



Local and municipal alcohol policy by means of community based interventions

**A report of the Building Capacity Project
Work package 9**

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Dutch Institute for Alcohol Policy

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NB: Separate from this report the following two documents are part of the results of this package:

1. Literature report: "Effective municipal and community alcohol prevention strategies across the world"; STAP; 2008
2. Manual: "Creating local alcohol policy; how to develop a integrated local alcohol policy in Europe"; STAP; 2010

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Introduction

Being a part of the Building Capacity project the Dutch Institute for Alcohol Policy implemented work package 9.

The overall objective of this package was to support the development of local and municipal-based alcohol prevention policy.

Conforming the project goals the following three steps are undertaken:

1. Developing a theoretical framework

Starting point of exchanging knowledge about effective local alcohol prevention is the construction of a theoretical framework providing information about effective local alcohol prevention. Recent scientific studies make it possible to make a distinction between effective and ineffective interventions in the field of alcohol prevention.

Traditional prevention efforts have emphasized on programs such as public media campaigns and school education.

However, for the benefit of prevention efforts, alcohol prevention projects should be policy-based and focus on the combination of regulations, enforcement and public support.

In this report we present in chapter II a summary of the literature study about effective local alcohol prevention. Separately from this report the complete study is disseminated to the network of this work package.

2. The creation of a European Network of local alcohol policy projects

During two meetings and as a result of European wide inventarization the project created a network of professionals. The results is a description of good practices. Some of the experiences of these practices functioned as examples in the manual that finally was written on the basis of the presented theory and the practices. In chapter III the meetings and the network will be summarized.

3. Composing a European manual of local and municipal alcohol policy

Based on the theoretical framework and on examples of best practices within the European alcohol prevention field a manual is composed. The manual contains the theoretical fundamentals and the practical guidelines for the development and implementation of public awareness, regulation, enforcement, management and organization and research and evaluation.

I The theoretical framework for an effective local alcohol policy

As a result of this package a literature study has been implemented. The study is titled "Effective local and community alcohol prevention projects across the world". The study has been written by Denise van Poppel Msc. of the Dutch Institute for Alcohol Policy and is an integrated part of this package. The study has been disseminated to the network. A summary of this study is given by the following text:

Regional and local authorities in Europe are more and more faced with alcohol problems. These problems are related to different groups in society and to different settings and circumstances. One of the basic causal factors of alcohol related problems, experienced in almost every country, region and community is the growing availability of alcohol products within a community.

Drinking is not only a personal choice, but also a matter of customs and social behavior. Moreover, alcohol problems are not simply results of actions of definable high risk individuals; rather they are accumulative results of structures and interactions of complex, social, cultural and economic factors within the community system. In addition, a community can be viewed as a set or sets of persons engaged in shared socio-cultural-politico-economic processes, which interact to such an extent that prevention efforts, to be effective, must be directed towards system-wide structures and processes.

Traditional prevention efforts were mainly focused at educational programs, explaining the harmful effects of alcohol consumption. However, as the environment of the drinkers influences the alcohol consumption, the complete environment should be affected by the alcohol policy¹. By changing the community structures that provide the context in which alcohol consumption occurs, other ecological levels will be influenced automatically. And this is the only way in which long-term reduction of alcohol related problems can be accomplished.

According to Holder (1998), the community is a dynamic system. This community system can be divided into six interacting subsystems, which are natural groupings of factors and variables that research has shown to be important to an understanding of alcohol use and alcohol problems (see figure 1). Although this theory originates from a behavioral change theory, it will be used in accordance with policy development. In other words, the subsystems of this model present several reasons why people consume alcohol and cause alcohol related problems instead of presenting an overview of factors that can be influenced by municipal alcohol policy. Moreover, not all subsystems can be influenced by the municipal alcohol policy.

However, the basic principle behind this theory explains the necessity to develop an integral municipal alcohol policy, focusing at several subsystems simultaneously. The

¹ Holder, 1998

interventions within the subsystems are multiplied in their effectiveness when they are simultaneously and consistently coordinated at multiple levels in society².

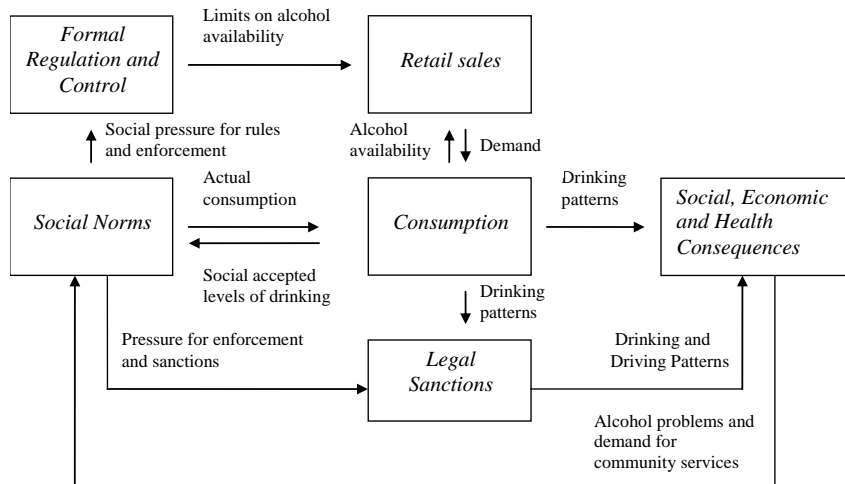


Figure 1 Conceptual model of alcohol use and alcohol problems (Holder, 1998)

Besides the effectiveness of interventions, several process-oriented principles of local or regional alcohol prevention projects have been subject of studies as well. In theory, municipal (or community) alcohol prevention projects can be described perfectly. However, the implementation of these often well considered projects is a completely other story. One essential component of developing a local, effective, long-term alcohol policy is community mobilization. Although definitions might be slightly different, the meaning is practically the same. According to Holder (2002), 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 a key strategy.

Developing and implementing an effective long-term alcohol policy within a community is neither simple nor obvious. It should be clear that, the contents and the process of the development and implementation of local alcohol policy are two other sides of the coin, which should be taken into account separately.

² Cagney & Palmer, 2007

II. The creation of a European Network and the selection of practices

In 2008 and 2009 two network meetings took place for professionals of local, municipal and regional prevention projects.

The first meeting took place in 2008 as a part of the Building Capacity Conference Building Capacity for Action In Barcelona (3-5 April 2008). See for the program of this meeting annex V.1.

The Building Capacity Conference in Barcelona served as a starting point of the development of an alcohol policy framework. As local alcohol prevention is closely related to regional alcohol prevention, the three workshops were organized in cooperation with the Assembly of European Regions (responsible for work package 8 "Supporting regional alcohol policy development").

Session 1: The theoretical basis for local and regional alcohol community prevention
Starting point of the development of a European manual is the description of an underlying theoretical foundation. Alongside this theoretical foundation, a literature review is presented, which describes the lessons learned from community alcohol prevention projects so far. Harold Holder (Senior Scientist of the Prevention Research Center, Pacific Institute for Research and Evaluation, United States) was willing to give a presentation about the link between science and practice in community prevention of alcohol problems. The process-oriented principles of an alcohol prevention project were clarified by Denise van Poppel (Project employee of the Dutch Institute for Alcohol Policy, the Netherlands)

Session 2: Good practices of local alcohol community prevention

The second workshop discussed four Good Practices of municipal alcohol prevention projects. In this manner, promising projects were presented to participating partners and the experiences and knowledge could be exchanged between parties. Joanne Winterbottom (Associate Consultant, Create Consultancy, Scotland) was willing to give a presentation about the development and implementation of Local Authority Alcohol Strategies in Scotland. The link with research was provided by Anders Romelsjö (professor of Alcohol and Drug Research at Centre of Social Alcohol and Drug research Stockholm University, Sweden) and he explained the evaluation of comprehensive local alcohol and drug prevention initiatives in Sweden. The mobilisation on action on Alcohol in rural Ireland was explained by Moira Mills (manager Drug and Alcohol Service Donegal, Ireland). And finally, Wim van Dalen (managing director Dutch Institute for Alcohol Policy) explained the developments of evidence based community work regarding alcohol prevention in the Netherlands.

Session 3: From new knowledge to action

The aim of the third workshop was to translate lessons learned at the conference into action.

The main goal was to continue networking with politicians, officers and other stakeholders working at regional and local level.

The second network meeting took place the 1th and 2th October 2009 in Amsterdam. This meeting was organized for a selected group of representatives of local prevention projects. The participants came from Germany, Ireland, Scotland, Sweden, the Netherlands and Wales. The central goal of this meeting was to discuss the content of the European manual for local alcohol policy and to discuss the details of the projects of the participants. The suggested content was presented as well as the principles of effective interventions in the different participating countries. Extra attention was given to the process of implementing effective local alcohol policy. As a part of the conference individual interviews were given by the members to STAP in order to discuss the details of their project experiences (see annex V.2).

During the project years interim results of the project were presented at two meetings:

- The Alcohol Policy Network meeting in Sweden; 10th-12th June 2009
- The AER Conference: What does alcohol do to your region's society and economy? Barcelona, 10th-12th May 2010

Selection of good practices

The creation of the network of local, municipal and regional alcohol policy projects resulted in an overview of projects. In order to select projects that contain or have the potential to become evidence based we used the following criteria:

The project is developed under the supervision of or in close partnership with municipal authorities

The project is focused at a comprehensive approach, making use of mutually reinforcing approaches and reaching several alcohol related goals (for example, improving enforcement of regulations, increasing compliance with age limits for sales, increasing public awareness of alcohol problems and probably focusing not only on primary prevention but also on reducing the harm done by binge drinking.

The project has input of community members (with or without contribution of professionals).

The project has been evaluated scientifically, in process terms and or in effects terms, in order to gain insights in the most effective instruments and effective implementation strategies.

The project team invited professionals from NGO's, researchers and representatives of governmental departments to deliver information about projects. On the basis of the 4 criteria the following 14 project were selected. Lessons learned from these projects are integrated in the manual. See for detailed description of the projects appendix V.3.

