

## EXCERPTS FROM DESCRIPTION OF THE ACTION

### 1. OVERVIEW

#### 1.1. Title

Standardizing Measurement of Alcohol Related Troubles (SMART)

#### 1.2. Priority area and action

Priority area: Health determinants (HD 2007)

Action: Supporting key Community strategies on addictive substances

#### 1.3. Summary (objectives, methods, expected results)

**Background** In its 2007 work plan, the European Commission called for the development of standardised comparative surveys on heavy drinking, binge-drinking (episodic heavy drinking), drunkenness, context of drinking, alcohol dependence and unrecorded consumption, and for the development of a standardised methodology of cost-benefit analyses of alcohol policies to evaluate the economic impact of existing alcohol policies in the EU. **Problem analysis** Currently, there are no standardised methodologies of patterns of drinking and of cost-benefit analyses of alcohol policies across the EU and EU Member States. **Aims** To develop standardized comparative surveys methodology on heavy drinking, binge drinking (episodic heavy drinking), drunkenness, context of drinking, alcohol dependence and unrecorded consumption, as well as public support for alcohol policy measures, and to develop standardized methodology of cost-benefit analyses of alcohol policies to evaluate the economic impact of existing alcohol policies in the EU. **Methods** Standardization will be based on systematic reviews and the views of expert panels, taking into account the differences in alcohol use, patterns of drinking and alcohol policy responses in the different cultures and countries of Europe, and appropriate for different age, gender and socioeconomic groups. **Expected results** A dissemination and communication strategy will be developed to promote the use of the standardized methodologies by appropriate scientists, survey personnel, economists and public health specialists, in the expectation that better use of standardized approaches across Europe will lead to more informed and evidence based policy making to reduce alcohol's health and economic burden to Europe.

### 2. OBJECTIVES

#### 2.1. General objectives

The general objectives of the SMART project are to:

1. Develop standardized comparative surveys methodology on heavy drinking, binge drinking (episodic heavy drinking), drunkenness, context of drinking, alcohol dependence and unrecorded consumption; and
2. Develop standardized methodology of cost-benefit analyses of alcohol policies to evaluate the economic impact of existing alcohol policies in the EU as well as assessing public support for alcohol policy measures.

## **2.2. Specific objectives**

1. To summarize existing cost benefit analyses of alcohol policies and current support for alcohol policy measures
2. To analyze the social distribution of costs and benefits of alcohol policies
3. To develop standardized methodology to undertake cost-benefit analyses of alcohol policies
4. To summarize existing alcohol survey methodologies
5. To develop standardized comparative surveys on alcohol use, patterns of drinking and alcohol dependence

## **2.3. Indicators chosen**

1. To summarize existing cost benefit analyses of alcohol policies and current support for alcohol policy measures
  - 1.1. Peer review and expert comments. Measure: positive experts's assessment. Type of measure: yes/no
  - 1.2. Number of printed copies disseminated, including geographical and professional coverage. Measure: at least 1200 copies disseminated in all EU countries. Type of measure: quantity
  - 1.3. Number of website hits to download document, with information on country of origin. Measure: at least 1350 website hits from at least 20 countries. Type of measure: quantity
2. To analyze the social distribution of costs and benefits
  - 2.1. Peer review and expert comments. Measure: positive experts's assessment. Type of measure: yes/no
  - 2.2. Number of printed copies disseminated, including geographical and professional coverage. Measure: at least 1200 copies disseminated in all EU countries. Type of measure: quantity
  - 2.3. Number of website hits to download document, with information on country of origin. Measure: at least 1350 website hits from at least 20 countries. Type of measure: quantity
3. To develop standardized methodology to undertake cost-benefit analyses of alcohol policies
  - 3.1. Peer review and expert comments. Measure: positive experts's assessment. Type of measure: yes/no
  - 3.2. Number of printed copies disseminated, including geographical and professional coverage. Measure: at least 1200 copies disseminated in all EU countries. Type of measure: quantity
  - 3.3. Number of website hits to download document with information on country of origin. Measure: at least 1350 website hits from at least 20 countries. Type of measure: quantity
  - 3.4. Beyond the duration of the project, the number of publications and reports and cost effective analyses referring to or utilizing the methodology Measure: at least 5 relevant publications within a year after completion of the project. Type of measure: quantity
4. To summarize existing alcohol survey methodologies
  - 4.1. Peer review and expert comments. Measure: positive experts's assessment. Type of measure: yes/no

