

# EUROPEAN WORKPLACE AND ALCOHOL EWA PROJECT

## WELCOME

Joan Colom  
Program on Substance Abuse  
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Generalitat de Catalunya  
**Departament de Salut**

# WHO are we?

- ❑ Catalonia, Autonomous Community of Spain, with more than 7.3 million inhabitants.
- ❑ The Program on Substance Abuse of the Department of Health of the Government of Catalonia is responsible for:
  - ❑ National strategic planning
  - ❑ Legislation on drugs
  - ❑ Monitoring and evaluation systems
  - ❑ Health promotion and prevention risk and harm reduction and treatment programs.
- ❑ 30-year experience and leadership in the field

# Promoting Mental Health and prevention of drug problems in Workplaces

- Workplace is a prioritized prevention area within the national prevention plan:
  - Setting up an institutional framework
  - More than 8 years implementing initiatives in the region
  - In collaboration with Workplace Department and other stakeholders (worker's union, etc)
  
- Supporting the ***The European Pact for Mental Health and Well-being*** launched in Brussels in 2008 by the EC that includes WP as a priority area with the following subthemes:
  - Building mentally healthy workplaces (MH Promotion)
  - Interventions for workers at risk
  - Supporting employees with MD and (re)integration into workplace
  - Monitoring and risk assessment

# European projects on alcohol

- ❑ WHO Collaborative Study on Alcohol and Brief Interventions Phase III and Phase IV (1995-2002)
- ❑ PHEPA I ( 2002-2005) and PHEPA II (2006-2008)
- ❑ Building Capacity Project (2007-2010)
- ❑ SMART Standardizing Measurement of alcohol related troubles (2008-2010)
- ❑ VINTAGE Good Health into older age (2009-2010)
- ❑ AMPHORA Alcohol Measures for Public Health Research Alliance (2009-2012)
- ❑ ODHIN (2011-2014)
- ❑ ALICE-RAP (2011-2014)
- ❑ OTHERS: ELSA, ALC-VIOL, TAVIM, etc.

# Learning experience

- ❑ Unique opportunity
  - ❑ to participate at European Level.
  - ❑ putting knowledge and evidence together,
  - ❑ harmonization of best practices
  - ❑ for networking.
- ❑ SANCO projects, in contrast with FP7 projects, request a lot of activities for very little money.
- ❑ High burden of bureaucratic and administrative work.
- ❑ Translation of results into policies is not always the case.
- ❑ Dissemination of results relies mainly in project and project partners .
- ❑ Some disadvantages (some extra bureaucracy)
- ❑ Great advantages for sustainability of implementation after the project.

# The EWA case

- ❑ Application May 2009 (Call 2009) with a total budget of 981.899€.
- ❑ Not granted in resolution of October 2009, but placed first in the reserve list.
- ❑ EAHC invited us to open negotiations by March 2010 reducing budget ( 510.000 for EC funding ) and increasing activities (from 7 to 12 pilot).
- ❑ Partners were informed of the conditions and the new terms of their participation.
- ❑ Negotiation lasted until November 2010 .
- ❑ On December 2010 contract between EAHC and GENCAT was signed.
- ❑ Project will last 30 months from January 2011 till July 2013.
- ❑ ***Pre-financing has not been yet made due to delays in closing and opening budget year.***

# The EWA partnership

## ❑ Managing partner

Spain – Department of Health – Government of Catalonia in coordination with **UK - Health at Work Ltd.**