Selected projects:

1. Project 'Laat je niet flessen!';

Country The Netherlands; Project leader Maartje Stokkermans ;

Contact M.Stokkermans@milieudienst.sre.nl;

Website www.ljnf.nl

2. Project Wegschauen ist keine Lösung;

Country Germany; Project leader Matthias Haug;

Contact matthias.haug@t-online.de

3. Project Glasgow Joint Alcohol Policy Statement;

Country Scotland; Project leader Jo Winterbottom;

Contact jo.winterbottom@glasgow.gov.uk;

Website www.glasgow.gov.uk/alcohol

4. Project The North West Alcohol Forum Ltd;

Country Ireland; Project leader Moira Mills;

Contact info@nwaf.ie;

Website www.nwaf.ie;

5. Project Drug prevention work in the municipality of Lilla Edet; Country Sweden;

Project leader Eva-Lena Julin;

Contact eva-lena.julin@lillaedet.se

6. ECAT project Oostende; Country Belgium; Project leader Johan Rosiers; Contact

johan.rosiers@vad.be

7. Project ECAT project Slovenia; Country Slovenia; Project leader Marjetka Hovnik

Keršmanc; Contact Marjetka.kersmanc@zzv-kr.si

8. Project Route 50 Project; Country England;

Project leader Annette Fleming;

Contact headoffice@aquarius.org.uk

9. Project HaLT-project; Country Germany;

Project leader Heidi Kuttler;

Contact heidi.kuttler@villa-schoepflin.de

10. Project Regionsprosjektet i Os commune;

Country Norway; Project leader Reidar Dale;

Contact rtd@os-ho.kommune.no

11. Regionprosjektet; Country Norway;

Project leader Reidun Haugene;

Contact reidun.haugene@larvik.kommune.no

12. Project Irish Bishops Alcohol Initiative; Country Ireland; Project leader Mr John Taaffe National Coordinator;
Contact john.taaffe@iecon.ie;
Website www.catholicbishops.ie

Other selected projects for the manual:*

- Project West-Frisland ; Country The Netherlands ;
Project leader Simon Dijkstra;
Contact info@sdadvies.nl;
Website www.westfrisland.nl

- Project DRAIN; Country Romania;
Project leader Cristina Petcu;
Contact cpetcu2002@yahoo.co.uk

**These projects are not described in the appendix*

III. European manual of Local and Municipal Alcohol Policy

The ultimate results of this word package is the manual.

CREATING LOCAL ALCOHOL POLICY with the subtitle:
How to develop an integrated local alcohol policy in Europe?

This manual describes how local alcohol policy can reduce the prevalence and seriousness of alcohol-related harm. 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. Taking into account the cultural and societal differences between countries and regions the manual presents the common elements of effective alcohol policy that apply to every country. The manual could not be comprehensive and correct in all of the policy examples that are presented.

Neither the authors were not able to evaluate all alcohol projects in Europe, rank them on effectiveness and select the most promising ones. They worked with the existing networks in Europe and therefore not all projects are described and mentioned. have missed some relevant information.

The manual is a first step to discovering European examples of local alcohol policy that fit the general knowledge about effective alcohol policy. The Dutch Institute for Alcohol Policy hopes that the 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.

Topics that are discussed:

Chapter 1: Contextual information and data

1.1 The impact of alcohol on body and mind

1.2 Facts and figures about alcohol use

1.3 Facts and figures about alcohol related problems

1.4 Alcohol policy guideline of the European Commission

1.5 National and local alcohol policies

Chapter 2: Integral local alcohol policy

- 2.1 The foundation of an integrated local alcohol policy
- 2.2 Effective policy measures
- 2.3 The minimal package
- 2.4 Empowerment of local stakeholders and the community
- 2.5 Examples of alcohol prevention projects in Europe

Chapter 3: Creating an integrated local alcohol policy

- 3.1 Steps in the policy development process
- 3.2 Regulations
- 3.3 Enforcement
- 3.4 Public support
- 3.5 Evaluation

The manual is written by Joost Mulder, Wim van Dalen and Marit Moll of the Dutch Institute for Alcohol Policy.

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The following people contributed in different ways to the text of the manual:

Joanne Winterbottom, Glasgow City Council
Marion Rackard, Health Services Executive Ireland
Matthias Haug, Landkreis Karlsruhe
Eamon O’Kane, NAAF; Wales
Simon Dijkstra, SD consultancy; The Netherlands
Ben Cornelis, SRE Eindhoven, The Netherlands
Sven Andreasson, Swedish National Institute of Public Health
Lisen Aylwan, Swedish National Institute of Public Health
Åsa Domeij, Swedish National Institute of Public Health

IV Appendix

IV.1 Program for the first network meeting



**EUROPEAN ALCOHOL POLICY CONFERENCE
BUILDING CAPACITY FOR ACTION
Barcelona, 3RD-5TH April 2008**

**Parallel session:
ALCOHOL PREVENTION POLICY FOR REGIONS AND MUNICIPALITIES**

Building capacity for local and regional project partners

Invitation to join three parallel sessions

Friday 4th April 2008: 11.30-13.00

The theoretical basis for local and regional alcohol community prevention

Friday 4th April 2008: 16.30-18.00

Good practices of local alcohol community prevention

Saturday 5th April 2008: 9.00-10.30

From new knowledge to action

Introduction

Regional and local authorities in Europe are more and more faced with alcohol problems. These problems are related to different groups in society and to different settings and circumstances. One of the basic causal factors of alcohol related problems, experienced in almost every country, region and community is the growing availability of alcohol products, especially for new and young consumers. Municipalities and regions are often visibly confronted with short term and long term consequences of drinking on a very early age, binge drinking by adolescents and young adults and chronic excessive drinking by adults. Besides numerous less visible health consequences, these drinking patrons cause a heavy burden for the social society: traffic accidents, criminality, and violence in the public and private domain, loss of working hours and consequently many costs in economical terms.

Studies show that the main sub-goals of effective alcohol prevention policy in order to reduce alcohol related harm are the prevention of early onset drinking, preventing binge drinking and early intervention of individual alcohol related problems in medical, social and work settings.

The new challenge is to implement a comprehensive evidence based approach not only on European and national level but also on regional, municipal and local level.

The European project Building Capacity offers an unique opportunity to promote the implementation of effective alcohol prevention strategies for regions and municipalities. Many partners of the Building Capacity Project are involved in alcohol prevention projects and are eager to play a role in a process towards a cooperative development of effective interventions and implementations and are willing to deliver and share their experiences.

The Building Capacity Conference in Barcelona will serve as a starting point of the development of an alcohol policy framework. In line with this, three workshops will be organised.

Session 1: The theoretical basis for local and regional alcohol community prevention

Friday 4th April 2008: 11.30-13.00

Starting point of the development of this European comprehensive approach is the description of an underlying theoretical foundation. Alongside this theoretical foundation, a literature review will be presented, which describes the lessons learned from community alcohol prevention projects so far.

Chair: **Wim van Dalen** (Netherlands)

Rapporteur: **Anders Romelsjo** (Sweden)

Program

- "Community Prevention of Alcohol Problems: Science to Practice."
Harold Holder (United States of America)
- "Community prevention projects: what research learns about the process of implementation."
Denise van Poppel (Netherlands)

Session 2: Good practices of local alcohol community prevention

Friday 4th April 2008: 16.30-18.00

The second workshop will discuss four Good and Best Practices of municipal alcohol prevention projects. In this manner, suggestions of projects can be given to participating partners and the experiences and knowledge can be exchanged.

Chair: **Johan Damgaard Jensen** (Denmark)

Rapporteur: **Ourania Georgoutsakou** (Greece)

Program

- “Developing and Implementing Local Authority Alcohol Strategies: Sharing Experiences from Scotland” - **Joanne Winterbottom** (Scotland)
- “Evaluation of comprehensive local alcohol and drug prevention initiatives in Sweden to protect young people, with a focus on the districts in Stockholm - Is the decline in alcohol and drug use due to the prevention initiative?”
Anders Romelsjö (Sweden)
- "Straight talk" Community mobilisation on action on Alcohol in rural Ireland
Maira Mills (Ireland)
- “Alcohol Prevention in the Netherlands: the first steps to evidence based community work”. -
Wim van Dalen (Netherlands)

Session 3: From new knowledge to action

Saturday 5th April 2008:9.10.30

Where do we go from here? Putting 3-days of new knowledge into action.

The Barcelona conference is an opportunity to learn about the latest developments in alcohol policy: what seems to be working, what needs to be done? Before you travel home, join our session and see how you can put your knowledge into action.

Targeting politicians, officers and other stakeholders working at regional & local level, this session is an interactive workshop that will give participants time to reflect and react on what we have learned from this conference and these sessions in particular. It's an opportunity to network and plan our future work together!

How do we ensure that our prevention strategies are effective at the local and regional level? How can the local and regional level support each other?

Chair: **Ourania Georgoutsakou**, Assembly of European Regions (AER)

Rapporteur: **Denise G. H. van Poppel** (Netherlands)

Introduction: **Anders Romelsjö** (Sweden)

Session speakers:

Harold D. Holder, PhD, is a senior research scientist and former director of the Prevention Research Center in the United States. He works with the Department of Health Education in the School of Public Health, the University of California, Berkeley. He has explored two major alcohol research areas: the prevention of substance abuse, and the cost and benefits of alcoholism and drug abuse treatment.

Denise G. H. van Poppel is a project employee Local Alcohol Policy at the National Foundation for Alcohol Prevention (STAP) in the Netherlands.

Joanne Winterbottom has been working in the prevention and education field in Scotland since 1998. She has contributed to the development of an evidence based model for alcohol and drug prevention and education for NHS Greater Glasgow and Clyde. With a wealth of experience as a researcher and trainer, Joanne is currently working as an Associate Consultant with Create Consultancy.

Anders Romelsjö is a professor of alcohol and drug research at Centre of Social alcohol and drug research (SoRAD), Stockholm University and affiliated professor at the Department of Public Health Sciences, Karolinska Institutet in Sweden.

Moira Mills is the director of the North West Alcohol forum Ltd a government approved NGO established in 2007 to reduce alcohol related harms in the NW (Ireland). She is also manager of the Drug and alcohol services HSE West County Donegal Ireland. She is a founding member of the newly established cross border North West Regional Alcohol partnership the first of its kind in Ireland. Moira has written materials on smoking cessation, alcohol and drugs and has developed Substance misuse workplace employee assistance programmes. Recently she was responsible for the publication of a national booklet "Straight Talk" A guide for parents on teenage drinking. The work of the North West Alcohol Forum is cited in the Irish Government Report of the Strategic Task Force on alcohol (2006) Ireland and the Special Initiative on Alcohol – Sustaining progress (Irish Gov 2006).

Wim van Dalen, sociologist, has an experience of over 30 years in the Dutch and European alcohol policy field. For six years he was the national coordinator of the alcohol campaigns of the Dutch Ministry of Health and has been the director of STAP, the National Foundation for Alcohol Prevention for the past six years.

