiserver.de/dhs/pathway_for_health_project.html
4. Report on Alcohol in Europe, prepared by the institute of Alcohol Studies for the European Commission. Members of the Alcohol Policy Network provided country based information for the report and translated the summaries of the report into their own country languages.
http://ec.europa.eu/health-eu/news_alcoholineurope_en.htm

4. REPORT OF CURRENT ALCOHOL POLICY, IDENTIFYING BARRIERS AND FACILITATORS IN ALL MEMBER STATES AND APPLICANT COUNTRIES

APN members reported on current alcohol policy at the country level by:

1. Revising the 2004 WHO alcohol policy summaries and the 2005 WHO alcohol profiles where these were available, and completing them, where they were not available, <http://www.eurocare.org/btg/countryreports/index.html>.
2. In collaboration with the National Research and Development Centre for Welfare and Health (STAKES) of Finland revising the 2002 country report of the European Comparative Alcohol Study, where these were available, and completing them to an agreed template, where they were not available, <http://www.eurocare.org/btg/countryreports/index.html>
3. In collaboration with the University of Bergen, documenting infrastructures on alcohol policy on the Comprehensive Database of Health Promotion Policies, Infrastructures and Practices (HP-source.Net). The questionnaires included answers to the questions of barriers and facilitators to alcohol policy at the country level. <http://www.hp-source.net/index.html>

Completion of tasks

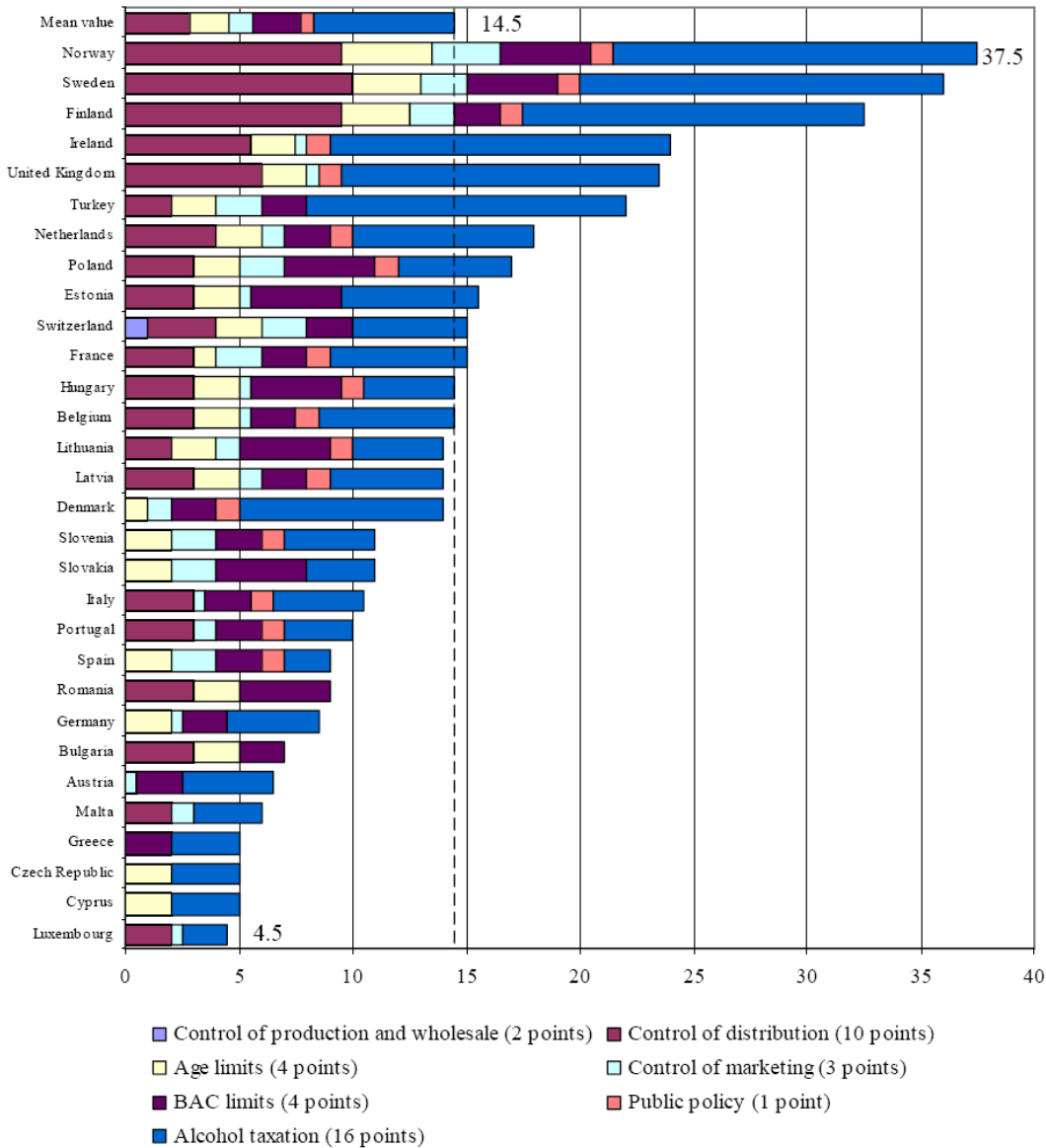
The coverage of the completion of the tasks by country is summarized in the table below. Seventeen countries completed all four tasks (each WHO profile being a separate task), seven countries completed 2-3 tasks, four countries one task, and three countries no tasks. Ten newer Member States and Turkey completed a country report modelled on the ECAS report.