## ❑ Associated partners

Belgium – SEP -Externe Dienst Voor Preventie en Bescherming Securex VZW

Croatia – ZCPH- Zagreb Country Inst of Public Health

EU - EUROCARE - European Alcohol Policy Alliance

Finland - FIOH - Finnish Institute of Occupational Health

Germany - TUD - Technische Universitat Dresden

Greece - PROLEPSIS - Inst. of Prev. Medicine, Environmental and Occup. Health

Ireland – TCD- Trinity College

Italy –RDV- Regione del Veneto

Poland – NIOM - Nofer Institute of Occupational Medicine

Poland - PARPA - The State Agency for prevention of alcohol related problems

Romania – RF - Romtens Foundation

Scotland – AFS - Alcohol Focus Scotland

Spain – FCRB -Fundació Privada Clínic per a la Recerca Biomèdica

UK – LPCT - Liverpool Primary Care Trust

UK - ALWPCT -Ashton Leigh and Wigan Primary Care Trust

## ❑ Collaborating partners

14 including institutions such as Europe and 4 local companies

# The EWA challenge

- ❑ Diverse partner profile (Governments, Companies, Health Institutions, Foundations, Universities, etc. ) with different assigned tasks and variable budget
- ❑ More tasks than budget available
- ❑ Not easy to fulfill EAHC negotiation requirements
- ❑ Restriction in contract amendments
- ❑ Not changeable budget
- ❑ Some representation gaps (workers union, etc)
- ❑ Some resistance from lobbying groups (industry)



# The EWA solution

- ❑ Getting to know and trusting each other.
- ❑ Identification of areas of expertise and taking advantage of these among us.
- ❑ Efficient planning (the best you can do within budget resources).
- ❑ Harmonization if possible and individualization if needed.
- ❑ Open and transparent communication on all matters.
- ❑ Central and continuous coordination.

# The EWA figures

17	Partners
14	Collaborating partners
2	Subcontractors
12	Countries
30	Months of work
7	Work packages
24	Case studies
12	Pilot countries
10	Deliverables
510.000 € of Co-Funding	

# The EWA kick-off meeting

- ❑ Gathering together to get to know each other
- ❑ Sharing experiences
- ❑ Clarifying objectives and activities committed
- ❑ Defining realistic work plans and timetables
- ❑ Motivate ourselves
- ❑ Pleasant and fruitful meeting

# The EWA agenda -Thursday

## **Chair:Toni Gual**

- 09.30 Welcome and introductions
- 09.50 Main elements of work plan and what EWA is trying to do
- 10.10 Case study example from Catalonia
- 10.20 Case study example from England

## **Chair: Frances Molloy**

- 11.00 European Commission briefing
- 11.30 Main elements of coordination, administration and reporting
- 12.00 What the [FASE project](#) told us
- 12.30 What FCRB is providing the European Alcohol and Health Forum's Science Group on alcohol and the workplace

## **Chair: Jon Dawson**

- 14.00 Discussion of WP4, Good practice review and case studies
- 14.45 Discussion of work package 5, Guidelines and analysis
- 16.00 Working groups:
  - Group work on case studies collection and selection (Meeting Room)
  - Meeting of the SARD group (Room 3, Floor 3)
- 18.00 Close of working day

# The EWA agenda - Friday

## **Chair: Joan Colom**

- 09.30 Summing up of previous day's work and feedback of the SARD group discussions
- 10.00 Discussion of WP2, Dissemination

## **Chair: Peter Anderson**

- 11.00 Discussion of WP3, Evaluation
- 11.30 Discussion of WP6, Pilot interventions
- 12.00 Discussion of WP7, Tool kit and policy recommendations
- 12.30 Overall discussion

## **Chair: Lidia Segura**

- 14.00 Resolving outstanding issues  
Agreement of next steps  
Mapping the main timetables and dates of meetings for the duration of the project

# The EWA dinner

PETRA RESTAURANT, 10 March 2011, 20:30pm



## Directions:

Yellow line at Llacuna Station (two blocks from the Department of Health building) to Jaume I Station.

Walk down Carrer de la Argenteria until Santa Maria del Mar Church.

Turn to the right at carrer dels Sombrerers until number 13.

## Recommendation

Visit Santa Maria del Mar Church, one of the most beautiful gothic churches in the world (1329-1383) and surroundings.

# The EWA mottoe

“no walking path, is  
made by walking”

*Antonio Machado*