Guidelines for city action on alcohol
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.

ABSTRACT

In support of local action, the WHO Regional Office for Europe has set up a Multi-City Action Plan (MCAP) on Alcohol, as part of the WHO Healthy Cities project. The cities involved in the MCAP on Alcohol agree to share experience, develop expertise and provide examples of good practice to other cities within and outside of the project. They work to an agreed joint plan of action and timeframe. Essentially they form a network of cities across Europe, committed to taking positive action on the prevention of alcohol-related problems.

This document consists of practical guidelines which have been prepared as an aid to cities in Europe that may be interested in taking action on alcohol at the municipal level. The guidelines incorporate the experience of several MCAP cities, as well as Florence in Italy and Oxford in the United Kingdom. They are based on A guide to alcohol action which was written as a result of a two-year project in Oxford.

Keywords

ALCOHOL DRINKING
ALCOHOLISM – prevention and control
MUNICIPAL GOVERNMENT
GUIDELINES
HEALTHY CITIES
EUROPE

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Annex 1 MCAP on Alcohol: useful contacts                                   63
These guidelines for city action on alcohol have been prepared in the context of the European Alcohol Action Plan (1) which was strongly endorsed by the Member States of the World Health Organization European Region in 1992. One of the priority areas of the Action Plan recognizes the importance of action at a community and municipal level. It goes on to say: “In addition to the development of local policy, local action can exert a powerful influence on national and even international policy ... every community has potential for preventive action and greater effort should be put into encouraging, strengthening and supporting local action.”

In support of local action, the WHO Regional Office for Europe has set up a Multi-City Action Plan (MCAP) on Alcohol, as part of the WHO Healthy Cities project. The cities involved in the MCAP on Alcohol agree to share experience, develop expertise and provide examples of good practice to other cities internal and external to the project. They work to an agreed joint plan of action and time-frame (2). Essentially they form a network of cities across Europe, committed to taking positive action on the prevention of alcohol-related problems.

This document consists of practical guidelines, which have been prepared as an aid to any cities in Europe that may be interested in taking action on alcohol at the municipal level. The guidelines incorporate the experience of several MCAP cities as well as Florence in Italy and Oxford in the United Kingdom. They are based on A guide to alcohol action (3) which was written as a result of a two-year project in Oxford.

Councils’ powers and responsibilities vary from country to country within Europe. Thus the areas of responsibility and related action on alcohol outlined below may not all be relevant to every city, or you may find some areas covered in less detail. Taking this into account, it may be useful to add ideas of your own on action on alcohol that is most applicable to your city. As this is a practical document, pages headed NOTES have been provided for this purpose at the end of every chapter. Good practice tips can be found throughout the document; these also warn of problems that may occur. EXAMPLES OF CITY ACTION are also given. These do not aim to cover all the action on alcohol currently taking place. Rather they should be seen as snapshots of the different kinds of action on alcohol being undertaken across Europe.

**Council structures and functions**

The councillors (sometimes called mayors) are the politicians elected to the council. They make up the various committees, which meet regularly to discuss the business of the council and to make decisions and recommendations to the full council. Council and committee meetings are usually open to the public and the press. There may also be a range of subcommittees, working groups and advisory groups, which support the different committees. The main committees commonly cover all or most of the following areas:
City services (e.g. street cleaning)
Culture (e.g. libraries, museums)
Finance
Public affairs
Urban planning
Personnel (plus committees concerned with employees’ salaries and conditions)
Highways and traffic
Estates (relates to the council’s own property)
Recreation
Housing
Social services
Education
Health and environmental protection (may include municipal health and hospital services, environmental health and food control, health promotion, environmental issues).

Municipal employees are organized in different departments. Usually each department, headed by a director, works to one or more of the committees.

**Good practice tips**

Become familiar with the workings of the council and find out its powers and responsibilities. Its structure can be used to bring all kinds of issues or campaigns to the attention of politicians and the public. Action on those issues can then be taken by the council if it wishes to do so. Of course, if a municipal employee is in post to implement an alcohol action plan adopted by the council, then results are more easily achieved.

It is also important to be familiar with national regulations and the role of councils in their enforcement, for example on alcohol advertising, or minimum ages for buying alcohol. Pressure can then be put on councils to enforce those regulations better (4).
Chapter 2

An Alcohol Action Plan

A community-wide alcohol action plan which is adopted by the council provides a good foundation for action on alcohol in the locality.

EXAMPLES OF CITY ACTION

Copenhagen

Copenhagen chose to include a section on alcohol in its comprehensive Healthy City Plan 1994–1997 (5), which was adopted by the City Council in June 1994. All its proposals, of which 16 concern the prevention of health damage caused by alcohol, were approved. These proposals include: education and information campaigns; workplace alcohol policies; participation in national campaigns; early intervention in primary and secondary care (hospitals, social services, general practice); information for pregnant women; in-service training; and various treatment-related proposals.

Six of the proposals have been put into action: two are currently undergoing planning for implementation; four have been initiated where planning is at a very early stage; and four proposals have not yet been started. Furthermore, a special account was given to the City Council in 1996 on the subject of alcohol (6).

Oporto

In 1993 the City Hall of Oporto and the Oporto Regional Alcohology Centre established a protocol for cooperation, with the aim of preventing alcohol-related problems in the locality. The protocol was established with both the Department of Health and the Department of Social Intervention at the City Hall. It concerns: assessing parishes’ needs in terms of alcohol prevention (particularly those with pressing social problems); involving the social support workers in each parish in planning activities relevant to the general population as well as to risk groups such as children, young people, pregnant women and the elderly; and developing activities including information and awareness sessions about alcohol-related problems (7).

Kiev

The Kiev Plan of Action against Alcohol and Tobacco Consumption: 1995–1997 (8) was adopted in August 1995 and signed by the Mayor of Kiev City. It incorporates many proposals under three headings: organizational and legal; the reduction of alcohol and tobacco consumption; and the treatment, and medical and social rehabilitation of people with signs of alcohol or tobacco dependence.

As the plan is fairly wide-reaching, it may be difficult to implement fully (4). However, the fact that the plan has been adopted means that future activities relating to alcohol in Kiev City have a good legal basis for the next three years at least, and some hopes of finance in 1996 and 1997 (9).
These short examples give no indication of the amount of effort that goes into developing an alcohol action plan and getting it adopted at city level. This process is dealt with in this and following chapters.

**Developing an alcohol action plan**

There are several headings under which an alcohol action plan could be developed. For example, a city might already be participating in the WHO Healthy Cities Project and thus have declared a commitment to promote health in that city. The country may be an active participant in the WHO European Alcohol Action Plan. Or there may be other local, national or international projects (not necessarily relating to health) that the city is working on, which could provide an opening for developing an alcohol action plan. Such work might include: city centre planning and management; crime prevention; drug prevention; safety and traffic; social and welfare issues; cost reduction to the health services; WHO Health Promoting Schools and Health Promoting Hospitals projects.

**Good practice tips**

_Councils have an exemplary role to play. They are large employers with responsibility for the welfare of their employees. Furthermore, they are elected bodies responsible to their communities. They not only provide essential services but can also take on issues of importance to their city, such as the health and welfare of their citizens and, within this, the prevention of alcohol-related problems. They can have considerable impact in this area of work and set an example to other councils._

_**Be creative and opportunistic:** depending on the council’s priorities and national priorities, try to gauge where action on alcohol, beginning with the development of an Alcohol Action Plan, could best fit in. If the time is not right, it is worth trying again when the mood and priorities of both the politicians and the professionals needed to support the plan may have changed._

_Collect examples of other cities’ action plans, strategies, or programmes on alcohol to link in with others’ work and take on board lessons learnt from other action plans and projects._

**EXAMPLES OF CITY ACTION**

**Lahti**

Lahti Municipal Council approved an Alcohol Policy Programme in 1992 (10). A suggestion to develop such a programme had already been made in the City Council in the late 1980s but had not been supported by local decision-makers at that time. Two years later the same suggestion was made and supported by city professionals, and a working group was set up to draft the programme. A permanent Drug and Alcohol Policy Working Group was nominated in 1992, consisting of social, health, and teaching professionals, police, church workers and representatives of some citizens’ organizations. Its remit is to monitor changes in drug and alcohol use and to make suggestions to the city government for prevention and treatment of drug-related and alcohol-related problems (11).
Oporto

It is important to be aware of the political and legal context of alcohol-related prevention work in Portugal. Firstly, there is no clearly defined national alcohol policy. Secondly, there is no tradition among the municipalities of investing in education and health, as these are usually considered to be central government responsibilities. However, regulations dealing with access to and the distribution and consumption of alcohol are left to local government, meaning that different districts have different rules (this may, of course, allow various opportunities for local action). Enforcement of such rules is minimal and in any case is the responsibility of the police, suggesting a punitive rather than educational or welfare approach. Despite such obstacles, informal work on the prevention of alcohol-related problems in Oporto began in 1985. The protocol of cooperation with the City Hall was established in 1993 (7).

