

Working group on the global evaluation
of the Alcohol Programme 1999 – 2002

IPSO

S O C I A L R E S E A R C H
A competence centre of IHA-GfK



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The Alcohol Programme 1999-2002 “Handle With Care”

**Evaluation Report
Abridged Version**

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Commissioned by :

The Swiss Federal Office of Public Health
Competence Centre for Evaluation

Contract no. 00.000203

Hergiswil, October 2002

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1 **The Alcohol Programme 1999-2002**

1.1 **Background**

In the early 1990s, the Swiss Federal Office of Public Health (FOPH) made an initial announcement that it intended to develop and support a comprehensive programme for reducing problems related to alcohol and tobacco consumption. The intention was to extend the policy that had already been introduced in the illegal drugs sector in 1991, to the 'legal' drugs sector. However, in order to minimize any possible opposition, in 1995, the FOPH decided to give priority to the tobacco sector. This resulted in the initiation of the 'Programme for Problems Related to Tobacco Use', 1996-1999.¹

At the same time, preparations continued at the Swiss Federal Office of Public Health for a similar initiative in the field of alcohol. The initial idea of proposing a comprehensive alcohol policy, including legislative measures, to the Federal Council was abandoned. However, the Federal Alcohol Administration (the FAA) was persuaded to collaborate and help with the financing of the final Alcohol Programme.

The Federal Council accepted the 'Alcohol Programme' project that was submitted by the FOPH on May 14, 1997. The concrete planning and development of a first national programme on alcohol consumption then followed. This was the first time that the Swiss Confederation itself became active in the field of alcohol prevention. Similarly, cooperation with the Swiss Institute for the Prevention of Alcoholism and Drug Problems (SIPA), which had been pleading and lobbying for such measures for years, was formalised.

In March 1999, the programme was publicly launched with a mass-media campaign involving advertisements, posters and TV commercials.

¹ Bolliger-Salzmann H., Cloetta B., Bähler G., Müller F., Hofmann C. (2000): Das Massnahmenpaket Tabak 1996-1999 des Bundesamtes für Gesundheit – Zusammenfassung des Schlussberichts der Evaluation, AGF/ISPM Berne

1.2 **The Alcohol Programme in Context**

The context of the Alcohol Programme can be summarised in terms of eight essential points.

First of all, alcohol prevention in Switzerland is traditionally a **task that is managed by the cantons** and various private institutions. For financial support, the Swiss Confederation provides the cantons with the 'alcohol tenth' (as it is known), which is intended to be used to combat the causes and effects of problems related to addiction.² The type of actions and nature of institutional support for alcohol prevention differ widely from canton to canton as shown by a study commissioned by the Foundation for Alcohol Research.³

Secondly, the general **perception of alcohol** has changed. Whilst there has been less and less concern about the problem of illegal drugs since the mid-1990s, there has been increasing unease about the higher level of alcohol consumption - in particular among young people. In addition, the different organizations that had previously focused on abstinence revised their position in favour of a moderate use of alcohol. Put together, these changes helped shape the development of a National Alcohol Programme based on the acceptance of alcohol consumption in moderation.

Thirdly, on July 1st, 1999 **taxes** on imported spirits were reduced as part of the implementation of GATT/WTO regulations. As a result, there was a reduction of up to 50 percent on retail prices and a 12% increase in the consumption of spirits, particularly amongst men.⁴

Fourthly, mention should also be made of the relaxation of laws in the **hotel and restaurant industry**; licences to run such establishments were no longer compulsory in many cantons. This reduced the means of diffusing information about the legislation and related problems regarding the sale of alcohol.

Fifthly, the role of the **alcohol industry** and its extensive promotional activities must not be underestimated. In a number of other countries, the alcohol industry is included in preventive programmes to some degree.

² nBV Art. 131, §3.

³ Sager F., Vatter A. (2000)

⁴ SIPA (2000)

However, in Switzerland, the FOPH ruled out the idea of any such partnership.

Sixthly, the Federal Committee for Alcohol-related Issues (EKA) was developing its “**National Alcohol Campaign Plan 2000**” (NACP) on the basis of the WHO’s Alcohol Action Plan. Its aim is “the reduction and prevention of damage and human suffering caused by the inappropriate consumption of alcoholic beverages”.⁵

Seventhly, in January 2002 the Federal Council set out its main objectives for the new **Federal law on radio and TV** (RTVG) permitting beer and wine – but not spirits – commercials on private radio and TV stations.⁶

Finally, the anticipated changes arising from the revised **Road Traffic Law** (SVG) should also be mentioned here. From 2004 the relevant authorities will be able to impose a breath test, independent of whether or not there is any suspicion of intoxication, and a learner’s licence will be introduced. In addition, the regulation governing the permitted blood-alcohol level in road traffic is under parliamentary review; from 2004, the aim is to reduce the permissible level to 50 milligrams of alcohol per litre of blood. Such changes were seen to provide a very favourable context for the introduction of the Federal Alcohol Programme.

1.3 **Alcohol Programme and Time Frame**

The Alcohol Programme is a **preventive programme** that was initially intended to run for four years from 1999 to 2002.

Its main aim was the “reduction in the level of precarious behaviour amongst the general population regarding alcohol consumption (cf. below). Under the slogan “Handle With Care”⁷ symbolized by a bottle opener, the population was made aware

⁵ The alcohol campaign plan contains the basic features of an actual alcohol policy, which is based on three pillars: Prevention (including control measures), a reduction in harm and treatment. The Alcohol Programme is mentioned in it as an element of the first pillar and its continuation beyond 2002 recommended. Cooperation is currently being developed between the Federal Committee for Alcohol Questions (EAK) and those cantons that are interested.

⁶ In June, the Council of States approved a parliamentary initiative for a partial revision of the RTVG, the aim of which is to permit beer and wine advertising. On November 13, 2002, the Telecommunications Committee of the National Council turned down an early partial revision, however. The issue will be addressed shortly in the National Council.

⁷ “Ça débouche sur quoi?” resp. “Che ci cavi?”

of the dangers involved, and encouraged to reduce their level of alcohol consumption.

High-risk consumption in the programme is defined as follows:

Figure 1: Definition of high-risk drinking habits

High-risk drinking habits ⁸	Definition
Chronic drinking	More than two (for women) or three (for men) glasses of an alcoholic beverage ⁹ per day
Binge drinking	From four (for women) or five (for men) glasses of an alcoholic beverage at least twice a month or more.
Inappropriate drinking	Drinking before driving, during pregnancy, when taking medicine, etc.

The level of **awareness and understanding of the problem** was measured by means of Prochaska's¹⁰ trans-theoretical model; behavioural changes are classified according to five stages or phases:

Figure 2: Prochaska change of stage model¹¹

	Stage	Characteristic
1.	Pre-contemplation	No critical reflection on one's own behaviour, no desire for change
2.	Contemplation	Awareness that a problem exists, a change in behaviour is contemplated
3.	Preparatory phase	Serious desire to change one's behaviour
4.	Action phase	There is a change in behaviour
5.	Maintenance phase	The change in behaviour is maintained

The Alcohol Programme did not attempt to have an effect on all stages of the model. Its initial aim was :

- to move high-risk consumers from the pre-contemplation to contemplation phase, and

⁸ A combination of the different forms of risk consumption is possible (accumulated risk).

⁹ One glass of an alcoholic beverage is understood to mean 12 grams of pure alcohol.

¹⁰ e.g. Grimley et al. (1994)

¹¹ According to this theoretical model, a person – for a change in behaviour – goes through all five stages that are to be seen as ideally typical. There is very rarely a linear schedule. Relapses and thus repetition of one or several stages are the rule.

- to move high-risk consumers from the contemplation to action phase.

The specific **objectives** for raising awareness and improving an understanding of the problem with regard to the different consumption models are defined by the Alcohol Programme as follows:¹²

“For the 20-30 year old ‘binge drinking’ group, the proportion of people in the pre-contemplation phase should be reduced from 78%¹³ to 70%, with no change to the proportion of chronic and risk-accumulating consumers of alcohol. The proportion of non- or low-risk consumers remains unchanged. But, people in the contemplation phase were to be motivated towards a change in behaviour.”

The Alcohol Programme is based on Andreasen’s **social marketing concept**, which is based on the approach outlined by Kotler¹⁴ and is linked with Prochaska’s trans-theoretical model.¹⁵ The aim of social marketing is to bring about behavioural change within the social context. Essentially, this takes place by evaluating and marketing modes of behaviour like “products”. The goal is to encourage target populations to abandon undesirable modes of behaviour and to adopt more acceptable ones.

The **measures** set out in the programme are structured into six part-projects each with their own individual objectives and target groups.

- The most important part-project with regard to visibility and budget (approximately 70%) is the **Prevention Mass-media Campaign**. Through the use of posters, TV/Cinema advertisements, the campaign aimed at raising a general awareness of the problem among the population at large, and in particular, among the “binge drinking” risk group aged between 20 and 30.
- In the **Partner activities** part-project, the regional and communal prevention and counselling centres were given free posters and promotional material for distribution, with space to add their own addresses (since they were responsible for their own local promotion activities).

¹² Ziele AiG? 1999-2001 (internal working paper, o.J., o.O.)

