

## ***Partnership between the government, municipalities, NGOs and the industry: A new National Alcohol Programme in Finland***

### ***The structure and the aims of the National Alcohol Programme***

Marjatta Montonen, Programme Co-ordinator, Ministry of Social Affairs and Health, Finland  
marjatta.montonen@sttv.fi

In October 2003, the Finnish Government issued a *Resolution on Strategies in Alcohol Policy*, defining the main objectives and the priorities for action to be followed in public administration to diminish the adverse effects of alcohol. The Ministry of Social Affairs and Health was charged with the preparation and implementation of a comprehensive alcohol programme for the years 2004–2007.

The Government Resolution sets three main goals for the prevention and reduction of the adverse effects of alcohol:

- Reducing alcohol-induced adverse effects on the wellbeing of children and families.
- Reducing hazardous use of alcoholic beverages and its associated problems.
- Reversing the trend in overall consumption of alcoholic beverages.

There are four core principles that steer the public policy on alcohol:

- **An evidence-based approach:** Emphasis should be placed on the more effective strategies to curb alcohol-related harm.
- **Public support** is essential to the success of any alcohol problem prevention strategy. Public support is not a given fact but can be enhanced by influencing public and media discourse.
- **Local communities as the locus of action:** The best chances for influencing people's behavior and for developing environments that foster well-being lie at the local level.
- **Broad-based co-operation** is needed for adequately tackling alcohol-related problems.

*The Alcohol Programme for the years 2004–2007* has been prepared and will be implemented under the Ministry of Social Affairs and Health, in collaboration with the various sectors of public administration, municipalities, churches, NGOs, social partners as well as trade and industry organisations. Co-operation between public administration and other actors is based on voluntary partnership corroborated through formally signed agreements. Common ground is mapped in partnership negotiations and the partner's main lines of action are defined in the partnership agreement. Each partner draws up their own action plan, specifying their own objectives, target groups and modes of action.

By June 2004, 85 partners have joined the Alcohol Programme:

- 47 NGOs operating in the alcohol and drug field, health promotion, youth work, traffic safety, sports etc.
- The Evangelic-Lutheran Church, the Finnish Orthodox Church and the Council of Free Christian Churches.
- Professional associations in the health & social sector, e.g. the Finnish Medical Association, the Finnish Federation of Nurses, the Finnish Federation of Midwives, the Finnish Union of Practical Nurses, the Union of Professional Social Workers.
- Major social partners, including the Finnish Hotel and Restaurant Association and the Service Union United.
- 17 municipalities that were contacted individually in the programme's preparation phase. An invitation to join the programme, signed by the chief of the Ministry of Social Affairs and Health and by the chief of the Association of Local Authorities, has been sent to all municipalities.

A factor that facilitated the process by which the NGOs joined the national Alcohol Programme was the launch of the NGOs' own *Alcohol and Drug Programme for the years 2004-2006*. Prepared under the leadership of the Finnish Centre for health Promotion, the NGOs' programme defines three main goals that largely coincide with those of the national alcohol programme:

- Reducing overall consumption of alcohol.
- Preventing and reducing alcohol and drug use by children and young people.
- Promoting equity in health.

The main lines of action delineated in the NGOs' own programme provided a framework within which it was easy for the NGOs to define their respective priorities for action when joining the national Alcohol Programme.

To promote the main goals set by the Government, the Ministry of Social Affairs and Health has presented a set of measures that will be prioritised by the Ministry in its co-ordinating and steering activities:

***Prevention of harm from parental alcohol use***

- Helping parents raise their children as a core task for agencies and professions that deal with children and young people.
- Dissemination of information on alcohol related harm and on where to turn for help.
- Prevention of domestic violence.
- Ensuring resources for effective child protection.

***Prevention of harm from alcohol use by young people***

- Co-operation at local level between parents, the school, youth work, NGOs and businesses.
- Enforcement of age limits, combined with supportive activities directed to the young.
- Restricting the advertising of alcoholic beverages.
- Focusing school-based alcohol education on social norms, social skills and critical thinking about the media.

***Harm arising from single occasions of alcohol use.***

- Prevention of violence and disturbance of public order.
- Enforcement of regulations prohibiting selling and serving to intoxicated patrons.
- Development of responsible selling and serving practices.
- Promoting responsible hosting in work related and leisure time contexts.
- Prevention of drink-driving through traffic safety work, enforcement of BAC limits and treatment for repeat offenders.
- Prevention of alcohol related home and leisure time accidents.

***Harm arising from long-term risky drinking***

- Assessing risks of alcohol use routinely in all patient contacts involving health status assessment.
- Implementing brief intervention for hazardous drinkers into the routine practice of general and specialist health services.
- Ensuring the availability, appropriateness and quality of addiction services.
- Dissemination of information on risky drinking, on methods for self-assessment of risk and for self-control of drinking.

The third main goal, reversing the trend in overall consumption of alcoholic beverages, is crucial in two respects:

- Reduction is needed in all ill effects of alcohol, not just in some poignant areas.
- Measures targeting groups at risk or risky situations will remain weak if the “wetness” of the surrounding environment is not simultaneously reduced.

Overall consumption is most directly influenced by the alcohol control system. Alcohol taxation in Finland remains high, despite recent lowering of the tax level. Retailing of wine and spirits remains the monopoly of the state-owned alcohol retail company. More emphasis will be placed on the licensing and control of bars, restaurants and retailers of beer and cider as a tool for the prevention of disturbance of public order and of harm to the immediate housing environment.