- 4.2. Number of printed copies disseminated, including geographical and professional coverage Measure: at least 1200 copies disseminated in all EU countries. Type of measure: quantity
- 4.3. Number of website hits to download document, with information on country of origin. Measure: at least 1350 website hits from at least 20 countries. Type of measure: quantity
5. To develop standardized comparative surveys on alcohol use, patterns of drinking and alcohol dependence
  - 5.1. Peer review and expert comments. Measure: positive experts' assessment. Type of measure: yes/no
  - 5.2. Number of printed copies disseminated, including geographical and professional coverage Measure: at least 1200 copies disseminated in all EU countries. Type of measure: quantity
  - 5.3. Number of website hits to download document with information on country of origin. Measure: at least 1350 website hits from at least 20 countries. Type of measure: quantity
  - 5.4. Beyond the duration of the project, the number of publications and reports and surveys referring to or utilizing the methodology Measure: at least 5 relevant publications within a year after completion of the project. Type of measure: quantity

## **2.4. Rationale and relative merits of the project**

Alcohol is a major health determinant in the EU. It is estimated that 53 million EU adults do not drink alcohol at all, and some 58 million are heavy drinkers, of whom some 23 million are dependent on alcohol (Anderson & Baumberg 2006, [http://ec.europa.eu/health-eu/news\\_alcoholineurope\\_en.htm](http://ec.europa.eu/health-eu/news_alcoholineurope_en.htm)).

One of the most important social determinants of the harm done by alcohol is due to inequalities between and within countries. Anderson & Baumberg estimated that alcohol is responsible for a difference in the crude death rate of approximately 90 extra deaths per 100,000 people for men and 60 per 100,000 for women (as well as 16,000 DALYs per million people for men and 4,000 DALYs per million for women) in the newer EU Member States, compared with the older 15 Member States. EU15. For males dying between the ages of 20 and 64 years, injuries are responsible for nearly half (46%) of the difference in life expectancy between the three Baltic states (Estonia, Latvia and Lithuania) and the older EU15, and for one fifth (22%) of the difference between central and eastern Europe (Poland, Czech Republic, Slovakia, Hungary, Slovenia, Romania, Bulgaria) and the EU15. Whereas in the EU15, alcohol is responsible for 29% of all male injuries and 19% of all female injuries, in the central and eastern European countries, the proportions are 38% and 29%, and in the three Baltic states 48% and 42% respectively.

Some 80m EU citizens binge-drink (60g alcohol - six drinks - on one occasion) at least once a month, representing just over 1 in 4 of the adult population, and, based on the ESPAD and HBSC surveys, over 1 in 8 (13%) of 15-16 year old students have been drunk more than 20 times in their life, and over 1 in 6 (18%) have binged (5+ drinks on a single occasion) three times or more in the last month. In their review, Anderson & Baumberg noted that the prevalence of different drinking patterns to a considerable degree depended on the questions asked. For example, students from southern Europe are about five times less likely than those from elsewhere in Europe to report being drunk

more than 20 times in their life, although they are only half as likely to report drinking 5+ drinks on a single occasion more than 3 times in 30 days. Noting the disparate definitions and methodologies, Anderson & Baumberg recommended that repeated and comparative surveys with standardized definitions are required throughout Europe for abstention, heavy drinking, episodic heavy drinking (binge-drinking), drunkenness, context of drinking, alcohol dependence, and unrecorded consumption. In reviewing existing economic evaluations and cost benefit analyses, Anderson & Baumberg identified 21 European studies, but noted a wide variety in methodologies used, making comparisons across Europe considerably limited, although the WHO CHOICE model provided a common approach <http://www.who.int/choice/en/>. The SMART project aims to rectify these difficulties by recommending standardized methodologies for comparative surveys and cost benefit analyses.