¹³ This value resulted in 1998 from a representative survey of the population (18-74 years old), cf. Müller et al. (1999)

¹⁴ Kotler (1975) or Kotler & Roberto (1991)

¹⁵ Andreasen (1995)

- The Family **Doctors** part-project (initiated in January 2000) offered practitioners a continuing education course on “interview techniques for brief interventions.”¹⁶ On the one hand, it aimed at increasing doctors' awareness about how to identify patients with high-risk alcohol consumption at an early stage. On the other, it sought to encourage them to confront such patients (in the sense of a brief intervention) with regard to their alcohol consumption.
- The **Internet** part-project is a part of the mass-media project. Its main aim is to diffuse the preventive messages and Programme to Internet surfers in an accessible form. The web-site also offers a choice of related topics.
- The **Communities** part-project focused on communities with 5,000 to 50,000 inhabitants. Initially launched as a pilot project in December 2000, it defined its aims as stimulating political support and action at local level and encouraging communities to define and implement a local alcohol policy.
- The **Helpline** part-project (National Telephone Helpline) was only active during the year 2000. It took its lead from the Alco-line, a telephone contact centre launched by the cantons of Geneva and Vaud that specialized in alcohol problems. The aim was to offer specialist, individual help to callers with an alcohol-related problem, and to direct them to specialist networks for further advice.
- Three bodies supervised the Alcohol Programme: the Steering Committee is the highest authority and sets out the Programmes' governing conditions and framework; the Managing Committee supervises progress. These two committees are composed of members drawn from the three funding institutions: the FOPH, the FAA and the SIPA. Programme management, responsible for the day-to-day implementation of the programme, was outsourced, that is not integrated into the FOPH.

An ‘accompanying group’ was established to advise and critically review work progress. Its members consisted of some who were recruited from the former drugs campaign's accompanying group, as well as representatives of organizations from the fields of alcohol, medicine and prevention.

¹⁶ Cf. Stoll B, Daeppen J.-B., Decrey Wick H. (1999) and Stoll B. (2000)

2 The Programme's Evaluation

2.1 Mandate and objectives of the evaluation¹⁷

The evaluation's **mandate** and **objectives** were set out by the FOPH as follows: *"The purpose of the 1999-2002 Alcohol Programme's evaluation is primarily to investigate and analyse its design and implementation, as well as the effect of its measures. Based on the results, it will formulate recommendations for the Programme's future. All available data (...) is to be consulted and integrated into the analysis, as well as examples of the Programme's "output". Particular attention should be paid to the different means used to diffuse the programme's messages and the relevant effects ."*¹⁸

The FOPH formulated four **evaluation questions** (Swiss Federal Office of Public Health 2000, page 17):

1. How relevant is the Alcohol Programme's design and the strategic decisions that were made (problem definition, selected strategy, target definition, target groups, comparison with other models)?
2. What are the Programme's strengths and weaknesses with regard to its implementation and what is the likelihood of its achieving its objectives and reaching its target groups?
3. Which measures are used to achieve its objectives and reach the target groups, and to what effect?
4. What influence does the context (political, economic, social, cultural, regional, etc.) have on the Programme's objectives?

This report is an abridged version of the final Programme Evaluation report which describes the empirical findings in detail.¹⁹

¹⁷ The term global evaluation is understood to mean an evaluation that considers a complete package of measures or an overall strategy regarding the issue involved. The object of the evaluation is the package of measures as a whole, and not its individual parts or projects or programmes (Swiss Federal Office of Public Health, 1997, page 67)

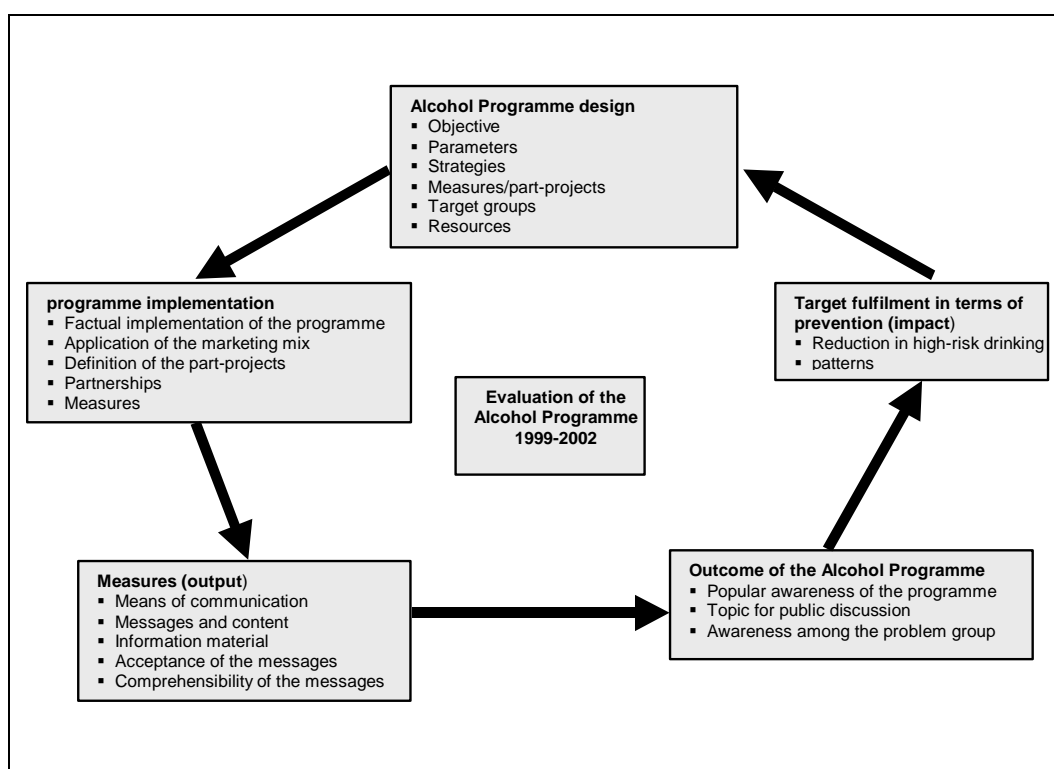
¹⁸ Swiss Federal Office of Public Health (2000, page 13)

¹⁹ cf. Peters (2002)

2.2 The evaluation design

The design is based on an analysis of causal relationships between the programme and its effects as described in the scientific literature:²⁰

Figure 3: Causal links between evaluation focus and effects



In particular the analysis discusses the results in terms of outcome and impact. Here, the outcome is understood to mean “a comparison of the intended objectives with the results actually achieved by means of the programme’s (and partners’) different outputs.”. The impact is the “positive and negative, primary and secondary long-term effects (consequences and side-effects) of a programme/project that may be direct or indirect, intentional or unintentional, desirable or undesirable”.²¹

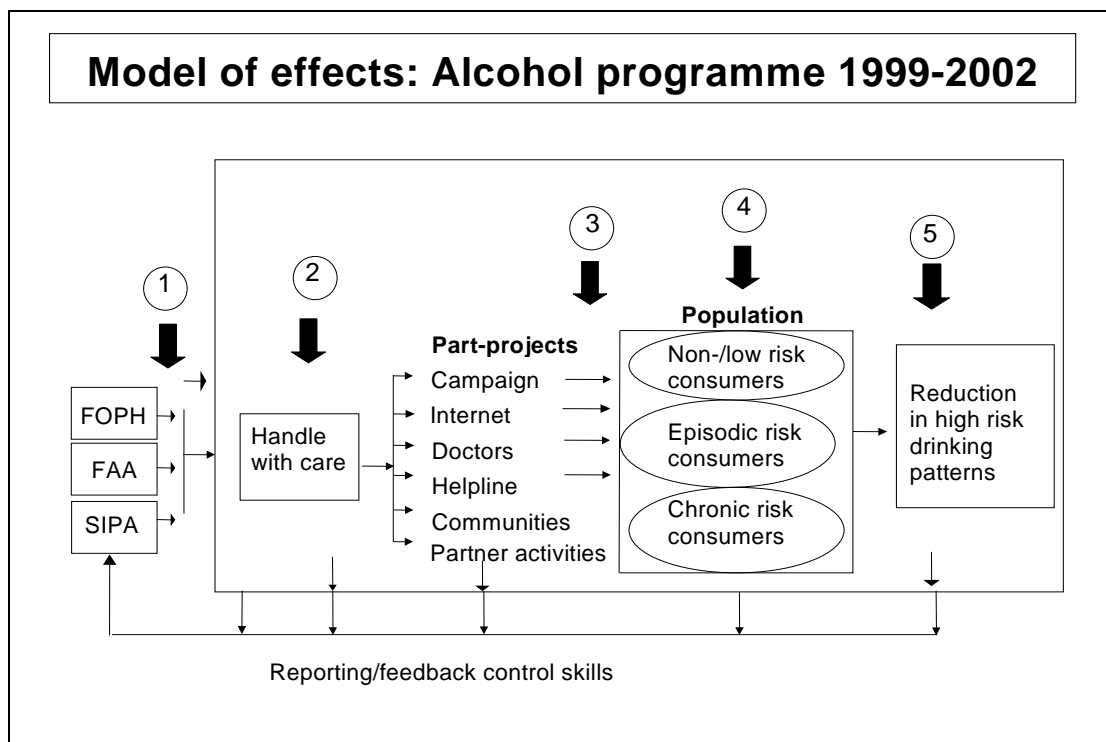
²⁰ e.g. Department for Development and Cooperation (2002)

²¹ Department for Development and Cooperation (2002, pages 2 and 4)

2.3 The model of effects

The model of effects analysis describes, in simple terms, the structure of the programme and its evaluation (in terms of an analysis of the causal links between the different programme elements. (cf. §1 to 5):

Figure 4: Model of effects



The model of effects results in identifying five evaluation modules to address the four evaluation questions (cf. page 9):

Module 1: Evaluation of the programme's design

An evaluation of the strategic decisions (problem definition, strategy definition, choice of theoretical approach, definition of target groups and objectives, decisions on marketing approach) and the evaluation of the decision-making process; addresses evaluation question 1.

