Localize It!

German Center for Addiction Research in Childhood and Adolescence

UKE HAMBURG

Evaluation report

Deliverable D3.1

This document is part of the project ‚738055 / Localize It!' which has received funding by the European Union's Health Programme (2014-2020).

Localize it
Final Evaluation Report

to

the Consumers, Health, Agriculture and Food Executive Agency (CHAFEA)

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Content

Summary

Excessive alcohol use at an early age is associated with a number of short and long term health risks and impairment to social and educational development. In order to support EU Member States' efforts to reduce alcohol related harm and to contribute to the objectives if the EU Member States' action plan on Youth Drinking and on Heavy Episodic Drinking, project Localize It! was developed.

The Localize It! approach includes promoting networking and best practice exchange on European level (level I), establishing structures for implementing youth alcohol prevention on municipal level (level II) including local needs assessments, establishment of Round Tables, definition of action plans and implementation of best practice measures for youth alcohol prevention (level III). Project evaluation addressed levels I - II by means of process evaluation and Social Network Analysis. Level III was evaluated applying the RE-AIM framework for program evaluation addressing the dimensions reach, effectiveness, adoption, implementation, and maintenance.

Overall, project Localize It! succeeded in promoting networking and best practice exchange on European level (level I) and proved to offer a feasible and effective strategy for setting up sustainable structures to promote youth alcohol prevention on municipal level (level II). The objective of implementing evidence-based best practice measures was partly achieved. Experiences made with the implementation of local Round Tables and local alcohol prevention strategies were documented and analyzed and are now available to inform other municipalities who wish to implement the Localize It! approach.

1 Introduction

Early and excessive alcohol use of adolescents and young adults is a significant threat to healthy development and a major public health concern. According to the Global Burden of Disease Study alcohol use is among the top three risk factors contributing to the worldwide burden of disease (Lim et al., 2013). While the prevalence of lifetime as well as past month use of alcohol decreased in Europe since 2003 (ESPAD Group, 2016), binge drinking, i.e. the consumption of 5 (4 for girls) or more alcoholic beverages at one drinking occasion remains widely practiced. An average of 13% of 15- to 16-year-old students in Europe report having been intoxicated in the past months with considerable differences of prevalence between European countries (ESPAD Group, 2016). Besides acute intoxication, other short-term health risks associated with risky alcohol use include aggressive and risky sexual behaviour, as well as elevated rates of injury and traffic accidents (Sindelar et al., 2004). Moreover, heavy episodic drinking at an early age is associated with a number of social and developmental problems, such as social conflicts, delinquency and problems of academic adjustment (Townshend & Duka, 2005; Miller et al., 2007), which also put young people at risk for chronification of problematic substance use patterns into adulthood (Viner & Taylor, 2007). Beyond these personal risks, alcohol-related problems also impose significant economic burden on public health care (Toumbourou et al., 2007). Thus, against the background of the EU Member States' action plan on Youth Drinking and on Heavy Episodic Drinking (https://ec.europa.eu/health//sites/health/files/alcohol/docs/2014_2016_actionplan_youthdrinking_en.pdf) preventive interventions are needed to tackle risky alcohol use and binge drinking among youth.

Project Localize It! aimed at strengthening European municipalities in their capacity to reduce underage and heavy episodic drinking. Part-financed by the European Union´s Health Programme (2014-2020), the project aimed at facilitating development, implementation and evaluation of a coordinated and custom-fit local alcohol strategy. Eleven partner countries (AT, BE, CY, CZ, DE, EL, IT, NL, LU, PT and SK) chose two municipalities each in order to test the implementation of a comprehensive local alcohol policy based on best practice examples. Seven different settings for alcohol prevention were planned to be addressed including parental work, schools, children in families with alcohol problems, alcohol in public space, party scenes, festivals, gastronomy & retail, refugees and traffic safety. By means of a Rapid Assessment and Response (RAR) an overview of the individual local situations in the municipalities were provided and awareness of the problem was supposed to be raised among relevant local actors/stakeholders. "Round Table" meetings were established in the municipalities which were supposed to function as steering committees. The Round Tables had the task to develop individual action plans by choosing relevant settings and implementation at least four different alcohol prevention measures.

Workpackage 3 of the project was responsible for project evaluation, which was conducted on three different levels 1) evaluation of the European network (level I), 2) evaluation of the local networks (Round Tables) (level II) and 3) evaluation of the individual and structural alcohol prevention measures implemented as part of the municipalities' action plans to reduce underage and heavy episodic drinking (level III).

2 Methods

The evaluation addressed three levels:

1. Level I: Evaluation of the European network. The objectives of the European network were to exchange information and resources, in particular to exchange good practice examples, to increase knowledge on best practices on measures reducing underage drinking and heavy episodic drinking and to empower municipalities to implement best practice measures through the resources of the network.
2. Level II: Evaluation of the local Round Tables. The objective of the local Round Tables was to promote the exchange of information and resources, to identify needs in the municipality, to implement best practice measures and to secure sustainable implementation of the Round Table.
3. Level III: Evaluation of the alcohol prevention measures introduced as part of the action plans (process evaluation according to the RE-AIM framework). The RE-AIM framework (Glasgow et al., 1999) represents a systematic approach to program evaluation addressing the dimensions reach, effectiveness, adoption, implementation, and maintenance.

Table 1 provides an overview over the elements addressed by the evaluation.

	Level I	Level II	Level III
	European Network	Local Round Tables	Alcohol Prevention Measures
Information of interest	- Network establishment and development (density) - Best practice exchange (number and subjective relevance of information and resources exchanged) - Increased knowledge on best practices - Hindering and facilitating factors for EU networking - Hindering and facilitating factors for establishing round tables	- Network establishment and development (Number of members, number of different stakeholders, density) - Best practice exchange (number and subjective relevance of information and resources exchanged) - Hindering and facilitating factors - Goal attainment - Team effectiveness - Ratio of realized vs intended implementations of new measures - Continuation of the round table after PM 25	Reach: - Participation numbers and rates - Reasons for non-participation - Sociodemographic data - Alcohol use & drinking motives - Risky alcohol and drug use Implementation: - Protocol adherence - Hindering and facilitating factors Adoption Effectiveness Maintenance
Data source	- Semistructured interviews and questionnaire assessments	- Questionnaires (Social Network Analysis, Goal Attainment Scaling (GAS), team effectiveness (FAT)) - Semistructured interviews	- Questionnaire for participants: - AUDIT-C, CRAFFT, RAFFT, DMQ-R-SF - Questionnaire for programme deliverers: - Description of target group - Protocol adherence - Hindering and facilitating factors for implementation - Best practice search - National implementation reports
Assessment timepoints	- Project months 11 (t_0), 21 (t_1), 25 (t_2)	- Project months 12 (t_0), 18 (t_1), 25 (t_2)	- Questionnaire for participants: at programme start - Questionnaire for programme deliverers: at programme end

Table 1. Overview of the elements addressed by the evaluation

Indicators for the evaluation of the European network (level I) were the number of interconnections between members of the European network, number and subjective relevance of information and resources exchanged in the European network, increased knowledge on best practices and implementation of at least four alcohol prevention measures (individual and structural) as a result of the networking and exchange process. Semi-structured interviews with members of the European network and questionnaire assessments at 3 time points (project month (PM) 11 (t_0), PM 21 (t_1) and, PM 25 (t_2)) were conducted. In addition, and to evaluate how Localize It! partners had been communicating before the project, we also assessed communication patterns before Localize It! started in retrospect ("before").

Indicators for the evaluation of the local networks (Round Tables; level II) were the number of members, number of different stakeholders represented by the members, number of interconnections between members, number and subjective relevance of information and resources exchanged, percentage of realized and intended implementations of new measures and the continuation of the Round Table after project end. Questionnaire assessments at 3 time points (PMs 12 (t_0), PM 18 (t_1) and, PM 25 (t_2)) were planned as well as a semi-structured interview with Round Table members at project end. In addition, and to evaluate how Localize It! partners had been communicating before the project, we also assessed communication patterns before Localize It! started in retrospect ("before").

To analyse networking activities of Localize It!, we used the Social Network Analysis framework by Borgatti and colleagues (Borgatti et al., 2013) in order to evaluate the networks established on European (level I) and local levels (level II). The UCINET software (Borgatti et al., 2002) and NetDraw visualization program were applied. The visualization of networks provides information on the patterns of communication in the network, the number of ties in relation to the possible ties (density), the centrality of single actors and thereby the structure of the network (e.g. star, Y, chain or circle). In order to describe the networks on European and local levels, the following characteristics will be reported: number of nodes (= actors represented in the network) and number of ties (= connections between actors), density (= number of existing ties in relation to possible ties) and centrality (= number of ties a node has). Furthermore, a focus of the evaluation was put on the analysis of facilitating and hindering factors for the exchange of information and resources (levels I – II).

The third level of project evaluation (level III) was designed to evaluate the 88 measures which were planned to be implemented in the participating 22 municipalities. These measures were evaluated following the RE-AIM framework (Glasgow et al., 1999). This framework represents a systematic

approach to programme evaluation addressing the dimensions reach, effectiveness, adoption, implementation, and maintenance.

As an indicator for the reach of the measures, the number of young people who were reached by the measure, sociodemographic data of participants and the percentage of participants with an elevated risk of underage drinking and heavy episodic drinking were assessed. Numbers of participants were reported by deliverers of the prevention measures. Sociodemographic data and data on alcohol and drug use were provided by participants of prevention measures themselves (level III). In addition to questions on sociodemographics, the following three assessment tools were embedded in a participant questionnaire: (1) The CRAFFT screening test for risky alcohol use in adolescence (Knight et al., 1999) was applied to identify children and adolescents with at-risk alcohol use. This 6-item questionnaire assesses alcohol-related risk behaviours applying a binary yes/no response format (e.g. “Do you ever use alcohol to relax, feel better about yourself, or fit in?”; “Do you ever use alcohol while you are by yourself?”). Two or more positive answers indicate risky alcohol use. In order to gain information on the motives for drinking among the youth reached by the measures, the (2) Drinking Motive Questionnaire Revised Short Form (DMQ-R SF) (Kuntsche & Kuntsche, 2009) was used. This youth-specific self-report questionnaire comprises 12 items assessing the frequency of different motives for drinking in the past 12 months (“In the last 12 months, how often did you drink…”). Three items each represent the four drinking motives enhancement (e.g. “…because it´s fun?”), social (e.g. “…because it helps you enjoy a party?”), conformity (e.g. “…to fit in with a group you like?”) and coping (e.g. “...to forget about your problems?”). An adapted response format with the response options “never / sometimes / almost always” was applied. Additionally, we used the (3) RAFFT drug use screening test (Riggs & Alario, 1989; Sack et al., 2011) to assess risky drug use. This 6-item-questionnaire applies a yes/no response format. Two or more positive responses indicate risky drug use.

The effectiveness of implemented measures was assessed by a review of the evidence levels of implemented measures as provided in the Localize It! Summary of Good Practices (D 5.2). In order to assess the dimension “adoption” of the RE-AIM framework, the feasibility of implementing measures in a variety of settings and contexts was assessed. National implementation reports provided the data base for the analysis. The implementation of measures was assessed by analyzing the data provided by the deliverers of the prevention measures in respective questionnaires (level III). Protocol adherence and hindering and facilitating factors for implementation of measures were assessed. Maintenance of the measures implemented as part of Localize It! were assessed by the number of measures which were stated to be continued after the project end of Localize it!. National implementation reports provided the data base for the analysis.

3 Results

3.1. Social Network Analysis – European Network (level I)

3.1.1 Network establishment and development

The network on European level (level I) comprised N = 11 national coordinators, each representing one country with two participating municipalities. As expected, the Social Network Analysis (SNA) showed that many of the members of the European Network had been communicating with each other before the project Localize It! was established (Table 2), because most of the national coordinators have been members of the euro net addiction prevention network (www.euronetprev.org) before the start of Localize it!. However, SNA also revealed that the communication within the European network increased after project start and during the course of the project (number of ties before project start: n = 50, t_0: n = 67; t_1: n = 72; t_2: n = 56). The increase in communication is also reflected by the increase in network density (before: 0.50; t_0: 0.75; t_1: 0.89; t_2: 0.87). The slight decrease in number of ties and density from t_1 to t_2 may be a result of the project moving from a planning and implementation phase (with more exchange of information and resources) to a maintenance phase.

As can be seen in the graphic visualizations of the European network (table 2), the structure of the network became denser with time and communication and exchange were observed between all members of the network. While some actors in the network were more central before project start and during the beginning of the project (t_0), centrality became more evenly distributed among actors during the course of the project. With the exception of one actor, near project end (t_1 and t_2) network actors were well connected amongst each other and the network is characterized by an even distribution of centrality amongst actors. In sum, SNA results show that the project's aim of "promoting networking on European Level" was achieved.

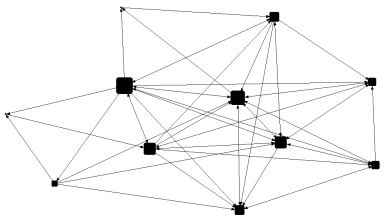
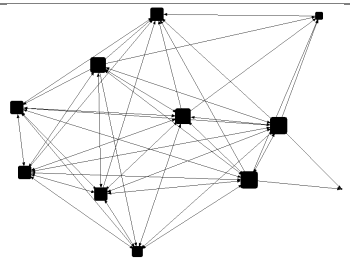
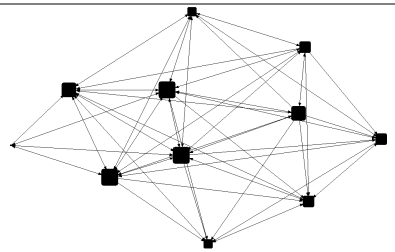
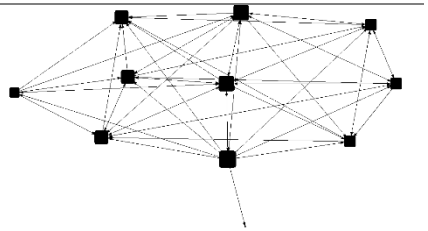
	Before Localize it!	Since project start (t_0, PM 11)	Past 12 months (t_1, PM 21)	Past 12 months (t_2, PM 26)
Number of respondents	11	11	11	10
Number of nodes[1]	11	11	11	11
Number of ties[2]	50	67	72	56
Density	0.50	0.75	0.89	0.87
Communication between members of the European Network[3]				

Table 2. Network development on European level (level I)

Notes: PM = project month; [1]Nodes = actors / stakeholders in the European network; [2]ties = communication between actors / stakeholders; [3]bigger node symbols represent higher degree centrality (= strength and number of ties)

3.1.2 Best practice exchange

Number and subjective relevance of information and resources exchanged was assessed on the basis of questionnaire data from N = 10 national coordinators at assessment time point t_2. On a scale from 1 “completely agree” to 5 “completely disagree”, national coordinators rated their approval with 3 statements assessing the amount of information (“I have exchanged a lot of information with other 'Localize It!' project managers since the project start”) and resources (“I have exchanged a lot of resources (material, personal, financial) with other 'Localize It!' project managers since the project start”) exchanged within the network as well as the helpfulness of the exchanged information and resources (“The information and resources I have exchanged with other project managers in the past year were helpful for implementing 'Localize It!' in my country”). The amount of information exchanged was rated with a mean rating of M = 2.30 (SD 0.95, min. = 1, max. = 4). The distribution of answers is shown in figure 1.

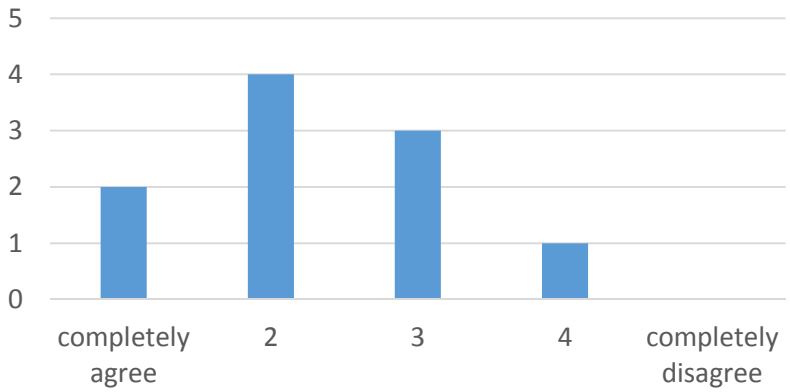


Figure 1. Approval with the statement “I have exchanged a lot of information with other 'Localize It!' project managers since the project start” (respondents: n = 10 national coordinators)

The amount of resources exchanged was rated with a mean rating of M = 2.80 (SD 1.03, min. = 1, max. = 5). The distribution of answers is shown in figure 2.

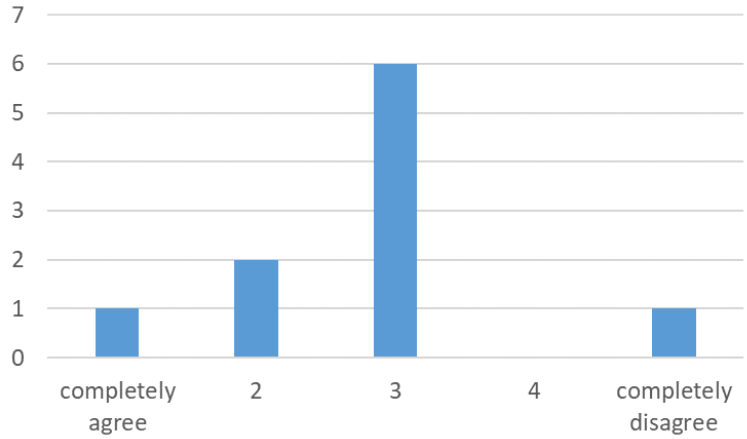


Figure 2. Approval with the statement “I have exchanged a lot of resources (material, personal, financial) with other 'Localize It!' project managers since the project start” (respondents: n = 10 national coordinators)

The relevance of information and resources exchanged was rated with a mean rating of M = 2.20 (SD 0.92, min. = 1, max. = 4). The distribution of answers is shown in figure 3.

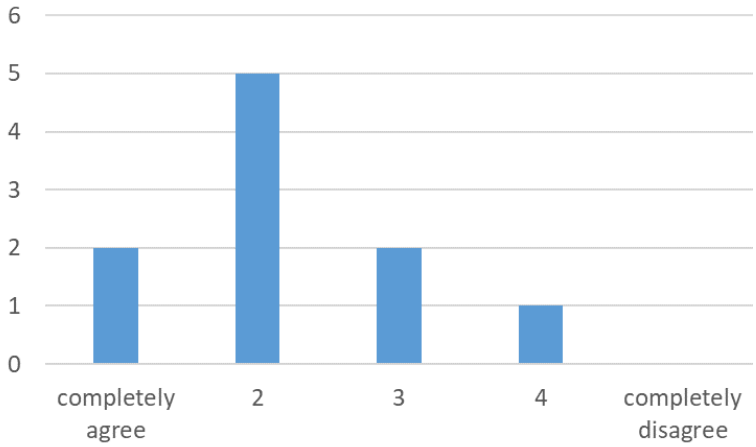


Figure 3. Approval with the statement “The information and resources I have exchanged with other project managers in the past year were helpful for implementing 'Localize It!' in my country” (respondents: n = 10 national coordinators)

3.1.3. Increased knowledge on best practices

N = 11 (100%) national coordinators stated, that they have learned about new prevention measures when interviewed near project end (t_3). When asked for the most appealing new prevention measure, the measures “Crush”, “Before you get burned” and “Tom and Lisa” were named most often (n = 3 times each), followed by the measures “Hangover bag”, “Peer Drive Clean”, “Clear view”

and “Europarents” (n = 2 times each). Additionally, the measures “Unplugged” and “Home Party (Take Care)” were named as interesting newly learned programs (n = 1 time each) (figure 4).

