

CREATING LOCAL ALCOHOL POLICY

HOW TO DEVELOP AN INTEGRATED
LOCAL ALCOHOL POLICY IN EUROPE?



COLOPHON

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PREFACE

The European Building Capacity project (2006-2010) aims to share and exchange knowledge about the development and implementation of an effective integrated local alcohol policy in European member states. The Dutch Institute for Alcohol Policy contributes to the Building Capacity project by developing a manual describing how local alcohol policy can reduce the prevalence and seriousness of alcohol-related harm. When we talk about the local governmental level in this manual we will use the word community. This manual describes the theoretical evidence of the effectiveness of an integrated local alcohol policy. It informs community leaders and policy makers throughout Europe about the possibilities of developing and implementing proven effective strategies to reduce alcohol related harm.

Although theoretically the concepts of an integrated and effective approach apply everywhere, the possibility to apply the concepts or its elements differs greatly between countries and communities. The possibilities to create local alcohol policy are facilitated or limited by the national alcohol policy, alcohol laws and regulations and the autonomy of the local administration. In some countries citizens rely on the government and professionals to tackle public health issues, while in other countries the public

needs to unite to take action themselves by forming action groups, foundations or charities. Taking into account those cultural and societal differences we will present the common elements of effective alcohol policy that apply to every country.

We do not claim to be comprehensive and correct in all of the policy examples we present. We were not able to evaluate all alcohol projects in Europe, rank them on effectiveness and select the most promising ones. We had to work with the existing networks in Europe and therefore we are well aware that we will have missed some relevant information. However, this manual is a first step to discovering European examples of local alcohol policy that fit the general knowledge about effective alcohol policy. We hope that this manual will inspire policy makers throughout Europe to make local alcohol policy a priority and to take up the challenge of creating a vision about effectively reducing the availability of alcohol and the prevalence of alcohol related harm in their community.

Wim van Dalen

Director STAP

CHAPTER 1

CONTEXTUAL INFORMATION AND DATA

Europe is the largest drinking region in the world and one of the greatest producers and distributors of alcohol. Alcohol has been part of the lives of Europeans for thousands of years, acting as a source of medicine, nourishment and intoxication. Originally alcohol was home brewed, using whatever products were available, a practice that still exists today. However most alcohol consumed today is produced by distilleries and companies who aim to make a profit from the sale of alcohol. Over time this has led to an expansion in the availability of

different types, and the volume of alcohol that is consumed. Greater knowledge of the precursors to high risk drinking behaviours, and the resulting damaging effects of alcohol on the minds and bodies of individuals, has developed in tandem with an awareness of, and public support for, the policies required to reduce such harms across society. In this chapter we will present the most essential policy information a policy maker should take into account when writing an alcohol policy plan.

1.1 The impact of alcohol on body and mind

The use of alcohol can give someone a pleasant and relaxed feeling, which could lighten social interactions and daily stress. A higher dose of alcohol has a depressive effect and alters someone's consciousness and motor skills. In very high doses this effect is so strong that it can obstruct the vital functions of the body, resulting in a coma or even death. Alcohol is no

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ordinary commodity. It is one of the most harmful and addictive substances, along with drugs like heroin and cocaine. Because of its legal status alcohol is also easily available and intensively promoted by producers and retailers. It's the WHO that concludes in her Global Status Report on Alcohol, that the use of alcohol is linked to over 60 disease conditions (2004).

In many countries guidelines for sensible alcohol use have been set and communicated, even though research shows that health risks become greater when alcohol use increases (only in very specific circumstances research shows for older people some positive effects of modest alcohol use). Usually in these guidelines something is stated along the line that youth under the

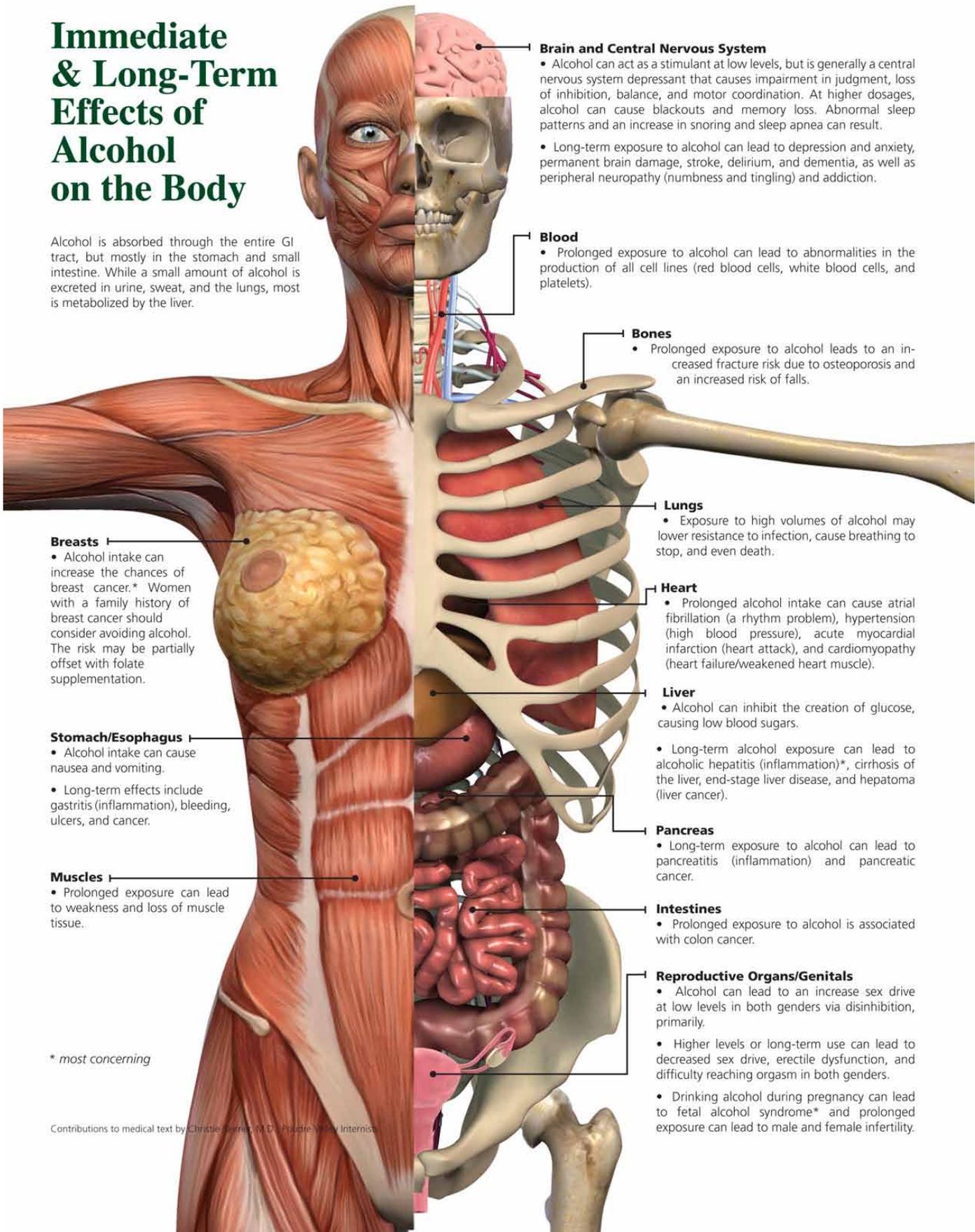
age of 18 and pregnant women should not drink at all, adult men should not drink more than 2 standard drinks a day and women no more than 1 standard drink a day, with at least 2 days a week of no alcohol at all. Although it is understandable that people feel a need to receive guidelines, no universal guidelines for safe use can be given though. The harmful effect of regular alcohol use is different for each individual, based for example on their genetic make, medicine use, general health and life style. Also, the concept of guidelines have first been introduced and suggested by the alcohol industry, who have no financial interest in voluntarily enacting strategies that reduce the amount of alcohol that is drunk. Research shows that if someone consumes alcohol in the way these guidelines are advising, their drinking pattern often borders on risky drinking and with some national guidelines even on binge drinking (drinking large amounts of alcohol on a single occasions, which are commonly set as 5 or more for adult men and 4 or more for women) (source: Baumberg, 2009).