Module 2: Implementation evaluation

An evaluation of the programme's implementation, strategy, organisation, as well as the cooperation between the different programme committees; answers evaluation question 2.

Module 3: Output evaluation

An evaluation of the tangible "products", measures and messages with regard to their compliance with the programme's ob-

jectives, their acceptance and clarity partially addresses the needs of evaluation question 3.

Module 4: Outcome evaluation

An evaluation of the various programme measures with regard to their perception, assessment and effects on the relevant target groups partially addresses evaluation question 3.

Module 5: Impact evaluation

An evaluation of the programme's effects in the sense of the reduction in high-risk drinking habits in society at large, but in particular among the primary target groups; answers, to some extent, evaluation question 3.

The influence of the context on the programme (cf. evaluation question 4) was investigated, in particular, in modules 1, 2 and 4.

2.4 The evaluation process

In line with the model of effects, the 1st phase of the evaluation (August 2000 to August 2001) primarily focused on the programme's design and implementation (modules 1 and 2). The resultant interim report²² was presented in August 2001 and influenced the planning of the programme for 2002, the final year.

The initial plan of taking into account all 5 modules, however, had to be changed during the course of the evaluation. Since the various part-projects did not develop at the same rhythm, it did not prove feasible to make any cross-analysis at various points in time throughout the programme. Instead, a longitudinal observation of the programme and its different part-projects was selected. However, we were able to make a full study of each of the programme's different components, in line with its stage of progress, from design through to effect.

In the 2nd phase (September 2001 to August 2002) the 'part-project' evaluation focused on modules 3 to 5, (output, outcome and impact).

²² Furrer (2001)

3 **Methodology**

In line with the methodology, all available programme documents were analysed, as were numerous reports and data from the part-projects. In addition, purchased data were also used in the analysis. Included were:

- Qualitative analyses of the minutes of both the steering and management committees, as well as other programme documents (organisational chart, programme brochure 2001, contracts for the part-projects, etc.)
- Analysis of the reports on the pre-tests of the campaigns in 1999²³, 2000²⁴, 2001²⁵ and in 2002²⁶ as well the post-tests of the campaigns 1999²⁷, 2000²⁸ and 2001²⁹
- Analysis of the baseline survey report of 1998³⁰ and of the follow-up survey of 2000³¹
- Use of the statistics from the part-projects of partner activities, doctors and communities
- Questions asked to the Internet forum of the American Evaluation Association
- Analysis of the process-produced data (Web statistics from the website www.handle-with-care.ch)
- Analysis of purchased panel data on the use of the Alcohol Programme website (digital media audience ratings from the at-home panel of MMXI Switzerland)

Additionally, data from interviews, questionnaire and group discussions were used in the analysis (see figure 5 overleaf).

²³ SCOPE (1999)

²⁴ IPSO (1999)

²⁵ Sparks AG (2001)

²⁶ Ernest Dichter SA (2001)

²⁷ IPSO (1999)

²⁸ IPSO (2001a)

²⁹ IPSO (2001b)

³⁰ Müller et al. (1999)

³¹ Müller et al. (2001)

Figure 5: Overview of the individual data surveys

No	Data source (Basic universe/sample)	Module	Most important topics	Data survey method	Number of respondents	Time
1	Programme associates/staff - full survey (1st survey)	1	Context and processes of design and implementation, key concerns and assessment of the results	Face-to-face interviews, gridline-based, structured, qualitative analysis of content according to Mayring (2000), coverage 100%	11	Feb/June 01
2	Programme associates / staff - full survey (2nd survey)	1	Changes to the design and during implementation	Face-to-face or telephone interviews, gridline-based, structured	7	July/Aug 02
3	Associates/staff of the part-projects/targeted sample in part, same persons as above)	1, 2	Design and implementation of the part-projects, measures and products	Face-to-face and telephone interviews, semi-structured, coverage 100%	7 11	March/Sept 01 Feb/Aug 02
4	Experts in the field of addiction and prevention / targeted sample	1, 2	Knowledge of programme design and implementation, and their assessment	Face-to-face interviews, gridline-based, structured, qualitative analysis of content according to Mayring	23	March/Sept 01
5	Prevention and addiction experts/random sample	2, 3	Knowledge and assessment of the programme and its part-projects and associated measures	Tel. interviews, standardized questionnaire, open questions, coverage 86%	81	Dec 01/Jan 02
6	Journalists/ stratified random sample	3	Attention paid to and reporting on prevention programmes in general, and knowledge and assessment of the alcohol programme, its part-projects and measures in particular	Tel. interviews, gridline-based, structured	33	Oct/Nov 01
7	Prevention experts and cantonal representatives/targeted selection (German-speaking Switzerland)	2	Assessment of sustainability and possibilities of institutionalisation	Group discussion	6	Oct 01

No	Data source (Basic universe/sample)	Module	Most important topics	Data survey method	Number of respondents	Time
8	Prevention experts and cantonal representatives/ targeted selection (French/Italian Switzerland)	2	Assessment of sustainability and possibilities of institutionalisation	Tel. interviews, gridline-based, structured	5	July/Aug 02
9	Episodic consumers at risk, aged 20-35/random sample	3	Perception and comprehension of the campaign 2001	Face-to-face interviews, gridline-based, structured	20	June/July 01
10	Episodic consumers at risk, aged 20-35 (second survey)	3	Changes in perception of the problem and behaviour since the previous year	Tel. interviews, gridline-based, structured	7	March/June 02
11	Doctors (participants and non-participants of cont. education courses in the Doctors part-project)/random sample	2, 3	Assessment of the courses and changes in intervention patterns since attending the course or need for prevention, reasons for not participating, nature of intervention	Telephone interviews, standardized questionnaire with open questions, coverage: Participants: 65% net/ Non-participants: 53% net	49 participants 102 non-participants	July/Aug 02
12	Internet surfers, aged 15-25 (German-speaking Switzerland)/random sample	1	Surfing patterns, criteria for game assessment	Telephone interviews, gridline-based, structured	7	July 02
13	Internet experts/targeted sample	1	Process-produced data, measuring instruments on the Internet	Face-to-face or telephone information calls	3	June 02
14	Project leaders in the communities of the Communities part-project/full survey	2, 3	Current status of work, reasons for/against the communities' participation, "sales arguments"	Telephone interviews, gridline-based, structured, coverage 88%	15	Aug-Oct 02
15	Protagonists in the communities of the Communities part-project/targeted sample	3	Reasons for participation, arguments pro and contra participation, outcome	Written interviews, standardized questionnaire with open questions, (coverage 25%)	12	Oct 02

4 Key results of the evaluation

4.1 Evaluation question 1: How relevant is the design of the alcohol programme and its strategic decisions?

The following assessment criteria were used for this first evaluation question (evaluation module 1 – cf. page 9):

- **Relevance** investigates the extent to which the aims of the programme are in harmony with the concerns and aims of health policies.
- **Transparency** investigates whether the design of the programme is clear and comprehensive, contains strategic decisions and makes statements on correlations between goals and measures as well as on external influences.
- **Theoretical basis** investigates whether the programme has a conceptual or a theoretical basis.
- **Objective quality** investigates whether the aims and objectives meet the generally accepted standards.³²
- **Coherence** investigates the agreement and harmony of the individual parts of the programme and the relationship between measures and the aims and objectives.
- **Appropriateness** investigates within the framework of an ex-ante evaluation, whether efficiency and efficacy can be expected.
- **Sustainability** investigates the anticipated permanence of the benefits and outcomes achieved.

4.1.1 Design

One initial and central finding of the evaluation was that no comprehensive, **written programme design**, on which to base the programme, existed.³³ A key tool for programme or

³² Goals should be “smart” (**s**pecific, **m**easurable, **a**ppropriate, **r**ealistic, **t**imely) (e.g. Swiss Federal Office of Public Health 1997, page 21)

³³ Consequently, the evaluation of the concept is mainly supported by the interviews with programme participants and persons associated with the programme (surveys 1 to 4)

project management, the “logical model”, the “logical framework” or the logframe³⁴ was missing. In the interviews with the programme part-projects associates,³⁵ repeated reference was made to an implicit consensus, and in general there was shared knowledge of the aims, objectives and implementation procedures. However, there were also noted differences in the weighting and interpretation of individual aspects of the programme, and occasional gaps in knowledge (e.g. concerning social marketing, cf. below).

Today, the programme designers **justify** its existence by reference to the baseline survey of 1998 which showed that around 20% of the population, i.e. around one million people drink too much alcohol either every day or occasionally, but every month.³⁶ The same study showed that more than two thirds of these consumers were not aware that their drinking patterns are high-risk.

Specialists from the field of addiction and prevention considered however, that the reasons for the programme’s existence were sufficient and justified.³⁷

The definition of the norm for alcohol consumption and thus of “high-risk drinking patterns” (cf. Figure 1, page 6) is based on a comprehensive study of SIPA literature and an international symposium of epidemiologists and doctors of social and preventive medicine, which the SIPA and the FOPH jointly organized in 1997.