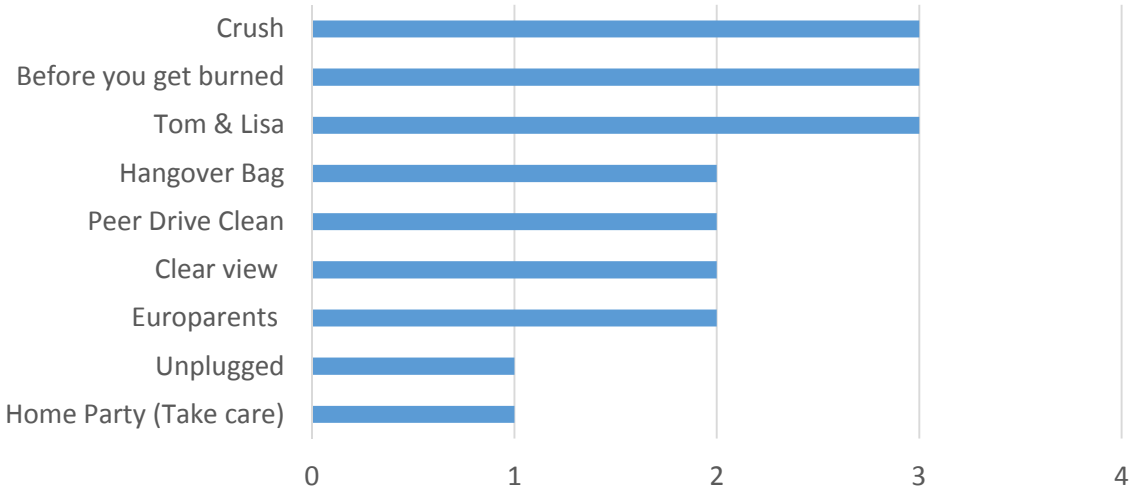


Figure 4. Most appealing new prevention measures named by national coordinators (N = 10) (multiple entries possible)

3.1.4. Hindering and facilitating factors for EU networking

When asked for facilitating factors for networking on the European level, n = 9 (90%) national coordinators stated that regular in-person meetings of the network were helpful. Additional bilateral meetings were only rated as helpful by n = 4 (40%) national coordinators. Additionally, exchange via E-Mail and telephone were perceived as helpful (n = 4; 40%), as well as the setting workshops (n = 1; 10%), the best practice list (n = 1; 10%) and the newsletter (n = 1; 10%).

As hindering factors for the exchange of information and resources within the European network, the factors most often reported were necessary language and cultural adaptation of measures (n = 4; 40%) and lack of time (n = 4; 40%). Additionally, the keywords „ownership“ and „timing“ (n = 1 each; 10%) were reported as hindering factors for networking on the European level.

3.2. Social Network Analysis – Local Networks

3.2.1 Network establishment and development

According to the evaluation concept, three assessment time points were planned (see Table 1, chapter 2). N = 17 of the 21 Round Tables provided data for the first assessment time point (t_0), the assessments were completed between April 2018 and November 2018. N = 9 data sets from Round

Tables were received for the second assessment time point (t_1), completed between November 2018 and March 2019. For the third assessment time point (t_2) n = 15 Round Tables provided questionnaires from their members, assessed between November 2018 and May 2019.

Numbers of Round Table members reported here reflect the maximum number of actors who participated in the Round Table. I.e., actors were counted as participants if they were listed as a Round Table member in ≥ 1 Round Table questionnaire(s). Numbers of Round Table members are reported as "number of nodes" in Tables 3 – 21.

Tables 3 – 21 provide an overview over the local Round Table networks in the municipalities. Round Table members were asked about their communication before project Localize it! and after project start (t_1 and t_2). Numbers of nodes (= actors / stakeholders) and ties (=communication between actors / stakeholders) are reported and displayed in the graphic visualization. The visualization also provides information on network structure, density and centrality of single actors (bigger node symbols represent higher degree centrality (= strength and number of ties)). Network development may be assessed by comparing data between the time points.

It has to be noted that interpretation of the network data reported in Tables 3- 21 is limited due to the low numbers of questionnaire respondents in relation to the numbers of Round Table members. Naturally, communication by Round Table members who did not fill in a questionnaire is not represented in the data. Although some of the communication may be represented in the network due to the bi-directional nature of communication ties (i.e. if one partner of the communication filled in a questionnaire, the communication is shown as a tie in the network), the low number of respondents puts a strong limitation on interpreting network data and prevents further analysis, e.g. on network density or inference statistical analyses of network development.

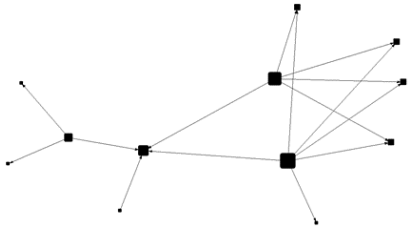
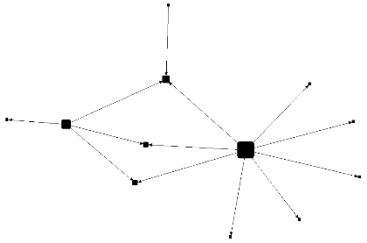
	Before Localize It!	t_1	t_2
Number of respondents	5	n/a	2
Number of nodes	12		n/a[2]
Number of ties	15		13
Communication between Round Table members[1]			

Table 3. Local Round Table network in Bünde (Germany)

Notes: [1]Nodes = actors / stakeholders in the Round Table; ties = communication between actors / stakeholders; bigger node symbols represent higher degree centrality (= strength and number of ties); nodes in the upper left corner represent actors without reported communication; [2]n/a = no data available

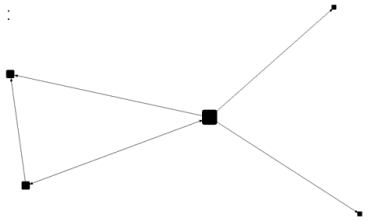
	Before Localize It!	t_1	t_2
Number of respondents	5	n/a[2]	n/a[2]
Number of nodes	7		
Number of ties	6		
Communication between Round Table members[1]			

Table 4. Local Round Table network in Enger (Germany)

Notes: [1]Nodes = actors / stakeholders in the Round Table; ties = communication between actors / stakeholders; bigger node symbols represent higher degree centrality (= strength and number of ties); nodes in the upper left corner represent actors without reported communication; [2]n/a = no data available

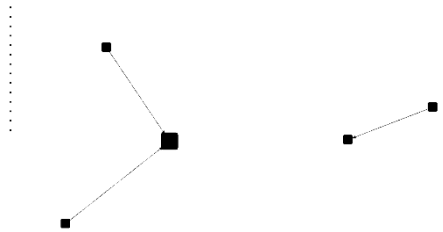
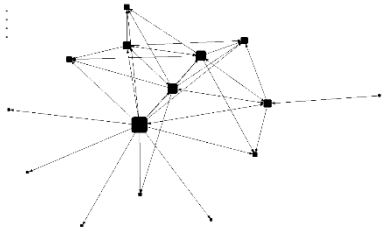
	Before Localize It!	t_1	t_2
Number of respondents	6	n/a[2]	7
Number of nodes	19		19
Number of ties	3		37
Communication between Round Table members[1]			

Table 5. Local Round Table network in Athens (Greece)

Notes: [1]Nodes = actors / stakeholders in the Round Table; ties = communication between actors / stakeholders; bigger node symbols represent higher degree centrality (= strength and number of ties); nodes in the upper left corner represent actors without reported communication; [2]n/a = no data available

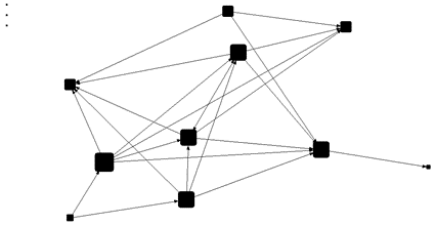
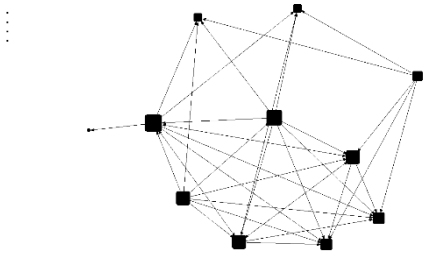
	Before Localize It!	t_1	t_2
Number of respondents	6	n/a[2]	6
Number of nodes	15		15
Number of ties	26		35
Communication between Round Table members[1]			

Table 6. Local Round Table network in Nitra (Slovakia)

Notes: [1]Nodes = actors / stakeholders in the Round Table; ties = communication between actors / stakeholders; bigger node symbols represent higher degree centrality (= strength and number of ties); nodes in the upper left corner represent actors without reported communication; [2]n/a = no data available

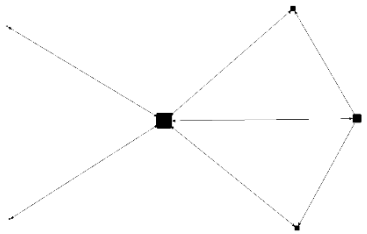
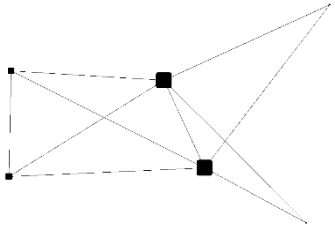
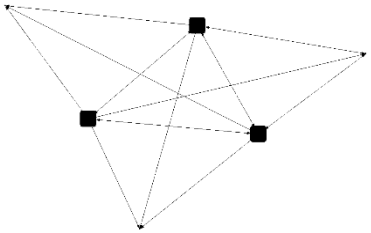
	Before Localize It!	t_1	t_2
Number of respondents	6	3	4
Number of nodes	6	6	6
Number of ties	12	20	17
Communication between Round Table members[1]			

Table 7. Local Round Table network in Bad Ischl (Austria)

Notes: [1]Nodes = actors / stakeholders in the Round Table; ties = communication between actors / stakeholders; bigger node symbols represent higher degree centrality (= strength and number of ties); nodes in the upper left corner represent actors without reported communication; [2]n/a = no data available

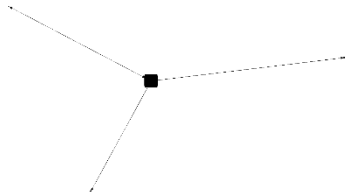
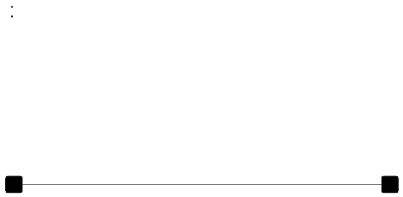
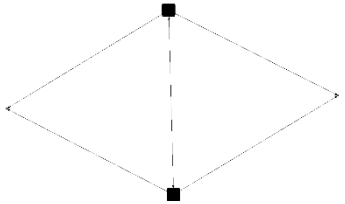
	Before Localize It!	T1	During Localize it!
Number of respondents	2	2	2
Number of nodes	4	4	4
Number of ties	4	2	6
Communication between Round Table members[1]			

Table 8. Local Round Table network in Mondorf-le-bains (Luxembourg)

Notes: [1]Nodes = actors / stakeholders in the Round Table; ties = communication between actors / stakeholders; bigger node symbols represent higher degree centrality (= strength and number of ties); nodes in the upper left corner represent actors without reported communication; [2]n/a = no data available

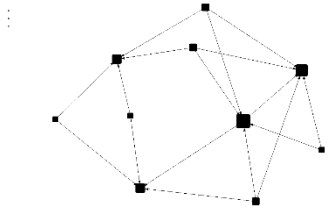
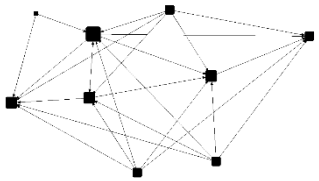
	Before Localize It!	t_1	t_2
Number of respondents	10	n/a[2]	4
Number of nodes	13		13
Number of ties	17		25
Communication between Round Table members[1]			

Table 9. Local Round Table network in Raca (Slovakia)

Notes: [1]Nodes = actors / stakeholders in the Round Table; ties = communication between actors / stakeholders; bigger node symbols represent higher degree centrality (= strength and number of ties); nodes in the upper left corner represent actors without reported communication; [2]n/a = no data available

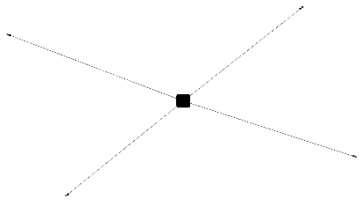
	Before Localize It!	t_1	t_2
Number of respondents	n/a[2]	n/a[2]	1
Number of nodes			5
Number of ties			4
Communication between Round Table members[1]			

Table 10. Local Round Table network in Aglantzia (Cyprus)

Notes: [1]Nodes = actors / stakeholders in the Round Table; ties = communication between actors / stakeholders; bigger node symbols represent higher degree centrality (= strength and number of ties); nodes in the upper left corner represent actors without reported communication; [2]n/a = no data available

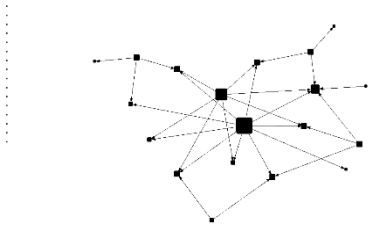
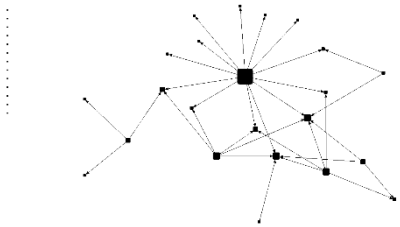
	Before Localize It!	t_1	t_2
Number of respondents	11	n/a[2]	4
Number of nodes	36		36
Number of ties	29		32
Communication between Round Table members[1]			

Table 11. Local Round Table network in Paralimni (Cyprus)

Notes: [1]Nodes = actors / stakeholders in the Round Table; ties = communication between actors / stakeholders; bigger node symbols represent higher degree centrality (= strength and number of ties); nodes in the upper left corner represent actors without reported communication; [2]n/a = no data available

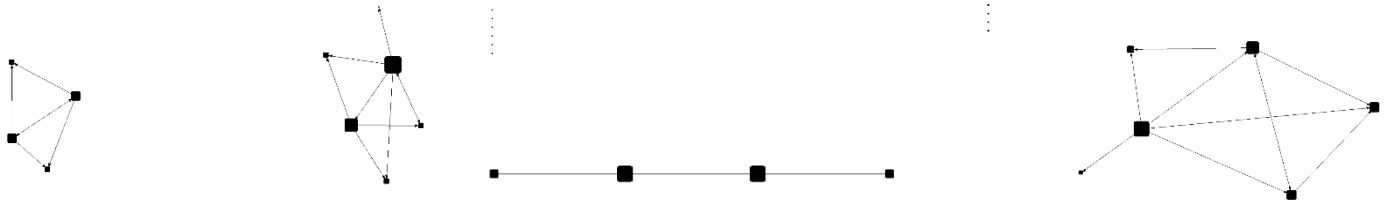
	Before Localize It!	t_1	t_2
Number of respondents	5	2	3
Number of nodes	10	10	10
Number of ties	15	6	10
Communication between Round Table members[1]			

Table 12. Local Round Table network in Dudelange (Luxembourg)

Notes: [1]Nodes = actors / stakeholders in the Round Table; ties = communication between actors / stakeholders; bigger node symbols represent higher degree centrality (= strength and number of ties); nodes in the upper left corner represent actors without reported communication; [2]n/a = no data available

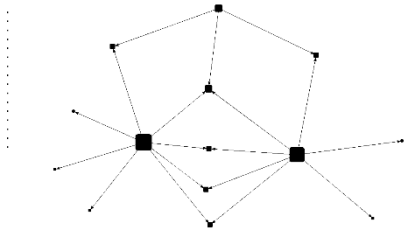
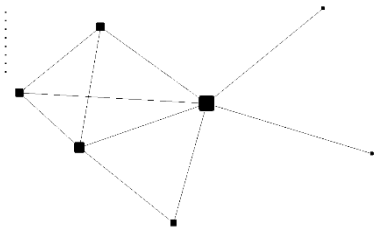
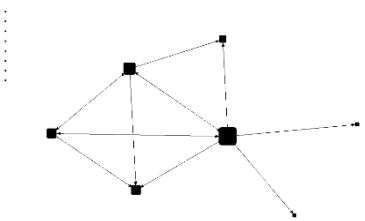
	Before Localize It!	t_1	t_2
Number of respondents	5	3	3
Number of nodes	30[3]	15	15
Number of ties	18	20	13
Communication between Round Table members[1]			

Table 13. Local Round Table network in Klausen (Italy)

Notes: [1]Nodes = actors / stakeholders in the Round Table; ties = communication between actors / stakeholders; bigger node symbols represent higher degree centrality (= strength and number of ties); nodes in the upper left corner represent actors without reported communication; [2]n/a = no data available; [3] number of participants at first Round Table meeting

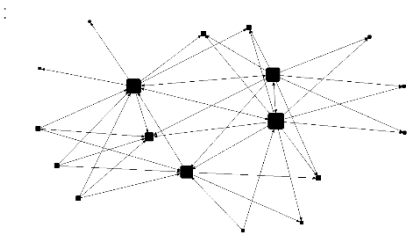
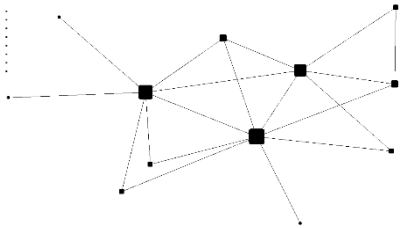
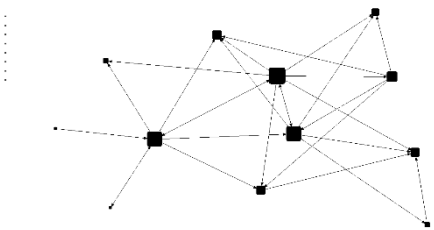
	Before Localize It!	t_1	t_2
Number of respondents	10	5	5
Number of nodes	20	20	20
Number of ties	42	38	27
Communication between Round Table members[1]			

Table 14. Local Round Table network in St. Leonhard (Italy)

Notes: [1]Nodes = actors / stakeholders in the Round Table; ties = communication between actors / stakeholders; bigger node symbols represent higher degree centrality (= strength and number of ties); nodes in the upper left corner represent actors without reported communication; [2]n/a = no data available