Country	Completed BtG country reports
Austria	Updated WHO profiles; revised ECAS chapter
Belgium	Updated WHO profiles; revised ECAS chapter; completed infrastructures questionnaire.
Bulgaria	Updated WHO profiles; completed ECAS chapter; completed infrastructures questionnaire.
Cyprus	
Czech Republic	Updated WHO profiles; revised ECAS chapter; completed infrastructures questionnaire.
Denmark	Updated WHO profiles; revised ECAS chapter; completed infrastructures questionnaire.
Estonia	Updated WHO profiles; revised ECAS chapter; completed infrastructures questionnaire.
Finland	Updated WHO profiles; revised ECAS chapter; completed infrastructures questionnaire.
France	Updated WHO profiles; revised ECAS chapter; completed infrastructures questionnaire.
Germany	Updated WHO profiles; revised ECAS chapter; completed infrastructures questionnaire.
Greece	Updated WHO profiles; revised ECAS chapter
Hungary	Updated WHO profiles; revised ECAS chapter
Ireland	Updated WHO profiles; revised ECAS chapter; completed infrastructures questionnaire.
Italy	Updated WHO profiles; revised ECAS chapter
Latvia	Updated WHO profiles; revised ECAS chapter; completed infrastructures questionnaire.
Lithuania	Updated WHO profiles; revised ECAS chapter completed infrastructures questionnaire.
Luxembourg	
Malta	Updated WHO profiles; completed infrastructures questionnaire.
The Netherlands	Updated WHO profiles; revised ECAS chapter; completed infrastructures questionnaire.
Norway	Updated WHO profiles; revised ECAS chapter; completed infrastructures questionnaire.
Poland	Updated WHO profiles
Portugal	Updated WHO profiles
Romania	Updated WHO profiles; revised ECAS chapter; not completed infrastructures questionnaire.
Slovakia	Revised ECAS chapter
Slovenia	Updated WHO profiles; revised ECAS chapter
Spain	Updated WHO profiles; revised ECAS chapter; completed infrastructures questionnaire.
Sweden	Updated WHO profiles
Switzerland	Updated WHO profiles
Turkey	Updated WHO profiles; revised ECAS chapter; completed infrastructures questionnaire.
The United Kingdom	Updated WHO profiles; revised ECAS chapter; completed infrastructures questionnaire.

Colour coding	
	Completed all 4 tasks
	Completed 2-3 tasks
	Completed 1 task
	Completed 0 tasks

BtG Scale

Based on the country reports, a BtG scale was developed measuring the strictness of alcohol policy across 30 countries. The maximum score of the sale was 40. The scale ranged from 4.5 (Luxembourg) to 37.5, Norway, with a mean of 14.5 (See Figure).