While addiction and prevention specialists thought that the norm selected was a simplification, it was thought to be an accepted and necessary standard that can be readily communicated.³⁸

The programme dispensed with formulating abstinence as its aim since alcohol consumption is an agreeable Swiss tradition which, in moderation, has a positive effect on cardiac functions. Instead, the “reduction of high-risk drinking patterns amongst

³⁴ The Swiss Agency for Development and Cooperation (2002) describes the term as follows: A “management tool for the improvement of programme/project design. It encompasses the determination of strategic elements (purpose, aim; input, activities, output) and their causal connections as well as hypotheses about external factors (risks, trends), which might influence success or failure. The logframe can facilitate the planning, implementation and evaluation of programmes/projects in a transparent and participatory way.”

³⁵ Data sources 1 and 2 (cf. Figure 5)

³⁶ Müller et al. (1999)

³⁷ Data sources 4 and 5 (cf. Figure 5)

³⁸ Data source 1 (cf. Figure 5)

the population” was chosen as the programme’s main aim. Based on an analysis of SIPA literature, the symposium of 1997, and Prochaska’s trans-theoretical model, which served as its **theoretical basis**, the programme’s **target group** was limited to risk consumers in the pre-contemplation or contemplation phase. This led to the two **qualitative goals**: raising public awareness about the problem by means of an information campaign on the one hand, and inciting those at risk to change their habits on the other.

The baseline survey of 1998 showed, for the first time in Switzerland, that with a figure of 21%, the episodic risk consumers were the most significant group compared with 3% chronic risk consumers and 4% ‘increasingly at-risk’. The remaining 72% of the population could be considered low-risk alcohol consumers. As a result, in 2000, the programme set episodic risk consumers as its main **target group**. The **Campaign** part-project was also limited to target 20-30-year-old episodic risk consumers in particular.

The **quantitative objective** for the re-defined principal target group, the episodic risk consumers,³⁹ was then re-formulated to ‘a reduction in the percentage of persons in the pre-contemplation phase from 78% to 70%.’ No quantitative objective was set for the change from the contemplation to action phase.

The addiction and prevention specialists agreed completely with the programme’s overall aim, choice of target groups and qualitative objectives, which they considered “good”⁴⁰. Nevertheless, they pointed out that, to some degree, the episodic consumers at risk (bingers) were not the only possible target group and that the baseline survey was insufficient reason to limit the campaign to the 20-30-year-old bingers. They claim that it has not yet been proven that young episodic consumers are more inclined to alcoholism later on than others. They also questioned whether people who are unaware of the problem (pre-contemplation phase) are in fact receptive to prevention messages.

The **4-year timeframe** for the programme that was set at the beginning was considered⁴¹ too short. There were also con-

³⁹ Also designated as bingers

⁴⁰ Data sources 4 and 5 (cf. Figure 5)

⁴¹ Data sources 4 and 5 (cf. Figure 5)

cerns raised about such a limited timeframe undermining the importance of the programme in the eyes of specialists.

This **lack of time** was repeatedly referred to in explaining the course of events and certain faults that occurred (e.g. lack of programme design, part-projects initiated at different stages, lack of coordination, etc.).

Assessment and recommendations

The **relevance** of the programme and of its main aim was validated. The inappropriate consumption of alcohol is a health problem in Switzerland with socially significant consequences. In particular, the focus on episodic consumers, the group with the highest number and hitherto almost ignored in prevention work, must be seen as a very positive element. However, the timeframe given for such a preventive programme was unrealistic, particularly in view of the non-conductive changes that occurred in the socio-economic context.(cf. 1.2).

Recommendation: When planning such projects in the future, the decision regarding the extent to which the political parameters (short budget rhythm, pressure to succeed, etc.) need to be taken into consideration compared with the intrinsic requirements of a preventive programme, must be carefully thought through before going ahead. Similarly, whether or not externally created time pressures, or programme adjustments in line with external influences⁴² should take priority over trying to adhere to the scheduled plan should be carefully assessed.

The **transparency** of the programme was limited to the extent that no comprehensive programme design ("logical model") was developed and set down in writing before going ahead with implementation. We presume that this could be the reason for a lack of coherence in the programme.

Even if the programme on the whole could be deemed a success, in our opinion this cannot justify the lack of transparency. Rather, it should be asked what more could have been achieved with greater transparency.

Recommendation: A programme design or logframe should be made obligatory for future programmes.

⁴² For example, the start of the 1999 campaign was pulled forward at short notice as funds became free.

The **theoretical justification** for the programme is based on Prochaska's trans-theoretical model. However, other theories regarding health patterns were not discussed.⁴³ Even though an assessment of this model is beyond our evaluation mandate, it should be pointed out that the model is well established in the tobacco sector and, to an increasing degree, is used internationally for programmes in other prevention areas. Yet, despite its frequent use, the model has been criticised⁴⁴, for example, for its focus on individual behaviour. Some of the prevention specialists consulted argued that consumption habits are seriously affected by peer pressure and group dynamics.⁴⁵

It should also be noted that the theoretical model was not consistently applied in the programme's design. For example, in connection with "contemplation to change behavioural patterns", the model's preparatory phase is not mentioned even though it is the decisive point in terms of motivational psychology.⁴⁶ Programme-specific considerations are also missing, such as to how the transitional phases of the model might be supported. **Coherence** in the use of the theoretical basis is therefore limited.

The Alcohol Programme shows how useful or essential a well-founded theory is for a programme; it should therefore be compulsory for programmes. However, a well-founded theory must also steer the programme's implementation; an aspect inadequately taken into consideration in the case of the Alcohol Programme, as will be shown (cf. 4.2.1 and 4.3.1).

Recommendation: The objectives for a future phase of the programme should be redefined in a coherent manner in line with the theoretical model, and should then be used as the basis for the selecting the measures to be used.

The quality of the set objectives varied considerably. For example, the objective of reducing high-risk drinking patterns, one that was well founded on the basis of medical and epidemiological principles, was put into action with great care. However it was not formulated in a measurable way. Moreover, it is not a particularly realistic objective, given the relatively short life of the programme. The qualitative goals (awareness and an in-

⁴³ e.g. empowerment approaches, health-belief model, theory of reasoned action (cf. Schwarzer 1996)

⁴⁴ e.g. Bunton et al. (2000)

⁴⁵ This is also confirmed by a qualitative study carried out on behalf of the SIPA and the FOPH (Link 1997).

⁴⁶ cf. Schumacher (2001)

crease in people's appreciation of the problem as well as contemplation to change behaviour) are not very specific nor can they be measured. However, the quantitative aim (reduction in the number of people in the pre-contemplation phase) largely meets the criteria.

The shortage of time available to the programme also had an effect on the definition of objectives, which in turn, led to their lack of clarity and incoherence.

Objective-setting is usually completed before implementation. Particularly in the case of work of an innovative nature; this can lead to inadequate and unrealistic quantitative (or operational) objectives. But this is difficult to avoid.

Recommendation: In the case of qualitative (or strategic) objectives, the need for coherence and logic must be maintained. Quantitative goals must be formulated and adjusted in line with experience as the programme develops.

The **coherence** of objectives and target groups at programme level was limited as the target group "Persons in the preparatory phase" (cf. above) was not addressed.

4.1.2 Strategy

The evaluation of the programme's **strategy** resulted in the following:

- The **selection of the part-projects** was not primarily related to the programme's overall aim or systematic choice of strategy; rather it was based to a greater degree on random and pragmatic considerations.⁴⁷ As a result, only the inclusion of the **Campaign** part-project was discussed in detail as it was there, so to speak, from the start and was intended to publicise the programme. An implicit strategic reflection as well as the experience of a pilot project led to the development of the **Doctors** part-project.⁴⁸

⁴⁷ The Internet part-project was created because the decision-making bodies were of the opinion that it was simply vital to be present in this innovative medium.

⁴⁸ The Unité Multidisciplinaire d'Alcoologie (UMA) Lausanne and the Institute de Médecine Sociale et Préventive of the University of Geneva had been occupied for quite some time with the intervention opportunities offered by the basic health providers. The Polyclinique médicale universitaire of the University of Lausanne then carried out a pilot project within the framework of a further mandate from the FOPH.

- The **coordination** of the part-projects was poor. Special arrangements for their cross-linking and for the creation of synergies were not planned. As a result, implementation did not take place according to a fixed time schedule but rather as a consequence of progress with preliminary work. This method was justified in view of the serious time pressures under which the programme was operating.
- The **definition** of the target groups and part-projects' aims and objectives in relation to those of the programme was lacking in several ways: of the six part-projects only three were aimed⁴⁹ at the programme's main target group (cf. page 7), (the episodic risk consumers who are in the pre-contemplation phase). The others focused on individuals in the motivational phase, which might be as a consequence of the shift in target group focus during the course of the programme (cf. page 18).
- The **support** of the programme's three founding institutions gave it weight and credibility. The overall control was clearly allocated to the FOPH. The tripartite organisation did not restrict the programme's ability to act.
- As a federal programme, it was the first alcohol prevention programme to be **centrally organised and implemented** on a national basis. The decision to launch such a programme was unanimously welcomed by prevention and addiction specialists.⁵⁰ However, the representatives of cantons already active in the field, in particular, in French-speaking Switzerland, criticized the fact that they had not been included in the design phase; they had vast experience to offer and the overall effectiveness of the national programme would have benefited from such input, particularly if it had incorporated their ideas as well.
- The programme was established at a national level and aimed at covering the whole country. Nevertheless, the design was particularly influenced by German-speaking Switzerland.
- Whilst it was conceived as a **social marketing** programme,⁵¹ the design was not documented. There was hardly any mention of such terminology in the internal documents and minutes, and the various programme bodies had different,

⁴⁹ Doctors, campaign and communities part-projects

⁵⁰ Data sources 4 and 5 (cf. Figure 5)

⁵¹ Data source 1 (cf. Figure 5)

frequently hazy ideas of what social marketing means. Those in charge of the part-projects were scarcely aware of the fact that the programme and its part-projects were designed as a social marketing campaign.