Research on the health effects of alcohol is still expanding. There is still a lot of science unknown. A good example of a recent insight is the effect of alcohol on the developing adolescent brain. **Figure 1.1** gives an overview of the different body parts that are influenced by the consumption of alcohol.

Figure: 1.1 Body map on the influence of alcohol (www.medicalandwellness.com)

Immediate & Long-Term Effects of Alcohol on the Body

Alcohol is absorbed through the entire GI tract, but mostly in the stomach and small intestine. While a small amount of alcohol is excreted in urine, sweat, and the lungs, most is metabolized by the liver.



Brain and Central Nervous System

- Alcohol can act as a stimulant at low levels, but is generally a central nervous system depressant that causes impairment in judgment, loss of inhibition, balance, and motor coordination. At higher dosages, alcohol can cause blackouts and memory loss. Abnormal sleep patterns and an increase in snoring and sleep apnea can result.
- Long-term exposure to alcohol can lead to depression and anxiety, permanent brain damage, stroke, delirium, and dementia, as well as peripheral neuropathy (numbness and tingling) and addiction.

Blood

- Prolonged exposure to alcohol can lead to abnormalities in the production of all cell lines (red blood cells, white blood cells, and platelets).

Bones

- Prolonged exposure to alcohol leads to an increased fracture risk due to osteoporosis and an increased risk of falls.

Lungs

- Exposure to high volumes of alcohol may lower resistance to infection, cause breathing to stop, and even death.

Heart

- Prolonged alcohol intake can cause atrial fibrillation (a rhythm problem), hypertension (high blood pressure), acute myocardial infarction (heart attack), and cardiomyopathy (heart failure/weakened heart muscle).

Liver

- Alcohol can inhibit the creation of glucose, causing low blood sugars.
- Long-term alcohol exposure can lead to alcoholic hepatitis (inflammation)*, cirrhosis of the liver, end-stage liver disease, and hepatoma (liver cancer).

Pancreas

- Long-term exposure to alcohol can lead to pancreatitis (inflammation) and pancreatic cancer.

Intestines

- Prolonged exposure to alcohol is associated with colon cancer.

Reproductive Organs/Genitals

- Alcohol can lead to an increase sex drive at low levels in both genders via disinhibition, primarily.
- Higher levels or long-term use can lead to decreased sex drive, erectile dysfunction, and difficulty reaching orgasm in both genders.
- Drinking alcohol during pregnancy can lead to fetal alcohol syndrome* and prolonged exposure can lead to male and female infertility.

Breasts

- Alcohol intake can increase the chances of breast cancer.* Women with a family history of breast cancer should consider avoiding alcohol. The risk may be partially offset with folate supplementation.

Stomach/Esophagus

- Alcohol intake can cause nausea and vomiting.
- Long-term effects include gastritis (inflammation), bleeding, ulcers, and cancer.

Muscles

- Prolonged exposure can lead to weakness and loss of muscle tissue.

* most concerning

Contributions to medical text by Christie Jorntas, M.D., Paedre Wiley, Internist

1.2 Facts and figures about alcohol use in European member states

Facts and figures about alcohol use in European member states Consumption patterns between European countries differs. Although there are indications that cultural habits in drinking behaviours are merging, differences still exist. If we take a look at youth consumption, Central Europe has the highest level of drinkers in the 15-16 year old age band (figure 1.2).

But if we focus on the average consumption for the last drinking day, Northern Europe is leading (figure 1.3).

When rating a country against current European data, it is important to note that outcomes are defined by the specific consumption parameters that the study has focused upon.. Nordic countries generally score high on binge drinking and low on average consumption per day, while Southern countries score low on binge drinking and high on average consumption per day. Although differences will probably change over time, it is likely that they will always exist both between and within countries. For example, rural areas generally have different consumption habits when compared to urban areas. The availability of alcohol in supermarkets, bars and pubs, sport canteens, universities, high

schools, tourist attractions and festivals are just some examples of the many factors that can influence the differences of alcohol consumption patterns and alcohol-related problems on regional and local levels.

Facts and figures of relevance for a local alcohol policy are:

- Differences in alcohol use of all drinkers (age, gender, socio-economic status);
- Age of first use (first sip, first glass);
- Drinking patterns (number of occasions (frequency), number of drinks per occasion, frequency of intoxication and frequency of binge drinking episodes in the past 30 days);
- Drinks of choice (beer, wine, alcopops, cider or spirits);
- Usual drinking location by young people (with parents, friends, street, bars).

THE AVAILABILITY OF ALCOHOL IN SUPERMARKETS, BARS AND PUBS, SPORT CANTEENS, UNIVERSITIES, HIGH SCHOOLS, TOURIST ATTRACTIONS AND FESTIVALS ARE JUST SOME EXAMPLES OF THE MANY FACTORS THAT CAN INFLUENCE THE DIFFERENCES OF ALCOHOL CONSUMPTION PATTERNS AND ALCOHOL-RELATED PROBLEMS ON REGIONAL AND LOCAL LEVELS.

ESTIMATED AVERAGE CONSUMPTION DURING THE LATEST ALCOHOL-DRINKING DAY (STUDENTS)