IV.2 Description of 12 good practices

| | |
|--|---|
| Details project 1 | |
| Name project | 'Laat je niet flessen!' |
| Name project leader | Ben Cornelis |
| Email address project leader | b.cornelis@sre.nl |
| International phone number project leader | 0031-402594591 |
| Start and (foreseen) end date of project | 01-09-2006 - 31-12-2009 to be continued for 4 more years 2010-2013 |
| Phase of project | Evaluation and development new project |
| Budget of the project (in Euros) | Per year € 190.000 |
| | Total project € 760.000 |
| Financing source for the project | Municipalities: € 520.000 Provincial government: € 240.000 |
| Executing organization | Eindhoven Regional Government (Samenwerkingsverband Regio Eindhoven) |
| Partner organizations | 21 municipalities, GGD, Novadic-Kentron, K2, Trimbos-Instituut, STAP, VWA, Politie, Openbaar Ministerie, Bureau Halt, jongerenopbouwwerk |
| Role of the municipality in the project | Financing, advising, actively supporting, coordinating body on local scale |
| Is the project solely focused on alcohol problems? | Yes |
| | |
| Project goals and activities | |
| Main goal of the project | Avoid drinking under 16 Avoid drunk adolescents in the public area |
| Sub goals of the project | public, political and social commitment on the goals for at least 65% the average starting age will rise significantly (2006: 12,2 years) compliance non-commercial locations 75% compliance commercial locations 50% more regional interaction in regulation and enforcement declining rate of alcohol related injuries |
| Main activities of the project | About 40 activities on: education, information and media advocacy formal regulation and control law enforcement |
| Main target group(s) of the project | The environment of adolescents: parents/raisers providers of alcohol schools |

| | |
|---|--|
| Has research been done to show alcohol related problems, effects and/or process of project? | Yes, process evaluation, compliance investigation, commitment investigation, alcohol related injuries |
| Efforts to sustain the results of the project | Continuation of the project for 4 more years 2010-2013, focus on the targets and structural planning of activities, personnel and means for a longer period of time. |
| | |
| Elements of effective integral alcohol policy | |
| Early detection actions | We use the chain approach for example when adolescents get intoxicated or commit violence or crimes, but early detection actions are not really a field of interest. |
| Improvements of municipal or local policy regulations (i.e. within or in addition to the national policy regulations) | Yes, this is one of the core fields of interest and has lead to several actions on a regional, local and national level. |
| Enforcement actions of regulations (i.e. compliance with age limits for sale of alcohol, public drunkenness or drunk driving) | Yes, this is also one of the core fields of interest and is a monthly base for enforcement actions |
| Public and political support actions (i.e. involving parents or creating support for the underlying norms and message and for the actions of the project) | Yes, this is also one of the core fields of interest to support commitment for the other actions. |
| Media advocacy actions (i.e. enforcement communication in the local news) | Yes, we plan media attention very carefully en use it to enlarge the effect of our actions. |
| | |
| Elements of a community project | |
| Formulate an action plan with SMART project goals and targets | Yes/No, please specify |
| Find people and local organizations that want to be involved in the prevention of alcohol related problems and commit them to the project in a workgroup (professionals and organisations) or support them in their personal initiatives (citizens or individuals). | Yes/No, please specify |
| Collect information and examples of effective strategies/policies. | Yes/No, please specify |
| Define the local problems by | Yes/No, please specify |

| | |
|---|------------------------|
| quantifying them and mirroring these against the opinions and experiences of local stakeholders and the public. | |
| Get politicians and the major to support the project and to vocalize this support regularly. | Yes/No, please specify |
| Appoint one person or organization as a project coordinator and/or spokesperson. | Yes/No, please specify |
| Create a workgroup of local stakeholders, specify goals and activities and evaluate regularly. | Yes/No, please specify |
| Communicate good results and positive change to the community. | Yes/No, please specify |
| | |
| National and local alcohol policy | |
| Possibilities to develop a local marketing policy (i.e. Happy Hours and billboard advertisements) on the local level. | |
| Possibilities to raise the age limit for buying alcohol on the local level. | |
| Possibilities to regulate the number of alcohol outlets on the local level. | |
| Possibilities to regulate the opening hours of alcohol sales points on the local level. | |
| Possibilities to regulate the price of alcohol on the local level. | |

| | |
|---|---|
| Details Project 2 | |
| Name project | Wegschauen ist keine Lösung - looking away is no solution |
| Name project leader | Matthias Haug |
| Email address project leader | matthias.haug@t-online.de |
| International phone number project leader | 49721 936 7716 |
| Start and (foreseen) end date of project | 2000 – open end |
| Phase of project | Implementation |

| | |
|---|---|
| Budget of the project (in Euros) | Per year: about € 20.000 |
| | Total project |
| Financing source for the project | Municipality |
| Executing organization | municipality and NGOs |
| Partner organizations | All stakeholders as organised in the local agenda (city council, police, schools, emergency services, counselling centers, NGOs etc) |
| Role of the municipality in the project | Financing body / Coordinating body |
| Is the project solely focused on alcohol problems? | No, the project is focused on alcohol but it will address other substance abuse as it will reduce substance abuse in general also youth protection. |
| | |
| Project goals and activities | |
| Main goal of the project | Reduce teenage alcohol abuse, binge drinking and drug consumption in southern Germany (Landkreis Karlsruhe, administrative district of 220.000 Inhabitants in Baden-Württemberg) |
| Sub goals of the project | Targets of the program are: <ul style="list-style-type: none"> - developing a culture of youth protection - reducing teenage alcohol abuse and binge drinking - reducing teenage drug consumption - reducing availability of alcohol for teenagers - reducing teenage vandalism - enforcing youth protection laws |
| Main activities of the project | <ul style="list-style-type: none"> - educational programmes for parents - prevention programmes for schools - certification for sports clubs and other societies following rules for alcohol control as a precondition for public benefits - consented rules concerning alcohol consumption at public events in which teenagers are involved - task force for youth protection visible at public events and enforcing youth protection laws - establishing an ombudsman in all communities responsible for the local communication between all involved groups. |
| Main target group(s) of the project | In a systematic, multilevel approach all groups and persons responsible for the education and protection of children were included: parents, teachers, community services, shop owners and staff, police and emergency services, sports clubs and other societies with teenage members. |
| Has research been done to show alcohol related problems, effects and/or process of project? | In a recent survey the district had the lowest rate of teenagers being admitted to hospitals for alcohol intoxication in Baden-Wuerttemberg. |
| Efforts to sustain the results of the project | By setting up institutions and persons responsible (e.g. task force for youth protection, Ombudsmen) and continued publicity the project is continued |
| Elements of effective integral alcohol policy | |
| Early detection actions | Monitoring of indicators, e.g number of children hospitalized for |

| | |
|---|--|
| | <p>alcohol intoxication</p> <p>Feedback from city administrations, counselling centres, police, rescue organisations, schools, parents' organisations</p> <p>Systematic survey with questionnaire for local stakeholders</p> |
| Improvements of municipal or local policy regulations (i.e. within or in addition to the national policy regulations) | <p>Focussing public attention on the protection of young people</p> <p>Local agendas for every community based on the results of the survey</p> <p>Printed guidelines for communal administrations</p> |
| Enforcement actions of regulations (i.e. compliance with age limits for sale of alcohol, public drunkenness or drunk driving) | <p>Distributing information on existing laws for youth protection</p> <p>Enforcing existing laws for youth protection</p> <p>Certification of sports clubs regarding their commitment on youth protection as a precondition for public benefits ("7 of 14")</p> <p>Setting up a task force for youth protection ("JUST") which is present at larger public events and enforces youth protection laws</p> |
| Public and political support actions (i.e. involving parents or creating support for the underlying norms and message and for the actions of the project) | <p>Educational programs for parents</p> <p>Prevention programmes for schools</p> <p>Installing parents' action committees</p> <p>Addressing young people with publicity and giveaways</p> |
| Media advocacy actions (i.e. enforcement communication in the local news) | <p>Media campaign in local newspapers</p> <p>Stickers on over 180 official vehicles and on public transport</p> |
| | |
| Elements of a community project | |
| Formulate an action plan with SMART project goals and targets | <p>Programme targets:</p> <ul style="list-style-type: none"> ➤ developing a culture of youth protection ➤ enforcing existing youth protection laws ➤ reducing availability of alcohol for teenagers ➤ reducing teenage alcohol abuse and binge drinking ➤ reducing teenage drug consumption ➤ reducing teenage vandalism <p>It is difficult to find appropriate operating figures for these goals. One is the number of children admitted for binge drinking in hospitals in the area compared to the rest of the country.</p> |
| Find people and local organizations that want to be involved in the prevention of alcohol related problems and commit them to the project in a workgroup (professionals and organisations) or support them in their personal initiatives (citizens or individuals). | <ul style="list-style-type: none"> • Survey of important stakeholders on the crucial alcohol-related problems in their community (city / town / village) • Evaluation of results |
| Collect information and examples of effective strategies/policies. | Information and examples of effective strategies in different areas have been collected prior to the development of our project |

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| | through literature review and invited lecturers from other projects. |
| Define the local problems by quantifying them and mirroring these against the opinions and experiences of local stakeholders and the public. | see above: <ul style="list-style-type: none"> • survey of key persons about the crucial alcohol-related problems in their community • Developing individual agendas for (30) cities and villages in the district |
| Get politicians and the major to support the project and to vocalize this support regularly. | As our project has been initiated by the area's governing body the politicians and the communal administration have been included from the start |
| Appoint one person or organization as a project coordinator and/or spokesperson. | The project has been organised by the district's coordinator for addiction problems and the (NGO) counselling centres |
| Create a workgroup of local stakeholders, specify goals and activities and evaluate regularly. | In all the cities and several villages "round tables" are established. Ombudsmen have been appointed |
| Communicate good results and positive change to the community. | positive effects are communicated in reports to the responsible politicians and administrators and in the local newspapers to the public |
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| National and local alcohol policy | |
| Possibilities to develop a local marketing policy (i.e. Happy Hours and billboard advertisements) on the local level. | national laws are enforced in the area, e.g. the cheapest drink offered in pubs must be non-alcoholic |
| Possibilities to raise the age limit for buying alcohol on the local level. | Laws concerning youth protection are national laws. The task for local governing bodies is to enforce them, not to make them. If existing laws are followed throughout, average age for buying and drinking alcohol will be raised. |
| Possibilities to regulate the number of alcohol outlets on the local level. | Attempts of some German cities (e.g. Freiburg) to prohibit public alcohol consumption have been barred by courts. Reducing alcohol outlets on the local level is legally not possible. |
| Possibilities to regulate the opening hours of alcohol sales points on the local level. | There is a high level movement to prohibit late night sale of alcohol in the county (Baden-Wuerttemberg) which meets many legal and political obstacles as such a law will limit the freedom of trade. |
| Possibilities to regulate the price of alcohol on the local level. | Not possible on local level |