Alcohol Policy in the countries of Europe

The Country based information was used to prepare the chapter on Alcohol policy in the countries of Europe, of the report for the European Commission, Alcohol in Europe (http://ec.europa.eu/health-eu/news_alcoholineurope_en.htm). Based on a scale that varied from 0 (no restrictions) to 20 (all restrictions), countries in Europe varied from 5.5 (Greece) to 17.7 (Norway) giving an unweighted average of 10.5. All of the lowest values (below 8) lie in southern Europe (Portugal, Greece, Malta) and a cluster within central and eastern Europe (Austria, Czech Republic, Germany, Luxembourg). Although all values above 15 came from the northern European countries, the policy scores did not simply decrease from North to South, as shown by a high value in France compared to a relatively low value in the UK. Alcohol policy in the eastern part of Europe was variable, with some countries (such as Poland and Lithuania) having strict controls and others (the Czech Republic in particular) being much less restrictive.



Accompanying Documents:

BtG Alcohol Policies

BtG Alcohol Profiles

Country reports:

Austria

Belgium

Bulgaria

Czech Republic

Denmark

Estonia

Finland

France

Germany

Greece

Hungary

Ireland

Italy

Latvia

Lithuania	Slovakia
Luxembourg (ECAS)	Slovenia
Netherlands	Spain
Norway	Sweden (ECAS)
Portugal (ECAS)	Turkey
Romania	The United Kingdom

Alcohol Policy scales Europe
Alcohol Policy infrastructures
Alcohol Policy in the countries of Europe

Web addresses:

<http://www.eurocare.org/btg/countryreports/index.html>
<http://www.stakes.fi/EN/Julkaisut/online/AlcoholPolicies.htm> (ECAS study)
http://www.fhi.se/templates/Page2cols_616.aspx (ECAS study)
<http://www.hp-source.net/index.html>
http://ec.europa.eu/health-eu/news_alcoholineurope_en.htm

**5. LAUNCH OF THE NETWORK AT A EUROPEAN CONFERENCE IN POLAND IN 2004,
ACCOMPANIED BY THE PUBLICATION OF AN ALCOHOL POLICY DOCUMENT**

With the support of the Ministry of Health of Poland and the Polish State Agency for Prevention of Alcohol Problems, a European alcohol policy conference was convened in Warsaw, Poland, 16-19 June 2004. The conference, which was the first of its kind, was attended by some 350 participants from 32 countries. The conference opened with video speeches of welcome by the then European Commissioner Designate Pavel Telicka, and the Irish Health Minister, Michael Martin (current President of the EU), and the European Office of the World Health Organization delivered by Lars Møller. All the conference proceedings are available on the conference website: <http://www.eurocare.org/btg/conf0604/index.html>.

During its first meeting in 2004, the APN agreed the text of a Policy on Alcohol for Europe and its countries. The Bridging the Gap principles, as the document is subtitled, summarizes a set of alcohol policy issues that should be considered by European countries and Europe as a whole. The document has been widely disseminated to national and international governmental and non-governmental organizations throughout Europe. The Principles have been translated into Romanian and Spanish. The Principles were revised at the 2006 Alcohol Policy network Meeting in Barcelona.

<http://www.eurocare.org/btg/policyeu/pdfs/2006-eurocarepolicy.pdf>

With the support of the Ministry of Health of Finland and the Finnish Centre for Health Promotion, a second European alcohol policy conference was convened in Helsinki, Finland, 20-22 November 2006. The conference was attended by some 350 participants from 32 countries. The conference was opened by Mika Pyykkö, Executive Director of the Finnish Centre for Health Promotion, with presentations from the Speaker of the Parliament of Finland, Paavo Lipponen, and representatives of the European Commission (Wilfried Kamphausen) and World Health Organization (Kari Paaso). The conference was closed by Liisa Hyssälä, Minister of Health and Social Services, Ministry of Social Affairs and Health, Finland. All the conference proceedings are available on the conference website: <http://btg.health.fi/?i=701>.