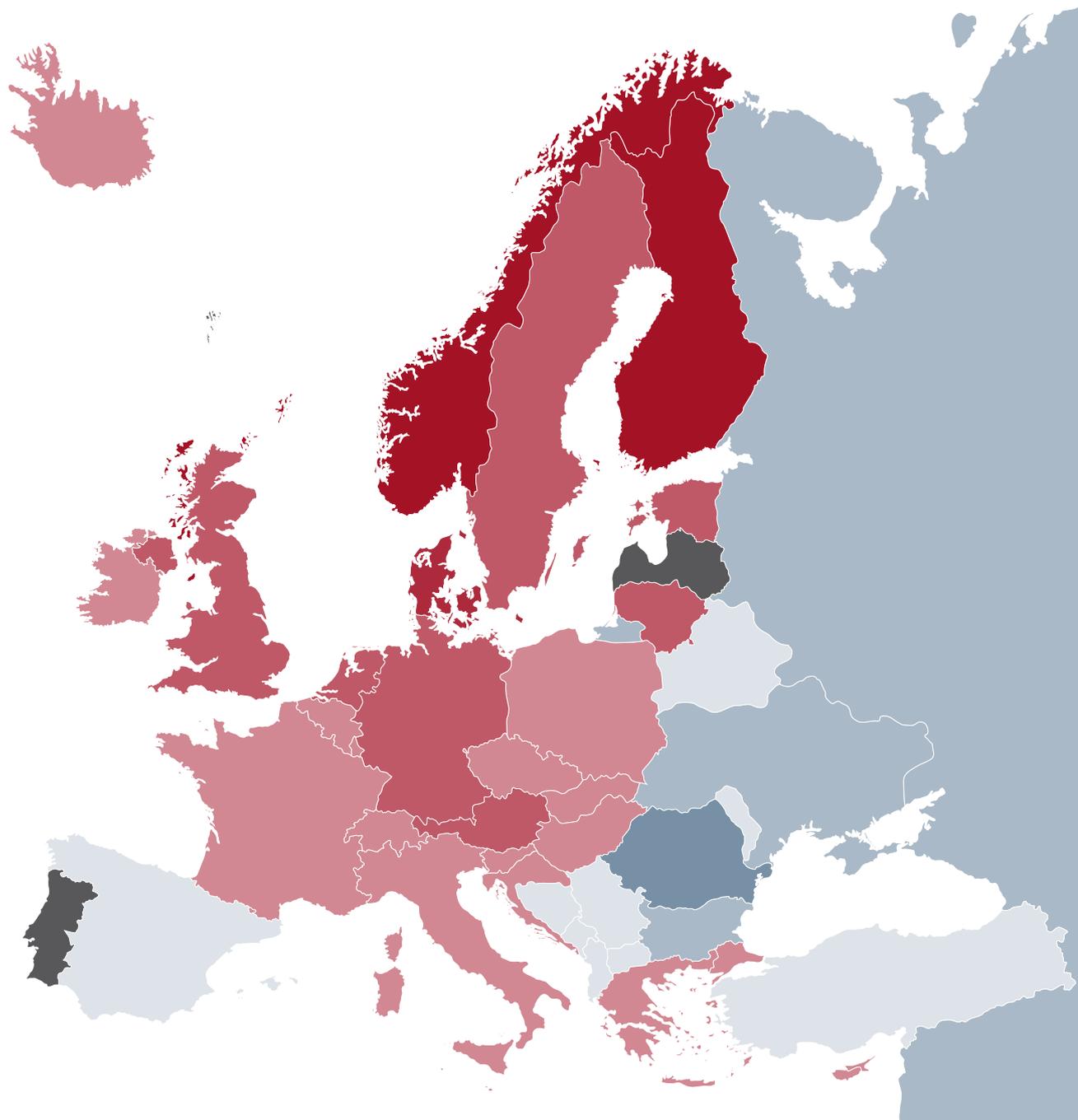


Figure 1.3: Estimated average consumption during the latest alcohol-drinking day (students)

- 90 - %
- 85 - 89%
- 75 - 84%
- 60 - 74%
- 59%
- Data uncertain or not available
- non-participating country

1.3 Facts and figures about alcohol related problems

Like differences in consumption patterns, alcohol-related problems differ between and within countries. The report *Alcohol in Europe* (Anderson & Baumberg, 2006) provides information on different alcohol related problems. Most data is collected on a national level, so to be able to present (up-to-date) local data, new research is often required. However, some national studies can be split into regional or even local data. It is worthwhile to ask the researchers about these possibilities. Local data is often more compelling to politicians and policy makers.

Relevant alcohol related problems to consider are:

- Violence and crime;
- Work related harm/problems;
- Drinking and driving;
- Intoxications;
- Mortality rates;
- Treatment statistics;
- Enforcement statistics.

Alcohol-related damage is not just limited to the individual; violent crime, marital harm, child abuse and drink driving are important examples of some secondary effects to the surrounding environment and people. The EU report *Alcohol in Europe* gives a very good overview on the harm done by alcohol to people other than the drinker.

1.4 Alcohol policy guideline of the European Commission (source: EC COM 625)

In 2006 the European Commission (EC) communicated a need for action in order to tackle harmful and hazardous alcohol use and its health consequences in all European member states. The EC primarily aims to support the development of national and local alcohol policies, for example by disseminating evidence of good practices of local alcohol policy initiatives from different member states.

The EC has set five priorities for action that require action by the EU at national and local levels. The first four points of action will be addressed in this manual.

- Protect young people, children and the unborn child;
- Reduce injuries and death from alcohol-related road accidents;
- Prevent alcohol-related harm among adults and reduce the negative impact on the workplace;
- Inform, educate and raise awareness on the impact of harmful and hazardous alcohol consumption, and on appropriate consumption patterns;

- Develop and maintain a common evidence base at EU level

The mandate for action on these 5 points can be applied at national and local levels, together with an outline of existing alcohol policies, laws and regulations. Most initiatives to create local alcohol policy are focused on one or two visible and tangible alcohol related problems. Within a community these problems can be very specific, for example children drinking and regular binge drinking, leading to fights and vandalism in communities. There are many examples of alcohol related problems and incidents but, as will become clear in this manual, an important step towards preventing these problems is developing a long-term local alcohol policy that is aimed at reducing the availability of alcohol in a community using a multi-stakeholder approach. The foundations of an effective integrated local alcohol policy will be described in Chapter 2.

1.5 National and local alcohol policies

National alcohol policies and laws often function as the framework for local alcohol policy. National policies often provide laws that restrict the availability of alcohol in the most important cases and settings. In most countries local governments are able to define complementary regulations that fortify the national regulations. It is not possible to weaken national legislation on a local level.

Examples of common national topics are:

- Minimum age limits for selling alcohol;
- BAC (blood alcohol concentration) limit for drivers and new drivers;
- License system of alcohol sales in bars and shops;
- Price of alcohol (taxation).

Examples of complementary local laws are: regulation of the availability of alcohol in public spaces and the intensity of the

enforcement of local or national alcohol laws. If national alcohol laws are vague, incomplete or are not adequately enforced, local authorities can, if necessary, advocate and lobby for more effective national legislation or more possibilities to enforce them. This empowers communities to recognise their role in seeking changes to make alcohol laws more effective at a local level, and strengthens their resolve to continue the work of reducing local alcohol related harm. It would not be the first time that the demand of a community leads to new and more effective national alcohol laws. Community action groups in particular seem to be very effective in changing alcohol policies (Streicker, 2000). Later in this manual we will discuss essential regulations on the local level. We will also present a minimal necessary package for local alcohol policy.

1.6 Summarising the gathering of policy information

In this chapter we showed that there are multiple sources of policy information. After summarizing the first chapter we can say there are two basic steps in the information gathering process:

1. When developing a policy plan you first need facts on consumption and alcohol related problems to underpin the plan. The medical and social information regarding alcohol related harm is extensive and continues to expand. In this chapter we have highlighted some main facts;

2. The national policy context needs to be studied to determine tools for the local policy. If the local opportunities to change alcohol policy are too limited, a call to the national government could be necessary.

In the next chapter we will continue with describing the elements of an effective integrated alcohol policy.