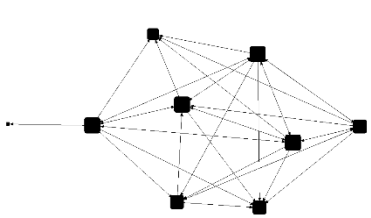
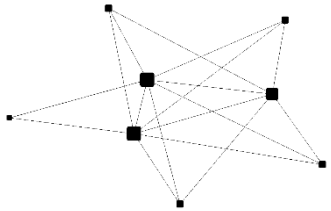
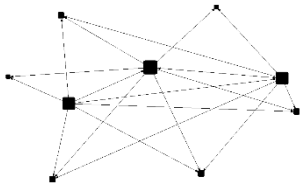
	Before Localize It!	t_1	t_2
Number of respondents	4	3	3
Number of nodes	11	11	11
Number of ties	35	34	20
Communication between Round Table members[1]			

Table 15. Local Round Table network in Genk (Belgium)

Notes: [1]Nodes = actors / stakeholders in the Round Table; ties = communication between actors / stakeholders; bigger node symbols represent higher degree centrality (= strength and number of ties); nodes in the upper left corner represent actors without reported communication; [2]n/a = no data available

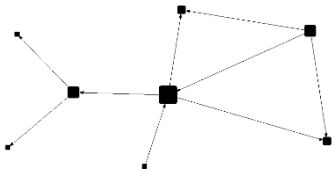
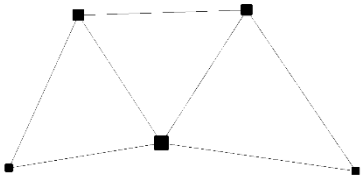
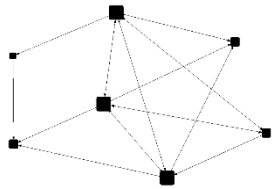
	Before Localize It!	t_1	t_2
Number of respondents	3	5	5
Number of nodes	12	12	12
Number of ties	9	14	18
Communication between Round Table members[1]			

Table 16. Local Round Table network in Diepenbeek (Belgium)

Notes: [1]Nodes = actors / stakeholders in the Round Table; ties = communication between actors / stakeholders; bigger node symbols represent higher degree centrality (= strength and number of ties); nodes in the upper left corner represent actors without reported communication; [2]n/a = no data available

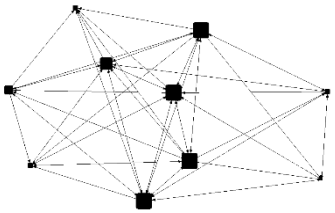
	Before Localize It!	t_1	t_2
Number of respondents	9	n/a[2]	n/a[2]
Number of nodes	10		
Number of ties	55		
Communication between Round Table members[1]			

Table 17. Local Round Table network in Linz (Austria)

Notes: [1]Nodes = actors / stakeholders in the Round Table; ties = communication between actors / stakeholders; bigger node symbols represent higher degree centrality (= strength and number of ties); nodes in the upper left corner represent actors without reported communication; [2]n/a = no data available

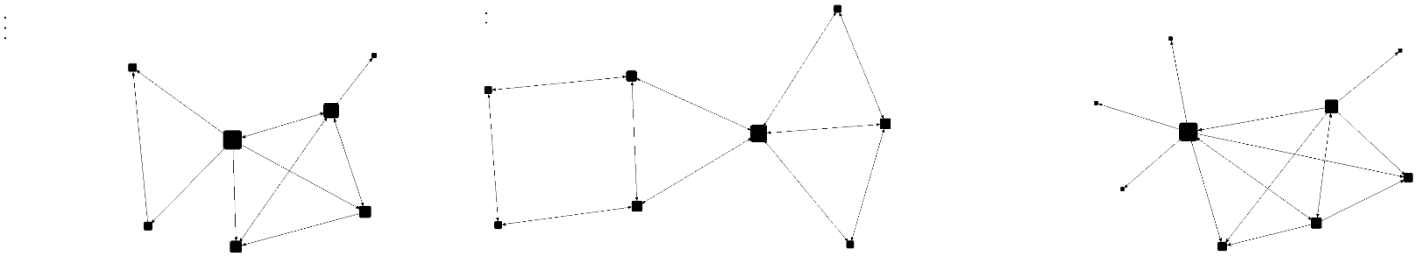
	Before Localize It!	t_1	t_2
Number of respondents	6	9	3
Number of nodes	10	10	10
Number of ties	13	22	15
Communication between Round Table members[1]			

Table 18. Local Round Table network in Deventer (Netherlands)

Notes: [1]Nodes = actors / stakeholders in the Round Table; ties = communication between actors / stakeholders; bigger node symbols represent higher degree centrality (= strength and number of ties); nodes in the upper left corner represent actors without reported communication; [2]n/a = no data available

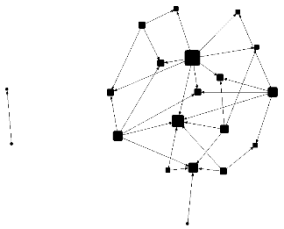
	Before Localize It!	t_1	t_2
Number of respondents	n/a[2]	n/a[2]	4
Number of nodes			26
Number of ties			32
Communication between Round Table members[1]			

Table 19. Local Round Table network in Winterswijk (Netherlands)

Notes: [1]Nodes = actors / stakeholders in the Round Table; ties = communication between actors / stakeholders; bigger node symbols represent higher degree centrality (= strength and number of ties); nodes in the upper left corner represent actors without reported communication; [2]n/a = no data available

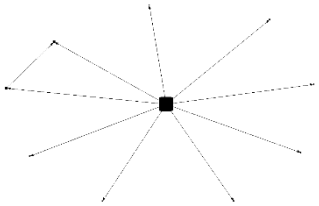
	Before Localize It!	t_1	t_2
Number of respondents	1	n/a[2]	n/a[2]
Number of nodes	10		
Number of ties	10		
Communication between Round Table members[1]			

Table 20. Local Round Table network in Lousa (Portugal)

Notes: [1]Nodes = actors / stakeholders in the Round Table; ties = communication between actors / stakeholders; bigger node symbols represent higher degree centrality (= strength and number of ties); nodes in the upper left corner represent actors without reported communication; [2]n/a = no data available

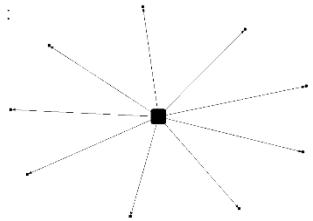
	Before Localize It!	t_1	t_2
Number of respondents	1	n/a[2]	n/a[2]
Number of nodes	12		
Number of ties	9		
Communication between Round Table members[1]			

Table 21. Local Round Table network in Figuera da Foz (Portugal)

Notes: [1]Nodes = actors / stakeholders in the Round Table; ties = communication between actors / stakeholders; bigger node symbols represent higher degree centrality (= strength and number of ties); nodes in the upper left corner represent actors without reported communication; [2]n/a = no data available

Overall, the Round Table members of all participating municipalities were asked whether the establishment of the Round Table yielded new contacts and cooperations, which had not existed in the municipality prior to Localize It!. A total of N = 92 Round Table members rated their approval with the statement „I knew most of the Round Table members before the Round Table was established" on a scale from 1 „completely disagree" to 5 „agree completely". 30,4% (n = 28) of Round Table members completely agreed that they had known most of the other Round Table members before establishment of the Localize It! Round Table and 12% (n = 11) agreed (figure 5). On the other hand, 27,2% (n = 25) only partly agreed, disagreed (13%, n = 12) or completely disagreed (17,4%, n = 16). This result shows that for 57,6% of Round Table members, new contacts in the municipality were facilitated by the establishment of the Round Tables.

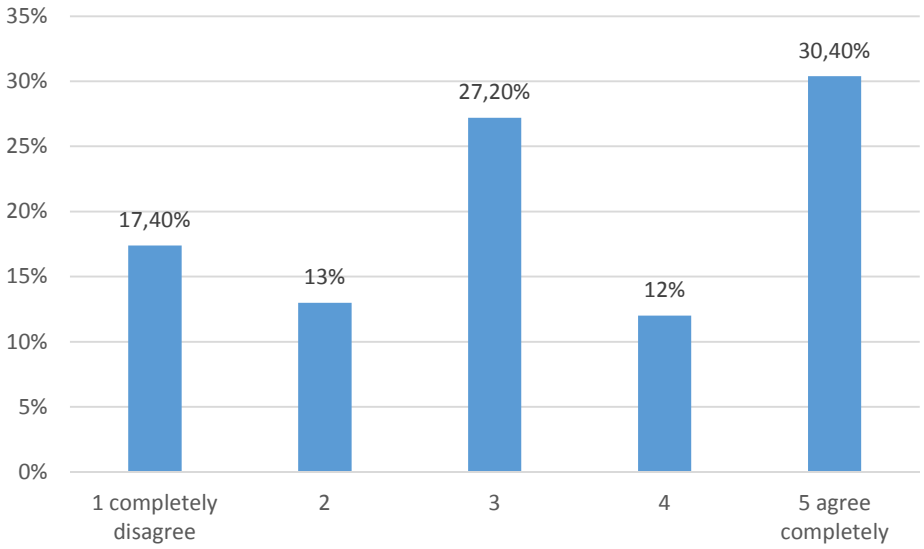


Figure 5. Agreement with the statement "I knew most of the Round Table members before the Round Table was established" (N = 92 respondents)

3.2.2 Best practice exchange

N = 30 (60%) of Round Table members (N = 50) completely agreed with the statement "The information and resources I have exchanged with other members of the round table are helpful for implementing 'Localize It!' in my municipality" and n = 14 (28,0%) agreed with this statement (figure 6). 6,0% of respondents (n = 3) partly agreed / disagreed with this statement whereas n = 2 (4%) disagreed and n = 1 (2,0%) completely disagreed. In sum, 88% of respondents agreed or completely agreed that the information and resources they have exchanged with other members of the Round Table were helpful for implementing 'Localize It!' in their municipality.

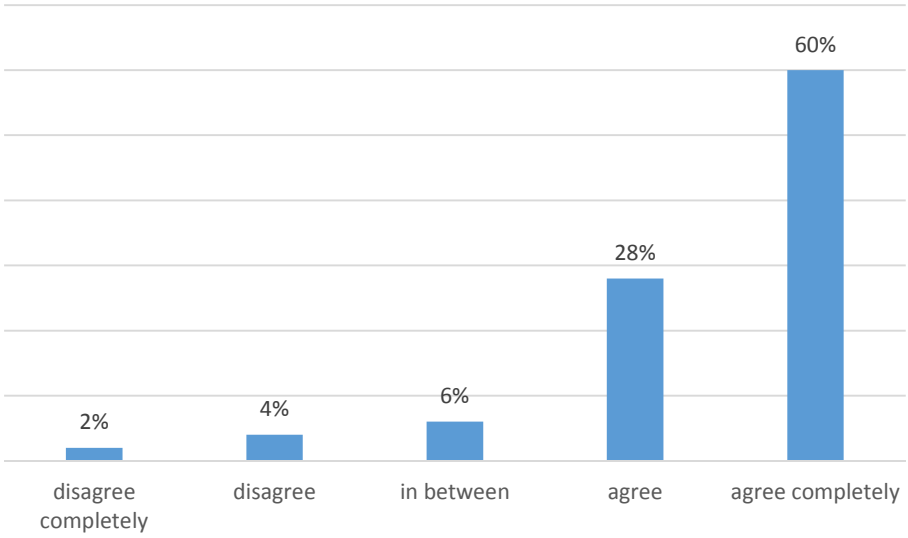


Figure 6. Perceived helpfulness of information exchanged during the Round Table meetings for implementing youth alcohol prevention (N = 50 respondents)

N = 23 (25,8%) of Round Table members (N = 89) completely agreed with the statement "I exchanged a lot of information with other Round Table members" and n = 27 (30,3%) agreed with this statement (figure 7). 15,7% of respondents (n = 24) partly agreed / disagreed with this statement whereas n = 18 (20,2%) disagreed and n = 7 (7,9%) completely disagreed. In sum, more than half of respondents (56,1%) agreed or completely agreed that they have exchanged a lot of information within the network.

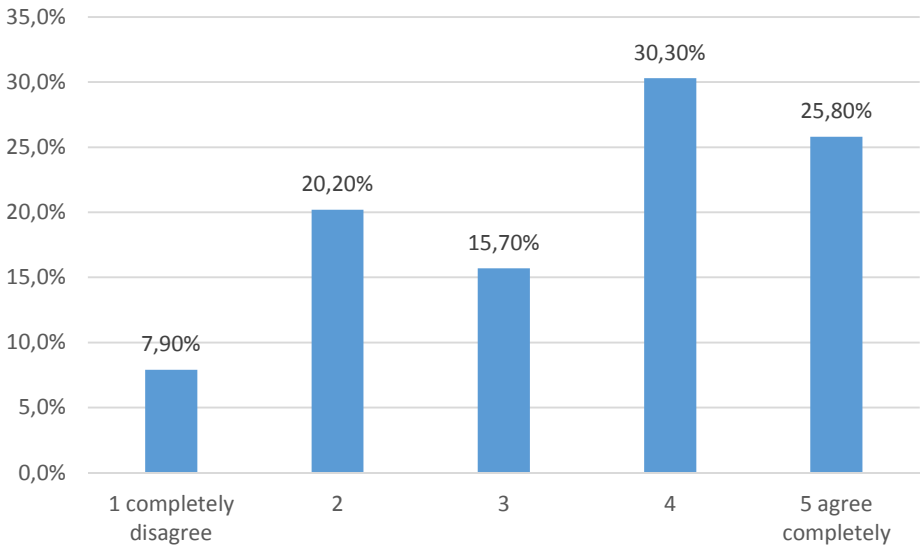


Figure 7. Agreement with the statement "I exchanged a lot of information with other Round Table members" (N = 89 respondents)

N = 7 (7,9%) of Round Table members (N = 89) completely agreed with the statement “I exchanged a lot of resources with other Round Table members” and n = 26 (29,2%) agreed with this statement (figure 8). A quarter of respondents (25%; n = 24) partly agreed / disagreed with this statement whereas n = 18 (20,2%) disagreed and n = 14 (15,7) completely disagreed. In sum, about one third of respondents (36,1%) agreed or completely agreed that they have exchanged a lot of resources within the network.

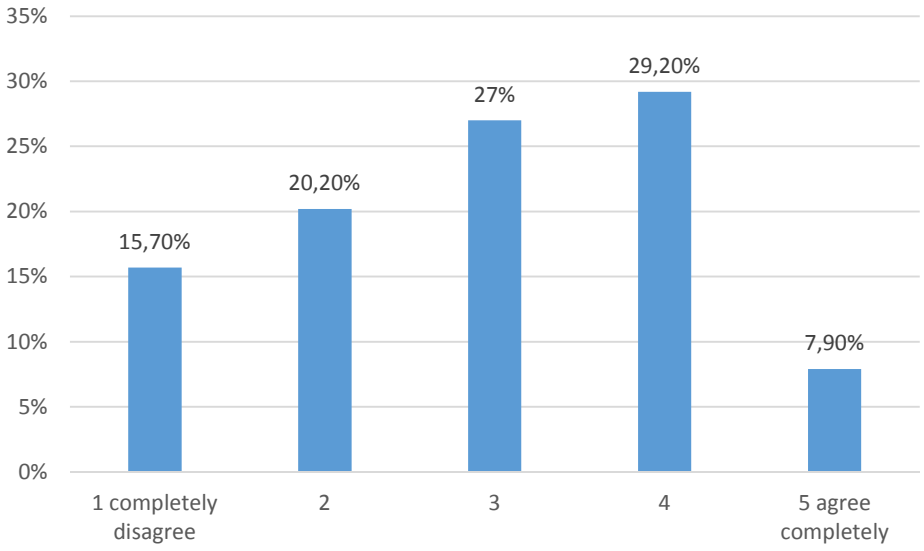


Figure 8. Agreement with the statement “I exchanged a lot of resources with other Round Table members” (N = 89 respondents)

Round Table members were asked to estimate the number of best practice programs for youth alcohol prevention in seven settings (parental work, school, nightlife, road safety, children of families with alcohol abuse, public space) and others settings, which they were aware of at program start (t_0) and at program end (t_2). The mean number of known best practice programs increased for all settings with the exception of road safety, where the mean number of known best practices decreased from M = 0.63 to M = 0.62. A detailed report of the frequency and percentages of respondents who did not know any, and those who know at least one program in the respective settings is outlined in table 22. Mean numbers of known best practice programs as well as minimum and maximum numbers of known programs at the two assessment time point are reported in table 22, too.

Setting	Number of known best practice programs at start of Localize It! (t_0)	Number of known best practice programs at end of Localize It! (t_2)
Parents	0 = 62,1% (n= 36)	0 = 55,6% (n = 45)
t_0: N = 58	≥1 = 37,9% (n = 22)	≥1 = 44,4% (n= 36)
t_2: N = 81	M =0.55	M = 0.91
	Min. = 0	Min = 0
	Max. = 6	Max = 6
Schools	0 = 41,0% (n = 25)	0 = 43,4% (n = 36)
t_0: N = 61	≥1 = 59,0% (n = 36)	≥1 = 56,6% (n = 47)
t_2: N = 83	M = 1.10	M = 1.55
	Min. = 0	Min. = 0
	Max. = 6	Max. = 11
Children from families with alcohol abuse	0 = 76,9% (n = 40)	0 = 73,6% (n = 53)
t_0: N = 52	≥1 = 23,1% (n = 12)	≥1 = 26,4% (n = 19)
t_2: N = 72	M = 0.25	M = 0.47
	Min. = 0	Min. = 0
	Max. = 2	Max. = 4
Nightlife	0 = 46,6% (n = 27)	0 = 44,6% (n = 37)
t_0: N = 58	≥1 = 53,4% (n = 31)	≥1 = 55,4% (46)
t_2: N = 83	M = 1.03	M = 1.19
	Min. = 0	Min. = 0
	Max. = 7	Max. = 8
Refugees	0 = 98,1% (n = 51)	0 = 88,7% (n = 55)
t_0: N = 52	≥1 = 1,9% (n = 1)	≥1 = 11,3% (n = 7)
t_2: N = 62	M = 0.02	M = 0.13
	Min. = 0	Min. = 0
	Max. = 1	Max. = 2
Road safety	0 = 53,7% (n = 29)	0 = 46,3% (n = 37)
t_0: N = 54	≥1 = 46,3% (n = 25)	≥1 = 53,7% (n = 43)
t_2: N = 80	M = 0.63	M = 0.62
	Min. = 0	Min. = 0
	Max. = 5	Max. = 2
Alcohol in public space	0 = 62,0% (n = 31)	0 = 57,3% (n = 43)
t_0: N = 50	≥1 = 38,0% (n = 19)	≥1 = 42,7% (n = 32)
t_2: N = 75	M = 0.52	M = 0.57
	Min. = 0	Min. = 0
	Max. = 3	Max. = 4
Other	0 = 91,1% (n =41)	0 = 81.2% (n= 56)
t_0: N = 45	≥1 = 8,9% (n = 4)	≥1 = 18,8% (n = 13)
t_2: N = 69	M = 0.13	M = 0.23
	Min. = 0	Min. = 0
	Max. = 2	Max. = 4

Table 22. Reported numbers of known best practice programs for youth alcohol prevention at start of Localize It! (t_0) and near the end of Localize It! (t_2) (respondents: Round table members)

Figure 9 provides a graphic display of the changes in reported mean numbers of known best practice programs for youth alcohol prevention at start of Localize It! (t_0) and near the end of Localize It! (t_2).