Accompanying Documents:

Warsaw conference 2004 programme
Helsinki conference 2006 programme
A Policy on Alcohol for Europe and its countries

Web addresses:

<http://www.eurocare.org/btg/conf0604/index.html>
<http://btg.health.fi/?i=701>
<http://www.eurocare.org/btg/policyeu/pdfs/2006-eurocarepolicy.pdf>

6. SERIES OF THEATRE SKETCHES CONTRASTING STAKEHOLDER VIEWS ON ALCOHOL POLICY TO CONVEY COMPLEX POLICY ISSUES IN AN INNOVATIVE WAY TO AND BY YOUNG PEOPLE

The aims of the theatre sketches were: to improve young people's participation and information as priority themes of the Commission's 2001 White Paper on youth policy (as suggested by the Commission's proposed set of objectives to Member States on 14 April 2003); and to promote the horizontal role of culture within the framework of other Treaty provisions as discussed in the Education, Youth and Culture Council on 5 and 6 May 2003.

The theatre sketches, "Alcoholiens" were prepared by the Polish Association Wyrzeczak, in partnership with the European Cultural Foundation. The sketches were developed in order to give young people a voice and a chance to think about alcohol advertising, one of the central themes of the Council Recommendation on the drinking of alcohol by young people. This process helped to provide young people not only with a basic understanding of the policy issues, but also gave them the possibility to listen to others, to work co-operatively and to communicate their ideas as well as understand their own and others' cultures. As "Alcoholiens" is an interactive performance, it facilitated young people to be involved in producing and distributing information for their peers.

"Alcoholiens" was first performed in English at the June 2004 Warsaw conference. Since then, it has been performed in Polish to a total audience of 1100 young people aged 14 to 18 years, funded by the City of Gdynia. The project has been presented at national conferences and at international conferences in Croatia and Estonia.

Accompanying Document:

Theatre Sketch

Web address:

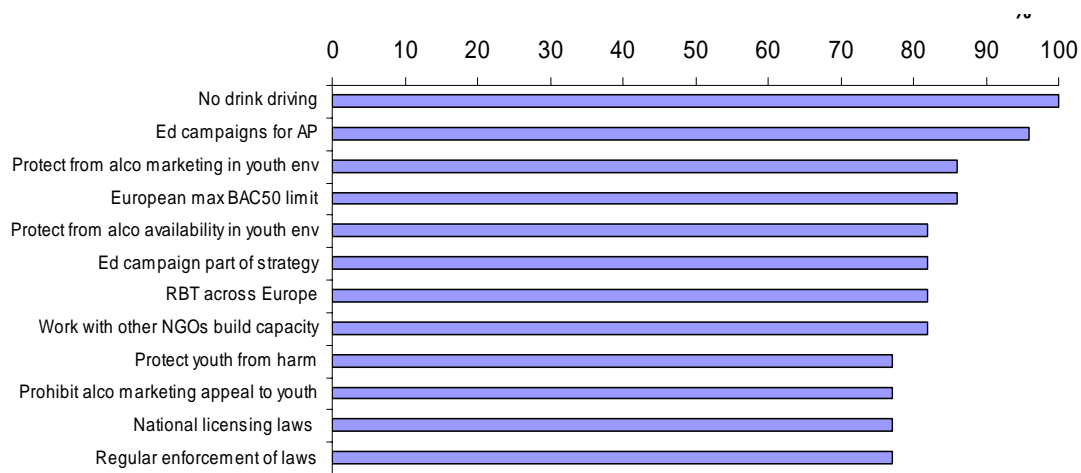
<http://www.eurocare.org/btg/conf0604/theatre/index.html>

7. AN ALCOHOL POLICY QUESTIONNAIRE TO BE PRODUCED AND DISTRIBUTED FOR YOUNG PEOPLE BY YOUNG PEOPLE

A highly successful partnership was created with the European Youth Forum to jointly develop an alcohol policy questionnaire for young people by young people.

The top 12 alcohol policy measures considered very important in the survey from the responding youth organisations are summarised in the Figure. There was strong

support for the implementation of European wide policy measures to reduce drink driving, in particular the setting of a maximum BAC level of .50mg% and for random breath testing. The protection of young people from the harm that can be done to them directly or indirectly by alcohol was also strongly supported. A number of policy measures strongly favoured by youth organisations were protecting young people from exposure to alcohol marketing and alcohol availability in youth environments and statutory regulation to stop alcohol marketing which appeals to young people. Youth organisations also identified working with other NGOs and institutions to build capacity to prevent and reduce harm among young people. Education campaigns were seen as very important for building awareness and support for alcohol policy as well as part of a strategy to prevent and reduce alcohol related harm. National licensing laws that protect young people and the regular enforcement of such laws were also deemed very important.