The SMART project is innovative and provides added value in that it uses a similar methodology to standardize comparative surveys on alcohol use and patterns of drinking and standardized methodologies to undertake cost benefit analyses. To date, this detailed level of work on alcohol consumption and patterns of drinking and on cost benefit analyses has not been undertaken at the European Union level. Some work has been done through the ECHIM (European Community Health Indicators for Monitoring) project that is making, among others, the assessment of the comparability of all Health Indicators endorsed by the European Commission [www.echim.org](http://www.echim.org). ECHIM can be viewed as the Scientific Secretariat of the Public Health Programme of the Working Party Health Indicators

([http://ec.europa.eu/health/ph\\_information/implement/wp/indicators/indicators\\_en.htm](http://ec.europa.eu/health/ph_information/implement/wp/indicators/indicators_en.htm)). ECHIM has to date proposed total alcohol consumption as a risk factor indicator as well as hazardous alcohol consumption (currently not defined) ([http://ec.europa.eu/health/ph\\_information/dissemination/echi/echi\\_en.htm](http://ec.europa.eu/health/ph_information/dissemination/echi/echi_en.htm)). Thus the SMART project will considerably enhance the opportunity to move towards a standardized methodology with definitions to undertake surveys on alcohol consumption and drinking patterns that can inform countrywide and European surveys, including the ESPAD and HBSC surveys. The only attempt to undertake cost benefit analyses of alcohol policy options for the European Union is that made by Anderson & Baumberg. This estimate relied heavily on extrapolating assumptions from a small number of countries to Europe as a whole. The SMART project should address this deficiency by proposing standardized methods to undertake cost benefit analyses allowing for more country based databases to be used in a comparative estimate for Europe as a whole. A coordinated and combined approach for both standardizations provides added value for money, since it is a more efficient and cost effective way to achieve the aims.

### **3. EXPECTED RESULTS**

#### **3.1. Outcomes**

1. Increased effectiveness of health policies across EU in the alcohol field thanks to provision of standardised methodologies facilitating selection of appropriate health policies and their evaluation
2. Reduced alcohol's health burden to Europe resulting from application of evidence-based alcohol policies



## **4. METHODOLOGY**

### **4.1. Methods used, references, significances**

#### **Comparative survey methodology (Work Package 4)**

The methodology will be based on literature reviews, the advice of expert groups, pilot testing, and the endorsement of the proposals by those currently involved in survey methodology in all EU Member States. Using agreed search terms and relevant databases, searches of published and grey literature will summarize the existing methodologies of alcohol surveys. The identified methodological approaches will be categorized according to cultural and technical similarities/differences. Survey questions, ways of questionnaires administration, sampling methods, and other methodological aspects will be reviewed. Based on the results of the reviews, a survey study design including standardized methodology will be proposed by an expert group. The survey methodology will be pilot tested in 10 countries with differentiated sociocultural background and patterns of alcohol consumption, including Italy, Spain (Mediterranean), Finland (Nordic), Poland, Estonia (South Baltic), Hungary, Czech Republic (Central-Eastern), Germany, UK and Ireland. The final comprehensive study design based on comparative survey methodology will be developed by the expert committee and then discussed at a conference of persons responsible for undertaking surveys of alcohol use in all 27 EU countries to discuss the results of the standardization and to agree its utility and feasibility.

#### **Methodology to undertake cost benefit analysis (Work Package 5)**

The methodology will be based on literature reviews and the advice of an expert group. Six experts in cost effective analyses, including economists, epidemiologists, and alcohol policy and public health experts will be involved in the project, and will meet four times during the duration of the project. At the first meeting of the expert group, search terms and search engines will be determined. Key published papers and journals will be identified for hand searches. Country partners of the Alcohol Policy Network of the Building Capacity project will be contacted to identify any recent grey literature to supplement the literature identified by Anderson & Baumberg. Using the agreed search terms and databases, searches of published and grey literature will summarize the existing methodologies of cost benefit analyses. The identified methodological approaches will be categorized according to cultural and technical similarities/differences. Based on the results of the reviews, standardized methodologies for the cost benefit analyses will be proposed for comment and redrafting during three subsequent meetings of the expert group. In result, the final comprehensive policy study design will be developed and adopted.