CHAPTER 2

INTEGRATED LOCAL ALCOHOL POLICY

Alcohol related problems are most visible in local communities: accidents, public drunkenness, criminality and delinquency, domestic violence, alcohol intoxications and addictions. This is why these problems are best addressed in the local setting. In some countries community officials and professionals will come together to create local alcohol policy, while in other countries these types of actions are usually instigated by groups of concerned citizens,

non-profit foundations or religious organizations. The power and reach of the local initiatives will be amplified when community officials actively support or participate in the creation of local alcohol policy.

In this chapter we describe the framework of an effective alcohol policy. Policy examples will be presented and a minimal package of local alcohol policy measures will be proposed.

2.1 The foundation of an effective integrated local alcohol policy

Local alcohol policy should be characterised by an active long-term cooperation between policy makers with different specializations and local stakeholders from various organizations. Active and open support from the mayor, aldermen and the city council is of great importance. A clear analysis and communication of the local alcohol related problems is a powerful tool to create awareness of the need for action and to get the support of the city

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administration and stakeholders. In the short-term, visible results of policy can be accomplished by publicising the results. However, really establishing local alcohol policy and getting tangible lasting results demands a long-term approach and therefore everyone needs to support the long-term strategy.

Based on an analysis of local alcohol related problems, each community will set their own goals. The ways in which these alcohol related problems can be tackled is similar for every community. Research has shown (Holder, 1999) that alcohol use is not only a personal choice, but that drinking patterns and the resulting harm, is largely influenced by the physical availability of alcohol in the community and the existing norms and values of alcohol use. In combination these factors form a systems model of alcohol prevention. The core goals of every local alcohol policy are listed below. The question on how to formulate specific goals for the local alcohol policy plan is addressed in Chapter 3.

- Reduce the availability of alcohol in the community (e.g. number of alcohol selling points, hours of alcohol sales, price actions such as happy hours, rate of over-serving (serving to intoxicated patrons) and rate of compliance and enforcement of the existing age limits;
- Create awareness and change norms of alcohol use in the community: inform citizens and especially parents on a strategic and systematic way of reducing the harmful consequences of alcohol, change norms related to the common starting age of drinking, norms related to intoxication and norms related to the enforcement of the laws and regulations that aim to reduce the informal (at home) and formal (commercial) availability of alcohol.

There are three essential parts of effective alcohol prevention: (1) public support and education, (2) regulations and (3) enforcement (Reynolds, 2003). The importance of enforcement is underlined by Anderson and Baumberg (2006); they found growing evidence for strategies that alter the drinking context in reducing harm done by alcohol (e.g. passing a minimum drinking age). However, the effectiveness of these strategies relies on adequate enforcement. There are three policy pillars of an universal alcohol prevention approach. Universal prevention strategies address the entire population (local community, pupils, neighborhood). Each pillar represents an essential part of the local alcohol policy and demands its own strategy, work plan and involvement of stakeholders. These building blocks include the provision of education and creating public support, defining national and local alcohol regulations that apply to the goals of the local alcohol policy and enforcement of these legislations (see figure 2.1).

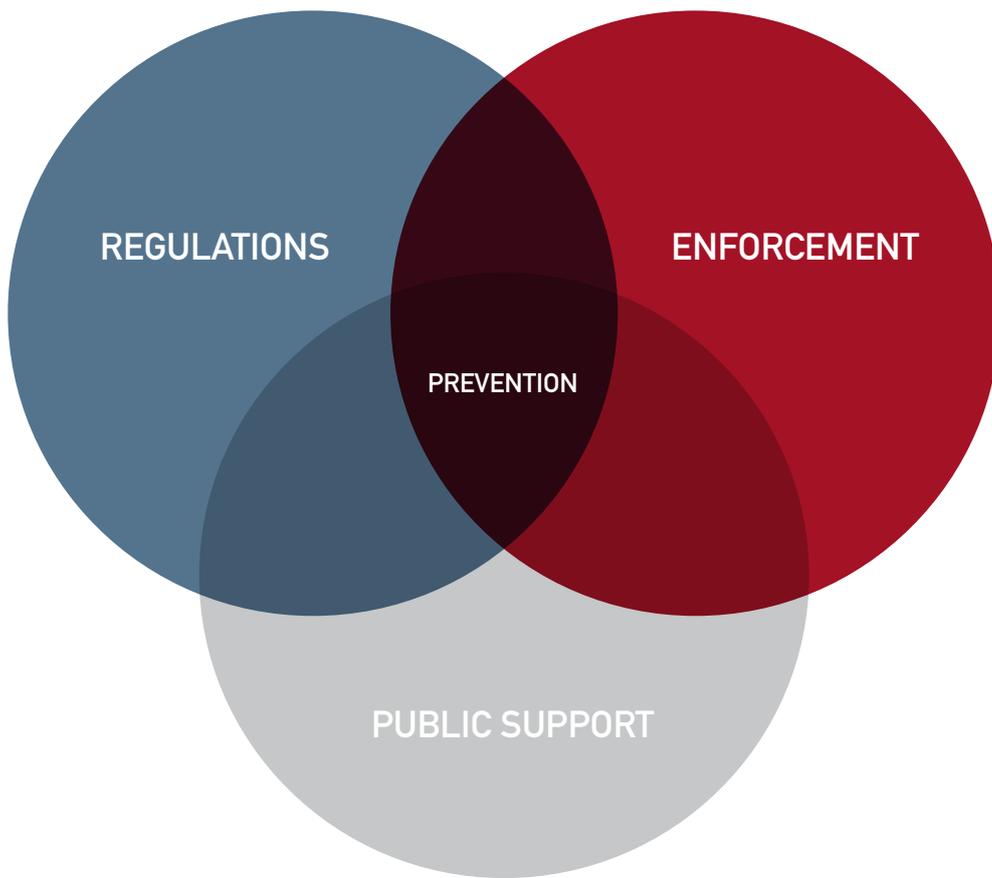


Figure 2.1 The three policy pillars of local alcohol prevention policy

Table 2.1 Effectiveness rating for (local) alcohol policy measures

| Measures | Effectiveness | Breadth of research support |
|--|---|--|
| | 0 lacking + limited ++ moderate +++ high | 0 lacking + 1 study ++ 2 – 4 studies +++ 5 – 5+ studies |
| Availability of alcohol | | |
| Minimum drinking age | +++ | +++ |
| Ban on sales | +++ | +++ |
| Density of alcohol sale points | ++ | +++ |
| Hours and days of sale restrictions | ++ | ++ |
| Drinking environments | | |
| Enhanced enforcement of on-premise regulations | ++ | ++ |
| Server liability | ++ | ++ |
| Responsible beverage service (staff training) | 0/+ | +++ |
| Voluntary codes of bar practice | 0 | + |
| Drink-driving countermeasures | | |
| Random breath testing | +++ | ++ |
| Mass media campaign for safe driving | ++ | ++ |
| Server training and civil liability | + | ++ |
| Designated drivers and ride services | 0 | + |
| School based education courses | ?/0 | + |
| Treatment and early intervention | | |
| Brief intervention with at-risk drinkers | +++ | +++ |
| Mutual self/self-help attendance | ++ | ++ |
| Education and persuasion | | |
| Brief interventions with high-risk students | + | + |
| Warning labels on alcohol products | 0 | + |
| Classroom education | 0 | +++ |
| Restrictions on marketing | | |
| Legal restrictions on exposure | + / ++ | +++ |
| Pricing and taxation | | |
| Differential price by beverage | + | + |
| Ban on discounts and promotions | ? | + |

2.2 Effective policy measures

In the development of local alcohol policy, 'integrated' and 'effective' are the two most important key terms. Through scientific evaluations and field experiences, much is known about the effectiveness of measures and activities that can be implemented in order to tackle alcohol related harm. It is advised only to use a compilation of proven effective measures in the local alcohol policy. An international group of leading scientists, sponsored by the WHO have published a rating list of the effectiveness of policy-relevant strategies and interventions (Babor et al, 2010). In table 2.1 we have selected those interventions that are most relevant for the local policy strategy.