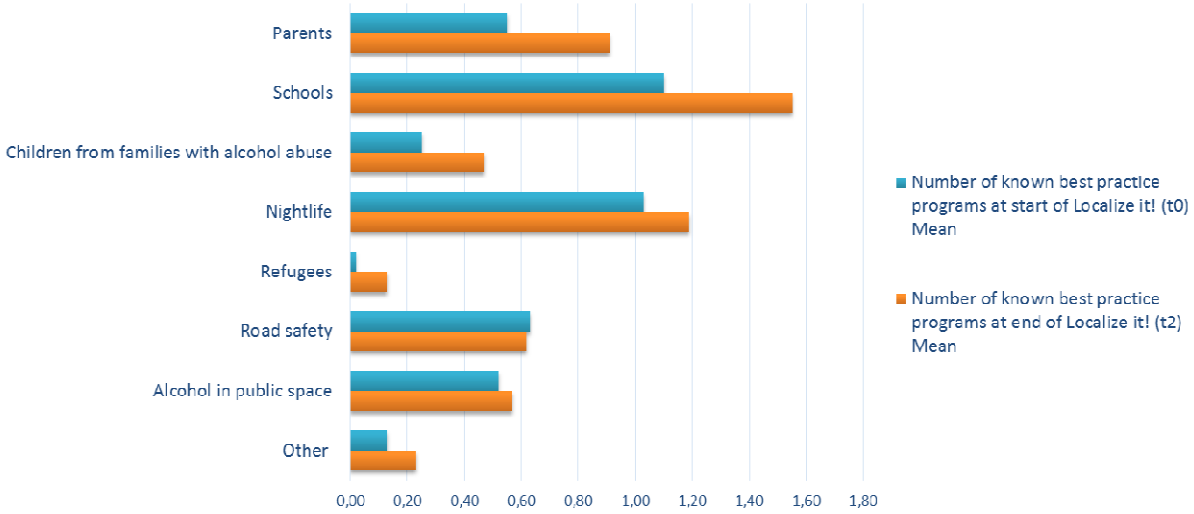


Figure 9. Comparison of reported mean numbers of known best practice programs for youth alcohol prevention at start of Localize It! (t_0) and near the end of Localize It! (t_2) (respondents: Round table members)

3.3. Local Round Tables (level II)

3.3.1. Hindering and facilitating factors

In order to collect information on the process of implementing and / or strengthening local alcohol strategies, the Localize It! national coordinators (N=11) for each country and the Localize It! prevention experts (N=22) were interviewed and filled in questionnaires at the beginning of the project (t_0), at mid-term (t_1) and near the end of the project (t_2; see table 1). Additionally, members of the N = 21 Round Tables filled in questionnaires and all Round Tables (or representatives thereof) were visited and interviewed on experiences made with project implementation. Results of the evaluation regarding establishment of local networks for youth alcohol prevention (Round Tables) and facilitating and hindering factors for implementing the Localize It! strategy are reported in the following sections.

3.3.1.1. Establishment of local Round Tables for youth alcohol prevention

How to start: Identifying relevant members for the Round Table

In Localize it!, the process of implementing a local youth alcohol prevention strategy in the municipalities started with a series of Rapid Assessment and Response (RAR) Interviews. The RAR interviews started in almost equal numbers applying a „top-down“ and a „bottom-up“ approach. In the top-down approach, the first person to be interviewed for the RAR was either the head of the municipality or district (in 27% of municipalities) or a representative of a relevant department of the municipality's administration, such as the youth department, social department or department for drug use and prevention (also in 27% of municipalities).

In the bottom-up approach, prevention or youth workers were the first persons to be interviewed (27%) followed by school representatives (9%) and others (9%), e.g. a priest and the head of a sports club (see figure 10).

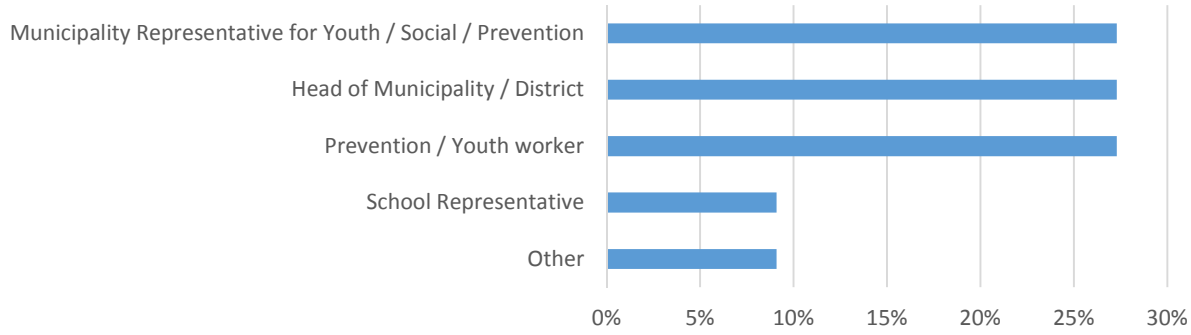


Figure 10. First person to be interviewed in the RAR interviews (respondents: N=22 prevention experts; numbers are %)

Of the N=22 prevention experts, n=21 (95,5%) stated that the RAR interviews were helpful for identifying relevant members for the Round Tables. On average, 65% of Round Table members in Localize It! had taken part in the initial RAR interviews (min: 25% - max: 100%). The RAR interviews, actually aimed at helping to identify fields for action in the municipality, proved to be helpful for the implementation of a local youth alcohol prevention strategy in many ways. Of the N=22 prevention experts interrogated, n=6 (27%) reported that the RAR process also helped to identify key persons in the municipality as well as special capacities of stakeholders. N=5 prevention experts stated that the RAR interviews helped to "bring people together" (23%). N=4 (18%) prevention experts stated that the RAR interviews were mainly helpful for identifying the needs of the municipality and n=3 (14%)

respondents stated that the interviews were also helpful for generally structuring the process of implementing the Localize It! strategy (figure 11).

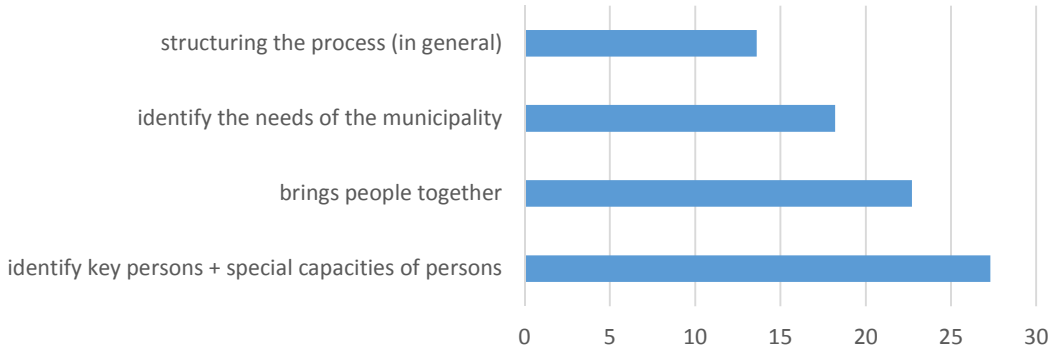


Figure 11. Helpfulness of the RAR process (numbers are %, respondents: N = 22 prevention experts)

The right mix: Stakeholders represented in the Round Tables

Round Tables were established in all participating N = 22 municipalities. Two round tables were merged in order to promote exchange of experiences and make use of synergies, and because the respective municipalities represented two districts of one large city. Stakeholders represented in the Round Tables are shown in figure 12.

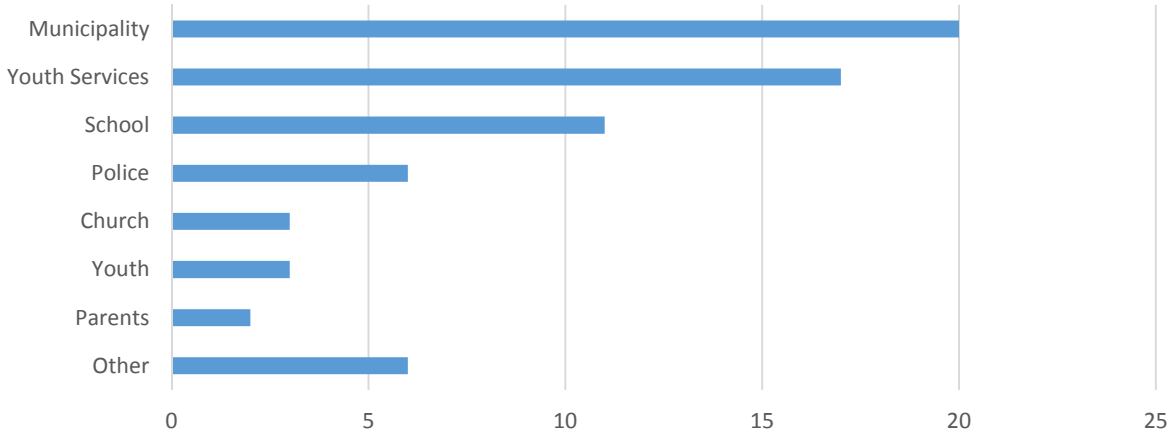


Figure 12. Stakeholders represented in the Round Tables (absolute numbers of answers; respondents: N = 11 national coordinators)

The national coordinators were also asked which stakeholders they would have liked to include, but who eventually did not take part in the Round Tables. As shown in Figure 13, representatives of the nightlife setting (n = 3), of sports clubs (n = 2), police (n = 2) and other youth services (n = 2) were named most often. The list of other potentially relevant stakeholders (e.g. representatives of a local museum, which was hosting an exhibition on the human body; representatives of a local health initiative; youth organizations of political parties or representatives of taxi companies) may serve as an inspiration for other potentially relevant stakeholders, who may be contacted for participating in a local Round Table.

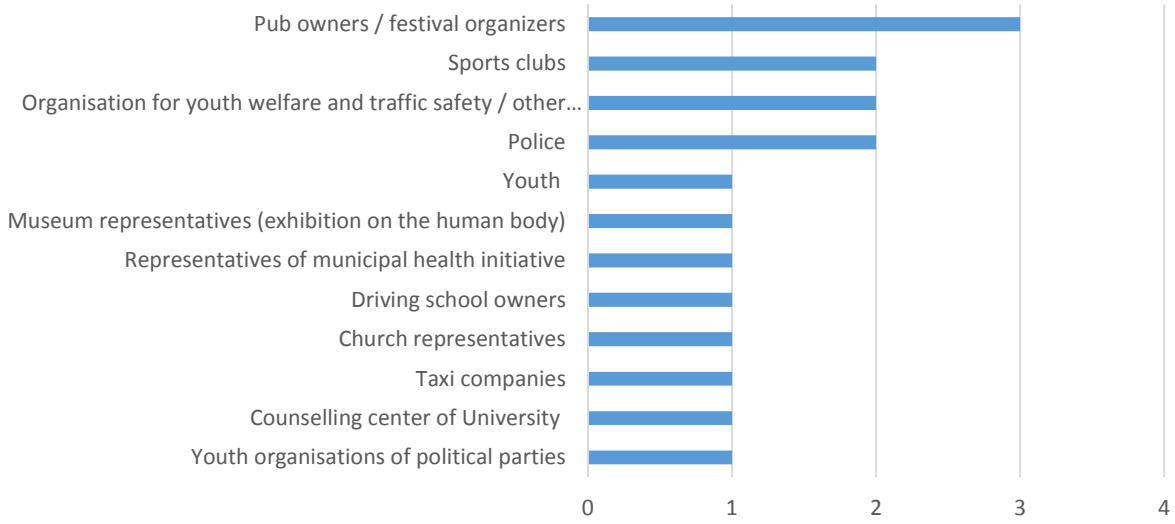


Figure 13. Stakeholders that would have been helpful for the Round Table, but could not be included (absolute numbers of answers; respondents: N = 11 national coordinators)

Hindering factors for Round Table establishment (prevention experts' and national coordinators' perspective)

The analysis of hindering factors for Round Table establishment revealed that commitment and motivation of local stakeholders (n = 11) as well as lack of time (n = 9) and problems with time management (e.g. finding dates for Round Tables) (n = 4) were the greatest problems for establishing a Round Table (figure 14). Taking into account that finding time may partly be influenced by the degree of motivation and commitment a person perceives for supporting local youth alcohol prevention, this result is a clear indicator, that a convincing strategy for raising motivation to take action against problematic alcohol use among young people is necessary for successful Round Table establishment.

Organizational issues like uncertainty who is the right contact person in the municipality (n = 3), problems with contacting people of high status (e.g. the mayor) (n = 1) or staff changes (n = 1) / shortages (n = 1) as hindering factors are mentioned less often. In the category “other” (n = 3), respondents stated that natural disasters (fire and hurricane) caused delays in Round Table establishment. In other municipalities it was stated that sports clubs could not be motivated to join the Round Table, because selling alcohol during their events was an important source of their income. Furthermore, upcoming vacations were mentioned as hindering factors.

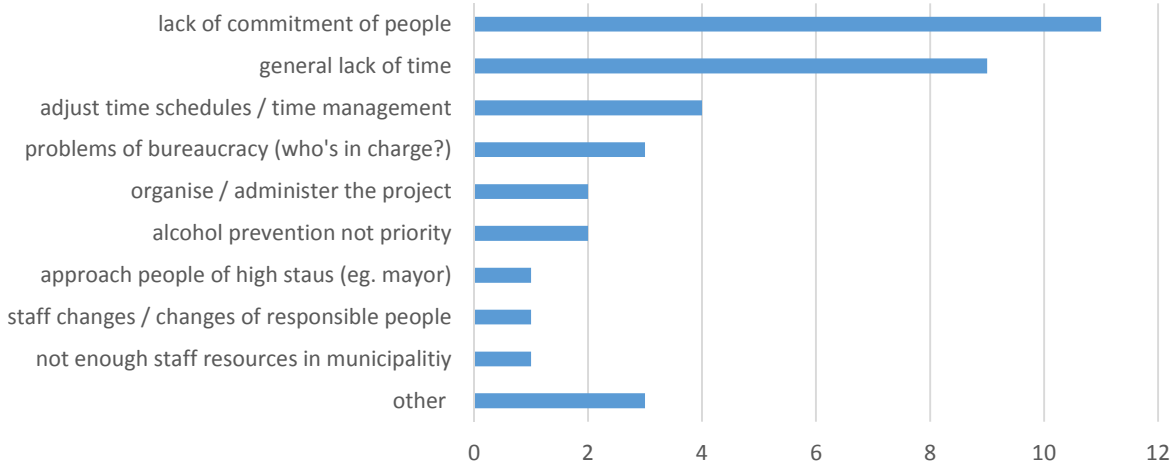


Figure 14. Roadblocks for establishing a Round Table (absolute numbers of answers; respondents: N = 22 prevention experts and N = 11 national coordinators)

Facilitating factors for Round Table establishment (prevention experts’ and national coordinators’ perspective)

The analysis of helpful factors for establishment of a Round Table revealed that existing cooperations with relevant stakeholders in the municipality were named most often as being helpful (n = 12) (figure 15). Additionally, many respondents stated that the RAR interviews were helpful (n = 8), because they felt that the interview process raised awareness and motivation to take action against

problematic drinking. Equally important was the support by an official from the municipality (n = 8) and personal contacts (n = 8).

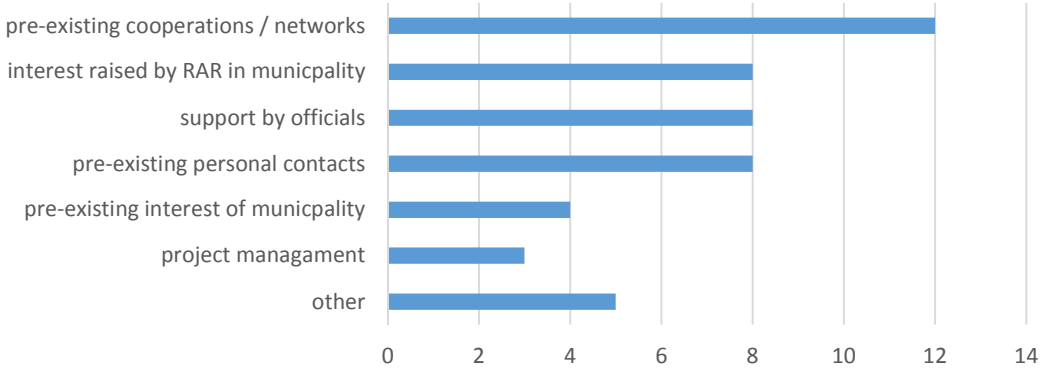


Figure 15. Facilitating factors for establishing a Round Table (absolute numbers of answers; respondents: N = 22 prevention experts and N = 11 national coordinators)

In some cases (n = 4), the municipality had expressed an interest in taking actions against young peoples' drinking prior to the project Localize It!, which was perceived as being helpful for the implementation of a Round Table. Good project management was mentioned as being helpful by n=3 respondents, e.g. clear communication of goals ("clear goals – practical results"), being persistent and being supportive of ideas and initiatives of potential members. Other (n=5) helpful factors mentioned were the European context of the project (n=2), presentation of the project in the local youth welfare council (n=1), recommendations on potential Round Table members by the town council (n=1) and having chosen the "right time and right place" (n=1) for the project.

Necessary input: Resources needed for Round Table establishment

For the establishment of the Round Tables, the national coordinators stated that an average of M=29 working hours were invested (min. 2h, max. 75h). For n=14 of the 22 participating municipalities, the national coordinators estimated additional financial cost involved in establishing the Round Tables. According to their estimation, an average cost of 41€ (min. 0€; max. 83€) was spent for materials and activities associated with Round Table establishment apart from working hours. The costs mainly arose from printing (invitations, information leaflets, policy brief, flipcharts) and travel costs (meeting municipality stakeholders).

3.3.1.2. Implementing the Localize It! alcohol prevention strategy

Core elements of the Localize It! strategy are 1) the RAR interviews, 2) the Round Tables, and 3) working with the best practice list for evidence-based alcohol prevention programs. Near the end of the project (t_2), the members of the N = 21 Round Tables were interviewed, how helpful they found these elements on a scale from "0" (not at all helpful) to "10" (absolutely helpful).

How helpful are the RAR interviews?

Helpfulness of the RAR interviews was rated by n = 13 of the N = 21 Round Tables with an average rating of M = 7,2 (min.=2 max.=10), indicating that RAR interviews were perceived as being very helpful for the initiation of the project (figure 16).