The Youth organizations concluded that

- A policy-mix and integrated approach is needed for alcohol policies to be effective;
- The formulation and implementation of alcohol policies needs youth involvement;
- Youth organisations have a role to play in the formulation of public policies on alcohol at both European and national levels; and
- Youth organisations should work with other NGOs and institutions to build capacity and raise awareness to prevent and reduce harm amongst young people.

Accompanying Document:

Young people alcohol policy

Web address:

http://www.youthforum.org/en/our_work/Policy_areas/health_activities.htm

8. AN ALCOHOL ADVOCACY POLICY MANUAL TO MEET THE NEEDS OF UP AND COMING POLICY MAKERS AND PROGRAMME IMPLEMENTERS

This manual consists of two components:

1. The manual itself
2. The website from which all the separate components, background reading and video clips can be downloaded:

<http://www.eurocare.org/btg/advocacycourses/index.html>.

The course comprises 14 sessions, most of which last for 90 minutes, with five lasting for less (1, 80 minutes; 2, 50 minutes; 4, 80 minutes; 5, 85 minutes; 14, 60 minutes). As a complete course, the 14 sessions can be run over three and a half days, with a break one of the days (to the length of one session). However, it is up to the trainer whether or not they wish to run the whole course, and certain of the sessions can be shortened (or lengthened) or cut, depending on the trainees and the views of the trainer.

During the first session all participants receive a copy of the course CD (should the trainer wish this), with a copy of all the course material, additional background reading and movie clips.

For each session the manual contains:

- Statement of aims and objectives
- Session plan
- Background notes and list of materials required
- Handouts
- Visual aids

The statement of aims and objectives and list of materials required, the session plan and the background notes are for the trainers' use and reference. The visual aids can be downloaded as PowerPoint presentations from the website.

The handouts, which can be downloaded from the website and copied beforehand are for the course participants, and can be given out as the course progresses.

Accompanying Document:

Advocacy training manual

Web address:

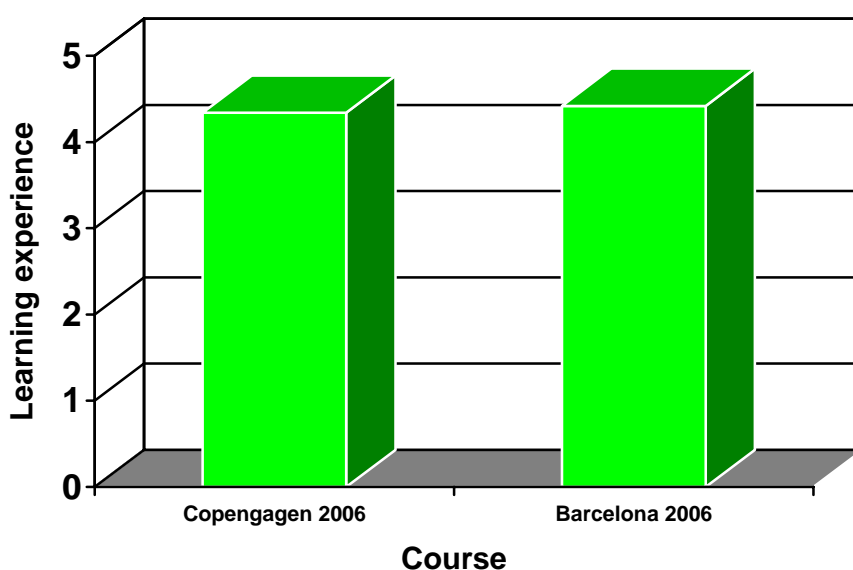
<http://www.eurocare.org/btg/advocacycourses/index.html>

9. TWO ADVOCACY TRAINING SCHOOLS FOR UP AND COMING POLICY MAKERS AND PROGRAMME IMPLEMENTERS

The objectives of the course are for students to strengthen and improve their skills and knowledge in advocating for effective policies and programmes to reduce the harm done by alcohol. The course is designed to be participatory and skills-based, working through particular campaigns or actions chosen by the participants themselves. The target trainees are people working in governmental or non-governmental organizations or in research or public health bodies who are relatively new to the alcohol policy field who wish to develop their advocacy skills for alcohol policy.

