

ANNEX I

DESCRIPTION OF THE ACTION

1. OVERVIEW

1.1. Title

Focus on Alcohol Safe Environment (FASE)

1.2. Priority area and action

Priority area: Health determinants (HD 2007)

Action: Supporting key Community strategies on addictive substances

1.3. Summary (objectives, methods, expected results)

Background In its 2007 work plan, the European Commission called for the collection of best practices in work-place strategies to reduce the impact of harmful and hazardous alcohol consumption on the economy; networking, evaluation and collection of best practises on well-resourced community mobilisation and intervention projects to create safer drinking environments; and development of best practice in advertising, self regulation and monitoring. **Problem analysis** Interventions in the work place can reduce harmful alcohol consumption, but there has been no systematic collation of effective practices across the EU; interventions in drinking environments can reduce the harm done by alcohol, but there are no clear European guidelines on best practice or systematic collation of effective practices across the EU; there is ample evidence that advertising impacts on young people's drinking, but a lack of standardization for regulation and monitoring, and no systematization of best practice across the EU. **Aims** To undertake systematic reviews and to systematically collect examples of best practice in the three topic areas, workplaces, drinking environments and advertising; to prepare reports on guidance for the implementation of best practice; to share knowledge and expertise on best practice with all relevant networks of professionals involved in each of the three topic areas at European, country, regional and municipal levels. **Methods** Systematic reviews will be undertaken of the international and European literature to identify evidence based interventions and policies in the three topic areas; collation of examples of European best practice and related laws and infrastructures will be gathered from a wide range of country partners; recommendations for effective prevention and practice and guidelines will be prepared based on the findings of the systematic reviews and collected examples **Expected results** Published reports on the evidence and guidance for action and a database and inventory of examples of good practice and relevant laws and infrastructures.

2. OBJECTIVES

2.1. General objectives

The general objectives of the FASE project are to build capacity at the European, country, regional and municipal levels by:

1. Collect best practices in work-place strategies to reduce the impact of harmful and hazardous alcohol consumption on the economy (e.g. reduce absenteeism, drinking during working hours, working with a hangover and unemployment);
2. Network, evaluate and collect best practices on well-resourced community mobilization and intervention projects, involving different sectors and partners to create safer drinking environments; and
3. Support development of best practice in regulating advertising practices, and monitoring the adherence of regulation of alcohol advertisements.

2.2. Specific objectives

1. To ensure that information about and the main findings of the project (all relevant reports, examples of best practices, and relevant laws and infrastructures) are actively disseminated, along with relevant key findings and implications for policy and programme development, to those responsible for alcohol policy and programme development, particularly in the fields of work places, drinking environments and advertising regulations at the European, country, regional and municipal levels, in order to help build the capacity and knowledge of such personnel in making informed and evidence-based decisions.
2. To report on the impact of work place policies and programmes to reduce the harm done by alcohol to the economy;
3. To identify and collate best practices and relevant laws and infrastructures related to the work place to reduce the harm done by alcohol to the economy;
4. To report on the impact of policies and programmes to create safer drinking environments;
5. To network with relevant networks (e.g. Building Capacity project and Club Health) to identify, evaluate and collate best practices and relevant laws and infrastructures related to safer drinking environments;
6. To identify and collate best practices and relevant laws and infrastructures related to the regulation of the volume and content of alcohol advertisements;
7. To report on best practices to regulate the volume and content of alcohol advertisements;
8. To identify and collate best practices and relevant laws and infrastructures related to monitoring and adherence of regulation of alcohol advertisements;
9. To report on best practices to monitor the adherence of regulation of alcohol advertisements; and
10. To report on mechanisms to track the volume of commercial communications and youth exposure.

2.3. Indicators chosen

1. Dissemination of findings
 - 1.1. Number of electronic copies of reports, and information of the web addresses of the examples of best practices and of the examples of laws and infrastructures disseminated at different levels (European, country, regional and municipal).

- Using existing networks and list serves, largely from other EC co-financed projects, target numbers of people for dissemination include EU level (30), country level (250), regional level (75) and municipal level (200).
2. Report on impact of work place policies and programmes:
 - 2.1. Peer review and expert comments. Target: peer review to the standard of an international scientific journal in the addictions field.
 - 2.2. Number of electronic copies disseminated, including geographical and professional coverage. Target: Numbers of people for dissemination include EU level (30), country level (250), regional level (75) and municipal level (200).
 - 2.3. Number of website hits to download document, with where possible information on country of origin. Target: 300 hits per month for the 6 month period following uploading document.
 3. Best practices at the work place:
 - 3.1. Number of practices identified broken down by geographical and work place setting coverage. Target: 40 practices from at least 19 countries.
 - 3.2. Number of website hits to download specified best practices, with information on country of origin. Target: 300 hits per month for the 6 month period following uploading document.
 - 3.3. Number of website hits to HP-source to access or download specified documentation (laws and infrastructures), with where possible information on country of origin. Target: 200 hits per month for the 6 month period following completion of entered information.
 4. Report on impact of policies and programmes to create safer drinking environments:
 - 4.1. Peer review and expert comments. Target: Peer review to the standard of an international scientific journal in the addictions field.
 - 4.2. Number of electronic copies disseminated, including geographical and professional coverage. Target: Numbers of people for dissemination include EU level (30), country level (250), regional level (75) and municipal level (200).
 - 4.3. Number of website hits to download document, with where possible information on country of origin. Target: 300 hits per month for the 6 month period following uploading document.
 5. Best practices to create safer drinking environments
 - 5.1. Number of practices identified broken down by geographical and work place setting coverage. Target: 40 practices from at least 19 countries.
 - 5.2. Number of website hits to download specified best practices, with where possible information on country of origin. Target: 300 hits per month for the 6 month period following uploading document.
 - 5.3. Number of website hits to HP-source to access or download specified documentation (laws and infrastructures), with where possible information on country of origin. Target: 200 hits per month for the 6 month period following completion of entered information.
 6. Best practices for the regulation of the volume and content of alcohol advertisements
 - 6.1. Peer review and expert comments. Target: Peer review to the standard of an international scientific journal in the addictions field.
 - 6.2. Number of electronic copies disseminated, including geographical and professional coverage. Target: Numbers of people for dissemination include EU level (30), country level (250), and regional level (75).
 - 6.3. Number of website hits to download document, with where possible information on country of origin. Target: 150 hits per month for the 6 month period following uploading document..

