

Building **SAFER** Communities

Preventing & Reducing Alcohol
Harm

Seeking submissions from suitably
qualified academic
institutions

Closing date: 30th April 2024



An Roinn Sláinte
Department of Health



World Health
Organization



Glossary of terms:

SAFER High Level Steering Group (SHLSG)

SAFER Scientific Advisory Committee (SSAC)

SAFER Academic Partner (SAP)

SAFER Local Steering Group (SLSG)

SAFER Resources Working Group (SRWG)

SAFER Communications Working Group (SCWG)

Figure 1 **SAFER Committee Structure**



RESEARCH PROTOCOL FOR SAFER TENDER

The budget for this 3-year project will range from between €45,000 - €55,000 (inc. VAT) per year with the possibility of a small contingency fund. We welcome the collaboration between different departments and the utilisation of the many resources available within national universities, including the involvement of doctoral students and post-doctoral fellows. Please provide the optimum research evaluation proposal for Building SAFER Communities: Preventing Reducing Alcohol Harm project. The successful applicant will be the academic institution that scores highest on the rating scale with overall suitability, specifically in the area of implementation.

All information about the World Health Organisation (WHO) SAFER technical package and Building SAFER Communities: Preventing & Reducing Alcohol Harm project can be found at ...
[Research & Publications - Alcohol Forum Ireland](https://alcoholforum.org/research-publications/) (<https://alcoholforum.org/research-publications/>)

This tender seeks applicants for a 3-year evaluation of the World Health Organization (WHO) endorsed 'Building SAFER Communities' project (<https://www.who.int/initiatives/SAFER/about>). Applicants should submit the Request for Tender (RFT) document and include a draft description of a proposed Monitoring and Evaluation Plan based on the information provided with this tender.

The following expertise is desired: Programme evaluation, alcohol policy research, survey research, sampling techniques, quasi-experimental designs, qualitative research, attitude measures, statistical analysis, and a proven record of publications in peer reviewed journals.

Applicants should demonstrate how they can work with the programme's Scientific Advisory Committee to finalise the Building SAFER Communities research and evaluation plan. Monitoring and evaluation will depend on the research design, programme components, budget limitations, site capabilities and resources.

The research design optimally will consist of a mixed-methods evaluation of programme implementation and outcomes at 12 sites throughout Ireland. If feasible, control communities will be surveyed at baseline and 3-year follow-up to evaluate changes in key outcome measures.

Ethical approval will be required once the design, outcome and process measures have been finalised.

The objective is to develop a standardised and evidence-based model for community action on alcohol for Ireland and submit evidence to the Xchange prevention registry
https://www.emcdda.europa.eu/publications/repositories/exchange-prevention-registry_en

The successful applicant will work closely with the Scientific Advisory Committee and SAFER High Level Steering Group (SHLSG) and local implementation teams to develop a mixed-method protocol to examine the impacts of the programme and its components. The design will involve the collection and analysis of epidemiological surveys, administrative data, qualitative interviews with key stakeholders, and other process measures.

The research and evaluation component will consist of five elements:

1) Initial needs assessment

This will include an online community survey as well as a school survey of secondary students across implementation sites, to be completed in year 1 and repeated in year 3. The successful applicant is encouraged to propose models for these surveys and describe how they will be adopted once the programme design is finalised at the 12 sites. These surveys should include measures of programme recognition, alcohol use, alcohol's harm to others, and other outcome measures, as well as process measures as possible mediators. Examples of surveys the contractor might consider are the European School Survey Project on Alcohol and Other Drugs (ESPAD) (<http://www.espad.org/>) and

the adult population survey used by the International Alcohol Control Study (<https://www.iacstudy.org/>).

2) Evidence review

In year 1, an evidence review will be conducted to provide the evidence base for development of a set of outcome indicators for community action on alcohol in Ireland. The SAFER interventions are designed to change a wide variety of outcomes therefore, depending on the initial needs assessment and evidence review, different outcomes may be considered.

3) Process evaluation

A process evaluation should assess the 12 communities' readiness for change and the enablers and barriers to successful implementation of the WHO's SAFER technical package. To ensure all aspects of implementation are examined, the implementation science framework of Burke et al (2012) should be used as a guide. Methods should be proposed for review by the Scientific Advisory Committee, including identification of enablers of implementation. Key stakeholders should be interviewed, and an analysis of meeting minutes should be conducted to assess implementation. Key meetings should be observed to identify the enablers and any barriers to implementation.

