

EUROPEAN FORUM FOR URBAN SAFETY

PRACTICE SHEET

NAME OF THE PROJECT

Alcohol Action Plan 2009-2010

City of Rotterdam; Rotterdam-Rijnmond Municipal Health Service
The Netherlands
April 2, 2009

TERRITORY

City of Rotterdam

DURATION

In December 2006 the Rotterdam Municipal Council adopted the memorandum on Public Healthcare entitled 'Healthy in the City', 2007 – 2010. This memorandum describes the tasks of the municipality in the area of public health. The main objective of health policy in Rotterdam is to bring the average health of Rotterdam residents up to the national average. This general objective also concerns tackling the alcohol problem, and this *Alcohol Action Plan 2009-2010* describes how it is to be implemented.

KEYWORDS

Youth, drinking, alcohol, health, safety

BACKGROUND

It is a known fact that excessive alcohol consumption is harmful to health. In the long term, chronic excessive drinking can damage all the organs involved directly in the absorption and processing of alcohol. Research has shown that excessive drinking or alcohol abuse among young people increases the risk that they will develop alcohol-related problems as they get older. Putting off drinking alcohol when younger than 16 years encourages sensible alcohol consumption when 16 years and older.

Alcohol consumption at a young age can lead in the short term to acute alcohol poisoning or irreversible harm to the brain which is still undergoing major development, and in the long term to brain damage. Children younger than 16 years are less able to tolerate alcohol than adults. A quantity of alcohol that does not necessarily pose a problem to adults would be a risk to young people.

With the most negative effects, the risk of damage increases the more the person drinks. The damage will partly depend on the group to which the drinker belongs. Teenagers younger than 16 years and women are at greater risk of harm from drinking alcohol.

OBJECTIVES

To prevent or reduce alcohol consumption among those younger than 16 years, and to prevent or reduce heavy and excessive alcohol consumption among the group aged 16 years and older.

TARGET GROUPS

In developing the activities a concerted effort is being made to:

- under 16 years: prevent consumption

- increase awareness and knowledge of the real and potential effects of irresponsible drinking:
 - o health: harm to yourself and/or society, including the costs of care
 - o social: incl. school, work: is not compatible with alcohol
 - o behaviour: vandalism, violence: is not tolerated
- older than 16 years: prevent and tackle heavy and excessive drinking

A distinction is made into three primary target groups:

- younger than 16 years,
- 16-23 years extending to the mid-30s,
- the age group above this.

A further classification is made of intermediaries such as parents and professionals. Within this group, the emphasis is on at-risk young people and the 20 special-attention districts for young people.

For the older age groups, the emphasis is above all on providing support. Where necessary a repressive approach could be used, whether or not in combination with support or by means of an awareness and learning programme imposed by the courts.

ACTIVITIES & STRATEGY

Local activities: prevention and information

This is being taken up at a local level by encouraging alcohol-free activities, such as the 'FRISfeesten' (alcohol-free parties), random checks for pre-loading at school parties, encouraging parents to ensure that pupils do not pre-load, using peers to target young people, and providing courses and training to those working in the hospitality industry to enable them to recognise drinking behaviour and respond appropriately.

A major contribution to preventing and reducing heavy and excessive alcohol consumption is to educate the direct target groups and intermediaries (teachers, parents) at schools. As part of the Safe at School programme, this is combined with the programme on 'healthy schools and stimulants' which focuses particular attention on alcohol and drug use among young people, both younger and older than 16 years, as well as the risks and potential consequences of irresponsible use. Besides the symptoms of excessive drinking, information is also given on rules, sanctions and the care and support services. Experience shows that young people and children are often not even aware that they have user-related problems or are even addicted. Previous information campaigns enabled them, once they had recognised their own symptoms, to seek advice and support in tackling their excessive drinking.

Local activities: supervision and enforcement

Regulations must be effective. That means that the standards set must be functional and that compliance with them must actually lead to improvements. Standards and sanctions must also be enforceable and the forms of supervision effective.