- 6.4. Number of practices identified broken down by geographical and work place setting coverage. Target: 20 practices from at least 15 countries.
- 6.5. Number of website hits to download specified best practices, with where possible information on country of origin. Target: 150 hits per month for the 6 month period following uploading document.
- 6.6. Number of website hits to HP-source to access or download specified documentation (laws and infrastructures), with where possible information on country of origin. Target: 100 hits per month for the 6 month period following completion of entered information.
7. Best practices for monitoring and adherence of regulation of alcohol advertisements
 - 7.1. Peer review and expert comments. Target: Peer review to the standard of an international scientific journal in the addictions field.
 - 7.2. Number of electronic copies disseminated, including geographical and professional coverage. Target: Numbers of people for dissemination include EU level (30), country level (250), and regional level (75). Number of website hits to download document, with where possible information on country of origin. Target: 150 hits per month for the 6 month period following uploading document..
 - 7.3. Number of practices identified broken down by geographical and work place setting coverage. Target: 20 practices from at least 15 countries.
 - 7.4. Number of website hits to download specified best practices, with where possible information on country of origin. Target: 150 hits per month for the 6 month period following uploading document..
 - 7.5. Number of website hits to HP-source to access or download specified documentation (laws and infrastructures), with information on country of origin. Target: 100 hits per month for the 6 month period following completion of entered information..
8. Report on mechanisms to track the volume of commercial communications
 - 8.1. Peer review and expert comments. Target: Peer review to the standard of an international scientific journal in the addictions field.
 - 8.2. Number of electronic copies disseminated, including geographical and professional coverage. Target: Numbers of people for dissemination include EU level (30), country level (250), and regional level (75).
 - 8.3. Number of website hits to download document, with information on country of origin. Target: 150 hits per month for the 6 month period following completion of entered information.

2.4. Rationale and relative merits of the project

Alcohol is a major health determinant in the European Union, responsible for 7.4% of all ill health and premature death and costing the Union some €125bn each year, of which some €60bn are costs to the workplace and lost productivity, and an impediment to the achievement of the objectives of the Lisbon strategy for a productive Europe (Anderson & Baumberg 2006, http://ec.europa.eu/health-eu/news_alcoholineurope_en.htm). All ages are affected by alcohol's burden, but the young shoulder a disproportionate share, with 27% of all male death and 11% of all female death in the age group 15-29 years being due to alcohol, largely from accidents and injuries. The European Commission's Communication on alcohol launched at the end of 2006, included, amongst other objectives, the need to protect young people, children and the unborn child; to reduce injuries and death from alcohol-related road accidents; and to prevent alcohol-related harm among adults and reduce the negative impact on the workplace

http://ec.europa.eu/health/ph_determinants/life_style/alcohol/documents/alcohol_com_62_5_en.pdf. The Commission's strategy to support Member States in reducing alcohol related harm proposes a number of measures based on the evidence for effective policy (see Anderson & Baumberg 2006). Much of the intentional and unintentional injuries related to alcohol consumption are associated with drinking venues and can be prevented through the creation of safer drinking environments. Both the acute and long term effects of alcohol reduce productivity and economic efficiency at the work place which can be reduced through appropriate work place policies and preventive programmes. There is now a stronger evidence base which shows that exposure to commercial communications increases the likelihood that young people start to drink and drink more heavily (Anderson 2007: http://www.stap.nl/content/bestanden/elsa_4_report_on_impact.pdf). Thus, best practices that reduce exposure of commercial communications to young people are likely to reduce harm.

The project aims to build capacity at European, country, regional and municipal levels to reduce the harm done by alcohol through the coordinated identification of best practices and experiences in work-place strategies to reduce the impact of harmful and hazardous alcohol consumption on the economy (e.g. reduce absenteeism, drinking during working hours, working with a hangover and unemployment); by networking, evaluating and collecting best practices on well-resourced community mobilization and intervention projects, involving different sectors and partners to create safer drinking environments; and by supporting development of best practice in advertising, self regulation and monitoring, all of which are the content of the present proposal. Best practices and experiences will be identified through systematic searches of the published scientific literature and collation and analyses of best practices and relevant laws and infrastructures identified by country patterns from minimal 19 countries, according to a proven and experienced template and methodology. The results will be placed on the project's website and actively disseminated through a structured communication plan to the target group of the project (professionals responsible for the three topic areas at different levels). The project meets the expressed needs of the Public Health Programme and fully supports the Commission in the implementation of its Communication on alcohol. By combining the three topics in a coordinated project according to a standardized methodology, the project not only supports a coordinated approach to alcohol policy making, but provides added value through a highly efficient use of resources.

The FASE project is innovative and provides added value in that it uses a similar methodology to identify the evidence base and best practices to reduce alcohol-related harm through safer drinking environments, healthier work places and the appropriate regulation of the content and volume of commercial communications on alcohol. To date, no such documentation and database exists for the policy and prevention topics covered by the project. The project builds on existing actions and experiences, including the Pathways for Health project, which has collected experiences and best practices on binge drinking, drinking and driving and labelling of alcohol products http://www.dhs.de/web/dhs_international/pathways.php, managed by the DHS, the leader of work package 4, and the ELSA project monitoring the regulation of alcohol advertisements (http://www.stap.nl/elsa/elsa_project/introduction.html), managed by STAP, the present applicant. The implementation of effective alcohol policy requires coordinated and complimentary approaches, with no particular policy being implemented in isolation of another. It is for this reason that the FASE project provides innovation in identifying the evidence base and examples of best practice across Europe. A coordinated and combined approach provides added value for money, since it is a more efficient and

cost effective way to collect the data, ensuring a high quality of data collection and reporting. Further the project builds on to and links with existing activities in the area, including the Building Capacity project, co-financed by the European Commission (<http://www.ias.org.uk/buildingcapacity/index.html>).

3. EXPECTED RESULTS

3.1. Outcomes

It is hoped that the project and its outputs (which are listed in section 3.2 below) will contribute to the following long-term outcomes:

1. Increased productivity at the workplace resulting from reduced alcohol-related absenteeism and premature unemployment
2. Reduced alcohol-related ill-health and accidents at the work place
3. Safer drinking environments
4. Reduced consequences of alcohol intoxication and heavy drinking, including alcohol-related accidents and injuries, alcohol-related interpersonal violence, and alcohol-related crime
5. Improved protection of young people following stricter regulation of the volume and content of alcohol advertisements
6. Delayed onset of age of first drinking, and reduced volume of alcohol consumption and reduced volume per drinking occasion amongst young people following stricter regulation of the volume and content of alcohol advertisements

3.2. Outputs

1. A report of the public health importance and the evidence for effectiveness of work place policies and programmes to reduce alcohol-related harm, supporting an objective of the Commission's Communication on Alcohol to prevent alcohol-related harm among adults and reduce the negative impact on the workplace.
2. An accessible data base and inventory of examples of innovative and good practice and experience, including relevant laws and regulations collected from Member States of good practices at the work place to reduce alcohol-related harm to build capacity and to support the sharing of good practices between Member States
3. A report of the public health importance and the evidence for effectiveness of policies and programmes to reduce alcohol-related harm in drinking environments, supporting objectives of the Commission's Communication on Alcohol to protect young people and to prevent alcohol-related harm among adults.
4. An accessible data base and inventory of examples of innovative and good practice and experience, including relevant laws and regulations collected from Member States of good practices to reduce alcohol-related harm in drinking environments to build capacity and to support the sharing of good practices between Member States
5. An accessible data base and inventory of examples of innovative and good practice and experience, including relevant laws and regulations collected from Member States of good practices to regulate the volume and content of alcohol advertisements harm to build capacity and to support the sharing of good practices between Member States
6. A report on good practices to regulate the volume and content of alcohol advertisements harm to build capacity and to support the sharing of good practices between Member States
7. An accessible data base and inventory of examples of innovative and good practice and experience, including relevant laws and regulations collected from Member States of good practices to monitor the adherence of regulations of alcohol advertisements harm to build capacity and to support the sharing of good practices between Member States
8. A report on good practices to monitor the adherence of regulations of alcohol advertisements harm to build capacity and to support the sharing of good practices between Member States
9. Report on mechanisms to track the volume of commercial communications supporting an objective of the Commission's Communication on Alcohol to protect young people and children.

