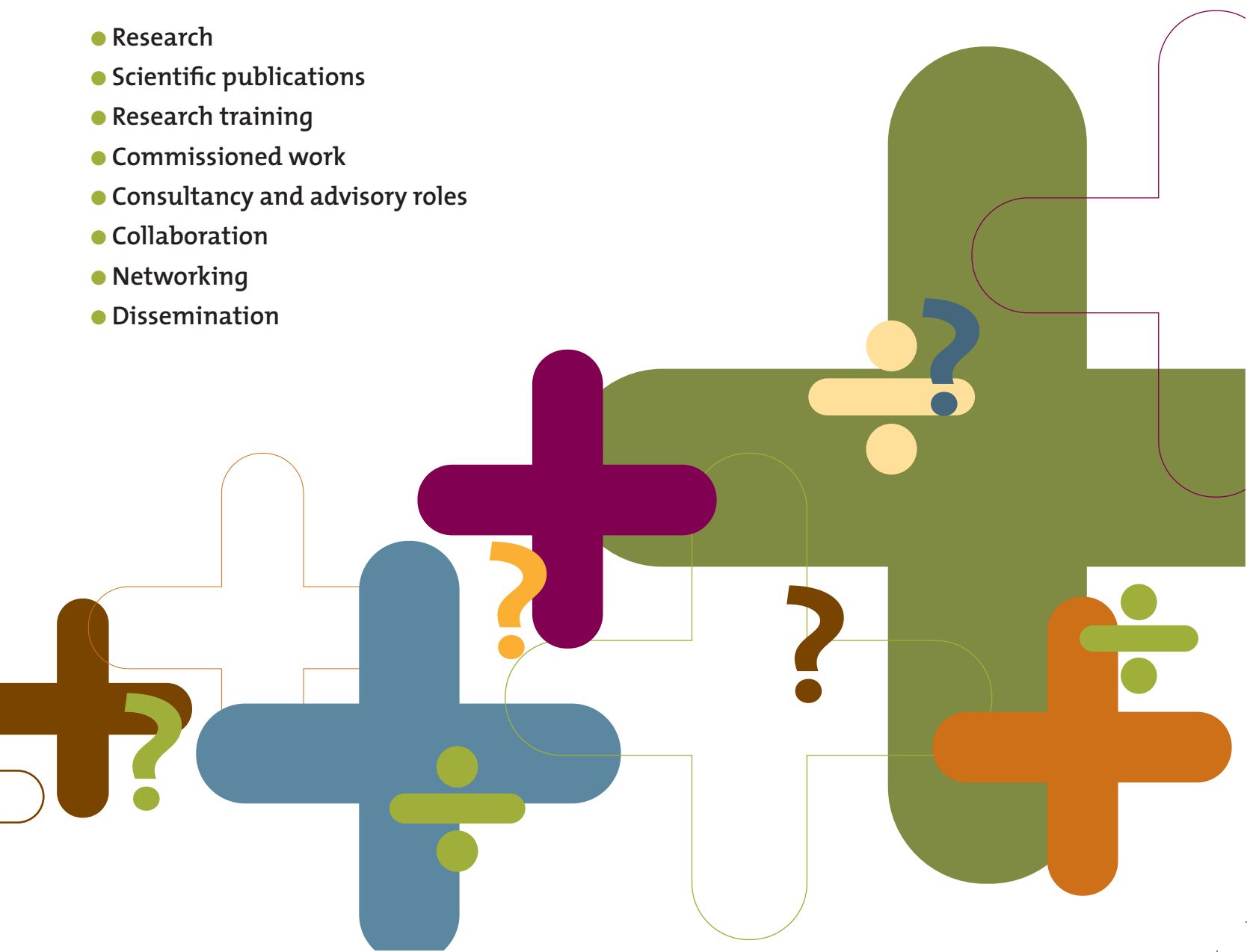


December 2005

# External evaluation of *Centre for* ALCOHOL RESEARCH

- Research
- Scientific publications
- Research training
- Commissioned work
- Consultancy and advisory roles
- Collaboration
- Networking
- Dissemination



## Foreword

The Centre for Alcohol Research was evaluated by an independent, external evaluation group in the period August–October 2005. This Nordic evaluation panel comprised Professor Peter Allebeck from Stockholm, Research Director Kari Poikolainen from Helsinki and Community Physician Henrik Sælan from Copenhagen.

The Centre for Alcohol Research was established at the National Institute of Public Health in 2002. The Centre receives core funding from the Ministry of the Interior and Health and the Health Fund (Sygekassernes Helsefond). The Centre is headed by a research professor.

At the time of the Centre's establishment, it was stipulated that the Centre should be evaluated after an appropriate time interval. This has now occurred after 4 years of the Centre being up and running.

The Centre for Alcohol Research has been given a very positive evaluation. This supports the continuation of the Centre's current activities, while also taking account of the recommendations that have been proposed by the evaluation panel.

The Board of Directors for the National Institute of Public Health has endorsed the results of the evaluation, but notes that the Board supports a continuation of the Centre's activities related to the evaluation of alcohol treatment. The overall strategy for the Institute's future development is available on [www.si-folkesundhed.dk/upload/strategi\\_2006-2010.pdf](http://www.si-folkesundhed.dk/upload/strategi_2006-2010.pdf).