Kiev

The Kiev Plan was initiated by the Kiev Sociotherapy Corporation (the city’s alcohol treatment service) and linked to the national alcohol programme which outlined council responsibility for some kinds of action on alcohol (4). However, it was difficult to get the plan affirmed – “a long and hard year and a half of preparations, political consultations, dozens of meetings and discussions with representatives of the main political forces in the city government, and an almost invisible movement of the plan through the ‘bureaucratic pyramid’” (9,12).

A working group

A small working group could prepare the first draft of the alcohol action plan, but from then on extensive consultation is needed. A community-wide alcohol action plan is, by its very nature, extremely broad and is likely to refer to a wide range of public sector agencies, municipal and nongovernmental organizations, industry and the alcohol trade. All the relevant bodies must be consulted and allowed sufficient time to respond. Public consultation meetings could also be held.

The working group (ideally supported by an alcohol action officer appointed by the council to develop and implement such a plan, as in Oxford from 1989 to 1991) should try to collect as much data as possible, particularly at the local level, about the impact of alcohol on the community and the extent of alcohol-related problems. Such data might include figures on alcohol consumption, alcohol-related mortality and morbidity, the costs of alcohol-related problems to the health and emergency services, the costs to the workplace in terms of sick leave, accidents and loss of productivity, alcohol-related traffic accidents, or arrests for drunkenness. Further detail on data collection can be found in Community and municipal action on alcohol (13).

EXAMPLE OF CITY ACTION

Copenhagen

Copenhagen Health Services have prepared a comprehensive alcohol profile of the city, built up from a variety of sources going back to 1980. It includes figures on consumption, treatment at out-patient clinics, psychiatric wards, in-patient clinics, other hospitals, mortality rates, arrests or detention for drunkenness, number of licences and number of licensed premises with extended opening hours. Its aim is to provide a knowledge base for decision-makers in the city council and municipal administration (14).
Good practice tips

Local data, although not always easy to collect, are very valuable when trying to prove the need for an alcohol action plan, particularly as councils often underestimate the role of alcohol-related problems among the whole range of health and social problems in the community, or think that the only problems are those related to dependence or alcoholism (4). Local indicators also provide baseline data from which trends can be monitored in order to evaluate the outcomes of action on alcohol.

It is also essential to be well informed about the latest developments in alcohol-related research, as this is an ever-changing field. It is necessary to be confident of the facts before telling others about the risks of alcohol-related problems.

Emphasize at every opportunity, including by use of appropriate language, that action on alcohol is relevant to every drinker in the community, not just to those who experience severe alcohol-related problems.

Even if the plan is very broad and aims to be a model document, it should still outline realistic and achievable aims and objectives, in order to encourage action. It must be prepared in the context of other health and social policies adopted by the council. It will not work in isolation or if it conflicts with other established policies.

An alcohol action plan agreed by the council should make clear the differences between what should be achieved by the council, and what could be achieved by others. The plan cannot demand results of other organizations, but can make suggestions or recommendations to them. The council itself should strive to achieve its own aims as laid out in the plan as a top priority.

In the sections of the plan outlining the council’s own responsibilities, include the requirement to report back to the council on achievements in relation to targets, after an agreed time period (13).

Joint work is the key to achieving approval of the plan and its effective implementation. Intersectoral collaboration will contribute to making work on alcohol more mainstream and acceptable. It is therefore important to make and use contacts in other areas of work or other organizations to gain support for, and wider participation in, action on alcohol. For example, a key working relationship in Oxford was between three workers: one based at the council, the second at the municipal health service and the third at a nongovernmental counselling service on alcohol-related problems.

Setting up an alcohol forum

One way of formalizing contacts is by initiating a multidisciplinary alcohol forum. This should consist of representatives from a wide range of local organizations in the public, private and nongovernmental sectors. The small working group developing the alcohol action plan could be a sub-group of such a forum. Ideally, most members of the forum would not be alcohol

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1 For example, see: Oxford City Council. *A balanced alcohol strategy for Oxford*, 1990.
specialists, but would be interested people willing to put the issue of alcohol on the agenda of their own organizations, and to participate in and support joint projects and community-wide campaigns. They should be senior enough to have some influence on policy. The forum should also support the small working group or the alcohol action officer whose remit it is to develop and implement the alcohol action plan.

**Good practice tips**

The question of whether the alcohol industry should be invited to join the alcohol forum needs to be resolved either before or at the first meeting. The answer depends to a large extent on local views and how the alcohol industry is organized in that city or country. For example, it may not be possible to carry out much effective action on alcohol without its involvement. On the other hand, the industry may block various initiatives that conflict with its profit motive and the forum’s credibility may be lowered by working with it.

It can be very helpful if the alcohol forum is chaired by an interested city councillor. This provides another channel of communication with local politicians.

The alcohol forum can also develop an independent, lobbying role: certain sensitive issues can be better raised by a multisectoral forum and some proposals may carry more weight than if they come only from the council.

**EXAMPLE OF CITY ACTION**

**Oxford**

In Oxford the Alcohol Forum was effective in achieving policy changes, such as a stricter code on alcohol advertising at cinema showings aimed at children and a ban on the sale of alcohol from a hospital shop (15). The Forum also lobbied at national level on the likely effect of EC fiscal harmonization on alcohol consumption and health.

**Suggested members of an alcohol forum**

**Chairperson:** City councillor

**Other members:** City councillors

Representatives of the following council departments:
- Chief Executive
- City Secretary and Legal
- Education
- Engineers, traffic
- Health and environmental protection
- Housing
- Personnel
- Recreation
- Road safety
- Social Services
- Urban planning
Alcohol treatment centres
Nongovernmental organizations offering alcohol services or representing particular population groups
Probation
Police
Facilities for homeless people
Local court
Trade unions

An alcohol action officer

The usefulness of such a post has already been mentioned. It is probably essential in most localities to appoint such a person (or even a small team (13)) to ensure that the city’s alcohol action plan is developed, agreed, implemented, updated and its progress monitored. Without a specific worker, progress is likely to be extremely slow and areas of work may never make the transition from paper to action, even once they are agreed.

Good practice tips

Once an alcohol action officer is appointed, he or she is commonly perceived as the alcohol expert to whom anything relating to alcohol is referred. This means that it is easy for work on alcohol to become marginalized, and to come to a halt when funding for the post runs out. Other workers in the council should be encouraged to carry out work on alcohol relevant to their fields. The work is then much more likely to be sustained as part of the everyday duties and culture of the council.

The post should be senior enough to accomplish changes at policy level and to have credibility with contacts in other organizations. There should be a budget for work on alcohol to avoid continual bids for sponsorship or project funding, which can be most time-consuming and frustrating.

A limited number of realistic objectives and milestones should be agreed in the alcohol action officer’s workplan. Otherwise the overall aim, to work towards the prevention of alcohol-related problems in the community by facilitating and taking city action, can be overwhelming.

It is useful for the alcohol action officer to work as part of a health promotion team. This enables similar kinds of joint work to take place and should provide a sound ideological and practical base and a supportive environment, infrastructure and resources. It is of course important for the alcohol action officer to be accessible to others outside the field of health promotion, and to look for opportunities for joint work with them.

Ideally, political will is needed in favour of action on alcohol. This boosts and benefits the planned work. It is definitely needed at the start to get action on alcohol off the ground. If political will declines, it is feasible – although more difficult – to carry on such work, as long as the necessary infrastructure and resources are in place.
Adoption and implementation of a city alcohol action plan

It is likely that a comprehensive alcohol action plan will need to journey through most of the council’s committees before it can be ratified by the full council. In any case, this is a useful process, as it brings the plan to the attention of politicians with different priorities and highlights the role of their particular committee. Each committee could be asked to adopt certain resolutions, thus agreeing to relevant action being taken, as outlined in the following chapters.
Chapter 3

Public Affairs and Urban Planning

Public affairs committee

To resolve:

To recognize the importance of the media in putting across council policy and to ask the council’s press and publicity officer to take every opportunity to involve the media in initiatives arising from the alcohol action plan; to supply the media with all necessary data and information to report alcohol issues fairly; to hold study days on alcohol for journalists;

To ask the director of the city secretary and legal department to inform the director of the environmental health department of relevant impending developments in national or local legislation, such as changes in licensing laws or in byelaws on drinking in public places;

To refuse sponsorship or funding from the alcohol industry for any event, activity or publication controlled, owned or supported by the city council unless this relates specifically to the promotion of low alcohol or non-alcoholic drinks;

To make representations to the appropriate government ministers on:

1. the need to monitor the public health effects of changes in licensing laws;
2. the need to alter the massive imbalance between expenditure on alcohol advertising and funds for education on alcohol;
3. the provision of suitable legislative, financial and physical frameworks to make the environment safer from the consequences of drunkenness.