3.3. Deliverables

"Deliverables identified in the following table shall be submitted within 1 respectively 2 months of the indicated delivery date."

Deliverable No.	Deliverable Title	Delivery date	Nature	Confidentiality level	Dissemination
D1.	Website for dissemination	M3	Website	Public	The project website will have a suite of three linked websites; the project website hosted by STAP; the Pathways for Health project website to host the examples of best practice, and the HP-Source website to host the laws and regulations. Users of the website will be able to move seamlessly from one website to the other.
D2.	Content design of the work	M3	Report	Public	The content design will be placed on the project website
D3.	Dissemination plan	M3	Report	Confidential	The dissemination plan will be made available to project partners and PHEA
D4.	Interim technical and financial report	M12+2	Report	Confidential	The final report will be made available to the Public Health Executive Agency of the Commission, relevant DG SANCO staff, and the partners of the project.
D5.	Collection best practices of work place policies	M18	Web-based database	Public	A list serve and websites will be identified of organizations involved in work place and labour policy, at relevant European, country, regional and municipal levels. A targeted strategy will disseminate electronic copies of the report of best practices and links to the list serve and websites.

D6.	Collection of examples of best practices in drinking environments	M18	Web-based database	Public	A list serve and websites will be identified of organizations involved in licensing and enforcement of laws, and the pub and bar sector at relevant country, regional and municipal levels. A targeted strategy will disseminate electronic copies of the best practices.
D7.	Collection of best practices of regulation of the volume and content of alcohol advertisements	M18	Web-based database	Public	A list serve and websites will be identified of organizations involved in marketing and advertising, including regulatory bodies at European and country levels. A targeted strategy will disseminate electronic copies of the best practices.
D8.	Collection of best practices of monitoring the adherence of regulation of alcohol advertisements	M18	Web-based database	Public	A list serve and websites will be identified of organizations involved in marketing and advertising, including regulatory bodies at European and country levels. A targeted strategy will disseminate electronic copies of the best practices.
D9.	Report on the impact of work place policies	M21	Report	Public	A list serve and websites will be identified of organizations involved in work place and labour policy, at relevant European, country, regional and municipal levels. A targeted strategy will disseminate electronic copies of the report and links to the list serve and websites.
D10.	Report on reducing harm in drinking environments	M21	Report	Public	A list serve and websites will be identified of organizations involved in licensing and enforcement of laws, and the pub and bar sector at relevant country, regional and municipal levels. A targeted strategy will disseminate electronic copies of the report and links to the list serve and websites.

D11.	Report on best practice to regulate the volume and content of alcohol advertisements	M24	Report	Public	A list serve and websites will be identified of organizations involved in marketing and advertising, including regulatory bodies at European and country levels. A targeted strategy will disseminate electronic copies of the report.
D12.	Report on best practice to monitor the adherence of regulations of alcohol advertisements	M24	Report	Public	A list serve and websites will be identified of organizations involved in marketing and advertising, including regulatory bodies at European and country levels. A targeted strategy will disseminate electronic copies of the report.
D13.	Report on mechanisms to track the volume of commercial communications and youth exposure	M24	Report	Public	A list serve and websites will be identified of organizations involved in marketing and advertising, including regulatory bodies at European and country levels. A targeted strategy will disseminate electronic copies of the report.
D14.	Evaluation report	M24	Report	Confidential	The evaluation report will be made available to the Public Health Executive Agency of the Commission, relevant DG SANCO staff, and the partners of the project.
D15.	Final technical and financial report	M24+2	Report	Confidential	The final report will be made available to the Public Health Executive Agency of the Commission, relevant DG SANCO staff, and the partners of the project.

4. METHODOLOGY

4.1. Methods used, references, significances

The means to achieve the project objectives for each of the work packages will be similar and include three main methods: systematic reviews; collection of best practices, laws and infrastructures; and preparing recommendations. Systematic reviews will be undertaken of the international literature to identify evidence-based interventions and policies to reduce harm in drinking environments (WP5), to create safer work places (WP4) and to implement more effective regulation of alcohol advertisements (WP6). The reviews will be undertaken with search strategies implemented through a variety of electronic bibliographic databases (e.g. MEDLINE). Abstracts retrieved through the search strategies will be assessed to identify studies providing evidence of effective interventions and experiences. The exact search terms and search engines will be discussed and agreed at the first management meeting of the project to ensure a common and standardized approach across the three technical work packages. Findings will be collated into reports written in English, providing the evidence base and experiences for what works in reducing alcohol-related harm for each of the three topic areas. The reports will be voluntarily peer reviewed by a number of selected scientists who will be proposed at the first management group meeting. Five technical reports will be produced, as identified as deliverables: Report on the impact of work place policies; Report on reducing harm in drinking environments; Report on best practice to regulate the volume and content of alcohol advertisements; Report on best practice to monitor the adherence of regulations of alcohol advertisements' and Report on mechanisms to track the volume of commercial communications and youth exposure.

Collation of European examples of best practice and laws and infrastructures will be gathered from partner agencies in European and international networks, including the Alcohol Policy Network of the Commissioned co-financed Building capacity project, the network of the ELSA project on alcohol advertisements, and specialized networks on safer drinking environments (e.g. Club Health, <http://www.clubhealth.org.uk/conference/>), and work places. In this way, groups of relevant country partners will be identified in all 19 European partner countries. A questionnaire will be developed and disseminated to partner agencies in all the countries to gather detailed information on interventions and the outcomes of evaluations. The target is to achieve a minimum of 20 for each of the four topic areas listed as D5 to D8. The detailed methodology the project descriptors and the classification system of the projects will be decided at the first management group meeting, based on the experience of the Pathways for Health project, to determine standardization across the three technical work packages. The following elements will be used to assess the quality of the collected examples of good practices: needs assessment; accessibility; setting approach; collaborative capacity building and partnership; evaluation; sustainability; transferability; availability of results, documents, etc.; and transparency of the funding and support.

Information will be stored on both the PhP database and the HP-Source database of infrastructures and be freely accessible online. The information gathered through the literature searches and the best practices will be used to prepare recommendations for each of the three topic areas, and will be targeted at both policy makers and practitioners through the project's website.