The original evaluation report was written in English. The Danish translation was made by Henrik Sælan and Claire Gudex, who also acted as academic secretary for the evaluation panel.

The Danish version can be downloaded from the website [www.si-folkesundheden.dk](http://www.si-folkesundheden.dk) or requested from the Centre for Alcohol Research.

April 2006

Professor Jørn Olsen  
Chairman of the Board of Directors

Finn Kamper-Jørgensen  
Director, National Institute of Public Health

# **External evaluation of the Centre for Alcohol Research at the National Institute of Public Health, Copenhagen**

## **Summary**

In August 2005 the Danish National Institute of Public Health (NIPH) commissioned an external scientific panel to evaluate the structure and activities of the Centre for Alcohol Research. The members of the panel were Peter Allebeck, Kari Poikolainen and Henrik Saelan.

The centre was evaluated with respect to its six key activities: research, research training, commissioned work, consultancy, collaboration and dissemination of information. The panel received information on the Centre's activities through written material, a site visit and interviews with representatives from the Ministry of the Interior and Health and the National Board of Health.

The panel was impressed by the research carried out at the Centre. There is good expertise in a range of areas, including alcohol epidemiology, health services research and monitoring. There is an impressive use of databases and the Centre produces a large number of high quality international publications, particularly in the alcohol epidemiology field. An important task, mainly of national policy interest, is to monitor trends in alcohol use, especially among the young, and there are also some interesting community intervention studies being undertaken.

The evaluation resulted in a number of recommendations and suggestions, the main ones being:

- The core funding of the Centre should be continued.
- There could be greater focus on a selected few areas rather than the current broad range of activities; this would allow the expertise to be maintained and developed in areas central to the Centre's mandate, e.g. epidemiological monitoring including methodological research, alcohol epidemiological research and community intervention studies.
- The Centre plays a valuable role in the setting up of registers on patients in treatment and in providing expertise in the use of instruments for evaluation. However, evaluation of treatment and quality assurance of care are activities that are more appropriately handled by clinical research centres and the health services themselves.
- Some areas might need strengthening both in terms of competence and research activities, such as community intervention research and evaluation of policy changes.
- The Centre provides a good environment for PhD supervision and should continue to do this, but a larger number of senior researchers in relation to the number of students would be advisable.
- There could be more collaborative activities with other Scandinavian alcohol researchers, especially in the alcohol policy field.
- The ways in which the Centre reacts to commissioned tasks and consultancy requests might be improved. There seems to be a misunderstanding from central authorities on how the Centre can serve as a knowledge base in the policy-making process. This should be sorted out at the same time as the Centre might strengthen the capacity - by more senior staff and collaborative activities - to handle requests from central authorities.

## 1. Background to the evaluation

In August 2005 the Danish National Institute of Public Health (NIPH) commissioned an external scientific panel to evaluate the structure and activities of its Centre for Alcohol Research. The objectives of the evaluation were to:

- i) Assess the Centre's structure, function, activities and results during 2002 - mid 2005, and
- ii) Offer suggestions for the Centre's future, including its research strategy.

It was anticipated that the results of the evaluation would be useful both for internal strategic planning at the NIPH and for central authorities in determining the future development and funding of the Centre. The results would also be made available to the general research community and the public via the NIPH's website.

The evaluation panel comprised three Nordic scientists with expertise in alcohol research - Peter Allebeck, Kari Poikolainen and Henrik Saelan. Their affiliations are listed in Appendix 1. The evaluation was based on two main sources of information: written material provided to the panel by the researchers at the Centre for Alcohol Research (see Appendix 2) and formal discussions with the researchers during a two-day site visit to the NIPH (see Appendix 3). Interviews were also held with representatives from the Ministry of the Interior and Health and the National Board of Health.

## 2. Development and structure of the Centre for Alcohol Research

The Centre for Alcohol Research (CfA) was established in 2002 at the NIPH with the following objectives (translated from '*Organisation and financing of Alcohol Research in Denmark*', Ministry of Health, 9<sup>th</sup> May 2000):

- Performance of cross-disciplinary alcohol research in a range of areas, including:
  - epidemiological monitoring
  - clinical intervention research - including medical, social and community research
  - health services research
  - collaborative activities with relevant research institutions conducting basic research in the biochemical, physiological and biochemical fields
- Provision of a knowledge base of medical and societal alcohol research, for use by central and local authorities, institutions and researchers.
- Dissemination of the Centre's research findings, both as scientific publications and in forms that allow easy access by the general public.
- Participation in international collaboration and the establishment of a national network involving university institutes, the treatment sector and industry.
- Close working relationships with the Ministry of the Interior and Health, the National Board of Health and the Alcohol Policy Advisory Committee in order to address central alcohol issues.

At the time of the Centre's establishment, internal discussions resulted in a slight reformulation of the strategic plan. In a note for the evaluation panel (dated 16<sup>th</sup> June 2005) the following key activities of the centre were listed:

- research and scientific publications
- research training
- commissioned work
- consultancy and advisory roles
- collaboration and networking - at internal, national and international levels
- dissemination of information - including teaching, and literature aimed at the general public.