Unlike the programme's design, its **organisation** was documented in the form of an organisation chart,⁵² although the more detailed specification sheets or operational diagrams that would be needed for a full assessment of organisational matters, were missing.⁵³ Representation of the three supporting agencies in the top body, the steering committee, as well as the management committee was adequate. Programme management was outsourced less for strategic reasons than as a result of a restriction on hiring additional federal staff. The duties of those in charge of the projects were set out in the contracts.

The programme provided for ongoing support and performance measurement through monitoring and (self) evaluations. To assess results, the part-projects used their own tools to a certain extent.⁵⁴ The requirement for self evaluations, as stipulated in the contracts, were reduced to qualitative reflections in view of the more complex and time-demanding implementation work. At impact level, surveys based on the use of representative samples, were systematically conducted to assess drinking patterns.⁵⁵

Assessment and recommendations

The strategy adopted fully satisfied the criterion of **relevance**. While not all the part-projects could be adequately justified, the central elements⁵⁶ were relevant and also tried and tested.⁵⁷ The nature and importance of the programme's founding institutions as well as its aim of achieving national coverage were also in relation to the importance of the problem.

The **relevance** of a central approach was not necessarily accepted unconditionally given that the cantons had the

⁵² FOPH/EAV/ (o.J.)

⁵³ For example, responsibility for providing information for use by the Internet part-project was unclear from the very start.

⁵⁴ cf. Figure 6

⁵⁵ cf. Baseline survey 1998 and follow-up survey 2000; the next survey is scheduled for December 2002

⁵⁶ Doctors, campaign and communities part-projects

⁵⁷ The FOPH was successful with campaigns in the Aids sector, the doctors' project successfully concluded a pilot phase and the communities part-project is based on successful foreign projects (Holder & Reynolds 1995, Johannessen et al. 1999 and Raphael et al. 1999)

knowledge and experience and the political cultural is one of federalism. As for **appropriateness**, the choice of strategy was not adequately justified in our view. The shortage of time and the limited financial resources available were no doubt good reasons for this, but insufficient in our view.

Recommendation: In similar cases, a different approach based on the principle of subsidiarity should be chosen.

The lack of **transparency** affected the selection and design of the part-projects which in turn led to a lack of coherence. Transparency, or the lack of it, also played its toll on the application of social marketing as a central notion for the whole programme. It remained meaningless for the programme as a whole and consequently failed to make its mark during implementation.

Recommendation: Programmes of this magnitude should always have a formulated, written programme design (theory and logic) to satisfactorily meet the needs of programme management.

The programme's theoretical basis only partly influenced the selection of part-projects. At the strategic level, therefore, the **coherence** both between the part-projects and the programme and between the part-projects themselves was deficient. Justification for the choice of individual part-projects was not necessary. For example, there was no measure, in other words part-project, which addressed episodic risk consumers who recognised their problem and tried to motivate them to act.

Despite these deficits, the aims and objectives of the different part-projects supported those of the national programme. In particular, this applies to the campaign, which intended to bring the problem to the public's attention, as well as to the doctors and community projects, which were aimed at action and long term sustainability.

Recommendation: For the next phase, in line with its theoretical basis, the programme should check whether any adjustment is needed to the existing measures (part-projects). In particular, whether or not measures are needed to help people in the motivational phase to pass to the preparatory phase and, later on, the action phase should be reviewed.

Restrictions on time also had a negative effect on strategic planning and, in turn, **coherence**; there was an overlap be-

tween planning and implementation from the end of 1998 so that ultimately planning was neglected in favour of implementation.

Recommendation: Programme design, planning and implementation should be considered discrete stages, separate one from the other. A pre-evaluation or ex-ante evaluation should be systematically carried out on programmes before implementation and certainly in cases where the transparency and coherence of the notions underpinning the programme are vital to its success. A programme design and plan should be developed for the second phase of the programme.

Project organisation was **transparent** and **appropriate**, but the details (job specifications or function diagrams, etc.) are inadequately defined.

Recommendation: for the second phase the programme's organisation should be reviewed and the details more clearly defined.

4.2 Evaluation question 2: What were the strengths and weaknesses of the programme regarding its implementation and what is the likelihood of its achieving the intended objectives and reaching the target groups?

The second evaluation question, cf. evaluation module 2, was left open and did not necessarily require taking into account any pre-determined criteria. However, part of the findings could be assessed by means of the criteria previously mentioned (cf. page 16).

4.2.1 Implementation at programme level

Implementation was analysed on the basis of its organisation, adaptation to the needs of the different linguistic regions, measures and sustainability.⁵⁸

In terms of organisation the evaluation of programme implementation resulted in the following four main results.

⁵⁸ Data sources 1 and 2 plus data source 3 for the part-projects (cf. Figure 5)

- Cooperation between the three supporting bodies – the FOPH, the FAA and the SIPA – also functioned well in implementation.
- The studies showed that it was the management committee that guided the programme, not the steering committee which only took responsibility for executive duties.
- The FOPH was dually represented on the steering committee, firstly by the manager of the alcohol and tobacco prevention section who was also responsible for the national alcohol prevention programme, and by the manager of the campaign and marketing section who was also responsible for the Campaign part project. This meant that the Campaign part-project was the only one that was directly represented on the steering committee.
- The function of the monitoring/supervisory group was never entirely clear right from its inception. It was never able to “supervise” partly because it was too distant from the programme and partly due to the size of the group. It was very soon changed into an advisory committee whose function and tasks were never defined with any precision. Its members were themselves inadequately clear about their role.⁵⁹

Assessment and recommendations

The tripartite **support system** proved to be a major strength for programme implementation.

The shift in the actual **control** of the programme to the level of the managing committee was problematic. Given the numerous activities with which it was charged, the absence of any distribution of tasks had a negative effect on the various part-projects. The overall effectiveness of the work suffered as a consequence, as did any supervision of the part projects.⁶⁰

However, it is very likely that, due to the outsourcing of the day-to-day programme management, there was no other possibility; the administrative and financial structures limited the transfer of necessary skills required for effective guidance. If this is so, we can conclude that the original programme plan was not ana-

⁵⁹ As a result of the interim report of the evaluation, the situation of the monitoring group was discussed in the committee and in the group itself. In view of the results, we maintain our assessment that here, there is still a lack of clarity about the concept.

⁶⁰ Those in charge of the part-projects also complain of the lack of a guide, to a certain extent, in the sense of coaching and support (data source 3, cf. Figure 5).

lysed in depth and was therefore not appropriate to the overall aim.

Recommendation: For future programmes, consideration should be given to the extent to which management can be delegated outside of the FOPH. At the same time, possible solutions need to be fully explored for finding the balance between the needs of project management and the demands of administrative structures.

Initially representation of the **Campaign** part-project on the steering committee came about for purely pragmatic reasons. If however, it signified the importance of this particular part-project, this could have a negative effect on the other part-projects.

*Recommendation: The management of the **Campaign** part-project should be excluded from the steering committee.*

It is impossible to establish **whether or not the supervisory/-monitoring group** was a strong point of the programme. Even though the steering committee knew of the unclear function and role of this group, this aspect was never clarified, which indicates a lack of leadership. It is conceivable that a monitoring group could be more meaningful during the institutionalisation phase of a programme.

Recommendation: From a strategic viewpoint, the benefits to the programme of having a supervisory/monitoring group need to be thoroughly reviewed, especially in terms of its aims and objectives and likely consequences.

The **adaptation** of the Alcohol Programme, originally developed by German-speaking Swiss, to the needs of other linguistic regions proved to be above average by comparison with other national projects.⁶¹ Nevertheless, the French-speaking respondents were dissatisfied with the level of integration of their region within the programme. Despite efforts to redress the structural imbalance, this has not led to the anticipated degree of success. As for the **adaptation** of the mass media campaign, this was considered a success, even if there were the occasional gaps in terms of linguistic adaptation and visual presentation.

⁶¹ Data sources 1 and 4 (cf. Figure 5)

Assessment and recommendations

The **adaptation** of a national programme to the needs of the three linguistic and cultural regions of Switzerland is an important factor for implementation success. The linguistic adaptation satisfied such requirements and can be considered as one of the programme's strengths.

Recommendation: The structural integration of the French and Italian speaking parts of Switzerland in the programme must be reinforced and the improvement of the conceptual adaptation should be examined. This is particularly important for promoting the sustainability of the programme.

Concerning the implementation of the measures (part-projects), the evaluation has highlighted the following:

- The implementation of the programme took place by exploiting the opportunities that were offered, often within short deadlines. This occasionally led to a serious shortage of time for the preparatory work, which, to some extent, ultimately had a negative effect on planning (cf. assessment page 19ff.)
- All part-projects could be started and put into operation. Only the National Telephone Helpline part-project was stopped because, according to information from programme management, the objectives had been met (ability to hold discussions, knowledge of additional addresses).
- As for the other part-projects, there was some variation in the status of their implementation. The more complex and more direct the intervention was planned, the greater the time frame for implementation was underestimated.
- Admittedly, the cross-linking of the different part-projects and the use of synergies improved over the course of time. However, it is still fairly random and this aspect was not systematically investigated and consolidated.
- The annual objectives of the part-projects were set later and later, and with less and less precision during the course of the programme. The lack of coherence with the programme's main aim and objectives was almost certainly linked to this.