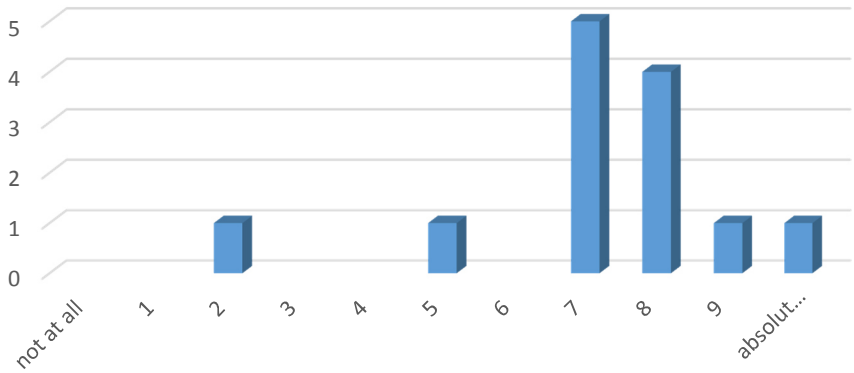


Figure 16. Perceived helpfulness of RAR interviews for initiating the Localize It! strategy (absolute numbers of answers; respondents: n=13 Round Tables)

Those Round Table members, who did not perceive the RAR interviews as being helpful or very helpful, commented e.g. that in their municipality, data on youth drinking was available from monitoring surveys. In another municipality, Round Table members commented that discussing the RAR results in the Round table resulted in the development of many creative ideas for prevention activities, which then could not be put into practice, because the prevention activities were meant to be chosen from the list of best practices.

In 9% of the municipalities (n = 2), Round Table members reported that the RAR interviews yielded unexpected results on the actual problem of youth drinking in the municipality, whereas in n = 3 municipalities (14%), RAR results were very much as expected by the Round Table members. Additionally, Round Table members commented that they perceived the interviews to be helpful for

promoting networking in the municipality (n = 4, 18%) and that the interviews helped to identify relevant settings for action (n = 8, 36%) (Figure 17).

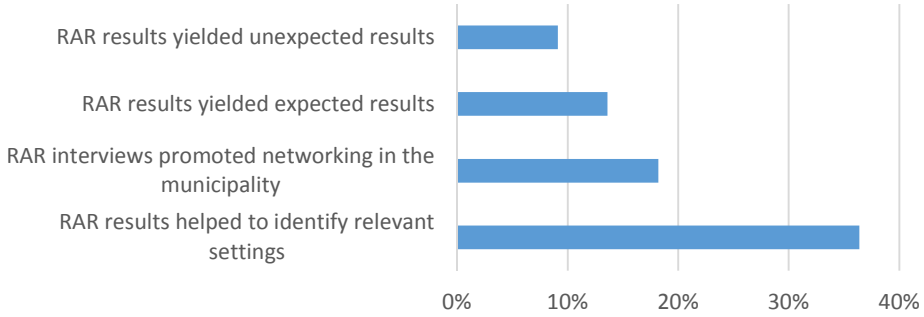


Figure 17. Comments given by Round Table members on helpfulness of RAR interviews (numbers are % of the 21 Round Tables; respondents: n = 17 Round Tables)

How helpful are the Round Tables?

Helpfulness of the Round Table meetings was rated by n = 21 of the N = 21 Round Tables with an average rating of M = 7,8 (min. = 1 max. = 10), indicating that Round Tables were perceived as being very helpful for running the project (Figure 18).

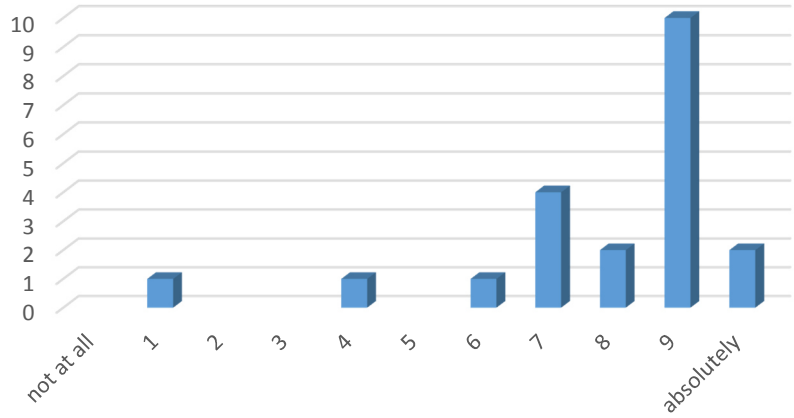


Figure 18. Perceived helpfulness of the Round Table meetings for implementing the Localize It! strategy (numbers are absolute numbers; respondents: N = 21 Round Tables)

A great number of positive comments were recorded regarding the role of the Round Tables in the project. Many Round Table members commented, that the Round Tables were essential for networking, exchange of ideas and perspectives, creating motivation and commitment for the project through personal contacts and for defining goals and steps towards these goals.

Those Round Table members who did not rate the Round Table meetings to be very helpful commented e.g. that they had whished for more stakeholders to participate or, in another case, that the implementation of prevention measures faced many problems (due to a number of staff changes and shortage in time and resources), so that the initial goals of the Round Table could not be met to a satisfactory degree.

Further comments on potential adaptations of the Round Table meetings related to the frequency of meetings, i.e. some perceived a higher frequency of meetings to be helpful, some had the impression that frequent meetings would not be feasible, and to the stakeholders represented in the Round Table, e.g. more young people (e.g. representatives of student associations) and more school representatives were mentioned as being helpful. In one municipality, smaller setting-specific working groups were established and were perceived as being helpful in the process.

Additionally, it was stated that the establishment of a sustainable Round Table for alcohol prevention takes time and, in some municipalities, it was discussed if it made sense to include other youth-specific topics such as illegal drug use, problematic media use or mental health.

How helpful is the best practice list?

Helpfulness of the best practice list was rated by n = 10 of the N = 21 Round Tables with an average rating of M = 8,4 (min. = 6; max. = 10), indicating that those Round Tables, who worked with the best practice list, perceived it as being highly helpful (figure 19).

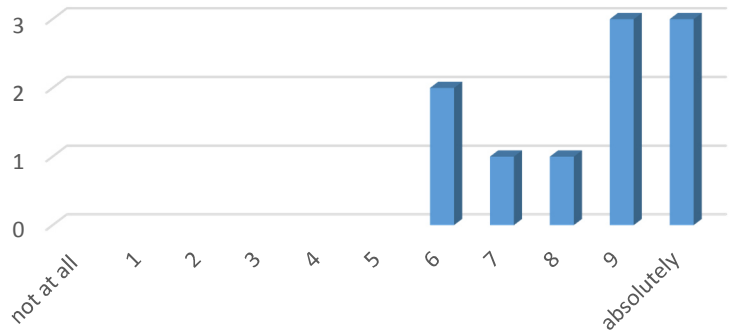


Figure 19. Perceived helpfulness of the best practice list (numbers are absolute numbers; respondents: n = 10 Round Tables)

In those cases, where the Round Table members did not rate the helpfulness of the best practice list, the interview partners gave three main reasons: 1) they had either not been present at the respective Round Table meeting when best practices were presented and discussed, or 2) they were

not aware that the prevention programs discussed were derived from the best practice list or 3) the Localize It! National coordinators and / or prevention experts worked with the best practice list so that best practices were not discussed during Round Table meetings.

In the majority of cases, the national Localize It! project partners recommended suitable best practices. The extent to which different best practices were presented and discussed during the Round Table meetings varied depending on the time schedules of the meetings, the time schedule of the overall project and depending on the interest expressed by Round Table members.

On one hand, Round Table members commented, that they found the presentation and discussion of best practice examples for alcohol prevention inspiring, interesting and helpful for choosing suitable measures for implementation in their municipality. On the other hand, Round Table members reported difficulties with choosing best practices, because of feasibility issues (e.g. necessary translations and cultural adaptations; required training of staff; extensiveness of programs) or because they felt that the initial enthusiasm for the project was reduced when Round Table members realized that many creative ideas for youth alcohol prevention could not be realized, but instead best practices would be implemented.

Running Localize It!: Facilitating factors for Round Table functioning (Round Table members' perspective)

Once established, certain factors contribute to good functioning of a Round Table. From the Round Table members' perspective, the most important factor is the participation of relevant stakeholders in the Round Table: 66% of interviewed Round Tables reported this to be crucial (figure 20). A Round Table was perceived to include "relevant" stakeholders, if it included…

- people with high commitment (e.g. because of a history of cooperation)
- people with high involvement with target group
- representatives of the target group
- a large variety of stakeholders (e.g. politicians, clubs, church, doctors, peers, teachers, media, police, parents, police, associations, children's doctors)
- people with good personal contacts in the community
- specialists for the field

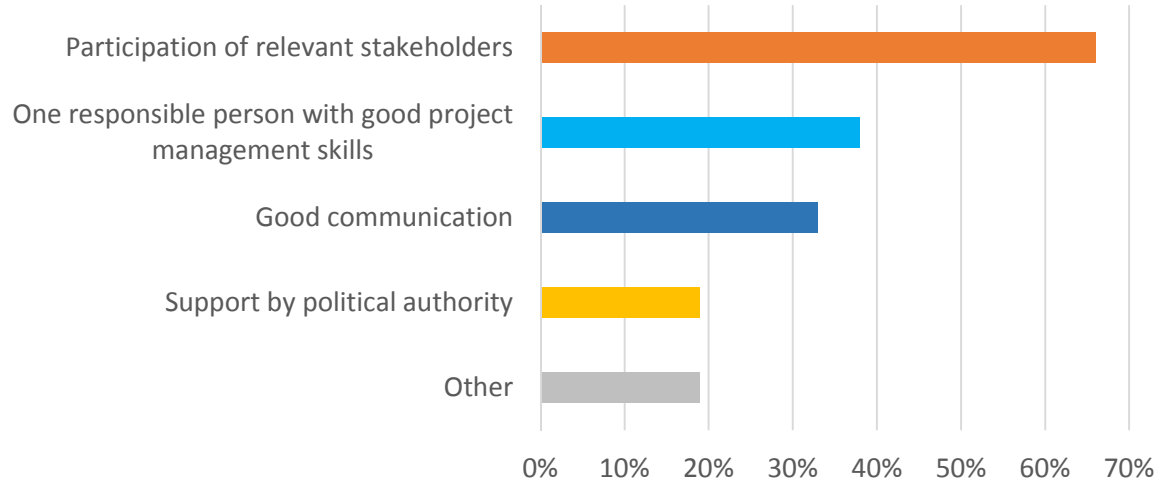


Figure 20. Facilitating factors for Round Table functioning (numbers are % of the 21 Round Tables; respondents: N = 21 Round Tables)

38% of the Round Tables stated that having one responsible person with good project management skills was essential for effective functioning of the Round Table. The term “good project management” was understood to particularly comprise the definition of clear and realistic goals, well defined target groups and clear communication of the duration of project as well as number of expected meetings. Good communication amongst the Round Table members was mentioned as another important factor for Round Table functioning (33%). While the majority of Round Tables used traditional communication channels (E-Mail, telephone), some Round Tables established exchange through social media (Viper, Messenger, WhatsApp). While support by political authorities was important for the establishment of local Round Tables, this factor was mentioned less often to be very important for the functioning of the Round Table (19%).

Other factors which were reported to be helpful for Round Table meetings were:

- spontaneity and flexibility (e.g. to react to ideas of teenagers)
- teenagers who report their experience
- good information material for young people
- online video material to educate people about the project and similar projects
- RAR interviews, because they provided some data and arguments on “what we are talking about”

Running Localize It!: Hindering factors for Round Table functioning (Round Table members' perspective)

In addition to the absence of the above mentioned facilitating factors for effective functioning of Round Tables, some explicitly hindering factors were identified by the Round Table members. N = 3 of the N = 21 Round Tables reported little time of stakeholders to be problematic. Equally, n = 3 Round Tables reported it to be hindering for Round Table functioning that the topic "alcohol prevention" was perceived not to be a priority in the municipality. N = 2 of the N = 21 Round Tables reported problems with the implementation of the chosen alcohol prevention measures to be hindering for the work of the Round Table. Members of these two Round Tables commented, that one had difficulties to identify alcohol prevention programs which suited available financing, time and staff resources. The other commented that it was difficult to reach and motivate target groups. Finally, one Round Table reported budget issues to be hindering for Round Table functioning (Figure 21).

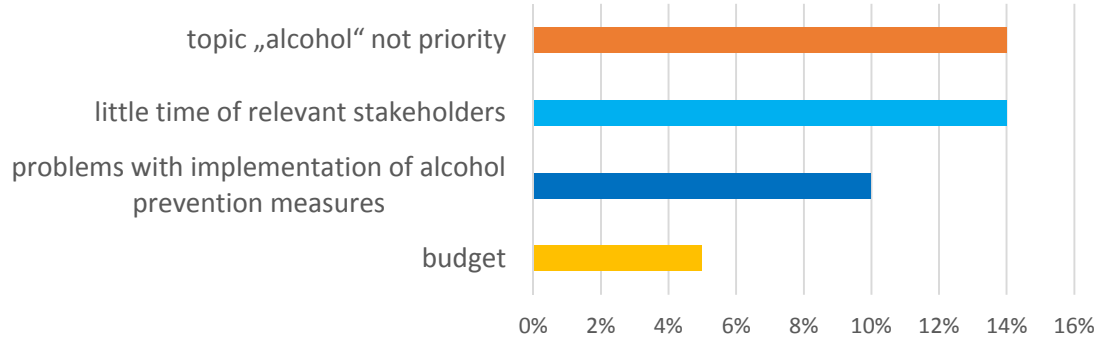


Figure 21. Hindering factors for Round Table functioning (numbers are % of the 21 Round Tables; respondents: N = 9 Round Tables)

Running Localize It!: Facilitating factors for implementing alcohol prevention measures (Round table members' perspective)

From the perspective of the Round Table members, the most important facilitating factor for the implementation of alcohol prevention measures in a municipality is a good network (33%, n = 7) with responsible people who are well-connected in the municipality (Figure 22).

Following a top-down as well as a bottom-up approach in order to implement measures is stated to be helpful by n = 4 (19%) Round Tables each. They reported that, on the one hand, including the target

group in the planning process was helpful and, on the other hand, support from political authorities was also helpful for successful implementation of alcohol prevention measures.

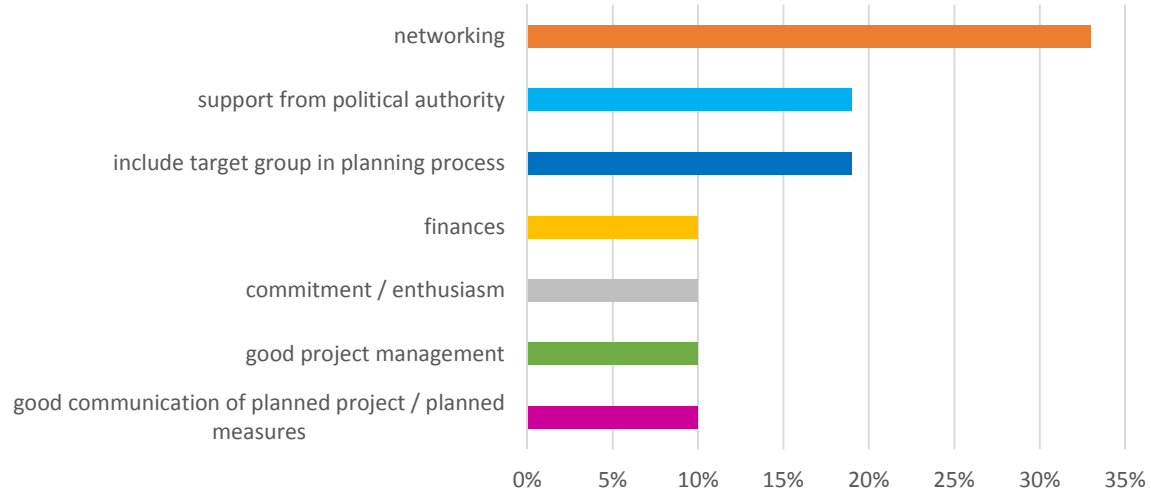


Figure 22. Facilitating factors for implementing alcohol prevention measures (numbers are % of the 21 Round Tables)

Additionally, commitment and enthusiasm of the person responsible for implementation was perceived to be helpful for the process (n = 2, 10%) as well as the availability of a financial budget for the measures (n = 2, 10%). And again, not just for Round Table functioning, but also for the implementation of prevention measures, effective project management (e.g. clear allocation of tasks; use of existing structures and resources) (n = 2, 10%) and effective communication of the planned measures (e.g. through social media, print media, network, in parent councils) (n = 2, 10%) were reported to be helpful.

Running Localize It!: Hindering factors for implementing alcohol prevention measures (Round Table members' perspective)

When it comes to implementing the chosen alcohol prevention measures in the municipality, new challenges may arise. New partners may have to be addressed, permissions requested and participants motivated to take part. The greatest hindering factor for implementing prevention measures reported by Round Table members was a low priority of the topic of alcohol prevention in the municipality, n=5 (24%) Round Tables reported this to be a hindering factor) (Figure 23). Interviewed Round Table members commented, that municipalities are often dealing with "(too) many important topics and projects". Sometimes "negative associations towards alcohol prevention"

exist and “positive representation of substance use in the media (e.g. Instagram)” make it difficult for preventionists to raise motivation for implementation of and participation in alcohol prevention measures.

Two Round Tables (10%) experienced organisational issues to be hindering the implementation process (e.g. transportation problems, privacy issues). Organisational problems also related to the implementation of prevention programs into existing structures such as the hospital setting or existing training curricula.

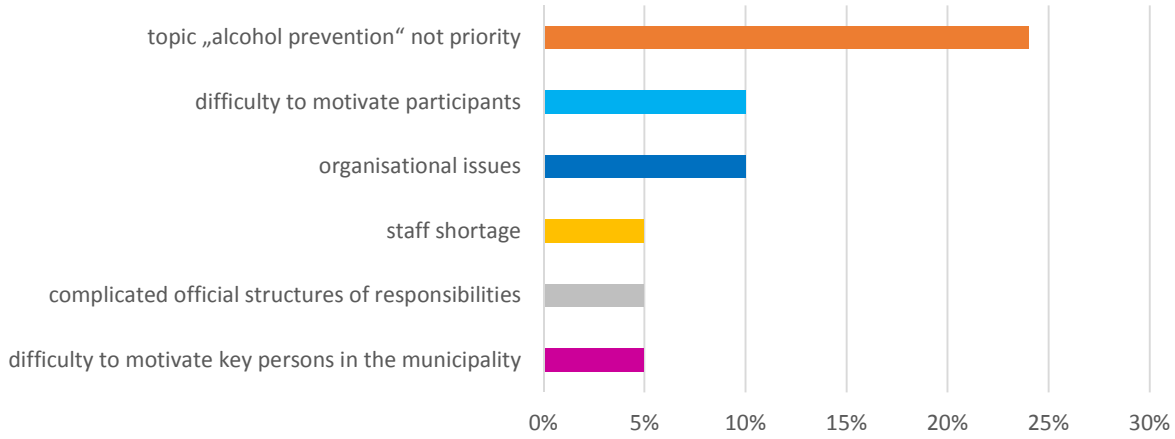


Figure 23. Hindering factors for implementing alcohol prevention measures (numbers are % of the 21 Round Tables)

Difficulties to motivate participants of prevention measures were reported in n = 2 cases (5%). These particular measures addressed nightlife staff in one case and parents in the other case.

Other hindering factors reported by the interviewed Round Table members were difficulties to motivate key persons in the municipality (e.g. responsible people from cultural or sports clubs) (n = 1), staff shortage (n = 1) and complicated official structures of responsibilities (n = 1). Other comments included that the Round Table was perceived as a “top-down” approach by some members of the community (e.g. fire guards, marching band). If motivating participants or stakeholders was difficult, this feedback usually referred to adult participants and / or stakeholders, whereas motivating adolescents was not reported to be problematic.