The WHO rating shows that measures that correspond to the policy pillars of regulations and enforcement belong to the most effective policy measures. Educational measures are less effective in changing behaviour. However, public support measures are also (not less) important in creating effective alcohol policy. Regulations on alcohol are only possible to implement if there is support for those measures on a public and political level. In the next chapters we will discuss the role of public support in the policy process.

2.3 The minimal package

Even if one wishes to implement all evidence-based policy measures mentioned in the previous paragraph, communities often have to choose a certain mix of interventions. Financial limitations and capacity problems force policy makers to make a realistic policy plan. The Building Capacity expert group (Appendix 3), formulated a minimal package for local alcohol policy based on the WHO rating and practical experiences in the different EU countries. The minimal package is listed from top to bottom on a level of priority, in both the categories and the measures.

Enforcement

Enforcement of the legal age limits for selling alcohol;
Enforcement of regulations concerning public drunkenness and over-serving.

Regulations

Restricting the number of points of sale (especially in and around schools and festivities); Hours and days of sale restrictions.

Public support

Expanding the provision of basic information about the risks of alcohol use on health (special target groups are parents and adolescents); Media advocacy, creating and establishing an agenda on alcohol problems in all relevant local organisations and within the media.

For specific high-risk groups research has shown that early interventions and treatment can be very successful in changing drinking behaviour. For example we mention brief interventions in the primary health care sector. We choose to focus on the minimal package presented here only on universal prevention measures.

2.4 Empowerment of local stakeholders and the community

This paragraph is partly borrowed from the literature study accomplished at the start of the Building Capacity project (van Poppel, 2007).

Ideally, in theory, internal cues to action trigger the start of community alcohol prevention projects. In practice, this is not often the case. One essential component of developing a local, effective, long-term alcohol policy is community mobilization. Although definitions on community mobilization might be slightly different, the meaning is practically the same. Following the principles of the systems model, community mobilization typically consists of the following methods: (1) a full or part-time person serves as a community organizer, (2) the community organizer works with the local government, businesses, police and others to support prevention policies and strategies, (3) local committees are usually formed to develop or refine policies and support their implementation, (4) media advocacy, or the use of local news coverage of alcohol issues and public policy, is used as a key strategy.

Different alcohol projects have shown what happens if the coordination and linked community mobilization is not organized as Holder suggests. In the end, the lack of a community organizer can lead to a lack of agreement between involved parties about the content of the project. Other projects have shown that one of the most successful components is the capacity building component. By involving several community stakeholders, community awareness about alcohol problems is raised. The alcohol issue thereby becomes a vital part of the local agenda, and the action group members diffuse their newly gained knowledge within their existing social and professional networks. In the Community Trials Project, community mobilization was seen as a means of supporting other strategies and not an end in itself. Moreover, they suggest that local staff should play the leading part in the development and implementation of community alcohol policies. Key leader support is necessary to enable changes.

Glasgow City Joint Alcohol Policy Statement – Scotland

The Glasgow City Joint Alcohol Policy Statement was published in October 2007 when the leaders of the Greater Glasgow and Clyde NHS Board, Strathclyde Police and Glasgow City Council concluded that an integral strategy for alcohol addiction prevention was lacking in the city. The statement has defined five goals and 98 actions that contribute to reaching these goals. These actions have been used to form a SMART implementation plan and the delivery of this has been monitored..

In October 2009 the Scottish government changed her legislation dictating that each local authority is responsible for forming an Alcohol and Drug Partnership aligned to existing Community

Planning structures with relevant local organizations such as the police, housing corporations and treatment centres. This community planning legislation also demands the active involvement and vote of citizens in prioritizing local policy initiatives, who are seen as equal partners to the professional organizations. Since the project was already aiming for such a structure, existing initiatives, such as the alcohol and drug forums, community councils and community reference groups, could be used to realize this community involvement. The public that wants to get involved in actively preventing alcohol related problems by joining community groups is largely composed of people who have recovered from an alcohol addiction, parents who are concerned for their child's health and youth that does not feel comfortable going out at night.

2.5 Examples of alcohol prevention projects in Europe

During the process of developing this manual we have been in contact with local/regional prevention projects across Europe. We have noticed that although projects differ in their design, most are based on a mix of interventions and are focused on youth as the main target group.

In this manual we will highlight some elements of promising projects like the Glasgow project mentioned above. The examples will illustrate the theory. In Appendix 1 we added a list of all projects including contact information.

2.6 Examples of alcohol prevention projects in Europe

An effective local alcohol policy focused on the entire population (universal prevention) is based on three important policy pillars; regulations, enforcement and public support measures. These should all be implemented based on a balanced policy plan. In this chapter we explained that effective alcohol policy requires restrictions on the availability of alcohol. The WHO shows that measures restricting the availability of alcohol belong to the most effective policy interventions. Local alcohol policy without those necessary regulations will probably fail and will show no concrete reductions in alcohol related harm. Finally we made clear that alcohol policy needs to be carried out by local stakeholders. The empowerment of the community is an important factor for success. In the next chapter the concrete steps for development of an integrated policy plan are outlined.

**THE WHO SHOWS
THAT MEASURES
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INTERVENTIONS.**

CHAPTER 3

CREATING AN INTEGRATED LOCAL ALCOHOL POLICY

In this chapter we describe the logical steps in the development process of local alcohol policy. Furthermore we will illustrate the possibilities of defining the interventions under the three policy pillars: enforcement, regulations and public support. Practical examples of European alcohol projects will be presented to illustrate the theory.

3.1 Steps in the policy development process

The policy development process can be explained with the use of a problem-solving model like the Deming cycle. Roughly there are 4 phases in the policy development process: Plan, Do, Check, Act. In this paragraph we will discuss all four stages from an alcohol policy point of view.

PLAN

Firstly you need to create a plan. In this plan the following elements have to be included:

- Describe the local alcohol problems that will be the target of the policy (Chapter 1);
- Describe the overarching approach of limiting the availability of alcohol (Chapter 2, policy pillars);
- Describe SMART goals for the project and quantify the expected results. For example a decrease in binge drinking among youth by 10%;
- Describe the evaluation strategy and expected outcomes for the project;
- Describe the communication strategy of the project;
- Appoint a competent project coordinator (for at least 20 hours a week);
- Create a time frame for the project (we recommend at least 4 years);
- Describe the budget of the project (see example NWAF below).

