Milestones
To enhance capacity building on European, country, regional and municipal levels is the most important aim of the project FASE. This should be achieved primary with collected, evaluated and published best practices examples to reduce the impact of harmful and hazardous alcohol consumption for the community.

Background
- Interventions at work-place can reduce harmful alcohol consumption, BUT there has been no systematic collation of effective practices across the EU.
- Interventions in drinking environments can reduce the harm done by alcohol, BUT there are no clear European guidelines on best practice or systematic collation of effective practices across the EU.
- There is clear evidence that advertising impacts on young people’s drinking, BUT a lack of standardization for regulation and monitoring, and no systematization of best practice across the EU.

Project conversion
In the context of the project treatment, the three cooperation partners will approach comparable or similar working methods:
The main tasks for the partners from the Netherlands, STAP, will be the coordination of the project, the dissemination of the results and the evaluation of the project. Furthermore they are responsible for the support development of best practice in regulating advertising practice and monitoring the adherence of regulation of alcohol advertisements.
The project partners in Great Britain will capitalise their work on network, evaluate and collect best practices on well-resourced community mobilization and intervention projects, involving different sectors and partners to create safer drinking environments.
At last the major task of DHS is to collect best practices in work-place strategies to reduce the impact of harmful and hazardous alcohol consumption on the economy (e.g. reduce absenteeism, drinking during working hours, working with a hangover and unemployment).

For all partners, the first step is to make a systematic review of the international literature for the better identification of evidence-based interventions and policies.
Then, a combined questionnaire has to be developed. This instrument will be send to the collaborating partners, e.g. the European Alcohol Policy Network, for the support. It will contain necessary criteria of best practice in the area of work places, drinking environments and advertising, and also detailed information about the examples searched in the different countries in context of FASE.
After the collaborating partners send back the filled out questionnaire, the next step is to check their best or good practice findings, if they are relevant within the scope of the criteria defined for FASE.
Finally, based on the systematic literature review and the collation of best practice examples, the three project partners have to develop recommendations and guidelines for effective prevention of harm in work places and in drinking environments and on regulating and monitoring the content and volume of alcohol marketing.

Outcomes
At the end of the runtime all reports on the evidence and guidance for action and a accessible database and inventory of examples of good practice and relevant laws and infrastructures collected from Member agencies with the intention to build capacity and to support the sharing of good practices between Member States will be published.
The evaluation and the final report will be made available to the Public Health Executive Agency of the Commission, relevant DG SANCO staff, the partners of the project and to all relevant networks on the European, country, regional and municipal levels. Furthermore all
information will be available on the databases of “Pathways for Health” (www.dhs.de/web/dhs_international/php-project.php) and “HP-source”(www.hp-source.org). For a better establishing of transferability and transparency, the most important project outcomes and recommendations should be translated into the language of each member state.