Motivating stakeholders in the process

Near the end of the project (t_2), we asked the N = 11 national coordinators about their experiences with motivating relevant stakeholders to participate in and to support local actions against problematic youth drinking. According to their appraisals, a number of factors may promote motivation:

- innovative prevention approaches
- small successes
- personal commitment
- a participatory approach, i.e. including ideas of Round Table members from the start
- good communication and project management (e.g. goal-setting is important; expectations, roles and tasks must be clarified, transporting the idea that alcohol prevention needs to be supported and implemented by the community members themselves (not so much just by one prevention organization))
- availability of a budget
- a municipality that puts priority on supporting alcohol prevention ("municipality pressure")

Implementing a local youth alcohol prevention strategy: The project partners' perspective

The N = 11 Localize It! national coordinators and N = 22 Localize It! prevention experts were asked for their recommendations for implementing local Round Tables for youth alcohol prevention. The two recommendations made most often were 1) to choose the right people for the Round Table with mandate and influence (n = 12), representing all relevant stakeholders in the municipality, from various settings, with access to the target group and with experience in prevention and intervention activities (figure 24). And 2) to invest time and effort in explaining the project and in motivating stakeholders (n = 12). Suggestions on how to raise motivation related to early inclusion of stakeholders in the process and the possibility to invite experts to the Round Table who inform about problematic alcohol use.

Figure 24. Recommendations for successful implementation of local Round Tables for alcohol prevention (absolute numbers of answers; respondents: N = 22 prevention experts and N = 11 national coordinators)

Another recommendation was to make sure to have one responsible and motivated person (n = 8) who is organizing the Round Table process from establishment through needs assessment and definition of the action plan to maintenance of the Round Table. Interviewees added that it is desirable that this responsible person has an official mandate from the mayor, city council or the like and that she or he has good project management skills.

Furthermore, support by political authorities was perceived as helpful by n = 7 respondents as was a clear communication of tasks and expected input of resources (time, finances) from participating Round Table members (n = 7). Other recommendations referred to the following factors:

- include more people who represent bigger organizations (1x)
- good reputation of own organization is helpful (1x)
- knowledge about the local circumstances is useful, get into conversations (guides are not useful), get a feel for the community (1x)
- include organizations with similar interests (1x)
- oblige involved parties to cooperate (participation) (1x)

3.3.2. Goal attainment

In order to assess the perceived goal attainment of the Round Tables, one item from the Goal Attainment Scaling (Kolip & Schaefer, 2013) was assessed at assessment time point t_2 (between PM 22 and PM 25). The original full version of the scale was reduced to a single item due to the feedback from project partners that the time needed for filling in the evaluation questionnaires during Round Table meetings was perceived as being too long. Questionnaires from Round Table members of N = 15 Round Tables were received comprising a total of N = 70 respondents. Round Table members were asked “Until now, did the Round Table attain its goals? Please state your opinion”. Answers were given on a 5-point Likert-scale with options ranging from -2 (“much less than expected”) to +2 (“much more than expected”). Round Table members rated goal attainment with a mean of M = 0.50 (SD 0.85, min.= -2; max.= 2).42,9% (n = 30) respondents stated that the Round Table attained its goals exactly as expected, 37,1% (n = 26) stated that the goals were met more than expected and 11,4% (n = 8) stated that the goals of the Round Table were attained much more than expected. On the other hand, 7,1% (n = 5) stated that the Round Table achieved its goals less than expected and 1,4% (n = 1) much less than expected (figure 25).

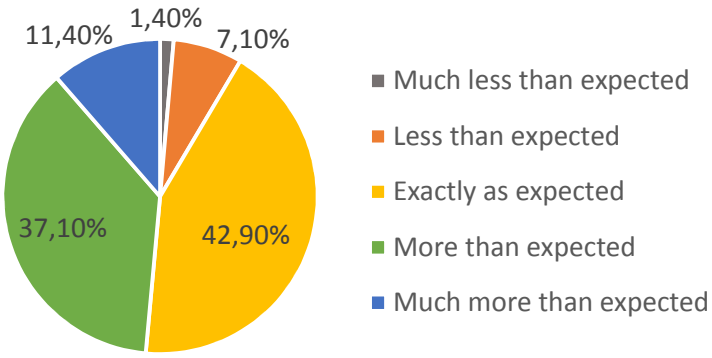


Figure 25. Perceived degree of goal attainment of Round Table members (N = 70)

3.3.3 Team effectiveness

The analysis of team effectiveness was conducted using the same data base as for the analysis of goal attainment. Of the N = 22 items of the original version, n = 3 items of the Questionnaire on Working in a Team (Fragebogen zur Arbeit im Team, FAT) (Kauffeld, 2004) were selected for evaluation of team effectiveness. The 3 items were selected from the subscale “goal-orientation” which is the basis

for effective team functioning according to Kauffeld (2001). The selected items were “The goals of the Round Table are clearly formulated”, “The goals of the Round Table are realistic and we can attain them”, “It is important for my municipality that the Round Table attains its goals”. Agreement with these statements was rated on a 6-point Likert-scale ranging from 0 (“no”) to 5 (“yes”).

With a mean score of M = 4,38 (SD = 0.85; min.=1, max.=5) the N = 82 Round Table members stated that they mainly agreed with the statement “The goals of the Round Table are clearly formulated”. Likewise, the statement “The goals of the Round Table are realistic and we can attain them” was mainly agreed with by the N = 82 respondents with a mean score of M = 4.09 (SD = 0.93; min.= 2, max.=5). The third item “It is important for my municipality that the Round Table attains its goals” received highest agreement with a mean score of M = 4.44 (SD=0.87; min.=0, max.=5).

3.3.4. Ratio of realized vs intended implementations of new measures

As one tool to assess the outcome the Round Tables in municipalities, the ratio of planned vs realized prevention measures was assessed. Of the N = 82 measures reported in the action plans, 75,6% (n = 62) of measures were implemented before PM 27 (June 2019) which was the deadline for data collection for the evaluation (table 23). 14,6% (n = 12) of measures had not been implemented whereas for 2,4% (n = 2) of measures it was unclear to project partners whether the program had been implemented in the municipalities already. For 7,3% (n = 6) of measures, no data on actual implementation was available.

Implementation before PM 27	Frequency
yes	62
no	12
unclear	2
no data	6
total	82

Table 23. Numbers of measures realized before project end

3.3.5. Continuation of the round table after PM 25

In order to assess sustainability of established structures for youth alcohol prevention in the municipalities, Round Table members were asked for their appraisal if the Round Table would continue in their municipality after the end of Localize It!. Of the N = 21 interviewed Round Tables, 52,4% (n = 11) stated that the Round Table will be continued (figure 26). 19,0% (n = 4), however, said

that the Round Table would not continue. In these four municipalities which stated that the Round Tables will not continue after the project Localize It! has finished, the following reasons for discontinuation of the Round Tables were given:

1. Not enough support from relevant actors (in this case parents), other topics like cell phone / media use and illegal drug use among youth were perceived to be more important (1x),
2. The alcohol-related problem which was perceived to be most relevant in the municipality was solved and additionally Round Table members were high representatives of municipality and other stakeholders with little time for further meetings (1x)
3. Round Table members had too much work, not enough time (1x)
4. Alcohol prevention was not of high priority in the municipality (1x)

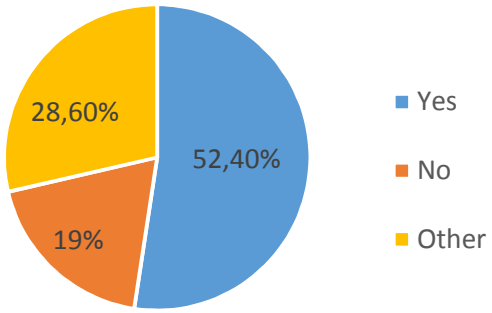


Figure 26. Continuation of Round Tables (N = 21, data source: Interviews with Round table members in PMs 22-25)

28,6% (n = 6) of interviewed Round Tables chose the category “other”. In 50% (n = 3) of cases when the category “other” was chosen, Round Table members stated that the Round Table will be integrated into other existing structures in the municipality, i.e. into working groups for youth work or welfare council boards, so that the topic of youth alcohol prevention will continue to be addressed and some or all of the participants of the Localize It! Round Table will be taking part in the respective working groups or board meetings. In the other 50% (n = 3) of municipalities which chose the category “other”, interview partners stated that the continuation of the Round Table was uncertain at the time of the interview, but plans for integrating the Round Table into existing structures in the municipality were made.

3.4. Evaluation of alcohol prevention measures (level III)

According to the national implementation reports, a total of N = 82 alcohol prevention measures were defined in the municipalities' action plans, whereas n= 57 were individual measures, n = 16 structural and n = 9 a combination of structural and individual.

3.4.1 Reach

Reach of the implemented measures will be reported separately for structural measures and individual measures. Program deliverers filled in one questionnaire for each delivered measure. The data reported in the following sections is based on N = 25 questionnaires from deliverers of a structural measure and N = 32 individual measures.

Target population for structural prevention measures were the general public (n = 9), parents (n = 6), festival and event organizers (n = 3), bar staff (n = 3) and youth / school children (n = 2) or retail employees (n = 2) (figure 27).

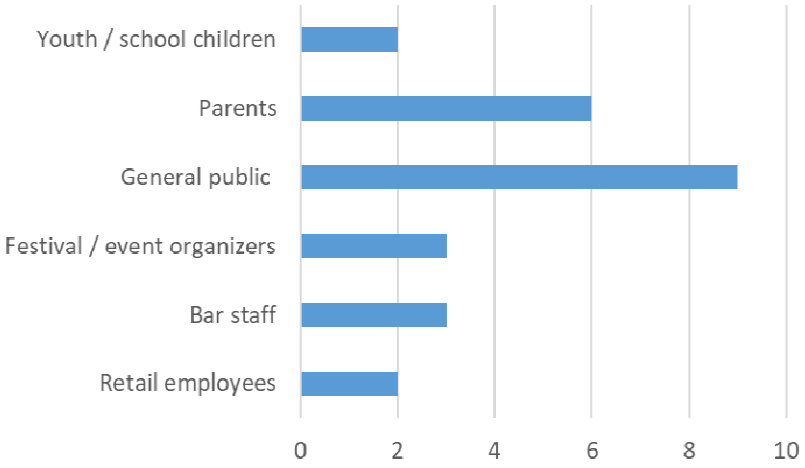


Figure 27. Target populations of the N = 25 evaluated structural prevention measures (numbers are frequencies)

A total of N = 862 people / organizations participated in the N = 16 evaluated structural prevention measures for which data on participant numbers were reported. The mean number of participants was M = 54 with a minimum of n = 3 and a maximum of n = 240 participants. A total of n = 9 measures with ≤20 participants were delivered, n = 4 measures with participant numbers between >20 and <100, and n = 3 with >100.

82,6% (n = 19) program deliverers stated that the delivered structural prevention measure reached the intended target population. 17,4% (n = 4) reported that the measure only partly reached the intended population.

Data from a total number of N = 32 individual prevention measures was available for evaluation. The target populations of those measure were in 65,6% (n = 21) cases youth in general, i.e. the measure was a universal prevention measure (figure 28). 21,9% (n = 7) of measures were targeting youth at risk of developing problematic alcohol use (selective prevention) and 15,6% (n = 5) measures were addressing youth with risky alcohol use (indicated prevention). In 25% (n = 8) of measures, the target population was described as “other”, namely adults and parents (n = 2), bar staff/owners and party organizers (n = 1), high school teachers (n = 1), students or university students (n = 3) and teachers (n = 1).

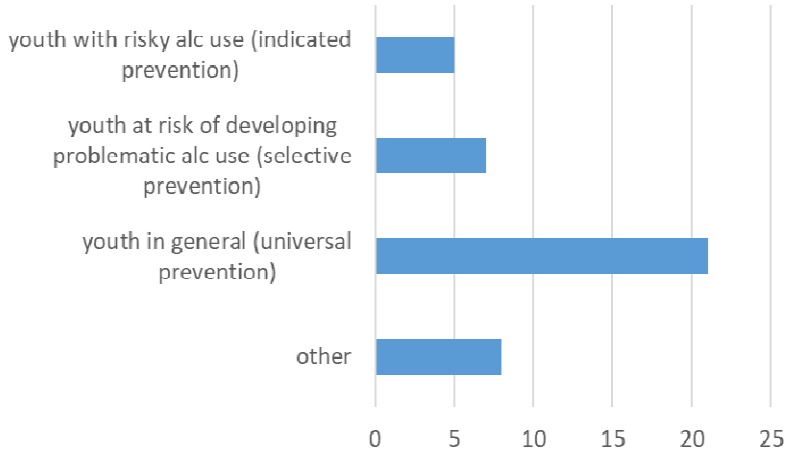


Figure 28. Target populations of the N = 32 evaluated individual prevention measures (numbers are frequencies)

When looking at the settings in which participants of individual prevention measures were addressed, the majority of evaluated measures were delivered in the school setting (51,6%, n = 16) (figure 29).

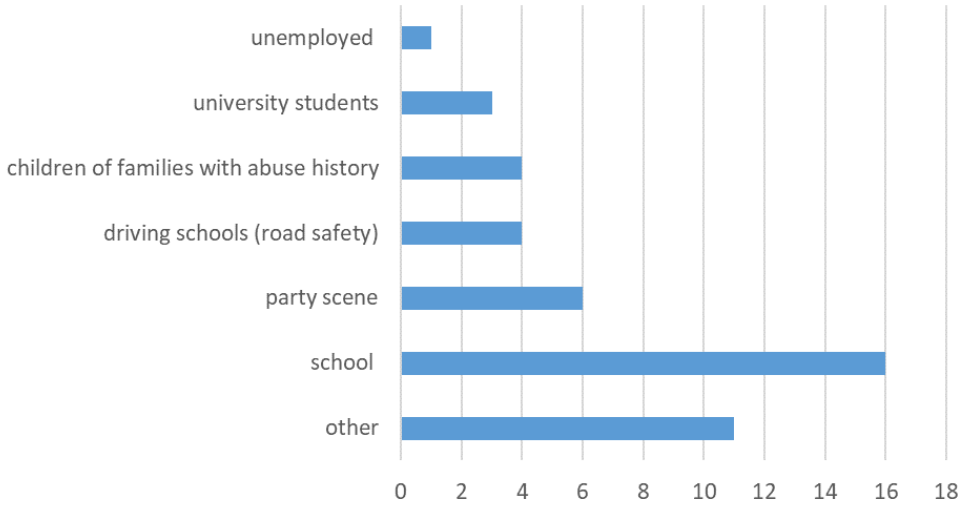


Figure 29. Settings addressed by evaluated individual prevention measures (n = 31) (numbers are frequencies)

19,4% (n = 6) of measures were delivered in the party scene whereas n = 4 (12,9%) measures were designed for reaching children of families with abuse history. Another n = 4 (12,9%) measures were delivered for young drivers in the road safety setting. 9,7% (n = 3) were addressing university students and n = 1 (3,2%) measure was targeting unemployed youth. Other settings were addressed in n = 7 (22,6%) of measures, i.e. facebook page friends (n = 1), general population (n = 1), high school teachers (n = 1), parents (n = 2), university staff (n = 1), children (n = 1), and youthhouse youth (n = 1).

Participation numbers ranged from 0 to 350 for single measures with a mean of M = 82 participants. According to numbers stated by the program deliverers' a total of N = 2612 youth participated in the evaluated individual prevention measures.

71,9% (n = 23) program deliverers stated that the delivered individual prevention measure reached the intended target population. 12,5% (n = 4) reported that the measure only partly reached the intended population and 15,6% (n = 5) reported that they did not reach the intended target population. An analysis of barriers for reaching the intended target population is outlined in the following chapter (3.4.2. Implementation).

3.4.1.1. Participant characteristics

Participant data were collected from participants in N = 8 prevention measures. A total of N = 422 children and adolescents from 4 countries and 7 different municipalities participated. They filled in a four-page questionnaire on sociodemographics and substance use prior to intervention delivery. Included in further analyses were n = 414 participants who had a maximum age of 25 years and completed all items on alcohol use (AUDIT-C, CRAFFT) and illicit drug use (RAFFT). The n = 206 boys had a mean age of M = 14.50 (SD = 1.63), the n = 203 girls had M = 14.66 (SD = 2.23), four participants did not identify by gender.

Of the participants, 95% were attending school (48% of males, 46% of females, 1% not specified). 'School' typically was a secondary school (42% of males, 41% of females). A migration background in their families of origin was reported by 18% of males and 22% of females. The evaluated prevention measures were mainly delivered in the school setting (figure 30).

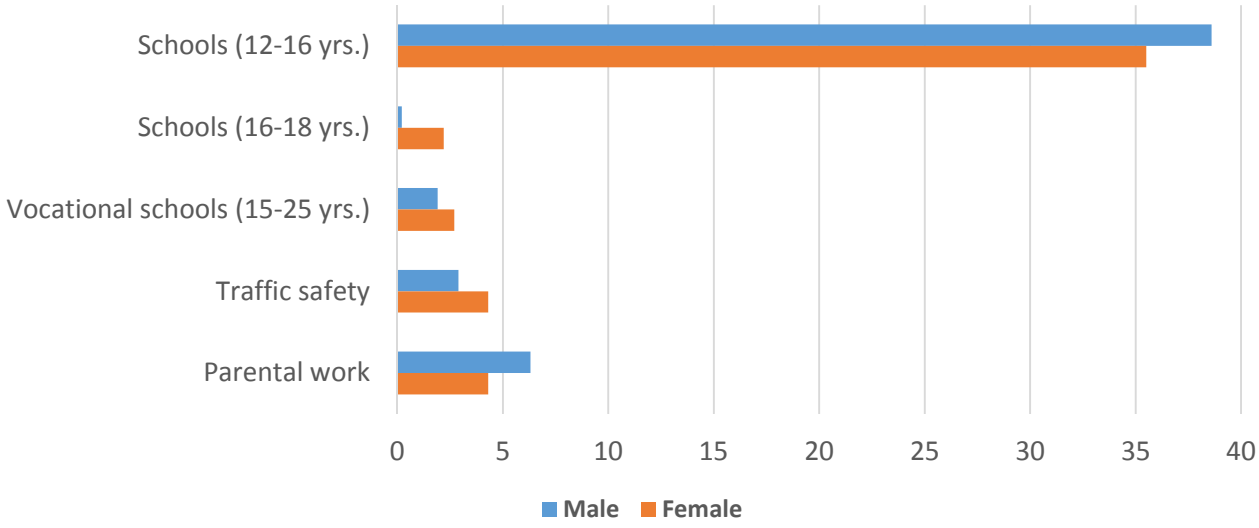


Figure 30. Distribution of female and male participants across the five settings where the evaluated preventive measures were delivered (Numbers given are percentages of a total of n = 410 respondents)

Among the evaluated measures, the measures with the highest participation numbers were "Tom & Lisa" and "Clear View" (*Klarsicht*) (figure 31), both of them recommended in the catalogue of good practices for Localize It!.