EXAMPLES OF CITY ACTION

Oporto

In its collaboration on alcohol prevention with Oporto Municipality, the Oporto Regional Alcoholology Centre aims to involve the mass media by promoting regular press briefings on alcohol-related issues and setting up a cuttings bank so that coverage in the main papers and magazines can be reviewed daily (7).

St Petersburg

The press centre of the Department of Health at the Mayor’s Office is active in promoting alcohol prevention to the press. The Press Secretary has the role of mass media coordinator for health issues, including encouragement of a healthy lifestyle. In 1993 two press conferences, on alcohol and drug prevention and the social aspects of alcohol-related problems, were held for journalists of the most well respected periodicals and newspapers and for radio and television correspondents (16).
Good practice tip

*It may be difficult to achieve adoption of the resolution to refuse sponsorship or funding from the alcohol industry. In Oxford, it was discussed by five committees and either rejected or referred on. It was finally rejected.*

**Urban planning committee**

To resolve:

To ask the director of the urban planning department to secure the provision of adequate family rooms in licensed premises, whenever possible;

To ask the director of the urban planning department to draft special criteria for planning applications relating to licensed premises, to be included in local planning policies;

To refuse sponsorship or funding from the alcohol industry for any event, activity or publication controlled, owned or supported by the city council unless this relates specifically to the promotion of low alcohol or non-alcoholic drinks.

Good practice tip

*There may be reluctance to adopt the resolution on including special criteria for planning applications relating to licensed premises, in local planning policies. In Oxford, it was deferred as it was felt to be difficult to consider alcohol-related issues in a planning policy, and that more detailed information was required.*
NOTES
Personnel committee (plus any committee on salaries and conditions of service of employees)

To resolve:

That a small working party be set up to develop and implement a workplace alcohol policy; that the working party should consist of representatives of the relevant committees and departments, including the occupational health staff and the alcohol action officer;

That the workplace alcohol policy should take account of the following points:

1. that employees’ work should not be impaired by alcohol; this means that employees are expected to exercise responsibility and discretion in the consumption of alcohol during lunchtimes, breaktimes and immediately before work;

2. that a precise form of words should be agreed by the working party on the issues of drinking during working hours or in the workplace, by all categories of employees as well as elected councillors;

3. that all employees should be given information about the effects of alcohol, risk levels of drinking for men and women and important signs and symptoms of alcohol-related harm;

4. that clear procedures should be established concerning confidentiality and referral to help services (preferably external to the council) which should be available to any employee with an alcohol-related problem;

5. that in terms of helping employees with an alcohol-related problem, there should be a time period agreed by the employee, his or her manager and the occupational health staff within which a return to satisfactory work performance should be achieved;

6. that the roles of key personnel in implementing the workplace alcohol policy should be defined; this would include the role of the manager, occupational health staff, personnel department, trade unions and the employee;

7. that training and facilities should be developed for employees to encourage health-promotive behaviour, including discussion about the use of alcohol; in addition, training on implementing the workplace alcohol policy and procedures should be provided for key personnel, including managers and trade union representatives;

That the workplace alcohol policy should be agreed by both employer and employees, managers and trade union representatives; that it should then be publicized, presented to all employees, and monitored and evaluated by the personnel department in conjunction with the alcohol action officer;
To ask all directors of municipal departments to examine whether the workplace environment and working conditions in which their staff operate encourages excessive alcohol use, and to take steps to alter these conditions if they exist;

To ask the personnel department, the environmental health department and the city secretary and legal department to pursue the possibility that the council’s workplace alcohol policy, when agreed, might be marketed or commended to other employers in the city;

To advise the recreation committee that:

1. when the council negotiates loans with breweries for its community centres, breweries should be asked to give greater emphasis to advertising low alcohol or non-alcoholic drinks;

2. where the council has control over the pricing of drinks, the prices of low alcohol or non-alcoholic drinks should be made as competitive as possible in order to encourage their purchase.

**Good practice tip**

It is important to consult trade union representatives as early as possible, otherwise the alcohol action plan, and within it the workplace alcohol policy, may be felt to be inflicted on employees, with negative implications for the plan across the whole council. Trade unions will need time to decide their own role in implementing the alcohol action plan and union representatives should be offered training in this matter.

In general, issues around alcohol in the workplace, employers’ bars, lunchtime drinking and so on require comprehensive consultation before any rules or recommendations are drawn up. Be prepared for all kinds of objections, lack of cooperation and lack of understanding. Ensure that other agencies or groups, like an alcohol forum, support and are willing to back this issue. Collect examples of other well known local or national organizations that have taken action on this issue.

If consideration is being given to banning drinking when work might be affected, there will be a need for a commitment for training, education, information and the provision of help to go hand in hand with such a ban. A ban alone is purely restrictive and will antagonise employees.

**EXAMPLES OF CITY ACTION**

**Oporto**

Cooperation between the Oporto Regional Alcohology Centre and Oporto Municipality has included action in the workplace. As the workplace is a particularly important setting for preventive work, a programme has been implemented at the City Hall itself, reaching about 4000 workers, as well as at other large enterprises. Once the scale and nature of problems at the workplace have been understood, workplace interventions usually include controls on the availability of alcoholic drinks (including explicit rules about drinking during the working period), information and education, and the promotion of alternatives. The programmes try to include the trade unions (7).
Rotterdam

Municipal policy regarding the prevention of alcohol-related problems aims to reduce the use of alcohol in general. Specific efforts at prevention have been undertaken in the field of alcohol and the workplace, among others (17).

Copenhagen

The Copenhagen Healthy City Plan (5) proposes that “work to introduce alcohol policies in workplaces in Copenhagen, including municipal workplaces, should be maintained and developed during the plan period. Alcohol is part of the written personnel policy of the Municipality of Copenhagen ... after discussions in the committee, each institution will prepare an alcohol policy. Such a policy has not yet been prepared, nor has help been established for all municipal employees with alcohol-related problems ... It is expected that most workplaces in Copenhagen, including municipal workplaces, will establish alcohol policies during the plan period.” Municipal Department 3 (Social Affairs, including Social and Health Services) has already established an alcohol policy for its employees.

Copenhagen City Council has been very successful in offering consultative services to companies and institutions in Copenhagen on developing a workplace alcohol policy. “There is a steady high demand for these services ... the concept has been introduced as a personnel policy benefit and as a means of efficiency to the management.” Copenhagen has “made a strong alliance with the National Trade Union and the National Employers Association to help support and market the idea. They have also involved local counterparts and other strong local interests” (6).

Hints for action: alcohol in the workplace

Assess whether there is a particular drinking culture among groups of employees which is affecting work performance. If so, try to find out why such a culture exists and how it might be changed.

Find out what environmental and work-related factors in the workplace could be causing alcohol-related problems – e.g. isolation in work, unsociable working hours, stress, particular working conditions, type of work, too high or too low a workload. Try to change these factors.

Assess whether employees have good role models to follow in their senior managers.

Actively encourage employees to not to mix alcohol with work, in terms of benefiting their work performance.

Ensure that an imaginative choice of low alcohol and non-alcoholic drinks are available at any work-related function.

Exert pressure for better food and rest facilities in the workplace.

Attend, and encourage other employees to attend, any alcohol training and information sessions that may be provided.
NOTES
Chapter 5

Highways and Traffic, Estates and Recreation

Highways and traffic committee

To resolve:

To allocate sufficient funds to ensure that roads are adequately lit and maintained for the safety of all road users;

To request the local bus operators, in taking decisions about bus service provision, to have regard to the role public transport plays in conveying people safely to and from premises where alcohol is consumed; to look sympathetically at requests for financial subsidies to bus services to and from such premises and to ensure that such services operate at appropriate times;

To request the local bus operators, bus shelter providers and railway authorities to consider not accepting advertising of alcoholic drinks (except low alcohol or non-alcoholic brands) on any vehicles or sites under their control;

To make representations to the relevant government department and to local members of parliament in favour of the introduction of random breath-testing.

Estates committee

To resolve:

To request the director of the estates department, when licences for advertising sites are next renewed, to include a condition prohibiting the advertising of alcoholic drinks (except low alcohol or non-alcoholic brands).

Good practice tip

This resolution is most likely to be approved if the municipality does not generate much income from alcohol advertising on its own sites, buildings or facilities. If tobacco advertising has been banned on sites owned by the municipality, point this out, as that will have set a precedent in terms of health promotion and advertising.