Two meetings of the associated partners will take place (management group meetings), one at M3, and one at M18. At the first meeting, the detailed methodologies of the whole

project and its work packages will be discussed, revised if necessary and agreed. The relevant search terms and search engines for the systematic reviews will be agreed, and the final methodologies for collecting the examples of best practices, and the documentation of relevant laws and infrastructures discussed and agreed. The meeting will produce a content design of the work to be undertaken in the technical work packages (work places, drinking environments and regulation of advertising), documenting the agreed methodologies to be used. The search terms will be built on and extended from the search terms used by identified systematic reviews (e.g., from the Cochrane Library), as well as from published reports of related EC-co financed projects, including the impact report of the ELSA project on the impact of advertising, the Alcohol in Europe report, and the reports of the Pathways for Health project on drink driving, binge drinking and consumer labelling, all of which used standard systematic search terms, commonly used in systematic reviews of the Cochrane Library. Search engines will include PubMed, MEDLINE, PsychINFO, and Google scholar. Examples of best practice will be collected using a standardized enquiry form, collecting data on the name of the collected programme/project/practice, the level (country, regional, municipal), why it was chosen, who funded it, who implemented it, what year it started, the main aims and objectives, how it was developed (did it start as a pilot project in one part of the country, or was it implemented countrywide; was it transferred from another country), who is the target group (age group, gender group etc), what are the main elements or components (change in law, education campaign etc), has it been evaluated, what are the main results, what were the pre-conditions for success, what were the main lessons to be learnt, a website or contact organization or person to find out more information, and full reference details of any published papers and reports. Laws and infrastructures to implement and monitor the laws will be collected and inputted into the HP-Source database, with quality control checked by pedigree documentation of the relevant law and infrastructures. At the second meeting, the collated examples of best practices, laws and infrastructures will be assessed and the drafts of the reports reviewed. A network meeting at M18, the collaborating partners will be informed about the preliminary results of the project.

4.2. Analysis of the risks and contingency planning

The project involves preparing 3 reports to peer reviewed standards and 4 collections of examples of best practices. It is envisaged that little risk is involved in the literature searches and the preparation of the reports, since the three partner organizations have considerable experience in achieving these tasks. The collection of the best practices and the completing of the HP-source database of infrastructures requires the voluntary commitment and motivation of the project's partners. The risk is that the partners prove unable or eventually unwilling to deliver on identifying best practices. The risk is minimized since websites and templates for collecting the information have been previously designed to minimize efforts of data collection in the PhP, ELSA and BtG projects. Further most of the partners have had previous experience in data collection, and members of the Alcohol Policy Network are committed to this work as part of Building Capacity in their own countries.

4.3. Work package overview

<i>Work-package (WP) No</i>	<i>Work package title</i>	<i>Lead partner</i>	<i>Number of person days¹</i>	<i>Global cost (€)</i>	<i>Starting date</i>	<i>Ending date</i>	<i>Deliverable No</i>
WP 1	Coordination of the project	National Foundation for Alcohol Prevention (STAP)	95	60935,01	1	24	D2 D4 D13 D15
WP 2	Dissemination of the results	National Foundation for Alcohol Prevention (STAP)	58	43313,50	3	24	D1 D3
WP 3	Evaluation of the project	National Foundation for Alcohol Prevention (STAP)	20	10410,00	1	24	D14
WP 4	Work Places	German Centre for Addiction Issues (DHS)	274	71230,00	1	21	D5 D9
WP 5	Drinking Environments	Liverpool John Moores University (LJMU)	259	81410,00	1	21	D6 D10
WP 6	Advertising	National Foundation for Alcohol Prevention (STAP)	259	70390	1	24	D7 D8 D11 D12 D13

¹ Including 40 subcontracting days by DHS.

TOTAL	965	336.688,51
		+ 7% overhead:
		360.256,70

4.4. Time schedule

Work package	M 1	M 2	M 3	M 4	M 5	M 6	M 7	M 8	M 9	M 10	M 11	M 12	M 13	M 14	M 15	M 16	M 17	M 18	M 19	M 20	M 21	M 22	M 23	M 24	M 24+1	M 26+2	
WP 1		MC	TR											AR				N									AR
WP 2			W															MC									
WP 3			TR																								
WP 4																					TR						
WP 5																					TR						
WP 6																											

N, Network meetings
 AR, Administrative Report
 W, Launch of website
 ER, Evaluation Report
 MC, Management Committee
 D, Launch of database
 TR, Technical and Financial Report

5. WORK PACKAGES DESCRIPTION

5.1. Work package n° 1: Coordination of the project

5.1.1. *List of partners involved*

Lead Partner
National Foundation for Alcohol Prevention, Netherlands (STAP)
Associated partners
German Centre for Addiction Issues, Germany (DHS)
Liverpool John Moores University, United Kingdom (LJMU)
Danish Alcohol Policy Network, Denmark (Landsraadet)
University of Bergen, Norway (UiB)

STAP will provide 20 days of senior management time, and 60 days of administrative time to manage and coordinate the project. This will be supplemented with 10 days of senior international research and management time to oversee the coordination and integration of the three technical work packages from the perspectives of science and policy, between package consistency, and tone and content of the reports, recommendations, and collection of good practices, and to provide quality control checks for all the deliverables of all the work packages. Resources are allocated for the costs of one network meeting of 30 participants.

5.1.2. *Description of the work*

The project will be coordinated by the National Foundation for Alcohol Prevention (STAP). STAP will:

- Provide overall coordination and management of the project;
- Create a project management structure (the Management team). Project management will be based on the principles of rapid, direct and open communication, mediation and consensus.
- Liaise with all the partners of the project and work package leaders;
- Liaise with the European Commission;
- Liaise with other relevant European and international organizations;
- Convene a network meeting of all the country partners; and
- Write an interim and a final technical, administrative and financial report.

The Management team will comprise the project coordinator, other relevant staff of STAP, and the Work Package leaders. Operational decisions will be the responsibility of the Work Package Leaders, while day to day management will be the responsibility of the project coordinator and management team. The Management team will be responsible for ensuring that the deliverables are delivered on time and that the project is executed within budget. The management team will liaise with the country partners regularly through e-mail to ensure timely delivery of the deliverables.

The management team will physically meet twice, first at the time of the kick-off of the project (M3), and secondly at M18. Between the two meetings, and after the second meeting, the management team will hold telephone conference calls every two or three months as needed, and will communicate informally through telephone and e-mail between telephone conference calls.

The purpose of the first meeting, which will be attended by 10 people, will be to become fully informed of the structure and sequence of the project. The detailed methodologies of the whole project and its work packages will be discussed, revised if necessary and agreed. The relevant search terms and search engines for the systematic reviews will be agreed, and the final methodologies for collecting the examples of best practices, and the documentation of relevant laws and infrastructures discussed and agreed. The meeting will produce a content design of the work to be undertaken in the technical work packages (work places, drinking environments and regulation of advertising), documenting the agreed methodologies to be used.

The purpose of the second meeting, which will be attended by 10 people, will be to review the progress of the project, to assess the collated examples of best practices, laws and infrastructures, and to review the drafts of the reports. The in-between and subsequent telephone conference calls will be to monitor the progress and budget of the project, identify and resolve any difficulties and to prepare and finalize the necessary project reports.