A 2½ day pilot course with primarily APN members took place in Bled with 30 attendees in May 2005. Two 3½ day schools took place, one in Copenhagen with 24 attendees in February 2006, and one in Barcelona with 23 attendees in May 2006. The attendees themselves were from a mixture of NGOs and Governmental bodies, and also split between those working on alcohol only and those working within the wider public health field. All trainees seemed to have been personally motivated to attend the course, explaining their attendance through the expected value of the course in their present work or for general skills in future, rather than because of pressure from their manager. The Copenhagen attendees had on average 3 years of experience in the field, compared to 7 years for the Barcelona attendees.

The two courses in Copenhagen and Barcelona scored highly on course evaluation at the end of the course for learning experiences, with a mean score of learning experiences of 4.34 at for the Copenhagen course and 4.42 for the Barcelona course (on an adjusted scale of 0 to 5, with 5 as the top score).



Accompanying Document:

Advocacy schools

Web address:

<http://www.eurocare.org/btg/advocacycourses/index.html>

10. ALCOHOL POLICY TECHNICAL VISITS TO NEW MEMBERS STATES OF EU

During the first year of the project, a technical alcohol policy visit was made to Poland to prepare for the 2004 European Alcohol Policy Conference. During the second year of the project, technical alcohol policy country visits were made to Slovenia, Lithuania, Latvia, Estonia and Turkey. The visit to Slovenia was to meet the deputy Minister of Health and to prepare for the second meeting of the Alcohol Policy Network. During the Estonian visit, BtG staff gave presentations to a National Conference "Who drinks more?", organised by the Finnish Institute In Estonia and the Estonian Temperance Union, met with members of the Parliament Social Affairs Committee, and met with the Temperance Union board members. During the Latvian visit, BtG staff met with members of the State Addiction Agency and Ministry of

Health. During the Lithuanian visit, BtG staff met representatives from 6 NGOs and 6 Government departments. During the Turkish visit, BtG staff met with the Ministry of Health and attended and spoke at an intergovernmental workshop involving staff from 9 Government Departments.

Due to a number of logistic and administrative reasons, it was not possible to complete the planned alcohol policy technical visits to Bulgaria, Czech Republic, Hungary, Romania and Slovakia. In consultation with the country partners, it was decided, following permission from the European Commission, to use the funds to invite five delegates from each country to Helsinki at the time of the second European Alcohol Policy conference. The APN members reported that this had been very useful in developing relationships with people working on alcohol in different areas, and seemed likely to help future national-level collaborations – effects which sound similar to those reported for the visits themselves.

Accompanying Documents:

Estonia technical visit

Lithuania technical visit

Latvia technical visit

Turkey technical visit

Web address:

<http://www.eurocare.org/btg/countryreports/index.html>

11. CONCLUSIONS

The achievement of the combination of the different objectives of the project contributed to a very successful outcome as a whole. Some of the key objectives, such as the building of a network, and the involvement of young people were both achieved very successfully. The advocacy schools were much appreciated by those participating in them, the conferences were widely seen to be impressive, and the country profiles were felt to have provided valuable information for researchers and APN members alike. Although it is considered that the achievement of the objectives could have been completed more effectively and more extensively, the only objectives not completely achieved were the country visits, although these were compensated by bringing country delegations to Helsinki at the time of the second European Alcohol Policy conference. This positive picture is confirmed by the project evaluation which found that APN members mostly reported that the project had brought much more benefits than costs, including all of the members from the newer Member States. Nevertheless, as the evaluation shows, there remain lessons to learn for future projects such as the Building Capacity project – in particular in terms of further capacity building at all levels, strengthened links to policymakers, and the involvement of a wider set of organisations in advocating for alcohol policy. In the words of the evaluation:

“If future projects manage to learn these lessons while retaining the success of the BtG project, then they are likely to be even more successful in building an infrastructure for reducing alcohol-related harm in Europe.”

Peter Anderson
International Project leader, coordinator and manager
January 2007.