

48541

EUR/ICP/ADA 039B
09233
ORIGINAL: ENGLISH

A MULTI-CITY ACTION PLAN ON ALCOHOL

Report on a WHO Preparatory Meeting

Copenhagen
26 – 28 April 1993

1993

EUR/HFA target 17

ABSTRACT

The objectives of the European Alcohol Action Plan include the setting up of a Multi-City Action Plan (MCAP) on alcohol. The WHO Regional Office for Europe, in association with the City of Copenhagen, therefore convened a meeting of ten European cities to prepare an MCAP on alcohol within the WHO Healthy Cities project, as a means of implementing the Action Plan at the local level. At the meeting it was agreed that the City of Copenhagen would act as coordinating city and the Alcohol, Drugs and Tobacco unit of the WHO Regional Office for Europe would provide technical support. A provisional list of priority areas and a programme of work for the MCAP were agreed.

Keywords

ALCOHOL DRINKING – prevent/control
HEALTH POLICY
URBAN HEALTH
HEALTH PROMOTION
CONSUMER PARTICIPATION

CONTENTS

	<i>Page</i>
Introduction.....	1
Presentations	1
Campaigning against alcohol in Denmark.....	1
The European Alcohol Action Plan	2
The Lahti demonstration project.....	3
The Healthy Cities project	5
Discussion	6
City focus on alcohol policy	6
Expectations of an alcohol MCAP.....	7
Conclusions.....	9
Establishment of an MCAP on alcohol.....	9
Priority areas for MCAP work	9
Research and knowledge base	10
Annex 1 Working papers and background material	11
Annex 2 Participants	13

INTRODUCTION

The WHO Regional Office for Europe held a Preparatory Meeting on a Multi-City Action Plan on Alcohol from 26 to 28 April 1993. The Meeting was hosted and financially supported by the City of Copenhagen. Political representatives and technical advisers from nine member cities of the WHO Healthy Cities project, Copenhagen, Dresden, Dublin, Gothenburg, Kaunas, Milan, Nancy, Rotterdam and Sandnes, and the City of Lahti, attended. The participants are listed in Annex 2. Mr I. Haurum was the Chairperson and Mr J. Halm served as Rapporteur.

One of the strategic objectives of the European Alcohol Action Plan is to initiate and strengthen community action on preventing and managing the harm related to alcohol use at the local and municipal level. The participants discussed the establishment of a Multi-City Action Plan (MCAP) on Alcohol as a means of attaining that objective. The Meeting was structured around presentations of individual city projects and of the Healthy City project and general discussion.

PRESENTATIONS

Campaigning against alcohol in Denmark

A representative of the Danish National Board of Health gave an overview of the national "Week 40" campaign against alcohol, which the Danish Government has organized yearly since 1990 and which is held at local and municipal level. The campaign focuses on the amount of alcohol used daily, especially by middle-aged Danes. The aim is to place alcohol use on the public agenda and to make the issue relevant to people by informing them about the risks of overuse.

Campaign themes have been: "safe" weekly amounts of units of alcohol, encouraging an alcohol-free week, drinking limits and the differences between men and women with respect to alcohol

consumption. The National Board of Health is responsible for the planning and preparation of themes and materials, while the various counties and municipalities cooperate with a large degree of autonomy in organizing events and disseminating the materials, supported by spots and programmes on radio and television. Through yearly surveys, the National Board of Health is able to measure to which extent the messages have reached the population and what the effects have been of suggestions or advice given as part of the campaign, for example the introduction of an alcohol-free week.

The European Alcohol Action Plan

The WHO Consultant on the Alcohol Action Plan described the steps leading up to the Plan, which was strongly endorsed by the WHO Regional Committee for Europe in September 1992. In Europe, 1 in 10 people are adversely affected by their own drinking, 1 in 4 by someone else's drinking. The economic costs related to alcohol average 2-3% of the gross national product (GNP) and in some countries reach 5-6% of GNP. In view of the serious alcohol-related problems experienced in many societal sectors throughout the Region, as well as the economic burden resulting from alcohol use, the Plan was adopted as a means of attaining health for all target 17, which calls for a 25% reduction in alcohol consumption by the year 2000, with particular attention to be paid to reducing harmful alcohol use. The Plan comprises both a population-based approach (measures to reduce overall levels of alcohol consumption) and a high-risk approach, targeted towards specific types of risk behaviour. Effective measures include the use of taxation in effecting a reduction of consumption; interventions by primary health care providers and general practitioners to help people change their drinking and consumption patterns; and community-based programmes, not only to support (national) policies to manage the sale and use of alcohol, but also to influence prevailing norms and social behaviour concerning alcohol use.