4) Outcome evaluation

In Year 3, an outcome evaluation will be conducted to determine if the programme had an effect on the target population. Outcome measures at the community population level may include administrative measures such as local alcohol-related crime figures, local hospital emergency department presentation figures, alcohol sales data, alcohol-involved traffic accidents, etc. Such measures can then be compared with measures prior to the implementation of the initiative. In addition to general measures of alcohol use and related problems, it is strongly recommended that the Alcohol Environment Protocol (AEP) be used (Casswell, et al., 2018). The AEP collects data on the legislative and regulatory aspects of alcohol policy and the degree of implementation and enforcement to allow description (quantitative and qualitative) of the alcohol environment. Because this tool was developed for use at a national level, it should be adapted for use in local communities.

5) SAFER-specific policy measures

Each of the five SAFER Communities components will be planned and finalised by the site-specific teams and the SHLSG. Below are tentative descriptions of the key actions modelled on SAFER that will be delivered across 12 sites. Each one should be monitored and evaluated in terms of process measures and outcomes. Cost and feasibility are likely to be important considerations. The draft evaluation plan should be based on the interventions implemented, and whether the interventions chosen are mandatory or voluntary. Some will be more difficult and costly to implement. Some (e.g., excise taxes, marketing bans) are designed to be implemented and enforced at a national level, although some aspects of these policies could be done at a local level as well, such as enforcement or local bans on discount drink promotions.

S*trengthening restrictions on alcohol availability*

- Community and agency education on the relationship between availability, outlet density and harm. NOTE: These educational activities need to be defined before they can be measured and evaluated.
- Alcohol outlet density studies should be conducted at baseline and follow-up to measure changes to number and type of alcohol licenses in the community over time. COMMENT: The documentation of the number and capacity of on-premise and off-premise outlets should be monitored on an annual basis, and a density measure should be calculated by the successful applicant.

- Increasing capacity of the local community and An Garda Síochána to engage in licensing (provision of licensing training and resources).
- Promoting the uptake of the Certificate in Alcohol Licensing Law, particularly among An Garda Síochána.
- Strengthening restrictions on youth access to alcohol through increased monitoring and enforcement of laws relating to legal purchase age (age checks, test purchaser).
- Delivery of Responsible Server training to strengthen restrictions on youth access to alcohol and serving to intoxicated persons.

Advancing and enforcing drink driving measures

- Work with An Garda Síochána to increase surveillance and enforcement of drink driving laws.
- Document and promote community awareness of drink driving offences and of alcohol-related fatal and non-fatal road traffic accidents.

Facilitating to screening, brief intervention, referral and treatment

- In the local implementation sites, the Health Service Executive (HSE) will work with stakeholders to deliver training and promote existing referral and treatment services. Low-cost alternatives to supplement the training of health workers is use of the online Screening, Brief Intervention and Referral to Treatment (SBIRT-Plus), (Bertholet et al., 2022), and delivering key messages from effective brief interventions via mass media (Babor, 2021). The key components of the SBIRT-Plus approach include: 1) training the healthcare workforce to conduct health promotion encouraging quitting or reducing alcohol use, 2) increasing the demand for SBIRT-Plus services by direct-to-consumer promoting, such as messages like “Does someone you love drink too much? Ask your doctor” and 3) mobilising the health sector to advocate for ‘upstream’ measures to limit availability, price competition, and marketing of alcoholic beverages.

Enforcing bans and comprehensive restrictions on alcohol advertising, promotion and sponsorship

- A surveillance protocol should be developed and implemented to support increased community engagement in identifying and reporting breaches of the provisions of the Public Health (Alcohol) Act, 2018.
- Increasing awareness of parents, young people, and other relevant stakeholders of the impact of alcohol marketing, specifically on young people.

Raising alcohol prices

- Supporting communities to understand and support Minimum Unit Pricing (MUP).
- Increasing awareness of the evidence of the positive impact of MUP.

Summary

The draft protocol should provide a hypothetical description of a Monitoring and Evaluation Plan that includes the following outcome evaluation and research design issues: 1) Short overview of relevant research literature; 2) Overview of hypothetical research design; 3) description of baseline surveys; 4) description of process measures, and outcome measures; 5) statistical analysis strategy; 6) other issues; 7) Applicant qualifications; 8) Draft budget.