The network meeting will be held in M18, at the time of the 2nd management group meeting. The purpose of the network meeting will be to inform the collaborating partners about the preliminary results of the project. Data collected by the collaborating partners will be used to compare practices in European countries and regions and to describe good practices. In this network meeting, recommendations for policy will be discussed which the stakeholders can use to influence policy within their own country.

5.1.3. *Milestones*

Date	Milestone
M3	Management committee meeting (Utrecht)
M18	Management committee meeting (Amsterdam)
M18	Network meeting (Amsterdam)

5.1.4. *Deliverables*

D No.	Deliverable
D2	Content design of the work
D4	Interim technical and financial report
D13	Final technical and financial report

5.2. Work package n° 2: Dissemination of the results

Lead Partner
National Foundation for Alcohol Prevention, Netherlands (STAP)
Associated partners
German Centre for Addiction Issues, Germany (DHS)
Liverpool John Moores University, United Kingdom (LJMU)
Danish Alcohol Policy Network, Denmark (Landsraadet)
University of Bergen, Norway (UiB)

STAP will provide 30 days and DHS 22 days of coordination time to oversee and manage the dissemination. UiB will provide 6 days of web-based support to manage dissemination through HP-Source.

5.2.1. Overall strategy and methods

The overall strategy is to ensure that information about and the main findings of the project (all relevant reports, examples of best practices, and relevant laws and infrastructures) are actively disseminated, along with relevant key findings and implications for policy and programme development, to those responsible for alcohol policy and programme development, particularly in the fields of work places, drinking environments and advertising regulations at the European, country, regional and municipal levels, in order to help build the capacity and knowledge of such personnel in making informed and evidence-based decisions. Dissemination of the results of the project will be coordinated by STAP, (see http://www.stap.nl/elsa/elsa_project/introduction.html), which has a proven track record in web site design, in partnership with the DHS, which hosts the Pathways for Health Project website (http://www.dhs.de/web/dhs_international/pathways.php), and UiB, (http://www.hp-source.net/index.html?mode=DATABASES_BTG), which hosts the HP-Source website of infrastructures for alcohol policy, and the Centre for Public Health of Liverpool John Moores University (LJMU) <http://www.cph.org.uk/>.

All the outputs of the project, including all the relevant deliverables, meetings minutes, presentations and reports will be placed on a web site hosted by STAP on an ongoing and regular basis. Links will be made with the web sites of the associated and collaborating partners, ensuring links from other web sites into the project web site. An active dissemination strategy will be made to disseminate electronic copies of the reports and the links to the project related websites to an identified list of relevant stakeholders at European, country, regional and municipal levels.

5.2.2. Objectives

1. To place all the publicly available reports of the project as downloadable files on the project and associated partners' websites
2. To place all the collected examples of good practices as downloadable files and associated partners' websites, including the DHS' Pathways for Health project's website, which stores examples of good practice in relation to binge drinking, drink driving and consumer labelling

3. To place all the relevant collected laws and infrastructures in the HP-source website
4. To disseminate electronic copies of the reports to an identified list of stakeholders

5.2.3. Description of the dissemination work

The WP leader will draw up a dissemination plan in collaboration with the partners. The results and deliverables of the project will be made available and actively disseminated electronically to relevant stakeholders and a wider audience as listed in 5.2.6 below. Through informal interviews and networking, an analysis of their needs for dissemination will be made. It is envisaged that a dissemination plan will include identification of relevant stakeholder and partner organizations working in governmental and non-governmental organizations and the private sector relevant to the project (for example, those responsible for work place and labour policy, representatives of human resource organizations, those responsible for licensing the availability of alcohol, and for enforcing safer drinking environments and those responsible for regulating and monitoring alcohol advertisements). Lists at the European, country, regional and municipal levels will be created and appropriate websites of partner and other organizations identified. The electronic copies of all the publicly available reports will be actively disseminated to the individuals on the list serves. The outcomes of the project will be placed on a website hosted by STAP, PhP and HP-source websites, with relevant links from the partner organizations and from the website of the Commission co-financed Building Capacity project. The key results of the project will be translated through the development of key messages to the relevant target groups, giving information of why the topic is important to them, and how the information can be used to further enhance the work of the target groups. The messages will be delivered at the end of the project, once all the information is collected and analyzed. The messages will be delivered electronically to the individuals on the list serves. By using the websites of long standing organizations and project (for example the DHS for the PhP project, STAP for the ELSA project, and the HP-source website) will allow sustainability of the results and the opportunity for updating the database at future intervals.

5.2.4. Milestones

Date	Milestone
M3	Launch of project website

5.2.5. Deliverables

D No.	Deliverable
D1	Website for dissemination
D3	Dissemination Plan

5.2.6. List of stakeholders

Stakeholders will include:

- Partners of the FASE project
- Members of the Alcohol Policy Network

- Alcohol policy advisers and experts from governmental and non-governmental organizations
- Health promotion bodies
- Public health bodies
- Research organizations
- Programme implementers and advocates working in the private sector, and governmental and non-governmental organizations at international, European, country, regional and municipal levels.
- Multi-professional and inter-sectoral coalitions from countries, regions and municipalities in governmental and NGO sectors.
- Member organizations of Assembly of European regions targeted at staff with responsibility for health policies and programmes
- European municipalities, targeted at staff with responsibility for health policies and programmes

5.3. Work package n° 3: Evaluation of the project

5.3.1. *List of parties involved*

Lead Partner
National Foundation for Alcohol Prevention, Netherlands (STAP)
Associated partners
German Centre for Addiction Issues, Germany (DHS)
Liverpool John Moores University, United Kingdom (LJMU)
Danish Alcohol Policy Network, Denmark (Landsraadet)
University of Bergen, Norway (UiB)

STAP will provide 20 days of coordination and research time to oversee and manage the evaluation of the project.

5.3.2. *Description of the work and methodologies*

Process evaluation:

A comprehensive and detailed description of how the project was set up and managed at the European and country levels, will be undertaken through analysis of meeting notes and minutes, review of the project deliverables, questionnaires and interviews with the project's partners and key target groups, and an assessment of the quality of information provided by the partners of the project. The process evaluation will be based upon a case study evaluation methodology, treating the case as one of intrinsic interest, rather than being generalisable to a larger type. The evaluation will describe the experience and views of the evaluator and project participants. In practice this will mean that the project and its surrounding context will be investigated using multiple methods, namely: Network survey of all the project members, undertaken in a way to ensure anonymity and maximise response rates; Depth interviews: a series of depth interviews with the staff who were involved in running the project over; Informal interviews with project members at appropriate meetings; Written documentation produced in the course of the project, including the original project outline, minutes of meetings, and the interim report; Participant observation of the evaluator throughout the project; and Respondent validation: project staff and project members will be invited to comment on a draft version of the evaluation report.