The North West Alcohol Forum – Ireland

The North West Alcohol Forum (NWAF) is a not-for-profit organization that seeks to create a safe, responsible and informed society in which everyone acts to protect all generations from alcohol-related harms by mobilising communities in the development of positive change actions to challenge past, current and future alcohol-related issues. The group operates in the North West region of Ireland serving a population of about 350,000 people. NWAF was founded in 2007 inspired by three local key activists who had been meeting since 2004, in response to the report 'Portrait of our drinking' in which statistics showed a continuing increase in prevalence of alcohol related harm.

The NWAF is the executing project organization, with a full time project coordinator, aiming to get more and more local organizations to participate in the new strategy, or to at least build an umbrella under which existing activities are grouped. The NWAF has a budget of about 300.000 euros per year (breakdown: 220.000 staff and overhead costs and an operational budget for projects 80.000) and is structurally funded by the Department of Health and Children of the national government and the Department of Rural and Gaeltacht Affairs (both contributing about 100.000 a year). Furthermore the European Union and other sources assign occasional funds. Funding has been secured up until the year 2011, but the forum will continue to seek funding to keep the NWAF going.

PLAN > DO > CHECK > ACT

DO

After planning comes doing. Things need to get organized. In the execution phase the management of organization processes plays an important role. The following aspects are important:

- Get the mayor or an alderman to introduce the plan in the city council and to the public;
- Get the city council to agree with the local action plan, including the budget;
- Get local stakeholders to commit to the local action plan;
 - » Allocate expertise and hours;
 - » Use existing structures and programs (but ensure that the program does not become merely a collection of existing interventions that are have already been implemented, and simply renamed; be critical by focusing primarily on programs proven to be effective);
- Set up a structure of work groups chaired by the mayor or a respected community leader. A work group should not include more than 7 to 8 people;
- Sourcing a budget prior to commencement is ideal (sometimes regional or national governments are interested in supporting the project).

One aspect that requires special attention at this phase is communication. To realize essential conditions such as political and public support for alcohol policy, the consequences of the alcohol problem need to be clear and visible in as many areas as possible. Available research data like hospital admissions and health studies can be a starting point in painting a picture of the problem. Local projects have shown that it can be very effective to investigate a specific local problem such as the compliance

with legal age limits on the service of alcohol, the availability of specific problematic drinking places or the local exposure to alcohol marketing like price discounts. Local research data not only contributes to more political support for the project, but also creates free publicity in the media.

CHECK

The next step is checking or evaluating that the project/plan runs as it should run. Attention should be given to the effect and process outcomes of the project. Different evaluation methods can be used. We will go into this more deeply in paragraph 3.4.

ACT

Analyze the differences between planning and outcome to determine their cause. Determine where to apply changes that will include improvement. It usually takes about 4 to 5 years before the foundation for an effective integrated local alcohol policy is established. This equates to the time it takes to get everyone on board (approximately 1 year), to raise awareness of the issue (approximately 1 year) and to prepare activities, and commence implementation (approximately 2 years). By setting reasonable goals, and using effective measures from which you can expect immediate results from, then ideally you want to take one year to set up the project (raise awareness, define measures and build coalitions), years 2 to 4 to implement and expand, and you can expect to see results in year 4.

3.2 Regulations

The WHO has demonstrated that regulations limiting the availability of alcohol are most effective in tackling alcohol problems (Chapter 2). Therefore good regulations are the core of each alcohol project. In deciding which local legislation is needed, a study of the national context is important. It is the national legislative framework that determines which local regulations can be established. If those options are too limited, one can only lobby the national government for more possibilities. Practice has proven that this does not always have to be unsuccessful.

The function of formal regulations is to place limits on the physical and economic availability of alcoholic beverages. Often we hear arguments against the introduction of restrictions on alcohol availability. An example refers to the remark that the behaviour of a minority group of heavy drinkers should not cause restrictions for the whole society. A disproportionate measure as some may call it. Holder however explains that there are two important counter arguments against this hypothesis:

- 1 | In any society, the majority of alcohol-related problems are caused by drinkers who are not dependent drinkers;
- 2 | Alcohol-related problems, including those caused by dependent drinkers, are in fact affected by changes in alcohol supply.

Local alcohol projects have also discovered the importance of consistent alcohol policy. If a government expects parents to restrict the alcohol use by their children, they in turn should set a good example. To give children an alcohol-free environment in schools, public spaces and in sport clubs, legislation is often essential. Below are two examples of local regulations applied by alcohol projects.

Looking Away Is No Solution – Germany

The project 'Looking Away Is No Solution' is a regional project in the Southwest of Germany that has been running since the year 2000. Of the 32 municipalities in the region Karlsruhe, 20 municipalities participate in the project.

Youth- and sports clubs play an important role in German society, but unfortunately the social norm is to drink together when meeting. Since the start of the project the yearly budget that the mayor allocates to these clubs is given only if the club meets certain standards: they need to have received the project

documentation and to have a consultation with a member of the project about how to handle alcohol in the club, and a club member needs to follow a one day training in which the different aspects of alcohol use, alcohol harm and social norms that stimulate (under aged) drinking are discussed (also by using role play).

Municipalities are encouraged to make an amendments to their local laws, in which they can regulate alcohol use, for example by prohibiting the use of alcohol in certain areas in town at certain hours.

West-Friesland – The Netherlands

In West-Friesland (a region containing 7 municipalities in the North of the Netherlands) in 2007, a project was founded which included multiple measures to tackle the problems associated with youth drinking.

Since January 2010 all municipalities have introduced an entrance lock-out to all bars and discos after 12.00 AM. Once admitted to the venue, people can stay until the venue closes, however they cannot exit and re-enter another bar or club. The main goal is to decrease the problem of so called 'pre-drinking'. This refers to the drinking in or around home before going out, especially popular among adolescents because home drinking is much cheaper. The time span of this project will be determined by the three pillar approach, based on regulation, enforcement and political support.

3.3 Enforcement

Enforcement is the backbone pillar of every good alcohol policy. Without enforcement, alcohol policy is ineffective or inefficient. The responsibility for enforcement operations differs between countries and can be organized on a national as well on a local level. There are not extensive recorded analysis of the existing alcohol enforcement strategies used in the different EU countries. It is also likely that penalties will diverge as each licensing system changes.

The deterrence created by every enforcement strategy depends on the public's perception of severity, swiftness and certainty. Severity refers to the extent of the penalty. This of course depends on the individual involved. If the penalty is not severe enough the deterrence will be low. The same applies for the swiftness of the handling of the penalty. If there is uncertainty concerning the severity of a penalty, this will be less of a deterrent to offenders.

Enforcement and communication

Experience shows that media coverage increases the effect of enforcement. There are many ways of communicating enforcement results (van Erp, 2007):

- 1 | Warning communication. This verbal warning places the offender on alert and warns the individual of the risks associated with being arrested;
- 2 | Reputation sanctions. This refers to the publication of enforcement results. It is important to evaluate how the target group thinks about its reputation, and find out what the most sensible elements are. Positive enforcement results can also be communicated;
- 3 | Educational communication. This refers to explaining to the target group how the law works and how the enforcement is organized;
- 4 | Normative communication. This explains to the target group what is 'normal' with regard to compliance in its own population. It should be focussed on creating a positive feeling in the recipient that he/she belongs to the group that complies with the law.