### **4.2. Analysis of the risks and contingency planning**

The project involves preparing three reports to peer reviewed standards and two guidance documents on two standardized methodologies, taking into account differences in the meaning, use and policy responses of alcohol throughout Europe. It is envisaged that only little risk is involved in the literature searches and the preparation of the reports, since the partner organizations and expert staff have considerable experience in achieving these tasks.

There may be difficulties in reaching consensus for the standardized methodologies and proposing methodologies that are usable throughout Europe, consistent with existing methodologies. It is envisaged that the risk are minimized by involving high level experts used to consensus working, by pilot testing the proposed methodology, by undertaking focus groups in the countries, and by convening a meeting of representatives from all Member States. Consensus building and open communication skills will be used to resolve any differences in opinion. If, for some reason, consensus cannot be reached on all aspects of the standardized methodologies, then it is planned that a minimum level of guidance, where consensus can be reached, will be presented, supplemented by a list of differing options where consensus cannot be reached.

### 4.3. Time schedule

Work package	M 1	M 2	M 3	M 4	M 5	M 6	M 7	M 8	M 9	M 10	M 11	M 12	M 13	M 14	M 15	M 16	M 17	M 18	M 19	M 20	M 21	M 22	M 23	M 24	M 25	M 26	
WP 1		<b>KM</b> <b>MC</b>							<b>MC</b>					<b>AR</b>	<b>MC</b>				<b>MC</b>				<b>MC</b>				<b>FR</b>
WP 2			<b>LW</b>																				<b>FC</b>				
WP 3																								<b>ER</b>			
WP 4									<b>EM</b>			<b>TR</b>			<b>EM</b>				<b>EM</b>			<b>GD</b>					
WP 5									<b>EM</b>			<b>TR</b>			<b>EM</b>				<b>EM</b>			<b>GD</b>					

WP 1. Coordination of the project

WP 2. Dissemination of the results

WP 3. Evaluation of the project

WP 4. Comparative survey methodology

WP 5. Standardized methodology to undertake cost-benefit analyses of alcohol policies

KM - Kick-off meeting

LW - Launch of website

EM - Expert meetings

AR - Administrative Report

ER – Evaluation Report

MC - Management Committee

TR - Technical Report(s)

GD - Guidance document

FC – Final conference

FR – Final report

#### 4.4. Work package n° 4: Comparative survey methodology

##### 4.4.1. List of partners involved

<b>Lead Partner</b>
Institute of Psychiatry and Neurology, Poland (IPiN)
<b>Associated partners</b>
Budapesti Corvinus Egyetem, Hungary (BCE)
National Research and Development Centre for Welfare and Health, Finland (STAKES)
Fundació Clínic per a la Recerca Biomèdica, Spain (FCRB)
Tallinn University, Estonia (TLU)
Institut für Therapieforschung Gemeinnützige Gesellschaft mbH, Germany (IFT)
Middlesex University, United Kingdom (MDX)
Azienda Sanitaria Di Firenze, Italy (ASF)
National Institute of Public Health, Czech Republic (NIPH)
Health Service Executive, Ireland (HSE)

IPiN will provide 29 days of senior researcher and 111 days of junior researcher. They will be supported by 40 days of administrative assistance work. Other associated partners will allocate sufficient resources for tasks associated with this work package including pilot-testing of a survey questionnaire and focus groups. Five of them (IPiN, BCE, FCRB, TLU, NIPH) will sub-contract data collection for a pilot-survey (interviewing, coding).