The CfA was established as a new department within the NIPH, and now forms one of eight central research programmes - the others being Child health, Cardiovascular Diseases, Register-based research, Circumpolar health, Accidents, Health behaviour, lifestyles and living conditions, and Health interviews and health examination surveys.

At the time of the evaluation, there were 10 full-time staff (comprising the research professor, 3 PhD students, 4 research assistants, and 2 secretaries) and 11 part-time staff (2 senior researchers, 1 information officer and 8 Public Health students). Two physicians, who were based elsewhere, provided consultancy to projects on an ad hoc basis.

Over the course of its 5-year trial period, the Centre receives annual core funding of 4.9 million kr., of which 3.9 million comes from the Ministry of the Interior and Health and 1 million kr. from the Health Fund (Helsefonden). Since the Centre was established in 2002 a further 11.6 million kr. has been received from external funding, the main contributors being the Ministry of the Interior and Health (approx. 3.7 million kr.), the National Board of Health (approx. 3.6 million kr.), the Ministry of Social Affairs (approx. 1.6 million kr.) and the University of Copenhagen (approx. 1.2 million kr.).

### **3. Evaluation findings**

The evaluation panel chose to assess the Centre's activities in relation to the six key activities identified above: research and scientific publications, research training, commissioned work, consultancy/advisory roles, collaboration and dissemination of information.

#### ***3.1 Research and scientific publications***

The Centre's research activities were evaluated with regard to the four central areas identified by the Ministry of Health at the time of the Centre's establishment: epidemiological monitoring, clinical intervention studies, health services research and collaborative activities within basic research. A fifth area was added - that of alcohol epidemiology - as this is a major research field of the Centre.

It should be mentioned that the panel had some difficulty in the classification of research areas, since the material provided and the oral presentations were not quite consistent in this respect. The panel chose, therefore, to follow the original document mentioned above with the addition of one research area.

#### **3.1.1 Epidemiological monitoring**

The CfA undertakes and participates in a number of monitoring activities within the alcohol field. These include the collection of data on alcohol use by adults and youth. These data frequently form the basis for both cross-sectional and cohort studies. The studies undertaken within the area of epidemiological monitoring include:

- Collection of data on adult alcohol use through the development of an alcohol component in the national health interview survey (SUSY) that is conducted approximately every 5 years by the NIPH.
- Collection of data on alcohol consumption and attitudes to alcohol collected from children aged 13-15 years via internet-based questionnaires; this is largely as part of the national study, 'Everyday life of young people' (Ungeshverdag), in which school pupils in 7<sup>th</sup>-9<sup>th</sup> grade complete an internet-based questionnaire that includes questions on school and family life, leisure activities and health behaviour.
- Development and support of databases relating to the treatment of alcohol dependence, including i) a Funen-based collation of data from several large surveys undertaken within the last 10 years of available treatment regimes, ii) a national database on ambulatory treatment in collaboration with the Clinical Alcohol Research Unit at Odense University Hospital (the register will be placed with the National Board of Health); and iii) a

Copenhagen-based database, dating from 1954, of people seeking outpatient treatment for alcohol dependence in collaboration with the Alcohol Unit at the Copenhagen Hospital Corporation.

*Comments:*

The evaluation panel commended the application of an alcohol component within the regular national health interview survey. As a classic monitoring activity, this work contributes to a key role of the NIPH. The overall school-based programme is also impressive. The interweaving of monitoring activities, cross-sectional research and cohort studies allows the data to be used for a range of different purposes.

The establishment of a national register of ambulatory alcohol treatment was considered useful for epidemiological purposes, especially as treatment centres and clinicians have been involved in the determination of minimum standards and in deciding the methods for recording patient characteristics and outcome data. The use of personal identification numbers will also allow researchers to link patient data to other registers, e.g. of hospital use and mortality.

The panel noted that there have been considerable advances recently in monitoring methodology. Some of these relate to data collection methods, such as computer-based response, use of telephone interviews and telephone panels, techniques for measuring unrecorded consumption, etc. These methods are not always straightforward to implement and the Centre may benefit from investigating further the methodologies used in other countries. Methodological issues such as attrition and data quality are of special importance in the alcohol field. Further attention could also be paid to the possible conflict between ensuring comparability of alcohol questions in time series and, on the other hand, collecting new information on alcohol intake. The panel noted, however, that the school surveys have developed an interesting methodology that should be pursued and evaluated. The web-based school interview survey is a good example of developmental work.

### **3.1.2 Clinical intervention studies - including medical, social and community research**

The panel interpreted this heading as being broader than 'clinical' intervention studies, especially as it should include social and community research. While the CfA has been involved in only one true clinical intervention study (the one comparing Minnesota and conventional treatment) there are a number of other studies that the panel considered to be more community intervention studies. For the purposes of this report, these studies have been included in this section together with the clinical intervention study.

- A randomised study involving patients being treated for alcohol dependence, with the objective of comparing the effects of the Minnesota outpatient treatment programme with those of conventional treatment.
- Evaluation of 'Tackling' - a school-based intervention for pupils in 7<sup>th</sup>-9<sup>th</sup> grade initiated by the National Board of Health and adapted from an American programme, where the focus of teaching is on the training of social competence and the provision of factual information about alcohol, smoking and drugs; the evaluation is being conducted with the use of data from the 'Everyday life of young people' study, teacher questionnaires, interviews and classroom observations.
- Evaluation of the effect of introducing a higher age limit (from 15 to 16 years) for buying alcohol; a national study of 8000 young persons aged 13-16 years.
- Review of material and methods used in schools to support health promotion policies.
- Treatment needs of young people with alcohol dependence.
- Investigation of the relationship between the purchase of healthier food items and the type of alcohol bought.