Enforcement goals

The general goal of every enforcement strategy is to raise the compliance with alcohol legislation. Alcohol problems are not the same in every country. Just as with legislation, it is hard to define the most important specific goals of a local enforcement strategy. Therefore we list some important points of attention for each community:

- The enforcement of the legal selling/drinking ages for alcohol. More intensive inspections in shops and bars on the compliance with legal age limits;
- The enforcement of laws concerning public intoxication. Active enforcement against drunk people in public places, especially during weekend nights;
- The enforcement of over-serving. Sanctioning of bars that continue serving even when patrons are already visibly drunk;

- Enforcement against the production and selling of illegal alcohol products. Track down illegal production places and the sanctioning of those involved;
- The enforcement of regulations on drinking in public places. Targeting people drinking in public places (especially groups of youths hanging around) where consumption is not allowed.

The organization of enforcement responsibilities is not always as easy as communities would like it to be. Sometimes national and local government have separate enforcement tasks. It might be even be unclear who is enforcing which regulation. In the beginning of each project it is therefore wise to clarify the responsibilities of the different authorities. We advise making agreements on the enforcement priorities and operationalizing this in a local enforcement strategy.

Don't Get Bottled! - The Netherlands

The project Don't Get Bottled! is one of the largest local alcohol prevention projects in the Netherlands. It was founded in the Dutch South-East region of Eindhoven. 21 municipalities are participating in the project, covering a region of about 750.000 inhabitants.

The region performed multiple enforcement actions (monthly age compliance inspections in stores, bars, events and sport clubs, analysis of detection and regulation possibilities of public

drunkenness, service to intoxicated patrons and penalties for alcohol possession of under aged youth). Results are consequently presented to the regional and local media. The project has invested a lot in experimenting with the use of breathalyzers at school parties and public events. This has triggered a national debate about the use and consequences of this device in detecting youth drunkenness. Although the investments have been large, €25.000 for the breathalyzers and many man hours from local police officers, the outcomes have been very valuable.

Test purchasing or mystery shopping

In order to support the enforcement many communities use mystery shoppers to evaluate the compliance in shops and bars. Mystery shopping protocols for age limits and over-serving have been tested and implemented in Sweden, the Netherlands and the UK. The research information can be used to locate hotspots but are also a tool for evaluating the effect of the enforcement strategy.

WE ADVISE MAKING AGREEMENTS ON THE ENFORCEMENT PRIORITIES AND OPERATIONALIZING THIS IN A LOCAL ENFORCEMENT STRATEGY.

3.4 Public support

Public support is the communication pillar of the policy. The Dutch guideline for local alcohol policy (Gasbaranyi, 2007) distinguishes 3 stages in creating public support:

- Raising awareness of the risks of alcohol consumption among the general public or among specific groups at risk;
- Increasing the knowledge on alcohol policy, its underlying norms and the necessity for certain interventions;
- Informing the public on the policy results.

Although we have seen that general educational interventions such as school-based alcohol programs have not shown effectiveness alone, these measures are certainly of importance in an integrated approach. Educating people is an important part of creating public support for policy. The public is a broad concept. Partners and youth are important target groups, but also retailers of alcohol, schools, social and sport clubs and maybe even politicians. It is important to work out a public support strategy to ensure that certain target groups are not missed. With a strategic communication plan, the public support goals, target groups, communication moments and use of different media can be formulated and planned. The use of a communication expert can be useful in this.

Don't Get Bottled! - The Netherlands

The project developed a communication plan at the start of the program. It contains multiple ways of approaching the different target groups of the project. For example each municipality receives a publication toolkit to make the project efforts visible: project brochures, posters, t-shirts, bags, water bottles, internet banner, key chain coins for shopping carts, roll-up banner, pens, documentary about youth alcohol use and poster about brain damage risks. Furthermore there is support for local peer-to-

peer parents groups (i.e. buzz-campaign and information stands at public events) and a nurse interventions at primary schools (detecting alcohol related problems in the family).

The region strives to communicate the results of the policy as much as possible. Mystery shopping results are published yearly. General health surveys are analysed for alcohol use and a specific alcohol press release follows. A communication experts has been appointed to the project for 0,3 fte to keep the communication process going on.

The press is an important partner in creating public support. They are a magnifying glass for a communication plan. Try to get in direct contact with local or regional journalists. Even national press may be interested in the results of unique elements of the project. Besides newspapers, radio and television channels, associations of municipalities and other government related organizations might also be relevant. They often have useful websites or magazines.

IT IS IMPORTANT TO WORK OUT A PUBLIC SUPPORT STRATEGY TO ENSURE THAT CERTAIN TARGET GROUPS ARE NOT MISSED.

Glasgow City Joint Alcohol Policy Statement - Scotland

Attempts have been made to create relations with the local media and journalists. The project releases a press release regularly, outlining current issues, taking a stand in the public debate surrounding alcohol and in the future to highlight problems and successes by presenting new statistics.

Attempts have also been made to create political support for the

project by appointing a champion who has the right position of influence, enough time to carry out the tasks and who is supportive for and passionate about the project. To date, the deputy leader of the local council has been identified as the champion for the politicians involved, but regular updates from the project coordinator are essential as well. The relevant information needs to be provided in brief letters, since politicians do not have time to attend trainings or read extensive briefings.

Glasgow Joint City Alcohol Policy Statement - Scotland

Data is collected to monitor the scope of the problem, but it is clear to all participants that it will take ample investments to change these statistics. Test purchases are used to monitor the enforcement of policy measures relating to youth by alcohol sellers (i.e. sales to under aged youth). Also data regarding offences

relating to alcohol and young people (e.g. sales to under aged youth), drunkenness and disorderly conduct (e.g. sales to intoxicated patrons and refusing to leave the premises), drink driving and public drunkenness is recorded annually. At the beginning of the project, research was carried out to evaluate the availability of alcohol (alcohol outlet density and over-serving).

3.5 Evaluation

Evidence based working is becoming more and more popular. Local politicians ask for visible results and therefore evaluation is necessary. Health experts advise that policy makers should at least reserve 10% of the intervention budget for (light) research (Saan, 2005).

Process evaluation

A process evaluation gives knowledge about the course of the implementation of the project. Do we have enough resources and people? Is the communication internally and externally optimal? What are the major pitfalls? There are many questions to which process evaluations can find answers to, and as a result projects can be improved or reset. It is always good to have an independent party involved in the process evaluation. People will feel more open to give their perspective on the process.

Outcome evaluation

To demonstrate that the policy has resulted in any positive outcomes, the results need to be examined. We distinguish three main levels of outcome evaluation:

- Changes in drinking behaviour among specific target groups. Most important are local and regional health surveys on alcohol use;
- Changes in specific alcohol related problems like accidents, crimes and hospital omissions;
- Changes in realized policy interventions like an improvement in the compliance with legislation and a decrease in number of alcohol selling points.

3.6 Summarizing

Creating an integrated local alcohol policy is not something that happens automatically. It requires time, good knowledge of evidence-based interventions, cooperation and empowerment of the people involved. Integrated means working with a range of different disciplines and stakeholders. In some ways local coordinators are like jugglers with many intervention balls in their hands. Good planning is therefore of great importance. We describe how the Deming cycle (plan, do, check, act) can help to structure the whole policy development process. Furthermore we

presented a policy model on which a local strategy can be based. Working out of the policy pillars of regulations, enforcement and public support helps to create a balanced policy plan.