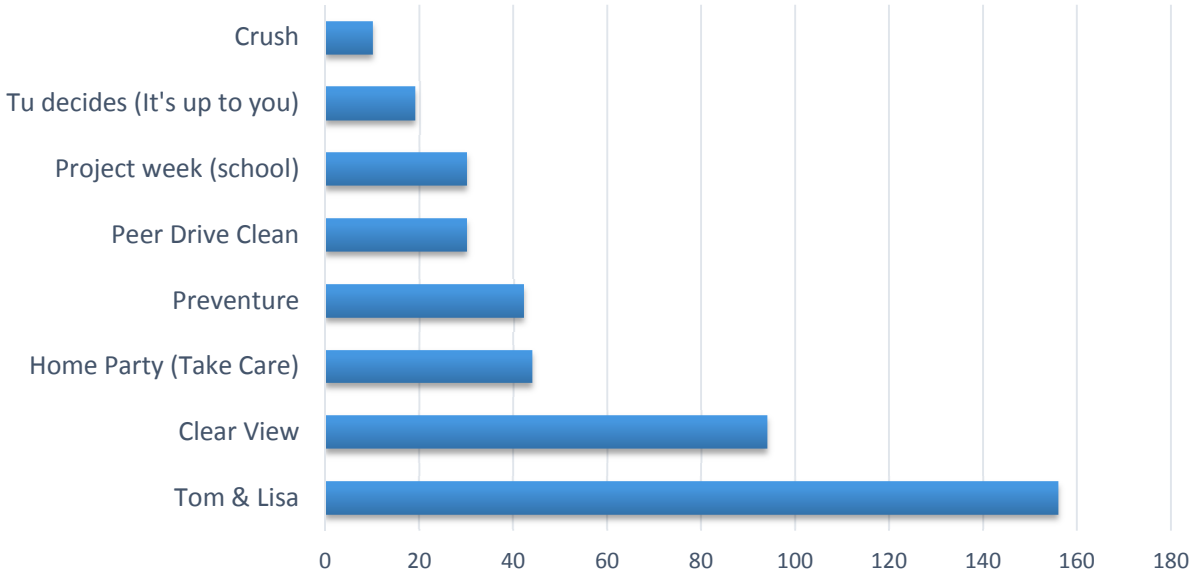


Figure 31. Distribution of participants across the eight evaluated preventive measures (Numbers given are frequencies)

3.4.1.2. Alcohol use and drinking motives

When looking at the three single items of the AUDIT-C (Bush et al., 1998; Babor et al., 2001; Rumpf et al., 2013), 51,6% (n = 211) respondents reported that they did not consume any alcoholic drink in the past 12 months (figure 32). 34,0% (n = 139) used alcohol monthly or less, 8,8% (n = 36) 2 to 4 times a month, 4,4% (n = 18) 2 to 3 times a week, 1,0% (n = 4) 4 to 5 times a week and 0,2% (n = 1) 6 or more times a week.

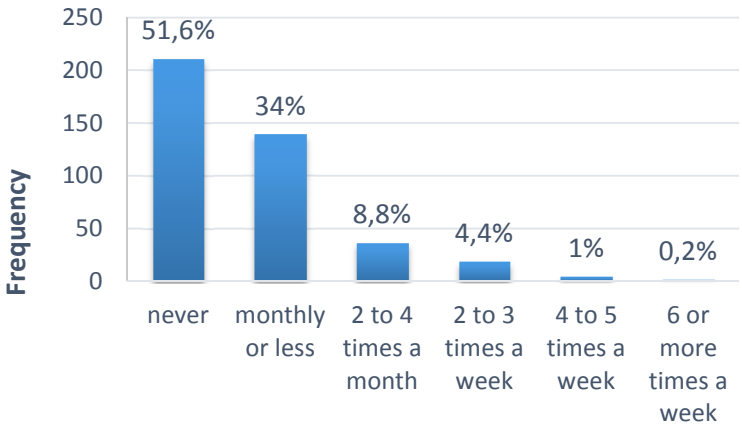


Figure 32. AUDIT-C Item 1 Frequency of drinking in the past 12 months (n = 409)

The quantity of alcohol consumed on a typical drinking day (AUDIT-C item 2) is displayed in figure 33. 53,8% (n = 220) reported not to consume alcohol at all. 32,3% (n = 132) typically consumed 1 to 2 drinks on one drinking occasion, 10,0% (n = 41) 3 to 4 drinks, 2,0% (n = 8) 5 to 6 drinks, 1,2% (n = 5) 7 to 9 drinks and 0,7% (n = 3) consumed 10 or more drinks on one occasion.

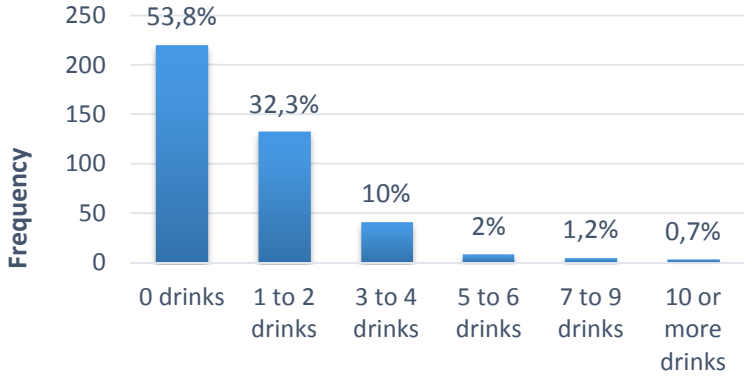


Figure 33. AUDIT-C Item 2: Quantity of alcohol consumed on a typical drinking day in the past 12 months (n = 409)

Binge drinking frequency was assessed with AUDIT-C item 3 “How often did you have 5 or more (girls: 4 or more) drinks on one occasion in the past year?”. 71,9% (n = 294) respondents reported that they did not have any binge drinking occasion in the past 12 months (figure 34). 21,0% (n = 86) stated that they consumed excessively less than monthly, 5,4% (n = 22) monthly and 1,7% (n = 7) weekly.

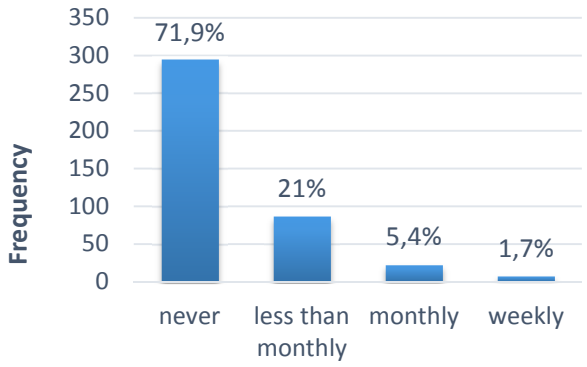


Figure 34. AUDIT-C item 3: Binge drinking frequency in the past 12 months (n = 409)

Additionally, drinking motives of youth participating in individual prevention measures were assessed with the Drinking Motive Questionnaire Revised Short Form (DMQ-R SF) by Kuntsche & Kuntsche,

(2009). Social motives were strongest (M = 1,36; SD = 0.53), followed by enhancement motives (M = 1,24; SD = 0.41) and coping motives (M = 1,15; SD = 0.37) (figure 35). Conformity motives were reported to drive alcohol use only in 13,8% of respondents (M = 1,07; SD = 0.19).

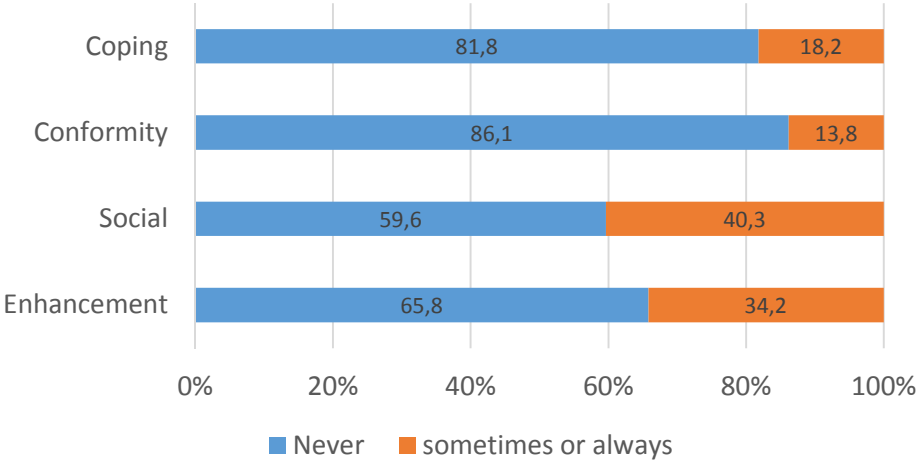


Figure 35. Drinking motives among the n = 411 respondents who participated in the evaluated individual prevention measures

3.4.1.3. Risky alcohol and drug use

Risky alcohol use

According to the AUDIT-C (Babor et al., 2001; Rumpf et al., 2013), 83,9% (n = 343) participants of individual prevention measures who filled in a participant questionnaire did not report risky alcohol use according to the AUDIT-C, whereas 16,1% (n = 66) participants were categorized as having a risky alcohol consumption pattern (N = 409). In addition to the quantity-frequency based AUDIT-C screening for risky alcohol use, the CRAFFT screening test for risky alcohol use in adolescence (Knight et al., 1999) was applied, which takes into account the social and physical consequences of risky alcohol use. According to the CRAFFT, 16,1% (n = 65) of respondents were consuming alcohol in a risky way (figure 36). 83,9% (n = 338) were not risky alcohol users according to the CRAFFT screening test.

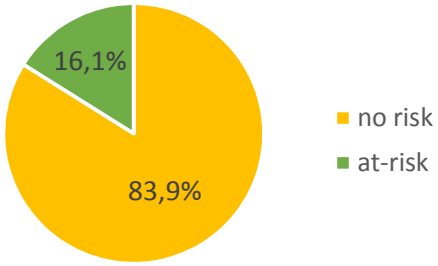


Figure 36. CRAFFT screening for at-risk alcohol use (n = 403)

Other substance use

22,1% (n = 91) respondents reported that they had consumed tobacco products at least once in the past year (figure 37). 3,4% (n = 14) stated to have consumed cannabis and 0,6% (n = 2) youth consumed other substances in the past year.

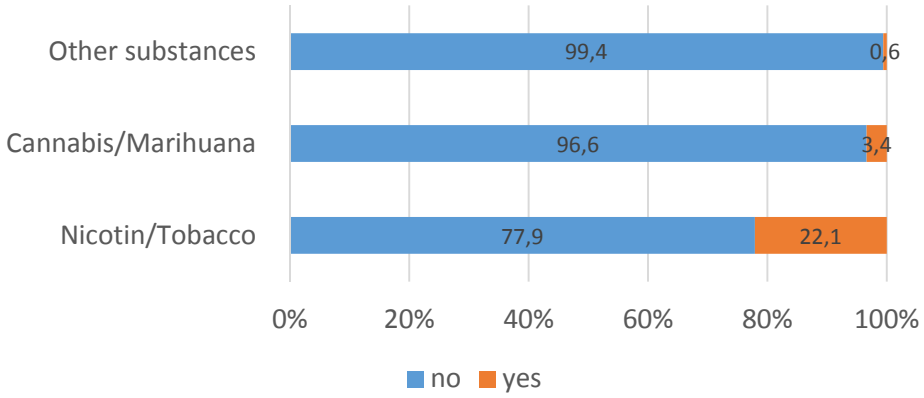


Figure 37. Prevalence of past 12 month use of other substances (n = 357), cannabis / marihuana (n = 409), nicotin / tobacco (n = 411)

Risky drug use

The RAFFT screening test was applied for screening for risky drug use in adolescence (Riggs & Alario, 1989; Sack et al., 2011). Like the CRAFFT, the screening takes into account the social and physical consequences of risky drug use. According to the RAFFT, 3,2% (n = 13) of respondents were consuming illegal substances in a risky way (figure 38). 96,8% (n = 388) were not risky drug users according to the RAFFT screening test.

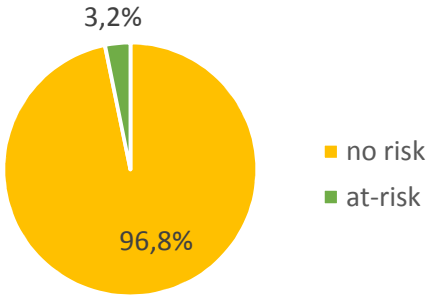


Figure 38. RAFFT Screening for at-risk drug use (n = 401)

3.4.2. Implementation

Implementation and adoption of measures were evaluated through questionnaires filled in by program deliverers. We received a total of N = 32 questionnaires for the evaluation of individual prevention measures (QD-I) and N = 25 questionnaires for the evaluation of structural prevention measures (QD-S) (see Milestone "Standard for for data collection in participating municipalities"). Of the total N = 82 measures implemented as part of Localize It! (see D6.3 Local reports on implementation), 70% (n = 57) were evaluated. The majority of those measures, which were not evaluated, started after the deadline for handing in the evaluation questionnaires (June 15th 2019), in one case two measures were delivered in combination and one questionnaire was filled in.

Hindering factors for the implementation of individual measures

Two main areas of hindering factors were identified by the program deliverers of the individual measures. One main area are organizational issues, e.g. lack of time by partnering organizations (37,5%; n = 12) and timing and preparation of the measure (25%; n = 8) (figure 39). The other main related to attitudes towards alcohol prevention and motivation to support or take part in prevention measures. 25% (n = 8) program deliverers reported that little acceptance of the prevention measure, e.g. by the municipality or partnering organization was a hindering factor. In some cases this meant that participants did not show up for a scheduled training (e.g. bar staff) or that the person in charge did not support taking part in an alcohol prevention measure from the beginning (e.g. sports clubs, bar owners). Additionally, 21,9% (n = 7) of program deliverers reported that lack of motivation and missing engagement, e.g. by participants or parents was a hindering factor. Next to these two main areas, the adaption of the measure to the local context was reported to be problematic by n = 3 program deliverers (9,4%) and communication with local partnering organizations was perceived to be difficult in n = 2 cases (6,3%). As other hindering factors (n = 4; 12,5%) the following factors were

reported: the evaluation, school changing plans, the idea that peers should work on a voluntary basis and “unregularity”.

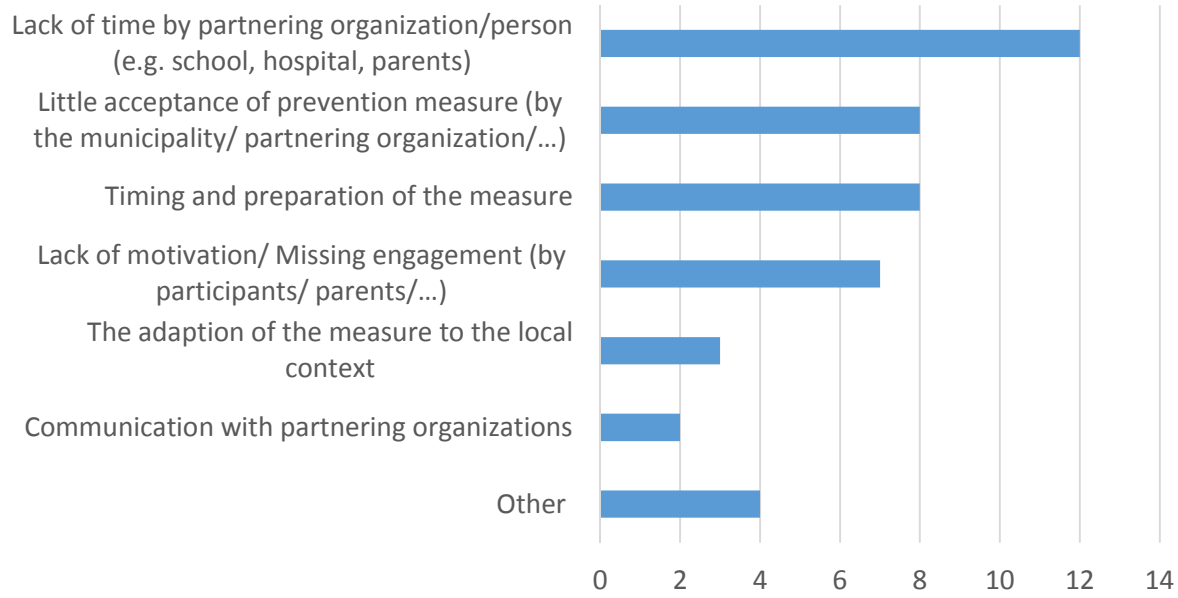


Figure 39. Hindering factors for delivering the evaluated individual prevention measures (N = 32) (numbers given are frequencies) (multiple entries possible)

Facilitating factors for the implementation of individual measures

The facilitating factor for program implementation named most often was commitment and motivation of participating institutions, the community and single stakeholders involved in program implementation (34,4%, n = 11) (figure 40). Next to this, external support, i.e. by institutions not directly involved in program implementation, was perceived as helpful in 25% (n = 8) of cases. The Localize It! training workshops were stated as facilitating factors by n = 6 (18,7%) program deliverers. Furthermore, a good network (n = 5; 15,6%), the importance of the topic (n = 4; 12,5%), the possibility to build on already existing prevention programs in the portfolio of the partnering organisations (n = 4; 12,5%), good cooperation between program deliverers and participating organizations (n = 3; 9,4%) and involvement of the Round Table members (n = 2; 6,3%) were reported to be facilitating factors for program implementation. In the category “other”, the statement of n = 7 program deliverers (21,9%) were summarized, e.g. the activity was fun to do, sufficient organization, school owns a Tom & Lisa material box, tradition, school concept and the European context (2x).

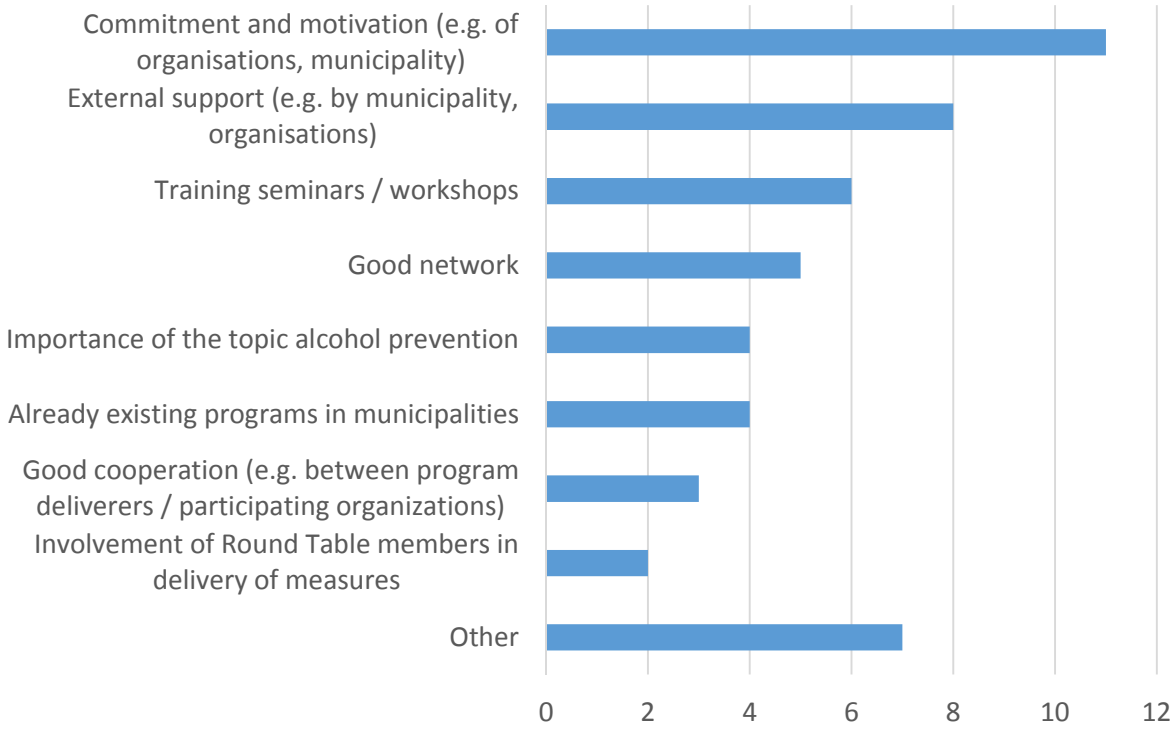


Figure 40. Facilitating factors for delivering the evaluated individual prevention measures (N = 32) (numbers given are frequencies) (multiple entries possible)

Hindering factors for the implementation of structural measures

For the implementation of structural prevention measures, the two main areas of hindering factors were similar to those identified for the implementation of individual measures. Little acceptance of the prevention measure and little motivation of potential project partners and participants was named as a hindering factor by 36,4% (n = 8) program deliverers of the total of N = 22 respondents (figure 41). Little time and organizational problems were reported to be problematic by 31,8% (n = 7) of program deliverers. Communicating the existence of the measure was reported to be difficult by 27,3% (n = 6) of program deliverers. One respondent (4,5%) stated that little motivation to participate in the evaluation was perceived as a hindering factor for program implementation (category “other”).