*Comments:*

The panel considered that many of the studies should be considered community intervention studies, or policy intervention studies, rather than clinical intervention studies. It was felt that such studies are very important for a national institute of public health and that it might be advantageous to view this activity as an area in its own right.

Although it was noted that there is weak scientific evidence that school alcohol programs actually do result in significant changes in drinking behaviour, the panel was interested by the Tackling project, which evaluates an intervention that has been adapted for the Danish context. The project appears to use sensible and appropriate methods and includes a useful combination of quantitative and qualitative data collection.

The panel questioned whether clinical outcome studies should actually be a core research area for the Centre, and what was really meant by 'clinical intervention studies' as indicated in the Centre's official objectives. While it is true that there is no sharp dividing line between clinical epidemiological studies and classical treatment studies, the latter is not a central task for the NIPH and has also not been a major part of the CfA's activities.

### **3.1.3 Health services research**

The Centre has undertaken a variety of projects in this area, including:

- A survey of outpatient treatment in Danish counties, showing large variation in type and quality of treatment programmes.
- A study on the relationship between treatment outcome and coping strategy among people being treated for alcohol dependence.
- A review of the organisation, client base and costs of alcohol treatment services in Denmark and the impact of treatment guarantees; comparisons with alcohol treatment in Sweden.
- An anthropological study on perceptions of alcohol among young people; based on semi-structured interviews among 13-16 yr olds and investigating changes in attitudes, drinking contexts etc.
- The randomised study mentioned under clinical intervention studies, that evaluates the effect of the Minnesota treatment programme.

*Comments:*

The evaluation panel considered that many of these studies dealt more with quality control and monitoring of clinical treatment rather than true scientific research. An appropriate role of the Centre might be to set up infrastructures and provide instruments for such activities, but some of these clinical and treatment policy oriented studies do not seem to fall into the core mandate of the Centre. As part of the general monitoring task, CfA clearly has a role in setting up databases on patients in treatment. Such databases can also be used for quality assurance and treatment research, but these tasks might be more appropriate for clinical research centres and the health services themselves to handle.

An important role for the Centre could also be to provide expertise in the use of instruments to assess client needs and the severity of alcohol dependence. The panel felt that it would be useful for the CfA to review the instruments available in order to ensure that cost-effective methods are used (for example, while the Addiction Severity Index, ASI, is frequently used, it is an expensive way of assessing patients' needs as it requires extensive training and data collection is time-consuming).

### 3.1.4 Basic biochemical and physiological research

Relatively little basic research is being undertaken at the CfA. Most of the studies in these areas are undertaken in collaboration with the Clinical Biochemistry Department at Herlev University Hospital and include:

- A study of the genetic variation in the activity of alcohol dehydrogenase (ADH, an enzyme that metabolises alcohol) and its association with alcohol behaviour and alcohol-related diseases; based on blood samples from the Copenhagen City Heart Study and data from the national disease registries.
- Investigation into whether the protein ApoE is a factor in the relationship between alcohol consumption and heart disease.
- Determination of a genetic component in the preference for different types of alcohol; based on data from the Danish Twin Registry.
- A study to assess the impact of alcohol and smoking on the development of cervical cancer.

#### *Comments:*

The evaluation panel considered that these types of studies make a good contribution to the collaboration between epidemiological and basic research. Further possibilities for studies could include investigating the genetics associated with drug addiction, and any links of this with alcohol dependence.

### 3.1.5 Alcohol epidemiology

While this area was not specifically mentioned in the objectives for the CfA, alcohol epidemiological studies comprise a substantial part of the Centre's research activities. Examples of research projects within this area are:

- The impact of alcohol intake on morbidity and mortality, e.g. the risk of cancer, deep vein thrombosis, lung embolus, breast cancer.
- Interrelationship between alcohol and stress in the development of stroke.
- Morbidity and mortality among groups with high exposure to alcohol (alcoholics, brewery workers).
- The role of drinking pattern in the association between alcohol and morbidity/mortality.
- Effects of drinking during pregnancy.
- Methodological issues, e.g. influence of duration of follow-up on study results.
- Alcohol consumption in Greenland and among migrants to Denmark.

#### *Comments:*

The evaluation panel considered these to be interesting, well-designed epidemiological studies, which have resulted in a number of publications in high quality international journals. The studies address important public health issues, which can provide a good basis for policy and public health recommendations. Some of the studies are of a more basic research character, but the research overall fits well into the general profile of the NIPH. Although the panel did not see concrete results of the ongoing work in collaboration with the Greenland program, the epidemiological studies planned are very important and might also form part of the evaluation of policy type of research mentioned elsewhere.

### 3.1.6 Overall evaluation of CfA research activities

The research undertaken at CfA is of a high quality, with a large number of publications of good quality in both national and international journals. The research output is particularly impressive given the small number of senior staff working at the Centre.