Successful implementation of the Plan requires action by both the Regional Office and its partners in the Region. For WHO this involves, for example:

- starting regional policy initiatives in the Baltic States, the newly independent states and Mediterranean countries;
- the alcohol and public policy project, which will result in 1994 in a technical document and a publication, providing examples of effective initiatives; and
- country missions at the request of individual Member States, such as Albania, for assistance in developing an alcohol policy.

For WHO's partners in the Region this could involve:

- the further translation and dissemination of the European Alcohol Action Plan;
- the establishment of a network of national counterparts to work with WHO in implementing the Plan;
- a network of advocacy groups consisting of nongovernmental organizations at international, national and regional or local level;
- a research network;
- the collection of data to monitor action on alcohol consumption and related problems;
- preparation of a European conference towards the end of 1995, for which the French Government has pledged its support.

The Lahti demonstration project

The representative of the City of Lahti introduced their multi-component community action plan, which has been proposed as a demonstration and evaluation project for a comprehensive

programme to prevent alcohol-related problems. Implementation of the plan, which will to a large degree rely on the work of local professionals, will include a number of activities:

- group interviews of key people in the community, such as educators, decision-makers and businessmen, to gain their views on alcohol and drinking;
- education and information campaigns at the local library and other public places to raise the level of public knowledge and awareness;
- primary health care interventions such as screening for heavy drinkers and providing advice;
- incorporating youth work into existing projects for adolescents and young people in the city;
- together with local organizations, setting up self-help groups for heavy drinkers;
- influencing local decisions on the supply of alcohol through involvement in the municipal alcohol policy team and public debates, and contacts with personnel in alcohol outlets, such as restaurants;
- conducting studies on alcohol and violence in cooperation with the local police;
- conducting interview studies on alcohol problems in the family, to enable family members to help heavy drinkers.

The Lahti project is a WHO collaborative project coordinated by the Social Research Institute of Alcohol Studies, Helsinki, in cooperation with the City of Lahti.

The impact of the project will be assessed through formative, process and outcome research; each activity has an individual research component. Through the close links and cooperation between programme implementation and research this project, which started in the autumn of 1991 and will continue until

1995/1996, will provide valuable and much needed information and experience on community action at the local level for preventing alcohol-related problems.

The Healthy Cities project

The participants were provided with background information on the Healthy Cities project, which now consists of 35 cities across Member States, while approximately 500 cities are part of national Healthy Cities networks in Member States. The project combines the intentions of the health for all strategy to reduce inequities between and within Member States with the settings approach in health promotion, which was developed on the basis of the Ottawa Charter for Health Promotion. The Healthy Cities project aims for action and change for health at the local level, as subsequent settings projects developed by the WHO Regional Office aim at promoting health in schools and at the workplace.

After the initial phase of the Healthy Cities project, which concentrated on health and organizational issues common to all project cities, the idea of multi-city action plans was proposed as a flexible framework for action enabling cities in the project to work together on more specific issues and topics of particular interest to a limited group of cities. The aim of an MCAP is to share experience, develop expertise and provide examples of good practice to other cities both within and beyond the project. The MCAPs work as a business partnership between 6 to 12 cities with a joint plan of action and specific time frame; their main "products" include a blueprint for joint action; ideas and models of good practice; manuals and materials for application; training modules; and research and evaluation.

Of the present 13 MCAPs more than half are successfully implementing their plan of action, some are being started up, such as the Active Living and Alcohol MCAP, but a number are dormant. In meetings before and during the Healthy Cities conference in Copenhagen in 1992 a number of factors were identified which indicated the likelihood of success in running an MCAP: clear

objectives and a detailed plan of work; effective administration and coordination from the coordinating city; technical input and support from the technical unit at the WHO Regional Office; enthusiastic involvement by the participating cities and the commitment of both cities and institutions; and adequate funding.

DISCUSSION

Representatives of the various cities discussed current activities on alcohol use and the interest in and expected commitment to an MCAP on alcohol.

City focus on alcohol policy

In describing areas of particular interest, many representatives referred to the interrelationship between national alcohol policy and the possibility at local level of reducing consumption of alcohol and alcohol-related harm. For a city like Kaunas, which has experienced a sharp increase in alcohol-related morbidity and mortality over the past years, national measures that control taxes and prices and that limit the sale and home production of alcohol have special significance, as do measures taken locally, for example limiting the number of alcohol licenses. Where cities are responsible for treatment and prevention, the costs of alcohol-related problems in health care and social work were mentioned as a main reason for developing alcohol policy and preventive action. Several cities felt that health for all target 17, the European Alcohol Action Plan and membership of the Healthy Cities project provided a stimulus to intensify their activities on alcohol use and related harm. In some cities the goal of 25% reduction in use constitutes a deliberate policy change from the former goal of "minimizing" the use of alcohol.