Output evaluation

The content of the reports, the collected best practices, and the Pathways for Health and HP-Source websites will all be reviewed by external reviewers for scientific accuracy, readability, usability and ease of access. An assessment of the achievement of the targets derived for the indicators will be made based on the following targets:

1. Dissemination of findings
 - 1.1. Target numbers of people for dissemination include EU level (30), country level (250), regional level (75) and municipal level (200).
2. Report on impact of work place policies and programmes:
 - 2.1. Target numbers of people for dissemination include EU level (30), country level (250), regional level (75) and municipal level (200).

- 2.2. Target 300 website hits per month.
3. Best practices at the work place:
 - 3.1. Target is 40 practices from at least 19 countries.
 - 3.2. Target 300 hits per month.
 - 3.3. Target 200 hits per month to HP-Source.
4. Report on impact of policies and programmes to create safer drinking environments:
 - 4.1. Target numbers of people for dissemination include EU level (30), country level (250), regional level (75) and municipal level (200).
 - 4.2. Target 300 hits per month.
5. Best practices to create safer drinking environments
 - 5.1. Target is 40 practices from at least 19 countries
 - 5.2. Target 300 hits per month.
 - 5.3. Target 200 hits per month to HP-Source.
6. Best practices for the regulation of the volume and content of alcohol advertisements
 - 6.1. Target numbers of people for dissemination include EU level (30), country level (250), and regional level (75).
 - 6.2. Target 150 hits per month.
 - 6.3. Target: 20 practices from a minimum of 15 countries
 - 6.4. Target 150 hits per month.
 - 6.5. Target 100 hits per month to HP-Source.
7. Best practices for monitoring and adherence of regulation of alcohol advertisements
 - 7.1. Target numbers of people for dissemination include EU level (30), country level (250), and regional level (75).
 - 7.2. Target 150 hits per month, from a minimum of 19 countries.
 - 7.3. Target: 20 practices from a minimum of 15 countries
 - 7.4. Target 150 hits per month, from a minimum of 19 countries.
 - 7.5. Target 100 hits per month, from a minimum of 19 countries.
8. Report on mechanisms to track the volume of commercial communications
 - 8.1. Target numbers of people for dissemination include EU level (30), country level (250), and regional level (75).
 - 8.2. Target 150 hits per month, from a minimum of 19 countries.

Outcome evaluation

The long-term hoped for outcomes of the project include increased productivity at the workplace resulting from reduced alcohol-related absenteeism and premature unemployment; reduced alcohol-related ill-health and accidents at the work place; safer drinking environments; reduced consequences of alcohol intoxication and heavy drinking, including alcohol-related accidents and injuries, alcohol-related interpersonal violence, and alcohol-related crime; improved protection of young people following stricter regulation of the volume and content of alcohol advertisements; delayed onset of age of first drinking, and reduced volume of alcohol consumption and reduced volume per drinking occasion amongst young people following stricter regulation of the volume and content of alcohol advertisements. These long-term outcomes will be difficult to evaluate during the short timeframe of the project. Three intermediate measures will be evaluated. First, the dissemination reach will be evaluated describing the extent to which the reports, examples of best practice, and inventory of laws and infrastructures have been disseminated to the appropriate target groups. Second, hits to the websites, and the numbers of downloaded documents will be measured, with summary statistics of country of origin of the hits. Third, a survey of relevant stakeholders (taken from 5.2.5) will be undertaken measuring the intent of modifying existing policies and practices.

5.3.3.

Deliverables

D No.	Deliverable
D14	Evaluation report

5.4. Work package n° 4: Work places

5.4.1. *List of partners involved*

Lead Partner
German Centre for Addiction Issues, Germany (DHS)
Associated partners
University of Bergen, Norway (UiB)

DHS will provide 230 days of coordination and research time to assist in the literature searches, and oversee and manage the collection of best practices and the laws and infrastructures for the PhP and HP-source databases. DHS will sub-contract 40 days of senior research and alcohol policy expertise time to prepare the report and recommendations. UiB will provide 4 days database officer time to manage the HP-source database.

5.4.2. *Objectives*

To report on the impact of work place policies and programmes to reduce the harm done by alcohol to the economy

To identify and collate best practices at the work place to reduce the harm done by alcohol to the economy

5.4.3. *Description of the work*

Implementation of the work package will be modelled on methodology used in the Pathways for Health project (http://www.dhs.de/web/dhs_international/pathways.php), and involve:

1. A systematic review will be undertaken of the international literature to document and summarize the existing literature on the impact of work place policies and programmes to reduce the harm done by alcohol to the economy, including reduced absenteeism, drinking during working hours, working with a hangover and unemployment.
 - 1.1. The review will be undertaken using keywords and search strategies implemented through a variety of electronic bibliographic databases (e.g. MEDLINE)
 - 1.2. Abstracts retrieved through the search strategy will be assessed to identify rigorous key studies providing evidence of effective interventions
 - 1.3. Findings will be collated into a report providing the evidence base for what works in reducing alcohol-related harm in work places.

The search terms will be built on and extended from the search terms used by identified systematic reviews (e.g., from the Cochrane Library), as well as from published reports of related EC-co financed projects, including the impact report of the ELSA project on the impact of advertising, the Alcohol in Europe report, and the reports of the Pathways for Health project on drink driving, binge drinking and consumer labelling, all of which used standard systematic search terms, commonly used in systematic reviews of the

Cochrane Library. Search engines will include PubMed, MEDLINE, PsychINFO, and Google scholar.

2. Collation of European examples of best practices and related laws and infrastructures in work-place strategies to reduce the impact of harmful and hazardous alcohol consumption on the economy (e.g. reduce absenteeism, drinking during working hours, working with a hangover and unemployment).
 - 2.1. Information will be gathered from partner agencies in European and international networks (e.g. Building Capacity project).
 - 2.2. A questionnaire will be developed and disseminated to partner agencies to gather detailed information on interventions and the outcomes of evaluations.
 - 2.3. Information will be stored in the PhP and HP-source databases and be freely accessible online.

Examples of best practice will be collected using a standardized enquiry form, collecting data on the name of the collected programme/project/practice, the level (country, regional, municipal), why it was chosen, who funded it, who implemented it, what year it started, the main aims and objectives, how it was developed (did it start as a pilot project in one part of the country, or was it implemented countrywide; was it transferred from another country), who is the target group (age group, gender group etc), what are the main elements or components (change in law, education campaign etc), has it been evaluated, what are the main results, what were the pre-conditions for success, what were the main lessons to be learnt, a website or contact organization or person to find out more information, and full reference details of any published papers and reports. Laws and infrastructures to implement and monitor the laws will be collected and inputted into the HP-Source database, with quality control checked by pedigree documentation of the relevant law and infrastructures. The following elements will be used to assess the quality of the collected examples of good practices: needs assessment; accessibility; setting approach; collaborative capacity building and partnership; evaluation; sustainability; transferability; availability of results, documents, etc.; and transparency of the funding and support.

3. Development of recommendations for effective prevention of harm in work places
 - 3.1. The information gathered in points 2 and 3 will be utilised to prepare recommendations on the development and implementation of evidence-based interventions to reduce harm in work places.
 - 3.2. These recommendations will be targeted at both policy makers and practitioners and will be published on the PhP and HP-Source websites.