While the CfA undertakes research in most of the areas specifically mentioned in the objectives by the Ministry of Health, the Centre also focuses on important public health topics that were not included in this list, such as analytical epidemiologic studies on alcohol and health as well as intervention studies on alcohol use among adolescents.

Analytical epidemiologic studies on alcohol and health are useful in defining harmful and harmless drinking practices and in providing advice to avoid risky drinking. The CfA has used to good effect the unique opportunities provided by the variations in alcohol consumption in the Danish population and the existing large health-related databases. These studies have made important contributions to both Danish and international knowledge, especially in respect to the effect of level of alcohol intake, drinking pattern and beverage preferences on health outcomes. Several important questions remain to be addressed, such as the effects of different drinking patterns in the elderly population, the effects of moderate drinking during pregnancy, and the consequences of changes in drinking patterns over time. The evaluation panel believes that it would be useful to continue this line of high-quality research.

The Centre's ongoing research projects on alcohol among adolescents reflect a useful combination of cultural and intervention approaches, using both quantitative and qualitative methods. The results of these studies will contribute to the understanding of the role of alcohol in adolescent life and the prevention of early alcohol use and alcohol problems. It is relevant to undertake these studies within the larger context of health promotion.

The evaluation panel had some concerns, however, regarding the wide range of studies undertaken at the CfA. In its role as a sectorial research unit rather than a university unit, and especially in the light of its relatively small size, the CfA may be best served by limiting its activities to some central core research areas.

The more clinically oriented studies and follow-up of patients in treatment do not seem to be central to the core mandate of the Centre, although support for the development of infrastructure and instruments for such studies seems appropriate. On the other hand, community intervention studies and policy oriented evaluation should fit well into the research profiles of the CfA and the NIPH.

### ***3.2 Research training***

There is no university-type research training at CfA, but PhD supervision is performed by the senior researchers at the Centre. Several of the younger researchers at the Centre are following a PhD programme, in which they follow formal courses provided by the University of Copenhagen and have joint supervision from the research professor at the CfA (who is also affiliated with the Institute of Public Health at the University of Copenhagen) and a supervisor at another relevant institution (e.g. Herlev Hospital, Kræftens Bekæmpelse, Copenhagen Hospital Corporation's Alcohol Units, University of Copenhagen,) as well as senior researchers in other departments at the NIPH.

#### *Comments:*

The evaluation panel agreed that this was an appropriate way for the CfA to contribute to research training, while at the same time extending the knowledge base within the alcohol field and widening the Centre's network and collaborative activities. The research students provide valuable manpower and also intellectual input to the Centre's work and may help to strengthen the collaboration with other institutes through shared supervision. The panel was concerned, however, by the high number of research students in relation to the low number of senior staff.

### ***3.3 Commissioned activities***

The CfA has undertaken a range of commissioned tasks, mainly for the Ministry of the Interior and Health, for the National Board of Health, for the National Board of Social Services (NBSS) and for the Ministry of Social Affairs (MSA):

- Contribution to a chapter on alcohol in the government's Healthy for Life programme

- A report on the physical, psychological and societal consequences of a high alcohol consumption in the general population
- Literature review of the health consequences of alcohol consumption among children and young people
- A working paper on the recommendations for weekly maximum alcohol intake
- A report on the Minnesota treatment programme - in collaboration with the Centre for Clinical Alcohol Research, Odense
- Contribution to a report on alcohol prevention activities in the hospital sector
- Working paper on alcohol consumption among the elderly (MIH, NBSS)
- Working paper on introduction of treatment guarantees for alcohol dependence - in collaboration with the Centre for Addiction Research, Århus (MSA).

As part of the evaluation of these activities, the evaluation panel requested further information from senior officials at the National Board of Health and the Ministry of the Interior and Health (see Appendix 3).

Comments from both authorities appeared to centre on two main issues. One was the slow nature of the reporting process, where a final report from the CfA in some cases had taken a very long time to produce after it was commissioned. The second issue related to the content of these reports. It was felt that, while the CfA was strong on 'medical' areas such as disease and death, the information base was much weaker in social aspects, including the social consequences of high alcohol consumption. More information was desired on, for example, the detrimental effects for children growing up in alcoholic homes, or the social consequences of any adjustments to the legal alcohol limits for driving.

*Comments:*

The panel noted that these comments reflect a classical divide between the wish for rapid response to policy-related questions and the need for long-term systematic search for knowledge. The CfA has not been set up to handle specific social issues and the panel considered that if there is a need for a better knowledge basis on social alcohol research, this has to be dealt with in other ways. The Swedish SoRAD institute is an example of such a governmental initiative for social alcohol research. Thus, there seems to be a misunderstanding between the central authorities and the CfA regarding the role and mandate of the Centre with regard to the consultancy function.

Nevertheless, concerns about not adequately responding to the needs of the central authorities should also be taken seriously, and it might partly be related to the nature of the staffing at the CfA. The predominance of younger researchers without significant experience in the alcohol field, coupled with the paucity of senior researchers who are able to supervise the work, can make it difficult for the Centre to produce reports and recommendations on topics that are complex.

### ***3.4 Consultancy and advisory roles***

The CfA is able to provide consultancy/advisory activities for a range of institutions and groups. In order to assess this area of activities, the evaluation panel obtained information from two of the potential users (see Appendix 3).