Assessment and recommendations

To a certain extent the programme suffered from the **time constraints** arising from pressures related to the political context and the ambitious aims it had set itself. The opportunities that arose were exploited pragmatically and with determination, which in itself should be considered a strength. Nevertheless, the burden of programme-related work should not be underestimated nor should such work be started in haste.

Recommendation: The FOPH must endeavour to make politicians aware of the long-term nature of programmes, particularly preventive programmes.

On the whole, the **cross-linking** of part-projects is still too inadequate. It does not happen by itself.

Recommendation: The cross-linking of part-projects must be an integral component of the programme and should be carefully planned.⁶²

Mention has already been made of the difficulties in the **formulation of the aims and objectives** (cf. page 21).

Recommendation: Having opted for an “objectives-based management system” great care must be paid to ensuring that the aims, objectives and results are systematically used and adapted in line with needs in order to steer the programme.

The **National Telephone Helpline** part-project was terminated after a year as it was considered to have had minimal effect in relation to the set objectives. More in-depth planning and preparatory work as well as an analysis of needs and context prior to the start of the project might have helped clarify its chances of success earlier.

The Alcohol Programme had a limited timeframe and did not provide for any lasting structures of its own. In terms of its **sustainability** therefore, the question is how and to what degree did it forge partnerships with partner organisations and become integrated into existing structures.

The evaluation shows that cooperation with partners was greatly helped by the integration of the major players in its tri-

⁶² Within the framework of the Energy 2000 programme, which also consisted of different part-projects and developed numerous measures, the function “coordination and cross-linking” was therefore specially created in the course of the programme. This had the task of assuring an exchange between the individual part-projects and thus of improving the effectiveness of the programme.

partite organisation, in particular the SIPA. However, a failure to include French-speaking Switzerland was also mentioned (cf. page 17). For the **Communities** part-project, cooperation with regional and local prevention and addiction centres as well as the communities was a focal point of the overall plan. For the **Doctors** and **National Telephone Helpline** part-projects too, partnerships were forged to a certain degree (association of Swiss doctors, Dargebotene Hand - "The Helping Hand", a telephone counselling service). The second aspect – integration into existing structures – aimed at assuring continuity after the end of the programme. Here, the cantons and specialised services could have played an important role. Until now, decentralisation towards the communes was only partly put into action, i.e. by the part projects that targeted them.

Assessment and recommendations

In general, little sustainability could realistically be expected for the programme, given the current circumstances and arrangements.

Recommendation: A strategic focal point for the 2nd phase of the programme must be to create the conditions needed for increasing the likelihood of the programme's future sustainability.

4.2.2 Implementation at part-project level

The **implementation of the part-projects**⁶³ was analysed with reference to the criteria of efficiency and professionalism:

- **Efficiency** investigates the economic use of resources when transformed into output.
- **Professionalism** investigates the extent to which work is carried out according to the body's "accepted standards".

The analysis also took into account whether or not the part-projects were sufficiently supported and the object of critical reflection, and if so, how.

The results of the evaluation show that in terms of the measures adopted (part-projects) implementation was also generally efficient and professional. However, the difficulties or rather the

⁶³ Data sources 3 and 5 (cf. Figure 5)

obstacles encountered turned out to be greater than expected, which, in some cases, led to delays.

Figure 6: Assessment of the implementation of the part-projects

Part-project	Assessment
Campaign	Very successful, professional, efficient, systematic external evaluations.
Partner activities	Successful, professional, efficient, systematic self-evaluation.
Doctors	Problems in implementation underestimated, lack of a marketing concept, speedy reaction to implementation procedures based on self-evaluations.
Internet	Successful, professional; after 2 years operation, initial problems of the initial phase were identified and corrected by reorientation of content.
Communities	A decentralised approach via regional centres - appropriate and successful, but complex; professional, cooperation with cantons stronger than planned (positive in respect of sustainability), regular process-related self-evaluations.
National Telephone Helpline	Implementation suffered from a lack of funds which was why it could not achieve what it wanted, and only managed what was possible; not sufficiently professional, questionable efficacy, limited success. ⁶⁴ The decision to halt the part-project was correct in view of the set parameters. With regard to supporting people in the contemplation or preparatory phase, an advisory telephone helpline might make sense. However, this requires ensuring that the necessary resources are provided.

Based on the above, we propose the following **recommendations**:

- For the implementation of the **Doctors** part-project, the marketing concept needs to be reinforced.
- For the implementation of the **Communities** part-project, the potential for permanently establishing the project in the cantons should be better exploited.

⁶⁴ This part-project, which was halted after a year, is not taken into consideration in the further comments below.

- *The question of a telephone helpline as a service for motivated people willing to change should be re-examined in development of the programme's next phase.*

4.3 Evaluation question 3: Which measures are used for achieving the aims and objectives and reaching the target groups, and with what outcome?

This evaluation question refers to evaluation module 3 (programme output), 4 (outcome or programme results) and 5 (impact on the area processed by the programme) (cf. page 11ff). For this, the following criteria were used:

- **Coherence** investigates the capacity and harmony of the individual parts of the programme and its measures in relation to the programme's aims and objectives.
- **Quality** which is defined in relation to the nature of the specific part-project (cf. below).
- **Appropriateness** investigates whether efficiency and efficacy can be expected on the basis of an ex ante evaluation.
- **Efficiency** investigates to which degree the resources were transformed into output in an economic manner.
- **Effectiveness** investigates the extent to which the programme's aims and objectives are fulfilled
- **Sustainability** investigates the likely continuation of the benefits and effects attained.

4.3.1 The output of the programme

The first thing that the evaluation showed was that there were no outputs at programme level, since the initially scheduled PR activities were not implemented. Exceptions were the annual media conference and the programme brochure for 2001.

The survey of **prevention and addiction specialists** showed that for them, the campaign – and the relevant partner activities linked to it – was by far the best known output and as such set the image of the programme (cf. Figure 7).

A similar picture was revealed among **journalists**.⁶⁵ The programme was well known to the majority (82%) of the respondents. However, only “some” elements of the campaign (posters, TV commercials) were usually mentioned.

Figure 7: Familiarity with the programme among the specialists (survey 5, n=81)

Part-project	Spontaneous mentions	Prompted mentions	Total no. Of mentions	Total percentage of respondents
Campaign	Posters	72	77	95%
	TV commercial	41		
	Cinema commercial	21		
	Advertisements	13		
Partner activities	19	45	64	79%
Communities	13	24	37	46%
Doctors	8	12	20	25%
Helpline	3	17	20	25%

Assessment and recommendations

Due to the lack of output at programme level, the Alcohol Programme was generally perceived as a media campaign since this aspect appears to have had the greatest resonance among the public. The other part-projects were not sufficiently known in prevention circles either. Among the prevention and addiction specialists (the **Partner activities** part-project's target group) this fragmented and unilateral perception could affect the credibility of the programme, especially if advertising campaigns are considered an inadequate preventive measure.

Recommendation: Consideration should be given to the question of whether communication at programme level should be increased during the next phase of the programme.

⁶⁵ Data source 6 (cf. Figure 5)

Within the framework of the programme, a certain number of gadget-type products were also developed and widely distributed. Two in particular are worth mentioning; the **alcohol gauge** and the **brochure** “Alcohol – how much is too much?”

The purpose of the alcohol gauge was to show the dividing line between acceptable and risky consumption. It helped make a self assessment of personal alcohol consumption and health risks. It was evaluated in the doctors’ survey in the spring of 2000.⁶⁶ It was considered to be very suitable by the doctors who saw it. Around half of the respondents also claimed that nearly six months after its mailing, they were still continuing to use it during consultations with patients. The brochure was not evaluated.

The **output** of the programme at the part-project level can be summarised as follows (see fig. 8):

Figure 8: Assessment of the output of the part-projects

Part-project	Result	Assessment
Campaign ⁶⁷	<p>Correct answer to the open question “What is this poster advertising?” 48% (1999), 90% (2001)</p> <p>Correct answer to the open question “What is this commercial saying?”: 82% (1999), 87% (2001)</p> <p>The statement “The campaign is credible” was “fully” or “mainly” approved (4-grade scale): 78% (1999), 93% (2000), 85% (2001)</p>	<p>Comprehensibility high (= quality)</p> <p>Credibility high (= quality)</p>
Partner activities	In 2000, 2001 and 2002, an average of 21,000 posters were requested by regional centres	Efficiency good, no quantitative goals present

⁶⁶ Data source XIII (cf. Figure 5)

⁶⁷ The data is based on the post-tests of the campaigns (linguistically assimilated population aged 15-74, random-quota sample, 1,200 or 1,600 or 1,000 interviews), cf. IPSO 1999, 2001(a) and 2001(b).

Part-project	Result	Assessment
Doctors ⁶⁸	<p>In response to the question “How did you find the course?” 59% and 39% answered “very good” or “pretty good”.</p> <p>In response to the question “And did the course help you to find a way of tackling this problem with the patients concerned or not?” 82% answered “yes”</p> <p>33 training courses with 1,028 participants (as well as 5 presentations with 238 people)</p>	<p>Course assessment good (= quality)</p> <p>Benefits high (= quality)</p> <p>Quantitative target fulfilment re. events approx. 50%, re. people approx. 90%⁶⁹</p>
Internet	<p>Highly interactive website</p> <p>Number of visits to the website</p>	<p>Professionalism high</p> <p>Quantitative goals not fulfilled</p>
Communities	<p>Mediators were recruited, projects were started in 21 communities, information material was produced</p>	<p>Quantitative goals fulfilled</p>

Assessment and recommendations

Firstly as a majority of risk consumers are unaware that they drink too much, the aims of the Alcohol Programme were to raise awareness and increase people’s appreciation of this problem (cf. page 18). The campaign’s messages therefore called for moderation in alcohol consumption and highlighted the negative consequences of excessive drinking; but how much was “too much” was never mentioned (cf. page 6).⁷⁰ Secondly, given that the aim of the campaign was to stir the already motivated people into taking action (cf. page 7 the link between Prochaska’s model and the messages were not always apparent.(e.g. Grimley et al. 1994). There was no **coherence**.