##### 4.4.2. Objectives

1. To summarize existing alcohol survey methodologies
2. To develop standardized comparative surveys on alcohol use, patterns of drinking and alcohol dependence

##### 4.4.3. Description of the work

###### 1. Literature review

The literature review will cover the period 1980-2006. The following key words will be used: alcohol survey, drinking survey and then alcohol consumption, unrecorded alcohol consumption, context of drinking, heavy drinking, binge drinking, episodic heavy drinking, drunkenness, alcohol dependence, alcoholism. Search engine will be determined at the first WP4 meeting. The identified methodological approaches will be categorized according to cultural and technical similarities/differences. Survey questions, ways of questionnaires administration, sampling methods, and other methodological aspects will be under consideration.

###### 2. Drafting a comparative methodology

Basing on literature review a draft of model methodology will be constructed by expert committee consisted of researchers from 10 countries supported by an external expert Kim Bloomfield (University of Southern Denmark) who has got substantial experience as a co-coordinator of large European drinking survey under EC Concerted Action "Gender, culture and alcohol problems: a multi-national study". The methodology will

This document arises from the project Standardizing Measurement of Alcohol Related Troubles (SMART) which has received funding from the European Union, in the framework of the Public Health Programme 9

include sampling, methods of administration (face-to-face versus telephone interviewing), survey instrument and algorithms to measure alcohol consumption, unrecorded alcohol consumption, heavy drinking, binge drinking, episodic heavy drinking, drunkenness, alcohol dependence, alcoholism. Cultural and social specificities will be taken into account.

### **3. Pilot testing**

The methodology will be tested in 10 countries with differentiated sociocultural background and patterns of alcohol consumption. The following countries are considered: Italy, Spain, Finland, Ireland, Poland, Estonia, Hungary, Czech Republic, Germany, UK. The pilot survey will be conducted on small scale random samples of urban and rural areas (two samples 100 interviews each). A question of overrepresentation of people suffering from alcohol-related problems will be considered at the first WP4 meeting. The length of an interview should not surpass 30-40 minutes on average.

The data from the surveys will be processed in IPI. For this purpose a purchase of SPSS 16.0 is envisaged in the budget. SPSS 16.0 consists of following modules: SPSS Base, SPSS Tables, SPSS Categories, SPSS Advanced Models, SPSS Regression Models, SPSS Missing Value Analysis, SPSS Maps, SPSS Exact Tests, SPSS Classification Trees, SPSS Trends, SPSS Complex Samples, and Amos. The analyses will employ advanced statistical methods including data modelling.

### **4. Focus groups**

Three focus group discussions will be held in each country to understand better the cultural meanings of major concepts under study. Focus groups will consist of 5-8 persons each. The group discussions will be held after pilot testing of survey methodology. In each country there will be one group representing urban population, one group – rural population and one comprising of persons suffering from alcohol related problems. Participants will be recruited among respondents of the pilot survey. Detailed recruitment criteria will be elaborated at the first WP4 meeting.

Major themes to be discussed include: understanding of major research concepts like alcoholic beverage, standard unit, binge drinking, drunkenness, alcoholism et cetera and feedback to the results of the pilot survey. The group discussions will be held in national and regional languages.

### **5. Finalizing comparative survey methodology**

The elaborated version of the comparative survey methodology will be developed by the expert committee and then discussed at the conference of all 27 EU countries to disseminate results of the project and to agree in its utility and feasibility. The endorsed methodology will be published. The comparative survey methodology package will cover: sampling procedures, method of administration, survey instrument, coding instructions and major syntaxes to calculate alcohol consumption and to identify level of associated problems.

**4.4.4.*****Deliverables and Links with other work packages***

<b>D No.</b>	<b>Deliverable</b>
D6	Report on existing survey methodology and definitions in European countries and at European level
D8	Report of pilot test of standardized methodology in 10 pilot countries including comprehensive study design
D9	Meeting of alcohol counterparts from 27 countries to endorse methodology
D11	Guidance document of standardized methodology for undertaking alcohol surveys

The work package will coordinate with work package 5 on cost benefit analyses. The deliverables of the work package will be used for dissemination in work package 2.