The evaluation panel heard that few consultancy activities had been undertaken that were not part of the commissioned projects listed in the previous section. The National Board of Health had several times requested comments/endorsement from CfA of parliamentary responses that the National Board of Health had written on the behalf of the Minister of Health and this process had been satisfactory.

As with the commissioned work above, the National Board of Health considered the CfA to be their primary contact for consultation and advice in all areas of the alcohol field, particularly for public education purposes or in the preparation of policies within the Ministry of the Interior and Health. In the case where the CfA cannot itself provide advice or information, it was felt that the CfA might collaborate with other relevant groups.

The Ministry of the Interior and Health has also used the CfA for consultancy purposes, primarily through direct telephone contact with CfA's director. The Ministry's main areas of interest were general drinking patterns and behavioural problems related to alcohol (e.g. factors that affect drinking patterns among adolescents), and there was less interest in many of the epidemiological activities conducted by the CfA. There seemed to be a general need for a more extensive knowledge base in the social field that is currently not met by existing research institutes.

*Comments:*

The panel agreed that the CfA is currently more heavily oriented towards medical and disease aspects of alcohol research, with less activity and competence within the social field. Some good work is being undertaken in the social field, and the community oriented studies are examples of this. However, social problems are typically measured by other indicators than those used in most medical and epidemiological studies and need special consideration with regard to methodology. High level expertise in this area is currently not available at the CfA, and is also not specifically included in the Centre's mandate. There seems to be a need for a general discussion on how to strengthen social alcohol research in Denmark.

As already mentioned, there is a natural distinction between thorough scientific investigations and the provision of rapid replies and advice for policy purposes. This can be a difficult barrier to cross as the two activities typically require different strategies and working practices. While the evaluation panel was sympathetic to the political wishes for quicker responses, it must be noted that not all questions can be answered with scientific evidence - it may be impossible, for example, to set any meaningful science-based safe limits for drinking in the context of social problems.

It may be helpful for the CfA to review the processes used in responding to political requests for advice or state-of-the-art knowledge. In some areas of the alcohol field, the research is still in its infancy and no satisfactory reviews of human studies are available. Rather than taking responsibility for a difficult and time-consuming review of such an area, the CfA could respond that such information is not yet available, or it may be relevant to form a multidisciplinary task group of experts who can review the literature regarding current practice and levels of knowledge. An important aspect would be the applicability of findings to the Danish population. Although the task group may conclude that no firm recommendations are possible, the very fact that information on the topic is not yet available is important for policy makers.

### ***3.5 Collaborative activities***

The CfA has built up an extensive collaborative network, with both national and international working partners. A 'map' of collaborative partners is shown in Appendix 4. Collaboration occurs primarily in the form of joint projects, supervision, teaching and consultancy activities.

*Comments:*

The CfA is commended for its extensive network of contacts and working partners. This network includes a wide range of different groups within and outside of Denmark, and is especially impressive with respect to the number of databases that the Centre has access to. It would seem that much of this activity is a reflection of the high competence and strong efforts of the research leader.

The international collaboration is impressive, but there is comparatively little contact with other Scandinavian institutions. Over recent years there have been a number of large natural experiments related to alcohol policy in the Scandinavian countries, including Denmark. The panel felt that it would be appropriate to use the unique research opportunities on offer for systematic follow-up of policy changes, e.g. using register-based data. There should be good possibilities to collaborate with alcohol research centres in Finland, Sweden and Norway who have considerable expertise in empirical evaluation of alcohol policies.

The seemingly non-existent contact with industry was felt to be advantageous. Such contacts can be risky in alcohol research, as it may influence the credibility and independence of the work undertaken. The inclusion of collaboration with industry as one of the Centre's official objectives (9<sup>th</sup> May 2000) seems not to have been complied with, and the panel thought that this specific wording should be deleted from the objectives.

### **3.6 Dissemination of results**

In line with the importance that the CfA places on dissemination of the Centre's findings, a detailed communication policy has been developed. The aims of this policy are stated as i) to foster the national and international communication of the Centre's research, ii) to promote awareness of the CfA among relevant target groups and the general public, and iii) to ensure recognition of the Centres' activities. A variety of communication modes are used, including articles, books, posters, seminars, conferences, press releases, internal newsletters and the NIPH's homepage. Findings are usually disseminated as scientific material rather than more popular material aimed at the general public, which is considered the role of the Danish Resource and Information Centre on Alcohol (Videnscenter om Alkohol) under the auspices of the Ministry of Social Affairs.

In order to maximise dissemination for particular projects and/or publications, a formalised strategy is used that involves presentation of the findings in the 'Weekly health figures' on the NIPH's homepage. This reaches approximately 1350 subscribers who come mainly from the Danish media; this generates press interest and often results in further and more extensive coverage of the issue through radio, television and newspapers. An alcohol-related issue has been presented on average every 2<sup>nd</sup> month.

#### *Comments:*

The evaluation panel was very impressed by the Centre's communication strategy and considered it to be clear, well-organised and proactive. The use of the 'Weekly Health Figures' had proved very effective for the dissemination of the findings from a survey of outpatient treatment in Danish counties. Despite the report not being a scientific article, the findings were widely publicised and received much attention from various groups. Danish society may benefit from an even greater public debate about alcohol, however, including dissemination of information on alcohol policies and on effective interventions (e.g. among young people).