Recommendation: The campaign’s messages should be better linked to the goals. The same can be said for the other outputs

⁶⁸ Data source 11, course participants (full survey, coverage 65%, survey 6 to 18 months after the end of the courses)

⁶⁹ Three reasons are responsible for the low level of demand: the motivation for further training in the field of prevention is low; the range of further training options is wide and difficult to cover; alcohol consumption is usually equated with chronic consumption – risk drinking is still largely unknown as a phenomenon.

⁷⁰ This may happen in the specific discussion or advisory situations as the standards are mentioned, for example, in the programme brochure or in doctors’ further training; however, it has no widespread effect.

of the programme (cf. the above-mentioned lack of coherence between programme and part-projects). They should also be better aligned with the programme's overall objectives. The 2nd phase of the programme should therefore be redesigned.

Taken individually, each of the measures was **judged 'good'**; (efficient, of good quality and professional standard) even though the quantitative goals were only partially attained.

Recommendation: In the redesign of the programme for the 2nd phase, the investments already made must be taken into consideration.

4.3.2 The outcome of the programme

The results (outcome) achieved in relation to the objectives were assessed by **monitoring** the different phases of one's 'willingness to change' amongst the population residing in Switzerland. This monitoring, which also noted the programme's impacts, was conducted by SIPA under separate mandate, but the results were integrated into the global evaluation's analysis. Monitoring was based on two surveys⁷¹: the baseline survey 1998⁷² as a zero-measurement and a follow-up survey 2000.⁷³

The aim of the programme was, as already mentioned, to raise the population's (and specific target groups') awareness of the excessive drinking problem, and incite those in the pre-motivational phase to move to the motivational phase, and the motivated risk consumers to change their behaviour patterns.

The survey results showed that in terms of **willingness to change** as the first 'outcome' pointer

- For both 1998 as well as i2000, around 84% of the respondents were in the pre-motivational phase, around 6% in the motivational phase and around 10% were in the action phase. Therefore, on the whole, there were **no changes**.⁷⁴
- However, as intended, the proportion of **episodic risk consumers** in the pre-motivational phase fell from 78% to 74%

⁷¹ Representative telephone survey of the linguistically assimilated (in the relevant language) population aged 15-74 years old, pure random sample, 1,600 interviews, coverage 52% (1998) resp. 59% (2000)

⁷² Müller et al. (1999)

⁷³ Müller et al. (2001)

⁷⁴ Within the framework of the post-test of the 2001 campaign (IPSO 2001) the stages of willingness to change behaviour patterns were also measured: the values correspond to those of the 1998 Baseline survey and the follow-up survey in 2000.

- (with a target figure of 70% for the year 2002). In the motivational phase, the proportion also fell (from 12% to 9%); but there was an increase in the action phase from 10% to 16%.
- The proportion of low-risk consumers remained the same for all stages.

Figure 9: Stages of the change in behaviour patterns in 1998 and 2000 according to risk type

Stage of change in behaviour pattern ⁷⁵	1998				2000			
	Risk type				Risk type			
<i>(Basis: alcohol consumers)</i>	Low-risk	Chronic	Episodic	Risk-accumulating	Low-risk	Chronic	Episodic	Risk-accumulating
Pre-motivational phase	89%	64%	78%	55%	88%	80%	75%	46%
Motivational phase	3%	18%	12%	24%	3%	7%	9%	28%
Action phase	8%	18%	10%	21%	9%	13%	16%	26%
Total	100%	100%	100%	100%	100%	100%	100%	100%

Based on these results, the authors of the **monitoring report** summarised the programme's outcome as follows: (Müller et al. 2001, page 34ff):

"The objective of a 'willingness to change' according to the phase model adopted, could not be achieved given the conditions in the socio-economic context mentioned above (change in alcohol duty, comment by the author). Nonetheless, we consider that the stabilisation shown in the data is an indication of the campaign's success."

Assessment and recommendations

On the whole, the trends in terms of changes in the proportions of episodic risk consumers are going in the intended direction. Whether or not the objective of a reduction in episodic risk con-

⁷⁵ These are rounded percentages.

sumers in the pre-motivational phase from 78% (1998) to 70% (2002) with a constant proportion of chronic and risk-accumulating consumers is ultimately achieved is difficult to predict at this stage, especially given that the proportion of chronic risk consumers in the pre-motivational phase has increased.

However, the fundamental question remains as to whether - in view of the short length of the programme - any of the changes measured can be attributed to the programme at all.

*Recommendation: At the moment, no statements can be formulated as yet on the programme's outcome, its **effectiveness** will be assessed following the follow-up survey in 2002.*

As for 'raising awareness of the problem' amongst those at risk, as can be seen (cf. page 38), no effects have yet been identified in the various phases of "a willingness to change". We therefore considered, as a second 'outcome' pointer, to what effect the **Campaign** part-project, which was a central measure in relation to this objective, was able to trigger any concern at all and/or induce people to reflect on their behaviour

The results of the post-tests showed the following:

- The statement "The campaign makes me think about my own alcohol consumption" was "fully" resp. "pretty much" approved by (4-point scale): 4% resp. 18% (1999), 11% resp. 11% (2000) and 6% resp. 18% (2001).
- Episodic risk consumers voted "pretty much" more frequently than low-risk consumers (20% compared with 13%), but far fewer than risk-accumulators (31%).

Assessment and recommendations

The results suggest that the aim of altering people's willingness to change behavioural patterns was hardly achieved, even for the priority target group of episodic risk consumers; we presume that this is primarily due to the lack of clear messages in relation to the standards (acceptable drinking levels)

Recommendation: In future, the messages must be formulated with clear references to the standards.

The **positive acceptance** of the programme was used as a third 'outcome' pointer.⁷⁶ For the statement "The campaign addresses an important concern" most of the population agreed "fully" (4-grade scale): 69% (1999), 86% (2000), 72% (2001).⁷⁷

This was also assessed in the interviews of prevention and addiction specialists in their medical practice in the winter of 2001:⁷⁸

- 54% of those interviewed affirmed that the question "Has 'Handle with care?' influenced your work in any way?" and gave positive examples.
- In response to the question "How much does 'Handle with care' help you?" 37% answered "a little", 20% "a lot" and 6% "a great deal" (total 63%).
- The response among specialists in French-speaking Switzerland was much lower than in German-speaking Switzerland.

Assessment and recommendations

The aim of "positive acceptance" was achieved; for this aspect, therefore we can say that the programme was **effective**. However, the lower degree of acceptance among specialists in French-speaking Switzerland should not be forgotten: It may be a reaction to the central strategy of the programme that failed to take into account the existing and, to a certain extent, formidable amount of prevention work being done in French-speaking Switzerland in particular. The Swiss-German style of conceptualising the programme may also have been influential.

Recommendation: With regard to the intended national cover of the programme, acceptance in French-speaking Switzerland must be increased; presumably this will require a greater degree of structural integration.

The outcome of the **other part-projects** can be summarised as follows:

⁷⁶ The "Announcement of the programme with positive acceptance" was the annual goal in 1999 of the programme that was also to be achieved with the campaign part-project.

⁷⁷ Representative telephone survey of the linguistically assimilated (in the relevant language) population aged 15-74 years old, pure random sample, 1,600 interviews, coverage 52% (1998) resp. 59% (2000)

⁷⁸ Data source 5 (cf. Figure 5): full survey at 112 centres, coverage 72%, 81 interviews

Figure 10: Outcome of the part-projects

Part-project	Results	Assessment
Doctors ⁷⁹	A comparison of pre and post training responses showed that a good half of the participants (53%) now intervene more frequently whenever they suspect a patient of high-risk drinking. 39% intervene to the same degree of frequency. ⁸⁰	Effectiveness quite good, but insignificant in terms of numbers
Internet	Some questions connected with the use of the Website still need to be clarified. ⁸¹	No assessment is possible
Communities ⁸²	In 10 of the 17 communities or districts, alcohol policies have been adopted, in 2 instructions have been given for such policies to be drafted /or they have been drafted and in 3 communities, nothing has been achieved so far.	Pilot-phase objectives fulfilled: effectiveness high
Partner activities	No measurement	Not assessable

Assessment and recommendations

In view of the low output of the doctors' project, so far, the outcome was considered low.

Recommendation: Consideration should be given to examining how to increase demand and consequently, improve outcome through for example, more substantial marketing or other measures since the contribution to the overall aim is considered positive (cf. 4.3.3).

Recommendation: The unanswered questions regarding the Website must be clarified.

The **Communities** part-project was effective, but its contribution to the overall aim is still unclear, not least conceptually.

⁷⁹ Data source 11, course participants (full survey, coverage 65%, survey 6 to 18 months after the end of the courses)

⁸⁰ Almost half of the respondents (45%) have already carried out several short interventions with the same patient, which increased their likelihood of success (cf. Wilk et al. 1997).

⁸¹ The questions go back to the fundamental measuring problems of Internet usage (e.g. missing standards).

⁸² Data source: Project management documents of the part-project of 13.09.2002

Recommendation: Before any decision is taken on the further expansion of this part of the programme, an ex ante evaluation of its contribution to the overall aim should be carried out.