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| Details Project 3 | |
| Name project | Glasgow City Joint Alcohol Policy Statement – Implementation Plan |
| Name project leader | Jo Winterbottom |
| Email address project leader | jo.winterbottom@glasgow.gov.uk |
| International phone number project leader | +44 141 287 5914 |
| Start and (foreseen) end date of project | Policy Statement launched October 2007. No set end date for project. |
| Phase of project | Implementation |
| Budget of the project (in Euros) | Per year- The city has one half time post for a policy officer dedicated to the project – that is 17,5 hours per week costing approximately £20,000 (21.500 euro's) in total per year. The partner organizations allocate money from their regular budget to the project as well. There is no money available for operational costs. |
| | Total project - no separate budget allocated to project |
| Financing source for the project | From existing staff time in partner organisations |
| Executing organization | Glasgow City Council |
| Partner organizations | NHS Greater Glasgow and Clyde, Strathclyde Police, Glasgow Community and Safety Services, Culture and Sport Glasgow |
| Role of the municipality in the project | Financing body / Advising / Actively supporting / Coordinating body (mainly) |
| Is the project solely focused on alcohol problems? | Yes |
| Project goals and activities | |
| Main goal of the project | Partnership commitment to working together to set and deliver challenging local actions to reduce ill health and alcohol related harm. |
| Sub goals of the project | Five key priorities: 1. Reducing alcohol related death and hospital admissions through the continuous improvement of alcohol services 2. Reducing alcohol consumption levels in the whole population and specific target groups who binge or drink harmfully 3. Reducing alcohol crime, violence and disorder 4. Reducing harm to children affected by alcohol problems in the family 5. Promoting responsible alcohol consumption among our own employees and raising awareness of alcohol related harm in our role as an employer, as partner with a wide range of organisations and as procurer of services. |
| Main activities of the project | Development of an implementation plan and six-monthly monitoring to track and report on actions in policy statement (complete) Development of Glasgow Alcohol Outcomes Framework (based on evidence of what works) linking Glasgow City Joint Alcohol Policy Statement actions and the principles of the NHS Greater Glasgow and Clyde Alcohol and Drug Prevention and Education |

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| | <p>Model to the Glasgow City Single Outcome Agreement through national Health Improvement Performance Management Framework, using logic modelling approach (in progress)</p> <p>Development and tracking of a suite of outcome indicators (in progress)</p> <p>Stakeholder involvement in review of Implementation Plan to update and identify and fill gaps (scheduled for 20th May 2009)</p> |
| Main target group(s) of the project | <p>Whole population approach but specific targets include workforce of partner organisations, children affected by alcohol problems in the family and other groups who are identified as drinking to harmful levels.</p> |
| Has research been done to show alcohol related problems, effects and/or process of project? | <p>Yes</p> <p>Identifying problems:</p> <ul style="list-style-type: none"> ➤ Ripple Effect provides community view on impact of alcohol on local communities: see link http://www.glasgow.gov.uk/en/Residents/YourCommunity/AlcoholandDrugsWeek/ ➤ Public perceptions gathered through Glasgow City Council Household Survey and Glasgow Community Planning Partnership Resident's Survey ➤ Investigation into alcohol outlet density and measurement of overprovision – currently underway ➤ Work underway to refine the prevalence estimate of children affected by alcohol problems in the family <p>Evaluations:</p> <ul style="list-style-type: none"> ➤ Community Prevention Trial http://www.aerc.org.uk/documents/pdfs/finalReports/AERC_FinalReport_0039.pdf ➤ Evaluations of other individual actions within the plan have also been carried out or are underway. E.g. ➤ Play Safe Campaign (three evaluation reports - one for each year of campaign) ➤ Alcohol & Crime Education evaluation ➤ Secondary schools alcohol and drug education curriculum review ➤ Bus Marshalls ➤ Nite Zone (transport initiative) ➤ Staff Health Action Plan <p>The National Standards for Community Engagement are being used as benchmark for the process, both in terms of stakeholder and community involvement and process evaluation of this will be completed later this year.</p> |
| Efforts to sustain the results of the project | <p>In October 2009, new Alcohol and Drugs Partnerships will be set up in each local authority area in Scotland. These will be embedded within the wider arrangements for Community Planning and will produce a local alcohol and drugs strategy. The project has taken account of the new structures and is aligned to guidance development of a local outcomes framework and therefore will easily fit into these new arrangements when they come into place. The new arrangements will enable a wider range of partners to contribute</p> |

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| | to the work. |
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| Elements of effective integral alcohol policy | |
| Early detection actions | <p>Early detection actions are a significant element of local off-sales programmes based on Holder model intended to improve local intelligence about agent & underage sales and improve local intelligence about problem areas/ times (hotspots)</p> <p>The actions include:</p> <ul style="list-style-type: none"> • Radio links in shops • Support staff, LSO & Licensing Police visits • Test Purchasing • Refusals Books • Increased patrols of uniformed officers (SP & GCSS) • Coordinated use of static and mobile CCTV • Community engagement (through Ripple Effect & local structures) |
| Improvements of municipal or local policy regulations (i.e. within or in addition to the national policy regulations) | <p>The main improvement of the Glasgow approach has been the strong partnership developed at a citywide level between Glasgow City Council, NHS Greater Glasgow and Clyde and Strathclyde police. This predated the requirements to have a local Alcohol and Drugs Partnership and has provided a strong base from which to move forward.</p> |
| Enforcement actions of regulations (i.e. compliance with age limits for sale of alcohol, public drunkenness or drunk driving) | <p>Enforcement programmes are intelligence led. Routine data has been collated and this will continue (the Licensing (Scotland) Act 2005 came into force on 1st September 2009). Offences under the Licensing (Scotland) Act 2005 are as follows:</p> <p>Offences relating to children and young people</p> <ul style="list-style-type: none"> • 102 Sale of alcohol to a child or young person • 103 Allowing the sale of alcohol to a child or young person • 104 Sale of liqueur confectionery to a child • 105 Purchase of alcohol by or for a child or young person • 106 Consumption of alcohol by a child or young person • 107 Unsupervised sale of alcohol by a child or young person • 108 Delivery of alcohol by or to a child or young person • 109 Sending a child or young person to obtain alcohol • 110 Duty to display notice <p>Drunkenness and disorderly conduct</p> <ul style="list-style-type: none"> • 111 Drunk persons entering or in premises on which alcohol is sold • 112 Obtaining of alcohol by or for a drunk person • 113 Sale of alcohol to a drunk person • 114 Premises manager, staff etc. not to be drunk • 115 Disorderly conduct • 116 Refusal to leave premises <p>Other relevant offences include:</p> <ul style="list-style-type: none"> • Section 50 (1) of the Civic Government (Scotland) Act 1982 (c. 45) Being drunk and incapable in a public place • Sections 201 and 203 of the Local Government (Scotland) Act 1973 (c. 65) Consuming alcoholic liquor in a public |

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| | <p>place</p> <p>In addition, under Section 4 of the 1988 Road Traffic Act and Section 1 of the 1991 Road Traffic Act, it is an offence to use or be in charge of a mechanically propelled vehicle on a road or public place whilst under the influence of drink or drugs.</p> |
| Public and political support actions (i.e. involving parents or creating support for the underlying norms and message and for the actions of the project) | This work is coordinated through the Communities Sub Group (see #25). The social norms and message elements are areas for development. Likewise, increasing visible political support is an area for development (see #28) |
| Media advocacy actions (i.e. enforcement communication in the local news) | Attempts have been made to foster relations with local media with a degree of success to date, mainly through the work of the City Centre Alcohol Action Group, a sub-group of the Addictions Planning and Implementation Group. Effective use of the media is an area for further development. |
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| Elements of a community project | |
| Formulate an action plan with SMART project goals and targets | <p>Yes, please specify</p> <p>All pieces of work contained within the Glasgow Joint Alcohol Policy Statement have a SMART action plan for their annual programme of work. The Glasgow Joint Alcohol Policy Statement itself has clear timescales and identified responsibilities. All community engagement will be planned in line with the National Standards for Community Engagement.</p> |
| Find people and local organizations that want to be involved in the prevention of alcohol related problems and commit them to the project in a workgroup (professionals and organisations) or support them in their personal initiatives (citizens or individuals). | <p>Yes, please specify</p> <p>In Glasgow this work is largely carried out by the Communities Sub Group. This is a sub group of the Addictions Planning and Implementation Group (soon to be the Alcohol and Drugs Partnership). The remit of the Communities Sub- Group is to encourage and support local communities and service providers to jointly develop and implement programmes and activities that will reduce drug and alcohol use. The group aims to do this through working at a local level with community organisations to:</p> <ul style="list-style-type: none"> • Identify existing local community structures that enable and encourage community participation; • Identify existing local services for tackling drug and alcohol use in local communities; • Consult with communities and local services about the development of new services and / or community structures; • Work with other partners to influence their processes of involving communities (including the promotion of standards of community engagement); and • Identify new funding requirements and potential funding sources. |
| Collect information and examples of effective strategies/policies. | <p>Yes please specify</p> <p>A literature search was carried out as part of the development of the NHS Greater Glasgow and Clyde Alcohol and Drug</p> |