A well-known form of supervision is the breathalyser test for vehicle drivers. Partners in and around Rotterdam have been conducting integrated alcohol prevention campaigns for some time, during which young people take a breathalyser test voluntarily. At the same time these tests are offered on a voluntary basis at entrances to licensed premises and on public transport. If young people under 16 years old are found during these campaigns to be severely under the influence, their parents are contacted. These campaigns are supported by information on the risks and the presence of professionals from the care and support services. These types of campaigns are carried out on a regular basis, but also at peak moments and at peak locations, such as in and around entertainment districts, during school parties and at major events.

As part of the further development of the Safe at School Programme - the 'Safe at School-Plus' - four schools in Rotterdam (in special-attention districts for young people) are being even more specifically targeted with the aim of making them alcohol and drug-free.

In addition, regular controls are carried out at shops and catering establishments. These campaigns fit within the framework of existing regulations and licences and will examine issues such as supplying alcohol to minors (younger than 16 years), serving drinks to very drunk customers, opening and closing times and door policy. Rotterdam's hotel and catering policy also comprises an enforcement policy, the implementation of which is regularly discussed with the sector. For example, a special team ('*horecare*') is deployed by the police in the city centre during the busy evenings of the week. This team, together with camera surveillance and the efforts of other partners, targets nuisance, public drunkenness and public order disturbances in the nightlife district of Rotterdam city centre. Visitors are confronted or sanctioned if necessary. Supervision and enforcement takes place not only during the busy evenings of the week, but also at events and other moments during the year. An element of supervision and enforcement is integrated action focusing on vandalism and violence, with particular attention to the use and tackling of alcohol and drugs.

Support and care

It is not easy for a drinker to acknowledge he or she has a problem, and it is even more difficult to seek help on one's own initiative. Only three per cent of people with an alcohol problem seek help of their own accord. It can therefore be said that not enough support is forthcoming in cases of excessive drinking. Front-line care needs to be strengthened in this area. To achieve this, front-line professionals must continue to be educated in identifying the symptoms of alcohol addiction and the opportunities available for addiction support. Good referral is extremely important for developing an appropriate assistance programme.

It is also important to improve accessibility in other ways, to allow more people to obtain such support. One of the new forms of highly accessible support which has proved to be effective is anonymous individual help via the Internet, which offers a range of e-consult programmes. It is precisely those drinkers who are difficult to contact by addiction services – women, highly educated people and the working population – who prefer the anonymous and readily accessible 'online support'. E-health also appears to be effective in reaching young people. Research shows that alcohol consumption among those receiving 'online support' is considerably reduced, and existing health problems are also reduced following consultations over the Internet.

LEADER

The Rotterdam-Rijnmond Municipal Health Service (GGD Rotterdam-Rijnmond)

PARTNERS

This action plan has been drawn up in close cooperation between the Rotterdam-Rijnmond Municipal Health Service, the Department for Youth, Education and Society, Youth Consulate and the Department of Public Safety. The municipal services work together with subdistrict councils, care institutions, schools, the police, the public prosecutor and the hospitality industry in Rotterdam to implement the action plan.

BUDGET

€1,4 million per annum

RESULTS

At the end of 2010, compared to the figures for 2007 a fall in alcohol consumption among teenagers up to 16 years, and compared to the figures for 2008 no increase in heavy and excessive consumption among those aged 16 years and older.

EVALUATION

The progress of all activities will be monitored in relation to the result to be achieved for each activity. Periodic studies will also be carried out, such as the Youth Monitor and the Health Survey. In addition, a number of specific studies into particular activities will be carried out to demonstrate their reach and effect.

PERSPECTIVES

Parts of this project will continue in the new and wider communal programme Drugs & Alcohol 2011-2014, The lessons learnt will be an important input for this new programme, which will focus even more on the relationship between prevention, (early) cure and enforcement in different domains in order to achieve a decline of negative effects caused by alcohol and drugs abuse on health, public safety and school performances. Target group in this programme is youth up to 23 years of age, more specifically vulnerable youth like school drop-outs and youth in lower level education.

The first project of this new programme is an innovative approach for students in the upper level vocational schools (ROC's). In this project selective and indicated prevention as well as cure are brought into these schools in addition to implementation of methods of collective prevention and school safety.

FURTHER INFORMATION

Date of the update of the best practice form: March 4, 2011

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Do you agree that the above information be published on the EFUS website? Yes