4.3.3 The impact of the programme

The overall aim of the Alcohol Programme was to reduce high-risk drinking patterns in the population. The two behaviour surveys⁸³ carried out up to now returned the following results with regard to drinking patterns:

- The proportion of episodic risk consumers, the largest risk group and the target group of the programme, remained unchanged at around 20%.⁸⁴
- Among women, a positive development appears to be indicated: the proportion of episodic female risk drinkers declined by 7% to 15%. Among men, however, it remained unchanged.
- The proportion of risk consumers in the age group of 15-24-year-olds declined by 9%, – but only based on once-only excessive consumption per month – among men by 13%, and among women by 6%; it has increased slightly in all other groups.⁸⁵
- In French-speaking Switzerland, episodic risk consumption was also much more widespread in the year 2000 than in the rest of Switzerland.
- However – based on once-only excessive consumption per month – positive changes have been noted in French-speaking Switzerland: the proportion of low-risk consumers increased from 1998 to 2000 by 7%, while the proportion of episodic risk consumers fell by 3% (from 46% to 43%). This improvement is mainly attributable to the women: the proportion of low-risk consuming women rose from 38% to 54%.

The authors of the **monitoring report**⁸⁶ presented their interim conclusions (summarised below). Conclusive statements can

⁸³ Representative, telephone survey of the linguistically assimilated (in the relevant language) population aged 15-74 years old, pure random sample, 1,600 interviews, coverage 52% (1998)/59% (2000)

⁸⁴ Based on the statistical circumstances and with 95% statistical reliability in extrapolation, a band width of +/- 2.5% must be taken into account.

⁸⁵ All evaluations in line with the definition of episodic risk consumption based on excessive consumption twice a month will be made within the framework of improved monitoring and within the framework of the expected reporting in spring on the final survey in 2002.

⁸⁶ Müller et al. (2001, page 34 ff)

only be expected after the results of the 2003 survey are to hand. Their next report will also consider all the data on improvements in relation to excessive consumption twice a month:

- Owing to the lowering of duties on imported spirits in 1999 and the subsequent price reduction *“the consumption of spirits (...) has increased. In this difficult situation, the campaign has developed a welcome counter-effect”*.
- *“Despite the fall in the price of spirits, a comparison of the data from the two surveys shows that, in the case of women, it has actually been possible to lower the proportion of people who drink too much episodically. Low-risk drinking in the case of women has been encouraged.”*
- The fact that *“in the case of 15-24-year-olds, the proportion of binge drinkers has fallen by 9 points”, (...)* must be considered a success of the programme”.
- *“Although the proportion of risk drinkers in the German-speaking and in the Italian-speaking parts of the country has hardly changed, an increase in the proportion of low-risk consumers in French-speaking Switzerland has been noted, which, when subjected to closer analysis, in turn refers to women in particular.”*

Assessment and recommendations

Whilst we appreciate the authors' assessment in terms of some **positive trends**, especially given the unfavourable pricing context, we are sceptical about the reliability of the results. Even though the survey could be considered “state of the art” in terms of its methodology and adequate sample size, we must not ignore the fact that nevertheless, the results are based on “self-reported behaviour patterns”.

Given that the overall aim of the programme is to foster a negative appreciation of excessive consumption, this in itself might have led people to report negative behaviour patterns to a lesser degree. However, this risk must be counter-balanced with the fact that there was hardly any mention of people *reflecting* on their own consumption.

It should also be pointed out that, in view of the long-term nature of behavioural-change processes, results can hardly be expected after two years as a result of preventive programmes.

Recommendation: The third monitoring survey will likely provide a more reliable assessment of the programme's impact.

The differences noted on the basis of gender and – a little less clearly – linguistic region appear to be of particular interest. It will be interesting to see whether this is maintained in the follow-up survey in 2002.

Recommendation: If the variance in impact between the different target groups is confirmed in the follow-up survey in 2002, some thought should be given as to how the programme should react in the 2nd phase.

With reference to the **part-projects**, the following should be mentioned:

- The ex-ante review of the literature suggested that the **Doctors** part-project could have a substantial impact and make an important contribution to the overall aim. For example, a meta-evaluation of 32 studies⁸⁷ indicated a fall in consumption amongst those taking part in the (doctors') intervention group. Elsewhere,⁸⁸ the effect of one or two brief interventions was given as being 45%.

Recommendation: Suitable instruments should be developed to measure impact more reliably.

- The impact expected from the other part-projects or their contributions to the overall aim is still unclear and needs further clarification.

Recommendation: to assess the impact of the part-projects, drinking patterns need to be measured at local level - it follows that for this, reliable measuring instruments need to be developed.

4.4 Evaluation question 4: What influence does the context have on the aims and objectives of the Alcohol Programme?

The context influenced both the *definition* and *achievement* of the programme's aims and objectives.

The predominant attitudes on alcohol consumption and drinking habits in Switzerland certainly influenced the definition of the aims and objectives away from propagating abstinence towards

⁸⁷ Bien et al. (1993)

⁸⁸ Wilk et al. (1997)

a “sensible approach” in the use of alcohol. The choice of episodic risk consumers as a target group was, to a certain extent, also influenced by the context since traditional prevention workers had not previously taken this section of the population into consideration.

Aim and objective achievement was mainly affected by two contextual aspects. Firstly, there was the population’s overwhelming acceptance of federal engagement in this area, as indeed was the case amongst specialists and in the cantons. The programme’s aims and objectives and the relevant alcohol consumption standards were, on the whole, favourably received. This aspect is an important precondition for achievement as well as being a positive factor for increasing the programme’s likelihood of success and sustainability.

The basically positive attitude in the cantons and professional specialist groups was partly jeopardized by the programme’s development and implementation. Firstly, because the experience of the active cantons and specialist centres was inadequately integrated into programme design, and there was no coordination. Secondly, some of the people responsible for the programme were occasionally insensitive in their dealings with representatives of the French-speaking part of Switzerland. Consequently, the cantons and specialist professional groups’ reactions were, to a certain extent, demonstrated by a lack of interest in or with scepticism towards the implementation of the Alcohol Programme. It is quite possible that this, in turn, will have a negative effect on establishing and sustaining the programme over the medium to longer term.

The second – and more serious – aspect is the implemented and planned changes in legislation in the fields of taxation, the hotel and restaurants sector and the media. In their intention, these reforms contradict the aims of the Alcohol Programme. In the opinion of addiction and prevention specialists,⁸⁹ they totally undermine the likelihood of the programme’s ability to achieve its aims and objectives in the longer term, especially given that the programme is, in itself, limited to prevention only.

⁸⁹ Data source 4 (cf. Figure 5)

Assessment and recommendations

Even if since summer 2001, due to the activities initiated by the National Alcohol Campaign Plan 2000 (NACP), the programme's operating context has become more favourable, we consider that the negative legislative changes will ultimately have a greater influence on the programme's effectiveness.

Recommendation: In order to exploit the potential offered by the launch of the NACP, good coordination at national level between the activities of the NAAP and of the programme is imperative.

It is as yet unclear just what the effect of allowing advertising (as part of the revision of radio and TV legislation) will be on the programme. The reduction in tax on imported spirits, however, is likely to have more significant consequences. Foreign radio and TV stations that can be received in Switzerland are already transmitting advertising for alcoholic beverages. In principle, it is difficult to compare the effects of taxation and advertising on alcohol consumption. While experience has been gained in Switzerland concerning the impact of taxation,⁹⁰ there is none so far concerning that of advertising. From our viewpoint, the permitting of alcohol advertising would mainly be a "symbolic provocation" for the programme.

The difference in measures such as, for example, the Alcohol Programme and the allowing of advertising could be interpreted as contradictory signals by the population. This could lead them to question what in fact, the real political intentions are.

Recommendation: Work on the development of a comprehensive, interdepartmental alcohol policy should be resumed.

⁹⁰ SIPA (2000)

5 **Final observations**

The Alcohol Programme 1999-2002 was a needed and relevant programme, as the excessive level of alcohol consumption in Switzerland is a health problem with significant effects on society. Theoretically, therefore, the programme was adequately justified even if its theoretical basis was inconsistently applied both in terms of concept and implementation, as well as in the output. A shortcoming of the programme was that it had no written-down logical model to serve as an important management tool. The main aims and objectives were carefully developed, even if their relationship to the programme's theoretical basis lacked consistency and their definition was not satisfactorily clear. An assessment of the strategies adopted by the Alcohol Programme was also not clear cut: whilst there are clearly many advantages to be drawn from a centralised approach, the disadvantages cannot be overlooked, especially where existing knowledge was inadequately integrated and used. All the main measures (part-projects) were relevant, tried and tested, even if they were not all necessarily justified. The project's organization was, on the whole, appropriate even though there are aspects of project management that are incompatible with government administration.

The implementation of the programme was generally good. At this early stage, of course, it would be far too premature to expect any long term effects.

Viewed individually, programme outputs were good in quality and efficiently produced: however they tend to be inconsistent with the programme's overall aims and objectives, and the quantitative objectives were only partially fulfilled.

It is difficult to judge the programme's overall effectiveness in relation to the outcomes because the programme had such a brief time frame and started out in an environment that was far more difficult than expected. Presumably, the objectives have still not, as yet, been met.

The impact of the Alcohol Programme could not as yet be reliably assessed.

To summarise, we note that while the Alcohol Programme could not meet all the demands and expectations of its executive, on the whole, it achieved good work, in spite of a number of discrepancies in its design, planning and implementation.

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