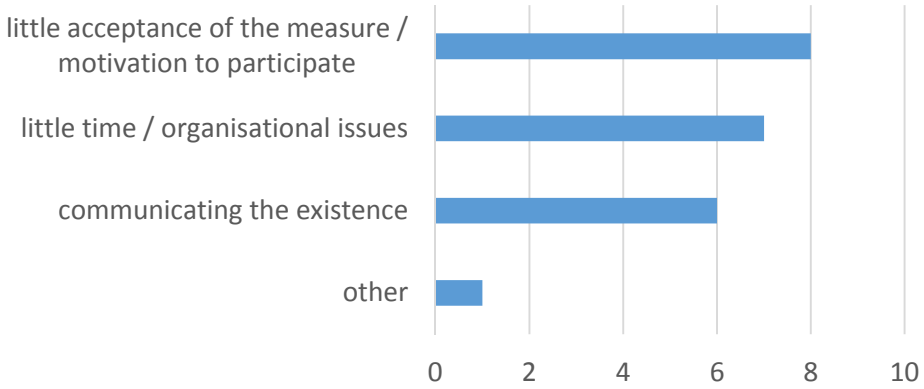


Figure 41. Hindering factors for delivering the evaluated structural prevention measures (N = 22)

Facilitating factors for the implementation of structural measures

N = 25 program deliverers provided information on facilitating factors for implementation of structural prevention programs. The factors named most often was what was categorized as "well-designed prevention measure" (60%, n = 15). The following comments reflect what is understood by the term "well-designed": attractive and interesting for youth (with good feedback from youth; youngsters are in a good mood at these events, so they are prepared to talk about these things); also interesting for non-professionals; free give-aways (earplugs on festivals / events, handing out balloons to parents); good materials (e.g. flyer, posters, folders, stickers)(3x); setting allowed interaction between parents and youth; good and simple description of the measure; little resources needed (time, staff), advantage that peers led the conversations; obligatory agreement for alcohol sellers. These comments reflect that the measures elements (e.g. inclusion of peers, agreement with alcohol sellers, creating space for interactions of parents and youth), materials (free give-aways, e.g. earplugs on festivals / events, handing out balloons to parents, good material, e.g. flyer, posters, folders, stickers)(n = 3)), organizational issues (good and simple description of the measure; little resources needed (time, staff)) as well as the spirit and attractiveness of the measure are important factors for successful implementation of structural prevention measures.

28% (n = 7) of program deliverers reported that their experience in implementing prevention measures was helpful. High motivation of participants, deliverers, Round Table members, and supporters was mentioned as a facilitating factor by n = 6 (27,3%) respondents. Support by the mayor and / or municipality was reported to be facilitating by n = 4 (16%) respondents and n = 2 (9,1%) respondents reported that it was helpful that Round Table members were actively involved in the delivery of measures. Finally, n = 5 (20%) respondents reported other factors, e.g. "one topic to discuss", "positive experiences in the neighbouring municipality", Localize It! training workshop,

existing network and cooperations and the development and analysis of a questionnaire by a project partner as helpful factors.

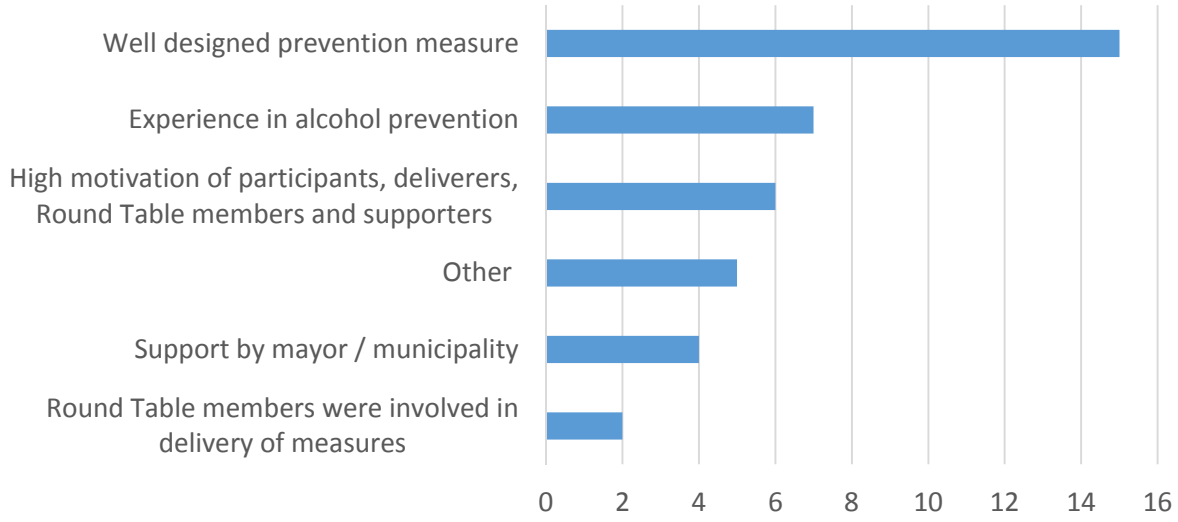


Figure 42. Facilitating factors for delivering the evaluated structural prevention measures (N = 25) (numbers given are frequencies) (multiple entries possible)

3.4.3. Adoption

Feasibility of implementing measures in different settings and within different cultural backgrounds was assessed in a best practice implementation questionnaire which was filled in by N = 21 prevention experts and in semi-structured interviews with N = 10 national coordinators at the third assessment time point.

As reported in chapter 3.1.4., necessary language and cultural adaptations of measures were stated as one of the two hindering factors for networking named most often by national coordinators (n = 4; 40%). Adaptations were necessary as a result of e.g. differing organizational structures in a municipality, different cultural attitudes towards prevention and alcohol use or because of individual needs expressed by a cooperating partner (e.g. schools). Some examples are given below.

In one country, the age range of the target population for the school-based prevention measure “Tom and Lisa”, for example, had to be adapted to national guidelines for alcohol prevention in schools. In two cases, the number of sessions of the “Tom and Lisa” measure was adapted to suit the schools’ needs. For the measure “Home party (Take Care)”, one municipality reported that the numbers of sessions was extended from 5 to 14 due to an expressed need of the cooperating partner.

The measure “(Peers) drive clean” was originally designed to be delivered during theoretical driving classes. This program was adapted to be implemented in a country where driving schools – in line with national law - do not offer theoretical classes. In this country, participants were recruited at a university and an army base. In the university, the measure was accompanied by a social media campaign and a public event, at which students were able to sign up for the “(Peers) drive clean” workshop.

The measure “Before you get burned” was originally developed to be integrated in a training curriculum for nurses.This program was adapted to be implemented without the integration in a training curriculum. In the original version, peers who deliver the intervention during festivals and events are recruited from a training curriculum for nurses. In the adapted version, it was reported to be difficult to find peers willing to participate in the prevention measure.

The project “HaLT-Hart am Limit” was planned to be introduced as part of the four Localize It! measures in one municipality (and as an additional measure in another municipality). However, the measure includes establishing a counseling service for youth with alcohol intoxication in hospitals which proved to be difficult within the time-frame of Localize It!.

Other measures, however, were reported to be implemented in different countries and municipalities without major adaptations necessary.

3.4.4. Effectiveness

Data on effectiveness of implemented measures is available for n = 80 of the N = 82 implemented prevention measures. The following numbers are referring to the total of n = 80 available data sets for implemented measures. 59% (n = 47) of implemented measures were chosen from the Localize it! best practice list (table 24). N = 9 measures (11%) were existing prevention programs which were not on the Localize It! best practice list (Party pointer, 10 points, Sensitization material for retail, PreVenture, Attent, Municipal alcohol ordinance, Bar briefing, Internet Campaign, Sensitization material for Clubs) and 30% (n = 24) of measures were developed in the municipalities, respectively. Among the best practice measures implemented in Localize It!, n = 3 different measures with evidence level 0 (no evaluation of effectiveness) were implemented with a total number of delivered measures of n = 5. The majority of implemented best practice measures had an evidence level of I (effectiveness theoretically well-grounded). N = 12 different measures from this category were chosen with a total number of n = 31 implemented measures. N = 3 implemented measures had an evidence level of II (probable effectiveness (“promising”)) according to the Localize It! best practice list with a

total number of n = 6 delivered measures. From evidence level III (proven effectiveness ("effective")), the measure "Tu decides – it's up to you" was chosen for implementation in n = 5 municipalities.

Evidence level	Number of programs	Name of measure	Frequency of implementation
0	3	Pub crawl	1
		Hangover kit	1
		Staff training for nightlife premises	3
I	12	Take Care	9
		Europarents	5
		Tom & Lisa	3
		Fun without alcohol	1
		(Peers) drive clean	2
		When small children grow up	1
		High school finalists trip	2
		Barcode	2
		No alcohol under 16 years	1
		HaLT	1
		Clear view - Parcours about tobacco and alcohol	3
		Hard and smart	1
II	3	Crush	1
		Workshop alcohol	1
		Before you get burnt	4
III	1	Tu decides - it's up to you	5

Table 24. Measures implemented from the Localize It! best practice list

3.4.5. Maintenance

According to the implementation reports provided by the project partners, 61% (n = 50) of measures introduced as part of Localize It! will sustainably be implemented in the municipality, i.e. measures will continue to be delivered after the project end of Localize It! (figure 43). 18% (n = 15) of measures will not be delivered again after project end. For 11% (n = 9) of measures sustainable implementation was unclear at the time of reporting and for 10% (n = 8) of measures, no information on sustainable implementation was provided.

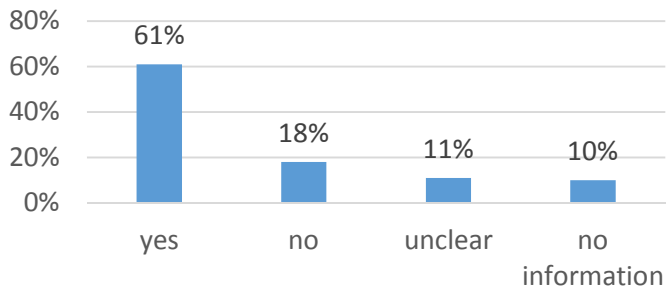


Figure 43. Sustainable implementation of youth alcohol prevention measures introduced as part of Localize it! (numbers are % (rounded) of the N = 82 measures)

4 Discussion

On the European level, a very active and well connected network was observed during the duration of Localize It!. Although the network was based on a network addressing substance use prevention which existed prior to Localize It!, new contacts were established and the network was used successfully for the exchange of information and resources. All network members stated that they learned about best practice programs for youth alcohol prevention, which they did not know before. Therefore, the projects' aim to promote networking and best practice exchange on the European level was achieved.

On the local level, all participating municipalities succeeded in establishing a Round Table for youth alcohol prevention. However, one Round Table was dissolved during project time and n = 3 Round Tables will not be continued after Localize It! has ended. The reasons for the discontinuation of the established Round Tables mainly lay in the perception, that excessive alcohol use amongst young people was either already tackled or not a great concern in the municipality (when compared to other issues). Only one Round Table was discontinued because members did not have enough time for the meetings. Overall, n = 17 of the established n = 21 Round Tables will continue either as local networks for youth alcohol prevention or integrated in existing structures in the municipality, so that the topic of alcohol prevention will sustainably be addressed in the municipalities.

The established local networks varied greatly in size, structure, number of interconnections between members as well as frequency of communication between members. Available data for the analysis of local networks was incomplete in a number of cases, so that network development over the three assessment time points could not be described for all Round Tables. Furthermore, the response rate of Round Table members was below 50% for most Round Tables, so that interpretation of results of the Social Network Analysis is limited and the evaluation was restrained to descriptive analyses. The planned inference statistical analyses on associations between network characteristics and outcomes could not be conducted.

With the exception of one setting, members of the Round Tables reported to be aware of more best practice programs in the settings at the end of Localize It! than at the start. However, the mean number of known best practice programs in the different settings was low (<1), so that it can be concluded that on the level of the Round Table members, the increase in knowledge on best practices was not substantial. Saying this, it has to be noted that most municipalities organized their Round Tables in a way that either the Localize It! prevention experts worked with the best practice list and recommended suitable programs for implementation and / or one responsible member of the Round Table was involved in the process of recommending best practices. Against this

background, it was to be expected that many Round Table members would not increase their knowledge of best practices in youth alcohol prevention.

The evaluation of the Localize It! process in the municipalities revealed that the RAR interviews were perceived to be a good start for collecting local arguments for alcohol prevention, for creating a network, identifying relevant actors in the municipality and for starting to raise awareness for the importance of alcohol prevention. In most municipalities, budget, staff and organisational issues were not reported to be the main problem when trying to establish a Round Table for youth alcohol prevention. The challenge stated most often was to raise stakeholders' motivation to take part and to support the project. This meant on one hand, convincing stakeholders and municipality representatives that alcohol prevention is important, although it may not be an "acute" problem in the municipality. On the other hand it meant raising motivation to take action against problematic youth drinking among potential adult participants in prevention measures, e.g. bar staff and club owners, festival organizers, sports clubs representatives and / or parents. Other necessary prerequisites for successful implementation of the Localize It! strategy equally identified by national coordinators, prevention experts and Round Table members were to have one responsible person in the municipality who is highly committed, very well connected in the municipality and has good communication and project management skills, and to invest time and effort to identify and recruit relevant Round Table members who represent important groups in the community and who have a mandate to decide on actions.

The local Round Tables achieved to implement more than 75% of planned prevention measures before project month 27, which can be counted as a successful goal achievement. In some municipalities, the process of establishing the Round Table with relevant members took considerable time as did the process that lead to the formulation of the action plan, so that the implementation of measures started later than expected.

The evaluation of implemented measures revealed that a range of different target populations were reached, e.g. youth were reached in schools, driving schools, at universities, at festivals and events and in public space. Structural prevention measures targeted e.g. the general public, parents, festival and event organizers, bar staff, youth and retail employees. A total of N = 862 stakeholders or organizations participated in the n = 16 evaluated structural prevention measures, for which data on participant numbers were reported, and a total of N = 2612 youth participated in the n = 31 evaluated individual prevention measures. According to the analysis of available participant data, the target of reaching at least 70% of participants with an elevated risk of underage drinking and heavy episodic drinking or drug use was not met. However, this result is likely due to the fact that the

majority of implemented individual measures were universal prevention measures, where low percentages of youth with risky alcohol and drug use are expected.

Implementation of measures was mainly hindered or facilitated by the amount of time relevant stakeholders were able to invest and by the degree of motivation and commitment, which cooperating stakeholders, supporters and participants showed. When taking into account that the amount of time available for a project can either not be modified, because it is determined by external factors, or is influenced by the degree of motivation and commitment, this leaves the conclusion that project implementers would benefit from investing much time and effort in developing an effective strategy to raise stakeholders' motivation to take action against risky alcohol use among youth.

As observed in many implementation studies of evidence-based intervention (Escoffery et al., 2018), a number of best practice measures had to be adapted in order to fit local circumstances, target groups or settings. However, the projects objective to gather and exchange knowledge on implementation of measures in different settings across participating municipalities was achieved, because experiences made while implementing measures were documented and hindering and facilitating factors analyzed so that a knowledge transfer is possible.

Only one implemented measure fulfilled the criterion for an "effective" prevention measure (evidence level III of the Localize It! best practice list) and was implemented in n = 5 municipalities. Three implemented measures (with implementations in n = 6 municipalities) were evidence level II (promising) whereas the majority of implemented measures (n = 12 with implementations in n = 31 municipalities) had an evidence level I (theoretically well-grounded). In addition to these measures from the best practice list, n = 9 other measures were implemented and 30% of implemented measures were developed in the municipalities (n = 24). This means, only 59% of implemented measures were recommended best practice programs according to the Localize It! best practice list. In this aspect, Localize It! did not fully achieve its goal of implementing best practice measures for youth alcohol prevention. While the reasons for not choosing a best practice program are well-documented, creating a convincing rationale to raise stakeholders' understanding of the benefits of best practice programs and hence their motivation to support implementation of best practices remains a challenge.

Maintenance of implemented measures was reasonable with only 18% measures that will not be continued. The original target of sustainable long term implementation of all measures implemented as part of Localize It! was not met. However, some measures were not designed for repeated delivery, e.g. public campaigns, or measures will be replaced by other, new measures.

A limitation of the evaluation results is the poor data quality on a number of indicators. Because in most Round Tables less than 50% of members filled in the evaluation questionnaires, interpretation of the results of the Social Network Analysis is strongly limited because only a part of the communication, which actually took place, is represented in the available data. The same limitation applies to the variables assessed through questionnaires for Round Table members, such as goal attainment, team effectiveness and knowledge of best practices for youth alcohol prevention. Furthermore, results of the evaluation of data from program participants are not representative for all participants of prevention measures delivered as part of Localize It!, because data were only available from participants of n = 8 different measures delivered in four countries. However, program deliverers provided valuable data on the implemented programs and the target populations reached.

One area of future research in the field should be the development and evaluation of effective strategies to raise stakeholders' motivation to take action against risky alcohol use among youth. Furthermore, future research should focus on developing and testing strategies to promote the understanding of the benefits of implementing best practice programs and to raise and strengthen stakeholders' motivation to implement best practice programs instead of creating own measures with unknown theoretical basis and no knowledge on effectiveness.

Overall, project Localize It! succeeded in promoting networking and best practice exchange on European level (level I) and proved to offer a feasible and effective strategy for setting up sustainable structures to promote youth alcohol prevention on municipal level (level II). The objective of implementing evidence-based best practice measures was not fully reached. However, experiences made with the implementation of local Round Tables and local alcohol prevention strategies are well-documented and transparent and are now available to inform other municipalities who wish to implement the Localize It! strategy.

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