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| | Prevention and Education Model. In addition, Health Scotland carried out a full review of the literature on behalf of the Scottish Government to inform the publication of "Changing Scotland's Relationship with Alcohol: A Framework for Action". |
| Define the local problems by quantifying them and mirroring these against the opinions and experiences of local stakeholders and the public. | Yes, please specify Opinions of local people have been sought through a comprehensive piece of peer research reported in "The Ripple Effect: Alcohol and Communities Survey". The findings are backed up by findings from Culture and Sport Glasgow's Glasgow Young Scot Card/Kidz Card Alcohol Consultation, the Glasgow Health Commission and the community engagement process of the Health Impact Assessment of the 2014 Commonwealth Games. |
| Get politicians and the mayor to support the project and to vocalize this support regularly. | Yes/ please specify The Deputy Leader of the Council has been identified as the champion for this work. Regular briefings are held by officers through a Member Officer Working Group. There has not been a strategic approach to ensure that this support is vocalised regularly through the media. |
| Appoint one person or organization as a project coordinator and/or spokesperson. | Yes/ please specify Coordination of the Glasgow Joint Alcohol Policy Statement has been carried out through the Health Team in Corporate Policy Section of Glasgow City Council. This team reports directly to the Director of Public Health, who has been a key spokesperson for the work. |
| Create a workgroup of local stakeholders, specify goals and activities and evaluate regularly. | Yes/ please specify Due to the size of Glasgow (approx 582,000 people estimated 2007), there are a number of structures and workgroups that specify goals and activities and evaluate the work. Much of the evaluation work is commissioned externally. The work is currently guided and supported by the following: <ul style="list-style-type: none"> • Member Officer Working Group on Alcohol and Drugs (chaired by the Deputy Leader of the Council) • Joint Health Improvement Officer Group (chaired by the Director of Public Health) • Addictions Planning and Implementation Group (chaired by the Executive Director of Social Care Services, soon to become the Alcohol and Drugs Partnership) and its sub-groups <ul style="list-style-type: none"> ○ Communities Sub-Group ○ City Centre Alcohol Action Group ○ Training and Employment Sub-Group ○ Community Planning Sub-Group In addition, there are structures within each local Community Health and Care Partnership (CHCP) progressing the work. There are 5 of these within the city and their approximate populations are estimated as follows: <ul style="list-style-type: none"> • West Glasgow CHCP (Including the city centre) - 140,000 people • North Glasgow CHCP – 100,000 people • East Glasgow CHCP – 124,000 people |

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| | <ul style="list-style-type: none"> • South East Glasgow CHCP – 101,000 people • South West Glasgow CHCP – 117,000 people |
| Communicate good results and positive change to the community. | <p>Yes/ please specify</p> <p>This is an area for development for the Glasgow approach. Communications with the public has proved one of the most challenging areas of work.</p> |
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| National and local alcohol policy | |
| Possibilities to develop a local marketing policy (i.e. Happy Hours and billboard advertisements) on the local level. | <p>Irresponsible drinks promotions are covered under the mandatory conditions of licenses detailed in Schedule 3 of Licensing (Scotland) Act 2005. Not all of the mandatory premises licence conditions relating to irresponsible promotions are applied to alcohol sold for consumption off the premises. The Glasgow Licensing Board recognises that a large part of the “binge drinking” culture relates to alcohol consumed outwith licensed premises and is acutely aware of the culture in Glasgow to “pre-load” with low price alcohol at home before going out for the evening. The Board have concerns that pricing policies adopted by some licence holders operating off sale facilities go some way towards fuelling the seemingly endemic problem of binge drinking. The Licensing Board stance is that, although it has often been urged to address the low pricing of alcohol sold for both on and off consumption, it has not yet been provided with the necessary powers to do so under either the 1976 Act or the new 2005 Act. Despite the lack of powers to take affirmative action to address these problems, the Licensing Board will continue to influence this issue as part of its overall commitment to improving standards via the licensing process. As such, the Licensing Board will continue to advocate a system of self-regulation by all licence holders where restrictions have not been imposed under the Act.</p> <p>The Scottish Government have made a commitment in the national policy document, “Changing Scotland’s Relationship with Alcohol: A Framework for Action”, to bring forward regulations that will:</p> <ul style="list-style-type: none"> • Restrict the display of any marketing material, or other material or activity relating to alcohol, in off-sales premises to one of the two alcohol display areas permitted by paragraph 13 of Schedule 3 of the 2005 Act (inserted by section 3 of the Licensing (Mandatory Conditions No. 2) (Scotland) Regulations 2007). • Ban any marketing material in any licensed premises that refers to any price other than the price at which the product is currently being sold (per bottle, pack, or measure and/or the price per 100ml or litre) or that makes any reference to sale at a reduced price (for example, “Was £5.99, now £2.99”.) |
| Possibilities to raise the age limit for buying alcohol on the local | The Scottish Government have made a commitment in the national policy document, “Changing Scotland’s Relationship |

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| level. (POSSIBILITY EXISTS FOR OFFSALES ONLY) | with Alcohol: A Framework for Action”, to legislate to: <ul style="list-style-type: none"> • place a duty on local Licensing Boards to consider raising the minimum age for offsales purchases within their area, or part of their area, to 21 when they are reviewing their licensing policy statements. • enable local Licensing Boards to apply such a condition without requiring a hearing in respect of every premise concerned. • give the Chief Constable or the local Licensing Forum powers to request that their local Licensing Board consider the matter of an age restriction at any time. <p>To date, there has been no statement as to how Glasgow might wish to proceed in relation to this.</p> |
| Possibilities to regulate the number of alcohol outlets on the local level. | Under the Licensing (Scotland) Act 2005, a Board’s Licensing Policy Statement must include a statement as to the extent to which the Board considers there to be overprovision of licensed premises or licensed premises of a particular description in any locality within the Board’s area. This statement is now due. A piece of work is underway as one of the actions in the Glasgow Joint Alcohol Policy Statement. This involves analysing data from all the licensing boards in the NHS Greater Glasgow and Clyde area in conjunction with data on alcohol related crimes and health indicators. It is anticipated that this will enable the production of guidance on the relationship between premises and crimes by the end of the 2009. |
| Possibilities to regulate the opening hours of alcohol sales points on the local level. | The City of Glasgow Licensing Board has a clear policy on licensed hours. It would be possible for the Licensing Forum to request a change to this policy but this would not necessarily be taken on board. |
| Possibilities to regulate the price of alcohol on the local level. | Possibilities do not exist at a local level. However, the Scottish Government is considering the potential for introducing minimum pricing. An announcement is expected in October 2009. |

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| Details Project 4 | |
| Name project | The North West Alcohol Forum Ltd |
| Name project leader | Moira Mills |
| Email address project leader | info@nwaf.ie, Moira.mills@hse.ie, |
| International phone number project leader | 00353 + 7491 04447/8/9 |
| Start and (foreseen) end date of project | March 2007 – No foreseen end date |
| Phase of project | Implementation |
| Budget of the project (in Euros) | Per year €100,000 |
| | Total project |
| Financing source for the project | Department of Health and Children. One-off funding Department of Rural & Gaeltacht Affairs (Government) |
| Executing organization | The North West Alcohol Forum (NWAF Ltd.) is a not-for-profit |

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| | company based in the North West of Ireland, which is actively working to reduce harmful drinking. It has representatives from organisations and individuals involved in community, education, health and justice, commercial interests and sports and leisure. |
| Partner organizations | Moville Alcohol Project, Inishowen Development Project, Pobail Le Cheile Alcohol Project, Derry Civic Alcohol Forum , Northern Ireland, Cooperation and Working Together (CAWT) NI |
| Role of the municipality in the project | Actively supporting |
| Is the project solely focused on alcohol problems? | Yes. The aim of NWAF Ltd is to reduce harmful drinking and it's related risk behaviours and consequences by working in partnership with the community, education, health and justice sectors through awareness raising, training, education and evaluation. |
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| Project goals and activities | |
| Main goal of the project | To reduce harmful drinking in the North West of Ireland. This is also about tackling alcohol-related problems such as crime, anti-social behaviour, injury, trauma, and absenteeism, risk behaviours and the consequences of harmful drinking. To be more efficient and in the spirit of synergistic planning on substances we also include within elements of our training and education initiatives transferable skills across the spectrum of addiction. |
| Sub goals of the project | To increase awareness on the effectiveness of community mobilisation on tackling alcohol related harm, Increase the knowledge and skills base of our communities on contemporary alcohol issues |
| Main activities of the project | Education, Awareness raising and advocacy for policy implementation: <ul style="list-style-type: none"> ➤ Lobbying – local and national government ➤ Skill based training – NWAF Ltd Training & Education Plan 2008-2011- contains 7 levels of training. Please let me know if you would like a copy. ➤ Community awareness education and prevention, materials development, ➤ Academic programme development – Co funded a Certificate in Addiction Studies. Key Partner in a Diploma Drug & Alcohol Studies ➤ Academic programme funding – drew down funding to support the library and bursary facilities for the Diploma in Drug & Alcohol Studies ➤ Small Grant support to micro community alcohol projects, ➤ Membership of key local and national committees on alcohol or that have alcohol, related issues within their terms of reference |
| Main target group(s) of the project | Population wide |
| Has research been done to show alcohol related problems, effects and/or process of project? | Portrait of our Drinking (2004) The Burden of cost Alcohol Imposes on two Acute hospitals cross border (2008), Rural Youth Lifestyles ,Alcohol, Tobacco and Drugs (2008) |
| Efforts to sustain the results of the | Sustained government funding grant. Government funding is |

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| project | devolved through our Health Services and the amount is small in the context of the actual burden of cost alcohol imposes on our communities. That said we have a grant agreement on an annual basis. Our action plan is over 5 years .We also successfully bid for time bound funding that will cease in 2010. We assertively seek funding else where and are currently partners in a cross border European funded alcohol project 2009-2011. |
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| Details Project 5 | |
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| Name project | Drug prevention work in the municipality of Lilla Edet |
| Name project leader | Eva-Lena Julin |
| Email address project leader | eva-lena.julin@lillaedet.se |
| International phone number project leader | 00460520659511 |
| Start and (foreseen) end date of project | 05/01/01-07/12/31 |
| Phase of project | <p>We are in the project phase where we are both implementing projects and evaluating a few of these projects. The drug preventive work started as a project in January 2005. Since then a lot of activities started in different areas. Now we have implemented methods and drug preventive work in different areas.</p> <p>The intention of the project is that the structure of the drug prevention work and the action plan are reflected in each council or committee's goal, resources and budget. A re-occurring part of the process is evaluation and follow-up. The Health Board is responsible for this yearly event. These re-occurring evaluations are aimed at development and improvement.</p> <p>To be able to work across municipality borders and efficiently in general, it is important that the project is anchored on all levels. The political level is important in order for drug prevention to be prioritised. The different heads of administrations can assign heads of departments who in turn are able to provide space and involve their co-workers. In the municipality of Lilla Edet there is strong support for the drug prevention work. We have had a well developed network for several years with schools, social services, police and leisure activity personnel. A work group has been in place since 1991, with representatives from the Primary Healthcare, the police, social services and department of education who meet regularly with the drug preventor and the public health coordinator. There is a well established contact network in the region and a well functioning collaboration between the public health coordinator and the drug preventor. Collaboration over the municipality borders can increase the range and increase the quality of drug prevention.</p> |