The search strategies, the criteria for retrieving abstracts, the language of the search, how best practices will be identified, the definition of 'best' etc. will all be proposed, discussed and agreed between the work package leaders at the first management group meeting of the project, also to ensure standardization of methodologies for the three topic areas (WPs 4,5 and 6).

5.4.4. *Deliverables and links with other work packages*

D No.	Deliverable
D5	Collection of best practices and infrastructures of work place

	policies
D9	Report on the impact of work place policies, with recommendations

The work package will coordinate with work package 5 on drinking environments and work package 6 on advertising in the collection of best practices. The deliverables of the work package will be used for dissemination in work package 2.

5.5. Work package n° 5: Drinking environments

5.5.1. *List of partners involved*

Lead Partner
Liverpool John Moores University, United Kingdom (LJMU)
Associated partners
University of Bergen, Norway (UiB)

LJMU will provide 255 days of coordination and research time to undertake the literature reviews, prepare the report and recommendations, and oversee and manage the collection of best practices and the laws and infrastructures for the PhP and HP-source databases. UiB will provide 4 days database officer time to manage the HP-source database.

5.5.2. *Objectives*

To report on the impact of policies and programmes to create safer drinking environments

To identify and collate best practices to create safer drinking environments

5.5.3. *Description of the work*

Implementation of the work package will be modelled on methodology used in the Pathways for Health project (http://www.dhs.de/web/dhs_international/pathways.php), and involve:

1. A systematic review will be undertaken of the international literature to identify evidence-based interventions and policies to reduce harm in drinking environments.
 - 1.1. The review will be undertaken using keywords and search strategies implemented through a variety of electronic bibliographic databases (e.g. MEDLINE)
 - 1.2. Abstracts retrieved through the search strategy will be assessed to identify rigorous key studies providing evidence of effective interventions
 - 1.3. Findings will be collated into a report providing the evidence base for what works in reducing alcohol-related harm in drinking environments.

The search terms will be built on and extended from the search terms used by identified systematic reviews (e.g., from the Cochrane Library), as well as from published reports of related EC-co financed projects, including the impact report of the ELSA project on the impact of advertising, the Alcohol in Europe report, and the reports of the Pathways for Health project on drink driving, binge drinking and consumer labelling, all of which used standard systematic search terms, commonly used in systematic reviews of the Cochrane Library. Search engines will include PubMed, MEDLINE, PsychINFO, and Google scholar.

2. Collation of European examples of best practices and related laws and infrastructures related to reducing alcohol-related harm in drinking environments.
 - 2.1. Information will be gathered from partner agencies in European and international networks (e.g. Building Capacity project and Club Health).
 - 2.2. A questionnaire will be developed and disseminated to partner agencies to gather detailed information on interventions and the outcomes of evaluations.
 - 2.3. Information will be stored in the PhP and HP-source databases and be freely accessible online.

Examples of best practice will be collected using a standardized enquiry form, collecting data on the name of the collected programme/project/practice, the level (country, regional, municipal), why it was chosen, who funded it, who implemented it, what year it started, the main aims and objectives, how it was developed (did it start as a pilot project in one part of the country, or was it implemented countrywide; was it transferred from another country), who is the target group (age group, gender group etc), what are the main elements or components (change in law, education campaign etc), has it been evaluated, what are the main results, what were the pre-conditions for success, what were the main lessons to be learnt, a website or contact organization or person to find out more information, and full reference details of any published papers and reports. Laws and infrastructures to implement and monitor the laws will be collected and inputted into the HP-Source database, with quality control checked by pedigree documentation of the relevant law and infrastructures. The following elements will be used to assess the quality of the collected examples of good practices: needs assessment; accessibility; setting approach; collaborative capacity building and partnership; evaluation; sustainability; transferability; availability of results, documents, etc.; and transparency of the funding and support.

3. Development of recommendations for effective prevention of harm in drinking environments
 - 3.1. The information gathered in points 2 and 3 will be utilised to prepare recommendations on the development and implementation of evidence-based interventions to reduce harm in drinking environments.
 - 3.2. These recommendations will be targeted at both policy makers and practitioners and will be published on the PhP and HP-Source websites.

The search strategies, the criteria for retrieving abstracts, the language of the search, how best practices will be identified, the definition of 'best' etc. will all be proposed, discussed and agreed between the work package leaders at the first management group meeting of the project, also to ensure standardization of methodologies for the three topic areas (WPs 4,5 and 6).

5.5.4. Deliverables and links with other work packages

D No.	Deliverable
D6	Collection best practices and infrastructures of policies and programmes to create safer drinking environments
D10	Report on the impact of policies and programmes to create safer

	drinking environments, with recommendations
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The work package will coordinate with work package 4 on work places and work package 6 on advertising in the collection of best practices. The deliverables of the work package will be used for dissemination in work package 2.

5.6. Work package n° 6: Advertising

5.6.1. *List of partners involved*

Lead Partner
National Foundation for Alcohol Prevention, Netherlands (STAP)
Associated partners
Danish Alcohol Policy Network, Denmark (Landsraadet)
University of Bergen, Norway (UiB)

STAP will provide 220 days and Landsraadet 35 days of coordination and research time to undertake the literature reviews, prepare the report and recommendations, and oversee and manage the collection of best practices and the laws and infrastructures for the ELSA website and HP-source database. UiB will provide 4 days database officer time to manage the HP-source database.

5.6.2. *Objectives*

To identify and collate best practices and relevant laws and infrastructures related to the regulation of the volume and content of alcohol advertisements;
To report on best practices to regulate the volume and content of alcohol advertisements;
To identify and collate best practices and relevant laws and infrastructures related to monitoring and adherence of regulation of alcohol advertisements;
To report on best practices to monitor the adherence of regulation of alcohol advertisements; and
To report on mechanisms to track the volume of commercial communications and youth exposure.

5.6.3. *Description of the work*

Implementation of the work package will be modelled on methodology used in the Pathways for Health project (http://www.dhs.de/web/dhs_international/pathways.php), and involve:

1. A systematic inventory and description will be undertaken in cooperation with 15 collaborating partners to analyze the best practices of regulating the volume and content of alcohol advertisements.
 - 1.1. The inventory will be undertaken using criteria based on the ELSA report on regulations (http://www.stap.nl/content/bestanden/elsa_2_r_on_regulation.pdf) to undertake systematic searches of the scientific literature regarding the impact of regulations on drinking attitudes and behaviour by young people.
 - 1.2. A questionnaire will be developed and disseminated to the partners to identify grey literature and other regulatory practices at the country level.
 - 1.3. Findings will be collated into a report on the effective regulation of the volume and content of alcohol marketing.
2. A systematic inventory and description will be undertaken in cooperation with 15 collaborating partners to analyze the best practices of monitoring the adherence of regulation of alcohol advertisements.