It must be made clear that there are many good examples of local alcohol projects that have already developed an expertise in the development and implementation of local alcohol policy. It is worthwhile to learn from the experiences of communities all over Europe.

CHAPTER 4

CONCLUDING REMARKS

From practice we know that some alcohol prevention activities can be very attractive for politicians to promote. Attractive brochures, specific public events and alcohol programs in schools are all examples of politically supportable actions. Yet these actions show generally fewer results when it comes to altering drinking behavior, especially when they are implemented outside of the context of a written integrated policy approach. To reduce alcohol

consumption more has to be done and several of the more effective interventions are not easy to implement, let alone easy to raise political support for. In order to guarantee the success of a local alcohol policy approach, we have learned from practice several wise lessons. Below we mention some of the most important ones.

One of the first lessons is that it is better to not take action, than to take action without a properly discussed and formally authorized plan.. Often when concerns about youth drinking levels reaches the local political agenda there is a pressure to immediately begin intervention activities. However the lesson is not aim for immediate success and to not involve all possible stakeholders at once. It is better to first ask an expert to write a good policy plan based on what is known from science and from the experience of others. Ask the political decision makers to support a plan that is based on a clear scientific vision of how to tackle alcohol problems and on clearly defined project goals. Besides that, one of the main concepts to lean on is that of the reduction of easily available alcohol. Educational and awareness promoting campaigns have their functions, but as long as alcohol is easily available, and as long as alcohol laws are weak or not enforced, these campaigns can only have a short-term effect.

As soon as the political support for an integrated strategy is officially settled, the road is open for writing an action plan with concrete selected interventions, motivated partners to invite to participate, a time schedule for actions and the necessary budget. The action plan must also be officially accepted by the city council before that the proposed actions can be undertaken. This carefully set approach guarantees that a local alcohol prevention plan is more than a short-term created window dressing program, or merely a summary of already existing programs solely based on the agenda of the local stakeholders.

Another lesson to be aware of refers to the experience that the process of writing, decision-making and implementation of effective interventions can be a process of several years. Interventions that are specifically focused on the restriction of alcohol availability need careful preparation and support from stakehold-

ers. From the start of the project, all the project members need to realize that measurable results imply a long-term approach. Discussing problems, exchanging visions, formulating project goals and discussing possible results is generally easier than the phase of concrete implementation of new regulations, and the introduction and prolongation of enforcement practices.

Stakeholders also have to realize that the local authorities in general have to manage the decision and implementation processes. Political support, responsibility and authority is in many cases necessary in transforming good intentions and good plans into concrete sustainable action.

Many decisions cannot be delegated to the health or welfare sector, or to police institutions, because these bodies usually operate in an executive role, are not experienced in the broader aspects of an integrated alcohol policy. The choice of the position of coordinator is very relevant in this respect. In general we support the principle of a coordinator who can function as independently as possible from participating stakeholders and even independently from local civil servants. The role of the coordinator is on the one hand crucial, but on the other hand he or she must be modest in the role of project leader. While the project coordinator holds an important role in managing the processes undertaken by the campaign team, he or she may not be the most authentic voice to use in the media when promoting the project. Learned and respected members of the medical establishment, parents and relevant stakeholders can be more persuasive and relatable to the general public in discussing the issue of alcohol-related harm.

The more visible the support of the authorities is, the more important and relevant the project will be the eyes of all stakeholders and of the general public.

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Appendix 1 Projects list / in alphabetical order (country)

| | |
|----------------|--|
| Project | ECAT project Oostende |
| Country | Belgium |
| Project leader | Johan Rosiers |
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| Project | Route 50 Project |
| Country | England |
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| Project | HaLT-project |
| Country | Germany |
| Project leader | Heidi Kuttler |
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| Project | Wegschauen ist keine Lösung |
| Country | Germany |
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| Project | The North West Alcohol Forum Ltd |
| Country | Ireland |
| Project leader | Moira Mills |
| Contact | info@nwaf.ie |
| Website | www.nwaf.ie |
| Project | Irish Bishops Alcohol Initiative |
| Country | Ireland |
| Project leader | Mr John Taaffe National Coordinator |
| Contact | john.taaffe@iecon.ie |
| Website | www.catholicbishops.ie |
| Project | 'Laat je niet flessen!' |
| Country | The Netherlands |
| Project leader | Maartje Stokkermans |
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| Website | www.ljnf.nl |
| Project | West-Friesland |
| Country | The Netherlands |
| Project leader | Simon Dijkstra |
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| Website | www.westfrisland.nl |

Appendix 1 Projects list / in alphabetical order (country)

| | |
|----------------|---|
| Project | Regionprosjektet |
| Country | Norway |
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| Project | Regionsprosjektet i Os kommune |
| Country | Norway |
| Project leader | Reidar Dale |
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| Project | DRAIN project |
| Country | Romania |
| Project leader | Cristina Petcu |
| Contact | cpetcu2002@yahoo.co.uk |
| Project | Glasgow Joint Alcohol Policy Statement |
| Country | Scotland |
| Project leader | Jo Winterbottom |
| Contact | jo.winterbottom@glasgow.gov.uk |
| Website | www.glasgow.gov.uk/alcohol |
| Project | ECAT project Slovenia |
| Country | Slovenia |
| Project leader | Marjetka Hovnik Keršmanc |
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| Project | Drug prevention work in the municipality of Lilla Edet |
| Country | Sweden |
| Project leader | Eva-Lena Julin |
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Appendix 2 Sources of information

There are many interesting websites to visit when developing local alcohol policy. We chose to give a small selection.

Alcohol facts and figures

| | |
|---|---|
| ESPAD study | www.espad.org/ |
| The European Monitoring Centre for Drugs and Drug Addiction | www.emcdda.europa.eu/ |
| Global Health Observatory WHO | www.who.int/gho/en/ |
| Alcohol in Europe (EU report) | ec.europa.eu/health-eu |
| Marin institute (US) | http://www.marininstitute.org |

Policy information

| | |
|-------------------------------------|---|
| Nordic Studies on Alcohol and Drugs | nat.stakes.fi/EN |
| Marin institute (US) | http://www.marininstitute.org |
| Community prevention (US) | www.nhtsa.gov/ |

| | |
|-----------|--|
| Funding | |
| EAHC (EU) | ec.europa.eu/eahc/ |

Appendix 3 Building Capacity group

| | |
|---------------------|---|
| Joanne Winterbottom | Glasgow City Council |
| Wim van Dalen | Dutch institute for alcohol policy STAP |
| Marit Moll | Dutch institute for alcohol policy STAP |
| Joost Mulder | Dutch institute for alcohol policy STAP |
| Marion Rackard | Health Services Executive Ireland |
| Matthias Haug | Landkreis Karlsruhe |
| Eamon O'Kane | NWAF |
| Simon Dijkstra | SD consultancy |
| Ben Cornelis | SRE |
| Sven Andreasson | Swedish National Institute of Public Health |
| Lisen Aylwan | Swedish National Institute of Public Health |
| Åsa Domeij | Swedish National Institute of Public Health |



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