### **4. Conclusion and recommendations**

The Centre for Alcohol Research is a valuable resource in the Danish research community and is a useful supplement to the NIPH research profile. There is good expertise, especially in alcohol epidemiology, but also in health services research and monitoring, combined with an impressive competence in the use of databases. The Centre has produced a large number of high quality publications, particularly in the alcohol epidemiology field, and has been able to attract considerable external funding in addition to the core funding.

The panel thus strongly recommends a continuation of the core funding for the CfA. The current level of funding should be adequate to maintain the good productivity and high quality of the Centre's work.

Regarding the second task of formulating suggestions for the future, a number of issues have been identified that would benefit from further consideration. These are discussed in more detail under the relevant sections, and the main ones are summarised here under three main headings.

#### *Research areas*

The Centre's activities range over a wide area of alcohol research, and some fall slightly outside of the core mandate. It is recommended that specific areas of focus be selected. The basic areas would naturally centre on public health and epidemiological research - for example drinking patterns, comparative studies, factors affecting addiction behaviour (including the interplay between genetics and environmental factors). The monitoring area is important and should continue, but more attention could be given to methodological development. Infrastructure regarding data on persons in treatment might be valuable for monitoring and provides useful data for health services research and some clinical epidemiological research; clinical intervention studies, quality assurance and treatment research should not be priorities for the Centre, however. Community intervention studies are very interesting and valuable for public health purposes, and also fit well into the role of the NIPH. However, the research competence and interdisciplinary collaboration would need to be strengthened in this area. Evaluation of alcohol policy, using existing surveys and databases, is another area that would be appropriate for the centre to strengthen, possibly in collaboration with other Scandinavian research groups.

#### *Consultancy roles*

In order to better serve central authorities, the CfA might develop its rapid review readiness. This would require a greater number of senior-level staff in the Centre as well as greater external cooperation - particularly with respect to knowledge and expertise within the social field. Other approaches to review processes could be considered, such as the formation of multidisciplinary task groups for the review of more complex issues. To the extent that there is misunderstanding of the Centre's role and capacity with regard to commissioned work and consultancy, this should be sorted out. There seems to be a need for a general discussion on how to strengthen social alcohol research in Denmark.

#### *The Centre's structure*

The evaluation panel felt that it was untenable for the Centre in the long term to have so many research students going through in view of the low number of senior researchers. The Centre would benefit from a greater number of permanent researchers and more senior researchers in relation to the number of research students. Further development of capacity and expertise would be useful in the areas of community intervention studies.

An issue that is closely related to the structure as well as the need to focus on research areas is the classification and presentation of research areas. It would be of considerable benefit for the Centre to review how it describes and classifies the various activities undertaken, to produce a more coherent picture. This would enable the Centre's activities to be more easily linked with the tasks outlined in its official mandate.

## **Appendix 1: Composition of the external evaluation panel**

### **Peter Allebeck** (*Chairman*)

Professor  
Head of Department of Social Medicine and Epidemiology  
Stockholm County Council  
Sweden

### **Kari Poikolainen**

Research Director  
Finnish Foundation for Alcohol Studies  
Helsinki  
Finland

### **Henrik Saelan**

Public Health Officer  
Copenhagen  
Denmark

The academic secretary for the panel was:

### **Claire Gudex**

Health Services Researcher  
Centre for Applied Health Services Research & Health Technology Assessment (CAST)  
University of Southern Denmark  
Odense

## **Appendix 2: Written material provided to the evaluation panel**

### **Information relating to the Centre for Alcohol Research**

1. Background paper on the establishment and development of the Centre for Alcohol Research (including an overview of the main research themes and internal structure of the Centre, its collaboration network and partners, scientific output, consultancy & advisory activities, dissemination to the general public, proposals for future strategy)
2. Overview of the Centre's staff, including number and scientific background
3. Review of the Centre's budget 2002-2005
4. Job announcement from December 2000 for the position of Research Professor at the Centre for Alcohol Research
5. Description of the Centre's Dissemination policy (aims, principles, target groups, methods)
6. Annual Reports of the Centre for Alcohol Research 2002-3, 2003-2004 & 2004-5

### **Information relating to the NIPH**

1. Law regarding the central objectives of Danish sectorial research institutes
2. Statutes for the National Institute of Public Health (as of 18<sup>th</sup> May 2005)
3. Mission statement for the NIPH
4. Review of the NIPH's organisation, personnel and budget
5. Work Plan of the NIPH for 2005

### **General information**

1. Note describing the objectives and role of the evaluation
2. Description of the organisation and financing of alcohol research in Denmark (Ministry of Health, 9<sup>th</sup> May 2000)

### **Publications and other written material provided by the Centre for Alcohol Research**

1. Eight selected publications: 5 peer-reviewed articles in scientific journals & 3 examples of wider dissemination
2. List of publications 2002-2005, including thesis reports, scientific articles, books & book chapters, letters, project reports, popular articles and presentations
3. Impact factors for the journals in which the Centre's work has been published
4. List of contacts with the media in the period January 2003-August 2005 (including topic & purpose)
5. Alcohol questions from SUSY 2005
6. A variety of further journal articles, reports and books produced by the staff at the Centre for Alcohol Research

### **Appendix 3: Two-day site visit to Centre for Alcohol Research, NIPH**

*Sunday, 28<sup>th</sup> August 2005*

The evaluation panel convened in Copenhagen to discuss the aims and structure of the evaluation process and to be presented with overviews of the functions and activities of the NIPH and the Centre for Alcohol Research.