EXAMPLES OF CITY ACTION

Riga

After the collapse of the communist regime, councils were able to take local action on alcohol. Thus in Riga alcohol advertising was prohibited while in Latvia as a whole such a law was not adopted (4).
**St Petersburg**

The Working Commission on Health of the City Council met in 1993 and, in accordance with the first strategic objective of the European Alcohol Action Plan, resolved to “strengthen policies that prevent the harm done by alcohol use”. One of its decisions was to “… set bounds to advertising of alcohol and tobacco (in the city)” (16). However, the nongovernmental group Women’s Health in St Petersburg reports that “poster advertising in the streets, metro stations and other places still remains” (18).

**Recreation committee**

**To resolve:**

To recognize that if many of the recreation and community facilities provided by the committee include licensed bars, the committee has a particularly important role to play in the implementation of an alcohol action plan;

To ensure that all the provisions of national and local licensing legislation (including permitted drinking hours and minimum drinking age) are adhered to at licensed premises controlled by the committee; to ask the city secretary and legal department to investigate whether rules on the signing-in of members and a membership scheme for licensed premises are covered under such provisions, and if so that these too should be strictly enforced;

To ensure that no less serious a view should be taken of breaches of the legislation than would be taken for non-council facilities;

That a broad range of low alcohol and non-alcoholic drinks should be available at a reasonable price at licensed facilities, including community centres, under the committee’s control;

To adopt the recommendations of the personnel committee (see p 15) to encourage breweries with whom the council does business to advertise low alcohol or non-alcoholic drinks more intensively; and where the council has control over pricing to price low alcohol or non-alcoholic drinks more competitively;

To limit the sale of alcohol in places such as sports clubs and community centres;

To refuse sponsorship or funding from the alcohol industry for any event, activity or publication controlled, owned or supported by the city council unless this relates specifically to the promotion of low alcohol or non-alcoholic drinks;

That the environmental health department and the recreation department should produce information on, for example, the hazards of drinking alcohol combined with recreational activities such as swimming or ice skating;

To record that certain municipal venues (e.g. leisure centres, community centres and ice rinks) are suitable to use for alcohol education events, particularly those with a recreational content.
EXAMPLES OF CITY ACTION

Kiev
One of the measures in the Kiev City Alcohol Action Plan (8), is “to prohibit the sale of alcohol beverages and tobacco brands in educational, cultural and sports facilities”. This measure is to be put into action in 1995 by the General Department of Health Care, the General Department of Ministry of Internal Affairs in Kiev, the General Department of Education, the General Department of Culture, the Department of Justice and the Committee of Youth and Sports Affairs.

Sandnes
A cultural workshop (alcohol-free) has been established in the city centre with a cafe, disco, concert room and music studio (19).

Rotterdam
In common with many cities in the Netherlands, Rotterdam has developed a local policy to limit the sale of alcohol in sports clubs and community centres (20).
NOTES
Chapter 6

Housing, Social Services and Education

Housing committee

To resolve:

To ask the Director of the housing department to ensure that the staff dealing with housing and homelessness have sufficient training in and appreciation of alcohol-related problems; to keep records of the number of cases in which alcohol plays a significant part, noting that such record-keeping has to be on the basis of accurate, factual information not subjective judgements;

To request the director of housing to ask any nongovernmental organizations providing housing for homeless people to adopt a similar approach, if appropriate;

To ask the housing department to include an item on alcohol use in an edition of a newsletter that goes to all council-owned residential property;

To confirm that there is a need for a variety of accommodation provided by a wide range of agencies for homeless people with alcohol-related problems;

To change the council’s own housing policy to give higher priority to homeless people with alcohol-related problems.

EXAMPLE OF CITY ACTION

Oxford

The resolution that the Housing Department “should keep records of the number of cases in which alcohol plays a significant part” caused problems for the Homelessness Section. The aim of such a proposal was to collect valuable local data which would be useful in monitoring the impact of the alcohol action plan. However, the staff were concerned about its implications for confidentiality. This caused them problems for some months, until their concerns were voiced to councillors and to the Alcohol Action Officer and could then be resolved by clearing up misunderstandings and improving communication.

It was agreed that their worries about confidentiality and the misuse of such statistics were very valid. It was not feasible at that time to set up a system that would ensure anonymity, confidentiality and complete accuracy. It was jointly decided to put that resolution on hold. Instead, information on alcohol and health and local help agencies was inserted into the Homelessness Section’s information packs going to people living in bed and breakfast accommodation.
**Good practice tip**

Consult fully and communicate well to avoid misunderstandings and unexpected problems. Even then, once the process of implementing an alcohol action plan has begun, unforeseen results are likely. These could lead to the failure of a project or to an unexpected window of opportunity – which must be taken immediately.

The proposal “to change the council’s own housing policy to give higher priority to homeless people with alcohol-related problems” will not be easily agreed and is likely to be rejected. However, its inclusion in the proposed alcohol action plan does mean that the issue is at least discussed by the politicians.

**Social services committee**

To resolve:

To ask the social services department to monitor the contribution to its workload of problems related to excessive alcohol consumption;

To request the director of the social services department to offer training programmes on alcohol and alcohol-related problems to all social services staff;

To request the social services department to encourage and facilitate liaison between social services departments and individual social workers, and the municipal and nongovernmental alcohol services.

**EXAMPLES OF CITY ACTION**

**St Petersburg**

The Working Commission on Health of the City Council met in 1993 and, in accordance with the eighth strategic objective of the European Alcohol Action Plan (1), resolved to “strengthen the contribution of the social welfare system to prevent the harm done by alcohol use”. The structure of the city’s and the whole country’s social welfare services was such that the social rehabilitation of alcohol and drug patients was no-one’s responsibility. Therefore the City Treatment Centre set up a much-needed service that aims to find jobs for people who have been treated at the hospital, and deals with their social and welfare problems (16).

Training has been another important development. Educational programmes on alcohol for qualified social workers, teachers, police and general practitioners (GPs) have been developed and are continuing. Furthermore, education on alcohol has been introduced into the curricula of social work training, teacher training, and GP training as well as at a number of schools (21). Social workers are now trained how to recognize alcohol and drug problems, and given information on current options for treatment, prevention and social support (16).

The latter development came about as a result of joint work by a group representing the City Treatment Centre, the Medical Academy of Post-Graduate Studies and the
University of Teacher Training. The group surveyed knowledge about alcohol and related issues among schoolchildren, social workers and teacher trainees. They found that all the different groups surveyed had inadequate knowledge of the harmful effects of alcohol on health and society, how alcohol dependence could develop and what kind of anti-alcohol legislation existed (21).

**Oporto**

Cooperation between the Oporto Regional Alcoholology Centre and Oporto Municipality, specifically with the Department of Social Intervention, led to training targeted at workers in the areas of the city where alcohol and drug-related problems were major concerns. Thus training of social workers, teachers, doctors, local government staff and community members took place in the parishes of Aldoar, Ribeira and Ramalde (7).

**Education committee**

To resolve:

To ask the education department to include alcohol and its use in curricular issues relating to health and social issues in schools and colleges;

To request the education department to encourage schools and colleges, as potential centres for health education and promotion in their local communities, to consider how they might develop methods and policies which would promote a greater understanding of alcohol use and alcohol-related harms;

To recommend that the education department develops tools and methods to assess and improve the level of awareness of alcohol-related issues in the community, at schools and colleges.

**EXAMPLES OF CITY ACTION**

**Rotterdam**

Alcohol prevention is included in the health policies of many schools. Activities include courses for pupils, meetings for parents and discussions around alcohol included in other lessons (22).

The Municipal Health Service in Rotterdam (Health Promotion Department) in conjunction with the Bouman Addiction Centre has developed a project called The Healthy School and Stimulants. Special teaching materials have been produced and lessons using these materials are held in secondary schools, once teaching staff have followed an introductory course. The lessons deal with knowledge of alcohol and attitudes and skills in coping with peer group pressure. By targeting pupils, it is hoped that parents will also become involved. Teaching packs have also been developed by the Municipal Health Service for use in primary schools. These are lent to the teachers free of charge for up to three weeks (23).

**St Petersburg**

An annual anonymous survey of alcohol consumption among schoolchildren has been held since 1991. Up to 1500 children in the 9th, 10th and 11th grades of 15 schools take
part. This survey is very useful for monitoring trends and it shows that the use of alcohol among this age group is a considerable, and growing, social problem. As already mentioned, educational programmes on alcohol are taking place in a number of schools in St Petersburg. Young people’s drinking and related problems are worsened by the fact that many of the sports, music and games societies that used to be provided free are closing. Leisure activities are developing on commercial terms which many families cannot afford, so young people are bored and turning to drinking, drugs and crime (21).

Copenhagen

Copenhagen Health Council has taken a campaign-led approach, in cooperation with the School System of Copenhagen. In 1991–1992 the School System carried out a campaign for 12–16-year-old pupils, with the purpose of encouraging discussion of alcohol-related problems. The pupils put on theatre shows and made videos. This way of working increased their self esteem and confidence and the work is continuing in the 1994–1997 Healthy City plan period.

In 1994 a campaign against intoxicants targeted 16–19-year-olds in upper secondary schools, youth clubs and job creation programmes. Once again young people from the various educational establishments have been directly involved in the organization and implementation of the campaign (5).

Lahti

Local schools were involved in the Lahti Project, as it was felt that they were one of the most important institutions in the community. However, there were problems: schools have a busy curriculum and teachers have learnt to avoid extra demands on them from outside. Teachers in the modern school have no special role in the wider community, and parents’ relations with schools are rather distant. Despite such problems, results were achieved: educational leaflets for pupils and parents; school visits to the library exhibition on alcohol (Liquor Week); an essay competition, an alcohol theme in art classes; and a campaign organized in schools by nursing students (Is Everything OK?). Also, parents, health care workers and teachers in two primary schools started a project with the Lahti Project coordinator as they felt that alcohol education should start at a younger age (24).

Good practice tip

Work with schools may not be particularly easy, depending on the organization of the school system and the perceived role of the school in the community. Good communication needs to be established with the education authority and the individual school. If the work fits into a project already running in the school, and it is clear that the project will not add substantially to teachers’ already heavy workloads and full curricula, there may be more chance of succeeding. For example, the Florence Community Project was successful in involving teachers because the project joined a larger health education project already running between the Health Education Unit and the School System in Florence (25).
NOTES
Health and Environmental Protection

Health and environmental protection committee

*Good practice tip*

*In many ways, this can be considered the parent committee for an alcohol action plan. The plan could be presented to this committee first of all, with a recommendation that it be approved in principle and that the committee ask all the other committees to consider the areas of the plan relevant to them, and report back to the health and environmental protection committee with their views and resolutions. The committee can then reconsider the plan and, hopefully, approve it. In this way the health and environmental protection committee can be more confident of obtaining full council approval of the plan when it is presented to that assembly.*

Note that in some cities of Europe the municipal health service is a department of the council, while in others it is a separate authority whose boundaries may not be coterminous with the municipality. Where it is separate, the health authority itself could write a community-wide, multisectoral alcohol action plan including recommendations for action, both within and outside the health service. Where it is a department of the council, the relevant resolutions of the council’s alcohol action plan would apply.

As so many areas of action relate to this committee, this chapter has been split into several sections.

**To resolve:**

To recommend the full council to adopt as policy the alcohol action plan;

To note that the detailed consideration of the various provisions in the plan affecting other committees is the responsibility of those committees;

To ask the director of the environmental health department to report to this committee and all other directors to report to their relevant committee within 12 months on progress made by their departments in implementing the various elements of the alcohol action plan;

To refuse sponsorship or funding from the alcohol industry for any event, activity or publication controlled, owned or supported by the city council unless this relates specifically to the promotion of low alcohol or non-alcoholic drinks;

To endorse recommendations to the recreation committee to encourage breweries with whom the council does business to advertise low alcohol or non-alcoholic drinks more intensively; and where the council has control over pricing, to price such drinks more competitively;
To approve the following recommendations:

**Target groups**

To affirm that the target groups to whom the plan should be directed are young people, women, older people, people in the alcohol trade, working men, unemployed people, homeless people and people from different ethnic backgrounds.

**EXAMPLES OF CITY ACTION**

**Padua**

An alcohol action plan is being developed in Padua in collaboration between staff from local health units, nongovernmental organizations, the municipality and the local education authority. Its aims include undertaking programmes for homeless people, with particular attention to those coming from Africa and Asia. Such a programme is likely to be carried out in cooperation with hostels and food distributors for homeless people (26).

An aspect of the plan already under way is a prevention project on the use of alcohol and ecstasy in discotheques. The City of Padua Department of Social Affairs, the Healthy Cities Project and local nongovernmental organizations are involved. The project phases are: training courses for DJs; special sessions in discos to disseminate health-promoting messages; the creation of educational and audiovisual materials; and the involvement of street workers to interact with young people (26).

**Lahti**

The Lahti project did not plan an overall strategy for educating young people but used a grass-roots approach. It was felt that such action would be more sustainable, would harness local energy and creativity and would promote innovative ways of working, whereas external funding for preconceived aims would only have a temporary effect (24).

The same social workers involved in the Lahti Project were running a street service called Mono, in which every Friday night a group of adults patrolled the streets and helped the under 18s they found who were at risk or in crisis due to alcohol, drugs or violence. The aggressive and self-destructive behaviour of girls aged under 16 years in particular was causing concern and the Lahti Project along with the social youth workers decided to set up a project: “Crazy Girls – Let’s be crazy but let’s do it without drugs”.

The Crazy Girls Project offered practical alternatives to alcohol and drug use and helped to develop the girls’ self-confidence and social skills. Action included making prints, jewellery and hats, painting, riding, self-defence, climbing, theatre visits, concerts and a photographic exhibition. To stay in the group the girls had to remain sober, which all but one did. They learnt to resist social and peer pressure to drink. Parents could meet the workers every fortnight and so feel part of the project. The Lahti Project supported this venture with a little funding and with the provision of training and meetings with experts for the workers.
There were problems with continuing the Crazy Girls project, despite its success. The city of Lahti finally agreed to fund it. However, the second Crazy Girls group was nothing like the first – the girls lost interest and the project did not reach its goals (24).

**Good practice tip**

Work with young people has unpredictable outcomes. It can never become boring or routine, but its results are never self-evident beforehand. It requires commitment, creativity, an individual approach and the total attention of the youth workers. The second time is not easier than the first time. (10). However, even small-scale projects can have a wide impact, particularly with the aid of the mass media, and cause action to be initiated elsewhere (24).
NOTES
The health service

To support work in primary care by training staff in recognizing alcohol-related problems and how to approach them; teaching brief and early intervention techniques such as motivational interviewing; producing materials and publications for use in primary care;

To develop community-based outreach, counselling and care for those with alcohol-related problems, shifting the focus away from residential psychiatric hospital care;

To look sympathetically at applications for funding research into alcohol prevention and management in primary care; the epidemiology of alcohol-related problems; and the development of local policies, plans and community action for the prevention of alcohol-related problems;

To organize and participate in community events and projects aimed at raising awareness of alcohol and related problems;

To support the other aspects of this plan relevant to the health service, such as developing and implementing a workplace alcohol policy, liaison and information-sharing, and joint work with other relevant agencies in order to prevent alcohol-related problems and reduce the level of alcohol-related harm.

EXAMPLES OF CITY ACTION

Rotterdam

A neighbourhood project in Rotterdam (the ELAP project) (27), based on a joint initiative between the Municipal Health Service and a regional treatment institute, aimed to train primary care workers (in this case GPs, social workers, family care workers and neighbourhood nurses) about alcohol-related problems.

The project was beset with difficulties. There were funding problems and changes in municipal and central government priorities. All the interested parties had their own ideas and aims; project plans had to be continuously rewritten; there was little cooperation between the different primary care workers at neighbourhood level; GPs only cooperated with each other to the extent of holiday and week-end cover and expressed only limited interest in the project. The city social work agency initially declined to cooperate with the project altogether and remained a difficult party to work with. This was because they did not see early intervention in alcohol-related problems as legitimate tasks for their profession. A similar view was held by the neighbourhood nurses – only the family care workers were enthusiastic participants.

Despite this range of problems, many activities were undertaken. For example, a city-wide educational programme for GPs and written courses for neighbourhood nurses and family care workers were developed.

Many lessons were drawn from the project, such as the need to develop networks between primary care professionals themselves, and between them and treatment facilities, rather than concentrating on education alone. GPs in particular seemed lacking in general communication skills and were not interested in acquiring them, although they did have some interest in acquiring knowledge on alcohol-related problems.
As a result of the ELAP project, a project using educational programmes as a means to develop networks was set up. As part of this project, social workers, outpatient psychiatric centres, GPs, the municipal health service, youth centres and alcohol clinics work together in an effective way.

**Good practice tip**

*It is not always easy to obtain good participation and motivation of primary care professionals in training concerned with alcohol-related problems. Difficulties in involving GPs in alcohol-related work have been reported from many countries in Europe, including Denmark, the Netherlands, Portugal and Sweden (28). Even with thorough preliminary work and the use of contacts it may not be possible to anticipate the problems likely to occur, such as changes in political priorities. However, even a seemingly unsuccessful project can lead to lessons being learnt and a much more effective project being initiated.*

**Florence**

The Alcohol Community Project in Florence (29) is actively supported by the Quartiere or district-level tier of local government. The project was successful in involving primary care staff – nearly half the local GPs completed a three-day alcohol education course and agreed on a method they would all use to identify alcohol-related problems in the future. Also, their attitudes to alcohol-related problems changed – previously they had assumed that alcohol-related problems meant alcoholism. By the end of the course they were much more in favour of prevention and health promotion.

One of the reasons for this success was that the project had a good relationship with the Florence Medical Association. It was possible to incorporate the alcohol training course into the Association’s mainstream training funded by the Regional Authority for Tuscany. Also, a network of acquaintances existed between the project group and the community. Thus the community nurse involved in the project had wide personal connections with nurses and social workers in that community, and the project coordinating physician had a good working relationship with the Head Physician and Head Nurse in the district (25).

**Lahti**

The Lahti Project included a module on brief intervention with heavy drinkers in health care. The module coordinating group included Lahti Project staff, doctors and nurses from clinical centres and officials from the local health care administration (30). The module aimed to demonstrate in practice the effects of brief intervention in order to bring down some of the barriers to early intervention in the primary care setting, such as lack of knowledge and pessimism about the value of any such intervention. Patients were screened by trained staff with a short questionnaire and divided randomly into intervention and control groups.

Early results show that the brief interventions which started in one community health care centre and one occupational health centre spread to all the health centres in the city.
Furthermore, the initial suspicion and reluctance among doctors and nurses changed and became interest and voluntary participation (11).

**St Petersburg**

A WHO working group meeting on alcohol training in general practice, Budapest, October 1993, emphasized the need to train general practitioners across Europe in how to tackle alcohol-related problems effectively. The meeting also agreed that the Helping People Change course\(^2\) developed by the English Health Education Authority should be adapted and translated into Russian. Following this meeting, the St Petersburg Medical Academy of Postgraduate Studies organized a conference to discuss how to go forward with training doctors and teachers of doctors and primary health care staff.

The next steps were for the course manual to be translated and adapted and for interpreters to watch a course run in English. Twelve trainers were trained at the St Petersburg Medical Academy of Postgraduate Studies in the core, alcohol and smoking modules in June 1994. A further course was run in October 1994 at the Academy on training methods for course trainers. Following this, six-hour pilot courses based on the core module of the Helping People Change programme were run at the Academy’s Department of Therapy and St Petersburg’s Nursing College for therapists and paediatricians. A course was also run in November 1995 in Turkmenistan. Further developments include adaptation and translation of the guides for primary health care staff and booklets for patients, and a train the trainers course run for twelve national nurse trainers at the Regional Scientific Methodological Centre in St Petersburg in December 1995. So far the training has been very well received. A further course was planned for Moscow in 1996 (31,32).

For a comprehensive analysis of how alcohol-related harm can be prevented and managed in primary health care see *Alcohol and primary health care* (33). This discusses strategies and approaches that can be used in everyday primary care work and outlines opportunities for primary health care providers to take part in community action and to be advocates for healthy public policy on alcohol.

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\(^2\) The Health Education Authority’s Helping People Change course is a train the trainers programme for primary care, based on the Prochaska and DiClemente Stages of Change Model (Prochaska, J.O. & DiClemente, C.C. Toward a comprehensive model of change. *In: Miller, W.R. & Heather, N. ed. Treating addictive behaviours: processes of change.* New York, Plenum, 1986). It aims to improve primary care professionals’ knowledge and skills in making one-to-one brief interventions in health promotion. It consists of a core module and topic-based modules on alcohol, smoking, eating and physical activity. There is a detailed trainers’ manual and a range of accompanying materials.
Higher education

To approach the university, polytechnics, college of further education and other educational institutions in the city in order to share information, discuss common interests in alcohol prevention and to encourage and assist in developing the following initiatives:

1. the investigation of methods for disseminating information about alcohol to staff and students, for example, alcohol and drugs awareness weeks could be held in collaboration with local agencies; drinks diaries could be distributed to interested students;

2. limiting the various practices within the institutions that may encourage excessive alcohol consumption;

3. the provision and funding of counselling services with specialist expertise in alcohol and related problems, for staff and students;

4. ensuring that the price of alcohol in college bars is kept in line with the price of alcohol in other licensed premises;

5. the inclusion of alcohol in professional training for different groups, such as teachers, police, social workers, hospital and community nurses.

EXAMPLE OF CITY ACTION

St Petersburg

An anonymous survey of 400 undergraduate students at the University of Teacher Training confirmed the necessity to teach future teachers about the prevention of alcohol, tobacco and drug problems. Education on alcohol has now been introduced into the teacher training curriculum as well as the curricula of other professional groups (27).
Police

To approach the police to share information, discuss common interests in alcohol prevention and to encourage and assist in developing the following initiatives:

1. the development of close liaison between the council and the police authority and other relevant agencies regarding the police authority’s policies on the prevention of alcohol-related problems, for example issues such as cautioning procedures, drinking and driving, counselling and giving information to people who have committed drink-related crimes, introduction of local byelaws controlling the consumption of alcohol in public places, introduction of identity cards and the control of under-age drinking and of serving intoxicated individuals with alcohol;

2. the development of close liaison and information-sharing between the police, council, health authority and other relevant bodies on the trends and characteristics of local alcohol-related accidents, trauma, fatalities, injuries and illnesses; and on the trends and characteristics of local drunkenness offences, drink-driving offences and crimes in which alcohol is a factor;

3. exploration by the police, relevant nongovernmental groups, health and the council of the feasibility of setting up an alcohol sobering up/detoxification centre where people whom the police would normally arrest for drunkenness could be taken to sober up in safety and could go through a detoxification programme if they needed and wished to do so;

4. display at all police stations of information on local services available for people with alcohol-related problems, and supply of such information by the police to people arrested for offences in which alcohol is a factor.

EXAMPLES OF CITY ACTION

Kiev

The Kiev City Alcohol Action Plan includes a resolution “to prepare proposals concerning measures to prevent drink-driving”, to be carried out by the General Department of the Ministry of External Affairs in Kiev and the General Department of Health Care in 1995 (8).

More than 93% of the participants in a survey in Kiev considered drink-driving a crime. Since 1991 the managers at transport companies have been receiving education on alcohol-related problems and, until 1995, were using their own systems of screening drivers before journeys. Since 1995, pre-journey screening of drivers from transport enterprises is compulsorily monitored and controlled by staff from the Kiev Sociotherapy Corporation (the city treatment agency) and the traffic police. An initiative under development is the inclusion of alcohol education in driving courses (9).

St Petersburg

In March 1995 the HOP programme was carried out for two weeks in St Petersburg. It aimed to highlight alcohol-related harm, including crime involving young people. Over 1300 police, medical staff and teachers participated. In the course of the fortnight 920 drunk teenagers were arrested for different crimes including theft, mugging and disorderly behaviour, demonstrating the scale of the problem. As a result of HOP, some
teenagers were registered with the police for observation, others were referred to specialists, and criminal proceedings were initiated against parents and other adults for encouraging under-age drinking or for selling alcohol to young people under the legal age for drinking alcohol (21).

The results of HOP were published in the local press, presented to the district administration, to the City Committees on Education and Health Care and to social insurance organizations. The programme certainly drew attention to the scale of the problem of alcohol and crime among young people, in a very high profile way.

**Rotterdam**

People convicted of a drink-driving offence can be required to attend seminars on the risks of drinking and driving (19).
NOTES
Persons presiding over court proceedings

To approach the local court and local judiciary to share information, discuss common interests in alcohol prevention and to encourage and assist in developing the following initiatives:

1. the referral of offenders with drinking problems to voluntary treatment services for these problems and to any available study groups on alcohol for offenders (see Probation, p 43);

2. liaison between persons presiding over court proceedings, the council and health authorities, and relevant nongovernmental agencies to discuss further ways in which offenders with drink-related crimes could be given information about alcohol and alcohol-related problems, and offered assistance to reduce their consumption;

3. information-sharing between persons presiding over court proceedings, the council and health authorities and other relevant agencies on the trends and characteristics of local alcohol-related problems, convictions for drunkenness offences, drink-driving offences and crimes in which drinking and intoxication are factors;

4. information-sharing between persons presiding over court proceedings, the council and health authorities and other relevant agencies on the numbers of offenders given information about alcohol and the number offered referral for help with alcohol-related problems;

5. the provision by local alcohol help agencies to persons presiding over court proceedings of information on services for people with alcohol-related problems to be displayed in all court waiting rooms, together with posters with an alcohol education message.

EXAMPLE OF CITY ACTION

Oxford

Since the public health dimension of the work of the courts is potentially very wide, Oxford’s Council, health authority and a nongovernmental alcohol counselling service together developed an Alcohol briefing pack for magistrates (34) in consultation with representatives of the magistrates, probation and police. Experts were commissioned to write specialist aspects of the pack. It covers alcohol and society, alcohol and crime, alcohol and health, alcohol and young people, models of good practice and information on local help agencies. Wherever possible, the data and information are local and therefore most relevant to practising local magistrates. The pack is used at training sessions and is a resource for them to refer to as required.
NOTES
Probation

To approach the Probation Service to share information, discuss common interests in alcohol prevention, and to encourage and assist in developing the following initiatives:

1. the setting-up of an alcohol study group for clients of the probation service who have been convicted of alcohol-related offences; this group should inform clients about alcohol and its effects and help them to explore the part alcohol plays in their lives and to consider change;

2. individual counselling of offenders under supervision with drink problems, and referral to local alcohol agencies and community groups in an attempt to help clients with alcohol-related problems regain an independent lifestyle.

Prisons

To approach the Prison Service to share information, discuss common interests in alcohol prevention, and to encourage and assist in developing the following initiatives:

1. the training of prison service staff so that information giving and counselling on alcohol can be developed;

2. the identification of heavy drinkers and offering them counselling so that prisoners are more able to maintain a reduced consumption of alcohol on discharge;

3. the collection of data on the number of prisoners with alcohol-related crimes and the number with alcohol-related problems, and the sharing of this information between the prison service, the council and the health authorities and other relevant agencies.

EXAMPLE OF CITY ACTION

Padua

One of the aims of the draft Padua Alcohol Action Plan is to develop treatment programmes for prisoners with alcohol-related problems. Two clubs for Alcoholics in Treatment have been established in Padua Prison, the idea being to establish some kind of relationship between the prison and the local community with the involvement of prisoners’ families (26).
Local judiciary with responsibility for licensing

To approach the local judiciary with responsibility for licensing (licensing magistrates) to make representations, share information, and develop the following initiatives:

1. making representations to the licensing magistrates concerning the public health aspects of the availability of alcohol; particular representations should be made concerning applications for new licences as well as extensions, transfers and renewals of existing licences;

2. making presentations, together with the health authority, to the licensing magistrates regular information and data on the trends and characteristics of alcohol-related incidents, accidents, fatalities, injuries and illnesses within the city, as well as estimates of their economic and social costs;

3. encouraging licensing magistrates to make their own random visits to licensed premises under their jurisdiction in order to check on conformity with the licensing laws and on the condition of premises;

4. investigating the potential for initiating a local forum to which licensing magistrates, representatives of the police, probation service, courts, other agencies of law and order, the health service and other interested organizations would be invited, to discuss policy issues related to the granting and renewal of local licences and to support licensing magistrates in implementing these policies;

5. together with the licensing magistrates and other relevant local bodies, developing training to raise awareness among servers of alcohol of their responsibilities and of the health implications of alcohol use;

6. writing, together with other relevant local bodies, an information leaflet for the public explaining how to complain about licences;

7. the requirement by licensing magistrates of certain undertakings from licensees before granting licences, including:
   (a) that licensees display easily visible notices giving the relevant strength of alcoholic drinks in units/grams as well as percentages;
   (b) that licensees have available and readily visible a broad range of low alcohol and non-alcoholic drinks;
   (c) that licensees display information on low risk drinking;
   (d) that licensees display taxi telephone numbers;
   (e) that licensees display large, unobstructed notices stating that they will not serve under-age drinkers;
   (f) that licensees train their bar staff on the law relating to under-age drinking, drink-driving and health risks associated with alcohol use;

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3 In England, licensing magistrates are persons presiding over the local courts who have responsibility for issuing alcohol licences. It is the role of central government to provide the legal framework within which licensing magistrates work. However, it is up to local licensing magistrates to issue licences for the sale and serving of alcoholic drinks, and to determine the number, type and location of licensed premises at the local level.
(g) that shops selling alcohol and other goods do not permit self-service of alcohol but put alcoholic drinks in a shop within a shop.

EXAMPLE OF CITY ACTION

Lahti

Server training was one aspect of the multicomponent Lahti Project. The vocational school for restaurant personnel arranged a two-day course on responsible serving for bar and restaurant workers. Some 120 waiters and waitresses were trained in this way and a second course was planned for 1996. Along with the local police, these students also collected data on the occurrence of alcohol-related violence and disorder in public places (11).
NOTES
Nongovernmental organizations

To inform all community and nongovernmental organizations (NGOs) in the city of the alcohol action plan and to consult and involve them in its implementation;

To support the work of NGOs involved in counselling and supporting people with alcohol-related problems and to look sympathetically at their requests for funding.

EXAMPLES OF CITY ACTION

Padua

The development of the alcohol action plan for Padua is in itself an example of cooperation between the municipality and NGOs. For example, a centre for alcohol-related problems is being established on the basis of an agreement between the Padua municipality, NGOs and the health and social units of the municipal health service. Padua intends to undertake this kind of collaboration in all the activities included in the plan (26).

Kiev

In Kiev the Independent Sobriety Association is an active NGO. Being independent, it is subject to scrutiny and must be credible. The Council works with it and respects its members’ knowledge, which includes information from projects in other countries. As a result, the Association is now better able to initiate action on alcohol and influence the municipality (35).

Lahti

Finland has been experiencing a change in the public perception of alcohol-related problems. The alcohol monopoly system has been weakened and there is a clear shift towards liberalism and the taking of individual responsibility. Meanwhile the state welfare system is undergoing major cutbacks. As a result, where formerly councils had a central role in providing services, now the role of NGOs and of individual citizens are coming to the fore (11).

The Lahti project considered that one of the roles of municipal government was to give opportunities to NGOs, for example by asking them to come to a consensus about proposed action. Prevention in terms of involving NGOs is a flexible concept – in Lahti the project cooperated with a wide variety of NGOs representing a wide range of interests, from sport to theatre (10).

Florence

The NGO Istituto A. Devoto is active in regard to alcohol in Florence and has got municipal approval for Florence to join the European network of Healthy Cities. Together with the National Health Service Operative Group on Alcohol, the Research Centre for Alcohol Studies at Florence University and the local community, a programme of action has been drawn up which includes the following examples of work involving NGOs and the Council:
(a) the establishment of a centre for voluntary service in agreement with the municipality of Florence and other municipalities in Tuscany; the centre undertakes information and training for voluntary associations in the Florence district, including training on alcohol-related problems;

(b) a project addressing alcohol consumption in discos, approved by the municipality and submitted for government funding; this project also involves the cities of Padua (p. 29) and Turin (36).

**Rotterdam**

A useful approach here was to incorporate alcohol prevention in broader Healthy City projects. For example, in one district of Rotterdam a group of volunteers together with professionals from the social and cultural work section of the municipal health care service established a local health information centre called Health Pointer. The centre organized a range of activities and served as a base for mutual help movements, so that action on alcohol was undertaken within a broader health framework (22).

**St Petersburg**

The NGO Women’s Health in St Petersburg has been active since 1993 (18). It identified key health issues for women in St Petersburg, one of which was the prevention of alcohol-related problems. All the women in the group have an intersectoral focus and good connections with the media.

The group held meetings and round-table discussions in the City Medical Prevention Centre; journalists and reporters for radio and TV, and editors of women’s magazines attended. Some representatives of the Mayor’s Office and the City council also attended; and the NGO’s coordinator is now a member of the Mayor’s Office Standing Commission on Regional Policy for Women. This provides a very useful opportunity for advocacy on behalf of women and for motivating the city authorities to take action on alcohol. This can be difficult as they do not readily come to meetings and there are very few women in power – in St Petersburg there is only one woman on the City Council.

The group wants to influence government policy, particularly the pricing and advertising of alcohol. It has lobbied the City Council, the Commission for Women, the Chamber of the President in St Petersburg and the State Duma in Moscow with proposals on alcohol pricing and advertising. At the end of 1994 a Presidential edict was issued to control press and broadcast advertising (18). A state monopoly on the production and distribution of alcohol has also been decreed but it is not known when it will be fully implemented (16).

**Good practice tips**

A better project outcome can sometimes be achieved by involving NGOs or other agencies with a broader health or social perspective than alcohol alone. The issue of alcohol-related problems can seem to be threatening if tackled alone, whereas it can fit quite well into a broad health project (22).

In some projects the municipality initiates action and involves NGOs; in others the NGO is the driving force. NGOs can be very useful in terms of implementing a city
alcohol action plan: they can lobby the council, exert pressure, act as an advocacy group and be an independent voice.

Networking, influence, information and education are the four guiding principles in advocacy (18).
NOTES
**Alcohol industry**

To develop links with local alcohol producers, marketers, retailers and licensees, including the catering trade, in particular to encourage the production and general availability at lower prices of low alcohol and non-alcoholic drinks.

**Local employers**

To develop links with local employers to encourage them to promote a greater understanding of the harms due to drinking and to adopt an employee alcohol policy, in particular to:

1. create and support a forum where local employers, chambers of trade, managers, trade union officials, the health and safety executive, occupational health staff, representatives of the municipal and health authorities and other interested parties can meet and discuss this issue;

2. in this forum above to discuss and resolve the following issues:
   (a) the aims, content, extent and effectiveness of existing workplace policies in the city;
   (b) the advantages to both individuals and organizations of implementing workplace alcohol policies, especially in terms of health and safety, procedures for dismissal and working conditions;
   (c) the effects of workplace alcohol policies on employee relations;
   (d) the nature of workplace environments and working conditions that encourage alcohol use;
   (e) the viability of designing a general strategy for the creation and implementation of alcohol policies in a wide variety of workplaces;
   (f) the training requirements and changes in attitude and organizational culture necessary for the successful implementation of workplace alcohol policies;
   (g) the most effective ways in which the discussions and decisions made by such a forum can be publicised and disseminated to local employers and trade union organizations.
NOTES
Local campaigns

To participate actively in local campaigns on alcohol education and to look sympathetically at requests for funding such campaigns.

EXAMPLES OF CITY ACTION

Rotterdam
In 1995 a town near Rotterdam started a campaign to prevent alcohol- and drug-related problems. Youth workers in the town contacted the local government and the Municipal Health Service of Rotterdam, to report their concerns about the increasing use of alcohol and drugs by young people. An intersectoral group was started involving the municipal health service, the regional addiction prevention service, the police, the youth probation service, youth workers, secondary schools and the local government. The group’s plan of action was approved by the municipal government and funding was granted for several activities, including a theatre production, a library exhibition, a pull-out in the local newspaper, a poster and slogan competition for young people, and training for primary care staff. The campaign was completed successfully due to the many different parties involved. Assuming political commitment, the experience of such a campaign could transfer to other cities or districts (37).

Surveys and a database

To agree that community-based surveys of drinking behaviour should be carried out in different parts of the city;

To record that developing and maintaining an alcohol information database is of great importance to implementing and evaluating the alcohol action plan and that such a database should be established.

EXAMPLES OF CITY ACTION

Florence
An epidemiological study on the general population’s alcohol consumption and diet is under way in a specific area of Florence. Data have been collected from 1300 citizens and are being analysed (36).

Copenhagen
A survey in 1992 of 8200 Danes aged 15 and above revealed higher levels of alcohol consumption in the Municipality of Copenhagen than in the rest of Denmark (14).

Rotterdam
Research that is useful to alcohol prevention has been financed by Rotterdam municipality: for example, on the geographic relationship between the proportion of alcohol users and the number of bars, liquor shops and traffic injuries (38), and on the prevalence of excessive and problem drinking in the general population of Rotterdam in 1994 compared to 1983 (39).
Good practice tip

It is useful in terms of relations with the community, and to raise alcohol awareness, to make the effort to feed back results of a survey to the population interviewed, as well as to the politicians and the professionals (25).
NOTES
Environmental health

(Areas of work may include entertainment licences, nuisance from noise, accidents in the workplace and home, safety standards, food hygiene, health promotion, occupational health)

To request the director of the environmental health department:

1. to investigate, together with the director of the city secretary and legal department, the powers available to the council to prohibit alcohol advertising in cinemas except with films with an “18” certificate;

2. to monitor alcohol advertisements in the press, the cinema and on television and radio in relation to national regulatory codes of practice, and to produce an information leaflet for the public on how to complain about alcohol advertising;

3. to establish a method of monitoring how much the staff’s workload involves alcohol-related problems as a contributory factor, for example nuisance from noise, accidents at work or in the home;

4. to arrange for a survey of the extent to which alcohol contributes to accidents in the home and to incorporate such information into the council’s home safety strategy;

5. to campaign for houses and domestic appliances to be built and manufactured to the highest possible safety standards;

6. to ensure that health promotion staff working on AIDS/HIV and on alcohol work together to increase understanding of the links between alcohol, drug use and the risks of contracting AIDS or HIV;

7. to ensure that staff working in food hygiene and occupational health promote an awareness of the effects of alcohol on work during routine inspections of premises in the city; and to investigate the idea of offering awards to premises where food is handled in the city which have alcohol policies and good practices such as the provision of alcohol-free drinks;

8. to examine, in conjunction with the director of the city secretary and legal department, whether conditions aimed at reducing the harmful effects of alcohol could be attached to public entertainment licences and theatre licences, for example:

   (a) the provision of hot food
   (b) adequate provision of low alcohol and non-alcoholic drinks
   (c) the provision of areas for families with children.
NOTES
Chapter 8

Conclusion

Good practice tips: city action on alcohol

Alcohol is a sensitive and controversial subject which is not at all predictable or clear-cut on party political lines. It is important to try to get as much agreement as possible from politicians and professionals at the drafting stage of an alcohol action plan, without compromising its basic principles, so that it is less likely to be turned down. Of course, some politicians will never agree with such a plan.

Be prepared for setbacks: it might be expected that after comprehensive consultation, discussion and modification, an alcohol action plan would easily be adopted by the full council. However, this may not necessarily happen. In Oxford, even after such a process, the plan was only adopted by one vote. It is important to be aware that the plan may be referred back and may need considerable modification before it is acceptable to the council.

People are often poorly informed about alcohol-related harm and may have never seriously considered the subject before. They are unlikely to agree wholeheartedly that the city should take action on alcohol the first time they are presented with the concept. They can also feel threatened by issues around alcohol, whether because of the social acceptability of drinking, lack of knowledge, personal drinking habits or vested interests. Negative reactions to action on alcohol can be encountered anywhere and from anyone. Some health and other professionals may regard work on alcohol as low prestige or feel that it is not part of their remit. They may not be aware of the extent of alcohol-related problems or how to tackle them. Others, of course, will enthusiastically take on board alcohol prevention work.

Anyone trying to steer an alcohol action plan through the municipal political process should be aware that:

(a) the image attached to the staff and the work relating to action on alcohol is extremely important: if, for example, the plan is seen as prohibitionist, it may fail; it should be emphasized that the plan and related work is not about banning drinking but about providing information and pressing for policy changes that reduce alcohol-related harm;

(b) it is important to stress the positive side of cutting down on alcohol consumption, rather than taking a ‘doom and gloom’ approach: positive factors include access to information, ability to make positive lifestyle changes and benefits to health and quality of life;

(c) if opposition politicians support the plan, those in power are unlikely to do so and vice versa.
Common objections which can be anticipated

- **The plan would restrict individual choice and interfere with private behaviour.** (This frequently comes up in connection with alcohol in the workplace/worktime. Note that different standards often apply to the acceptability of drinking and smoking at the workplace.)

- **Issues such as health promotion or alcohol prevention should be left to the health department or authority. It is not part of any other municipal department’s role to become involved in such work.**

- **Alcohol does not cause problems except to alcoholics. Therefore such a plan is irrelevant to the general community.**

- **The plan is too wide-ranging and detailed. Too many resources and too much staff time will be required to implement it.**

- **Such a plan at local level is useless without national policies, support, funding and coordination.**

- **The educational aspects of the plan are acceptable, but the setting of standards or the changing of practices to discourage alcohol consumption are not.**

- **The provision of treatment services for alcohol-dependent people is important. The plan should concentrate on these aspects, not wider community issues.**

Despite such objections and problems, it is possible to get a community-wide alcohol action plan adopted. It is extremely useful to emphasize that a plan has been approved and adopted when it comes to implementing its objectives. The process of adoption allows a serious discussion to take place on a council’s role as it relates to alcohol, health and society, in the public and accountable setting of local government.

**Good practice tips: monitoring and evaluation**

The effects of city action on alcohol do need to be monitored and the city alcohol action plan should include realistic proposals to evaluate its effectiveness, at the start. These should include regular reporting of progress and problems encountered, policy changes achieved and municipal action taken, and the collection and noting of trends in important indicators of alcohol-related harm.

Evaluation should also be built in to activities such as collaborative campaigns and projects. Evaluation can be formative, process or outcome (40). Formative evaluation goes on while the project progresses; its results are fed back into project design and implementation and the project may then be modified or adjusted. Process evaluation tries to examine the process of implementing the project in order to provide pointers for future work, in that city or elsewhere. Outcome evaluation may relate to intermediate achievements – for example, the amount of media coverage, public knowledge of the project, uptake of activities. Changes in alcohol-related knowledge and attitudes can
also be measured. Long-term effects are much harder to evaluate. It is difficult and probably unrealistic (unless backed up by radical policy measures) to try to change long-term drinking behaviour in a locality over the course of a short project.
## Annex 1

### MCAP on Alcohol: Useful Contacts

<table>
<thead>
<tr>
<th>City</th>
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### Other useful contacts:

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Guidelines for city action on alcohol

These guidelines for city action on alcohol have been prepared in the context of the European Alcohol Action Plan which was strongly endorsed by the Member States of the World Health Organization European Region in 1992. One of the priority areas of the Action Plan recognises the importance of action at a community and municipal level. It goes on to say “In addition to the development of local policy, local action can exert a powerful influence on national and even international policy... every community has potential for preventive action and greater effort should be put into encouraging, strengthening and supporting local action.”