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| Budget of the project (in Euros) | Per year 1,5 million SKR (130.00 euro) |
| | Total project 4,5 million SKR (400.000 euro) |
| Financing source for the project | The municipality of Lilla Edet, County administration, Healthcare Council of Trestad and The Public Health Committee |
| Executing organization | Health board (in collaboration with our administrations) |
| Partner organizations | County administration, Healthcare Council of Trestad and The Public Health Committee, Education administration, Recreation administration, Social services administration, Anti-drug Group, Voluntary organisations, Tobacco preventative centre west (TPCV), Hälsokällan health centre, et cetera. |
| Role of the municipality in the project | Financing body, Advising, Actively supporting, Coordinating body |
| Is the project solely focused on alcohol problems? | No, The drug prevention work in the municipality of Lilla Edet includes even tobacco, narcotics and doping. (The project is focusing on risk behaviour in all groups). |
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| Project goals and activities | |
| Main goal of the project | The preventative work needs a firm and long-term structure, anchored in knowledge about efficient methods. A municipal Action plan, with a collected strategy to handle drug related issues is an important tool. On a local level collaboration between different authorities and organisations is necessary, with the point of departure that it is everybody's responsibility. The goal is reached by efforts directed at decreasing the total alcohol consumption and at harmful drinking behaviour. Regard shall be directed towards variations in social-economic factors and needs between girls and women, boys and men. Among the most important interim goals are the facts that no alcohol consumption should occur during childhood, in connection with traffic, in work life or during pregnancy. It is also important to postpone the alcohol debut, develop more alcohol free environments and fight the illegal sale of alcohol. The overall goal for drug policy is a drugs free society. Within the field of tobacco the goal is decreased tobacco usage, a tobacco free up-bringing, and that no-one is involuntarily exposed to smoke in their environment. The goal with regards to doping is a society free from doping. |
| Sub goals of the project | <ul style="list-style-type: none"> ▪ Social, psychological and physical damages from tobacco, alcohol, or narcotics should decrease. ▪ Children and youths' tobacco and alcohol debut will be postponed. ▪ Decrease the usage of alcohol, drugs and tobacco among children and youth in the municipality of Lilla Edet. ▪ Pupils in the municipality of Lilla Edet will be strengthened in their attitudes against alcohol, narcotics and tobacco. ▪ Strengthening parents in their parenting role and conduct. ▪ Children and youths will be offered opportunities for a meaningful leisure time, with structured activities. ▪ Strengthening children and youths' feeling of safety. ▪ No one under 18 will be able to buy tobacco, medium alcohol beer or alcohol in shops or bars. ▪ Binge drinking will decrease. |

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| | <ul style="list-style-type: none"> ▪ Fewer people will try doping substances. ▪ Early detection of those with doping related problems. ▪ Fewer people will try narcotics. ▪ Early detection of those with narcotic related problems |
| Main activities of the project | <ul style="list-style-type: none"> ▪ Cross-sectional collaboration and coordination – Collaboration requires actors to see eye to eye and to have a common problem definition. ▪ Political support – Drug preventative work must be based on political decisions and active support from politicians. ▪ Preventative work can not be regulated in detail – Local public health activities should be built on active participation. ▪ Long term perspective – The strategies must be long term and the efforts need to be integrated in the everyday activities. ▪ The work methods and strategies that shall signify the promotional and preventative work are to strengthen the already healthy, identify risk groups collaboration and networking, science and knowledge base . ▪ One example of an activity: School board and school personnel will be trained in preventative methods and in the school's role and opportunity to contribute at an early stage. |
| Main target group(s) of the project | <p>The target group for the efforts are adolescents aged 12-15, in year 6-9 of compulsory school, and their parents. In the continued activities of the project we have included the adolescents' leisure time and widen the age bracket to the unborn child -18 year.</p> |
| Has research been done to show alcohol related problems, effects and/or process of project? | <p>Evaluation is an important instrument to follow the development and results of the drug prevention work. A follow up of the municipality's drug prevention action plan is conducted yearly. It is done in dialogue form and gives extensive information on how different administrations and departments deal with drug prevention. In the dialogue the needs of further education is also mapped out and suggestions of changes and further development are discussed. All activities of further education are also followed up with evaluations.</p> <p>An example is a drug prevention project where the arena was the five largest work places in the municipality of Lilla Edet. The Public Health Committee, "Alna" and the county temperance associations are collaborating partners in this project. This pilot project, "Small children and aware adults" with the temperance association "Blå Band" has the goal to ensure safe childhood environments and to build networks around the children. The project will be externally evaluated by Örebro University.</p> |
| Efforts to sustain the results of the project | <p>The intentions are that the structure of the drug prevention work and the action plan should be reflected in each council or committee's goal, resources and budget. A re-occurring part of the process is evaluation and follow-up.</p> <p>The Health Board is responsible for this yearly event. The re-occur The Health Council works to create conditions for better health for the inhabitants of the municipality. Its task is to lead</p> |

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| | <p>and coordinate the development of the inhabitant-oriented activities and to initiate and prioritise which issues get put on the agenda. The activities are long term and the aim is for better public health to be integrated in each administration's daily activities. The council strive for the public health perspective to be raised in planning as well as in the decision making process in all of the political committees' areas of responsibility. A very important task for the Health Council is to contribute to an increased level of competence in public health issues in the different sections of the municipality and elsewhere. The Health Board initiates and supports educational efforts in different public health venues.</p> |
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| Details Project 6 | |
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| Name project | To Empower the Community in response to Alcohol Threats (ECAT) |
| Name project leader | Johan Rosiers |
| Email address project leader | johan.rosiers@vad.be |
| International phone number project leader | +32 24 23 03 58 |
| Start and (foreseen) end date of project | 01/12/2006-30/11/2008 |
| Phase of project | Project is finished |
| Budget of the project (in Euros) | Total project: 494.961 Euro |
| Financing source for the project | 50% EU |
| Executing organization | Vereniging voor Alcohol- en andere Drugproblemen (VAD) |
| Partner organizations | AT: Alkohol Koordinations- und Informationsstelle (AKI) - Ludwig Boltzmann Institut BE: Stad Oostende DE: Diakonisches Werk Baden IT: Istituto Superiore di Sanita (ISS) & Eurocare Italia SL: Institute of Public Health Kranj UK: Alcohol Concern |
| Role of the municipality in the project | Co-financing body / actively supporting |
| Is the project solely focused on alcohol problems? | Yes: ECAT aims at more effective alcohol prevention through the full and continuous participation of community representatives, the conduct of a local alcohol quick scan and the embedding of local actions in solid guidelines. |
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| Project goals and activities | |
| Main goal of the project | To raise the effectiveness of alcohol prevention campaigns through the elaboration of tailored messages towards different target groups and through the embedding of the campaigns in a local alcohol policy and inclusive approach. By translating the gathered evaluated results of the ECAT-prevention campaigns in six EU member states into a general applicable manual of |

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| | guidelines, an important added value is created on a European level. |
| Sub goals of the project | <ul style="list-style-type: none"> to define prior target groups and topics through the conduct of a quick scan for community analysis (social, epidemiological, behavioural and environmental assessment) to design a local community alcohol strategy based on the results of the community analysis, including an information and sensitisation campaign directed at the prior target groups and focused on prior topics to develop practical guidelines for tailor-made alcohol prevention campaigns on a local community level to set up local, cross-sectoral networks of stakeholders, in order to respond to the needs and questions of the target groups to evaluate the campaigns to synthesise the best practices in a manual |
| Main activities of the project | <ul style="list-style-type: none"> Conceptual and methodological development of ECAT Practical implementation of ECAT concept and methodology in 8 local pilot project in 6 countries Evaluation of the first ECAT results Revision of the ECAT methodology Dissemination of two ECAT publications (url: www.vad.be/ecat) |
| Main target group(s) of the project | Community members, local stakeholders (government, professionals, population) |
| Has research been done to show alcohol related problems, effects and/or process of project? | Yes, indirectly: two research-related particularity of ECAT are the quick scan analysis of the local alcohol situation and the practice-oriented guidelines for implementing local actions. Both elements were the result of extensive literature reviewing. |
| Efforts to sustain the results of the project | Some partners of the EU-co-financed ECAT project decided to continue or even extend their ECAT activities. The dissemination of the ECAT concept and methodology through two publications should result in a further dissemination of ECAT throughout Europe. |

| Details Project 7 | |
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| Name project | Empower the Community in response to Alcohol Threats (ECAT) in Slovenia |
| Name project leader | MSc. Marjetka Hovnik Keršmanc, M.D. |
| Email address project leader | Marjetka.kersmanc@zzv-kr.si |
| International phone number project leader | +386 4 20 17 192 |
| Start and (foreseen) end date of project | December 2006 – November 2008 |
| Phase of project | Start up / Implementation / Evaluation/Completed |
| Budget of the project (in Euros) | Per year |
| | Total project: 40.573,12 Euros |
| Financing source for the project | EU Commission funding 36%, 64% of the total budget of the project were costs pertaining to staff of our Institute (national |

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| | officials) and they were paid from the National programme of Public Health. |
| Executing organization | Institute of public health Kranj |
| Partner organizations | Addiction Treatment Centre, Alcoholics' Club (NGO), Gorenjska Pharmacies, Kranj City Council, Kranj Health Centre, Media, Nursery schools, schools, student hall of residence, Police, Social Work Centre, Students |
| Role of the municipality in the project | None / Financing body / Advising / Coordinating body / Actively supporting / |
| Is the project solely focused on alcohol problems? | Yes/ No , please specify |
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| Project goals and activities | |
| Main goal of the project | <p>The aim of the project ECAT (Slovenia was a partner) was to raise the effectiveness of alcohol prevention campaigns through the elaboration of tailored messages towards different target groups and by embedding the campaigns in a local alcohol policy. The development and implementation of a tailored communication campaign was the main element of the project. The aim of the campaign in Slovenia was to encourage young people to make an informed decision about the use of alcohol (to not drink at all or to drink less) based on the right information on alcohol, to motivate and encourage them to avoid risky behaviour connected with alcohol and to motivate them to make active use of their free time.</p> <p>The main goals for the campaign were to reduce under-age drinking and hazardous drinking patterns among young people, especially binge drinking.</p> |
| Sub goals of the project | <ol style="list-style-type: none"> 1. o increase young people's understanding of the negative consequences of drinking, in particular excessive or harmful drinking; 2. o increase young people's understanding of the negative consequences of drinking, particularly excessive or harmful drinking; 3. o motivate young people to have a fun without alcohol; 4. o encourage young people to have fun without alcohol; 5. o influence young people attitudes, decision and behaviours around alcohol to reduce the likelihood of uptake of regular excessive or harmful drinking; 6. o influence young people's attitudes, decisions and behaviour around alcohol in order to reduce the likelihood of their taking up regular excessive or harmful drinking; 7. o inform bar owners and staff about the problem of drinking, especially binge drinking, among young people and about their potential role in reducing the problem; 8. o inform the general population about the use of alcohol among children and young people. |
| Main activities of the project | <ol style="list-style-type: none"> 1. Selection of a local setting; 2. Building up the local cross-sectional network to act in the field of alcohol prevention; |