Of the ten participating cities all expressed interest in prevention, particularly among young people, either in terms of prevention programmes in schools or starting local public debates

on the use of alcohol by young people. Several representatives mentioned the topic of women and alcohol as having special priority, either in general or with regard to specific target groups such as pregnant women (Gothenburg and Sandnes), middle-aged women (Gothenburg) or girls between the ages of 12 and 16 (Lahti). Other reported relevant topics were: drinking and driving (Gothenburg, Kaunas, Lahti, Rotterdam, Sandnes), and alcohol and violence (Lahti).

Some cities also focus on infrastructural issues, such as the support of nongovernmental organizations at the local level (Kaunas) or the initiation of such an organization at the national and local level (Dublin). Other cities such as Dresden, Milan and Nancy are concentrating on the preparation or implementation of long-term alcohol campaigns which aim to change cultural attitudes towards alcohol use and encourage lighter drinking in pubs and cafés. Alcohol policy in cities like Copenhagen and Rotterdam is increasingly based on research data clustering alcohol consumption and other health risks in relation to socioeconomic status.

Expectations of an alcohol MCAP

All cities present considered being part of a European movement of local communities, uniting for a common cause, a major advantage of taking part in the MCAP on alcohol. It was generally felt that this and the link to WHO would not only strengthen local efforts and political support for measures and activities to reduce alcohol consumption and related harm, but could also be instrumental in enabling cities to influence policy, measures and decisions taken at the national level.

The benefits for local alcohol policy and prevention efforts cities generally expected from the cooperation and networking in an MCAP on alcohol were exchanging and sharing knowledge, experiences, materials and information, learning from each others' prevention programmes, interventions, research and evaluation, and developing models of good practice. Some cities cautioned against a too theoretical approach; they felt the MCAP work should

concentrate on practical issues and the implementation of proven ideas. Other cities saw opportunities for networking on specific alcohol issues with a limited number of MCAP participants.

Limited resources at city level in staff and funding were seen as the main constraints on MCAP work, while it was felt that language differences could pose some practical problems in the MCAP contacts and exchanges of materials and data. A number of participants remarked on the need to take account of existing differences between cities with regard to focus, cultural attitudes to alcohol use and stages of development in local policy and alcohol action.

Commitment to an MCAP on alcohol

Copenhagen stated its willingness to act as coordinating city for the MCAP and take overall responsibility for the MCAP secretariat and the arranging of meetings, as well as the coordination and cooperation with the Regional Office.

All cities present expressed their intention to participate fully in the MCAP on alcohol and its activities. Offers to host an MCAP meeting or workshop were made by Dresden, Dublin, Gothenburg, Kaunas (in 1995), Lahti (after completion of the Lahti project), Milan and Nancy, with the proviso that resources would be available and city councils or authorities would endorse the offer. A number of cities offered technical support (Gothenburg, Rotterdam with respect to alcohol research at local level) or assistance in collecting data: Dublin, Gothenburg (on local policy and treatment services), and Milan, Sandnes (on educational alcohol programmes). The City of Dublin offered to participate in collaborative projects with cities in countries of central and eastern Europe.

CONCLUSIONS

Establishment of an MCAP on alcohol

On the basis of the city reports, as well as the statements and discussions during the Meeting, the participants concluded that an MCAP on alcohol should be established, with Copenhagen as coordinating city and the Alcohol, Drugs and Tobacco unit at the WHO Regional Office providing technical input and support.

Participating cities felt a need to approach other Healthy Cities and/or European cities with special expertise, such as Oxford, to take part in the MCAP on alcohol. It was decided that the Regional Office would be responsible for contacting other cities, in consultation with Copenhagen as coordinating city. The approach to other Baltic cities in Estonia and Latvia was left to Kaunas.

Priority areas for MCAP work

A number of areas and topics for joint action were identified:

- young people and alcohol
- early intervention in primary health care settings
- drinking and driving
- women and alcohol
- alcohol treatment services
- drinking environments
- alcohol at the workplace
- media
- intersectoral action
- action by nongovernmental organizations.

It was decided that the MCAP work would encompass one or two core areas, which would involve all member cities, and a number of additional areas, involving a limited number of cities. A decision on core and additional areas or topics would be made at the end of 1993, based on the information gathered and proposals made by participating cities. To increase MCAP visibility it was decided

to consider proposals for a common activity such as a yearly "alcohol week" or "alcohol day".