Presentations were made by Finn Kamper-Jørgensen, director of the NIPH, and Morten Grønbæk, director of the Centre for Alcohol Research.

Jørn Olsen, Professor of Epidemiology and Social Medicine, joined the discussions in his role as outgoing Chairman of the NIPH's Board of Advisors.

*Monday, 29<sup>th</sup> August 2005*

The panel spent the day at the Centre for Alcohol Research, NIPH.

Formal presentations were made by researchers working within each of three main research themes:

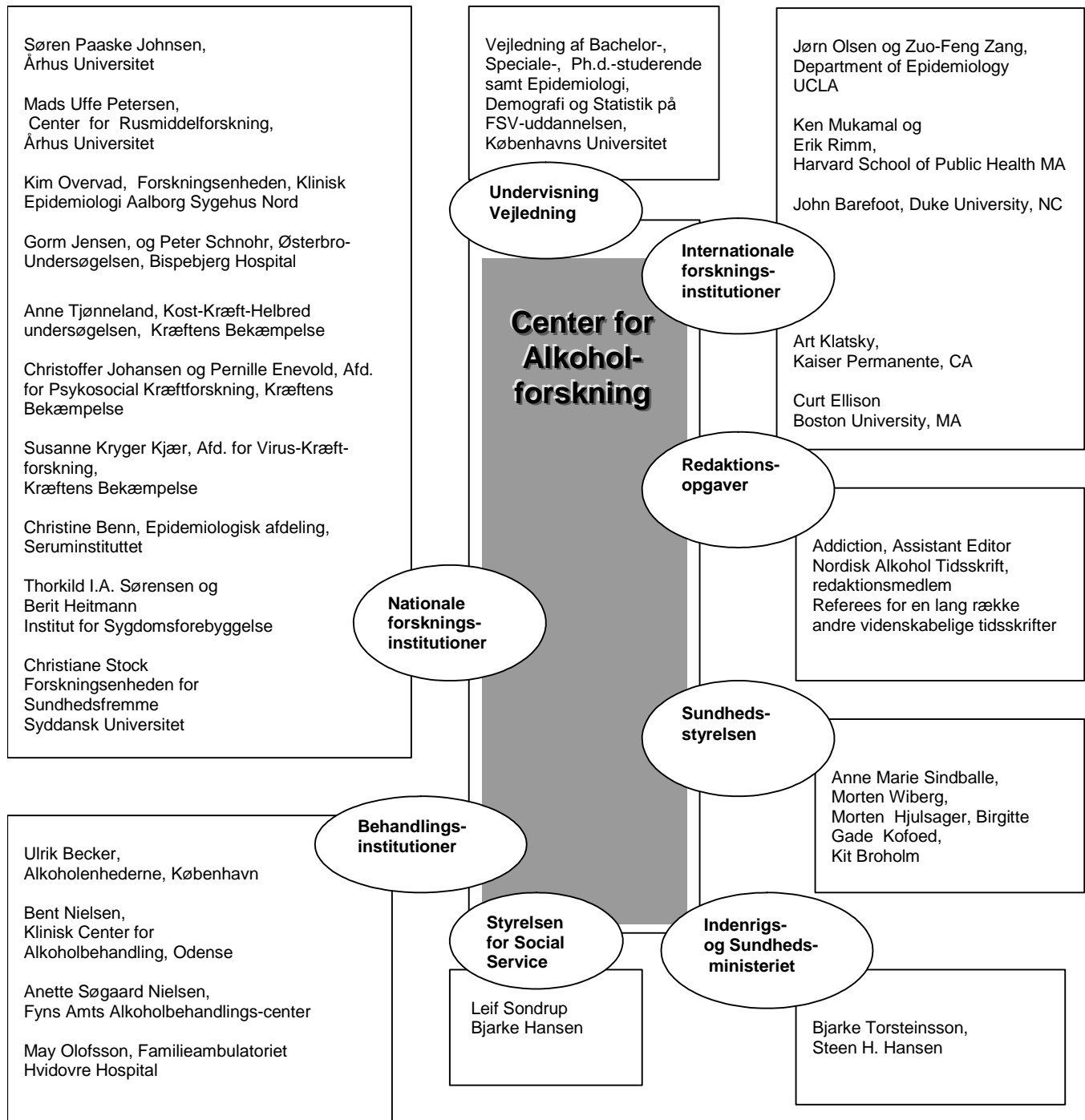
- i) Alcoholism treatment research
- ii) Alcohol culture and health promotion among children and youth
- iii) Alcohol epidemiology

The evaluation panel also met with Bjarke Thorsteinsson, departmental chief at the Ministry of the Interior and Health.

A telephone interview, based on pre-determined questions, was held with Else Smith, head of department at the Centre for Prevention, National Board of Public Health.

**Appendix 4: Collaborative network of the Centre for Alcohol Research**  
(Provided by Morten Grønbæk, August 2005)

## Samarbejdspartnere - Netværk







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