The main goals for alcohol policy and the measures prioritised by the Ministry of Social Affairs and Health are presented in a publication entitled *Alcohol Programme 2004-2007. Starting points for co-operation in 2004*. The publication gives a short summary of the public administration’s measures planned for the immediate future, and gives a set of recommendations specifically directed to the municipalities. The priorities of action of the various partners that have joined the programme so far are also briefly presented.

An all-embracing goal of the Alcohol Programme is the promotion of an integrated and sustainable approach to alcohol problem prevention. Along with increased co-operation between the various actors in the field, this necessitates the strengthening of the structural framework for action. Cross-sectoral work groups are needed at both local and regional level. Modes for information exchange between the ministries also need to be developed.

The Alcohol Programme seeks to establish clear target-orientation, performance evaluation and continuous quality improvement as a standard approach in alcohol problem prevention. The Ministry of Social Affairs and Health will compile an interim evaluation of the attainment of the goals set in the Government Resolution and in the Alcohol Programme, to be presented to Parliament in the spring of 2006 as an integral part of the Government’s Social Welfare and Health Report. A set of key indicators have been specified in the Government Resolution and a wealth of further information on alcohol consumption, drinking habits and alcohol-related harm is provided by governmental expert agencies. A handful of research projects have been designed for evaluating specific areas of action. A further source of information will be self-evaluation of performance, to which the programme partners have committed when signing the partnership agreement.

## ***The need for a fresh approach and the partnership mobilisation process***

Ismo Tuominen, Ministerial Adviser, Ministry of Social Affairs and Health, Finland  
ismo.tuominen@stm.fi

### ***Mobilisation of action***

One of the basic challenges in any programme is how to generate real action? The Government is entitled to define the objectives for government offices, including the ministries. *The Government Resolution on Strategies in Alcohol Policy* obligates civil servants and state's offices to co-operate and act along the lines set by the Government.

In many other national development programmes it has remained unclear whether or not the Government has the power to give orders to other actors. In the national *Alcohol Programme for the years 2004-2007* we have tried to make it clear that any action involving municipalities, churches, NGOs or alcohol trade and industry organisations must be based on mutual understanding and voluntariness.

For example, there is a legislative basis for municipalities' role in the prevention of alcohol-related harm, but we also need partnership agreements to specify this role. A number of recommendations have been given to the municipalities in the Alcohol Programme and the municipalities are called on to specify their own targets and lines of action when signing the partnership agreement.

A group of NGOs working for the promotion of health have presented their own goals and priorities in their own *Alcohol and Drug Programme for the years 2004-2006*. Under the umbrella of the NGO programme, a large number of organisations joined the national Alcohol Programme in February 2004.

All alcohol political aims of the Government are not shared by the alcohol trade and industry. That doesn't stop us from agreeing on the need for controlling the sale of alcohol to minors, for example. The restaurant industry and retailers of alcohol have declared their commitment to combating underage drinking on a voluntary basis. The reason is selfish, of course – they need the image of social responsibility and they need to stay out of trouble with law enforcement.

We all make agreements in our daily life in order to gain some benefits. All actors – even the Government – are entitled to persuade other parties in negotiations as long as this happens on a voluntary basis. In negotiations for a partnership agreement, all efforts are concentrated on finding mutual points of interest.

### ***Towards evidence-based alcohol policy***

One of the core principles that should steer public policy is a focus on the evidence-based effectiveness of the measures. Especially in alcohol policy, we need a common denominator when arguing with people who have strong views about how things are and ought to be. There are three points of special interest, where science can help us.

*1 Evidence shows that alcohol is not an ordinary commodity*

Three important mechanisms lie behind alcohol's ability to cause medical, psychological and social harm: physical toxicity, ability to produce intoxication and ability to induce dependence. For these reasons, alcohol is no ordinary consumer good. Public health measures must be matched to this vision of the dangers of alcohol.

### *2 Evidence shows that there is a need to correct market failure with public policy*

The marketing and use of alcoholic beverages involves benefits for some people and costs for others - often but not always the same people. There are also externalities involved: the costs of selling or using alcohol spill over to third parties. In economic terms we can say that the market fails. Public policies can and should correct market failure, exactly in the same way as for example competition policy prevents businesses from agreeing on a common price for their goods.

Economic growth normally creates welfare. Nevertheless, it may not be possible to create welfare by increasing alcohol trade and consumption (since alcohol is not an ordinary commodity). The marginal social utility of alcohol trade may be negative. That is: the social cost of an extra unit of alcohol consumption exceeds the benefits.

By lifting "trade barriers", by not differentiating alcohol from other commodities, by actually promoting alcohol trade, the EU - and the WTO-systems may in fact reduce our welfare. There is a need to use Economics to challenge the decision makers.

### *3 Evidence shows which strategies work*

Prevention policies often rely on individual solutions to alcohol problems, trying to educate and persuade individuals to either abstain from alcohol or to drink more responsibly. These approaches are important and often crucial to helping people in crisis.

Nevertheless, research shows that the expected impact of school-based alcohol education and of public service messages about drinking on alcohol consumption and associated problems is minimal. In general, effectiveness is strong for the regulation of physical availability of alcoholic beverages and the use of taxation to control their prices. Most drinking-driving countermeasures have been rated effective as well. Treatment of drinking problems and early intervention strategies have medium effectiveness at best.

Different interventions and strategies – targeted at the general population, at high-risk groups or at hazardous drinkers - have been evaluated and the results show that population-based approaches tend to be more effective and less costly to implement than harm reduction approaches targeted to individuals. They are, therefore, the pillar of an evidence-based approach to alcohol policy.