Research and knowledge base

Considering the differences between cities in policy and activities, participants felt the evaluation of progress should emphasize process rather than outcomes. As national outcome indicators will largely correspond with indicators at city level, process monitoring would allow sufficient room for the development of models of good practice. Research within the MCAP context could also take account of indicators such as cultural norms and perceptions of alcohol use, as shown for example in media portrayal; a link would be possible in this respect with the WHO collaborative project on social problems around the Baltic Sea.

All cities felt the need for a knowledge base consisting of basic information from all participating cities on alcohol policy, existing regulations and city activities, on the consumption of alcohol and related problems and on treatment services. It was decided that Copenhagen would draft a questionnaire to discuss at the next MCAP meeting; the questionnaire should include information on youth and alcohol campaigns.

*Annex 1***BACKGROUND MATERIAL^a**

- EUR/RC42/8 *The European Alcohol Action Plan*
Copenhagen, WHO Regional Office for
Europe, 1992
- A balanced alcohol strategy for Oxford*
Oxford City Council, 1990
- A guide to alcohol action*
Oxford City Council, 1990
- Working for tobacco-free cities, a multi-city*
action plan
Copenhagen, WHO Regional Office for
Europe, 1992
- ICP/HSC 644 *The process of an established multi-city action*
plan. The example of the AIDS care and
services MCAP
Copenhagen, WHO Regional Office for
Europe, 1992
- The multi-city action plan on Baltic cities and*
indicators
Copenhagen, WHO Regional Office for Europe
(draft report)

^a Copies can be obtained from the Alcohol, Drugs and Tobacco unit of the WHO Regional Office for Europe, 8 Scherfigsvej, DK-2100 Copenhagen Ø, Denmark.

- EUR/ICP/ADA 039 *Community and municipal action: report on a working group*
Copenhagen, WHO Regional Office for Europe, 1993
- EUR/ICP/ADA 039/7 *Community-based prevention research to reduce alcohol-related problems*
by N. Giesbrecht et al.
Copenhagen, WHO Regional Office for Europe, 1992
- EUR/ICP/ADA 039/8 *Lahti Project, proposal for a formal demonstration and evaluation project for a comprehensive programme to prevent the harm done by alcohol use*
by M. Holmila, Copenhagen, WHO Regional Office for Europe, 1992

*Annex 2***PARTICIPANTS****Host Representative**

Mr Ib Haurum

Deputy Director, Copenhagen Health Services, Denmark
(*Chairperson*)

City Representatives*Denmark**Copenhagen Healthy Cities Project*

Mr Jens Egsgaard
Dr Thorkil Thorsen
Ms Bente Skov

*France**Nancy Healthy Cities Project*

Ms Muriel Coudray

*Finland**Lahti project*

Ms Sirkka-Liis Mäkelä
Ms Ritva Teräväinen

*Germany**Dresden Healthy Cities Project*

Dr Klaus Wollschläger
Mrs Julia Muschner
Ms Simone Reinhard

Ireland

Dublin Healthy Cities Project

Mr Ray Bateson
Ms Peig Bennet
Mr Patrick Galvin

Italy

Milan Healthy Cities Project

Ms Marine Axerio
Dr Laura Donisetti

Lithuania

Kaunas Healthy Cities Project

Dr R. Daknys
Dr Gediminas Sakalnikas

Netherlands

Rotterdam Healthy Cities Project

Mr Hans van Oers

Norway

Norway Healthy Cities Project

Ms Anne Sofie Berge
Mr John Arild Gran

Sweden

Gothenburg Healthy Cities Project

Ms Brigitta Göransson
Ms Marianne Halbert

WHO Regional Office for Europe

Dr Peter Anderson

Consultant, Alcohol Action Plan, Alcohol, Drugs, Tobacco Unit
(*Secretary*)