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| | <ol style="list-style-type: none"> 3. A quick scan analysis to identify the key problem and to select a target group for the communication campaign; 4. Development and implementation of a communication campaign <ul style="list-style-type: none"> ➤ The Campaign “Alcohol. Take a sober look.” with a slogan “Being sober doesn’t mean being boring” was running in May and June 2008 in Municipality Kranj); ➤ The campaign officially begun on 6th of May with a press conference. The campaign reached its peak during the week of Festival of young people, which runs every year in May. ➤ The activities were stands for young people at a central square in Kranj in cooperation with Students Club of Kranj. Trained students who were dressed in T-shirts with the slogan and logo of the campaign (as peer education) presented the facts about alcohol, tried to raise the awareness among young people about the danger of excessive drinking and binge drinking, inform minors that any use of alcohol under the age of 18 is considered abuse, and distributed education materials (booklets “Message in a Glass”, writing pads, stickers). Young people had the opportunity to verify their knowledge about alcohol in a quiz and could win a prize (a Frisbee) if their answers were correct. ➤ Workshop for general public to raise public awareness and to encourage making responsible and healthy decisions associated with alcohol. ➤ Website with the presentation of the ECAT project and prevention campaign. ➤ Workshops on alcohol for 3rd year students in secondary schools in Kranj. ➤ Posters on public places. ➤ Press releases in national and regional media. 5. Evaluation of campaign |
| Main target group(s) of the project | Young people with a special attention on students aged 17-20 who are visiting 3rd and 4th year secondary education (the legal age to start drinking is according our law is 18) |
| Has research been done to show alcohol related problems, effects and/or process of project? | <p>Yes/No, please specify An evaluation of the campaign was running through the process evaluation, evaluation reach and visibility and acceptance and appreciation.</p> <p>June 2008: ECAT evaluation questionnaire (11 questions) was sent to 3 schools. (N= 204)</p> <ul style="list-style-type: none"> • 35% of students said that they saw, heard or read something about campaign, most of them got information through posters, but medias also played an important role; • 31% of students answered that they know the name of campaign; • 55% of students were able to tell the slogan, and 73% noticed it; • from the campaign expressions a great majority (76%) marked out the poster, 27% a booklet »Message in a Glass«; • on the question where they have seen a poster 55% of student answered at school, 39% on the street, and 17% on a stand. |

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| | <p>The acceptance of the campaign within the target group was verified on the basis of the evaluation questionnaire (5 questions) at the end of workshop at a secondary school (N= 89 3rd year students):</p> <ul style="list-style-type: none"> • the content of workshop got the average mark 3,6 (from possible 5), the workshop moderator 3,9 and informative booklet "Message in a Glass" 3,6; • 11% answered that the information they had received will be useful for them very much, 24% answered a good deal, 45% not really, 13,5% not at all, around 7% didn't know; • 16% of students are convinced that the information they got will influence their attitude to alcohol. <p>We also discussed the results of the campaign at the final meeting of the <u>stakeholders' network</u>. The generally expressed opinion was that the campaign had been positively received in the local area and that it did reach its target group.</p> |
| Efforts to sustain the results of the project | We are trying to keep our local cross-sectional network to develop further activities to reduce the burden of alcohol in our local community. We are continuing with ECAT stands and workshops on alcohol for 3rd year students in secondary schools. |

| Details Project 8 | |
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| Name project | Route 50 Project |
| Name project leader | Annette Fleming |
| Email address project leader | headoffice@aquarius.org.uk |
| International phone number project leader | 0121 622 8181 |
| Start and (foreseen) end date of project | 2005 – 2007 |
| Phase of project | Evaluation |
| Budget of the project (in Euros) | Per year €58.333 |
| | Total project: €116.666 |
| Financing source for the project | Alcohol Education Research Council |
| Executing organization | Aquarius is a charitable company. It is a Midlands based agency that provides advice, information, interventions, residential rehabilitation, training, research and consultancy on the problems associated with alcohol, drugs and gambling. |
| Partner organizations | As Aquarius had received the funding from AERC it was the lead agency on the project. During the period of the project we developed partnerships with police, trading standards, licensing authority, staff and managers of on-sales and off-sales, local residents and media agencies. The AERC is a national organisation that provides funding for this project. AERC generates and disseminates research based evidence on alcohol issues. Develops the capacity of people and organisations to address alcohol issues. |
| Role of the municipality in the project | At the beginning of the project there was no involvement from the municipality. However throughout the period of the project engaged with |

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| | responsibilities from primary health care trusts and local authority departments. At the time of doing this work Birmingham did not have an alcohol strategy. |
| Is the project solely focused on alcohol problems? | Yes |
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| Project goals and activities | |
| Main goal of the project | To engage with the community and develop partnership approach to tackling, at an early stage, harms caused by excessive drinking |
| Sub goals of the project | The aim of the project was to look at new ways of working to reduce alcohol related disorder. We focused on: <ol style="list-style-type: none"> 1. Community involvement 2. Enforcement measures and test purchasing 3. Training for bar staff 4. Media initiatives |
| Main activities of the project | <ol style="list-style-type: none"> 1. Liaise with community groups 2. Media campaign 3. Responsible server training 4. Partnership work with police, trading standards and licensing authorities |
| Main target group(s) of the project | Residents in Moseley, a suburb in Birmingham UK |
| Has research been done to show alcohol related problems, effects and/or process of project? | <ol style="list-style-type: none"> 1. Through attending community meetings and helping reinvigorate pub watch meetings, local residents felt they had a place to express their concerns. 2. There was better partnership working between police, trading standards and the managers of licensed premises. 3. The training for bar staff helped them under the legal framework and gave them confidence to deal with drunken customers, or under-age customers. 4. The media campaign highlighted the dangers of drink driving and also why drunken or under-age customers would not be served. |
| Efforts to sustain the results of the project | We have not been able to find funding to continue the project. |

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| Details Project 9 | |
| Name project | HaLT-project |
| Name project leader | Heidi Kuttler |
| Email address project leader | heidi.kuttler@villa-schoepflin.de |
| International phone number project leader | (49) 7621-914-909-1 |
| Start and (foreseen) end date of project | 2003 – The project has meanwhile been implemented as a standard prevention programme in the region |
| Phase of project | June 2003 – December 2004: start up, pilot project 2005 – 2006: implementation 2003 – 2006: external evaluation by Prognos AG, Basel, Switzerland |
| Budget of the project (in Euros) | 80.000 Euro/year |
| | Total project: 300.000 € |
| Financing source for the project | Pilot-Phase <ul style="list-style-type: none"> ▪ 90% German Federal Ministry of Health |

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| | <ul style="list-style-type: none"> ▪ 10% Schoepflin-Foundation (private) <p>Implementation Phase</p> <ul style="list-style-type: none"> ▪ 60 % German Federal Ministry of Health ▪ 30 % Federal State Baden-Wuerttemberg ▪ 10 % Schoepflin-Foundation (private) |
| Executing organization | Villa Schoepflin – Centre for Addiction Prevention |
| Partner organizations | <ul style="list-style-type: none"> ▪ Children’s hospital Loerrach, ▪ Municipality of Loerrach and further towns, ▪ Carnival-Association “Narregilde”, ▪ Police headquarter of Loerrach, ▪ Prevention-representatives of schools and Pupils-representatives, ▪ Football clubs |
| Role of the municipality in the project | Involved in concept-development; important and active project partner, organisational and financial support |
| Is the project solely focused on alcohol problems? | Yes |
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| Project goals and activities | |
| Main goal of the project | <p>Avoid alcohol related harm (acute and chronic problems) on an individual as well as on a community level:</p> <ol style="list-style-type: none"> 1. Indicated prevention: to implement systematic and standardized early intervention for adolescents hospitalised with alcohol intoxication (and their families); additionally close cooperation with social workers, pediatricians and the police to access adolescents with high risk alcohol consumption in other contexts 2. Universal prevention: to implement networks, structures and standards for alcohol prevention in the community in various settings and institutions: festivals, schools, discotheques, sport-organisations, youth centres ... |
| Sub goals of the project | To sensitize people (adults and teenagers) for alcohol related harm and motivate, qualify and support them to change their behaviour towards abstinence or “safer use”; implementation of prevention-standards in their surrounding (festivals, youth-work in communities, schools, alcohol distributors ...) |
| Main activities of the project | <ol style="list-style-type: none"> 1. Indicated prevention: in close cooperation with the children’s hospital we contact teenagers after severe alcohol intoxication directly in the hospital (on-call-service on week-ends); we offer individual counselling (1 to 4 sessions) per person. 2. We offer group work activities for these adolescents (8 – 12 hours) with the aim to teach risk-competence; group work includes a module of experimental education. Per year 8 - 10 group sessions (half Friday, whole Saturday) are held. 3. Additionally counselling of parents is offered; 4. Build up interfaces with further partners and close cooperation to access adolescents with risky alcohol consumption (through social workers, police ...) 5. Universal prevention: information and training of the relevant persons regarding e.g. law, prevention strategies, communication skills as well as providing prevention material (posters and flyers): <ul style="list-style-type: none"> ▪ staff at communities responsible for festival permits |

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| | <ul style="list-style-type: none"> ▪ staff at communities responsible for youth work ▪ festival organisers ▪ sales staff in shops, clubs, petrol stations ▪ police ▪ part of curriculum in vocational training of sales persons |
| Main target group(s) of the project | <ul style="list-style-type: none"> ▪ adolescents: 12-17 year old youths being hospitalised due to alcohol intoxication and their parents, adolescents with harmful alcohol consumption patterns in other contexts (community, school ...) ▪ adults: festival organisation teams (public festivals, school festivals), communities, sales persons, sports clubs, teachers as well as opinion leaders and political representatives of the community |
| Has research been done to show alcohol related problems, effects and/or process of project? | <p>The German Federal Ministry of Health engaged the Prognos AG Basel to evaluate the HaLT-project. Besides, an intern evaluation has been carried out by Villa Schoepflin.</p> <p>Before the project started: Review of the numbers of adolescents hospitalized due to alcohol intoxication between 1999 and 2002 in the hospital of Loerrach (Villa Schoepflin in cooperation with the children's hospital) as well as in all of Germany (Prognos AG); result: a significant increase of cases on a local (from 16 to 56 cases annually) and national level.</p> <p>From 2003 to 2006 the project has been evaluated by Prognos AG:</p> <p>Indicated Prevention - results</p> <ul style="list-style-type: none"> ▪ The HaLT-intervention is low-threshold and attractive. ▪ Through the HaLT-intervention it is possible to reach teenagers with high risk alcohol-consumption patterns in hospital and in other contexts. ▪ The target groups (teenagers and their parents) can be motivated to participate in counselling and group work. ▪ The employed methods of the intervention (Motivational Interviewing, Transtheoretical Model of Change) are evidence-based. <p>A semi-standardized questionnaire (Prognos) was used in the intervention with the adolescents, enabling us to gain further information concerning the target group, drinking motifs and possible prevention approaches in future:</p> <ul style="list-style-type: none"> ▪ Age and sex, school (60% male, 40% female, all school types) ▪ social background, family situation (different social backgrounds, single parent families disproportionately high) ▪ types of alcohol consumed (90 % spirits, pure or mixed) ▪ situation of consumption/intoxication (in public places, mostly with friends) ▪ Alcohol supplier (25% of the Under-16-year-olds bought the alcohol themselves – this means, that the youth protection law is not respected by sales persons). |

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| | <p>→ Universal Prevention - results</p> <ul style="list-style-type: none"> ▪ With the HaLT-project, it is possible to built up lasting alcohol prevention networks in the community. ▪ By motivating, qualifying and supporting network partners in alcohol-prevention, it is possible to achieve capacity building and to implement lasting prevention standards ▪ Due to the cooperation with many different partners in the community, prevention reaches new settings and finds new partners. With limited input, this allows for lasting prevention effects and a high output. |
| Efforts to sustain the results of the project | Funded by the county, communities, health insurance, donators and the Schoepflin-Foundation the project is continued, profiting from the well-functioning networks which have been built up. |

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| Details Project 10 | |
| Name project | 'Regionsprosjektet i Os kommune – Pilotprosjekt i lokalt rusførebyggjande arbeid' (Regional project, Municipality of Os – local prevention project) |
| Name project leader | Reidar Dale |
| Email address project leader | rtd@os-ho.kommune.no |
| International phone number project leader | +47 56 57 51 04/ +47 916 54 096 |
| Start and (foreseen) end date of project | March 2004 to December 2006 |
| Phase of project | The project ended |
| Budget of the project (in Euros) | Total 2.045.000 nkr. (250.000 euro's) |
| Financing source for the project | Helsidirektoratet (Norwegian Directorate for Health) |
| Executing organization | Os commune (Municipality og Os) |
| Partner organizations | Stiftelsen bergensklinikkene (The Bergen Clinics/Competence center), Helsedirektoratet Directorate of Health), Borgestadsklinikken Competence center, the local media, local comprehensive schools (further education), some volunteer organizations. |
| Role of the municipality in the project | To lead and coordinate the project. |
| Is the project solely focused on alcohol problems? | Yes. Focus on prevention among children/youths. Parents were involved too. |
| Project goals and activities | |
| Main goal of the project (and sub goals) | <ol style="list-style-type: none"> 1. To try and test programs of prevention and try new strategies 2. To increase the skills of drug & alcohol prevention within the system for our local authority 3. Reduce the use of alcohol & drug among youngsters in Os commune |
| Sub goals of the project | |

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| Main activities of the project | <ul style="list-style-type: none"> • Programs of prevention in the schools • Program for parents (family-program) • Project on early identification and early intervention • Focus on responsible hosts (prevent alcohol being served to customers who already have had enough, to eliminate serving to those under-age and to get rid of violence) • Youth club |
| Main target group(s) of the project | 0-18 year |
| Has research been done to show alcohol related problems, effects and/or process of project? | SIRUS (Norwegian Institute for Alcohol and Drug Research) did a process-evaluation and carried out a questionnaire in 2004, 2005 and 2006. |
| Efforts to sustain the results of the project | Os kommune did sustain some of the projects elements that were evaluated as a good experience during the project. |

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| Details Project 11 | |
| Name project | Regionprosjektet (Regional Project) |
| Name project leader | Reidun Haugene |
| Email address project leader | reidun.haugene@larvik.kommune.no |
| International phone number project leader | 004798253274 |
| Start and (foreseen) end date of project | 11.03.2004 – 31.12.2007 |
| Phase of project | <ul style="list-style-type: none"> - Seminar in Oslo for starting up 11. and 12. of March 2004 - Implementation of 9 different programmes during 2005 - Process evaluation 2005 – 2007 - The project has ended |
| Budget of the project (in Euros) | 2004: 128.410 Euros 2005: 333.430 Euros 2006: 227.650 Euros |
| Financing source for the project | Norwegian Directorate for Health and Social Affairs (now Directorate for Health) |
| Executing organization | Larvik commune (Municipality of Larvik) |
| Partner organizations | Another 8 municipalities in Norway |
| Role of the municipality in the project | Executing body |
| Is the project solely focused on alcohol problems? | Yes |
| Project goals and activities | |
| Main goal of the project | Reduce alcohol problems among the population, especially youths and children |
| Sub goals of the project | <ul style="list-style-type: none"> - Mobilise parents and strengthening families - Strengthening social skills among youths and children - Early intervention - Increase knowledge about alcohol among professionals |

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| | and the population in general |
| Main activities of the project | |
| Main target group(s) of the project | <ul style="list-style-type: none"> - Children and youths - Parents - Teachers and social workers - Places that serve or sell alcohol |
| Has research been done to show alcohol related problems, effects and/or process of project? | Yes, on process, but not effects. |
| Efforts to sustain the results of the project | The municipality of Larvik has developed a plan to point out risks and protection. This plan contains guidelines for early intervention of substance abuse. Most of the different sub projects that we implemented during the Region Project period, are included in this plan and goes on as ordinary programmes offered to children, youths or/and parents in Larvik. |

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| Details Project 12 | |
| Name project | Irish Bishops Alcohol Initiative |
| Name project leader | Mr John Taaffe National Coordinator |
| Email address project leader | john.taaffe@iecon.ie |
| International phone number project leader | 00-353-1-5053044 |
| Start and (foreseen) end date of project | Start 2006 - On going |
| Phase of project | Implementation and evaluate in 2009 |
| Budget of the project (in Euros) | Per year 170.000 euro |
| Financing source for the project | National Substance Misuse Team, Catholic Church |
| Executing organization | National Drug Strategy Team – At present being restructured. |
| Partner organizations | <ol style="list-style-type: none"> 1. Addiction Services of the Health Service Executives in every region who have addiction counsellors and education officers. 2. Local Community Drug workers 3. Youth Services 4. Local Governments 5. Schools – Primary and Secondary 6. Local Police |
| Role of the municipality in the project | Advising / Actively supporting / Coordinating body |
| Is the project solely focused on alcohol problems? | No, please specify – when we start a community mobilisation group, on completion of local needs assessment it can be solely alcohol or combination of substances |
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| Project goals and activities | |
| Main goal of the project | To enable parish communities nationwide to mobilise and formulate pastoral responses in partnership with others to respond to primary and secondary prevention of alcohol / substance misuse problems |
| Sub goals of the project | <ul style="list-style-type: none"> • To raise awareness in the wider community of a pastoral response of reaching out to those affected by |

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| | <p>alcohol / other substances as well as awareness of the positive role that planned parish events can have in preventing the harms caused by substance misuse.</p> <ul style="list-style-type: none"> • To support parish communities to mobilise to respond to the primary and secondary prevention of drug and alcohol misuse in partnership with other agencies both voluntary and statutory. Parishes will be supported in networking with other agencies and have an understanding of levels of activities of parish responses. • To increase alcohol awareness knowledge and increase understanding of related issues among people in the parish communities. • To increase understanding of treatment services available locally, regionally and nationally which will allow for direct referrals? The parish projects will also have an understanding of the structures of the Regional Task Forces and knowledge of essential links for resources that may be needed. • To promote best practice in parish communities in alcohol prevention. Following training parish committee members will feel empowered to respond more positively to alcohol use / misuse in their parish community which will lead to a decrease in fears of alcohol/drug related issues locally and will create a more positive attitude to understanding alcohol / drug misuse in communities. • To continue to play a part on a national level with national events and national productions of materials for prevention of alcohol and other substance misuse. • To continue to advocate / lobby for policy changes on national level |
| Main activities of the project | <p>Promoting / establishing / supporting community mobilisation projects to respond to primary and secondary prevention. The main area's of work of the 10 projects are –</p> <ol style="list-style-type: none"> 1. education, awareness, information, skills training for parents, young people, targeted groups. 2. Form youth facilities and alternatives to alcohol/substance misuse 3. Policy / advocate work / lobbying |
| Main target group(s) of the project | <p>Parish communities – issues gaps arising after local needs assessment Universal – adults/youth Targeted groups</p> |
| Has research been done to show alcohol related problems, effects and/or process of project? | <p>Yes, at local levels and linking in with research provided by partners in statutory / community agencies</p> |
| Efforts to sustain the results of the project | <ul style="list-style-type: none"> ➤ Societal attitude changes towards alcohol - Awareness ➤ Increase the age of first use ➤ Reduce the harm – promote moderation ➤ Provide skills to avoid / moderate use ➤ We wish to increase the support to formulate community mobilisation responses in at 26 areas nationwide |
| Quotes from local projects | <p>“We were probably attracted by a common concern for our young people and their exposure to the culture of substance</p> |

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| | <p>misuse.” Blackrock / Haggardstown Parish Initiative</p> <p>“We wished to be a Christian community working together in the service of one another for the health and well-being of the individual and community while developing a healthy awareness of substance use /misuse.” Mooncoin Parish alcohol / Drug Initiative</p> <p>“Our aim as a parish project was to enable our parish to become more self sufficient in dealing with the particular needs of our parish in relation to alcohol” Cavan Parish Substance Awareness</p> |
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IV.3 Literature

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