REFERENCES

- Burke, K., Morris, K., & McGarrigle, L. (2012) An introductory guide to implementation: terms, concepts and frameworks
- Babor, T. F., Casswell, S., Graham, K., Huckle, T., Livingston, M., Österberg, E., Rehm, R., Room, R., Rossow, I., & Sornpaisarn, B. (2022). Alcohol: no ordinary commodity: research and public policy.
- Bertholet, N., Cunningham, J.A., Faouzi, M., Gaume, J., Gmel, G., Burnand, B., Daeppen, J.B. (2015) Internet Based Brief Intervention to Prevent Unhealthy Alcohol Use among Young Men: A Randomized Controlled Trial. *PLoS One*,10(12), e0144146.
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- Bertholet, N., Schmutz, E., Studer, J., Adam, A., Gmel, G., Cunningham, J.A., Gmel, G., McNeely, J., Daeppen, J.B. (2023) Effect of a smartphone intervention as a secondary prevention for use among university students with unhealthy alcohol use: randomised controlled trial. *BMJ*382:e073713.
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- Damschroder, L.J., Reardon, C.M., Widerquist, M.A.O. and Lowery, J. (2022). The updated Consolidated Framework for Implementation Research based on user feedback. *Implementation Science* 17(1):75 <https://doi.org/10.1186/s13012-022-01245-0>
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Research Tender Submission

Lead Researcher:

Institution:

Project Title:

Researchers: (5%)

Please list the name and institution of all researchers involved in the project, their proposed role in the project and the proportion of their time that will be spent on the project.

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Academic Background: (5%)

Please outline your experience and expertise relevant to the proposed project including demonstration of a proven ability to carry out the work in an impartial and objective manner.

Feasibility of proposed project: (65%)

Include a brief project summary. Please include aims and objectives, methodology, overview of hypothetical research design, description of baseline surveys, description of process and outcome measures and statistical analysis strategy.

Proposed Cost and Value for Money: (15%)

Demonstrate appropriate allocation of resources and demonstrated value for money (full description of costs, justification for these costs and a plan to ensure best use of resources).

Conflict of Interest Declaration

Outline any conflicts of interest.

Timelines: (5%)

Outline the timeframes for commencement and completion of the project.

Ethics Statement: (5%)

Applicants are required to submit a written statement that full consideration has been given to the ethical implications of the research proposal.

Please contact Orla Fagan in the strictest of confidence with any questions you may have on:

Email: orla@alcoholforum.org

Tel: 0858307066

By signing the tenderer's statement in Appendix 1, tenderers confirm that, if awarded a contract under this RFT, (i) they will, from the effective date of the contract (as defined in the contract), obtain and hold the types and levels of insurance specified above (ii) the territorial limits and jurisdiction of this insurance policies include the Republic of Ireland and (iii) they are not aware of any exclusions, restrictions, conditions or warranties or, in the case of policies with an aggregate limit of indemnity, any outstanding claims, which could have a material adverse impact on the level of coverage specified above. A formal confirmation from the tenderer's insurance company or broker to this effect may be requested from the successful tenderer prior to the award of any contract.

Appendix 1 Tenderer's Statement

Tenderers shall complete and return the following form of Tenderer's Statement signed by the Tenderer.

Tenderer's Statement

TO: Alcohol Forum Ireland

RE: Request for Tender for Research

Having examined your Request for Tender (RFT) including the instructions to tenderers, the selection and award criteria, the requirements and specifications, I hereby agree and declare the following:

- i. I understand the nature and extent of the research required to be delivered as described in the RFT.
- ii. I accept all of the terms and conditions of the RFT.
- iii. I accept all the award criteria as set out in the RFT.
- iv. I agree to provide Alcohol Forum Ireland with the research requested in the RFT.
- v. I agree that, if awarded a contract, I shall, in the performance of such contract, comply with all applicable obligations in the field of environmental, social and labour law.
- vi. I confirm that I have complied with all requirements as set out in the RFT.
- vii. I confirm that all prices quoted in my tender will remain valid for the period of time commencing from the tender deadline.
- viii. I shall, if awarded any contract under the RFT, have in place on the effective date of the contract all insurances (if any) as required by the RFT.

- ix. I confirm that all data subjects whose personal data is provided in my tender have consented to the processing of such personal data by me and by the evaluation team for this tender or that I otherwise have a legal basis for providing such personal data to Alcohol Forum Ireland for the purposes of my participation in this tender and that I will provide evidence of such consent and / or legal basis upon request.

SIGNED

Print name

Address

Date

Signature of Lead Researcher: