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"The Health Promotion Discovery Tool"

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European Alcohol Policy

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Background

Respondent's name: Uhl Alfred
 Respondent's country: Austria
 Respondent's e-mail address: alfred.uhl@api.or.at
 Respondent's telephone number: +43 1 88010 - 951
 Respondent's fax number: +43 1 88010 - 956
 Respondent's present work: Other
 Organisation, position, address (name and number of street, postal code, town): Ludwig Boltzmann Institute for Addiction Research, Mackgasse 7-11,A-1230 Vienna, www.api.or.at/lbi
 Organisation website: No data entered

Are you a government employee? No
 Professional qualifications: Ph.D., Health Psychologist

Number of years in employment in your professional area: 28

Self-rating of expertise level in the area of alcohol control policy in your country (1 is slightly conversant, 10 is fully conversant): 10

Self-rating of expertise level in the area of the prevention of the harm done by alcohol in your country (1 is slightly conversant, 10 is fully conversant): 10

If you are answering for a jurisdictional region rather than --- as a country as a whole, which jurisdictional region is it?

If this questionnaire was completed with the collaboration of other people, provide organisational reference(s) for each participant.

Provide organisational reference(s) for nation-wide and/or regional coalitions (task forces, action groups, collaborative bodies) in the arena of alcohol control policy.

Other background information: No data entered

Politics, policies and priorities

Do relevant politicians/policy makers refer to alcohol control policy in a manner that suggests it is a priority area? Yes, not documented

Do relevant politicians/policy makers refer to the prevention of the harm done by alcohol in a manner that suggests it is a priority area? Yes, not documented

In your opinion, taking into account everything you know, what level of real priority does the present government place on alcohol control policy? (1 is low priority, mostly rhetoric; 10 is high priority, much action) 7

In your opinion, taking into account everything you know, what level of real priority does the present government place on the prevention of the harm done by alcohol? (1 is low priority, mostly rhetoric; 10 is high priority, much action) 3

What is the recent trend (past several years) in resource allocation to alcohol control policy and programmes to prevent the harm done by alcohol? Small increase in resources

What was the amount of funds allocated to alcohol control policy and programmes to prevent the harm done by alcohol in the most recent national budget (Euro): primary prevention of addiction (including alcohol): € 8,5 Mio.

Budget year: 2001

National level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol been published in the following areas:

Alcohol advertising, promotion and sponsorship.

Help and treatment for alcohol problems.

Regional level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol have been published in the following areas:

Non-governmental (private enterprise, research institute, NGO, etc.) policy documents on alcohol control policy

and programmes to prevent the harm done by alcohol have been published in the following areas:

Name up to five of the most senior government officials with responsibility to oversee/manage alcohol control policy and the prevention of the harm done by alcohol.

Organisational references:

Evaluation

Are national alcohol control policy and programmes to prevent the harm done by alcohol policies evaluated and reported? Yes

Document references:



Driver-Improvement, Evaluation der Nachschulungskurse Basisbericht zur Datenerhebung und Operationalisierung der Messgrößen

Monitoring and/or surveillance

Are national alcohol policy monitoring and/or surveillance activities published?

Knowledge development

Provide organisational reference(s) for the principal bodies (e.g. academic bodies, public health laboratories, agencies, government units) that are involved in developing the knowledge base for alcohol control and prevention policies.

Implementation

Provide organisational references for the principal bodies (main providers) that are involved in implementing intervention programmes and other actions for alcohol control policy.

Information dissemination

Provide organisational references for the principal bodies that are involved in information dissemination and other actions to keep health care professionals informed about managing hazardous and harmful alcohol consumption and alcohol dependence.

Programmes

How available are programmes for preventing the harm done by alcohol? Provide organisational reference(s) for some of the key programmes that exemplify high quality. (1 is not available; 5 is widely available)

Public education through mass media	<i>No data entered</i>
Comprehensive community based	<i>No data entered</i>
Home/family	<i>No data entered</i>
School	<i>No data entered</i>
College	<i>No data entered</i>
University	<i>No data entered</i>
Work place	<i>No data entered</i>
Primary health care	<i>No data entered</i>
Hospital/clinic	<i>No data entered</i>
Internet	<i>No data entered</i>
Social welfare and youth services	<i>No data entered</i>

Custodial settings (prisons, probation, etc.)

No data entered

Other:

Professional workforce

Is higher education in alcohol control policy and/or the prevention of the harm done by alcohol available from at least one institution of higher education?

Funding

Are funds dedicated to alcohol control policy and programmes to prevent the harm done by alcohol clearly identifiable in the most recent national budget?

The arena/activities are indicated for which earmarked funds are provided:

Are funds dedicated to alcohol control policy and/or programmes to prevent the harm done by alcohol clearly identifiable in the budgets of non-governmental institutions (foundations, private institutes, welfare societies, professional groups, etc, associations)?

The arena/activities are indicated for which earmarked funds are provided:

Personal evaluation of the state of the field

List up to five key recent advances in your country related to alcohol control policy:

- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*

List up to five key recent advances in your country related to the prevention of the harm done by alcohol:

- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on alcohol control policy:

- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on the prevention of the harm done by alcohol:

- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*

List, in descending order of importance, up to five key advances that are needed to support implementation of evidence-based alcohol control policy in your country:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List, in descending order of importance, up to five key advances that are needed to support implementation of evidence-based the prevention of the harm done by alcohol in your country:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List up to ten persons who you believe are important for action on alcohol control policy and the prevention of the harm done by alcohol in your country.

Comments

No data entered

Inclusive dates of data entry

From: 1-1-1970 To: 1-1-1970

Background

Respondent's name: ilse De Maeseneire
 Respondent's country: Belgium
 Respondent's e-mail address: ilse.demaeseneire@vad.be
 Respondent's telephone number: 02/423.03.46
 Respondent's fax number: 02/423.03.34
 Respondent's present work: *No data entered*
 Organisation, position, address (name and number of street, postal code, town): VAD Vanderlindenstraat 15 1030 Brussel ww.vad.be
 Organisation website: *No data entered*

Are you a government employee?

Professional qualifications: *No data entered*

Number of years in employment in your professional area: *No data entered*

Self-rating of expertise level in the area of alcohol control policy in your country (1 is slightly conversant, 10 is fully conversant): 7

Self-rating of expertise level in the area of the prevention of the harm done by alcohol in your country (1 is slightly conversant, 10 is fully conversant): 10

If you are answering for a jurisdictional region rather than as a country as a whole, which jurisdictional region is it? Flemish community

If this questionnaire was completed with the collaboration of other people, provide organisational reference(s) for each participant.


Provide organisational reference(s) for nation-wide and/or regional coalitions (task forces, action groups, collaborative bodies) in the arena of alcohol control policy.

Other background information: Population size of the country/region: 6 mio

Politics, policies and priorities

Do relevant politicians/policy makers refer to alcohol control policy in a manner that suggests it is a priority area? Yes, in documents

Document references:

 Proposition of resolution concerning alcohol use and minors (Doc 51 1107/007)

 Proposition to change the law of december 1983 concerning the permits and the sale of spirtis. To forbid the sale of alcoholic beverages to - 16 years old

Do relevant politicians/policy makers refer to the prevention of the harm done by alcohol in a manner that suggests it is a priority area? Yes, in documents

Document references:

 Policy note welfare, health and equal opportunities 2002

 Policiy document 2000-2004: welfare, health and equal opportunities

 Policynote 2004-2009

 Prevention policy of substance use 2003-2004

 Coalition agreement 2004

 Welfare, health, equal opportunities in perfect harmony: a symphony

In your opinion, taking into account everything you know, what level of real priority does the present government place on alcohol control policy? (1 is low priority, mostly rhetoric; 10 is high priority, much action) 5

In your opinion, taking into account everything you know, what level of real priority does the present government place on the prevention of the harm done by alcohol? (1 is low priority, mostly rhetoric; 10 is high priority, much action) 7

What is the recent trend (past several years) in resource allocation to alcohol control policy and programmes to prevent the harm done by alcohol? No or little change in resources

What was the amount of funds allocated to alcohol control policy and programmes to prevent the harm done by alcohol in the most recent national budget (Euro): *No data entered*

Budget year:

*No data
entered*

National level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol been published in the following areas:

Drinking and driving.

Document references:



BOB-campagne



Report of the committee of the states general concerning the route safety: alcohol and illegal drugs

Availability of alcohol, including licensing.

Document references:



Triennial report of the health policy cel 2001-2002-2003

Sales to minors.

Document references:



Triennial report of the health policy cel 2001-2002-2003

Regional level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol have been published in the following areas:

Non-governmental (private enterprise, research institute, NGO, etc.) policy documents on alcohol control policy and programmes to prevent the harm done by alcohol have been published in the following areas:

Drinking and driving.

Document references:



Actions responsible young drivers Flemish community

Education and public awareness.

Document references:



Drugs on the move, youthwork



A drugpolicy on schools: discussionnote



A local alcohol- and drugpolicy: A global approach



A global Flemish drugpolicy: memorandum for the new Flemish government (+dossier)



An alcohol- en drugpolicy in your compagny 'A ticket'

Reducing harm in drinking environments.

Document references:



Partywise

Help and treatment for alcohol problems.

Document references:



A global Flemish drugpolicy: memorandum for the new Flemish government (+dossier)

Name up to five of the most senior government officials with responsibility to oversee/manage alcohol control policy and the prevention of the harm done by alcohol.

Organisational references:



Cabinet du Ministre des Affaires Sociales et de la Santé Publique



Cel gezondheidsbeleid drugs



FOD Volksgezondheid, Veiligheid van de Voedselketen en Leefmilieu, Directoraat-generaal Organisatie Gezondheidszorgvoorzieningen, Cel gezondheidsbeleid drugs



Kabinet van de Vlaamse minister van Welzijn, Volksgezondheid en Gezin, Luc Vuytsteke de Laps




Ministerie van Vlaamse Gemeenschap

Evaluation

Are national alcohol control policy and programmes to prevent the harm done by alcohol policies evaluated and reported? Yes


Document references:

-  Evaluation of the BOB campaign

Monitoring and/or surveillance

Are national alcohol policy monitoring and/or surveillance activities published? Yes

Document references:

-  Schoolsurvey of Flemish pupils: 2003-2004
-  Foundation Rodin survey (ULB) concerning drugsuse of Belgium people: results
-  Survey concerning tabac, alcohol, medication, drugs and gambling in pupils of second and third grade of secondary schools.
-  ESPAD: The ESPAD Report 2003. Alcohol and other Drug use among students in 35 European Countries.
-  HBSC study: temporary report on young people and health 1990-2002. University of Ghent
-  Preventie van alcohol- en andere drugproblemen: monitoring van activiteiten: rapport 2003
-  Flemish registration of alcohol and drugsuse: 1998
-  Figures 2003 VVBV (Flemish centres for treatment of drugproblems)

Knowledge development

Provide organisational reference(s) for the principal bodies (e.g. academic bodies, public health laboratories, agencies, government units) that are involved in developing the knowledge base for alcohol control and prevention policies.

Organisational references:

-  Belgische vereniging voor Alchologie
-  Hoger Instituut voor de Arbeid (HIVA)
-  Universit  Libre de Bruxelles Facult  de M decine
-  Universiteit Antwerpen Vakgroep Sociale geneeskunde
-  Universiteit Gent Vakgroep maatschappelijke gezondheidszorg
-  Vereniging voor Alcohol- en andere Drugproblemen
-  Vrije Universiteit Brussel (VUB)
-  Wetenschappelijke vereniging voor huisartsen (WVVH)

Implementation

Provide organisational references for the principal bodies (main providers) that are involved in implementing intervention programmes and other actions for alcohol control policy.



Organisational references:

-  Centra voor geestelijke gezondheidszorg
-  Provinciaal verantwoordelijke alcohol en drugs

Information dissemination

Provide organisational references for the principal bodies that are involved in information dissemination and other actions to keep health care professionals informed about managing hazardous and harmful alcohol consumption and alcohol dependence.

Organisational references:

-  Vereniging voor Alcohol- en andere Drugproblemen
-  Wetenschappelijke vereniging voor huisartsen (WVVH)

Programmes

How available are programmes for preventing the harm done by alcohol? Provide organisational reference(s) for some of the key programmes that exemplify high quality. (1 is not available; 5 is widely available)

Public education through mass media 3

Comprehensive community based	4
Home/family	4
School	5
College	3
University	3
Work place	5
Primary health care	4
Hospital/clinic	1
Internet	5
Social welfare and youth services	4
Custodial settings (prisons, probation, etc.)	2
Other:	
Youthwork	4
Recreational setting	4

Professional workforce

Is higher education in alcohol control policy and/or the prevention of the harm done by alcohol available from at least one institution of higher education? No

Funding

Are funds dedicated to alcohol control policy and programmes to prevent the harm done by alcohol clearly identifiable in the most recent national budget? Yes

The arena/activities are indicated for which earmarked funds are provided:

Non-governmental Centres (s) and/or institutes

Document references:

 **Convenant VAD - Flemisch community**

Are funds dedicated to alcohol control policy and/or programmes to prevent the harm done by alcohol clearly identifiable in the budgets of non-governmental institutions (foundations, private institutes, welfare societies, professional groups, etc, associations)? No

The arena/activities are indicated for which earmarked funds are provided:

Personal evaluation of the state of the field

List up to five key recent advances in your country related to alcohol control policy:

- The maximum of 0.08 Blood alcohol content changed (in service 01-12-1994, KB 1994-11-21) into a maximum

of 0.05 BAC. Is a change of the law 16/03/1968: traffic law (16 MAART 1968. - Wet betreffende de politie over het wegverkeer)

- The definition of spirits changed in 1996 (KB 27/11/1996, BS 24/12/1996) drastic. Instead of all products above 22° it changed into a complex definition (derived from the tax-law (KB 29/12/1992 BS : 31/12/1992). · All products of GN-code 2207 en 2208 which have an alcohol content of more than 1.2% vol. · Some products of GN-code 2204, 2205 and 2206 which have an alcohol content more than 22% vol. · Drinkable spirits (whether or not in a solution). Is a change of the law 28/12/1983: spirit law (28 december 1993. – Wet betreffende het verstekken van sterke drank en betreffende het vergunningsrecht, BS 30/12/1993)

- Flemish law 'gecoördineerde decreten betreffende de radio-omroep en de televisie van 25 januari 19995 (artikel 81)' gives specific criteria for advertisement of alcohol on radio and television: · Cannot have young people as a target or can't show young people who drink alcohol · No link with enhancement of physical performance or with driving a motorized vehicle · Giving the illusion to achieve success on sexual or social level · Cannot give the suggestion that alcohol has therapeutic qualities (stimulating, calming / stressreducing capacities) · Can't encourage heavy drinking or counter wise suggest that moderate drinking is not don · They can't promote a high alcohol volume as a positive quality

- Recently the law of 7/02/2003 (enforced since 01/03/2004) and the implementing orders increased the fines. · >0.5<0.8 %: 137,50€ - 2750€ (immediate collection 137.50 €) · >0.8%: 1.1..€ - 11.000€ Is a change of the Traffic law (16 maart 1968)

- Recently there are a number of new laws discussed in parliament: off-premise selling of alcohol to -16 years old, advertisement, labeling.

List up to five key recent advances in your country related to the prevention of the harm done by alcohol:

- Information / sensibilisation: Since 2001 the VAD launched the 'alcohol bekijk het eens nuchter' campaign. Over several years different target groups are reached and various aspects are taken into consideration.

- Since 2001 'a cool world' reaches the 12-16y. ·Website (information, self test, knowledge testing contest...)

·Leaflet concerning alcopops ·Banners, posters, stickers Since 2002-2003 'Gratis drank' 17-25y ('Free drinks').

·Website (short term consequences of alcohol misuse: work, driving, sex,...) ·Cartoon booklet ·Posters, stickers, card game,... ·Contest ·Scientific documents eg : research concerning alcohol use and age In 2004 'Boodschap in een fles' (Message in a bottle) 26-45y ·Website (different targetgroups: problem drinkers, sport, women, work)

·Posters, brochures, stickers, CD-rom

- Development of concepts: eg. prevention program for vulnerable target group (children of alcoholics).

Development of a training program for children and adolescents + implementation

- consult and training of inclusive prevention : - for key persons in different sectors of society (schools, workplace,...). - Primary health care workers, specialized AOD workers/counselors

- Networking / structured and co-ordinated approach: implementation via a local alcohol and drug policy

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on alcohol control policy:

- Lack of national action plan + level of Flemish community

- Complex political structure Belgium (federal – communities)

- Lack of political willpower

- Lack of control on existing legislation

- *No data entered*

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on the prevention of the harm done by alcohol:

- Limited financial grant

- Problems in implementation - limited manpower (prevention workers)

- Need for innovative projects (less verbal methods, difficult to reach groups)

- Strategy of industry and advertisement directed to young people

- Existing legislation is not clear

List, in descending order of importance, up to five key advances that are needed to support implementation of evidence-based alcohol control policy in your country:

- Clarification of existing legislation

- New legislation on advertisement and young people

- Motivation of politicians and stakeholders in society

- *No data entered*

- *No data entered*

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above:

- Active network on political level

- Sensibilisation of politicians
- More control on existing legislation
- *No data entered*
- *No data entered*

List, in descending order of importance, up to five key advances that are needed to support implementation of evidence-based the prevention of the harm done by alcohol in your country:

- Continuation of existing programs on prevention (financial and manpower)
- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above:

- More financial grant
- Extra manpower (prevention workers) and coördination
- New innovative projects (less verbal methods, difficult tot reach groups)
- Strategy of industry and advertisement directed to young people
- Clarification of existing legislation

List up to ten persons who you believe are important for action on alcohol control policy and the prevention of the harm done by alcohol in your country.

Comments

No data entered

Inclusive dates of data entry

From: 11-3-2005 To: 11-3-2005

Background

Respondent's name: Alexieva Daniela
 Respondent's country: Bulgaria
 Respondent's e-mail address: daniela_alexieva@yahoo.com
 Respondent's telephone number: 00359 2 963 3280
 Respondent's fax number: 00359 2 963 3280
 Respondent's present work: Manager/Administrator
 Organisation, position, address (name and number of street, postal code, town): Horizonti 21 Foundation President JK "Bukston" Bl. 17 entr.2 apt. 21 Sofia 1618
 Organisation website: *No data entered*

Are you a government employee? No

Professional qualifications: MD

Number of years in employment in your professional area: 11

Self-rating of expertise level in the area of alcohol control policy in your country (1 is slightly conversant, 10 is fully conversant): 10

Self-rating of expertise level in the area of the prevention of the harm done by alcohol in your country (1 is slightly conversant, 10 is fully conversant): 10

If you are answering for a jurisdictional region rather than as a country as a whole, which jurisdictional region is it? *No data entered*

If this questionnaire was completed with the collaboration of other people, provide organisational reference(s) for each participant.

Organisational references:



Bulgarian Institute for Addictions

Provide organisational reference(s) for nation-wide and/or regional coalitions (task forces, action groups, collaborative bodies) in the arena of alcohol control policy.

Organisational references:



Bulgarian Institute for Addictions

Other background information: *No data entered*

Politics, policies and priorities

Do relevant politicians/policy makers refer to alcohol control policy in a manner that suggests it is a priority area? No

Do relevant politicians/policy makers refer to the prevention of the harm done by alcohol in a manner that suggests it is a priority area? No

In your opinion, taking into account everything you know, what level of real priority does the present government place on alcohol control policy? (1 is low priority, mostly rhetoric; 10 is high priority, much action) 2

In your opinion, taking into account everything you know, what level of real priority does the present government place on the prevention of the harm done by alcohol? (1 is low priority, mostly rhetoric; 10 is high priority, much action) 2

What is the recent trend (past several years) in resource allocation to alcohol control policy and programmes to prevent the harm done by alcohol? No or little change in resources

What was the amount of funds allocated to alcohol control policy and programmes to prevent the harm done by alcohol in the most recent national budget (Euro): *No data entered*

Budget year: *No data entered*

National level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol been published in the following areas:

Drinking and driving.

Document references:



Traffic Law



Education and public awareness.

Document references:

-  Law of Health
-  Decree No 2/ 18 May 2000 for the education content


Packaging and labelling of alcohol products.

Document references:

-  Law for the Wine and the Alcoholic Beverages
-  Excise Law

Taxation of alcohol products.

Document references:

-  Excise Law
-  Excise Tariff

Illicit trade in alcohol products.

Document references:

-  Law for the Wine and the Alcoholic Beverages



Travellers' allowances within the EU.

Document references:

-  Regulations for implementation of the Law for the Customs

Availability of alcohol, including licensing.

Document references:

-  Law for the Wine and the Alcoholic Beverages
-  Law of Health



Sales to minors.

Document references:

-  Law of Health

Alcohol advertising, promotion and sponsorship.

Document references:






-  Law of Health
-  Law for the Radio and Television

Regional level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol have been published in the following areas:

Non-governmental (private enterprise, research institute, NGO, etc.) policy documents on alcohol control policy and programmes to prevent the harm done by alcohol have been published in the following areas:

Name up to five of the most senior government officials with responsibility to oversee/manage alcohol control policy and the prevention of the harm done by alcohol.

Organisational references:

-  Ministry of Agriculture and Forests
-  Ministry of Education and Science
-  Ministry of Finance
-  Ministry of Health
-  National Centre for Addictions

Evaluation

Are national alcohol control policy and programmes to prevent the harm done by alcohol policies evaluated and reported? No

Monitoring and/or surveillance

Are national alcohol policy monitoring and/or surveillance activities published? No

Knowledge development

Provide organisational reference(s) for the principal bodies (e.g. academic bodies, public health laboratories, agencies, government units) that are involved in developing the knowledge base for alcohol control and prevention policies.

Organisational references:



Ministry of Health



National Centre for Addictions



National Centre for Health Information



National Centre for Public Health

Implementation

Provide organisational references for the principal bodies (main providers) that are involved in implementing intervention programmes and other actions for alcohol control policy.

Organisational references:



Council for Electronic Media



Ministry of Interior



National Centre for Health Information



Sofia Regional Inspectorate for Public Health Protection and Control

Information dissemination

Provide organisational references for the principal bodies that are involved in information dissemination and other actions to keep health care professionals informed about managing hazardous and harmful alcohol consumption and alcohol dependence.

Organisational references:



National Centre for Addictions



National Centre for Health Information



National Centre for Public Health

Programmes

How available are programmes for preventing the harm done by alcohol? Provide organisational reference(s) for some of the key programmes that exemplify high quality. (1 is not available; 5 is widely available)

Public education through mass media	2
Comprehensive community based	1
Home/family	1
School	3
College	1
University	1
Work place	1
Primary health care	3
Hospital/clinic	2

Internet	1
Social welfare and youth services	2
Custodial settings (prisons, probation, etc.)	1
Other:	

Professional workforce

Is higher education in alcohol control policy and/or the prevention of the harm done by alcohol available from at least one institution of higher education? No

Funding

Are funds dedicated to alcohol control policy and programmes to prevent the harm done by alcohol clearly identifiable in the most recent national budget? Funds are available for alcohol, but mixed in with other funding and hard or impossible to link explicitly with alcohol.

The arena/activities are indicated for which earmarked funds are provided:

Are funds dedicated to alcohol control policy and/or programmes to prevent the harm done by alcohol clearly identifiable in the budgets of non-governmental institutions (foundations, private institutes, welfare societies, professional groups, etc, associations)? No

The arena/activities are indicated for which earmarked funds are provided:

Personal evaluation of the state of the field

List up to five key recent advances in your country related to alcohol control policy:

- Increase in alcohol taxes
- Law of Health: 1. Ban for the sale of alcohol to minors 2. Regulation for the alcohol marketing and advertising
- *No data entered*
- *No data entered*
- *No data entered*

List up to five key recent advances in your country related to the prevention of the harm done by alcohol:

- Drink-and-driving campaigns and proposition for changes in the Traffic Law with more severe penalties for drink and driving
- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on alcohol control policy:

- Alcohol abuse is not viewed as a major public health problem
- Traditionally high consumption for alcohol - beer, wine and hard liquor and high level for culturally accepted "normative" drinking.
- Alcohol control policy is not a requirement for entering in European Union
- No political interest for development of alcohol control policy
- Strong alcohol production and importing companies. A serious level of "black" market for alcohol beverages

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on the prevention of the harm done by alcohol:

- High cultural permissiveness for drinking and high norms for a level of "normative" drinking
- Low level of training and involvement of GP in detection and treatment of early alcohol-related problems
- Long-term tradition for home-made production of wine and hard liquor
- Low level of implementation of the existing alcohol control policy on local level
- Serious level of existing illegal production and selling of alcohol beverages

List, in descending order of importance, up to five key advances that are needed to support implementation of evidence-based alcohol control policy in your country:

- Development and Adoption of National Alcohol Control Strategy by the Council of Ministers
- Sensitization of political decision makers for the alcohol-related problems and the harm done by alcohol and the need for the development of alcohol control policy in Bulgaria
- Formation of an Advocacy Coalition of governmental and non-governmental organizations and institutions for the development of alcohol control policy in Bulgaria
- *No data entered*
- *No data entered*

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above:

- Building of a small strong and active functioning Advocacy Group for the development of alcohol control policy and inclusion of important political decision makers in it
- sustained public and media interest in alcohol-related harm and problems as well as in development of alcohol control policy
- alcohol control policy issues become more prominent as part of the requirements for EU accession process
- *No data entered*
- *No data entered*

List, in descending order of importance, up to five key advances that are needed to support implementation of evidence-based the prevention of the harm done by alcohol in your country:

- Regulation development and enforcement of stricter rules for alcohol beverages selling practices - No of outlets, hours of selling, etc.
- Stricter enforcement of the existing regulations on alcohol beverages selling - selling to minors, distances from schools, etc.
- Further increase in alcohol beverages taxes - related to alcohol beverages price increase
- Improved control on the illicit/smuggled alcohol beverages
- Change in the cultural drinking patterns - especially among the young people and adolescents

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above:

- The changes become a part of some mandatory condition for joining and functioning in EU
- Strong alcohol control regulations become adopted as a public health priority
- Development and implementation of contemporary studies on health, social and economic harm done by alcohol and the results are presented and disseminated to the political decision makers and the public
- Activities done for prevention of alcohol-related harm to become paid to the GPs by the National Insurance Fund (Kassa)
- Sustained public opinion sensitization on the harm done by alcohol issues

List up to ten persons who you believe are important for action on alcohol control policy and the prevention of the harm done by alcohol in your country.

Organisational references:



Council for Electronic Media



Ministry of Agriculture and Forests



Ministry of Education and Science



Ministry of Finance



Ministry of Health



Ministry of Interior



National Centre for Addictions



National Centre for Health Information



National Centre for Public Health

 Sofia Regional Inspectorate for Public Health Protection and Control

Comments

No data entered

Inclusive dates of data entry

From: 8-6-2005 To: 14-11-2005

Background

Respondent's name:	<i>No data entered</i>
Respondent's country:	<i>No data entered</i>
Respondent's e-mail address:	<i>No data entered</i>
Respondent's telephone number:	<i>No data entered</i>
Respondent's fax number:	<i>No data entered</i>
Respondent's present work:	<i>No data entered</i>
Organisation, position, address (name and number of street, postal code, town):	<i>No data entered</i>
Organisation website:	<i>No data entered</i>
Are you a government employee?	
Professional qualifications:	<i>No data entered</i>
Number of years in employment in your professional area:	<i>No data entered</i>
Self-rating of expertise level in the area of alcohol control policy in your country (1 is slightly conversant, 10 is fully conversant):	<i>No data entered</i>
Self-rating of expertise level in the area of the prevention of the harm done by alcohol in your country (1 is slightly conversant, 10 is fully conversant):	<i>No data entered</i>
If you are answering for a jurisdictional region rather than as a country as a whole, which jurisdictional region is it?	<i>No data entered</i>
If this questionnaire was completed with the collaboration of other people, provide organisational reference(s) for each participant.	
Provide organisational reference(s) for nation-wide and/or regional coalitions (task forces, action groups, collaborative bodies) in the arena of alcohol control policy.	
Other background information:	<i>No data entered</i>

Politics, policies and priorities

Do relevant politicians/policy makers refer to alcohol control policy in a manner that suggests it is a priority area?	
Do relevant politicians/policy makers refer to the prevention of the harm done by alcohol in a manner that suggests it is a priority area?	
In your opinion, taking into account everything you know, what level of real priority does the present government place on alcohol control policy? (1 is low priority, mostly rhetoric; 10 is high priority, much action)	<i>No data entered</i>
In your opinion, taking into account everything you know, what level of real priority does the present government place on the prevention of the harm done by alcohol? (1 is low priority, mostly rhetoric; 10 is high priority, much action)	<i>No data entered</i>
What is the recent trend (past several years) in resource allocation to alcohol control policy and programmes to prevent the harm done by alcohol?	
What was the amount of funds allocated to alcohol control policy and programmes to prevent the harm done by alcohol in the most recent national budget (Euro):	<i>No data entered</i>
Budget year:	<i>No data entered</i>
National level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol been published in the following areas:	

Regional level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol have been published in the following areas:

Non-governmental (private enterprise, research institute, NGO, etc.) policy documents on alcohol control policy and programmes to prevent the harm done by alcohol have been published in the following areas:

Name up to five of the most senior government officials with responsibility to oversee/manage alcohol control policy and the prevention of the harm done by alcohol.

Evaluation

Are national alcohol control policy and programmes to prevent the harm done by alcohol policies evaluated and reported?

Monitoring and/or surveillance

Are national alcohol policy monitoring and/or surveillance activities published?

Knowledge development

Provide organisational reference(s) for the principal bodies (e.g. academic bodies, public health laboratories, agencies, government units) that are involved in developing the knowledge base for alcohol control and prevention policies.

Implementation

Provide organisational references for the principal bodies (main providers) that are involved in implementing intervention programmes and other actions for alcohol control policy.

Information dissemination

Provide organisational references for the principal bodies that are involved in information dissemination and other actions to keep health care professionals informed about managing hazardous and harmful alcohol consumption and alcohol dependence.

Programmes

How available are programmes for preventing the harm done by alcohol? Provide organisational reference(s) for some of the key programmes that exemplify high quality. (1 is not available; 5 is widely available)

Public education through mass media	<i>No data entered</i>
Comprehensive community based	<i>No data entered</i>
Home/family	<i>No data entered</i>
School	<i>No data entered</i>
College	<i>No data entered</i>
University	<i>No data entered</i>
Work place	<i>No data entered</i>
Primary health care	<i>No data entered</i>
Hospital/clinic	<i>No data entered</i>
Internet	<i>No data entered</i>

Social welfare and youth services

No data entered

Custodial settings (prisons, probation, etc.)

No data entered

Other:

Professional workforce

Is higher education in alcohol control policy and/or the prevention of the harm done by alcohol available from at least one institution of higher education?

Funding

Are funds dedicated to alcohol control policy and programmes to prevent the harm done by alcohol clearly identifiable in the most recent national budget?

The arena/activities are indicated for which earmarked funds are provided:

Are funds dedicated to alcohol control policy and/or programmes to prevent the harm done by alcohol clearly identifiable in the budgets of non-governmental institutions (foundations, private institutes, welfare societies, professional groups, etc, associations)?

The arena/activities are indicated for which earmarked funds are provided:

Personal evaluation of the state of the field

List up to five key recent advances in your country related to alcohol control policy:

- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*

List up to five key recent advances in your country related to the prevention of the harm done by alcohol:

- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on alcohol control policy:

- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on the prevention of the harm done by alcohol:

- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*

- No data entered

List, in descending order of importance, up to five key advances that are needed to support implementation of evidence-based alcohol control policy in your country:

- No data entered
 - No data entered
 - No data entered
 - No data entered
 - No data entered

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above:

- No data entered
 - No data entered
 - No data entered
 - No data entered
 - No data entered

List, in descending order of importance, up to five key advances that are needed to support implementation of evidence-based the prevention of the harm done by alcohol in your country:

- No data entered
 - No data entered
 - No data entered
 - No data entered
 - No data entered

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above:

- No data entered
 - No data entered
 - No data entered
 - No data entered
 - No data entered

List up to ten persons who you believe are important for action on alcohol control policy and the prevention of the harm done by alcohol in your country.

Comments

No data entered

Inclusive dates of data entry





Background

Respondent's name: Hana Sovinova
 Respondent's country: Czech Republic
 Respondent's e-mail address: sovinova@szu.cz
 Respondent's telephone number: +420267082328
 Respondent's fax number: +420267310291
 Respondent's present work: Other
 Organisation, position, address (name and number of street, postal code, town): National Institute of Public Health Srobarova 48
 100 42 Prague 10 www.szu.cz
 Organisation website: No data entered

Are you a government employee? Yes
 Professional qualifications: M.D.
 Number of years in employment in your professional area: 34
 Self-rating of expertise level in the area of alcohol control policy in your country (1 is slightly conversant, 10 is fully conversant): 8
 Self-rating of expertise level in the area of the prevention of the harm done by alcohol in your country (1 is slightly conversant, 10 is fully conversant): 9
 If you are answering for a jurisdictional region rather than as a country as a whole, which jurisdictional region is it? No data entered

If this questionnaire was completed with the collaboration of other people, provide organisational reference(s) for each participant.

Organisational references:

-  Ministry of Health
-  Ministry of Health
-  Ministry of Transportation
-  Prague Psychiatric Centre

Provide organisational reference(s) for nation-wide and/or regional coalitions (task forces, action groups, collaborative bodies) in the arena of alcohol control policy.

Organisational references:

-  National Institute of Public Health

Other background information: No data entered

Politics, policies and priorities

Do relevant politicians/policy makers refer to alcohol control policy in a manner that suggests it is a priority area? Yes, in documents

Document references:

-  Health 21 - A Long-term Program for Improving the Health of the Population of the Czech Republic

Do relevant politicians/policy makers refer to the prevention of the harm done by alcohol in a manner that suggests it is a priority area? Yes, in documents

Document references:

-  Health 21 - A Long-term Program for Improving the Health of the Population of the Czech Republic

In your opinion, taking into account everything you know, what level of real priority does the present government place on alcohol control policy? (1 is low priority, mostly rhetoric; 10 is high priority, much action) 3

In your opinion, taking into account everything you know, what level of real priority does the present government place on the prevention of the harm done by alcohol? (1 is low priority, mostly rhetoric; 10 is high priority, much action) 4

What is the recent trend (past several years) in resource allocation to alcohol control policy and programmes to prevent the harm done by alcohol? Small increase in resources

What was the amount of funds allocated to alcohol control policy and programmes to prevent the harm done by alcohol in the most recent national budget (Euro): No data entered

Budget year: No data entered

National level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol been published in the following areas:

Drinking and driving.

Document references:



Act No 361/2000 on Road Traffic

Education and public awareness.

Document references:



Act No 258/2000 on protection of public health



Health 21 - A Long-term Program for Improving the Health of the Population of the Czech Republic

Packaging and labelling of alcohol products.

Document references:



Law 676 / 2004 on alcohol labeling

Taxation of alcohol products.

Document references:



Law 353/ 2003 on consumer taxes

Illicit trade in alcohol products.

Document references:



Criminal Code 412 / 2002

Travellers' allowances within the EU.

Document references:



Law 353/ 2003 on consumer taxes

Availability of alcohol, including licensing.

Sales to minors.

Document references:



Law 37/ 1989 on protection against alcoholism and other toxicomanias

Alcohol advertising, promotion and sponsorship.

Document references:



Law 138/ 2001 that amends the Law 40/ 1995 on regulation of advertisement



Law 40/ 2001 on regulation of advertisement

Help and treatment for alcohol problems.

Document references:



Law 37/ 1989 on protection against alcoholism and other toxicomanias

Regional level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol have been published in the following areas:

Non-governmental (private enterprise, research institute, NGO, etc.) policy documents on alcohol control policy and programmes to prevent the harm done by alcohol have been published in the following areas:

Name up to five of the most senior government officials with responsibility to oversee/manage alcohol control policy and the prevention of the harm done by alcohol.

Organisational references:



Ministry of Health



Ministry of Health

Evaluation

Are national alcohol control policy and programmes to prevent the harm done by alcohol policies evaluated and reported? No







Monitoring and/or surveillance

Are national alcohol policy monitoring and/or surveillance activities published? No

Knowledge development

Provide organisational reference(s) for the principal bodies (e.g. academic bodies, public health laboratories, agencies, government units) that are involved in developing the knowledge base for alcohol control and prevention policies.

Organisational references:

-  Ministry of Health
-  Ministry of Health
-  Ministry of Transportation
-  National Institute of Public Health
-  Society for addictive diseases of the Czech Medical Association
-  Society of hygiene and community medicine of the Czech Medical Association

Implementation

Provide organisational references for the principal bodies (main providers) that are involved in implementing intervention programmes and other actions for alcohol control policy.

Information dissemination

Provide organisational references for the principal bodies that are involved in information dissemination and other actions to keep health care professionals informed about managing hazardous and harmful alcohol consumption and alcohol dependence.

Programmes

How available are programmes for preventing the harm done by alcohol? Provide organisational reference(s) for some of the key programmes that exemplify high quality. (1 is not available; 5 is widely available)

Public education through mass media	3
Comprehensive community based	2
Home/family	2
School	4
College	4
University	3
Work place	2
Primary health care	3
Hospital/clinic	2
Internet	3
Social welfare and youth services	2
Custodial settings (prisons, probation, etc.)	2

Other:

Professional workforce

Is higher education in alcohol control policy and/or the prevention of the harm done by alcohol available from at least one institution of higher education? **Yes**

Organisational references:



Institute for postgraduate medical education

Funding

Are funds dedicated to alcohol control policy and programmes to prevent the harm done by alcohol clearly identifiable in the most recent national budget?

Funds are available for alcohol, but mixed in with other funding and hard or impossible to link explicitly with alcohol.

The arena/activities are indicated for which earmarked funds are provided:

Are funds dedicated to alcohol control policy and/or programmes to prevent the harm done by alcohol clearly identifiable in the budgets of non-governmental institutions (foundations, private institutes, welfare societies, professional groups, etc, associations)? **No**

The arena/activities are indicated for which earmarked funds are provided:

Personal evaluation of the state of the field

List up to five key recent advances in your country related to alcohol control policy:

- Long term health strategy Health 21, endorsed by the Government
- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*

List up to five key recent advances in your country related to the prevention of the harm done by alcohol:

- National Programme of Health - financial support of preventive projects, one of its priorities is prevention of harm done by alcohol
- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on alcohol control policy:

- Low taxes
- Out-of-date legislation
- Low advertisement regulation
- No special licensing for alcohol retail
- Wide social acceptance of drinking

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on the prevention of the harm done by alcohol:

- Limited financial resources
- Lack of coordination
- Low involvement of civic society in alcohol prevention
- *No data entered*
- *No data entered*

List, in descending order of importance, up to five key advances that are needed to support implementation of evidence-based alcohol control policy in your country:

- Legislation
- Financial resources
- Reduction of alcohol availability
- *No data entered*
- *No data entered*

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above:

- Advocacy
- Monitoring
- Cost-effectiveness studies
- Coalition building
- *No data entered*

List, in descending order of importance, up to five key advances that are needed to support implementation of evidence-based the prevention of the harm done by alcohol in your country:

- Models of successful programmes, best practice
- Availability of tools, instruments, guidelines, other preventive materials
- *No data entered*
- *No data entered*
- *No data entered*

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above:

- Pre- and postgraduate education of health professionals
- Motivating system to support preventive projects
- Participation in multi-national projects to gain the global best practice
- *No data entered*
- *No data entered*

List up to ten persons who you believe are important for action on alcohol control policy and the prevention of the harm done by alcohol in your country.

Organisational references:



Ministry of Health



Ministry of Health



Ministry of Transportation



National Institute of Public Health



Prague Psychiatric Centre



Society for addictive diseases of the Czech Medical Association

Comments

No data entered

Inclusive dates of data entry

From: 14-4-2005 To: 9-5-2005

Background




Respondent's name: Jensen, Johan Damgaard
 Respondent's country: Denmark
 Respondent's e-mail address: johan.damgaard.jensen@alinformation.dk
 Respondent's telephone number: +4535293090
 Respondent's fax number: +4535253791
 Respondent's present work: Manager/Administrator
 Organisation, position, address (name and number of street, postal code, town): Danish Alcohol Policy Network
 Organisation website: *No data entered*

Are you a government employee? No
 Professional qualifications: Agronomist
 Number of years in employment in your professional area: 8
 Self-rating of expertise level in the area of alcohol control policy in your country (1 is slightly conversant, 10 is fully conversant): 8
 Self-rating of expertise level in the area of the prevention of the harm done by alcohol in your country (1 is slightly conversant, 10 is fully conversant): 8
 If you are answering for a jurisdictional region rather than as a country as a whole, which jurisdictional region is it? *No data entered*

If this questionnaire was completed with the collaboration of other people, provide organisational reference(s) for each participant.

Provide organisational reference(s) for nation-wide and/or regional coalitions (task forces, action groups, collaborative bodies) in the arena of alcohol control policy.

Organisational references:




-  Danish Crime Preventive Council
-  De frivilliges Netværk mod misbrug
-  De frivilliges Netværk mod misbrug/ Voluntary Network against abuse

Other background information: *No data entered*

Politics, policies and priorities

Do relevant politicians/policy makers refer to alcohol control policy in a manner that suggests it is a priority area? Yes, in documents

Document references:

-  Parliamentary hearing on danish alcohol culture and actions to be taken related to children and young peoples alcohol consumption.
-  Law against selling tobacco and alcohol to minors under age 16
-  Rules on alcohol marketing

Do relevant politicians/policy makers refer to the prevention of the harm done by alcohol in a manner that suggests it is a priority area? Yes, in documents

Document references:

-  Alcohol treatment efforts in Denmark - compared to Sweden
-  Danes mortality in the 1990th
-  The economic consequences og alcohol consumption
-  Public efforts in the alcohol field
-  Governemental public health program
-  Healthy all life - mational aims and strtegies on public health 2002-2010

In your opinion, taking into account everything you know, what level of real priority does the present government place on alcohol control policy? (1 is low priority, mostly rhetoric; 10 is high priority, much action) 3

In your opinion, taking into account everything you know, what level of real priority does the present government place on the prevention of the harm done by alcohol? (1 is low priority, mostly rhetoric; 10 is high priority, much action) 3

What is the recent trend (past several years) in resource allocation to alcohol control policy and programmes to prevent the harm done by alcohol? No or little change in resources

What was the amount of funds allocated to alcohol control policy and programmes to prevent the harm done by alcohol in the most recent national budget (Euro): 2 mio.

Budget year: 2003

National level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol have been published in the following areas:

Drinking and driving.


Document references:

 Law on changes of Traffic Law (sanctions in law cases of drink driving

Education and public awareness.

Document references:

 Alcohol Policy action Plans - manual for municipalities

 Children, young and alcohol 1997-2002

 Statement to Parliament on young and alcohol

 Young peoples life style and every day living 2003

Availability of alcohol, including licensing.

Document references:

 Alcohol Policy action Plans - manual for municipalities

Sales to minors.

Document references:

 Law against selling tobacco and alcohol to minors under age 16

 Statement to Parliament on young and alcohol

Alcohol advertising, promotion and sponsorship.

Document references:

 Statement to Parliament on young and alcohol

 Rules on alcohol marketing

Help and treatment for alcohol problems.

Document references:


 Alcohol treatment efforts in Denmark - compared to Sweden

 Public efforts in the alcohol field

Help and treatment for family members.

Document references:

 Public efforts in the alcohol field

 Help to children in families with alcohol problems

Regional level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol have been published in the following areas:

Drinking and driving.

Document references:

 Alcohol influence accident risk dramatically

Non-governmental (private enterprise, research institute, NGO, etc.) policy documents on alcohol control policy and programmes to prevent the harm done by alcohol have been published in the following areas:




Drinking and driving.

Document references:

 Killed and casualties in drink driving 1995-2004



Education and public awareness.

Document references:

-  Party culture and alcohol and drugs in gymnasium
-  Need of competence and education in the field of alcohol and drugs - an introductory survey
-  The Ringsted Experiment - life style and prevention in local society

Alcohol advertising, promotion and sponsorship.

Document references:

-  A bird don't clip its own wings - a report on the danish selfregulation of alcohol marketing
-  Enforcement Committe Annual Report 2003

Reducing harm in drinking environments.

Document references:

-  Young people in town - safer drinking environments for young people



Help and treatment for alcohol problems.

Document references:

-  Acohol - inpatient prevention - facts, methodes and recommendations

Name up to five of the most senior government officials with responsibility to oversee/manage alcohol control policy and the prevention of the harm done by alcohol.

Organisational references:

-  Ministry of Interior and Health
-  The national Board of health

Evaluation

Are national alcohol control policy and programmes to prevent the harm done by alcohol policies evaluated and reported? No






Monitoring and/or surveillance

Are national alcohol policy monitoring and/or surveillance activities published? No

Knowledge development

Provide organisational reference(s) for the principal bodies (e.g. academic bodies, public health laboratories, agencies, government units) that are involved in developing the knowledge base for alcohol control and prevention policies.





Organisational references:

-  Ministry of Interior and Health
-  Ministry of Social affairs
-  national Board of health
-  national Institute of Public Health
-  Videns- og formidlingscenter for socialt udsatte

Implementation

Provide organisational references for the principal bodies (main providers) that are involved in implementing intervention programmes and other actions for alcohol control policy.

Organisational references:

-  Ministry of Interior and Health
-  Ministry of Justice
-  Ministry of Taxes
-  national Board of health

Information dissemination

Provide organisational references for the principal bodies that are involved in information dissemination and other actions to keep health care professionals informed about managing hazardous and harmful alcohol consumption and alcohol dependence.

Organisational references:

 Ministry of Interior and Health

 national Institute of Public Health

 The National Board of health

Programmes

How available are programmes for preventing the harm done by alcohol? Provide organisational reference(s) for some of the key programmes that exemplify high quality. (1 is not available; 5 is widely available)

Public education through mass media	4
Comprehensive community based	3
Home/family	3
School	4
College	1
University	1
Work place	<i>No data entered</i>
Primary health care	<i>No data entered</i>
Hospital/clinic	<i>No data entered</i>
Internet	<i>No data entered</i>
Social welfare and youth services	<i>No data entered</i>
Custodial settings (prisons, probation, etc.)	<i>No data entered</i>

Other:

Professional workforce

Is higher education in alcohol control policy and/or the prevention of the harm done by alcohol available from at least one institution of higher education? Yes

Organisational references:

 University of Copenhagen/ Danish Graduate school of public health

Funding

Are funds dedicated to alcohol control policy and programmes to prevent the harm done by alcohol clearly identifiable in the

Funds are available for alcohol, but mixed in with other funding and hard or impossible to link

most recent national budget?

explicitly with alcohol.

The arena/activities are indicated for which earmarked funds are provided:

Are funds dedicated to alcohol control policy and/or programmes to prevent the harm done by alcohol clearly identifiable in the budgets of non-governmental institutions (foundations, private institutes, welfare societies, professional groups, etc, associations)? No

The arena/activities are indicated for which earmarked funds are provided:

Personal evaluation of the state of the field

List up to five key recent advances in your country related to alcohol control policy:

- Law on selling alcohol to minors being revised raising age limit from 15 year to 16 year
- Introducing voluntary national codes on alcohol marketing
- the making of more rigorous sanctions on drink driving - year 2005
- *No data entered*
- *No data entered*

List up to five key recent advances in your country related to the prevention of the harm done by alcohol:

- The establishment of an Alcohol Research Center at the National Institute of Public Health
- Treatment guarantee on alcohol abuse.
- Introducing hypothecated tax on RTD spirit products to finance preventive and informative programs, specially to young people.
- *No data entered*
- *No data entered*

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on alcohol control policy:

- Low tax on alcohol in Germany
- High allowances. It's easy to danes to go to Germany and bring home big quantities of alcohol for "own" purpose.
- Politicians will and specially ability to bring down the harm done by alcohol
- Very liberal attitude to alcohol consumption amongst danes
- *No data entered*

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on the prevention of the harm done by alcohol:

- Lack of ressources, funding and knowledge in municipalities, who from 1th og january 2007 will be responsible for prevention, treatment and aftercare Lack of comprehensive awareness of the cost and the harm done by alcohol
- Generally lack of training of profesionals in the field of education, social work,
- lack of coordination and cooperation in the alcohol field
- Lack of ressources and funding of the NGO's
- Lack of awareness of effective tools in alcohol policy

List, in descending order of importance, up to five key advances that are needed to support implementation of evidence-based alcohol control policy in your country:

- Advocacy on national and local level
- Better traning and education of profesionals
- Change of attitude to alcohol consumption, understanding and tranparancy of the consequences to "third man".
- Better coordination and cooperation between official organizations and NGO's
- Good political leadership

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above:

- Advocacy training
- Training and education in general in the alcohol field
- Common knowledge of the negative consequences og alcohol consumption, recognizing alcohol problems are every mans responsibility

- Collaboration with research Centers, secure new findings being implemented i policy making and work of professionals
- Introducing low cost measures, i.e. more restrictive codes, laws om alcohol marketing

List, in descending order of importance, up to five key advances that are needed to support implementation of evidence-based the prevention of the harm done by alcohol in your country:

- Awareness of effective tools in alcohol policy and programmes on local level
- More cooperation and coordination between research and praxis
- More training and education. The need for a national comprehensive strategy on education in alcohol and drugs
- *No data entered*
- *No data entered*

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above:

- Political awareness on national and local level of the need for more ressources and to prioritize programmes to solve problems
- Comprehensive national strategy on education on alcohol and drugs
- Widespread advocacy to ordinary people
- *No data entered*
- *No data entered*

List up to ten persons who you believe are important for action on alcohol control policy and the prevention of the harm done by alcohol in your country.

Organisational references:



Danish BtG-Network



Ministry of Interior and health



Ministry of Social affairs



Ministry of Taxes



national Institute of Public Health



The national Board of health




Comments

Very important questionnaire, make me build a overview of the alcohol field. It demonstrates the need for coordination and cooperation between all partners



Inclusive dates of data entry

From: 1-7-2005 To: 15-7-2005

Background

Respondent's name:	Beekmann, Lauri
Respondent's country:	Estonia
Respondent's e-mail address:	lauri@ave.ee
Respondent's telephone number:	3725261884
Respondent's fax number:	No data entered
Respondent's present work:	Manager/Administrator
Organisation, position, address (name and number of street, postal code, town):	Estonian Temperance Union, executive director, Mere pst 20, 10111, Tallinn. www.ave.ee
Organisation website:	No data entered
Are you a government employee?	No
Professional qualifications:	journalist
Number of years in employment in your professional area:	6
Self-rating of expertise level in the area of alcohol control policy in your country (1 is slightly conversant, 10 is fully conversant):	6
Self-rating of expertise level in the area of the prevention of the harm done by alcohol in your country (1 is slightly conversant, 10 is fully conversant):	7
If you are answering for a jurisdictional region rather than as a country as a whole, which jurisdictional region is it?	No data entered
If this questionnaire was completed with the collaboration of other people, provide organisational reference(s) for each participant.	
Organisational references:	
 Estonian Temperance Union	
 Kuressaare city government	
Provide organisational reference(s) for nation-wide and/or regional coalitions (task forces, action groups, collaborative bodies) in the arena of alcohol control policy.	
Organisational references:	
 Estonian Temperance Union	
Other background information:	No data entered

Politics, policies and priorities

Do relevant politicians/policy makers refer to alcohol control policy in a manner that suggests it is a priority area?	Yes, in documents
Document references:	
 Coalition Agreement of the Estonian Republic	
Do relevant politicians/policy makers refer to the prevention of the harm done by alcohol in a manner that suggests it is a priority area?	Yes, in documents
Document references:	
 Coalition Agreement of the Estonian Republic	
In your opinion, taking into account everything you know, what level of real priority does the present government place on alcohol control policy? (1 is low priority, mostly rhetoric; 10 is high priority, much action)	4
In your opinion, taking into account everything you know, what level of real priority does the present government place on the prevention of the harm done by alcohol? (1 is low priority, mostly rhetoric; 10 is high priority, much action)	4
What is the recent trend (past several years) in resource allocation to alcohol control policy and programmes to prevent the harm done by alcohol?	Large decrease in resources
What was the amount of funds allocated to alcohol control policy and programmes to prevent the harm done by alcohol in the most recent national budget (Euro):	No data entered
Budget year:	No data entered
National level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol been published in the following areas:	

Drinking and driving.

Document references:



Traffic Law

Taxation of alcohol products.

Document references:



New Act on Alcohol Excise Tax

Availability of alcohol, including licensing.

Document references:



Alcohol Law

Sales to minors.

Document references:



Alcohol Law amendment

Alcohol advertising, promotion and sponsorship.

Document references:



Advertising Law

Regional level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol have been published in the following areas:

Availability of alcohol, including licensing.

Document references:



Ban of alcohol sale during nighttime



Limiting the time of alcohol sale



Timelimits for alcohol sale in Jõhvi

Alcohol advertising, promotion and sponsorship.

Document references:



Ban of alcohol advertising in Kuressaare

Non-governmental (private enterprise, research institute, NGO, etc.) policy documents on alcohol control policy and programmes to prevent the harm done by alcohol have been published in the following areas:

Drinking and driving.

Document references:



Changing our roads more safe

Education and public awareness.

Document references:



Alcohol situation in Estonia

Alcohol advertising, promotion and sponsorship.

Document references:



About moderation and alcohol advertising

Name up to five of the most senior government officials with responsibility to oversee/manage alcohol control policy and the prevention of the harm done by alcohol.

Organisational references:



Ministry of Social Affairs



Ministry of Social Affairs - Public Health Department



National Institute of Health Development

Evaluation

Are national alcohol control policy and programmes to prevent the harm done by alcohol policies evaluated and reported? No








Monitoring and/or surveillance

Are national alcohol policy monitoring and/or surveillance activities published? No

Knowledge development

Provide organisational reference(s) for the principal bodies (e.g. academic bodies, public health laboratories, agencies, government units) that are involved in developing the knowledge base for alcohol control and prevention policies.





Organisational references:

-  Estonian Blue Cross
-  Estonian Police
-  Estonian Temperance Union
-  Health Protection Inspectorate
-  Ministry of Social Affairs
-  National Institute of Health Development
-  University of Tartu

Implementation

Provide organisational references for the principal bodies (main providers) that are involved in implementing intervention programmes and other actions for alcohol control policy.








Organisational references:

-  Estonian Temperance Union
-  Health Protection Inspectorate
-  Ministry of Social Affairs
-  National Institute of Health Development

Information dissemination

Provide organisational references for the principal bodies that are involved in information dissemination and other actions to keep health care professionals informed about managing hazardous and harmful alcohol consumption and alcohol dependence.

Organisational references:

-  Estonian AIDS Prevention Centre
-  Health Protection Inspectorate
-  Institute of International and Social Studies at Tallinn University
-  Ministry of Social Affairs
-  National Institute of Health Development
-  State Agency of Medicines
-  Tallinna Sotsiaal- ja Tervishoiu Amet
-  University of Tartu

Programmes

How available are programmes for preventing the harm done by alcohol? Provide organisational reference(s) for some of the key programmes that exemplify high quality. (1 is not available; 5 is widely available)

Public education through mass media	1
Comprehensive community based	1
Home/family	1
School	2

College	1
University	1
Work place	1
Primary health care	1
Hospital/clinic	1
Internet	1
Social welfare and youth services	2
Custodial settings (prisons, probation, etc.)	2
Other:	

Professional workforce

Is higher education in alcohol control policy and/or the prevention of the harm done by alcohol available from at least one institution of higher education? No

Funding

Are funds dedicated to alcohol control policy and programmes to prevent the harm done by alcohol clearly identifiable in the most recent national budget? Funds are available for alcohol, but mixed in with other funding and hard or impossible to link explicitly with alcohol.

The arena/activities are indicated for which earmarked funds are provided:

Are funds dedicated to alcohol control policy and/or programmes to prevent the harm done by alcohol clearly identifiable in the budgets of non-governmental institutions (foundations, private institutes, welfare societies, professional groups, etc, associations)? Yes

The arena/activities are indicated for which earmarked funds are provided:

School, college, university-based educational programmes

Document references:



Informing results of alcohol use in schools

Personal evaluation of the state of the field

List up to five key recent advances in your country related to alcohol control policy:

- Parliament accepted the ban for selling alcohol on the streets (kiosks etc).
- Parliament accepted the bill that makes alcohol sale to minor a criminal act. Punishment up to one year imprisonment.
- Timelimits for alcohol selling in different town and county governments.
- Increased media attention on alcohol policy in Estonia.
- *No data entered*

List up to five key recent advances in your country related to the prevention of the harm done by alcohol:

- Previously mentioned jurisdictional changes in Estonia.
- Reestablishment of the Estonian Temperance Union and the work it has started.
- Public attention on the subject. Although statistics show that harm done by alcohol increases.
- Police have created a new department and one of its assignments is fighting against drunkdriving.
- *No data entered*

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on alcohol control policy:

- Overall mentality of the people, politicians included. Poor understanding of the harm done by the alcohol.
- Activity of the alcohol industry. They influence media by the advertising and policy makers by business and political relations.
- Unableness to uphold the laws that exist at the moment. It works as an argument against new and stricter laws.
- *No data entered*
- *No data entered*

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on the prevention of the harm done by alcohol:

- A widespread opinion on alcohol as a product for everyday life. Poor understanding of harm done by alcohol.
- Influence of TV and other media to the adolescents. Media presents a youthculture where alcohol is a normal part.
- Funds from alcohol excise taxes does not go for public health work.
- Weak alcohol policy.
- *No data entered*

List, in descending order of importance, up to five key advances that are needed to support implementation of evidence-based alcohol control policy in your country:

- Governmental commission for elaboration of the evidence based alcohol policy for Estonia. The Commission has to include members of the Government and the Parliament, specialists on alcohol problems and health promotion, physicians, sociologists and educators.
- Subcommissions for supplying the governmental commission by facts on the alcohol situation and the European experience of the alcohol policy.
- Educational courses for members of government and Parliament on the alcohol problems and on experience in the regulation of the alcohol situation.
- *No data entered*
- *No data entered*

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above:

- Evidence based analysis of regional experience in limitation of alcohol sale.
- Evidence based analysis of experience in anti-alcohol education in schools.
- Financial backup for the nongovernmental organisations dealing with tasks listed in 11.5.2, 11.5.3, 11.6.1 and 11.6.2.
- *No data entered*
- *No data entered*

List, in descending order of importance, up to five key advances that are needed to support implementation of evidence-based the prevention of the harm done by alcohol in your country:








- State program for prevention of alcoholism and alcohol dependence.
- Attitude change among population: - alcohol is not for everyday life - Being drunken is disgraceful - Pregnant women and mothers should avoid alcohol totally - children should grow up free of alcohol - everybody has freedom to determine his/her attitude to alcohol but everybody is responsible for harm resulted by alcohol consumption.
- *No data entered*
- *No data entered*
- *No data entered*

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above:

- Active distribution of knowledge of alcohol and harms resulted by alcohol consumption using public lectures, forums, media etc.
- Special alternative media, introducing alcohol and drugfree lifestyle: radio- and TVshows, newspaper.
- Courses for parents, pregnant women, teachers and social workers.
- Improvement of health education in schools.
- *No data entered*

List up to ten persons who you believe are important for action on alcohol control policy and the prevention of the harm done by alcohol in your country.

Organisational references:

-  Estonian Blue Cross
-  Estonian Temperance Union
-  Ethic committee of the ESTONIAN MEDICAL ASSOCIATION
-  Health Protection Inspectorate
-  Ministry of Social Affairs
-  National Institute for Health Development
-  Safe Communities

Comments

2.6 - in 2005 there are no funds for alcohol control policy and programmes. All funds went for drug- and HIV-prevention. Entry form did not accept that answer (0 kroons). In 2.8 we brought some examples of the regional decisions of selling timelimits. Most of the regional administrations have followed that lead. 8 - Programmes. As you can see the situation is really poor. There are drugprevetion programmes that involve a little also alcohol subject.

Inclusive dates of data entry

From: 1-1-2000 To: 1-4-2005

Background

Respondent's name: Ritva Varamäki
 Respondent's country: Finland
 Respondent's e-mail address: ritva.varamaki@health.fi
 Respondent's telephone number: +358 9 7253 0343
 Respondent's fax number: R+358 9 7243 0319
 Respondent's present work: No data entered
 Organisation, position, address (name and number of street, postal code, town): Finnish Centre for Health Promotion Karjalankatu 2 C 63, 00520 Helsinki, Finland www.health.fi
 Organisation website: No data entered

Are you a government employee?

Professional qualifications: No data entered

Number of years in employment in your professional area: No data entered

Self-rating of expertise level in the area of alcohol control policy in your country (1 is slightly conversant, 10 is fully conversant): 3

Self-rating of expertise level in the area of the prevention of the harm done by alcohol in your country (1 is slightly conversant, 10 is fully conversant): 3

If you are answering for a jurisdictional region rather than as a country as a whole, which jurisdictional region is it? No data entered

If this questionnaire was completed with the collaboration of other people, provide organisational reference(s) for each participant.

Organisational references:



Ministry of Finance

Provide organisational reference(s) for nation-wide and/or regional coalitions (task forces, action groups, collaborative bodies) in the arena of alcohol control policy.

Other background information: Population size of the country/region: 5,2 million

Politics, policies and priorities

Do relevant politicians/policy makers refer to alcohol control policy in a manner that suggests it is a priority area? Yes, in documents

Document references:



Government Resolution on strategies in alcohol policy, Ministry of Social Affairs and Health Brochures 2003:6

Do relevant politicians/policy makers refer to the prevention of the harm done by alcohol in a manner that suggests it is a priority area? Yes, in documents

In your opinion, taking into account everything you know, what level of real priority does the present government place on alcohol control policy? (1 is low priority, mostly rhetoric; 10 is high priority, much action) 8

In your opinion, taking into account everything you know, what level of real priority does the present government place on the prevention of the harm done by alcohol? (1 is low priority, mostly rhetoric; 10 is high priority, much action) 8

What is the recent trend (past several years) in resource allocation to alcohol control policy and programmes to prevent the harm done by alcohol? Small increase in resources

What was the amount of funds allocated to alcohol control policy and programmes to prevent the harm done by alcohol in the most recent national budget (Euro): No data entered

Budget year: No data entered

National level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol been published in the following areas:

Drinking and driving.

Document references:



Alcoholprogram for NGO's

Education and public awareness.

Taxation of alcohol products.

Illicit trade in alcohol products.

Travellers' allowances within the EU.

Availability of alcohol, including licensing.

Sales to minors.

Alcohol advertising, promotion and sponsorship.

Reducing harm in drinking environments.

Help and treatment for alcohol problems.

Help and treatment for family members.

Regional level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol have been published in the following areas:

Non-governmental (private enterprise, research institute, NGO, etc.) policy documents on alcohol control policy and programmes to prevent the harm done by alcohol have been published in the following areas:

Drinking and driving.

Education and public awareness.

Taxation of alcohol products.

Sales to minors.

Alcohol advertising, promotion and sponsorship.

Reducing harm in drinking environments.

Help and treatment for alcohol problems.

Help and treatment for family members.

Name up to five of the most senior government officials with responsibility to oversee/manage alcohol control policy and the prevention of the harm done by alcohol.

Organisational references:



Ministry of Social Affairs and Health



Ministry of Social Affairs and Health II



Ministry of Social Affairs and Health III



Ministry of Social Affairs and Health IV



National Product Control Agency for Welfare and Health

Evaluation

Are national alcohol control policy and programmes to prevent the harm done by alcohol policies evaluated and reported? Yes

Document references:



Alcohol Programme 2004–2007. Starting points for co-operation in 2004.

Monitoring and/or surveillance

Are national alcohol policy monitoring and/or surveillance activities published? Yes

Knowledge development

Provide organisational reference(s) for the principal bodies (e.g. academic bodies, public health laboratories, agencies, government units) that are involved in developing the knowledge base for alcohol control and prevention policies.

Organisational references:

-  Ministry of Social Affairs and Health
-  Centre for Occupational Safety
-  Centre for Occupational Safety II
-  Finnish Institute of Occupational Health
-  Finnish Institute of Occupational Health II
-  Ministry of the Interior
-  Ministry of the Interior II
-  National Product Control Agency for Welfare and Health
-  National Public Health Institute
-  National Public Health Institute II
-  National Research and development Centre for Welfare and Health
-  National Research and Development Centre for Welfare and Health III
-  Social and welfare centres of expertise
-  Social and welfare centres of expertise II
-  The National Research Institute of Legal Policy
-  The National Research Institute of Legal Policy II
-  University of Helsinki, Research Unit of Addiction Medicine
-  University of Helsinki, Research Unit of Addiction Medicine II

Implementation

Provide organisational references for the principal bodies (main providers) that are involved in implementing intervention programmes and other actions for alcohol control policy.

Organisational references:

-  Ministry of Social Affairs and Health
-  Finnish Centre for Health Promotion
-  Finnish Centre for Health Promotion II
-  Finnish Centre for Health Promotion, The Forum from Substance Abuse Prevention
-  Finnish Institute of Occupational Health
-  Ministry of Justice
-  Ministry of Justice II
-  Ministry of the Interior
-  Ministry of Transport and Communications
-  Ministry of Transport and Communications II
-  National Public Health Institute
-  National Research and Development Centre for Welfare and Health
-  Social and welfare centres of expertise
-  State Provincial Offices
-  State Provincial Offices II

Information dissemination

Provide organisational references for the principal bodies that are involved in information dissemination and other actions to keep health care professionals informed about managing hazardous and harmful alcohol consumption and alcohol dependence.

Organisational references:

-  Ministry of Social Affairs and Health
-  A Clinic Foundation
-  A-Clinic Foundation
-  Finnish Centre for Health Promotion
-  Finnish Federation of Nurses, Addiction Nursing Network
-  Finnish Federation of Nurses, Addiction Nursing Network II
-  Finnish Institute of Occupational Health
-  Finnish Medical Association, Society for Addiction Medicine
-  Finnish Medical Association, Society for Addiction Medicine II
-  National Public Health Institute
-  National Research and Development Centre for Welfare and Health

Programmes

How available are programmes for preventing the harm done by alcohol? Provide organisational reference(s) for some of the key programmes that exemplify high quality. (1 is not available; 5 is widely available)

Public education through mass media	3
Comprehensive community based	2
Home/family	3
School	4
College	2
University	2
Work place	4
Primary health care	3
Hospital/clinic	2
Internet	5
Social welfare and youth services	4
Custodial settings (prisons, probation, etc.)	3
Other:	

Professional workforce

Is higher education in alcohol control policy and/or the prevention of the harm done by alcohol available from at

least one institution of higher education? Yes

Funding

Are funds dedicated to alcohol control policy and programmes to prevent the harm done by alcohol clearly identifiable in the most recent national budget? Yes

The arena/activities are indicated for which earmarked funds are provided:

Governmental Centre(s) and/or institutes

Non-governmental Centres (s) and/or institutes

Research

Monitoring and reporting

Masters/doctoral training

Community prevention programmes

School, college, university-based educational programmes

Public education programmes

Health care based programmes

Health professional education

Conference(s), workshops, seminars, symposia, etc.

Are funds dedicated to alcohol control policy and/or programmes to prevent the harm done by alcohol clearly identifiable in the budgets of non-governmental institutions (foundations, private institutes, welfare societies, professional groups, etc, associations)? Yes

The arena/activities are indicated for which earmarked funds are provided:

Non-governmental Centres (s) and/or institutes

Community prevention programmes

School, college, university-based educational programmes

Personal evaluation of the state of the field

List up to five key recent advances in your country related to alcohol control policy:

- Government Resolution on Strategies in Alcohol Policy, 9 October 2003.
- Change in the Alcohol Act 764/2002, in force as of 1 January 2003, which enables the competent authority (Previously Product Control Agency, currently the State Provincial Offices) to refuse or limit a license to serve alcoholic beverages if the commercial activity/event is mainly targeted to young people, if the activity takes place in a work place or in a sports event or family-oriented event, or if there is evidence that suggests that the activity would have negative effects on the environment.
- Transfer of the responsibility for the alcohol retail licensing system (on and off-premise retailing) from the National Product Control Agency to the State Provincial Offices, as of January 2005.
- "Recommendations concerning the quality of services for substance abusers", issued by the Ministry of Social Affairs and Health and the Association of Local and Regional Authorities in 2002.
- *No data entered*

List up to five key recent advances in your country related to the prevention of the harm done by alcohol:

- Alcohol Programme 2004-2007, launched in April 2004; further information in www.alkoholihjelma.fi > English
- Alcohol Action Plan for NGOs 2004-2007, launched in January 2004. Part of National Alcohol Programme since February 2004. Nearly 60 NGOs are involved and several activities and projects are run by the NGOs (and some in collaboration with municipalities).
- Inclusion of the Alcohol Programme in the action programmes under which municipalities can seek central government grants for development projects in social welfare and health care, Decree 27.11.2003.
- Two large-scale national projects to advance brief intervention: The national brief intervention project 2004-2006, directed to primary health care services, implemented as a part of the national health care project; A

national brief intervention project, started in 2004, directed to occupational health care services, funded with public appropriations for health promotion.

- Prevention of alcohol related harms and implementation of Alcohol Programme 2004-2007 are emphasized in the Slot Machine Association and the Ministry of Social Affairs and Health where the NGOs can seek financial support.

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on alcohol control policy:

- Free movement of goods in the EU common market; Finland has to accept the legislation of the EU and its travellers' allowances. It's easy for a Finn to make a alcohol purchase trip to Estonia because Estonia is near and alcohol is much cheaper in Estonia than in Finland.
- Free movement of goods in the EU common market and EU enlargement: Finland had to reduce alcohol taxation in order to discourage alcohol purchase trips done by the Finns to Estonia.
- Prevention of alcohol related harms are not on the agenda of politicians.
- Tradition of binge drinking and positive attitudes for binge drinking and excessive drinking among the Finns.
- *No data entered*

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on the prevention of the harm done by alcohol:

- Lack of resources in municipalities and in NGOs.
- There are many activities and projects ongoing at the moment and specially the NGOs working on the prevention field are developing new approaches and tools to tackle the harm done by alcohol. These projects are needed because people need advice and support but more resources are needed because the most effective tool (taxation) is weakend.
- Lack of awareness of effective tools in alcohol policy and programs on the local level.
- Lack of awareness of wide range and costs of alcohol related harms.
- Lack of coordination of projects run by different NGOs and municipalities.

List, in descending order of importance, up to five key advances that are needed to support implementation of evidence-based alcohol control policy in your country:

- Advocacy on national and local level.
- Good co-operation between local and national level and between different organisations.
- Good leadership and management, effective evaluation.
- Knowledge of costs of alcohol related harms (in larger meaning).
- Put alcohol on agenda (among other health issues) at the local level.

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above:

- Training for advocacy.
- Training and big multi sectoral projects (municipalities, NGOs and research).
- Collaboration with research.
- More financial resources for prevention.
- *No data entered*

List, in descending order of importance, up to five key advances that are needed to support implementation of evidence-based the prevention of the harm done by alcohol in your country:

- Awareness of effective tools in alcohol policy and programs on the local level.
- More collaboration between development projects and research.
- *No data entered*
- *No data entered*
- *No data entered*

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above:

- The activities and projects on local level run by NGOs are concentrated on to support and help people. More focus on advocacy is needed.
- Training.
- *No data entered*
- *No data entered*
- *No data entered*

List up to ten persons who you believe are important for action on alcohol control policy and the prevention of the

harm done by alcohol in your country.

Organisational references:



Ministry of Social Affairs and Health



A-Clinic Foundation



Finnish Centre for Health Promotion, The Forum from Substance Abuse Prevention



Minister of basic services



Minister of Finance



Ministry of the Interior



National Product Control Agency for Welfare and Health



National Research and development Centre for Welfare and Health



National Research and Development Centre for Welfare and Health II



Prime Minister

Comments

good questions, time consuming, more detailed

Inclusive dates of data entry

From: 21-3-2004 To: 4-4-2004

Background

Respondent's name: Craplet, Michel
 Respondent's country: France
 Respondent's e-mail address: mcraplet@anpa.asso.fr
 Respondent's telephone number: 33 1 42 33 51 04
 Respondent's fax number: 33 1 45 08 17 02
 Respondent's present work: Other
 Organisation, position, address (name and number of street, postal code, town): 20 rue Saint Fiacre 75002 Paris
 Organisation website: *No data entered*

Are you a government employee?

Professional qualifications: *No data entered*

Number of years in employment in your professional area: *No data entered*

Self-rating of expertise level in the area of alcohol control policy in your country (1 is slightly conversant, 10 is fully conversant): 3

Self-rating of expertise level in the area of the prevention of the harm done by alcohol in your country (1 is slightly conversant, 10 is fully conversant): 3

If you are answering for a jurisdictional region rather than as a country as a whole, which jurisdictional region is it? *No data entered*

If this questionnaire was completed with the collaboration of other people, provide organisational reference(s) for each participant.

Provide organisational reference(s) for nation-wide and/or regional coalitions (task forces, action groups, collaborative bodies) in the arena of alcohol control policy.

Other background information: Population size of the region: 60 000 000

Politics, policies and priorities

Do relevant politicians/policy makers refer to alcohol control policy in a manner that suggests it is a priority area? No

Do relevant politicians/policy makers refer to the prevention of the harm done by alcohol in a manner that suggests it is a priority area? Yes, not documented

In your opinion, taking into account everything you know, what level of real priority does the present government place on alcohol control policy? (1 is low priority, mostly rhetoric; 10 is high priority, much action) 1

In your opinion, taking into account everything you know, what level of real priority does the present government place on the prevention of the harm done by alcohol? (1 is low priority, mostly rhetoric; 10 is high priority, much action) 3

What is the recent trend (past several years) in resource allocation to alcohol control policy and programmes to prevent the harm done by alcohol? No or little change in resources

What was the amount of funds allocated to alcohol control policy and programmes to prevent the harm done by alcohol in the most recent national budget (Euro): *No data entered*

Budget year: *No data entered*

National level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol have been published in the following areas:

Education and public awareness.

Regional level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol have been published in the following areas:

Non-governmental (private enterprise, research institute, NGO, etc.) policy documents on alcohol control policy and programmes to prevent the harm done by alcohol have been published in the following areas:

Name up to five of the most senior government officials with responsibility to oversee/manage alcohol control policy and the prevention of the harm done by alcohol.

Organisational references:

-  Ministère de la Santé - DGS
-  Ministère de la Santé - DGS II
-  Ministère de la Santé - DGS III
-  Mission Interministérielle de Lutte contre la Drogue et la Toxicomanie (MILDT)

Evaluation

Are national alcohol control policy and programmes to prevent the harm done by alcohol policies evaluated and reported? No








Monitoring and/or surveillance

Are national alcohol policy monitoring and/or surveillance activities published? No

Knowledge development

Provide organisational reference(s) for the principal bodies (e.g. academic bodies, public health laboratories, agencies, government units) that are involved in developing the knowledge base for alcohol control and prevention policies.




Organisational references:

-  Association nationale de prévention en alcoologie et addictologie (ANPAA)
-  Fédération Française d'Addictologie (FFA)
-  Institut de Recherches Scientifiques sur les Boissons (IREB)
-  Institut National de la Santé et de la Recherche Médicale (Inserm)
-  Mission Interministérielle de Lutte contre la Drogue et la toxicomanie (MILDT) II
-  Observatoire Français des Drogues et des Toxicomanies (OFDT)
-  Société Française d'Alcoologie (SFA)

Implementation

Provide organisational references for the principal bodies (main providers) that are involved in implementing intervention programmes and other actions for alcohol control policy.





Organisational references:

-  Association nationale de prévention en alcoologie et addictologie (ANPAA)
-  Institut National de Prévention et d'Education pour la Santé (INPES)
-  Mission Interministérielle de Lutte contre la Drogue et la toxicomanie (MILDT) III

Information dissemination


Provide organisational references for the principal bodies that are involved in information dissemination and other actions to keep health care professionals informed about managing hazardous and harmful alcohol consumption and alcohol dependence.

Organisational references:

-  Association nationale de prévention de l'alcoolisme (ANPA)
-  Institut National de Prévention et d'Education pour la Santé (INPES)
-  Mission Interministérielle de Lutte contre la Drogue et la toxicomanie (MILDT) IV
-  Société Française d'Alcoologie (SFA)

Programmes

How available are programmes for preventing the harm done by alcohol? Provide organisational reference(s) for some of the key programmes that exemplify high quality. (1 is not available; 5 is widely available)

 Public education through mass media	3
Comprehensive community based	1

Home/family	1
School	2
College	2
University	1
Work place	4
Primary health care	4
Hospital/clinic	2
Internet	3
Social welfare and youth services	<i>No data entered</i>
Custodial settings (prisons, probation, etc.)	2
Other:	

Professional workforce

Is higher education in alcohol control policy and/or the prevention of the harm done by alcohol available from at least one institution of higher education? No

Funding

Are funds dedicated to alcohol control policy and programmes to prevent the harm done by alcohol clearly identifiable in the most recent national budget? Yes

The arena/activities are indicated for which earmarked funds are provided:

Governmental Centre(s) and/or institutes

Non-governmental Centres (s) and/or institutes

Research

School, college, university-based educational programmes

Public education programmes

Health care based programmes

Health professional education

Are funds dedicated to alcohol control policy and/or programmes to prevent the harm done by alcohol clearly identifiable in the budgets of non-governmental institutions (foundations, private institutes, welfare societies, professional groups, etc, associations)? Yes

The arena/activities are indicated for which earmarked funds are provided:

Non-governmental Centres (s) and/or institutes

Research

Community prevention programmes

School, college, university-based educational programmes

Public education programmes

Health care based programmes

Personal evaluation of the state of the field

List up to five key recent advances in your country related to alcohol control policy:

- European court of Justice's decision about Loi Evin
- New taxation of alcopops in 2004
- *No data entered*
- *No data entered*
- *No data entered*

List up to five key recent advances in your country related to the prevention of the harm done by alcohol:

- Drinking and driving Penalties are higher since vote of two laws in 2003
- Enforcement by the police force is better
- New measures for young drivers : a temporary driving licence is given for 3 years since the 1st of March 2004
- The legal BAC is now 0.2 for drivers of public transports on the roads
- *No data entered*

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on alcohol control policy:

- Decreasing of French wines selling in France and across the world
- obbies defending wines, cooking and tourist trades joining together and supported by an important specialized press
- deology of "addictologie". This comprehensive approach conforted the idea that « alcohol is a drug » but in this global perspective, the product alcool, the alcohol policy and alcohol education are forgotten behind illegal drugs problems.
- *No data entered*
- *No data entered*

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on the prevention of the harm done by alcohol:

- Drink industry promoting unefficient prevention programs
- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*

List, in descending order of importance, up to five key advances that are needed to support implementation of evidence-based alcohol control policy in your country:

- Study on effectiveness in French settings
- Forbiding alcohol selling in petrol station (it is still allowed during « day time » ie from 6 am to 10 pm)
- Control of selling alcohol to young people
- *No data entered*
- *No data entered*

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above:

- Funding of alcohol research studying French drinking patterns
- *No data entered*

- No data entered
- No data entered
- No data entered

List, in descending order of importance, up to five key advances that are needed to support implementation of evidence-based the prevention of the harm done by alcohol in your country:

- Development of charity funding
- Involvement of consumers' associations
- Education and treatment programs addressing alcohol abuse and not only binge drinking and addiction
- No data entered
- No data entered

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above:

- Promotion of prevention through culture
- Education on how to receive, gather and have fun without offering alcohol
- Education in schools with long term programs
- Training of waiters, teachers, media ; for example on the French paradox
- Long terms funding of specialized agency

List up to ten persons who you believe are important for action on alcohol control policy and the prevention of the harm done by alcohol in your country.

Organisational references:



ANPAA Association nationale de prévention en alcoologie et addictologie (ANPAA) V



FFA Fédération Française d'Addictologie (FFA)



SFA Centre hospitalier



ANPAA Association nationale de prévention en alcoologie et addictologie (ANPAA) IV



Hopital Interarmes



Hopital Paul Brousse



Ministère de la Santé - DGS IV



SFA Société Française d'Alcoologie (SFA)

Comments

Inclusive dates of data entry

From: 1-4-2004 To: 1-1-2005

Background

Respondent's name: Huellinghorst, Rolf
 Respondent's country: Germany
 Respondent's e-mail address: huellinghorst@dhs.de
 Respondent's telephone number: 0049 2381 9015 10
 Respondent's fax number: 0049 2381 9015 30
 Respondent's present work: Manager/Administrator
 Organisation, position, address (name and number of street, postal code, town): German Centre for Addiction Issues (DHS), Director, Westenwall 4, D-59065 Hamm, www.dhs.de
 Organisation website: *No data entered*

Are you a government employee? No

Professional qualifications: Social worker

Number of years in employment in your professional area: 25

Self-rating of expertise level in the area of alcohol control policy in your country (1 is slightly conversant, 10 is fully conversant): 10

Self-rating of expertise level in the area of the prevention of the harm done by alcohol in your country (1 is slightly conversant, 10 is fully conversant): 10

If you are answering for a jurisdictional region rather than as a country as a whole, which jurisdictional region is it? *No data entered*

If this questionnaire was completed with the collaboration of other people, provide organisational reference(s) for each participant.

Organisational references:



German Centre for Addiction Issues

Provide organisational reference(s) for nation-wide and/or regional coalitions (task forces, action groups, collaborative bodies) in the arena of alcohol control policy.

Other background information: The DHS is an umbrella The DHS was founded in 1947 as a common platform for all German charitable associations in the field of dependency treatment. Except private organizations and the anonymous self-help project Anonyme Selbsthilfe, all umbrella organizations of outpatient counseling and treatment, in-patient care and help for self-help are members of the DHS. organisation

Politics, policies and priorities

Do relevant politicians/policy makers refer to alcohol control policy in a manner that suggests it is a priority area? Yes, in documents

Document references:



Actionplan Drug and Addiction

Do relevant politicians/policy makers refer to the prevention of the harm done by alcohol in a manner that suggests it is a priority area? Yes, in documents

Document references:



Actionplan Drug and Addiction

In your opinion, taking into account everything you know, what level of real priority does the present government place on alcohol control policy? (1 is low priority, mostly rhetoric; 10 is high priority, much action) 4

In your opinion, taking into account everything you know, what level of real priority does the present government place on the prevention of the harm done by alcohol? (1 is low priority, mostly rhetoric; 10 is high priority, much action) 4

What is the recent trend (past several years) in resource allocation to alcohol control policy and programmes to prevent the harm done by alcohol? Small increase in resources

What was the amount of funds allocated to alcohol control policy and programmes to prevent the harm done by alcohol in the most recent national budget (Euro): *No data entered*

Budget year: *No data entered*

National level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol have been published in the following areas:

Education and public awareness.

Document references:



Alcohol - a prevention program for class 5 to 10



Prevention in Germany

Taxation of alcohol products.

Document references:



Bundesverband der Deutschen Spirituosen-Industrie und -Importeure e.V. (BSI)

Sales to minors.

Document references:



Law for protection of youth in general and for media

Alcohol advertising, promotion and sponsorship.

Document references:



Alcohol and advertising



Law for protection of youth in general and for media



Verhaltensregeln des Deutschen Werberats über die kommerzielle Kommunikation für alkoholische Getränke

Reducing harm in drinking environments.

Help and treatment for alcohol problems.

Document references:



Vereinbarung zu Abhängigkeitserkrankungen mit Anlagen



Development of the help system for alcohol addicts and people with alcohol problems

Help and treatment for family members.

Document references:



Secrets of family - If parents are alcohol addicts and how their children suffer

Regional level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol have been published in the following areas:

Drinking and driving.

Education and public awareness.

Availability of alcohol, including licensing.

Sales to minors.

Reducing harm in drinking environments.

Help and treatment for alcohol problems.

Help and treatment for family members.

Non-governmental (private enterprise, research institute, NGO, etc.) policy documents on alcohol control policy and programmes to prevent the harm done by alcohol have been published in the following areas:

Drinking and driving.

Education and public awareness.

Taxation of alcohol products.

Availability of alcohol, including licensing.

Sales to minors.

Alcohol advertising, promotion and sponsorship.

Reducing harm in drinking environments.

Help and treatment for alcohol problems.

Help and treatment for family members.

Name up to five of the most senior government officials with responsibility to oversee/manage alcohol control policy and the prevention of the harm done by alcohol.

Organisational references:



Federal Institute for Health Education (BZgA)



Federal Ministry for family, senior citizens, women and young people



Federal Ministry of consumer protection, food and agriculture



Ministry for Health and social security



Ministry of Health and Social Security

Evaluation

Are national alcohol control policy and programmes to prevent the harm done by alcohol policies evaluated and reported? Yes

Document references:



Report of the effect of the Alcopoptax



Report of Drugs and Drug Addiction

Monitoring and/or surveillance

Are national alcohol policy monitoring and/or surveillance activities published? Yes

Document references:



Alcohol - a prevention program for class 5 to 10



Alcohol use, alcohol-related problems and trends. Results of the 2003 Epidemiological Survey of Substance Abuse



Die Drogenaffinität Jugendlicher in der Bundesrepublik Deutschland 2004

Knowledge development

Provide organisational reference(s) for the principal bodies (e.g. academic bodies, public health laboratories, agencies, government units) that are involved in developing the knowledge base for alcohol control and prevention policies.

Organisational references:



FOGS Institut



Institut für Epidemiologie und Sozialmedizin



Institut für Therapieforschung IFT



Zentralinstitut für Seelische Gesundheit

Implementation

Provide organisational references for the principal bodies (main providers) that are involved in implementing intervention programmes and other actions for alcohol control policy.

Organisational references:



Federal Centre for health education



German Centre for Addiction Issues

Information dissemination

Provide organisational references for the principal bodies that are involved in information dissemination and other actions to keep health care professionals informed about managing hazardous and harmful alcohol consumption and alcohol dependence.

Organisational references:



Federal Centre for health education



German Centre for Addiction Issues

Programmes

How available are programmes for preventing the harm done by alcohol? Provide organisational reference(s) for some of the key programmes that exemplify high quality. (1 is not available; 5 is widely available)

Public education through mass media	4
Comprehensive community based	2
Home/family	2
School	5
College	4
University	2
Work place	4
Primary health care	3
Hospital/clinic	3
Internet	4
Social welfare and youth services	4
Custodial settings (prisons, probation, etc.)	3

Other:

Professional workforce

Is higher education in alcohol control policy and/or the prevention of the harm done by alcohol available from at least one institution of higher education? Yes

Organisational references:



Federal Centre for health education



German Centre for Addiction Issues

Funding

Are funds dedicated to alcohol control policy and programmes Funds are available for alcohol, but mixed in

to prevent the harm done by alcohol clearly identifiable in the most recent national budget? with other funding and hard or impossible to link explicitly with alcohol.

The arena/activities are indicated for which earmarked funds are provided:

Are funds dedicated to alcohol control policy and/or programmes to prevent the harm done by alcohol clearly identifiable in the budgets of non-governmental institutions (foundations, private institutes, welfare societies, professional groups, etc, associations)? No

The arena/activities are indicated for which earmarked funds are provided:

Personal evaluation of the state of the field

List up to five key recent advances in your country related to alcohol control policy:

- Since 2nd August 2004 there is an excise for Alcopops. It is a special tax additional to the existing taxes for this kind of alcohol beverage. The aim of this tax is to reduce the persistent alcohol consumption of young people.
- In 1998 a blood alcohol concentration limit of 0.05 per cent was introduced. The frequency and extent of police controls have been intensified. Implementin the controls has been made easier for the police by equating the breath alcohol measurement with the blood alcohol measurement in 1998.
- In July 2004 the law for the protection of youth in public was extended. Alcopops with more than 1.2 per cent alcohol by volume have to label with the following advice: It is not allowed that young people under 18 purchase this kind of alcoholic drink.
- In the new version of the law for the protection of youth in April 2003, alcohol advertising is prohibited in all cinemas before 6 p.m..
- The actionplan on Drugs and Addiction, which included alcohol related problems

List up to five key recent advances in your country related to the prevention of the harm done by alcohol:

- In 1998 a blood alcohol concentration limit of 0.05 per cent was introduced. The frequency and extent of police controls have been intensified. Implementin the controls has been made easier for the police by equating the breath alcohol measurement with the blood alcohol measurement in 1998.
- In July 2004 the law for the protection of youth in public was extended. Alcopops with more than 1.2 per cent alcohol by volume have to label with the following advice: It is not allowed that young people under 18 purchase this kind of alcoholic drink.
- The results of the Health behavior on school-aged children of WHO showed that the alcohol consumption of 15 year old pupil in Germany has been increased since 1993, also increased the getting drunk rate in this group. When the results were published, the DHS and its member organisations demanded effective measures from the government to reduce the rates. The government reacted and increased their activities on prevention programmes on alcohol. Therefore special brochures are printed, special Internet offers are developed, telefon help hotlines are introduced, etc..
- *No data entered*
- *No data entered*

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on alcohol control policy:

- The public awareness about the effects of alcohol and alcohol consumption has to be change. Most of the people are not well informed about the effects and impact of alcohol. The alcohol industry takes advantage of the public inexperience and promotes the positiv effects of alcohol consumption. They give the public the impression that alcohol consumption is harmless and its the responsibilty of the consumers how much they drink.
- In Germany is a strong alcohol lobby. Every year the alcohol industry donates a lot of money to the parties. The fight against the demand of the non-governmental health organisations to reduce the consumption of pure alcohol per capita. The industry threatens with the loss of workplaces. Therefore the government weaken their measures to reduce alcohol consumption.
- Most of the politicians are not interested in alcohol policy. They pay not much intention to national and international development.
- *No data entered*
- *No data entered*

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on the prevention of the harm done by alcohol:

- The strong alcohol lobby, sponsored by the alcohol industry
- The public awareness about the effects and impact of alcohol consumption.
- We need more results about the effectiveness of measures and programmes on prevention. We need an

extensive evaluation of the programmes.

- The increasing number of prevention activities sponsored by the alcohol industry has two effects: The industry uses their activities for public relation to show how responsible they are. On the other hand public health organisations who have taken money from the alcohol industry will lose their independence and they can be easily influenced by the drinks industry.

- *No data entered*

List, in descending order of importance, up to five key advances that are needed to support implementation of evidence-based alcohol control policy in your country:

- More public relations about the impact and effects of alcohol consumption. This is important to develop a public awareness not to underestimate the consequences of alcohol consumption.

- Inform more people, especially health professionals, members of non-governmental organisations, politicians about evidence-based alcohol control policy.

- More campaigns in media e.g. TV, Radio about alcohol.

- *No data entered*

- *No data entered*

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above:

- Politicians, decision makers, experts have to change their mind that the consequences of alcohol consumption is a public health issue. The aim of reducing the consumption rate of pure alcohol per capita must have a high priority.

- Qualifying of experts, which lobby for the public health interests.

- It is important that public have to swing of opinion that alcohol is a normal sort of food to alcohol is a legal drug which can cause serious health consequences.

- *No data entered*

- *No data entered*

List, in descending order of importance, up to five key advances that are needed to support implementation of evidence-based the prevention of the harm done by alcohol in your country:

- It is important to introduce taxes on all alcohol beverage, including white and red wine.

- Licensing of alcohol sales offer, including public events. If somebody has contravened the law for protection of youth in public and alcohol has been sold to under age young people, this person will lose the license.

- No alcohol advertising on public places or nearby institutions for children and young people, e.g. school, kindergarten.

- More information campaigns for the public and target groups.

- No sponsoring of sports and sports teams by the alcohol industry.

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above:

- It is important to change the tax law. But before most of the politicians have to be convinced of the advantages of higher taxes. The total revenue of alcohol taxes was 3.5 billion Euros in 2003. The negative consequences of alcohol cost Germany 20.2 billion Euros. In this relation the taxes cannot balance the cost of alcohol related harm and morbidity.

- The politicians, decision makers have to understand the conviction that is elementary to protect children and young people. It is their task to make punishment more severe for the people or companies, which sell alcoholic beverage to under aged children. Perhaps it is necessary to increase the age-limit from 16 to 18 years for wine and beer.

- It is necessary to reduce the self-regulation of alcohol advertising, sponsoring and alcohol sales by extending the law of protection of the youth in public.

- The process of the implementation of the prevention law must be speed up. In this law the funding of prevention programmes will be determined. These actions would be limited to the number of prevention programmes and campaigns. In this case a selection of measures are necessary and the chance of the implementation of best practice programmes could be bigger.

- *No data entered*

List up to ten persons who you believe are important for action on alcohol control policy and the prevention of the harm done by alcohol in your country.

Organisational references:



Bündnis90/ Die Grünen



CDU



CSU

-  FDP
-  Federal Centre for health education
-  Federal Ministry of consumer protection, food and agriculture
-  Federal Ministry of Economics and labour
-  Federal Ministry of Finance
-  Ministry for Health and social security
-  Ministry of Health and social security
-  SPD

Comments

No data entered

Inclusive dates of data entry

From: 20-4-2005 To: 6-5-2005

Background

Respondent's name: *No data entered*

Respondent's country: *No data entered*

Respondent's e-mail address: *No data entered*

Respondent's telephone number: *No data entered*

Respondent's fax number: *No data entered*

Respondent's present work: *No data entered*

Organisation, position, address (name and number of street, postal code, town): *No data entered*

Organisation website: *No data entered*

Are you a government employee?

Professional qualifications: *No data entered*

Number of years in employment in your professional area: *No data entered*

Self-rating of expertise level in the area of alcohol control policy in your country (1 is slightly conversant, 10 is fully conversant): *No data entered*

Self-rating of expertise level in the area of the prevention of the harm done by alcohol in your country (1 is slightly conversant, 10 is fully conversant): *No data entered*

If you are answering for a jurisdictional region rather than as a country as a whole, which jurisdictional region is it? *No data entered*

If this questionnaire was completed with the collaboration of other people, provide organisational reference(s) for each participant.

Provide organisational reference(s) for nation-wide and/or regional coalitions (task forces, action groups, collaborative bodies) in the arena of alcohol control policy.

Other background information: *No data entered*

Politics, policies and priorities

Do relevant politicians/policy makers refer to alcohol control policy in a manner that suggests it is a priority area?

Do relevant politicians/policy makers refer to the prevention of the harm done by alcohol in a manner that suggests it is a priority area?

In your opinion, taking into account everything you know, what level of real priority does the present government place on alcohol control policy? (1 is low priority, mostly rhetoric; 10 is high priority, much action) *No data entered*

In your opinion, taking into account everything you know, what level of real priority does the present government place on the prevention of the harm done by alcohol? (1 is low priority, mostly rhetoric; 10 is high priority, much action) *No data entered*

What is the recent trend (past several years) in resource allocation to alcohol control policy and programmes to prevent the harm done by alcohol?

What was the amount of funds allocated to alcohol control policy and programmes to prevent the harm done by alcohol in the most recent national budget (Euro): *No data entered*

Budget year: *No data entered*

National level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol been published in the following areas:

Regional level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol have been published in the following areas:

Non-governmental (private enterprise, research institute, NGO, etc.) policy documents on alcohol control policy and programmes to prevent the harm done by alcohol have been published in the following areas:

Name up to five of the most senior government officials with responsibility to oversee/manage alcohol control policy and the prevention of the harm done by alcohol.

Evaluation

Are national alcohol control policy and programmes to prevent the harm done by alcohol policies evaluated and reported?

Monitoring and/or surveillance

Are national alcohol policy monitoring and/or surveillance activities published?

Knowledge development

Provide organisational reference(s) for the principal bodies (e.g. academic bodies, public health laboratories, agencies, government units) that are involved in developing the knowledge base for alcohol control and prevention policies.

Implementation

Provide organisational references for the principal bodies (main providers) that are involved in implementing intervention programmes and other actions for alcohol control policy.

Information dissemination

Provide organisational references for the principal bodies that are involved in information dissemination and other actions to keep health care professionals informed about managing hazardous and harmful alcohol consumption and alcohol dependence.

Programmes

How available are programmes for preventing the harm done by alcohol? Provide organisational reference(s) for some of the key programmes that exemplify high quality. (1 is not available; 5 is widely available)

Public education through mass media	<i>No data entered</i>
Comprehensive community based	<i>No data entered</i>
Home/family	<i>No data entered</i>
School	<i>No data entered</i>
College	<i>No data entered</i>
University	<i>No data entered</i>
Work place	<i>No data entered</i>
Primary health care	<i>No data entered</i>
Hospital/clinic	<i>No data entered</i>
Internet	<i>No data entered</i>

Social welfare and youth services

No data entered

Custodial settings (prisons, probation, etc.)

No data entered

Other:

Professional workforce

Is higher education in alcohol control policy and/or the prevention of the harm done by alcohol available from at least one institution of higher education?

Funding

Are funds dedicated to alcohol control policy and programmes to prevent the harm done by alcohol clearly identifiable in the most recent national budget?

The arena/activities are indicated for which earmarked funds are provided:

Are funds dedicated to alcohol control policy and/or programmes to prevent the harm done by alcohol clearly identifiable in the budgets of non-governmental institutions (foundations, private institutes, welfare societies, professional groups, etc, associations)?

The arena/activities are indicated for which earmarked funds are provided:

Personal evaluation of the state of the field

List up to five key recent advances in your country related to alcohol control policy:

- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*

List up to five key recent advances in your country related to the prevention of the harm done by alcohol:

- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on alcohol control policy:

- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on the prevention of the harm done by alcohol:

- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*

- No data entered

List, in descending order of importance, up to five key advances that are needed to support implementation of evidence-based alcohol control policy in your country:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List, in descending order of importance, up to five key advances that are needed to support implementation of evidence-based the prevention of the harm done by alcohol in your country:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List up to ten persons who you believe are important for action on alcohol control policy and the prevention of the harm done by alcohol in your country.

Comments

No data entered

Inclusive dates of data entry

Background

Respondent's name: *No data entered*

Respondent's country: *No data entered*

Respondent's e-mail address: *No data entered*

Respondent's telephone number: *No data entered*

Respondent's fax number: *No data entered*

Respondent's present work: *No data entered*

Organisation, position, address (name and number of street, postal code, town): *No data entered*

Organisation website: *No data entered*

Are you a government employee?

Professional qualifications: *No data entered*

Number of years in employment in your professional area: *No data entered*

Self-rating of expertise level in the area of alcohol control policy in your country (1 is slightly conversant, 10 is fully conversant): *No data entered*

Self-rating of expertise level in the area of the prevention of the harm done by alcohol in your country (1 is slightly conversant, 10 is fully conversant): *No data entered*

If you are answering for a jurisdictional region rather than as a country as a whole, which jurisdictional region is it? *No data entered*

If this questionnaire was completed with the collaboration of other people, provide organisational reference(s) for each participant.

Provide organisational reference(s) for nation-wide and/or regional coalitions (task forces, action groups, collaborative bodies) in the arena of alcohol control policy.

Other background information: *No data entered*

Politics, policies and priorities

Do relevant politicians/policy makers refer to alcohol control policy in a manner that suggests it is a priority area?

Do relevant politicians/policy makers refer to the prevention of the harm done by alcohol in a manner that suggests it is a priority area?

In your opinion, taking into account everything you know, what level of real priority does the present government place on alcohol control policy? (1 is low priority, mostly rhetoric; 10 is high priority, much action) *No data entered*

In your opinion, taking into account everything you know, what level of real priority does the present government place on the prevention of the harm done by alcohol? (1 is low priority, mostly rhetoric; 10 is high priority, much action) *No data entered*

What is the recent trend (past several years) in resource allocation to alcohol control policy and programmes to prevent the harm done by alcohol?

What was the amount of funds allocated to alcohol control policy and programmes to prevent the harm done by alcohol in the most recent national budget (Euro): *No data entered*

Budget year: *No data entered*

National level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol been published in the following areas:

Regional level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol have been published in the following areas:

Non-governmental (private enterprise, research institute, NGO, etc.) policy documents on alcohol control policy and programmes to prevent the harm done by alcohol have been published in the following areas:

Name up to five of the most senior government officials with responsibility to oversee/manage alcohol control policy and the prevention of the harm done by alcohol.

Evaluation

Are national alcohol control policy and programmes to prevent the harm done by alcohol policies evaluated and reported?

Monitoring and/or surveillance

Are national alcohol policy monitoring and/or surveillance activities published?

Knowledge development

Provide organisational reference(s) for the principal bodies (e.g. academic bodies, public health laboratories, agencies, government units) that are involved in developing the knowledge base for alcohol control and prevention policies.

Implementation

Provide organisational references for the principal bodies (main providers) that are involved in implementing intervention programmes and other actions for alcohol control policy.

Information dissemination

Provide organisational references for the principal bodies that are involved in information dissemination and other actions to keep health care professionals informed about managing hazardous and harmful alcohol consumption and alcohol dependence.

Programmes

How available are programmes for preventing the harm done by alcohol? Provide organisational reference(s) for some of the key programmes that exemplify high quality. (1 is not available; 5 is widely available)

Public education through mass media	<i>No data entered</i>
Comprehensive community based	<i>No data entered</i>
Home/family	<i>No data entered</i>
School	<i>No data entered</i>
College	<i>No data entered</i>
University	<i>No data entered</i>
Work place	<i>No data entered</i>
Primary health care	<i>No data entered</i>
Hospital/clinic	<i>No data entered</i>
Internet	<i>No data entered</i>

Social welfare and youth services

No data entered

Custodial settings (prisons, probation, etc.)

No data entered

Other:

Professional workforce

Is higher education in alcohol control policy and/or the prevention of the harm done by alcohol available from at least one institution of higher education?

Funding

Are funds dedicated to alcohol control policy and programmes to prevent the harm done by alcohol clearly identifiable in the most recent national budget?

The arena/activities are indicated for which earmarked funds are provided:

Are funds dedicated to alcohol control policy and/or programmes to prevent the harm done by alcohol clearly identifiable in the budgets of non-governmental institutions (foundations, private institutes, welfare societies, professional groups, etc, associations)?

The arena/activities are indicated for which earmarked funds are provided:

Personal evaluation of the state of the field

List up to five key recent advances in your country related to alcohol control policy:

- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*

List up to five key recent advances in your country related to the prevention of the harm done by alcohol:

- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on alcohol control policy:

- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on the prevention of the harm done by alcohol:

- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*

- No data entered

List, in descending order of importance, up to five key advances that are needed to support implementation of evidence-based alcohol control policy in your country:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List, in descending order of importance, up to five key advances that are needed to support implementation of evidence-based the prevention of the harm done by alcohol in your country:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List up to ten persons who you believe are important for action on alcohol control policy and the prevention of the harm done by alcohol in your country.

Comments

No data entered

Inclusive dates of data entry

Background

Respondent's name: Shannon, Sinead
 Respondent's country: Ireland
 Respondent's e-mail address: sshannon2@eircom.net
 Respondent's telephone number: 353 1 6426950/6426951
 Respondent's fax number: 353 1 6201785
 Respondent's present work: Manager/Administrator
 Organisation, position, address (name and number of street, postal code, town): Alcohol Action Ireland, Policy and Communications Officer, Mezzanine Floor, Stewarts Sports Centre, Waterstown Avenue, Palmerstown, Dublin 20
 Organisation website: *No data entered*

Are you a government employee? No
 Professional qualifications: B.A. European Studies, M.A. Communications
 Number of years in employment in your professional area: *No data entered*

Self-rating of expertise level in the area of alcohol control policy in your country (1 is slightly conversant, 10 is fully conversant): 6

Self-rating of expertise level in the area of the prevention of the harm done by alcohol in your country (1 is slightly conversant, 10 is fully conversant): 6

If you are answering for a jurisdictional region rather than as a country as a whole, which jurisdictional region is it? *No data entered*

If this questionnaire was completed with the collaboration of other people, provide organisational reference(s) for each participant.

Organisational references:



Alcohol Action Ireland

Provide organisational reference(s) for nation-wide and/or regional coalitions (task forces, action groups, collaborative bodies) in the arena of alcohol control policy.

Organisational references:



North West Alcohol Forum



Pioneer Total Abstinence Association

Other background information: *No data entered*

Politics, policies and priorities

Do relevant politicians/policy makers refer to alcohol control policy in a manner that suggests it is a priority area? No

Document references:



Statement on Intoxicating Liquor Bill

Do relevant politicians/policy makers refer to the prevention of the harm done by alcohol in a manner that suggests it is a priority area? No

In your opinion, taking into account everything you know, what level of real priority does the present government place on alcohol control policy? (1 is low priority, mostly rhetoric; 10 is high priority, much action) 3

In your opinion, taking into account everything you know, what level of real priority does the present government place on the prevention of the harm done by alcohol? (1 is low priority, mostly rhetoric; 10 is high priority, much action) 4

What is the recent trend (past several years) in resource allocation to alcohol control policy and programmes to prevent the harm done by alcohol? No or little change in resources

What was the amount of funds allocated to alcohol control policy and programmes to prevent the harm done by alcohol in the most recent national budget (Euro): No specific budget for alcohol

Budget year: *No data entered*

National level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol been published in the following areas:

Drinking and driving.
Document references:


 Road Safety Strategy

Education and public awareness.

Regional level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol have been published in the following areas:

Non-governmental (private enterprise, research institute, NGO, etc.) policy documents on alcohol control policy and programmes to prevent the harm done by alcohol have been published in the following areas:

Name up to five of the most senior government officials with responsibility to oversee/manage alcohol control policy and the prevention of the harm done by alcohol.
Organisational references:

 Department of Health and Children


Evaluation

Are national alcohol control policy and programmes to prevent the harm done by alcohol policies evaluated and reported? No

Monitoring and/or surveillance

Are national alcohol policy monitoring and/or surveillance activities published? Yes

Document references:

 The Health of Irish Students

Knowledge development

Provide organisational reference(s) for the principal bodies (e.g. academic bodies, public health laboratories, agencies, government units) that are involved in developing the knowledge base for alcohol control and prevention policies.

Organisational references:

 Centre for Health Promotion Studies

 Department of Health and Children

Implementation

Provide organisational references for the principal bodies (main providers) that are involved in implementing intervention programmes and other actions for alcohol control policy.

Information dissemination

Provide organisational references for the principal bodies that are involved in information dissemination and other actions to keep health care professionals informed about managing hazardous and harmful alcohol consumption and alcohol dependence.

Programmes

How available are programmes for preventing the harm done by alcohol? Provide organisational reference(s) for some of the key programmes that exemplify high quality. (1 is not available; 5 is widely available)

Public education through mass media	1
Comprehensive community based	2
Home/family	1
School	4
College	4

University	4
Work place	3
Primary health care	3
Hospital/clinic	3
Internet	1
Social welfare and youth services	2
Custodial settings (prisons, probation, etc.)	1
Other:	

Professional workforce

Is higher education in alcohol control policy and/or the prevention of the harm done by alcohol available from at least one institution of higher education? Yes

Organisational references:



Trinity College, Dublin.

Funding

Are funds dedicated to alcohol control policy and programmes to prevent the harm done by alcohol clearly identifiable in the most recent national budget?

Funds are available for alcohol, but mixed in with other funding and hard or impossible to link explicitly with alcohol.

The arena/activities are indicated for which earmarked funds are provided:

Are funds dedicated to alcohol control policy and/or programmes to prevent the harm done by alcohol clearly identifiable in the budgets of non-governmental institutions (foundations, private institutes, welfare societies, professional groups, etc, associations)? No

The arena/activities are indicated for which earmarked funds are provided:

Personal evaluation of the state of the field

List up to five key recent advances in your country related to alcohol control policy:

- Increased Tax on Cider
- Increased tax on Spirits
- Intoxicating Liquor Act, 2000, temporary closure of premises of those who sell alcohol to intoxicated individuals
- Intoxicating Liquor Act, 2000, temporary closure of premises of those who sell alcohol to intoxicated individuals
- Announcement of an intention to provide funding for alcohol free alternatives

List up to five key recent advances in your country related to the prevention of the harm done by alcohol:

- Publication of the report of the Strategic Task Force on Alcohol
- "Think before you drink" advertising campaign organised by Health Promotion Unit
- Development of College Alcohol Policy Programme

- Alcohol Aware Practice Study
- Responsible Serving of Alcohol Programme

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on alcohol control policy:

- Failure by key Government Ministers to recognise or accept the importance of regulating the alcohol market through alcohol control policies.
- Conflict between public health objectives and commercial needs of the hospitality industry. Where a conflict arises, the commercial needs of the drinks/hospitality industries generally win out over public health considerations.
- Lack of consistency across government departments.
- Lack of a National Policy on Alcohol and failure to implement the recommendations of the Strategic Task Force on Alcohol
- *No data entered*

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on the prevention of the harm done by alcohol:

- Very poor record of enforcement of existing legislation relating to underage drinking, serving intoxicated people or drink driving. Where prosecutions have been taken there is a low conviction rate and a lack of consistency between enforcement rates in different parts of the country.
- No Random Breath Testing
- No dedicated structure to implement changes.
- Insufficient funding for early intervention and public treatment facilities
- No dedicated budget for measures which could tackle alcohol related harm and failure to implement the recommendations of the Strategic Task Force on Alcohol

List, in descending order of importance, up to five key advances that are needed to support implementation of evidence-based alcohol control policy in your country:

- Support and acceptance by key Government members of the need for alcohol control policies.
- Acceptance of the primacy of public health over commercial needs
- Some kind of structure to implement the recommendations of the Strategic Task Force on Alcohol
- Significant additional resources to allow greater enforcement of existing legislation
- Acceptance by Government Ministers of the fact that the drinks industry should not have a role in policy formation

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above:

- Change of Government or change of key members of the government !
- Increased advocacy by NGO and public health bodies
- EU Directives on Road Safety and other areas of alcohol related harm
- Formation of broader coalitions to convince politicians of the importance of the issue
- Irish based research on the effectiveness of particular policy measures

List, in descending order of importance, up to five key advances that are needed to support implementation of evidence-based the prevention of the harm done by alcohol in your country:

- Cohesive and integrated policy re. prevention and intervention throughout health sector.
- Dedicated resources to increase education of professionals re providing interventions plus support services
- Health Promotion Departments to prioritize alcohol
- The establishment of a National Alcohol Agency to monitor and develop responses.
- Promotion of cross sectoral approaches

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above:

- Political will and leadership
- Dedicated resources
- Reduction of influence of Drinks Industry
- Greater funding for NGOs to stimulate actions and advocate for policy change
- *No data entered*

List up to ten persons who you believe are important for action on alcohol control policy and the prevention of the harm done by alcohol in your country.

Organisational references:



Department of Health and Children

Health Promotion Unit

Comments

The priority given to alcohol by the current government appears to have changed since the current Minister for Health took office last October. Since then there have been no significant developments in relation to the implementation of alcohol control policies or policies aimed at reducing alcohol related harm. The Strategic Task Force on Alcohol, set up by the previous Minister for Health, published their second report in September 2004. This report examined the alcohol issue from a public health perspective and made a number of important recommendations. Following its publication there was a period of six months before the cabinet discussed the report and there has just recently been agreement that individual Ministers should examine recommendations that are relevant to their areas of responsibility.

Inclusive dates of data entry

From: 11-4-2005 To: 1-7-2005

Background

Respondent's name: *No data entered*

Respondent's country: *No data entered*

Respondent's e-mail address: *No data entered*

Respondent's telephone number: *No data entered*

Respondent's fax number: *No data entered*

Respondent's present work: *No data entered*

Organisation, position, address (name and number of street, postal code, town): *No data entered*

Organisation website: *No data entered*

Are you a government employee?

Professional qualifications: *No data entered*

Number of years in employment in your professional area: *No data entered*

Self-rating of expertise level in the area of alcohol control policy in your country (1 is slightly conversant, 10 is fully conversant): *No data entered*

Self-rating of expertise level in the area of the prevention of the harm done by alcohol in your country (1 is slightly conversant, 10 is fully conversant): *No data entered*

If you are answering for a jurisdictional region rather than as a country as a whole, which jurisdictional region is it? *No data entered*

If this questionnaire was completed with the collaboration of other people, provide organisational reference(s) for each participant.

Provide organisational reference(s) for nation-wide and/or regional coalitions (task forces, action groups, collaborative bodies) in the arena of alcohol control policy.

Other background information: *No data entered*

Politics, policies and priorities

Do relevant politicians/policy makers refer to alcohol control policy in a manner that suggests it is a priority area?

Do relevant politicians/policy makers refer to the prevention of the harm done by alcohol in a manner that suggests it is a priority area?

In your opinion, taking into account everything you know, what level of real priority does the present government place on alcohol control policy? (1 is low priority, mostly rhetoric; 10 is high priority, much action) *No data entered*

In your opinion, taking into account everything you know, what level of real priority does the present government place on the prevention of the harm done by alcohol? (1 is low priority, mostly rhetoric; 10 is high priority, much action) *No data entered*

What is the recent trend (past several years) in resource allocation to alcohol control policy and programmes to prevent the harm done by alcohol?

What was the amount of funds allocated to alcohol control policy and programmes to prevent the harm done by alcohol in the most recent national budget (Euro): *No data entered*

Budget year: *No data entered*

National level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol been published in the following areas:

Regional level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol have been published in the following areas:

Non-governmental (private enterprise, research institute, NGO, etc.) policy documents on alcohol control policy and programmes to prevent the harm done by alcohol have been published in the following areas:

Name up to five of the most senior government officials with responsibility to oversee/manage alcohol control policy and the prevention of the harm done by alcohol.

Evaluation

Are national alcohol control policy and programmes to prevent the harm done by alcohol policies evaluated and reported?

Monitoring and/or surveillance

Are national alcohol policy monitoring and/or surveillance activities published?

Knowledge development

Provide organisational reference(s) for the principal bodies (e.g. academic bodies, public health laboratories, agencies, government units) that are involved in developing the knowledge base for alcohol control and prevention policies.

Implementation

Provide organisational references for the principal bodies (main providers) that are involved in implementing intervention programmes and other actions for alcohol control policy.

Information dissemination

Provide organisational references for the principal bodies that are involved in information dissemination and other actions to keep health care professionals informed about managing hazardous and harmful alcohol consumption and alcohol dependence.

Programmes

How available are programmes for preventing the harm done by alcohol? Provide organisational reference(s) for some of the key programmes that exemplify high quality. (1 is not available; 5 is widely available)

Public education through mass media	<i>No data entered</i>
Comprehensive community based	<i>No data entered</i>
Home/family	<i>No data entered</i>
School	<i>No data entered</i>
College	<i>No data entered</i>
University	<i>No data entered</i>
Work place	<i>No data entered</i>
Primary health care	<i>No data entered</i>
Hospital/clinic	<i>No data entered</i>
Internet	<i>No data entered</i>

Social welfare and youth services

No data entered

Custodial settings (prisons, probation, etc.)

No data entered

Other:

Professional workforce

Is higher education in alcohol control policy and/or the prevention of the harm done by alcohol available from at least one institution of higher education?

Funding

Are funds dedicated to alcohol control policy and programmes to prevent the harm done by alcohol clearly identifiable in the most recent national budget?

The arena/activities are indicated for which earmarked funds are provided:

Are funds dedicated to alcohol control policy and/or programmes to prevent the harm done by alcohol clearly identifiable in the budgets of non-governmental institutions (foundations, private institutes, welfare societies, professional groups, etc, associations)?

The arena/activities are indicated for which earmarked funds are provided:

Personal evaluation of the state of the field

List up to five key recent advances in your country related to alcohol control policy:

- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*

List up to five key recent advances in your country related to the prevention of the harm done by alcohol:

- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on alcohol control policy:

- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on the prevention of the harm done by alcohol:

- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*

- No data entered

List, in descending order of importance, up to five key advances that are needed to support implementation of evidence-based alcohol control policy in your country:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List, in descending order of importance, up to five key advances that are needed to support implementation of evidence-based the prevention of the harm done by alcohol in your country:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List up to ten persons who you believe are important for action on alcohol control policy and the prevention of the harm done by alcohol in your country.

Comments

No data entered

Inclusive dates of data entry

From: 1-1-1970 To: 1-1-1970

Background

Respondent's name: Astrīda Stirna
 Respondent's country: Latvia
 Respondent's e-mail address: narko_c@latnet.lv
 Respondent's telephone number: 371 7372337
 Respondent's fax number: 371 7372337
 Respondent's present work: No data entered
 Organisation, position, address (name and number of street, postal code, town): The State Addiction Agency. Hospitāiu street 55, LV-1013, Rīga. www.narko.lv
 Organisation website: No data entered

Are you a government employee?

Professional qualifications: No data entered

Number of years in employment in your professional area: No data entered

Self-rating of expertise level in the area of alcohol control policy in your country (1 is slightly conversant, 10 is fully conversant): 2

Self-rating of expertise level in the area of the prevention of the harm done by alcohol in your country (1 is slightly conversant, 10 is fully conversant): 2

If you are answering for a jurisdictional region rather than as a country as a whole, which jurisdictional region is it? No data entered

If this questionnaire was completed with the collaboration of other people, provide organisational reference(s) for each participant.

Provide organisational reference(s) for nation-wide and/or regional coalitions (task forces, action groups, collaborative bodies) in the arena of alcohol control policy.

Other background information: Population size of the country/region: 2,331 million (2003)

Politics, policies and priorities

Do relevant politicians/policy makers refer to alcohol control policy in a manner that suggests it is a priority area? Yes, in documents

Do relevant politicians/policy makers refer to the prevention of the harm done by alcohol in a manner that suggests it is a priority area? Yes, in documents

In your opinion, taking into account everything you know, what level of real priority does the present government place on alcohol control policy? (1 is low priority, mostly rhetoric; 10 is high priority, much action) 7

In your opinion, taking into account everything you know, what level of real priority does the present government place on the prevention of the harm done by alcohol? (1 is low priority, mostly rhetoric; 10 is high priority, much action) 6

What is the recent trend (past several years) in resource allocation to alcohol control policy and programmes to prevent the harm done by alcohol? Small decrease in resources

What was the amount of funds allocated to alcohol control policy and programmes to prevent the harm done by alcohol in the most recent national budget (Euro): No data entered

Budget year: No data entered

National level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol been published in the following areas:

Drinking and driving.

Education and public awareness.

Packaging and labelling of alcohol products.

Taxation of alcohol products.

Illicit trade in alcohol products.

Availability of alcohol, including licensing.

Sales to minors.

Alcohol advertising, promotion and sponsorship.

Reducing harm in drinking environments.

Help and treatment for alcohol problems.

Regional level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol have been published in the following areas:

Non-governmental (private enterprise, research institute, NGO, etc.) policy documents on alcohol control policy and programmes to prevent the harm done by alcohol have been published in the following areas:






Education and public awareness.

Help and treatment for alcohol problems.

Help and treatment for family members.

Name up to five of the most senior government officials with responsibility to oversee/manage alcohol control policy and the prevention of the harm done by alcohol.

Organisational references:

-  Deputy of state secretary of Ministry of Finances.
-  Deputy of state secretary of Ministry of Science and Education.
-  Minister of Health.
-  State secretary of Ministry of Interior.
-  State secretary of Ministry of Welfare.

Evaluation

Are national alcohol control policy and programmes to prevent the harm done by alcohol policies evaluated and reported? No











Monitoring and/or surveillance

Are national alcohol policy monitoring and/or surveillance activities published? No

Knowledge development

Provide organisational reference(s) for the principal bodies (e.g. academic bodies, public health laboratories, agencies, government units) that are involved in developing the knowledge base for alcohol control and prevention policies.







Organisational references:

-  Health Promotion State Agency
-  Latvian Association of Professionals for Drug and Alcohol Dependency Treatment
-  Latvian State University
-  Ministry of Education and Science, Center of examination
-  Ministry of Health, department of public health
-  Riga Drug Abuse Prevention Centre
-  Riga Stradins University
-  Road Traffic Safety Directorate
-  State Addiction Agency
-  State Youth Initiative Center

Implementation

Provide organisational references for the principal bodies (main providers) that are involved in implementing intervention programmes and other actions for alcohol control policy.





Organisational references:

-  Road Traffic Safety Directorate
-  Biggest Municipalities
-  Health promotion State Agency
-  Ministry of Defence, Center of Military medicine
-  Ministry of Education and Science, Center of Examination
-  Ministry of Finances, Department of Tax Policy
-  Police of Municipalities
-  State Addiction Agency
-  State Road Police, Board of the Ministry of Interior
-  State Youth Initiative Center

Information dissemination

Provide organisational references for the principal bodies that are involved in information dissemination and other actions to keep health care professionals informed about managing hazardous and harmful alcohol consumption and alcohol dependence.

Organisational references:

-  Latvian association of Professionals for Drug and Alcohol dependency treatment and other professional associations
-  Latvian State University
-  Riga Stradins University
-  State Addiction Agency

Programmes

How available are programmes for preventing the harm done by alcohol? Provide organisational reference(s) for some of the key programmes that exemplify high quality. (1 is not available; 5 is widely available)

Public education through mass media	3
Comprehensive community based	4
Home/family	4
School	5
College	5
University	4
Work place	3
Primary health care	5
Hospital/clinic	5
Internet	5
Social welfare and youth services	3

Custodial settings (prisons, probation, etc.)

5

Other:

Professional workforce

Is higher education in alcohol control policy and/or the prevention of the harm done by alcohol available from at least one institution of higher education? **Yes**

Funding

Are funds dedicated to alcohol control policy and programmes to prevent the harm done by alcohol clearly identifiable in the most recent national budget? **Funds are available for alcohol, but mixed in with other funding and hard or impossible to link explicitly with alcohol.**

The arena/activities are indicated for which earmarked funds are provided:

Are funds dedicated to alcohol control policy and/or programmes to prevent the harm done by alcohol clearly identifiable in the budgets of non-governmental institutions (foundations, private institutes, welfare societies, professional groups, etc, associations)? **No**

The arena/activities are indicated for which earmarked funds are provided:

Personal evaluation of the state of the field

List up to five key recent advances in your country related to alcohol control policy:

- The state programme for 2004-2008 on the decrease of alcohol use and its restriction has been worked out and approved.
- A national inter ministerial Council of alcohol restriction has been established.
- A new law of the restriction of alcohol use has been elaborated.
- *No data entered*
- *No data entered*

List up to five key recent advances in your country related to the prevention of the harm done by alcohol:

- Since 1998 an alcohol prevention programme has been established.
- A national programme on traffic security has been elaborated and accepted.
- A strict road traffic law has been accepted, adopting a 0,2% limit for young care drivers.
- The system which declares a preterm health check for care drivers, who had drunk – driven has been put in order.
- *No data entered*

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on alcohol control policy:

- A false positive attitude of the society towards alcohol use.
- A partial interest of the state, to alcohol trade, as it increases to a certain degree the state budget.
- Corruption in the sphere of illegal alcohol spread.
- Shortcomings in legislation.
- Inadequate midget

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on the prevention of the harm done by alcohol:

- There is a lack of programme for persons, who have driven cars under the influence of alcohol or have suffered from occasional traumata.
- Social aid and rehabilitation does not receive adequate financial aid.
- Irregular and insufficient preventive actions.

- Irregularities in work legislation.
- Inadequate financing of long – term treatment programme.

List, in descending order of importance, up to five key advances that are needed to support implementation of evidence-based alcohol control policy in your country:

- Reduction of alcohol consumption in the country.
- Restriction of alcohol availability (legal and illegal).
- Demand reduction of alcoholic drinks use (education, medical and social care).
- Reduction of hazardous and harmful use (road traffic safety, work environment)
- Decrease of the number of persons with alcohol addiction or several other medical problems.

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above:

- Change of the attitude of politicians to the problems of alcohol policy.
- Assigner financial means for the implementation of the state policy.
- Improve the social - economical state in the country.
- Improve national and international cooperation.
- Elaborate uniform indicators.

List, in descending order of importance, up to five key advances that are needed to support implementation of evidence-based the prevention of the harm done by alcohol in your country:

- Coordination of all preventive activities.
- Insufficient illegal alcohol turnover.
- Low prices of alcohol.
- Poor control of trade.
- Inadequate punishment for violation of conditions.

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above:

- To improve coordination among institutions, which carry out preventative work.
- To improve the follow up of illegal alcohol circulation.
- To improve the policy of alcohol prices.
- To improve control of alcohol marketing.
- To increase punishment and responsibility for the violation of trade rules.

List up to ten persons who you believe are important for action on alcohol control policy and the prevention of the harm done by alcohol in your country.

Organisational references:

-  Ministry of Science and Education
-  State Addiction Agency
-  Biggest municipalities
-  Department of Tax Policy of the Ministry of Finances
-  Mass media
-  Ministry of Health
-  NGO
-  Road Traffic Safety Directorate
-  Social and Employment Matters Committee of the Parliament
-  State Addiction Agency
-  State Policy

Comments

No data entered

Inclusive dates of data entry

Background

Respondent's name: Dèeponavièius Audrius
 Respondent's country: Lithuania
 Respondent's e-mail address: audrius.sceponavicius@sam.lt
 Respondent's telephone number: (+370~5) 266 14 66
 Respondent's fax number: (+370~5) 266 14 62
 Respondent's present work: Policy maker
 Organisation, position, address (name and number of street, postal code, town): Ministry of Health of the Republic of Lithuania, Head of the Public Health Division, Vilniaus str. 33, LT-01119, Vilnius, <http://www.sam.lt/en/>
 Organisation website: *No data entered*

Are you a government employee? Yes
 Professional qualifications: MPH
 Number of years in employment in your professional area: 14

Self-rating of expertise level in the area of alcohol control policy in your country (1 is slightly conversant, 10 is fully conversant): 7

Self-rating of expertise level in the area of the prevention of the harm done by alcohol in your country (1 is slightly conversant, 10 is fully conversant): 7

If you are answering for a jurisdictional region rather than as a country as a whole, which jurisdictional region is it? *No data entered*

If this questionnaire was completed with the collaboration of other people, provide organisational reference(s) for each participant.

Organisational references:



National Centre for Health Promotion and Education



State Mental Health Centre

Provide organisational reference(s) for nation-wide and/or regional coalitions (task forces, action groups, collaborative bodies) in the arena of alcohol control policy.

Other background information: *No data entered*

Politics, policies and priorities

Do relevant politicians/policy makers refer to alcohol control policy in a manner that suggests it is a priority area? Yes, in documents

Do relevant politicians/policy makers refer to the prevention of the harm done by alcohol in a manner that suggests it is a priority area? Yes, in documents

In your opinion, taking into account everything you know, what level of real priority does the present government place on alcohol control policy? (1 is low priority, mostly rhetoric; 10 is high priority, much action) 6

In your opinion, taking into account everything you know, what level of real priority does the present government place on the prevention of the harm done by alcohol? (1 is low priority, mostly rhetoric; 10 is high priority, much action) 6

What is the recent trend (past several years) in resource allocation to alcohol control policy and programmes to prevent the harm done by alcohol? No or little change in resources

What was the amount of funds allocated to alcohol control policy and programmes to prevent the harm done by alcohol in the most recent national budget (Euro): *No data entered*

Budget year: *No data entered*

National level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol been published in the following areas:

Drinking and driving.

Document references:



Law on the Amendment of the Law on Alcohol Control, article 26



Education and public awareness.

Document references:

-  Law on the Amendment of the Law on Alcohol Control, (article 23)


Packaging and labelling of alcohol products.

Document references:

-  Order of the Minister of Finance of the Republic of Lithuania “Concerning the Ratification of Labeling the Processed Tobacco, Ethyl Alcohol and Alcoholic Beverages with Wrappers”
-  Resolution of Government of the Republic of Lithuania “Concerning the Ratification of Rules of Labeling the Processed Tobacco, Ethyl Alcohol and Alcoholic Beverages with Special Marks-Wrappers”

Taxation of alcohol products.

Document references:

-  Law on the Amendment of the Law of Excise Duty, Chapter II, Special Provisions, Section One, Ethyl Alcohol and Alcoholic Beverages



Illicit trade in alcohol products.

Document references:

-  Law on the Amendment of the Law on Alcohol Control, (article 33)

Availability of alcohol, including licensing.

Document references:

-  Law on the Amendment of the Law on Alcohol Control (articles 14; 16; 17; 18; 22; 28; 29)
-  Resolution of the Government of the Republic of Lithuania, “Concerning the Ratification of Licensing Rules of Production of Alcohol Products”

Sales to minors.

Document references:

-  Law on the Amendment of the Law on Alcohol Control, (article 18)



Alcohol advertising, promotion and sponsorship.

Document references:

-  Law on the Amendment of the Law on Alcohol Control, (article 29)

Help and treatment for alcohol problems.

Document references:





-  Law on the Amendment of the Law on Alcohol Control, (article 27)
-  Order of the Minister of Health of the Republic of Lithuania, “Concerning the Ratification of the 2005-2008 Programme of Dependence Diseases”

Regional level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol have been published in the following areas:

Non-governmental (private enterprise, research institute, NGO, etc.) policy documents on alcohol control policy and programmes to prevent the harm done by alcohol have been published in the following areas:

Name up to five of the most senior government officials with responsibility to oversee/manage alcohol control policy and the prevention of the harm done by alcohol.

Organisational references:

-  Ministry of Health of the Republic of Lithuania
-  National Centre for Health Promotion and Education
-  State Mental Health Centre
-  State Tobacco and Alcohol Control Service to the Government of the Republic of Lithuania

Evaluation

Are national alcohol control policy and programmes to prevent the harm done by alcohol policies evaluated and reported? Yes

Document references:

 'Information About the Activities Implemented According to State Programme of Alcohol Control in 2004'







Monitoring and/or surveillance

Are national alcohol policy monitoring and/or surveillance activities published? Yes

Knowledge development

Provide organisational reference(s) for the principal bodies (e.g. academic bodies, public health laboratories, agencies, government units) that are involved in developing the knowledge base for alcohol control and prevention policies.

Organisational references:

-  Department of Statistics to the Government of the Republic of Lithuania
 -  Lithuanian Health Information Centre
 -  Ministry of Education and Science of the Republic of Lithuania
 -  National Centre for Health Promotion and Education
 -  Public Health Centres of Counties of Lithuania under State Public Health Service.
 -  State Mental Health Center
 -  State Public Health Service under the Ministry of Health of the Republic of Lithuania
 -  State Tobacco and Alcohol Control Service
 -  The Ministry of Health of the Republic of Lithuania
-

Implementation

Provide organisational references for the principal bodies (main providers) that are involved in implementing intervention programmes and other actions for alcohol control policy.








Organisational references:

-  Department of Statistics to the Government of the Republic of Lithuania
 -  Media, Lithuanian National Radio and Television <http://www.lrt.lt/en/static.php?strid=27059&id=7345>, Email: Irt@lrt.lt
 -  Ministry of Economy of the Republic of Lithuania
 -  Ministry of Education and Science of the Republic of Lithuania
 -  Ministry of Social Security and Labour
 -  Ministry of the Interior of the Republic of Lithuania
 -  Municipalities, Association of Local Authorities in Lithuania (ALAL)
 -  NGO's: NGO "Valanėiukai", <http://www.ipc.lt/valancius/>; NGO "Step", Auðros Vartai str. 12, Vilnius, Lithuania, 2017, phone: (+370 5) 264 48 88, email: zingsnis@jip.lt, website: <http://www.zingsnis.lt/>, NGO "House of Children", <http://www.vaikunamas.lt/o>
 -  State Tobacco and Alcohol Control Service
 -  The Ministry of Health of the Republic of Lithuania
-

Information dissemination

Provide organisational references for the principal bodies that are involved in information dissemination and other actions to keep health care professionals informed about managing hazardous and harmful alcohol consumption and alcohol dependence.

Organisational references:

-  Department of Statistics to the Government of the Republic of Lithuania
 -  Lithuanian Health Information Centre
 -  Ministry of Education and Science of the Republic of Lithuania
 -  National Centre for Health Promotion and Education
 -  State Mental Health Centre
 -  The Ministry of Health of the Republic of Lithuania
 -  Vilnius Center for Addictive Disorders
-

Programmes

How available are programmes for preventing the harm done by alcohol? Provide organisational reference(s) for some of the key programmes that exemplify high quality. (1 is not available; 5 is widely available)

Public education through mass media	4
Comprehensive community based	2
Home/family	3
School	4
College	2
University	2
Work place	2
Primary health care	4
Hospital/clinic	4
Internet	4
Social welfare and youth services	4
Custodial settings (prisons, probation, etc.)	3
Other:	

Professional workforce

Is higher education in alcohol control policy and/or the prevention of the harm done by alcohol available from at least one institution of higher education? No

Funding

Are funds dedicated to alcohol control policy and programmes to prevent the harm done by alcohol clearly identifiable in the most recent national budget?

Funds are available for alcohol, but mixed in with other funding and hard or impossible to link explicitly with alcohol.

The arena/activities are indicated for which earmarked funds are provided:

Are funds dedicated to alcohol control policy and/or programmes to prevent the harm done by alcohol clearly identifiable in the budgets of non-governmental institutions (foundations, private institutes, welfare societies, professional groups, etc, associations)? No

The arena/activities are indicated for which earmarked funds are provided:

Personal evaluation of the state of the field

List up to five key recent advances in your country related to alcohol control policy:

- There was an initiative of the Ministry of Health and the Ministry of Transport to reduce the permitted maximum concentration of ethyl alcohol in the expelled breath from 0,4 to 0,2 for all drivers and 0,0 for the novice drivers, heavy vehicles drivers and public transport drivers, year 2005
- It is intended to unite and to create the coalition of NGO's working with the prevention of alcohol in Lithuania, year 2005
- Adopted order of the Government of Lithuania "Concerning the Ratification of Monitoring Rules of Alcohol Consumption and Economic Harm done by Alcohol for Health and Economy", 2004 09 06.
- *No data entered*
- *No data entered*

List up to five key recent advances in your country related to the prevention of the harm done by alcohol:

- Decreased number of crimes committed by drunk persons, in 2003 6162, in 2004 5634
- Annual more measured monitoring of the implementation of State Programme of Alcohol Control, started in 2004.
- Initiative of Ministry of Health and of Ministry of Transport to reduce the permitted maximum concentration of ethyl alcohol in the expelled breath from 0,4 to 0,2 for all drivers and 0,0 for the novice drivers, heavy vehicles drivers and public transport drivers, year 2005.
- In 2004 almost all municipalities implemented various educational projects/programmes targeted at children, youth, families who have alcohol dependent members, and society.
- Adopted order of the Government of Lithuania "Concerning the Ratification of Monitoring Rules of Alcohol Consumption and Economic Harm done by Alcohol for Health and Economy", 2004 09 06.

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on alcohol control policy:

- Physical availability of alcoholic beverages is not enough regulated, adults can buy drinks all twenty four hours
- Liberalization of alcohol production and market.
- The taxes and prices for alcoholic beverages are too low
- There is no association/coalition of NGO's in Lithuania, meanwhile the separated NGO's aren't strong
- The funds aren't directly designated for alcohol prevention programmes, but for the institutions and only a part of scheduled funds are given for the programmes.

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on the prevention of the harm done by alcohol:

- Insufficient financial support for alcohol prevention programmes
- The funds aren't directly designated for alcohol prevention programmes
- Too low tax rates and prices for alcoholic beverages
- Physical availability of alcoholic beverages is not regulated enough, adults can buy drinks all twenty four hours
- Liberalization of alcohol production and market and frequent Amendments of Law on Alcohol Control of Lithuania.

List, in descending order of importance, up to five key advances that are needed to support implementation of evidence-based alcohol control policy in your country:

- To increase the taxes and the prices for alcoholic beverages
- More strict regulation of availability of alcoholic beverages
- To push NGO's to create the coalition of NGO's in Lithuania
- Nominate the leading institution responsible for the implementation of alcohol control policy (to adopt governmental decision).
- To designate resources directly for the alcohol prevention programmes to create a more competent workforce and to give all funds that are scheduled according to the State Programme of Alcohol Control, not just a part of it.

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above:

- To implement the amendment of Law on Excise Duty, and in that case to increase the taxes for alcoholic beverages.
- To initiate the meeting of all NGO's working with alcohol policy and to try to unify them and make the coalition of NGO's.
- To give more financial support for media in order to educate and provide knowledge base for the society.
- To increase sponsorship for alcohol policy.
- To initiate an amendment of the State Programme of the Alcohol Control (1999 - 2011) and the amendment of the Law on Budget Structure which would legitimate the designation of resources directly for the alcohol

prevention programmes not for the institutions;

List, in descending order of importance, up to five key advances that are needed to support implementation of evidence-based the prevention of the harm done by alcohol in your country:

- To increase the taxes and the prices for alcoholic beverages.
- To strengthen the control of implementation of restriction of the availability of alcoholic beverages.
- To allocate all the funds that are scheduled according to the programmes straightly to for the prevention programmes not for the institutions.
- To reduce the permitted maximum concentration of ethyl alcohol in the expelled breath from 0,4 to 0,2 for all drivers and 0,0 for the novice drivers, heavy vehicles drivers and public transport drivers.
- Greater involvement of media in education and information dissemination for the society about the harm done by alcohol.

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above:

- To implement the amendment of Law on Excise Duty, and in that case to increase the taxes for alcoholic beverages.
- To increase financial support for alcohol prevention programmes and to give all the funds that are scheduled according to the State Programme of Alcohol Control.
- To initiate an amendment of the State Programme of the Alcohol Control and the amendment of the Law on Budget Structure which would legitimate the designation of resources directly for the alcohol prevention programmes not for the institutions.
- To give more financial support for media in order to educate and provide knowledge base for the society and to involve general practitioners in the implementation of primary prevention.
- To initiate the amendment of Law on Alcohol Control which would legitimate the permitted maximum concentration of ethyl alcohol for all drivers from 0,4 to 0,2 and 0,0 for novice drivers, heavy vehicles drivers and public transport drivers.

List up to ten persons who you believe are important for action on alcohol control policy and the prevention of the harm done by alcohol in your country.

Organisational references:



Ministry of Health of the Republic of Lithuania



National Centre for Health Promotion and Education



State Mental Health Center



State Public Health Service



State Tobacco and Alcohol Control Service to the Government of the Republic of Lithuania



Vilnius Center for Addictive Disorders

Comments

No data entered

Inclusive dates of data entry

From: 1-1-1970 To: 11-11-2005

Background

Respondent's name:	Guy Weber
Respondent's country:	Luxembourg
Respondent's e-mail address:	guy.weber@ms.etat.lu
Respondent's telephone number:	00 352 478 55 71
Respondent's fax number:	00 352 46 75 26
Respondent's present work:	Other
Organisation, position, address (name and number of street, postal code, town):	Direction de la Santé Villa Louvigny Allée Marconi L-2120 Luxembourg
Organisation website:	<i>No data entered</i>
Are you a government employee?	Yes
Professional qualifications:	Public Health Sciences
Number of years in employment in your professional area:	14
Self-rating of expertise level in the area of alcohol control policy in your country (1 is slightly conversant, 10 is fully conversant):	1
Self-rating of expertise level in the area of the prevention of the harm done by alcohol in your country (1 is slightly conversant, 10 is fully conversant):	3
If you are answering for a jurisdictional region rather than as a country as a whole, which jurisdictional region is it?	<i>No data entered</i>
If this questionnaire was completed with the collaboration of other people, provide organisational reference(s) for each participant.	
Provide organisational reference(s) for nation-wide and/or regional coalitions (task forces, action groups, collaborative bodies) in the arena of alcohol control policy.	
Other background information:	<i>No data entered</i>

Politics, policies and priorities

Do relevant politicians/policy makers refer to alcohol control policy in a manner that suggests it is a priority area?	
Do relevant politicians/policy makers refer to the prevention of the harm done by alcohol in a manner that suggests it is a priority area?	
In your opinion, taking into account everything you know, what level of real priority does the present government place on alcohol control policy? (1 is low priority, mostly rhetoric; 10 is high priority, much action)	<i>No data entered</i>
In your opinion, taking into account everything you know, what level of real priority does the present government place on the prevention of the harm done by alcohol? (1 is low priority, mostly rhetoric; 10 is high priority, much action)	<i>No data entered</i>
What is the recent trend (past several years) in resource allocation to alcohol control policy and programmes to prevent the harm done by alcohol?	
What was the amount of funds allocated to alcohol control policy and programmes to prevent the harm done by alcohol in the most recent national budget (Euro):	<i>No data entered</i>
Budget year:	<i>No data entered</i>
National level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol have been published in the following areas:	
Regional level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol have been published in the following areas:	
Non-governmental (private enterprise, research institute, NGO, etc.) policy documents on alcohol control policy and programmes to prevent the harm done by alcohol have been published in the following areas:	
Name up to five of the most senior government officials with responsibility to oversee/manage alcohol control	

policy and the prevention of the harm done by alcohol.

Evaluation

Are national alcohol control policy and programmes to prevent the harm done by alcohol policies evaluated and reported?

Monitoring and/or surveillance

Are national alcohol policy monitoring and/or surveillance activities published?

Knowledge development

Provide organisational reference(s) for the principal bodies (e.g. academic bodies, public health laboratories, agencies, government units) that are involved in developing the knowledge base for alcohol control and prevention policies.

Implementation

Provide organisational references for the principal bodies (main providers) that are involved in implementing intervention programmes and other actions for alcohol control policy.

Information dissemination

Provide organisational references for the principal bodies that are involved in information dissemination and other actions to keep health care professionals informed about managing hazardous and harmful alcohol consumption and alcohol dependence.

Programmes

How available are programmes for preventing the harm done by alcohol? Provide organisational reference(s) for some of the key programmes that exemplify high quality. (1 is not available; 5 is widely available)

Public education through mass media	<i>No data entered</i>
Comprehensive community based	<i>No data entered</i>
Home/family	<i>No data entered</i>
School	<i>No data entered</i>
College	<i>No data entered</i>
University	<i>No data entered</i>
Work place	<i>No data entered</i>
Primary health care	<i>No data entered</i>
Hospital/clinic	<i>No data entered</i>
Internet	<i>No data entered</i>
Social welfare and youth services	<i>No data entered</i>
Custodial settings (prisons, probation, etc.)	<i>No data entered</i>

Other:

Professional workforce

Is higher education in alcohol control policy and/or the prevention of the harm done by alcohol available from at least one institution of higher education?

Funding

Are funds dedicated to alcohol control policy and programmes to prevent the harm done by alcohol clearly identifiable in the most recent national budget?

The arena/activities are indicated for which earmarked funds are provided:

Are funds dedicated to alcohol control policy and/or programmes to prevent the harm done by alcohol clearly identifiable in the budgets of non-governmental institutions (foundations, private institutes, welfare societies, professional groups, etc, associations)?

The arena/activities are indicated for which earmarked funds are provided:

Personal evaluation of the state of the field

List up to five key recent advances in your country related to alcohol control policy:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List up to five key recent advances in your country related to the prevention of the harm done by alcohol:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on alcohol control policy:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on the prevention of the harm done by alcohol:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List, in descending order of importance, up to five key advances that are needed to support implementation of evidence-based alcohol control policy in your country:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above:

- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*

List, in descending order of importance, up to five key advances that are needed to support implementation of evidence-based the prevention of the harm done by alcohol in your country:

- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above:

- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*

List up to ten persons who you believe are important for action on alcohol control policy and the prevention of the harm done by alcohol in your country.

Comments

No data entered

Inclusive dates of data entry

Background

Respondent's name: Richard Muscat
 Respondent's country: Malta
 Respondent's e-mail address: *No data entered*
 Respondent's telephone number: *No data entered*
 Respondent's fax number: *No data entered*
 Respondent's present work: *No data entered*
 Organisation, position, address (name and number of street, postal code, town): Chairperson, National Commission on the Abuse of drugs, Alcohol and Dependencies. Ministry for the Family and Social Solidarity. Palazzo Ferreria Republic Street Valletta, Malta Telephone: 00356 25903386 e-mail: rmusc@biotech.um.edu.mt Website: www.msp.gov.mt
 Organisation website: *No data entered*

Are you a government employee?

Professional qualifications: *No data entered*

Number of years in employment in your professional area: *No data entered*

Self-rating of expertise level in the area of alcohol control policy in your country (1 is slightly conversant, 10 is fully conversant): 4

Self-rating of expertise level in the area of the prevention of the harm done by alcohol in your country (1 is slightly conversant, 10 is fully conversant): 5

If you are answering for a jurisdictional region rather than as a country as a whole, which jurisdictional region is it? *No data entered*

If this questionnaire was completed with the collaboration of other people, provide organisational reference(s) for each participant.

Provide organisational reference(s) for nation-wide and/or regional coalitions (task forces, action groups, collaborative bodies) in the arena of alcohol control policy.

Other background information: Population size of the country/region: 399,867

Politics, policies and priorities

Do relevant politicians/policy makers refer to alcohol control policy in a manner that suggests it is a priority area? Yes, not documented

Do relevant politicians/policy makers refer to the prevention of the harm done by alcohol in a manner that suggests it is a priority area? Yes, not documented

In your opinion, taking into account everything you know, what level of real priority does the present government place on alcohol control policy? (1 is low priority, mostly rhetoric; 10 is high priority, much action) 6

In your opinion, taking into account everything you know, what level of real priority does the present government place on the prevention of the harm done by alcohol? (1 is low priority, mostly rhetoric; 10 is high priority, much action) 6

What is the recent trend (past several years) in resource allocation to alcohol control policy and programmes to prevent the harm done by alcohol? Small decrease in resources

What was the amount of funds allocated to alcohol control policy and programmes to prevent the harm done by alcohol in the most recent national budget (Euro): *No data entered*

Budget year: *No data entered*

National level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol been published in the following areas:

Drinking and driving.

Packaging and labelling of alcohol products.

Taxation of alcohol products.

Illicit trade in alcohol products.

Travellers' allowances within the EU.

Availability of alcohol, including licensing.

Sales to minors.

Alcohol advertising, promotion and sponsorship.

Regional level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol have been published in the following areas:

Non-governmental (private enterprise, research institute, NGO, etc.) policy documents on alcohol control policy and programmes to prevent the harm done by alcohol have been published in the following areas:

Name up to five of the most senior government officials with responsibility to oversee/manage alcohol control policy and the prevention of the harm done by alcohol.

Organisational references:



Ministry for Justice and Home Affairs



Ministry for the Family and Social Solidarity



Ministry of Education



Ministry of Health the Elderly and Community Care

Evaluation

Are national alcohol control policy and programmes to prevent the harm done by alcohol policies evaluated and reported? No

Monitoring and/or surveillance

Are national alcohol policy monitoring and/or surveillance activities published? No

Knowledge development

Provide organisational reference(s) for the principal bodies (e.g. academic bodies, public health laboratories, agencies, government units) that are involved in developing the knowledge base for alcohol control and prevention policies.

Organisational references:



Caritas Malta



Dept. of Education



Dept. of Health Promotion



Health Information Department



Malta Police Force



MCAST - Malta College of adrts, science and Technology



Oasi Foundation- Drug and Alcohol Agency - Gozo



Sedqa - National Agency for Drugs and Alcohol



University of Malta

Implementation

Provide organisational references for the principal bodies (main providers) that are involved in implementing intervention programmes and other actions for alcohol control policy.

Organisational references:






Caritas Malta



Dept. of Health Promotion










Malta Police Force

-  Oasi Foundation- Drug and Alcohol Agency - Gozo
-  Policy Implementation Unit - Ministry for the Family and Social Solidarity
-  Sedqa - National Agency for Drugs and Alcohol

Information dissemination

Provide organisational references for the principal bodies that are involved in information dissemination and other actions to keep health care professionals informed about managing hazardous and harmful alcohol consumption and alcohol dependence.

Organisational references:

-  Caritas Malta
-  Dept. Health information
-  Dept. of Health Promotion
-  Ministry for Health, the Elderly and Community Care
-  Ministry for the Family and Social Solidarity
-  Oasi Foundation- Drug and Alcohol Agency - Gozo
-  Sedqa - National Agency for Drugs and Alcohol

Programmes

How available are programmes for preventing the harm done by alcohol? Provide organisational reference(s) for some of the key programmes that exemplify high quality. (1 is not available; 5 is widely available)

Public education through mass media	2
Comprehensive community based	2
Home/family	2
School	5
College	2
University	1
Work place	3
Primary health care	2
Hospital/clinic	1
Internet	1
Social welfare and youth services	2
Custodial settings (prisons, probation, etc.)	1

Other:

Professional workforce

Is higher education in alcohol control policy and/or the prevention of the harm done by alcohol available from at least one institution of higher education? No

Funding

Are funds dedicated to alcohol control policy and programmes to prevent the harm done by alcohol clearly identifiable in the most recent national budget? No

The arena/activities are indicated for which earmarked funds are provided:

Are funds dedicated to alcohol control policy and/or programmes to prevent the harm done by alcohol clearly identifiable in the budgets of non-governmental institutions (foundations, private institutes, welfare societies, professional groups, etc, associations)? No

The arena/activities are indicated for which earmarked funds are provided:

Personal evaluation of the state of the field

List up to five key recent advances in your country related to alcohol control policy:

- 1991 – ACT XII – Broadcasting Act
- 1997 – Traffic Regulation Act
- 1998 – Act no 6 of 1998 amending Traffic regulation Act ch 65 which introduced a BAC limit of 80-mgs/ decilitre of blood and breathalyser test
- Taxation – yearly tax increases on alcohol products. Especially the introduction in 2002 of progressive taxation with regard to alcohol content (i.e. the heavier the alcohol content, the heavier the burden of tax)
- *No data entered*

List up to five key recent advances in your country related to the prevention of the harm done by alcohol:

- 1995 – alcohol prevention programmes in primary and secondary schools (sedqa) 1995 – alcohol prevention programmes within the media sector (sedqa) 1995 – the establishment of sedqa's alcohol services in 1995 and subsequent developments.
- 1996 – alcohol prevention programmes within the community (egg NGO's Youth Organisations and Local Councils)
- 1997 – alcohol prevention programmes in the community (sedqa)
- 2002 – Occupational health and Safety Authority Act 2000 (came into effect 2002). It does not specifically mention alcohol use /misuse but places onus on employer to provide safe work environment. 2002 – the aforementioned taxation regimen introduced in 2002
- 2002 – legal notice 102 - the clarification that the law regulating the sale of alcohol to under 16's applies to all outlets i.e. also to supermarkets/grocers and not just bars/restaurants as previously interpreted. However it is important to point out that this same LN only applies to premises licensed from 2002 onwards. Premises open prior to 2002, unless asking for a conversion of the police license as indicated in LN 102 are not breaching the law if they sell alcohol to minors.

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on alcohol control policy:

- • Lack of National Alcohol Policy - policy still at formulation stage (2002 – sedqa and Health Promotion Unit) • Legislation is piecemeal and not co-ordinated within the framework of a National Alcohol Policy
- • Lack of scientific evaluation of strategies and interventions to build a case for policy control
- • Mediterranean culture – high intake level (population survey, 2001) even among young people (ESPAD, 1995, 1999, 2003) – daily intake of alcohol, especially wine with meals. Alcohol may be regarded as an embedded and central aspect of Maltese
- • Economic motives and interests – alcoholic beverages need to be recognised as commodities that must be exempt from the norms of free market competition and instead be subject to a set of distinct commercial principles based upon health and social policy considerations. • A rather strong alcohol producers lobby • There are strong considerations relating to the tourist industry. • Disagreements between interest groups (e.g. health /prevention on the one hand and alcohol industry on the other) on the aims and strategies of an eventual policy).
- • Difficulties in terms of enforcement. • Alcohol prevention appears to be rather low on Government priority list.

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on the prevention of the harm done by alcohol:

- • Limited resources/ lack of financial backing.
- • Accountability – lack of clarity regarding whose remit alcohol prevention is resulting in sporadic and piecemeal efforts and lack of evaluation and consequently evidence-based practices.
- • Leisure and alcohol consumption intrinsically linked, with commercial venues (bars, restaurants and clubs) being the primary entertainment providers for young people.
- • Lack of non-formal education and youth work for young people to provide opportunities for leisure pursuits that are not associated with alcohol consumption.
- • Some prevention practices may not be acceptable to staff, clients or the community at large. • Training issues – no formal preparation for alcohol prevention practitioners.

List, in descending order of importance, up to five key advances that are needed to support implementation of evidence-based alcohol control policy in your country:

- • The formulation and adoption of a National Alcohol Policy
- • Consideration of cultural, social and economic conditions particular to the Maltese context.
- • Consultation during the process of formulation of policies by those who are to be affected by the implementation of such policies.
- • More committed enforcement e.g. although there is law regarding drunk driving more breathalysers need to be carried out on Maltese roads.
- • Research evaluating the effectiveness of implemented policies and dissemination of results.

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above:

- • Acknowledgement of the value of research in the area of alcohol control policy in order to develop policies that are evidence based.
- • Funding to support continuous research on the effectiveness and consequences of alcohol control policy.
- • A shift from an interest in economic motives to public health and social policy issues.
- • More dialogue between interested parties and involvement of the latter in the formulation of policy.
- • An acknowledgement of the cultural acceptance of alcohol in Malta and a consequent recognition that policies need to be tailor-made for the Maltese cultural context and not simply 'adopted' from other European countries.

List, in descending order of importance, up to five key advances that are needed to support implementation of evidence-based the prevention of the harm done by alcohol in your country:

- • Define clearly what evidence based practice in prevention is and highlight how much evidence is needed • Develop a network for the dissemination of research on prevention.
- • Develop guidelines for the credibility of research.
- • Plan to examine outcome measures or indicators as part of the process of evaluating and adopting new prevention programmes. This discussion needs to be built in from the beginning.
- • An increase in financial resources.
- • Greater awareness of the need for policy.

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above:

- • More funds need to be allocated to the area of prevention of harm by alcohol.
- • Implementing evidence based prevention requires readiness to change by those already involved in prevention, which needs to be assessed: motivational readiness, institutional resources, staff attributes and organisational climate.
- • A greater level of coordination of the various interest groups and social.
- *No data entered*
- *No data entered*

List up to ten persons who you believe are important for action on alcohol control policy and the prevention of the harm done by alcohol in your country.

Organisational references:



Ministry for Justice and Home Affairs



Ministry for the Family and Social Solidarity



Ministry for Tourism and Culture




Ministry of Health, the Elderly and Community Care



Ministry for Gozo



Ministry of Education

 National Commission on the Abuse of Drugs Alcohol and Other Dependencies - Ministry for the Family and Social Solidarity

Comments

No data entered

Inclusive dates of data entry

Background

Respondent's name: Wim van Dalen
 Respondent's country: Netherlands
 Respondent's e-mail address: wvandalen@alcoholpreventie.nl
 Respondent's telephone number: 0031306565041
 Respondent's fax number: 0031306565043
 Respondent's present work: Manager/Administrator
 Organisation, position, address (name and number of street, postal code, town): National Foundation for Alcohol Prevention Ravellaan 88, 3533 JP Utrecht, The Netherlands
 Organisation website: *No data entered*


Are you a government employee? No
 Professional qualifications: *No data entered*
 Number of years in employment in your professional area: *No data entered*
 Self-rating of expertise level in the area of alcohol control policy in your country (1 is slightly conversant, 10 is fully conversant): 2
 Self-rating of expertise level in the area of the prevention of the harm done by alcohol in your country (1 is slightly conversant, 10 is fully conversant): 3
 If you are answering for a jurisdictional region rather than as a country as a whole, which jurisdictional region is it? *No data entered*
 If this questionnaire was completed with the collaboration of other people, provide organisational reference(s) for each participant.
 Provide organisational reference(s) for nation-wide and/or regional coalitions (task forces, action groups, collaborative bodies) in the arena of alcohol control policy.
 Other background information: Population size of the region: 16 000 000

Politics, policies and priorities

Do relevant politicians/policy makers refer to alcohol control policy in a manner that suggests it is a priority area? Yes, in documents

Document references:

 Policy letter Alcohol and Youth

 Live longer healthy

Do relevant politicians/policy makers refer to the prevention of the harm done by alcohol in a manner that suggests it is a priority area? Yes, in documents

Document references:

 Policy letter Alcohol and Youth

 Live longer healthy

In your opinion, taking into account everything you know, what level of real priority does the present government place on alcohol control policy? (1 is low priority, mostly rhetoric; 10 is high priority, much action) 4

In your opinion, taking into account everything you know, what level of real priority does the present government place on the prevention of the harm done by alcohol? (1 is low priority, mostly rhetoric; 10 is high priority, much action) 6

What is the recent trend (past several years) in resource allocation to alcohol control policy and programmes to prevent the harm done by alcohol? Small decrease in resources

What was the amount of funds allocated to alcohol control policy and programmes to prevent the harm done by alcohol in the most recent national budget (Euro): *No data entered*

Budget year: *No data entered*

National level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol been published in the following areas:



Drinking and driving.

Document references:

-  0,2 promille for all drivers or just for starting drivers?

Education and public awareness.

Document references:

-  Alcohol report; report about the intensification of the policy against alcohol misuse
-  Live longer healthy


Taxation of alcohol products.

Document references:

-  Policy letter Alcohol and Youth

Availability of alcohol, including licensing.

Document references:

-  Alcohol report; report about the intensification of the policy against alcohol misuse
-  Evaluation of the adaptations of the Alcohol and Catering Act 2000; an overview of research 2000
-  Monitor Alcohol purchase to youngsters 2003

Sales to minors.

Document references:

-  Evaluation of the adaptations of the Alcohol and Catering Act 2000; an overview of research 2000
-  Monitor Alcohol purchase to youngsters 2003

Alcohol advertising, promotion and sponsorship.

Document references:

-  Policy letter Alcohol and Youth

Help and treatment for alcohol problems.

Document references:

-  Addiction care Recalibrated

Regional level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol have been published in the following areas:

Non-governmental (private enterprise, research institute, NGO, etc.) policy documents on alcohol control policy and programmes to prevent the harm done by alcohol have been published in the following areas:

Drinking and driving.

Document references:

-  Policy letter Alcohol and Youth

Education and public awareness.

Document references:

-  Prevention of excessive use of alcohol





Sales to minors.

Document references:

-  Inventarisation Younsters and a prohibition to buy alcohol



Alcohol advertising, promotion and sponsorship.

Document references:

-  Alcohol marketing and youngsters
-  Alcohol marketing on internet attractive for young people
-  Don't ask a bird to clip its own wings.
-  Alcohol marketing hardly has any limit


Help and treatment for alcohol problems.

Document references:

-  Action Plan Alcohol Care; report activities in 2003
-  One year alcohol advise on internet; what you drink, test yourself





Help and treatment for family members.

Document references:

-  Much attention for website drink less

Name up to five of the most senior government officials with responsibility to oversee/manage alcohol control policy and the prevention of the harm done by alcohol.

Organisational references:

-  Ministry of Health, Welfare and Sports
-  Ministry of Health, Welfare and Sports II
-  Ministry of Health, Welfare and Sports III
-  The Food and Consumer Product Safety Authority (VWA)

Evaluation

Are national alcohol control policy and programmes to prevent the harm done by alcohol policies evaluated and reported? Yes

Document references:

-  Evaluation of the adaptations of the Alcohol and Catering Act 2000; an overview of research 2000

Monitoring and/or surveillance

Are national alcohol policy monitoring and/or surveillance activities published? Yes








Document references:

-  Monitor Alcohol purchase to youngsters 2003

Knowledge development

Provide organisational reference(s) for the principal bodies (e.g. academic bodies, public health laboratories, agencies, government units) that are involved in developing the knowledge base for alcohol control and prevention policies.







Organisational references:

-  INTRAVAL
-  IVO: Scientific bureau for research, expertise and consultancy on lifestyle, addiction and related developments
-  National Institute for Health Promotion and Sickness Prevention
-  STAP National Foundation for Alcohol Prevention
-  SWOV Institute for Road Safety Research
-  Trimbos Institute: Netherlands Institute of mental Health and Addiction
-  University of Maastricht, Department of Medical Sociology

Implementation

Provide organisational references for the principal bodies (main providers) that are involved in implementing intervention programmes and other actions for alcohol control policy.

Organisational references:

-  Ministry of Health, Welfare and Sports
-  CBL
-  KHN (Dutch Horeca Organization)
-  NOC*NSF: Dutch Olympic Committee*Netherlands Sport Federation
-  PVAD: De stichting Platform Verkoop Alcoholhoudende dranken voor Thuisgebruik ('Platform for the Sale of Alcoholic Beverages in shops for home use')
-  The Food and Consumer Product Safety Authority (VWA)

Information dissemination

Provide organisational references for the principal bodies that are involved in information dissemination and other actions to keep health care professionals informed about managing hazardous and harmful alcohol consumption and alcohol dependence.

Organisational references:



: Dutch College of General Practitioners, The Netherlands



National Institute for Health Promotion and Sickness Prevention



Trimbos Institute: Netherlands Institute of mental Health and Addiction

Programmes

How available are programmes for preventing the harm done by alcohol? Provide organisational reference(s) for some of the key programmes that exemplify high quality. (1 is not available; 5 is widely available)

Public education through mass media	3
Comprehensive community based	3
Home/family	4
School	5
College	3
University	3
Work place	4
Primary health care	3
Hospital/clinic	2
Internet	5
Social welfare and youth services	4
Custodial settings (prisons, probation, etc.)	3
Other:	
Sport settings	2
Youth care	4

Professional workforce

Is higher education in alcohol control policy and/or the prevention of the harm done by alcohol available from at least one institution of higher education? No

Funding

Are funds dedicated to alcohol control policy and programmes to prevent the harm done by alcohol clearly identifiable in the most recent national budget?

Funds are available for alcohol, but mixed in with other funding and hard or impossible to link explicitly with alcohol.

The arena/activities are indicated for which earmarked funds are provided:

Are funds dedicated to alcohol control policy and/or programmes to prevent the harm done by alcohol clearly identifiable in the budgets of non-governmental institutions (foundations, private institutes, welfare societies, professional groups, etc, associations)? No

The arena/activities are indicated for which earmarked funds are provided:

Personal evaluation of the state of the field

List up to five key recent advances in your country related to alcohol control policy:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List up to five key recent advances in your country related to the prevention of the harm done by alcohol:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on alcohol control policy:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on the prevention of the harm done by alcohol:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List, in descending order of importance, up to five key advances that are needed to support implementation of evidence-based alcohol control policy in your country:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List, in descending order of importance, up to five key advances that are needed to support implementation of evidence-based the prevention of the harm done by alcohol in your country:

- No data entered











- No data entered
- No data entered
- No data entered
- No data entered

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List up to ten persons who you believe are important for action on alcohol control policy and the prevention of the harm done by alcohol in your country.

Organisational references:

-  IVO: Scientific bureau for research, expertise and consultancy on lifestyle, addiction and related developments II
-  Jellinnek , department of prevention
-  Ministry of Health, Welfare and Sports IV
-  National Institute for Health Promotion and Sickness Prevention III
-  STAP National Foundation for Alcohol Prevention II
-  Stichting de Hoop (Foundation the Hope)
-  The Food and Consumer Product Safety Authority (VWA)
-  University of Maastricht, Department of Medical Sociology
-  University of Maastricht, Department of Medical Sociology III
-  University of Tilburg

Comments

Inclusive dates of data entry

Background

Respondent's name: Rebekka Borsch
 Respondent's country: Norway
 Respondent's e-mail address: ebekka.borsch@actis.no
 Respondent's telephone number: +4723214507
 Respondent's fax number: +4723214501
 Respondent's present work: *No data entered*
 Organisation, position, address (name and number of street, postal code, town): Actis, International Officer. Torggate 1, 0181 Oslo. www.actis.no
 Organisation website: *No data entered*

Are you a government employee?

Professional qualifications: *No data entered*

Number of years in employment in your professional area: *No data entered*

Self-rating of expertise level in the area of alcohol control policy in your country (1 is slightly conversant, 10 is fully conversant): 4

Self-rating of expertise level in the area of the prevention of the harm done by alcohol in your country (1 is slightly conversant, 10 is fully conversant): 6

If you are answering for a jurisdictional region rather than as a country as a whole, which jurisdictional region is it? entire Norway

If this questionnaire was completed with the collaboration of other people, provide organisational reference(s) for each participant.

Provide organisational reference(s) for nation-wide and/or regional coalitions (task forces, action groups, collaborative bodies) in the arena of alcohol control policy.

Other background information: Population size of the country/region: 4.6 million

Politics, policies and priorities

Do relevant politicians/policy makers refer to alcohol control policy in a manner that suggests it is a priority area? Yes, not documented

Do relevant politicians/policy makers refer to the prevention of the harm done by alcohol in a manner that suggests it is a priority area? Yes, in documents

Document references:

 The North wants to put alcohol policy on the international agenda, speech of the Norwegian Minister for Labour and Social Affairs at the Nordic Council 2. November 2004

In your opinion, taking into account everything you know, what level of real priority does the present government place on alcohol control policy? (1 is low priority, mostly rhetoric; 10 is high priority, much action) 8

In your opinion, taking into account everything you know, what level of real priority does the present government place on the prevention of the harm done by alcohol? (1 is low priority, mostly rhetoric; 10 is high priority, much action) 7

What is the recent trend (past several years) in resource allocation to alcohol control policy and programmes to prevent the harm done by alcohol? Small increase in resources

What was the amount of funds allocated to alcohol control policy and programmes to prevent the harm done by alcohol in the most recent national budget (Euro): *No data entered*

Budget year: *No data entered*

National level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol been published in the following areas:

Drinking and driving.
 Document references:

 Act on traffic

Education and public awareness.
 Document references:

 **Governments action plan against drugproblems 2003-2005**

Packaging and labelling of alcohol products.

Document references:

 **Act on alcohol - Restrictions on Advertising**

Taxation of alcohol products.

Document references:

 **Taxation of alcoholic products**

Illicit trade in alcohol products.

Document references:

 **Directorate for Health and Social Affairs**

Availability of alcohol, including licensing.

Document references:

 **Act on alcohol - Licensingl**

Sales to minors.

Document references:

 **Act on alcohol - Licensingl**

Alcohol advertising, promotion and sponsorship.

Document references:

 **Act on alcohol - Restrictions on Advertising**

Reducing harm in drinking environments.

Document references:

 **Governments action plan against drugproblems 2003-2005**

Help and treatment for alcohol problems.

Document references:

 **Governments action plan against drugproblems 2003-2005**

Help and treatment for family members.

Document references:

 **Governments action plan against drugproblems 2003-2005**

Regional level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol have been published in the following areas:

Non-governmental (private enterprise, research institute, NGO, etc.) policy documents on alcohol control policy and programmes to prevent the harm done by alcohol have been published in the following areas:

Drinking and driving.

Document references:

 **Thanks for driving sober - your save lifes**

Packaging and labelling of alcohol products.

Document references:

 **New challenge in alcohol policy - comment on the revision of the act on alcohol**

Taxation of alcohol products.

Document references:

 **New challenge in alcohol policy - comment on the revision of the act on alcohol**

Availability of alcohol, including licensing.

Sales to minors.

Document references:

 Mixed results after nationwide buying action on alcopops

Alcohol advertising, promotion and sponsorship.

Document references:

 New challenge in alcohol policy - comment on the revision of the act on alcohol

Reducing harm in drinking environments.

Document references:

 New challenge in alcohol policy - comment on the revision of the act on alcohol

Help and treatment for alcohol problems.

Document references:

 Actis` Activity Plan 2005

Help and treatment for family members.

Document references:

 Actis` Activity Plan 2005

Name up to five of the most senior government officials with responsibility to oversee/manage alcohol control policy and the prevention of the harm done by alcohol.

Organisational references:

 Directorate for Health and Social Affairs

 Ministry of Labour and Social Affairs

Evaluation

Are national alcohol control policy and programmes to prevent the harm done by alcohol policies evaluated and reported? Yes

Document references:

 Research on drugs

Monitoring and/or surveillance

Are national alcohol policy monitoring and/or surveillance activities published? Yes

Document references:

 Research on drugs

Knowledge development

Provide organisational reference(s) for the principal bodies (e.g. academic bodies, public health laboratories, agencies, government units) that are involved in developing the knowledge base for alcohol control and prevention policies.

Organisational references:

 Actis - rusfeltets samarbeidsorgan

 Alkokutt

 Bergen Clinics Foundation

 Blue Cross Norway

 Directorate for Health and Social Affairs

 Ministry of Health and Care Services

 Ministry of Labour and Social Affairs

 Rogaland A-senter

 Sirus - Norwegian Institute for Alcohol and Drug Research






 The Norwegian Institute of Public Health

Implementation

Provide organisational references for the principal bodies (main providers) that are involved in implementing

intervention programmes and other actions for alcohol control policy.

Organisational references:

-  Directorate for Health and Social Affairs
-  Ministry of Children and Family Affairs
-  Ministry of Finances
-  Ministry of Health and Care Services
-  Ministry of Labour and Social Affairs
-  Norwegian Customs and Excise

Information dissemination

Provide organisational references for the principal bodies that are involved in information dissemination and other actions to keep health care professionals informed about managing hazardous and harmful alcohol consumption and alcohol dependence.

Organisational references:

-  Directorate of Health and Social Affairs
-  Sirus -Norwegian Institute for Alcohol and Drug Research

Programmes

How available are programmes for preventing the harm done by alcohol? Provide organisational reference(s) for some of the key programmes that exemplify high quality. (1 is not available; 5 is widely available)

Public education through mass media	4
Comprehensive community based	2
Home/family	2
School	4
College	4
University	4
Work place	4
Primary health care	4
Hospital/clinic	4
Internet	5
Social welfare and youth services	4
Custodial settings (prisons, probation, etc.)	2
Other:	
AKAN	4

Professional workforce

Is higher education in alcohol control policy and/or the prevention of the harm done by alcohol available from at least one institution of higher education? **Yes**

Organisational references:



Høyskole i Oslo (Oslo University College)

Funding

Are funds dedicated to alcohol control policy and programmes to prevent the harm done by alcohol clearly identifiable in the most recent national budget? **Yes**

The arena/activities are indicated for which earmarked funds are provided:

Governmental Centre(s) and/or institutes

Non-governmental Centres (s) and/or institutes

Research

Monitoring and reporting

Community prevention programmes

School, college, university-based educational programmes

Public education programmes

Health care based programmes

Health professional education

Conference(s), workshops, seminars, symposia, etc.

Are funds dedicated to alcohol control policy and/or programmes to prevent the harm done by alcohol clearly identifiable in the budgets of non-governmental institutions (foundations, private institutes, welfare societies, professional groups, etc, associations)? **Yes**

The arena/activities are indicated for which earmarked funds are provided:

Non-governmental Centres (s) and/or institutes

Research

Monitoring and reporting

Community prevention programmes

School, college, university-based educational programmes

Public education programmes

Conference(s), workshops, seminars, symposia, etc.

Personal evaluation of the state of the field

List up to five key recent advances in your country related to alcohol control policy:

- Increased (by price index) taxation on all alcohol beverages
- Max limit of concentration of alcohol in blood for all drivers of automobiles reduced from 0.05 to 0.02 o/oo
- Introduction of max limit of alcohol concentration in the blood for all drivers/"sailors" of motor driven boats smaller than 15 feet of 0.08 o/oo
- Special tax on liquor based alcopops from
- *No data entered*

List up to five key recent advances in your country related to the prevention of the harm done by alcohol:

- Introducing prevention programme competence at the regional alcohol competence centres (which previously mainly dealt with treatment)
- Strengthened requirements of competence towards NGO-run programmes
- Networking between different categories of NGOs and local, regional and national authorities
- *No data entered*
- *No data entered*

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on alcohol control policy:

- EU/EES regulations which conflict with traditional regulations. These regulations were originally funded on both social and health problems caused by traditional drinking habits. They are now challenged by court rules in the EFTA court. (Ref. EFTA court decision to allow the sale of alcopops in 5000 grocery shops, and therefore taken out of the 175 wine monopoly shops which were the only shops to sell alcopops before the court decision)
- There has been a general development of Norwegian national legislation to strengthen "act of conduct" concerning government institutions. This makes particularly local authorities more reluctant to react with sanctions against violations of licences regulations etc, because the demand in the legislation for equal handling of equal cases often is difficult to prove in court.
- Reduced public support for the control policy elements. Particularly noticeable on local, municipal level (licences, opening hours etc).
- *No data entered*
- *No data entered*

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on the prevention of the harm done by alcohol:

- Lack of cooperation between different groups of NGOs, and between NGOs, academic communities and local and regional authorities
- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*

List, in descending order of importance, up to five key advances that are needed to support implementation of evidence-based alcohol control policy in your country:

- EU regulations on competition must be more tolerable towards different approaches on national level concerning alcohol control. (The special EES structure seems to be even less flexible in this respect than the EU proper)
- Programmes to regain public support to such policies. In general terms there is a broad consent of knowledge between authorities, academic communities and the NGO communities advocating alcohol control policy.
- Education programmes for health workers, social workers and people working in treatment institutions to increase their knowledge on alcohol control policies.
- *No data entered*
- *No data entered*

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above:

- Stronger public support for the policies already established in government policy documents.
- Strengthening of EU's social and health policy
- Funding for education programmes
- *No data entered*
- *No data entered*

List, in descending order of importance, up to five key advances that are needed to support implementation of evidence-based the prevention of the harm done by alcohol in your country:

- Increased dialogue between academic communities and the NGOs covering the whole agenda from methods of communications, methods of evaluations, knowledge of the diversity of the population by gender, age, ethnicity, social situation and cultural interests and the implication for the diversity of programmes to the ethical values of the NGOs
- Practical cooperation between NGOs and regional and local cooperation based on mutual confidence
- *No data entered*
- *No data entered*
- *No data entered*

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above:

- The cooperation between the regional, government-financed competence centres and prevention programmes run by Norwegian social aspect organisations must come to an end
- Governmental initiated mobilisation of popular empowerment through NGOs must acknowledge the NGOs independence. The tendency, influenced by New Public Management ideas, to approach the NGOs as if they are participants on a marked must be changed.
- *No data entered*
- *No data entered*
- *No data entered*

List up to ten persons who you believe are important for action on alcohol control policy and the prevention of the harm done by alcohol in your country.

Organisational references:



Directorate for Health and Social Affairs



Knut Grøholt



Minister of Labour and Social Affairs



the Norwegian Institute for Alcohol and Drug Research

Comments

Some of the Document/Organisation references might be of little value, because they lead to non-english documents/information. The Data Entry Form Document contains some minor mistakes - for instance are some Assessment tools (Document references) missing. That made it more difficult to provide all information electronically. The Data Entry Form will therefore be sent both electronically and by post.

Inclusive dates of data entry

From: 10-1-2005 To: 31-1-2005

Background

Respondent's name: MELLIBRUDA JERZY
 Respondent's country: Poland
 Respondent's e-mail address: jurekm@onet.pl
 Respondent's telephone number: +480601237170
 Respondent's fax number: *No data entered*
 Respondent's present work: Academician
 Organisation, position, address (name and number of street, postal code, town): Institute of Health Psychology. ul.Gêœelarska 3 02-412 Warszawa Poland. www.ipz.edu.pl
 Organisation website: *No data entered*

Are you a government employee? No
 Professional qualifications: professor dr hab. PhD
 Number of years in employment in your professional area: 30
 Self-rating of expertise level in the area of alcohol control policy in your country (1 is slightly conversant, 10 is fully conversant): 10
 Self-rating of expertise level in the area of the prevention of the harm done by alcohol in your country (1 is slightly conversant, 10 is fully conversant): 9
 If you are answering for a jurisdictional region rather than as a country as a whole, which jurisdictional region is it? *No data entered*
 If this questionnaire was completed with the collaboration of other people, provide organisational reference(s) for each participant.
 Provide organisational reference(s) for nation-wide and/or regional coalitions (task forces, action groups, collaborative bodies) in the arena of alcohol control policy.
 Other background information: *No data entered*

Politics, policies and priorities

Do relevant politicians/policy makers refer to alcohol control policy in a manner that suggests it is a priority area? Yes, in documents
 Do relevant politicians/policy makers refer to the prevention of the harm done by alcohol in a manner that suggests it is a priority area? Yes, in documents
 In your opinion, taking into account everything you know, what level of real priority does the present government place on alcohol control policy? (1 is low priority, mostly rhetoric; 10 is high priority, much action) 3
 In your opinion, taking into account everything you know, what level of real priority does the present government place on the prevention of the harm done by alcohol? (1 is low priority, mostly rhetoric; 10 is high priority, much action) 5
 What is the recent trend (past several years) in resource allocation to alcohol control policy and programmes to prevent the harm done by alcohol? No or little change in resources
 What was the amount of funds allocated to alcohol control policy and programmes to prevent the harm done by alcohol in the most recent national budget (Euro): *No data entered*
 Budget year: *No data entered*

National level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol been published in the following areas:

Drinking and driving.
 Document references:



National Programme for Alcohol Problems Preventiona

Education and public awareness.

Availability of alcohol, including licensing.

Sales to minors.

Alcohol advertising, promotion and sponsorship.

Help and treatment for alcohol problems.

Help and treatment for family members.

Regional level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol have been published in the following areas:

Non-governmental (private enterprise, research institute, NGO, etc.) policy documents on alcohol control policy and programmes to prevent the harm done by alcohol have been published in the following areas:

Name up to five of the most senior government officials with responsibility to oversee/manage alcohol control policy and the prevention of the harm done by alcohol.

Evaluation

Are national alcohol control policy and programmes to prevent the harm done by alcohol policies evaluated and reported? Yes

Monitoring and/or surveillance

Are national alcohol policy monitoring and/or surveillance activities published? Yes

Knowledge development

Provide organisational reference(s) for the principal bodies (e.g. academic bodies, public health laboratories, agencies, government units) that are involved in developing the knowledge base for alcohol control and prevention policies.

Implementation

Provide organisational references for the principal bodies (main providers) that are involved in implementing intervention programmes and other actions for alcohol control policy.

Information dissemination

Provide organisational references for the principal bodies that are involved in information dissemination and other actions to keep health care professionals informed about managing hazardous and harmful alcohol consumption and alcohol dependence.

Programmes

How available are programmes for preventing the harm done by alcohol? Provide organisational reference(s) for some of the key programmes that exemplify high quality. (1 is not available; 5 is widely available)

Public education through mass media	<i>No data entered</i>
Comprehensive community based	<i>No data entered</i>
Home/family	<i>No data entered</i>
School	<i>No data entered</i>
College	<i>No data entered</i>
University	<i>No data entered</i>
Work place	<i>No data entered</i>
Primary health care	<i>No data entered</i>

Hospital/clinic	<i>No data entered</i>
Internet	<i>No data entered</i>
Social welfare and youth services	<i>No data entered</i>
Custodial settings (prisons, probation, etc.)	<i>No data entered</i>
Other:	

Professional workforce

Is higher education in alcohol control policy and/or the prevention of the harm done by alcohol available from at least one institution of higher education? No

Funding

Are funds dedicated to alcohol control policy and programmes to prevent the harm done by alcohol clearly identifiable in the most recent national budget? Yes

The arena/activities are indicated for which earmarked funds are provided:

Governmental Centre(s) and/or institutes

Non-governmental Centres (s) and/or institutes

Community prevention programmes

School, college, university-based educational programmes

Health care based programmes

Health professional education

Conference(s), workshops, seminars, symposia, etc.

Are funds dedicated to alcohol control policy and/or programmes to prevent the harm done by alcohol clearly identifiable in the budgets of non-governmental institutions (foundations, private institutes, welfare societies, professional groups, etc, associations)? Yes

The arena/activities are indicated for which earmarked funds are provided:

Governmental Centre(s) and/or institutes

Non-governmental Centres (s) and/or institutes

Community prevention programmes

School, college, university-based educational programmes

Health care based programmes

Health professional education

Conference(s), workshops, seminars, symposia, etc.

Personal evaluation of the state of the field

List up to five key recent advances in your country related to alcohol control policy:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List up to five key recent advances in your country related to the prevention of the harm done by alcohol:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on alcohol control policy:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on the prevention of the harm done by alcohol:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List, in descending order of importance, up to five key advances that are needed to support implementation of evidence-based alcohol control policy in your country:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List, in descending order of importance, up to five key advances that are needed to support implementation of evidence-based the prevention of the harm done by alcohol in your country:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List up to ten persons who you believe are important for action on alcohol control policy and the prevention of the harm done by alcohol in your country.

Comments

No data entered

Inclusive dates of data entry

Background

Respondent's name: *No data entered*

Respondent's country: *No data entered*

Respondent's e-mail address: *No data entered*

Respondent's telephone number: *No data entered*

Respondent's fax number: *No data entered*

Respondent's present work: *No data entered*

Organisation, position, address (name and number of street, postal code, town): *No data entered*

Organisation website: *No data entered*

Are you a government employee?

Professional qualifications: *No data entered*

Number of years in employment in your professional area: *No data entered*

Self-rating of expertise level in the area of alcohol control policy in your country (1 is slightly conversant, 10 is fully conversant): *No data entered*

Self-rating of expertise level in the area of the prevention of the harm done by alcohol in your country (1 is slightly conversant, 10 is fully conversant): *No data entered*

If you are answering for a jurisdictional region rather than as a country as a whole, which jurisdictional region is it? *No data entered*

If this questionnaire was completed with the collaboration of other people, provide organisational reference(s) for each participant.

Provide organisational reference(s) for nation-wide and/or regional coalitions (task forces, action groups, collaborative bodies) in the arena of alcohol control policy.

Other background information: *No data entered*

Politics, policies and priorities

Do relevant politicians/policy makers refer to alcohol control policy in a manner that suggests it is a priority area?

Do relevant politicians/policy makers refer to the prevention of the harm done by alcohol in a manner that suggests it is a priority area?

In your opinion, taking into account everything you know, what level of real priority does the present government place on alcohol control policy? (1 is low priority, mostly rhetoric; 10 is high priority, much action) *No data entered*

In your opinion, taking into account everything you know, what level of real priority does the present government place on the prevention of the harm done by alcohol? (1 is low priority, mostly rhetoric; 10 is high priority, much action) *No data entered*

What is the recent trend (past several years) in resource allocation to alcohol control policy and programmes to prevent the harm done by alcohol?

What was the amount of funds allocated to alcohol control policy and programmes to prevent the harm done by alcohol in the most recent national budget (Euro): *No data entered*

Budget year: *No data entered*

National level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol been published in the following areas:

Regional level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol have been published in the following areas:

Non-governmental (private enterprise, research institute, NGO, etc.) policy documents on alcohol control policy and programmes to prevent the harm done by alcohol have been published in the following areas:

Name up to five of the most senior government officials with responsibility to oversee/manage alcohol control policy and the prevention of the harm done by alcohol.

Evaluation

Are national alcohol control policy and programmes to prevent the harm done by alcohol policies evaluated and reported?

Monitoring and/or surveillance

Are national alcohol policy monitoring and/or surveillance activities published?

Knowledge development

Provide organisational reference(s) for the principal bodies (e.g. academic bodies, public health laboratories, agencies, government units) that are involved in developing the knowledge base for alcohol control and prevention policies.

Implementation

Provide organisational references for the principal bodies (main providers) that are involved in implementing intervention programmes and other actions for alcohol control policy.

Information dissemination

Provide organisational references for the principal bodies that are involved in information dissemination and other actions to keep health care professionals informed about managing hazardous and harmful alcohol consumption and alcohol dependence.

Programmes

How available are programmes for preventing the harm done by alcohol? Provide organisational reference(s) for some of the key programmes that exemplify high quality. (1 is not available; 5 is widely available)

Public education through mass media	<i>No data entered</i>
Comprehensive community based	<i>No data entered</i>
Home/family	<i>No data entered</i>
School	<i>No data entered</i>
College	<i>No data entered</i>
University	<i>No data entered</i>
Work place	<i>No data entered</i>
Primary health care	<i>No data entered</i>
Hospital/clinic	<i>No data entered</i>
Internet	<i>No data entered</i>

Social welfare and youth services

No data entered

Custodial settings (prisons, probation, etc.)

No data entered

Other:

Professional workforce

Is higher education in alcohol control policy and/or the prevention of the harm done by alcohol available from at least one institution of higher education?

Funding

Are funds dedicated to alcohol control policy and programmes to prevent the harm done by alcohol clearly identifiable in the most recent national budget?

The arena/activities are indicated for which earmarked funds are provided:

Are funds dedicated to alcohol control policy and/or programmes to prevent the harm done by alcohol clearly identifiable in the budgets of non-governmental institutions (foundations, private institutes, welfare societies, professional groups, etc, associations)?

The arena/activities are indicated for which earmarked funds are provided:

Personal evaluation of the state of the field

List up to five key recent advances in your country related to alcohol control policy:

- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*

List up to five key recent advances in your country related to the prevention of the harm done by alcohol:

- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on alcohol control policy:

- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on the prevention of the harm done by alcohol:

- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*

- No data entered

List, in descending order of importance, up to five key advances that are needed to support implementation of evidence-based alcohol control policy in your country:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List, in descending order of importance, up to five key advances that are needed to support implementation of evidence-based the prevention of the harm done by alcohol in your country:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List up to ten persons who you believe are important for action on alcohol control policy and the prevention of the harm done by alcohol in your country.

Comments

No data entered

Inclusive dates of data entry

Background

Respondent's name: Cristina Petcu

Respondent's country: Romania

Respondent's e-mail address: cpetcu2002@yahoo.co.uk, www.ms.ro

Respondent's telephone number: 0040 21 3072 577

Respondent's fax number: 0040 21 3072 577

Respondent's present work: *No data entered*

Organisation, position, address (name and number of street, postal code, town): Ministry of European Integration / Counsellor for Ministry of Health Cristian Popisteanu Str, no 1-3, sect 1, Bucharest, Romania

Organisation website: *No data entered*

Are you a government employee? Yes

Professional qualifications: *No data entered*

Number of years in employment in your professional area: *No data entered*

Self-rating of expertise level in the area of alcohol control policy in your country (1 is slightly conversant, 10 is fully conversant): 3

Self-rating of expertise level in the area of the prevention of the harm done by alcohol in your country (1 is slightly conversant, 10 is fully conversant): 2

If you are answering for a jurisdictional region rather than as a country as a whole, which jurisdictional region is it? *No data entered*

If this questionnaire was completed with the collaboration of other people, provide organisational reference(s) for each participant.

Provide organisational reference(s) for nation-wide and/or regional coalitions (task forces, action groups, collaborative bodies) in the arena of alcohol control policy.

Other background information: Population size of the region: 21 670 000

Politics, policies and priorities

Do relevant politicians/policy makers refer to alcohol control policy in a manner that suggests it is a priority area? Yes, not documented

Do relevant politicians/policy makers refer to the prevention of the harm done by alcohol in a manner that suggests it is a priority area? Yes, not documented

In your opinion, taking into account everything you know, what level of real priority does the present government place on alcohol control policy? (1 is low priority, mostly rhetoric; 10 is high priority, much action) 5

In your opinion, taking into account everything you know, what level of real priority does the present government place on the prevention of the harm done by alcohol? (1 is low priority, mostly rhetoric; 10 is high priority, much action) 4

What is the recent trend (past several years) in resource allocation to alcohol control policy and programmes to prevent the harm done by alcohol? No or little change in resources

What was the amount of funds allocated to alcohol control policy and programmes to prevent the harm done by alcohol in the most recent national budget (Euro): *No data entered*

Budget year: *No data entered*

National level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol been published in the following areas:

Drinking and driving.

Document references:



Law No. 301 from 28th June, 2004 - Criminal Law

Education and public awareness.

Document references:



Decision no 128/1994 regarding certain measures for assuring the physical and moral development conditions

for schoolchildren and students

 Law no.61/1991 regarding the social life and public order norms

Packaging and labelling of alcohol products.

Document references:

 Law no 57/2002 for the approval of the Government Emergency Ordonance no. 97/2001 regarding the regulation of the food production, circulation and marketing

 Order no.79/79/20 for approval of the Standards regarding the definition, description and presentation of alcoholic beverages

Taxation of alcohol products.

Illicit trade in alcohol products.

Availability of alcohol, including licensing.

Document references:

 Order no.759bis/2003 regarding the marketing of the products subject to licensing

 ORDIN Nr. 1011 din 8 decembrie 2003 privind aprobarea deciziilor de acordare a dreptului de producere a vinurilor cu denumire de origine controlată în România

 ORDIN Nr. 942 din 10 decembrie 2004

 ORDIN Nr. 112/120 din 14 februarie 2005

Sales to minors.

Document references:

 Law no.61/1991 regarding the social life and public order norms

 Law no. 148/2000 regarding the publicity

Alcohol advertising, promotion and sponsorship.

Document references:

 Decision regarding the publicity, sponsorship and teleshopping

 Law no. 148/2000 regarding the publicity

Regional level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol have been published in the following areas:


Non-governmental (private enterprise, research institute, NGO, etc.) policy documents on alcohol control policy and programmes to prevent the harm done by alcohol have been published in the following areas:

Name up to five of the most senior government officials with responsibility to oversee/manage alcohol control policy and the prevention of the harm done by alcohol.

Organisational references:

 Ministry of Agriculture

 Ministry of Health

 Ministry of Health XIII

 Ministry of Public Finances

Evaluation

Are national alcohol control policy and programmes to prevent the harm done by alcohol policies evaluated and reported? No

Monitoring and/or surveillance




Are national alcohol policy monitoring and/or surveillance activities published? No

Knowledge development

Provide organisational reference(s) for the principal bodies (e.g. academic bodies, public health laboratories,

agencies, government units) that are involved in developing the knowledge base for alcohol control and prevention policies.

Organisational references:

-  Ministry of Agriculture
-  Ministry of Health
-  National Institute for Research and Development in Health

Implementation

Provide organisational references for the principal bodies (main providers) that are involved in implementing intervention programmes and other actions for alcohol control policy.

Organisational references:

-  Ministry of Agriculture III
-  Ministry of Education and Research
-  Ministry of European Integration
-  Ministry of Health (Department of Medical Care) XIV
-  Ministry of Health (Department of Public Health and State Sanitary Inspection) XV
-  National Anti-drog Agency
-  National Authority for Consumer Protection
-  National Institute for Research and Development in Health

Information dissemination

Provide organisational references for the principal bodies that are involved in information dissemination and other actions to keep health care professionals informed about managing hazardous and harmful alcohol consumption and alcohol dependence.

Organisational references:

-  Ministry of Health (Department of Medical Care) XVII
-  Ministry of Health (Department of Public Health and State Sanitary Inspection) XVI

Programmes

How available are programmes for preventing the harm done by alcohol? Provide organisational reference(s) for some of the key programmes that exemplify high quality. (1 is not available; 5 is widely available)

Public education through mass media	2
Comprehensive community based	2
Home/family	1
School	3
College	3
University	3
Work place	4
Primary health care	1
Hospital/clinic	1
Internet	1

Social welfare and youth services 4

Custodial settings (prisons, probation, etc.) 1

Other:

Professional workforce

Is higher education in alcohol control policy and/or the prevention of the harm done by alcohol available from at least one institution of higher education? No

Funding

Are funds dedicated to alcohol control policy and programmes to prevent the harm done by alcohol clearly identifiable in the most recent national budget? Funds are available for alcohol, but mixed in with other funding and hard or impossible to link explicitly with alcohol.

The arena/activities are indicated for which earmarked funds are provided:

Are funds dedicated to alcohol control policy and/or programmes to prevent the harm done by alcohol clearly identifiable in the budgets of non-governmental institutions (foundations, private institutes, welfare societies, professional groups, etc, associations)? No

The arena/activities are indicated for which earmarked funds are provided:

Personal evaluation of the state of the field

List up to five key recent advances in your country related to alcohol control policy:

- National Strategy to Combat Drug Abuse and Illicit Traffic of Drugs and Pre-cursors (2003)- one of the objective of the present Strategy approaches the drug use problem from a global point of view, by analysing all the substances that can be used as drugs and lead to addiction, including alcohol and tobacco.
- increasing the taxes for alcohol products in accordance with the engagements from the Position Document regarding the Negotiation Chapter 10 - Taxes (Emergency Ordinance 24/24 March 2005 for the modification and completion of the Law 571/2003 regarding the Fiscal Code)
- decreasing the level of alcohol in the blood for drivers (Criminal Law/2004)
- ban the alcohol home production using artisanal devices/2000
- sanctioning the fact of infringement of the norms for social cohabitation, of the public safety and order such as: the consumer refuse to quit a public place in which alcohol drinks are consumed, after the closing hour or at the request of an employee of that public place; providing the consumers alcoholic drinks in public places and outside, in the days and hours when, according to the law, the public places are closed or the provision of alcoholic drinks is forbidden; provision of alcoholic drinks to the consumer with drunk status or under legalage, in the public places; alcohol drinking in the streets, parks, show halls, sport arenas or other public places.

List up to five key recent advances in your country related to the prevention of the harm done by alcohol:

- National and local information, education and communication campaigns on the prevention of alcohol products consumption
- Centres for preventing and counselling on drugs, including alcohol, in each county; the centres provide information for preventing the use of drugs, including alcohol and also refer the persons that are using drugs and alcohol to the specific aid.
- Establishing certain measures for ensuring the conditions for a moral and physical development of the scholars and students, forbidding the trade or the EXPOSURE in order to sell of the alcohol products inside or at a distance lower than 200m from the educational and medical units -1994.
- Law no.148/2000 regarding the advertising: It is forbidden the advertising for the alcoholic beverages and for the tobacco products in the precincts of the educational units and of the medical care units or at a distance

smaller than 200 meters from their entry, measured on the public way; the advertising of the alcoholic drinks and for the tobacco and products is not allowed in publications destined mainly to the minors, in the show houses before, during and after the shows destined to the minors; the advertising for the alcoholic beverages and for the tobacco products is not allowed even in the following conditions: is addressed to the minors; presents the minors consuming the products, suggests that the alcoholic beverages or the tobacco products are dued with therapeutical properties or have stimulative effect

- - Forbidding any kind of advertising of alcohol products within the hour interval 6,00-22,00. The decision is based on the statistics published by the public and private sector institutions that shows an increasing alcohol consumption among minors and an increased number of alcoholic distilled beverages advertisements - 2004

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on alcohol control policy:

- - In Romania it isn't establish yet a national consensus about the importance of reducing and controlling alcohol consumption
- -The State has not a monopoly on the alcohol trade and this fact contributes to the apparition of the "black market" and to selling some unregistered products
- - Inexistence of a National alcohol policies : the limiting and control of the alcohol consumption is not the responsibility of a single institution and involve many state authorities. Thus, Ministry of Health and Family shows his willingness to co-operate both with the national institutions and international bodies in order to limit and control the alcohol consumption
- - separate budget not available for alcohol policies and harm prevention
- *No data entered*

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on the prevention of the harm done by alcohol:

- - lack of a dedicated budget for alcohol prevention within the Ministry of Health budget
- - lack of personnel in health promotion department at national and county levels, who deals with alcohol prevention beside other duties
- - lack of data available at national level
- - low intensity public information and persuasion campaigns
- - advertising and promotion for drinking behaviour

List, in descending order of importance, up to five key advances that are needed to support implementation of evidence-based alcohol control policy in your country:

- - increasing the awareness of the general public and the political decision-makers on alcohol control policies
- - a national plan of action for implementing the national strategy
- - increasing resources (budget, personnel)
- - encouraging NGOs, religious institutions and sport and cultural organizations to get actively involved in controlling alcohol use
- - involving local community

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above:

- - comprehensive local strategy : provision of housing, promotion of leisure activities, conservation of public parks and recreation centres
- - setting up a national partnership governmental-nongovernmental and a working group which will have as a main task to develop the national strategy and national plan of action
- -increasing the level of knowledge and skills of the personnel involved in the implementation of alcohol control policies involving another partners governmental and members of civil society
- -setting up alcohol free environments
- -public awareness campaigns related to the alcohol control policies

List, in descending order of importance, up to five key advances that are needed to support implementation of evidence-based the prevention of the harm done by alcohol in your country:

- - a national strategy which includes prevention of harm done by alcohol or at least a dedicated chapter within the national prevention programmes; standardising agreed data collection instruments of measurements and implementing their routine use in research practice
- - dedicated budget for prevention of the harm done by alcohol within the Ministry of Health Budget
- - increase the knowledge related to prevention of the harm done by alcohol
- - involve other partners such as occupational health professionals, mental health professionls etc.
- *No data entered*

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the

advances above:

- - personnel training
- - a dedicated national survey which is repeated at 5 years
- - public awareness campaigns
- - to incorporate in the primary health care system of measures for early detection and treatment of alcohol-related problems
- - implementing prevention policies in education institutions (universities, colleges)

List up to ten persons who you believe are important for action on alcohol control policy and the prevention of the harm done by alcohol in your country.

Organisational references:



Institute of Public Health Bucharest



Ministry of Agriculture



Ministry of Health



Ministry of Health XVIII



Ministry of Public Finances



National Health Insurance House



National Institute for Research and Development in Health

Comments

No data entered

Inclusive dates of data entry

From: 31-1-2005 To: 28-2-2005

Background

Respondent's name: Nociar, Alojz
 Respondent's country: Slovakia
 Respondent's e-mail address: aloz.nociar@vlada.gov.sk
 Respondent's telephone number: +421-2-5729 5732
 Respondent's fax number: +421-2-5249 1647
 Respondent's present work: Manager/Administrator
 Organisation, position, address (name and number of street, postal code, town): Government Office, Namestie slobody 1, 813 70, Bratislava, www.vlada.gov.sk
 Organisation website: *No data entered*

Are you a government employee? Yes
 Professional qualifications: Clinical psychologist PhDr., CSc.
 Number of years in employment in your professional area: 33
 Self-rating of expertise level in the area of alcohol control policy in your country (1 is slightly conversant, 10 is fully conversant): 10
 Self-rating of expertise level in the area of the prevention of the harm done by alcohol in your country (1 is slightly conversant, 10 is fully conversant): 10
 If you are answering for a jurisdictional region rather than as a country as a whole, which jurisdictional region is it? *No data entered*
 If this questionnaire was completed with the collaboration of other people, provide organisational reference(s) for each participant.
 Provide organisational reference(s) for nation-wide and/or regional coalitions (task forces, action groups, collaborative bodies) in the arena of alcohol control policy.
 Other background information: National counterpart for 1st and 2nd phase of the European Alcohol Action Plan

Politics, policies and priorities

Do relevant politicians/policy makers refer to alcohol control policy in a manner that suggests it is a priority area? Yes, not documented
 Do relevant politicians/policy makers refer to the prevention of the harm done by alcohol in a manner that suggests it is a priority area?
 In your opinion, taking into account everything you know, what level of real priority does the present government place on alcohol control policy? (1 is low priority, mostly rhetoric; 10 is high priority, much action) 2
 In your opinion, taking into account everything you know, what level of real priority does the present government place on the prevention of the harm done by alcohol? (1 is low priority, mostly rhetoric; 10 is high priority, much action) 4
 What is the recent trend (past several years) in resource allocation to alcohol control policy and programmes to prevent the harm done by alcohol? No or little change in resources
 What was the amount of funds allocated to alcohol control policy and programmes to prevent the harm done by alcohol in the most recent national budget (Euro): *No data entered*
 Budget year: *No data entered*
 National level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol have been published in the following areas:
 Drinking and driving.
 Education and public awareness.
 Illicit trade in alcohol products.
 Regional level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol have been published in the following areas:

Non-governmental (private enterprise, research institute, NGO, etc.) policy documents on alcohol control policy and programmes to prevent the harm done by alcohol have been published in the following areas:

Name up to five of the most senior government officials with responsibility to oversee/manage alcohol control policy and the prevention of the harm done by alcohol.

Evaluation

Are national alcohol control policy and programmes to prevent the harm done by alcohol policies evaluated and reported?

Monitoring and/or surveillance

Are national alcohol policy monitoring and/or surveillance activities published?

Knowledge development

Provide organisational reference(s) for the principal bodies (e.g. academic bodies, public health laboratories, agencies, government units) that are involved in developing the knowledge base for alcohol control and prevention policies.

Implementation

Provide organisational references for the principal bodies (main providers) that are involved in implementing intervention programmes and other actions for alcohol control policy.

Information dissemination

Provide organisational references for the principal bodies that are involved in information dissemination and other actions to keep health care professionals informed about managing hazardous and harmful alcohol consumption and alcohol dependence.

Programmes

How available are programmes for preventing the harm done by alcohol? Provide organisational reference(s) for some of the key programmes that exemplify high quality. (1 is not available; 5 is widely available)

Public education through mass media	<i>No data entered</i>
Comprehensive community based	<i>No data entered</i>
Home/family	<i>No data entered</i>
School	<i>No data entered</i>
College	<i>No data entered</i>
University	<i>No data entered</i>
Work place	<i>No data entered</i>
Primary health care	<i>No data entered</i>
Hospital/clinic	<i>No data entered</i>
Internet	<i>No data entered</i>
Social welfare and youth services	<i>No data entered</i>

Custodial settings (prisons, probation, etc.)

No data entered

Other:

Professional workforce

Is higher education in alcohol control policy and/or the prevention of the harm done by alcohol available from at least one institution of higher education?

Funding

Are funds dedicated to alcohol control policy and programmes to prevent the harm done by alcohol clearly identifiable in the most recent national budget?

The arena/activities are indicated for which earmarked funds are provided:

Are funds dedicated to alcohol control policy and/or programmes to prevent the harm done by alcohol clearly identifiable in the budgets of non-governmental institutions (foundations, private institutes, welfare societies, professional groups, etc, associations)?

The arena/activities are indicated for which earmarked funds are provided:

Personal evaluation of the state of the field

List up to five key recent advances in your country related to alcohol control policy:

- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*

List up to five key recent advances in your country related to the prevention of the harm done by alcohol:

- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on alcohol control policy:

- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on the prevention of the harm done by alcohol:

- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*

List, in descending order of importance, up to five key advances that are needed to support implementation of

evidence-based alcohol control policy in your country:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List, in descending order of importance, up to five key advances that are needed to support implementation of evidence-based the prevention of the harm done by alcohol in your country:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List up to ten persons who you believe are important for action on alcohol control policy and the prevention of the harm done by alcohol in your country.

Comments

No data entered

Inclusive dates of data entry

Background

Respondent's name:	<i>No data entered</i>
Respondent's country:	<i>No data entered</i>
Respondent's e-mail address:	<i>No data entered</i>
Respondent's telephone number:	<i>No data entered</i>
Respondent's fax number:	<i>No data entered</i>
Respondent's present work:	<i>No data entered</i>
Organisation, position, address (name and number of street, postal code, town):	<i>No data entered</i>
Organisation website:	<i>No data entered</i>
Are you a government employee?	
Professional qualifications:	<i>No data entered</i>
Number of years in employment in your professional area:	<i>No data entered</i>
Self-rating of expertise level in the area of alcohol control policy in your country (1 is slightly conversant, 10 is fully conversant):	<i>No data entered</i>
Self-rating of expertise level in the area of the prevention of the harm done by alcohol in your country (1 is slightly conversant, 10 is fully conversant):	<i>No data entered</i>
If you are answering for a jurisdictional region rather than as a country as a whole, which jurisdictional region is it?	<i>No data entered</i>
If this questionnaire was completed with the collaboration of other people, provide organisational reference(s) for each participant.	
Provide organisational reference(s) for nation-wide and/or regional coalitions (task forces, action groups, collaborative bodies) in the arena of alcohol control policy.	
Other background information:	<i>No data entered</i>

Politics, policies and priorities

Do relevant politicians/policy makers refer to alcohol control policy in a manner that suggests it is a priority area?	
Do relevant politicians/policy makers refer to the prevention of the harm done by alcohol in a manner that suggests it is a priority area?	
In your opinion, taking into account everything you know, what level of real priority does the present government place on alcohol control policy? (1 is low priority, mostly rhetoric; 10 is high priority, much action)	<i>No data entered</i>
In your opinion, taking into account everything you know, what level of real priority does the present government place on the prevention of the harm done by alcohol? (1 is low priority, mostly rhetoric; 10 is high priority, much action)	<i>No data entered</i>
What is the recent trend (past several years) in resource allocation to alcohol control policy and programmes to prevent the harm done by alcohol?	
What was the amount of funds allocated to alcohol control policy and programmes to prevent the harm done by alcohol in the most recent national budget (Euro):	<i>No data entered</i>
Budget year:	<i>No data entered</i>
National level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol been published in the following areas:	

Regional level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol have been published in the following areas:

Non-governmental (private enterprise, research institute, NGO, etc.) policy documents on alcohol control policy and programmes to prevent the harm done by alcohol have been published in the following areas:

Name up to five of the most senior government officials with responsibility to oversee/manage alcohol control policy and the prevention of the harm done by alcohol.

Evaluation

Are national alcohol control policy and programmes to prevent the harm done by alcohol policies evaluated and reported?

Monitoring and/or surveillance

Are national alcohol policy monitoring and/or surveillance activities published?

Knowledge development

Provide organisational reference(s) for the principal bodies (e.g. academic bodies, public health laboratories, agencies, government units) that are involved in developing the knowledge base for alcohol control and prevention policies.

Implementation

Provide organisational references for the principal bodies (main providers) that are involved in implementing intervention programmes and other actions for alcohol control policy.

Information dissemination

Provide organisational references for the principal bodies that are involved in information dissemination and other actions to keep health care professionals informed about managing hazardous and harmful alcohol consumption and alcohol dependence.

Programmes

How available are programmes for preventing the harm done by alcohol? Provide organisational reference(s) for some of the key programmes that exemplify high quality. (1 is not available; 5 is widely available)

Public education through mass media	<i>No data entered</i>
Comprehensive community based	<i>No data entered</i>
Home/family	<i>No data entered</i>
School	<i>No data entered</i>
College	<i>No data entered</i>
University	<i>No data entered</i>
Work place	<i>No data entered</i>
Primary health care	<i>No data entered</i>
Hospital/clinic	<i>No data entered</i>
Internet	<i>No data entered</i>

Social welfare and youth services

No data entered

Custodial settings (prisons, probation, etc.)

No data entered

Other:

Professional workforce

Is higher education in alcohol control policy and/or the prevention of the harm done by alcohol available from at least one institution of higher education?

Funding

Are funds dedicated to alcohol control policy and programmes to prevent the harm done by alcohol clearly identifiable in the most recent national budget?

The arena/activities are indicated for which earmarked funds are provided:

Are funds dedicated to alcohol control policy and/or programmes to prevent the harm done by alcohol clearly identifiable in the budgets of non-governmental institutions (foundations, private institutes, welfare societies, professional groups, etc, associations)?

The arena/activities are indicated for which earmarked funds are provided:

Personal evaluation of the state of the field

List up to five key recent advances in your country related to alcohol control policy:

- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*

List up to five key recent advances in your country related to the prevention of the harm done by alcohol:

- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on alcohol control policy:

- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on the prevention of the harm done by alcohol:

- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*

- No data entered

List, in descending order of importance, up to five key advances that are needed to support implementation of evidence-based alcohol control policy in your country:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List, in descending order of importance, up to five key advances that are needed to support implementation of evidence-based the prevention of the harm done by alcohol in your country:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List up to ten persons who you believe are important for action on alcohol control policy and the prevention of the harm done by alcohol in your country.

Comments

No data entered

Inclusive dates of data entry

Background

Respondent's name: Alicia Rodriguez-Martos Dauer
 Respondent's country: Spain
 Respondent's e-mail address: amartos@aspb.es; socidrogalcohol@socidrogalcohol.org
 Respondent's telephone number: 34 / 93 210 38 54
 Respondent's fax number: 34 / 93 210 38 54
 Respondent's present work: *No data entered*
 Organisation, position, address (name and number of street, postal code, town): SOCIDROGALCOHOL , 1st vicepresidente, Avda. Hospital Militar, 180 08023- Barcelona (Spain) www. socidrogalcohol.org
 Organisation website: *No data entered*

Are you a government employee?

Professional qualifications: *No data entered*

Number of years in employment in your professional area: *No data entered*





Self-rating of expertise level in the area of alcohol control policy in your country (1 is slightly conversant, 10 is fully conversant): 9

Self-rating of expertise level in the area of the prevention of the harm done by alcohol in your country (1 is slightly conversant, 10 is fully conversant): 9

If you are answering for a jurisdictional region rather than as a country as a whole, which jurisdictional region is it? *No data entered*

If this questionnaire was completed with the collaboration of other people, provide organisational reference(s) for each participant.

Organisational references:

-  Agencia de Salut Pública (Barcelona), Joan Ramón Villalbí
-  Association PDS (Promoció i Desenvolupament Social).
-  Hospital de St. Pau (Barcelona).
-  Ministry of Health

Provide organisational reference(s) for nation-wide and/or regional coalitions (task forces, action groups, collaborative bodies) in the arena of alcohol control policy.

Other background information: Population size of the country/region: 40.8 million

Politics, policies and priorities

Do relevant politicians/policy makers refer to alcohol control policy in a manner that suggests it is a priority area? Yes, in documents

Do relevant politicians/policy makers refer to the prevention of the harm done by alcohol in a manner that suggests it is a priority area? Yes, in documents

In your opinion, taking into account everything you know, what level of real priority does the present government place on alcohol control policy? (1 is low priority, mostly rhetoric; 10 is high priority, much action) 5

In your opinion, taking into account everything you know, what level of real priority does the present government place on the prevention of the harm done by alcohol? (1 is low priority, mostly rhetoric; 10 is high priority, much action) 7

What is the recent trend (past several years) in resource allocation to alcohol control policy and programmes to prevent the harm done by alcohol? Small increase in resources








What was the amount of funds allocated to alcohol control policy and programmes to prevent the harm done by alcohol in the most recent national budget (Euro): *No data entered*

Budget year: *No data entered*

National level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol been published in the following areas:














Drinking and driving.

Document references:

-  Alcohol and urban transportation.
-  Law 19/2001 of December 19th on the reform of the Law on Traffic approved by the Royal legislative Decree 339/1990, of March 2nd
- ): Organic Law 15/2003 modifying the Organic Law 10/1995 of the Penal Code
-  National Plan on Traffic Safety for the Year 2004
-  Royal Decree 116/1998 of January 30th, for the adoption of the Law 5/1997, of March 24th on the reform of the Traffic Law.
-  Royal Decree 1428/2003 of November 21st, approving the traffic regulation for the implementation of the traffic law, of March 2nd
-  Royal Decree 2282/1998 of October 16th, modifying the articles 20 and 23 of the General Regulation for Driving

Education and public awareness.

Document references:

-  Acting is possible. Education on alcohol
-  Acting is possible: mass media and drug dependency
-  Scientific basis for the prevention of drug dependencies
-  Theoretical basis underlying the prevention programmes
-  Basic criteria for intervention in the prevention programmes
-  Alcohol and the sea. Prevention campaign on alcohol.
-  Alcohol and the sea. Prevention campaign on alcohol. Didactic guidelines for the video
-  National Drugs Strategy 2000-2008
-  Prevention of Drug dependencies: Analysis and proposals for intervention.
-  Royal Decree 115/2004 of January 23rd, establishing the curriculum for the primary school
-  Royal Decree 116/2004 of January 23rd, establishing the curriculum for the secondary school
-  Royal Decree 117/2004 of January 23rd, establishing the curriculum for the high school
-  Royal Decree 93/2001 of August 3rd, modifying the Royal Decree 1390/1995 of August 4th on the school curriculum for the secondary school

Packaging and labelling of alcohol products.

Document references:

-  Royal Decree 1045/1990 on labelling

Taxation of alcohol products.

Document references:

-  Law 38/1992, of December 28th on Special Taxes (chapt. II-VI)

Illicit trade in alcohol products.

Document references:

-  Law 38/1992, of December 28th on Special Taxes (chapt. II-VI)






Travellers' allowances within the EU.

Document references:

-  Law 38/1992, of December 28th on Special Taxes (chapt. II-VI)




Availability of alcohol, including licensing.

Document references:

-  National Drugs Strategy 2000-2008
-  Law 10/1990, of October 15th, on Sports
-  Order of November 7th 1989 forbidding the sale and distribution of alcoholic beverages in public school centres run by the administration
-  Bylaw regulating the Consumption of Alcoholic Beverages
-  Regulation policies on the availability and promotion of alcoholic beverages and tobacco.




Sales to minors.

Document references:

-  Order of 1989, November 7th , for the prohibition of selling and distribution of tobacco and alcoholic beverages in public schools depending on the Ministry of Education and Science.
-  Bylaw regulating the Consumption of Alcoholic Beverages
-  Royal Decree 2816/1982 of August 27th approving the regulation for the police of public performances and leisure activities







Alcohol advertising, promotion and sponsorship.

Document references:

-  Modification of the law 25/1994 which incorporates the CEE Directive 89/552
-  Modification of the law 25/1994 which incorporates the CEE Directive 89/552
-  General Law on Publicity




Help and treatment for alcohol problems.

Document references:

-  Acting is possible. The primary health care professional facing alcohol problems
-  Acting is possible. Social services and drug dependencies
-  Alcohol and sea. Prevention campaign on alcohol.
-  Alcohol and the sea. Prevention campaign on alcohol. Didactic guidelines for the video
-  National Drugs Strategy 2000-2008
-  To gain health together with youths

Help and treatment for family members.

Document references:



-  Acting is possible. The prevention of drug dependencies within the family
-  National Drugs Strategy 2000-2008
-  Family intervention for the prevention of drug dependencies

Regional level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol have been published in the following areas:

Non-governmental (private enterprise, research institute, NGO, etc.) policy documents on alcohol control policy and programmes to prevent the harm done by alcohol have been published in the following areas:







Drinking and driving.

Document references:

-  Physicians and Driving
-  A driver for each evening

Education and public awareness.



Document references:

-  Intervention guide: minors and drug use
-  Libro Blanco Alcohol y Adolescencia
-  White Paper “Know how to drink and how to live”
-  Practical Manual on the use of information in alcohol prevention programmes for youths
-  Pedagogic programme Adolescence and Alcohol
-  A driver for each evening

Alcohol advertising, promotion and sponsorship.







Document references:

-  Regulation on publicity

-  Manifest issued in Rivas for an ethical code for the communication professionals in the Madrid region
-  Minors and mass media




Reducing harm in drinking environments.

Document references:

-  Reference guidelines for the evaluation of alternative leisure programmes
-  Prevention and security guide for musical and dancing venues
-  The drug culture in the society of risks
-  Leisure without drugs: Utopia and reality
-  The prevention of drug dependencies in leisure time. Training manual
-  Working for the prevention of drug dependencies in leisure time

Help and treatment for alcohol problems.

Document references:

-  Guidelines for identification and intervention in minors at risk
- ): Unions orientations on intervention in drug dependencies
-  PAPPS Recommendations






Help and treatment for family members.

Document references:

-  reference guidelines for the evaluation of family prevention programmes

Name up to five of the most senior government officials with responsibility to oversee/manage alcohol control policy and the prevention of the harm done by alcohol.


Organisational references:

-  Ministerio de Economía y Hacienda
-  Ministerio de Educación y Ciencia
-  Ministerio de Sanidad y Consumo
-  Ministerio de Trabajo y Asuntos Sociales
-  Ministerio del Interior

Evaluation

Are national alcohol control policy and programmes to prevent the harm done by alcohol policies evaluated and reported? Yes



Document references:

-  Evaluation of the regional plans on drugs
-  Reference guidelines for the evaluation of alternative leisure programmes

Monitoring and/or surveillance

Are national alcohol policy monitoring and/or surveillance activities published? Yes




Document references:








-  Spanish Observatory on Drug dependencies Report nº5
-  Spanish Observatory on Drugs dependencies Report nº 6

Knowledge development

Provide organisational reference(s) for the principal bodies (e.g. academic bodies, public health laboratories, agencies, government units) that are involved in developing the knowledge base for alcohol control and prevention policies.

Organisational references:


-  : Consejo Superior de Investigaciones Científicas
-  INID (Instituto de Investigación de Drogodependencias)
-  INIFD (Instituto Nacional sobre Investigación y Formación sobre Drogas)

-  Instituto de Salud Carlos III
-  Socidrogalcohol
-  Sociedad Española de Toxicomanías
-  Universidad Complutense de Madrid
-  Universidad de Santiago de Compostela
-  Universidad Nacional de Educación a Distancia
-  Universitat de Barcelona

Implementation

Provide organisational references for the principal bodies (main providers) that are involved in implementing intervention programmes and other actions for alcohol control policy.















Organisational references:

-  Asociación de Usuarios de la Comunicación
-  Dirección General de Tráfico
-  FACUA
-  Generalitat de Catalunya. Departament d'Interior
-  Guardia Civil
-  Ministerio de Economía y Hacienda
-  Ministerio de Industria, Turismo y Comercio
-  Ministerio del Interior

Information dissemination

Provide organisational references for the principal bodies that are involved in information dissemination and other actions to keep health care professionals informed about managing hazardous and harmful alcohol consumption and alcohol dependence.

Organisational references:

-  Colegio Oficial de Médicos de España
-  Comisión profesional de especialidades sanitarias para la prevención de las lesiones de tráfico
-  Fundación de Ayuda contra la Drogadicción
-  Instituto Bitácora
-  Organ Tècnic de Drogodependències
-  Plan Nacional sobre Drogas
-  Socidrogalcohol
-  Sociedad Española de Medicina de Familia y Comunitaria
-  Sociedad Española de Toxicomanías
-  Universidad Complutense de Madrid
-  Universidad de Santiago de Compostela
-  Universidad Miguel Hernández
-  Universidad Nacional de Educación a Distancia
-  Universitat de Barcelona

Programmes

How available are programmes for preventing the harm done by alcohol? Provide organisational reference(s) for some of the key programmes that exemplify high quality. (1 is not available; 5 is widely available)







Public education through mass media	2
Comprehensive community based	2

Home/family	2
School	5
College	5
University	2
Work place	2
Primary health care	3
Hospital/clinic	4
Internet	3
Social welfare and youth services	3
Custodial settings (prisons, probation, etc.)	2
Other:	

Professional workforce

Is higher education in alcohol control policy and/or the prevention of the harm done by alcohol available from at least one institution of higher education? Yes

Organisational references:

-  Fundación de Ayuda contra la Drogadicción
-  INID (Instituto de Investigación de Drogodependencias)
-  Universidad Complutense de Madrid
-  Universidad de Santiago de Compostela
-  Universidad Nacional de Educación a Distancia
-  Universitat de Barcelona

Funding

Are funds dedicated to alcohol control policy and programmes to prevent the harm done by alcohol clearly identifiable in the most recent national budget?

Funds are available for alcohol, but mixed in with other funding and hard or impossible to link explicitly with alcohol.



The arena/activities are indicated for which earmarked funds are provided:

Are funds dedicated to alcohol control policy and/or programmes to prevent the harm done by alcohol clearly identifiable in the budgets of non-governmental institutions (foundations, private institutes, welfare societies, professional groups, etc, associations)? Yes

The arena/activities are indicated for which earmarked funds are provided:







Non-governmental Centres (s) and/or institutes

Document references:

-  Fundación Alcohol y Sociedad
-  Instituto Bitácora





Research

Document references:

-  Youths and lifestyles: values and risks in urban youths
-  Youths and publicity: Values in the publicitary communication for youths
-  Primary Health Care: its attitude towards drug dependencies
-  Social perception of drugs in Spain.
-  Meta-analysis of programmes for the prevention of drug abuse
-  ALFIL programme. Report on the psychoeducative sessions. Psycho-educational groups for youths with a family background of alcohol problems. Manual for educators and therapists.





Community prevention programmes

Document references:

-  the road asks you to be alcohol-free
-  Prevention programme, on alcohol consumption, in the family environment
-  Prevention programme, on alcohol consumption, in the family environment: educator manual
-  A driver for each evening

School, college, university-based educational programmes

Document references:

-  Prevention material for the prevention of drug use in primary education
-  Material for the prevention of drug use in mandatory secondary education
-  Prevention material for the prevention of drug use in children education
-  And what do you think?

Health professional education

Document references:

-  Specialization course on alcoholism
-  Training Course on Prevention and Treatment of Alcoholism

Conference(s), workshops, seminars, symposia, etc.

Personal evaluation of the state of the field

List up to five key recent advances in your country related to alcohol control policy:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List up to five key recent advances in your country related to the prevention of the harm done by alcohol:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on alcohol control policy:

- No data entered
- No data entered

- No data entered
- No data entered
- No data entered

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on the prevention of the harm done by alcohol:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List, in descending order of importance, up to five key advances that are needed to support implementation of evidence-based alcohol control policy in your country:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List, in descending order of importance, up to five key advances that are needed to support implementation of evidence-based the prevention of the harm done by alcohol in your country:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List up to ten persons who you believe are important for action on alcohol control policy and the prevention of the harm done by alcohol in your country.

Comments

No data entered

Background

Respondent's name:	<i>No data entered</i>
Respondent's country:	<i>No data entered</i>
Respondent's e-mail address:	<i>No data entered</i>
Respondent's telephone number:	<i>No data entered</i>
Respondent's fax number:	<i>No data entered</i>
Respondent's present work:	<i>No data entered</i>
Organisation, position, address (name and number of street, postal code, town):	<i>No data entered</i>
Organisation website:	<i>No data entered</i>
Are you a government employee?	
Professional qualifications:	<i>No data entered</i>
Number of years in employment in your professional area:	<i>No data entered</i>
Self-rating of expertise level in the area of alcohol control policy in your country (1 is slightly conversant, 10 is fully conversant):	<i>No data entered</i>
Self-rating of expertise level in the area of the prevention of the harm done by alcohol in your country (1 is slightly conversant, 10 is fully conversant):	<i>No data entered</i>
If you are answering for a jurisdictional region rather than as a country as a whole, which jurisdictional region is it?	<i>No data entered</i>
If this questionnaire was completed with the collaboration of other people, provide organisational reference(s) for each participant.	
Provide organisational reference(s) for nation-wide and/or regional coalitions (task forces, action groups, collaborative bodies) in the arena of alcohol control policy.	
Other background information:	<i>No data entered</i>

Politics, policies and priorities

Do relevant politicians/policy makers refer to alcohol control policy in a manner that suggests it is a priority area?	
Do relevant politicians/policy makers refer to the prevention of the harm done by alcohol in a manner that suggests it is a priority area?	
In your opinion, taking into account everything you know, what level of real priority does the present government place on alcohol control policy? (1 is low priority, mostly rhetoric; 10 is high priority, much action)	<i>No data entered</i>
In your opinion, taking into account everything you know, what level of real priority does the present government place on the prevention of the harm done by alcohol? (1 is low priority, mostly rhetoric; 10 is high priority, much action)	<i>No data entered</i>
What is the recent trend (past several years) in resource allocation to alcohol control policy and programmes to prevent the harm done by alcohol?	
What was the amount of funds allocated to alcohol control policy and programmes to prevent the harm done by alcohol in the most recent national budget (Euro):	<i>No data entered</i>
Budget year:	<i>No data entered</i>
National level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol been published in the following areas:	

Regional level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol have been published in the following areas:

Non-governmental (private enterprise, research institute, NGO, etc.) policy documents on alcohol control policy and programmes to prevent the harm done by alcohol have been published in the following areas:

Name up to five of the most senior government officials with responsibility to oversee/manage alcohol control policy and the prevention of the harm done by alcohol.

Evaluation

Are national alcohol control policy and programmes to prevent the harm done by alcohol policies evaluated and reported?

Monitoring and/or surveillance

Are national alcohol policy monitoring and/or surveillance activities published?

Knowledge development

Provide organisational reference(s) for the principal bodies (e.g. academic bodies, public health laboratories, agencies, government units) that are involved in developing the knowledge base for alcohol control and prevention policies.

Implementation

Provide organisational references for the principal bodies (main providers) that are involved in implementing intervention programmes and other actions for alcohol control policy.

Information dissemination

Provide organisational references for the principal bodies that are involved in information dissemination and other actions to keep health care professionals informed about managing hazardous and harmful alcohol consumption and alcohol dependence.

Programmes

How available are programmes for preventing the harm done by alcohol? Provide organisational reference(s) for some of the key programmes that exemplify high quality. (1 is not available; 5 is widely available)

Public education through mass media	<i>No data entered</i>
Comprehensive community based	<i>No data entered</i>
Home/family	<i>No data entered</i>
School	<i>No data entered</i>
College	<i>No data entered</i>
University	<i>No data entered</i>
Work place	<i>No data entered</i>
Primary health care	<i>No data entered</i>
Hospital/clinic	<i>No data entered</i>
Internet	<i>No data entered</i>

Social welfare and youth services

No data entered

Custodial settings (prisons, probation, etc.)

No data entered

Other:

Professional workforce

Is higher education in alcohol control policy and/or the prevention of the harm done by alcohol available from at least one institution of higher education?

Funding

Are funds dedicated to alcohol control policy and programmes to prevent the harm done by alcohol clearly identifiable in the most recent national budget?

The arena/activities are indicated for which earmarked funds are provided:

Are funds dedicated to alcohol control policy and/or programmes to prevent the harm done by alcohol clearly identifiable in the budgets of non-governmental institutions (foundations, private institutes, welfare societies, professional groups, etc, associations)?

The arena/activities are indicated for which earmarked funds are provided:

Personal evaluation of the state of the field

List up to five key recent advances in your country related to alcohol control policy:

- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*

List up to five key recent advances in your country related to the prevention of the harm done by alcohol:

- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on alcohol control policy:

- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on the prevention of the harm done by alcohol:

- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*

- No data entered

List, in descending order of importance, up to five key advances that are needed to support implementation of evidence-based alcohol control policy in your country:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List, in descending order of importance, up to five key advances that are needed to support implementation of evidence-based the prevention of the harm done by alcohol in your country:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List up to ten persons who you believe are important for action on alcohol control policy and the prevention of the harm done by alcohol in your country.

Comments

No data entered

Inclusive dates of data entry

Background

Respondent's name: *No data entered*

Respondent's country: *No data entered*

Respondent's e-mail address: *No data entered*

Respondent's telephone number: *No data entered*

Respondent's fax number: *No data entered*

Respondent's present work: *No data entered*

Organisation, position, address (name and number of street, postal code, town): *No data entered*

Organisation website: *No data entered*

Are you a government employee?

Professional qualifications: *No data entered*

Number of years in employment in your professional area: *No data entered*

Self-rating of expertise level in the area of alcohol control policy in your country (1 is slightly conversant, 10 is fully conversant): *No data entered*

Self-rating of expertise level in the area of the prevention of the harm done by alcohol in your country (1 is slightly conversant, 10 is fully conversant): *No data entered*

If you are answering for a jurisdictional region rather than as a country as a whole, which jurisdictional region is it? *No data entered*

If this questionnaire was completed with the collaboration of other people, provide organisational reference(s) for each participant.

Provide organisational reference(s) for nation-wide and/or regional coalitions (task forces, action groups, collaborative bodies) in the arena of alcohol control policy.

Other background information: *No data entered*

Politics, policies and priorities

Do relevant politicians/policy makers refer to alcohol control policy in a manner that suggests it is a priority area?

Do relevant politicians/policy makers refer to the prevention of the harm done by alcohol in a manner that suggests it is a priority area?

In your opinion, taking into account everything you know, what level of real priority does the present government place on alcohol control policy? (1 is low priority, mostly rhetoric; 10 is high priority, much action) *No data entered*

In your opinion, taking into account everything you know, what level of real priority does the present government place on the prevention of the harm done by alcohol? (1 is low priority, mostly rhetoric; 10 is high priority, much action) *No data entered*

What is the recent trend (past several years) in resource allocation to alcohol control policy and programmes to prevent the harm done by alcohol?

What was the amount of funds allocated to alcohol control policy and programmes to prevent the harm done by alcohol in the most recent national budget (Euro): *No data entered*

Budget year: *No data entered*

National level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol been published in the following areas:

Regional level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol have been published in the following areas:

Non-governmental (private enterprise, research institute, NGO, etc.) policy documents on alcohol control policy and programmes to prevent the harm done by alcohol have been published in the following areas:

Name up to five of the most senior government officials with responsibility to oversee/manage alcohol control policy and the prevention of the harm done by alcohol.

Evaluation

Are national alcohol control policy and programmes to prevent the harm done by alcohol policies evaluated and reported?

Monitoring and/or surveillance

Are national alcohol policy monitoring and/or surveillance activities published?

Knowledge development

Provide organisational reference(s) for the principal bodies (e.g. academic bodies, public health laboratories, agencies, government units) that are involved in developing the knowledge base for alcohol control and prevention policies.

Implementation

Provide organisational references for the principal bodies (main providers) that are involved in implementing intervention programmes and other actions for alcohol control policy.

Information dissemination

Provide organisational references for the principal bodies that are involved in information dissemination and other actions to keep health care professionals informed about managing hazardous and harmful alcohol consumption and alcohol dependence.

Programmes

How available are programmes for preventing the harm done by alcohol? Provide organisational reference(s) for some of the key programmes that exemplify high quality. (1 is not available; 5 is widely available)

Public education through mass media	<i>No data entered</i>
Comprehensive community based	<i>No data entered</i>
Home/family	<i>No data entered</i>
School	<i>No data entered</i>
College	<i>No data entered</i>
University	<i>No data entered</i>
Work place	<i>No data entered</i>
Primary health care	<i>No data entered</i>
Hospital/clinic	<i>No data entered</i>
Internet	<i>No data entered</i>

Social welfare and youth services

No data entered

Custodial settings (prisons, probation, etc.)

No data entered

Other:

Professional workforce

Is higher education in alcohol control policy and/or the prevention of the harm done by alcohol available from at least one institution of higher education?

Funding

Are funds dedicated to alcohol control policy and programmes to prevent the harm done by alcohol clearly identifiable in the most recent national budget?

The arena/activities are indicated for which earmarked funds are provided:

Are funds dedicated to alcohol control policy and/or programmes to prevent the harm done by alcohol clearly identifiable in the budgets of non-governmental institutions (foundations, private institutes, welfare societies, professional groups, etc, associations)?

The arena/activities are indicated for which earmarked funds are provided:

Personal evaluation of the state of the field

List up to five key recent advances in your country related to alcohol control policy:

- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*

List up to five key recent advances in your country related to the prevention of the harm done by alcohol:

- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on alcohol control policy:

- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on the prevention of the harm done by alcohol:

- *No data entered*
- *No data entered*
- *No data entered*
- *No data entered*

- No data entered

List, in descending order of importance, up to five key advances that are needed to support implementation of evidence-based alcohol control policy in your country:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List, in descending order of importance, up to five key advances that are needed to support implementation of evidence-based the prevention of the harm done by alcohol in your country:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above:

- No data entered
- No data entered
- No data entered
- No data entered
- No data entered

List up to ten persons who you believe are important for action on alcohol control policy and the prevention of the harm done by alcohol in your country.

Comments

No data entered

Inclusive dates of data entry

Background

Respondent's name: Ergüder, Toker
 Respondent's country: Turkey
 Respondent's e-mail address: toker.erguder@saglik.gov.tr
 Respondent's telephone number: +90312 4308519
 Respondent's fax number: +90 312 4304204
 Respondent's present work: Manager/Administrator
 Organisation, position, address (name and number of street, postal code, town): Head of Substance Dependence Section Mental Health Department of Primary Health Care General Directorate Ministry of Health Sıhhiye-ANKARA
 Organisation website: *No data entered*

Are you a government employee? Yes
 Professional qualifications: Ph. MD. Public Health Specialist

Number of years in employment in your professional area: 16

Self-rating of expertise level in the area of alcohol control policy in your country (1 is slightly conversant, 10 is fully conversant): 9

Self-rating of expertise level in the area of the prevention of the harm done by alcohol in your country (1 is slightly conversant, 10 is fully conversant): 7

If you are answering for a jurisdictional region rather than as a country as a whole, which jurisdictional region is it? *No data entered*

If this questionnaire was completed with the collaboration of other people, provide organisational reference(s) for each participant.

Provide organisational reference(s) for nation-wide and/or regional coalitions (task forces, action groups, collaborative bodies) in the arena of alcohol control policy.


Other background information: *No data entered*

Politics, policies and priorities

Do relevant politicians/policy makers refer to alcohol control policy in a manner that suggests it is a priority area? Yes, in documents

Document references:

 [Health for All: Targets and Strategies of Turkey \(Health 21\)](#)

 [National Health Policy of Turkey](#)

 [THE CONSTITUTION OF THE REPUBLIC OF TURKEY](#)

Do relevant politicians/policy makers refer to the prevention of the harm done by alcohol in a manner that suggests it is a priority area? Yes, not documented

In your opinion, taking into account everything you know, what level of real priority does the present government place on alcohol control policy? (1 is low priority, mostly rhetoric; 10 is high priority, much action) 5

In your opinion, taking into account everything you know, what level of real priority does the present government place on the prevention of the harm done by alcohol? (1 is low priority, mostly rhetoric; 10 is high priority, much action) 5

What is the recent trend (past several years) in resource allocation to alcohol control policy and programmes to prevent the harm done by alcohol? No or little change in resources

What was the amount of funds allocated to alcohol control policy and programmes to prevent the harm done by alcohol in the most recent national budget (Euro): 0

Budget year: 2005

National level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol been published in the following areas:

Drinking and driving.

Document references:

 [Highways Traffic Code and Highways Traffic Regulations](#)

Packaging and labelling of alcohol products.

Document references:

-  Regulation on the procedures of domestic and foreign trade of alcohol and alcoholic beverages

Illicit trade in alcohol products.

Document references:

-  Law no. 4926 on "Fight Against Smuggling" dated 19 July 2003

Sales to minors.

Document references:

-  Regulations regarding the wholesale and retail sale of tobacco products, alcohol and alcoholic beverages

Alcohol advertising, promotion and sponsorship.

Document references:

-  Compulsory Codes for alcoholic beverages Commercials
-  Law on the Establishment of Radio and Television Enterprises

Help and treatment for family members.

Document references:

-  Law on protection of family members

Regional level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol have been published in the following areas:

Non-governmental (private enterprise, research institute, NGO, etc.) policy documents on alcohol control policy and programmes to prevent the harm done by alcohol have been published in the following areas:

Name up to five of the most senior government officials with responsibility to oversee/manage alcohol control policy and the prevention of the harm done by alcohol.

Organisational references:

Evaluation

Are national alcohol control policy and programmes to prevent the harm done by alcohol policies evaluated and reported? No






Monitoring and/or surveillance

Are national alcohol policy monitoring and/or surveillance activities published? No

Knowledge development

Provide organisational reference(s) for the principal bodies (e.g. academic bodies, public health laboratories, agencies, government units) that are involved in developing the knowledge base for alcohol control and prevention policies.

Organisational references:

-  ANKARA ALKOL VE MADDE BAĐIMLILİĐİ TEDAVÝ VE EDÝTÝM MERKEZÝ
-  ANKARA ALKOL VE MADDE BAĐIMLİİyöý TEDAVÝ VE EDÝTÝM MERKEZÝ
-  Devlet Planlama Teşkilatý
-  Trafik Araştýrma Merkezi Müdürlüğü
-  Tütün, Tütün Mamulleri ve Alkollü Ýçkiler Piyasası Düzenleme Kurumu

Implementation

Provide organisational references for the principal bodies (main providers) that are involved in implementing intervention programmes and other actions for alcohol control policy.

Information dissemination

Provide organisational references for the principal bodies that are involved in information dissemination and other

actions to keep health care professionals informed about managing hazardous and harmful alcohol consumption and alcohol dependence.

Programmes

How available are programmes for preventing the harm done by alcohol? Provide organisational reference(s) for some of the key programmes that exemplify high quality. (1 is not available; 5 is widely available)

Public education through mass media	2
Comprehensive community based	2
Home/family	2
School	2
College	2
University	2
Work place	2
Primary health care	2
Hospital/clinic	2
Internet	2
Social welfare and youth services	2
Custodial settings (prisons, probation, etc.)	2

Other:

Professional workforce

Is higher education in alcohol control policy and/or the prevention of the harm done by alcohol available from at least one institution of higher education? No

Funding

Are funds dedicated to alcohol control policy and programmes to prevent the harm done by alcohol clearly identifiable in the most recent national budget? Funds are available for alcohol, but mixed in with other funding and hard or impossible to link explicitly with alcohol.

The arena/activities are indicated for which earmarked funds are provided:

Are funds dedicated to alcohol control policy and/or programmes to prevent the harm done by alcohol clearly identifiable in the budgets of non-governmental institutions (foundations, private institutes, welfare societies, professional groups, etc, associations)? No

The arena/activities are indicated for which earmarked funds are provided:

Personal evaluation of the state of the field

List up to five key recent advances in your country related to alcohol control policy:

- Prohibition of the sales of alcoholic beverages in student dormitories, sport clubs, educational institutions, cafes, etc.; in gas stations alcoholic beverages with alcohol content more than 5% is prohibited. Sales to minors (age below 18) is banned.
- Advertisement of alcoholic beverages in radio, television, and cable broadcasting is banned.
- Establishment of Tobacco, Tobacco Products and Alcoholic Beverages Market Regulatory Authority.
- Advertisement of alcoholic beverages in printed media and other possible media is made subject to certain restrictive codes, such as prohibition of the inclusion of celebrities.
- Introduction of specific taxes and increases in the tax rates in the alcoholic beverages sector.

List up to five key recent advances in your country related to the prevention of the harm done by alcohol:

- Shifting to the minimum level tax collection, in terms of excised duty [Special Consumption Tax (OTV) at Alcoholic Beverages (10.2003)
- Institution for Regulating Tobacco, Tobacco Products and Alcohol Drinks Market has been founded in 2002 in order to establish the mechanisms for the operation of free market.
- Restrictions have been applied for the advertisement and sales of drinks. Beer was banned in Turkey from 1987 to 1992. After a while, the big companies produced alcohol free beer and this kind of beer was accepted like a normal drink and advertising has become free in Turkey.
- *No data entered*
- *No data entered*

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on alcohol control policy:

- In Turkey, production and distribution of ethyl alcohol and distilled alcohol drinks have been in the monopoly of state since 1940 and this monopoly has been abolished in 2001.
- Sponsorship has become more common and popular and big companies started to be sponsors for sports, artistic and other popular activities
- Tobacco, alcohol and drink control activities are a whole issue in Turkey, and all policies are planned in this respect.
- High proportion of young population within the general population. Media is encouraging young population to smoke and drink alcohol
- European Union's critiques towards Turkey (which had just recently liberalized its alcoholic beverages sector after 70 years of state monopoly) at the issue of easing the market entrance application without giving any transition period to establish any market mechanisms.

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on the prevention of the harm done by alcohol:

- After customs union with EU, the import of alcoholic beverages is increasing steadily and pressures from EU on the facilitation of imports make new regulations difficult to design and implement.
- Pressures for the introduction of flavored alcoholic beverages and/or alcopops. These are especially critical for attracting young people.
- Advertisement of alcohol-free drink is encouraging to drink other alcohol drinks
- Sponsorship has increased in sports affairs
- Distances of venues where drinks are sold and drunk to educational facilities

List, in descending order of importance, up to five key advances that are needed to support implementation of evidence-based alcohol control policy in your country:

- Prohibition of alcohol drink advertisements
- Involvement of courses related to harms of alcohol abuse into the curricula of schools
- Regulatory changes aiming at eliminating the direct effects of alcohol to the community
- Raising the sanctions in the law for protection of young people and children below 18
- Increasing public information campaigns

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above:

- Settling excised duty on Ethyl alcohol
- Restructuring of an alcohol and alcoholic beverage law (Law No 4250)
- Improvement of the sectors code of establishment, which defines the institution's regulatory and supervisory

role at the sector.

- Restructuring and/or establishment of accredited expert laboratories, on the field of ethyl alcohol, spirit drinks, wine and beer,
- Registration of vineyards and supervision of particular alcoholic beverages within the scope of the common agricultural policy.

List, in descending order of importance, up to five key advances that are needed to support implementation of evidence-based the prevention of the harm done by alcohol in your country:

- Prevention of smuggling.
- Price\tax policies.
- Public awareness.
- Monitoring of the distribution and sales of alcohol and alcoholic beverages.
- Increasing educational programs and sanctions applied for crimes committed due to driving while drunk

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above:

- Political determination.Legislative regulations
- Information dissemination by health authorities regarding health effects.
- Use and cooperation of media on public awareness.Increasing the role of mass media in informing the public
- By means of family counselling system, decreasing violence actions within family due to alcohol
- Enhancement of supervision mechanisms related to the legislation

List up to ten persons who you believe are important for action on alcohol control policy and the prevention of the harm done by alcohol in your country.

Comments

No data entered

Inclusive dates of data entry

From: 1-4-2005 To: 6-6-2005

Background

Respondent's name: A. McNeill
 Respondent's country: UK - England
 Respondent's e-mail address: amcneill@ias.org.uk
 Respondent's telephone number: 0207 222 5880/4001 01480 466766
 Respondent's fax number: No data entered
 Respondent's present work: No data entered
 Organisation, position, address (name and number of street, postal code, town): Director, Institute of Alcohol Studies Alliance House, 12 Caxton Street, London, SW1H 0QS www.ias.org.uk
 Organisation website: No data entered

Are you a government employee?

Professional qualifications: No data entered

Number of years in employment in your professional area: No data entered

Self-rating of expertise level in the area of alcohol control policy in your country (1 is slightly conversant, 10 is fully conversant): 10

Self-rating of expertise level in the area of the prevention of the harm done by alcohol in your country (1 is slightly conversant, 10 is fully conversant): 8

If you are answering for a jurisdictional region rather than as a country as a whole, which jurisdictional region is it? England

If this questionnaire was completed with the collaboration of other people, provide organisational reference(s) for each participant.

Provide organisational reference(s) for nation-wide and/or regional coalitions (task forces, action groups, collaborative bodies) in the arena of alcohol control policy.

Other background information: Population size of the country/region: 49,855,700

Politics, policies and priorities

Do relevant politicians/policy makers refer to alcohol control policy in a manner that suggests it is a priority area? Yes, in documents

Document references:

 Alcohol Harm Reduction Strategy

Do relevant politicians/policy makers refer to the prevention of the harm done by alcohol in a manner that suggests it is a priority area? Yes, in documents

Document references:

 Alcohol Harm Reduction Strategy

In your opinion, taking into account everything you know, what level of real priority does the present government place on alcohol control policy? (1 is low priority, mostly rhetoric; 10 is high priority, much action) 4

In your opinion, taking into account everything you know, what level of real priority does the present government place on the prevention of the harm done by alcohol? (1 is low priority, mostly rhetoric; 10 is high priority, much action) 4

What is the recent trend (past several years) in resource allocation to alcohol control policy and programmes to prevent the harm done by alcohol? No or little change in resources

What was the amount of funds allocated to alcohol control policy and programmes to prevent the harm done by alcohol in the most recent national budget (Euro): No data entered




Budget year: No data entered

National level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol been published in the following areas:

Drinking and driving.





Document references:

 Combating Drink Driving: Next Steps - A Consultation Paper

-  Interim Analytical Report: Strategy Unit Alcohol Harm Reduction project
-  Prevention and reduction of alcohol misuse: Evidence Briefing
-  Tomorrow's roads: safer for everyone: the Government's road safety strategy and casualty reduction targets for 2010





Education and public awareness.

Document references:

-  Alcohol Harm Reduction Strategy
-  Interim Analytical Report: Strategy Unit Alcohol Harm Reduction project
-  Prevention and reduction of alcohol misuse: Evidence Briefing
-  Sensible drinking - the report of an inter-departmental group





Packaging and labelling of alcohol products.

Document references:

-  Alcohol Harm Reduction Strategy
-  Interim Analytical Report: Strategy Unit Alcohol Harm Reduction project
-  Prevention and reduction of alcohol misuse: Evidence Briefing
-  Sensible drinking - the report of an inter-departmental group

Taxation of alcohol products.

Document references:

-  Alcohol Harm Reduction Strategy
-  Interim Analytical Report: Strategy Unit Alcohol Harm Reduction project
-  Prevention and reduction of alcohol misuse: Evidence Briefing
-  Sensible drinking - the report of an inter-departmental group

Illicit trade in alcohol products.

Document references:

-  Interim Analytical Report: Strategy Unit Alcohol Harm Reduction project











Travellers' allowances within the EU.

Document references:

-  Interim Analytical Report: Strategy Unit Alcohol Harm Reduction project

Availability of alcohol, including licensing.



Document references:

-  Alcohol Harm Reduction Strategy
-  Alcohol, crime and disorder: Home Office Research Study no. 263
-  Alcohol-related crime and disorder data: guide for local partnerships; Home Office online report 08/03
-  Guidance for local partnerships on alcohol-related crime and disorder data: development and practice report
-  Interim Analytical Report: Strategy Unit Alcohol Harm Reduction project
-  Licensing Act 2003
-  Prevention and reduction of alcohol misuse: Evidence Briefing
-  Reducing alcohol-related violence and disorder: an evaluation of the 'TASC' project: Home Office Research study 265
-  Sensible drinking - the report of an inter-departmental group
-  Time for Reform: proposals for the modernisation of our licensing laws: Cm 4696

Sales to minors.










Document references:

-  Alcohol Harm Reduction Strategy
-  Interim Analytical Report: Strategy Unit Alcohol Harm Reduction project

-  Prevention and reduction of alcohol misuse: Evidence Briefing
-  Underage drinking: findings from the 1998-99 youth lifestyles survey: Home Office Research Findings no. 125













Alcohol advertising, promotion and sponsorship.

Document references:

-  1 Alcohol Advertising: Consultation Document
-  Alcohol and crime: taking stock
-  Alcohol Harm Reduction Strategy
-  Drinking, crime and disorder: Home Office Research Findings no. 185
-  Guidance issued under section 182 of the Licensing Act 2003 and Guidance to Police Officers on the Operation of Closure Powers in Part 8 of the Licensing Act 2003
-  Interim Analytical Report: Strategy Unit Alcohol Harm Reduction project
-  Prevention and reduction of alcohol misuse: Evidence Briefing
-  Sensible drinking - the report of an inter-departmental group
-  Tackling alcohol related crime, disorder and nuisance Action Plan

Reducing harm in drinking environments.

Document references:

-  Alcohol and crime: taking stock
-  Alcohol Harm Reduction Strategy
-  Alcohol, crime and disorder: Home Office Research Study no. 263
-  Alcohol-related crime and disorder data: guide for local partnerships; Home Office online report 08/03
-  Drinking, crime and disorder: Home Office Research Findings no. 185
-  Guidance for local partnerships on alcohol-related crime and disorder data: development and practice report
-  Guidance issued under section 182 of the Licensing Act 2003 and Guidance to Police Officers on the Operation of Closure Powers in Part 8 of the Licensing Act 2003
-  Interim Analytical Report: Strategy Unit Alcohol Harm Reduction project
-  Licensing Act 2003
-  Prevention and reduction of alcohol misuse: Evidence Briefing
-  Reducing alcohol-related violence and disorder: an evaluation of the 'TASC' project: Home Office Research study 265
-  Tackling alcohol related crime, disorder and nuisance Action Plan

Help and treatment for alcohol problems.

Document references:

-  Alcohol Harm Reduction Strategy
-  Interim Analytical Report: Strategy Unit Alcohol Harm Reduction project

Help and treatment for family members.

Document references:

-  Interim Analytical Report: Strategy Unit Alcohol Harm Reduction project

Regional level, governmental policy documents on alcohol policy and on preventing the harm done by alcohol have been published in the following areas:

Drinking and driving.

Document references:

-  Tackling Alcohol Together: The Evidence Base for a UK Alcohol Policy

Education and public awareness.





Document references:

-  Calling Time; The Nation's drinking as a major health issue

 **Tackling Alcohol Together: The Evidence Base for a UK Alcohol Policy**



Packaging and labelling of alcohol products.

Document references:

-  **Alcohol and the Young**
-  **Code of Practice on the Naming, Packaging and Promotion of Alcoholic Drinks (Third Edition)**
-  **Marketing Alcohol to Young People - An Industry Out of Control**
-  **Tackling Alcohol Together: The Evidence Base for a UK Alcohol Policy**

Taxation of alcohol products.

Document references:

-  **Calling Time; The Nation's drinking as a major health issue**
-  **Tackling Alcohol Together: The Evidence Base for a UK Alcohol Policy**

Illicit trade in alcohol products.

Document references:

-  **Tackling Alcohol Together: The Evidence Base for a UK Alcohol Policy**


Travellers' allowances within the EU.

Document references:

-  **Tackling Alcohol Together: The Evidence Base for a UK Alcohol Policy**




Availability of alcohol, including licensing.

Document references:

-  **'A Continental Ambience?' Proposal for a study of the urban management of mixed-use entertainment neighbourhoods in northern Europe**
-  **Calling Time; The Nation's drinking as a major health issue**
-  **Good Practice in Managing the Evening and Late Night Economy: A Literature Review from an Environmental Perspective**
-  **Tackling Alcohol Together: The Evidence Base for a UK Alcohol Policy**





Sales to minors.

Document references:

-  **Alcohol and the Young**
-  **Calling Time; The Nation's drinking as a major health issue**
-  **Tackling Alcohol Together: The Evidence Base for a UK Alcohol Policy**






Alcohol advertising, promotion and sponsorship.

Document references:

-  **Alcohol and the Young**
-  **Calling Time; The Nation's drinking as a major health issue**
-  **Marketing Alcohol to Young People - An Industry Out of Control**
-  **Tackling Alcohol Together: The Evidence Base for a UK Alcohol Policy**




Reducing harm in drinking environments.

Document references:

-  **'A Continental Ambience?' Proposal for a study of the urban management of mixed-use entertainment neighbourhoods in northern Europe**
-  **Alcohol - can the NHS afford it? Recommendations for a coherent alcohol strategy for hospitals**
-  **Good Practice in Managing the Evening and Late Night Economy: A Literature Review from an Environmental Perspective**
-  **Point of Sale Promotions: A Good Practice Guide for Pub Owners and Licensees**
-  **Tackling Alcohol Together: The Evidence Base for a UK Alcohol Policy**



Help and treatment for alcohol problems.

Document references:

-  Alcohol - can the NHS afford it? Recommendations for a coherent alcohol strategy for hospitals
-  Report on the Mapping of Alcohol Services in England
-  Tackling Alcohol Together: The Evidence Base for a UK Alcohol Policy

Help and treatment for family members.




Document references:

-  Report on the Mapping of Alcohol Services in England
-  Tackling Alcohol Together: The Evidence Base for a UK Alcohol Policy

Non-governmental (private enterprise, research institute, NGO, etc.) policy documents on alcohol control policy and programmes to prevent the harm done by alcohol have been published in the following areas:

Name up to five of the most senior government officials with responsibility to oversee/manage alcohol control policy and the prevention of the harm done by alcohol.

Organisational references:

-  Department of Culture, Media and Sport
-  Department of Health, UK
-  Home Office, UK, Drugs and Alcohol Research Unit

Evaluation

Are national alcohol control policy and programmes to prevent the harm done by alcohol policies evaluated and reported? Yes

Monitoring and/or surveillance

Are national alcohol policy monitoring and/or surveillance activities published? Yes










Document references:

-  Statistics on alcohol: England 2004

Knowledge development

Provide organisational reference(s) for the principal bodies (e.g. academic bodies, public health laboratories, agencies, government units) that are involved in developing the knowledge base for alcohol control and prevention policies.





Organisational references:



-  Alcohol and Health Research Trust
-  Alcohol Concern
-  Alcohol Education and Research Council
-  Centre for Health Economics
-  Department of Addictive Behaviour & Psychological Medicine
-  Institute of Alcohol Studies
-  International Centre for Health and Society
-  Leeds Addiction Unit
-  National Addiction Centre

Implementation

Provide organisational references for the principal bodies (main providers) that are involved in implementing intervention programmes and other actions for alcohol control policy.

Organisational references:





-  Advertising Standards Authority
-  Alcohol Concern
-  Department of Culture, Media and Sport
-  Department of Health, UK

-  Home Office, UK, Drugs and Alcohol Research Unit
-  Portman Group

Information dissemination

Provide organisational references for the principal bodies that are involved in information dissemination and other actions to keep health care professionals informed about managing hazardous and harmful alcohol consumption and alcohol dependence.

Organisational references:

-  Centre for Alcohol and Drug Studies
-  National Treatment Agency for Substance Misuse
-  Society for the Study of Addiction
-  The Medical Council on Alcohol

Programmes

How available are programmes for preventing the harm done by alcohol? Provide organisational reference(s) for some of the key programmes that exemplify high quality. (1 is not available; 5 is widely available)







Public education through mass media	2
Comprehensive community based	2
Home/family	2
School	5
College	4
University	4
Work place	3
Primary health care	3
Hospital/clinic	2
Internet	3
Social welfare and youth services	2
Custodial settings (prisons, probation, etc.)	3

Other:

Professional workforce

Is higher education in alcohol control policy and/or the prevention of the harm done by alcohol available from at least one institution of higher education? Yes

Organisational references:

-  Department of Addictive Behaviour & Psychological Medicine
-  Imperial College, University of London
-  John Moores University, Liverpool
-  Leeds Addiction Unit
-  University of Liverpool
-  University of Surrey

Funding

Are funds dedicated to alcohol control policy and programmes to prevent the harm done by alcohol clearly identifiable in the most recent national budget? No

The arena/activities are indicated for which earmarked funds are provided:

Are funds dedicated to alcohol control policy and/or programmes to prevent the harm done by alcohol clearly identifiable in the budgets of non-governmental institutions (foundations, private institutes, welfare societies, professional groups, etc, associations)? Yes

The arena/activities are indicated for which earmarked funds are provided:

Personal evaluation of the state of the field

List up to five key recent advances in your country related to alcohol control policy:

- Publication of National Alcohol Harm Reduction Strategy
- Some improvements in alcohol licensing legislation
- Additional improvements to regulatory **** concerning alcohol-related disorder
- Changes to planning controls RE licensed premises (pending)
- Promotion of improved response to alcohol problems within health service (current)

List up to five key recent advances in your country related to the prevention of the harm done by alcohol:

- Increased attention / activity in regard to alcohol-related crime and disorder
- Inclusion of alcohol in Government objectives for public health (eg White Paper 2004)
- Development of education/rehabilitation programmes for convicted drink drivers
- Other initiatives taking place as part of the National Alcohol Harm Reduction Strategy
- *No data entered*

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on alcohol control policy:

- The Government
- Alcohol and associated industries
- Absence of organised movement as counterbalance to alcohol industry lobby
- Substantial public ignorance of harms and costs at societal level
- Contemporary value system largely inimical to alcohol control policy

List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on the prevention of the harm done by alcohol:

- The Government
- The alcohol and associated industries
- Absence of significant organised movement to counterbalance the alcohol lobby
- Indifference of much of medical profession
- Political pressure to give priority to illegal drug issues

List, in descending order of importance, up to five key advances that are needed to support implementation of evidence-based alcohol control policy in your country:

- Exposure/diminution of unduly close relationships between Government and alcohol industry
- Reduced gap between national policy and the evidence base
- Re-structuring of Governmental departmental responsibilities

- Appropriate amendments to alcohol licensing and road safety legislation
- Establishment of independent body to advise and monitor implementation of national alcohol strategy

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above:

- Increased public understanding of benefits of reduced national consumption of alcohol
- Greater knowledge of social costs of alcohol problems
- Diminution of unduly close relationships between Government and alcohol industry
- Greater civil society involvement in alcohol prevention
- *No data entered*

List, in descending order of importance, up to five key advances that are needed to support implementation of evidence-based the prevention of the harm done by alcohol in your country:









- Better control of the night-time economy
- Clearer goals and targets than are contained in the National Alcohol Harm Reduction Strategy
- Constant application of 'the polluter pays' principle to alcohol taxation
- Increased resources for prevention and management
- Policies to delay onset of regular drinking in children and adolescents

List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above:

- Improved education and training for health and social services personnel
- Improved coverage of workplace alcohol policies
- Fuller use of drink drive countermeasures to identify and target harmful consumption
- *No data entered*
- *No data entered*

List up to ten persons who you believe are important for action on alcohol control policy and the prevention of the harm done by alcohol in your country.

Organisational references:

-  Alcohol and Health Research Centre
-  Alcohol Concern
-  British Beer & Pub Association
-  Centre for Health Economics, University of York
-  National Addiction Centre
-  Portman Group
-  Royal College of Physicians
-  The Royal College of Psychiatrists
-  Turning Point

Comments

No data entered

Inclusive dates of data entry

From: 10-12-2004 To: 16-12-2004