Mr Jan Halm

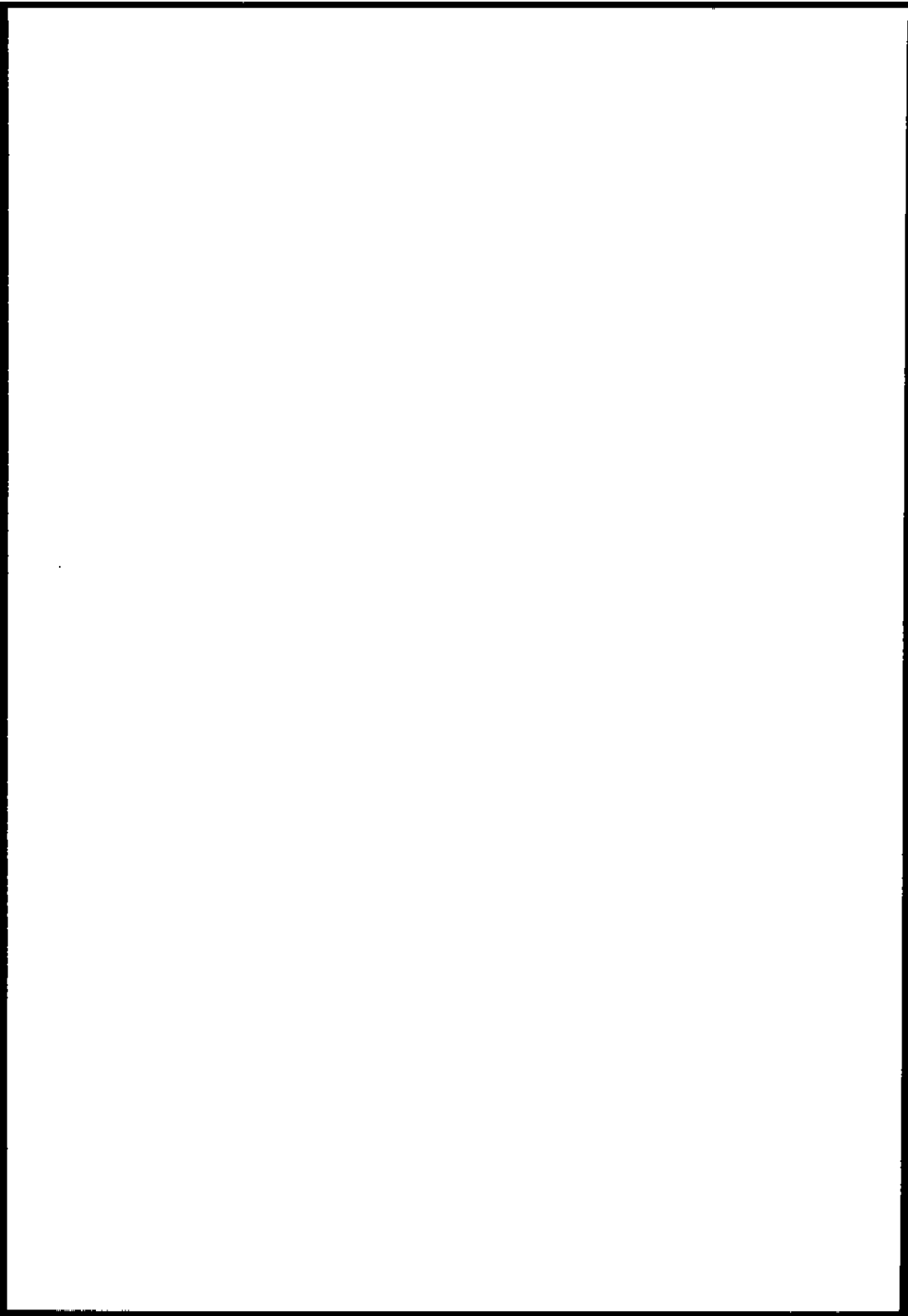
Consultant, Alcohol, Drugs, Tobacco Unit (*Rapporteur*)

Dr Juhani Letho

Consultant, Alcohol Action Plan, Alcohol, Drugs, Tobacco Unit

Dr Charles Price

Short-Term Professional, Healthy Cities Project



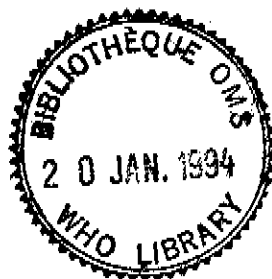
TARGET 17

TOBACCO, ALCOHOL AND PSYCHOACTIVE DRUGS

By the year 2000, the health-damaging consumption of dependence-producing substances such as alcohol, tobacco and psychoactive drugs should have been significantly reduced in all Member States.

This report is issued in English, French, German and Russian, and all rights are reserved by the WHO Regional Office for Europe. The document may nevertheless be freely reviewed, abstracted, reproduced or translated into any other language, but not for sale or for use in conjunction with commercial purposes. The WHO name and emblem are protected and may not be used on any reproduction or translation of this document without permission. Any views expressed by named authors are solely the responsibility of those authors. The Regional Office would appreciate receiving three copies of any translation.

A MULTI-CITY ACTION PLAN ON ALCOHOL



WORLD HEALTH ORGANIZATION
Regional Office for Europe
COPENHAGEN