- 2.1. The inventory will be undertaken using criteria based on the ELSA adherence (http://www.stap.nl/content/bestanden/elsa_3_report_on_adherence.pdf) report, to undertake systematic searches of the scientific literature regarding, including rating panel studies to identify current methods and regulations aimed at monitoring the adherence of regulation of alcohol advertisements.
- 2.2. A questionnaire will be developed and disseminated to the partners to identify grey literature and other practices at the country level.
- 2.3. Findings will be collated into a report providing the empirical and scientific base for monitoring the adherence of regulation of alcohol advertisements.

Examples of best practice will be collected using a standardized enquiry from, collecting data on the name of the collected programme/project/practice, the level (country, regional, municipal), why it was chosen, who funded it, who implemented it, what year it started, the main aims and objectives, how it was developed (did it start as a pilot project in one part of the country, or was it implemented countrywide; was it transferred from another country), who is the target group (age group, gender group etc), what are the main elements or components (change in law, education campaign etc), has it been evaluated, what are the main results, what were the pre-conditions for success, what were the main lessons to be learnt, a website or contact organization or person to find out more information, and full reference details of any published papers and reports. Laws and infrastructures to implement and monitor the laws will be collected and inputted into the HP-Source database, with quality control checked by pedigree documentation of the relevant law and infrastructures. The following elements will be used to assess the quality of the collected examples of good practices: needs assessment; accessibility; setting approach; collaborative capacity building and partnership; evaluation; sustainability; transferability; availability of results, documents, etc.; and transparency of the funding and support.

3. A systematic inventory and literature search will be undertaken to identify national or European statistical research standards or models that document and quantify exposure to alcohol marketing in relevant media.

The search terms will be built on and extended from the search terms used by identified systematic reviews (e.g., from the Cochrane Library), as well as from published reports of related EC-co financed projects, including the impact report of the ELSA project on the impact of advertising. Search engines will include PubMed, MEDLINE, PsychINFO, and Google scholar.

- 3.1. A questionnaire will be developed and disseminated to the partners and relevant research institutes and agencies to identify grey literature and other models at the country level.
4. Information gathered in points 1-3 will be utilised to prepare recommendations on regulating and monitoring the content and volume of alcohol marketing.

The search strategies, the criteria for retrieving abstracts, the language of the search, how best practices will be identified, the definition of 'best' etc. will all be proposed, discussed and agreed between the work package leaders at the first management group meeting of the project, also to ensure standardization of methodologies for the three topic areas (WPs 4,5 and 6).

5.6.4.

Deliverables and links with other work packages

D No.	Deliverable
D7	Collection best practices and infrastructures of regulation of the volume and content of alcohol advertisements
D8	Collection best practices and infrastructures of monitoring the adherence of regulation of alcohol advertisements
D11	Report on best practice to regulate the volume and content of alcohol advertisements, with recommendations
D12	Report on best practice to monitor the adherence of regulations of alcohol advertisements, with recommendations
D13	Report on mechanisms to track the volume of commercial communications and youth exposure, with recommendations

The work package will coordinate with work package 4 on work places and work package 5 on safer drinking environments in the collection of best practices. The deliverables of the work package will be used for dissemination in work package 2.

6. MEASURES TO ENSURE VISIBILITY OF COMMUNITY CO-FUNDING

The FASE project will promote and raise visibility of Community co-funding in three ways:

1. All the printed and electronic deliverables of the project will describe the role of the Commission and alcohol policy, will refer the reader to relevant Commission websites, and will acknowledge the Community co-funding. Where allowed, and possible, the European Commission logo will be added to the printed project deliverables;
2. The Public Health Executive Agency and European Commission representatives will be invited to attend all the meetings of the project, and to give an update of Commission activities in relation to alcohol policy; and
3. Scientific publications and conference presentations resulting from the work of the project will make explicit acknowledgement and reference to Community co-funding.

7. LIST OF COLLABORATING PARTNERS

<i>Collaborating organisation</i>				<i>Contact person</i>		
<i>Organisation</i>	<i>Town / City</i>	<i>Country</i>	<i>Title / Function</i>	<i>Family name & First name</i>	<i>Telephone No</i>	<i>E-mail</i>
Institute of Public Health of the Republic of Slovenia	Ljubljana	Slovenia	Head of the Research Centre	Rados Krnel, Sandra	+386 1 2441 576	Sandra.rados@ivz-rs.si
Ludwig Boltzmann Institut for Addiction Research	Vienna	Austria	Head of the Centre	Uhl, Alfred	+43 1 88010951	uhl@api.or.at
Estonian Temperance Union	Tallinn	Estonia	Chairman	Beekmann, Lauri	+37 25261884	lbeekmann@hotmail.com
Vereniging voor Alcohol en andere Drugproblemen vzw (VAD)	Brussels	Belgium	Staff member	Ilse de Maeseeneire	+32 02 423 03 33	ilse.demaeseeneire@vad.be
Research Institute for Child Psychology and Pathopsychology Bratislava	Bratislava	Slovak Republic	Senior Researcher	Alojz Nociar	+421 911 212 367	lanociar@r3.robumet.sk
Horizonti 21 Foundation	Sofia	Bulgaria	President	Alexieva, Daniela	+259 2 9633280	Daniela_alexieva@yahoo.com
IOGT-NTO	Stockholm	Sweden	Head of Drug Policy	Moilanen, Peter	+46733726212	peter.moilanen@iogt.se
Klinischer Psychologe/Gesundheitspsychologe Anton-Proksch-Institut	Vienna	Austria	Univ. Lektor	Beiglböck, Wolfgang	+43 (01) 880 10	beiglbc@api.or.at
Nadace CINDI at the National Institute of Public Health	Prague	Czech Republic	Staff member	Sovinova, Hana	+420 2 67082328	sovinova@szu.cz
Instituto Superiore di Sanità Centro Nazionale di Epidemiologia	Rome	Italy	Director	Scafato, Emanuele	+39 64990 4028	Emanuele.scafato@iss.it

Eurocare Italia	Padova	Italy	Director	Codenotti, Tiziana	+39 49 8786970	eurocare@dada.it
Alcohol Action Ireland	Dublin	Ireland	Director	Rackard, Marion	+353 14 62 7246	marion@alcoholactionireland.ie
Romanian League LSOAIMS	Bucharest	Romania	Staff member	Petcu, Cristina	+4021072179517 4	cpetcu2002@yahoo.co.uk
Generalitat de Catalunya	Barcelona	Spain	Staff member	Lidia Segura	93 556 64 01	Lidia.segura@gencat.net
Országos Egészségfejlesztési Intézet / National Institute for Health Development	Budapest	Hungary	Staff member	Nemeth Zsofia	+36-1-4288-277	nemeth.zsofia@oeffi.hu
Eclectica Snc	Torino	Italy	Staff member	Franca Beccaria	+39 011 4361 505	beccaria@ars-media.it
Association Nationale de Prévention de l'Alcoolisme	Paris	France	Chargé de Mission Affaires Européennes	Claude Riviere	+33 1 42 33 51 04	clriviere@anpa.asso.fr
Lyoheilsustöo/Public Institute	Reykjavik	Iceland	Project Manager Alcohol and drug abuse prevention	Magnus Jonsson, Rafn	+354 5 800 900	rafn@lydheilsustod.is