#### **4.5. Work package n° 5: Standardized methodology to undertake cost-benefit analyses of alcohol policies**

##### **4.5.1. List of partners involved**

<b>Lead Partner</b>
Generalitat de Catalunya, Catalonia (GENCAT)
<b>Associated partners</b>
Fundació Clínic per a la Recerca Biomèdica, Spain (FCRB)
Institute of Psychiatry and Neurology, Poland (IPiN)

GENCAT will provide 37 days of senior research time, and FRCB 8 days of senior research time and 10 days of junior research time and 40 days of assistant time to undertake the work. IPiN will provide 25 days of senior research time and 25 days of junior research time. Resources are provided for expert consultation and meetings.

##### **4.5.2. Objectives**

1. To summarize existing cost benefit analyses of alcohol policies and current support for alcohol policy measures
2. To analyze the social distribution of costs and benefits of alcohol policies
3. To develop standardized methodology to undertake cost-benefit analyses of alcohol policies

##### **4.5.3. Description of the work**

###### **1. Literature review of existing cost benefit analyses of alcohol policies**

Building on the work of Anderson & Baumberg (2006) [http://ec.europa.eu/health-eu/news\\_alcoholineurope\\_en.htm](http://ec.europa.eu/health-eu/news_alcoholineurope_en.htm), searches of published and grey literature will summarize the existing methodologies of cost benefit analyses, including International Guidelines of the WHO and the CHOICE programme (<http://www.who.int/choice/en/>). Search terms and search engines will be determined at the first of the four meetings of the expert group. Key published papers and journals will be identified for hand searches. Country partners of the Alcohol Policy Network of the Building Capacity project will be contacted to identify any recent grey literature to supplement the literature identified by Anderson & Baumberg.

## **2. Literature review of current support for alcohol policy measures**

Searches of published and grey literature will summarize current public support for alcohol policy measures, including the Eurobarometer survey on alcohol, [http://ec.europa.eu/health/ph\\_determinants/life\\_style/alcohol/documents/ebs272\\_en.pdf](http://ec.europa.eu/health/ph_determinants/life_style/alcohol/documents/ebs272_en.pdf), since the cost effectiveness of alcohol policies is guided within the context of public support. Search terms and search engines will be determined at the first of the four meetings of the expert group. Key published papers and journals will be identified for hand searches. Country partners of the Alcohol Policy Network of the Building Capacity project will be contacted to identify any recent grey literature to supplement the literature identified by Anderson & Baumberg.

## **3. Literature review of the social distribution of costs and benefits of alcohol policies.**

Searches of published and grey literature will summarize the findings of the social distribution of costs and benefits of alcohol policies, which may have different costs and benefits to different age and socio-economic groups. Search terms and search engines will be determined at the first of the four meetings of the expert group. Key published papers and journals will be identified for hand searches.

## **4. Finalizing Standardized methodology to undertake cost-benefit analyses of alcohol policies.**

Based on the above, a standardized methodology will be prepared by the work package staff and proposed to 3 subsequent meetings of the expert committee to finalize the methodology, which will be published in electronic and print forms and widely disseminated to appropriate research, economic and public health bodies. The expert committee will include Esa Osterberg, STAKES, FI, Robin Room, SORAD, SE, Christine Godfrey, York University, UK, Pia Johansson, Stockholm Centre for Public Health, SE, Jurgen Rehm, Dresden University, DE, Dan Chisholm and Peter Anderson, all of whom have published extensively, and advised the WHO and the EC on the topic, and are listed as either associated or collaborating partners.

### **4.5.4. Deliverables and links with other work packages**

<b>D No.</b>	<b>Deliverable</b>
D4	Report of existing cost benefit analyses in European countries and at European level including comprehensive policy study design
D5	Report on social context and social support for various policy measures
D10	Guidance document of standardized methodology to undertake cost benefit analyses

The work package will coordinate with work package 4 on survey methodology. The deliverables of the work package will be used for dissemination in work package 2.



