

BUILDING CAPACITY PROJECT ALCOHOL ADVOCACY TRAIN THE TRAINERS MANUAL AND COURSE

INTRODUCTION

Contents of the manual

This T-o-T manual consists of two components:

1. The manual itself
2. The complementary material (background reading and videos) downloadable from the website.

The t-o-t manual is a development from a previous [alcohol advocacy manual developed during the Bridging the Gap project](#) with a new focus on training the trainers at the country, regional and municipal levels.

This t-o-t course comprises 10 sessions, most of which last for 90 minutes.

As a complete course, the 10 sessions can be run over two and a half days. However, it is up to the trainer whether or not they wish to run the whole course, and certain of the sessions can be shortened (or lengthened) or cut, depending on the trainees and the views of the trainer.

During the first session all participants receive copies of the course material and additional background reading.

For each session the manual contains:

- Statement of aims and objectives
- Session plan
- List of materials required
- Handouts
- Visual aids

The statement of aims and objectives and list of materials required, the session plan and the background notes are for the trainers use and reference. Please note that in two sessions, some preparatory work might be required - see background notes for these sessions.

BUILDING CAPACITY PROJECT ALCOHOL ADVOCACY TRAIN THE TRAINERS MANUAL AND COURSE

The handouts and visual aids can be downloaded from the project website and copied beforehand for the course participants, and can be given out as the course progresses.

In addition, the website contains the following background reading and video clips:

- Background material:
 - The original Bridging the Gap training manual:
<http://www.ias.org.uk/btg/advocacycourses/advocacymanual.pdf>
 - The opinion of the science group of the Alcohol and Health Forum on advertising:
http://ec.europa.eu/health/ph_determinants/life_style/alcohol/Forum/docs/science_o01_en.pdf
 - The RAND report on affordability:
http://www.rand.org/pubs/technical_reports/2009/RAND_TR689.pdf
 - The original Alcohol in Europe report:
http://ec.europa.eu/health/ph_determinants/life_style/alcohol/documents/alcohol_europe.pdf
 - The two WHO publications:
[Handbook for action to reduce alcohol-related harm](#)
[Evidence for the effectiveness and cost-effectiveness of interventions to reduce alcohol-related harm](#)
 - Finally, the Lancet series on alcohol:
[J. Rehm, C. Mathers, S. Popova, M. Thavomcharoensap, Y. Teerawattanonon, J. Patra; Alcohol and Global Health 1 Global burden of disease and injury and economic cost attributable to alcohol use and alcohol-use disorders; The Lancet, Vol 373, June 27, 2009.](#)
[P. Anderson, D. Chisholm, D. Fuhr; Alcohol and Global Health 2 Effectiveness and cost-effectiveness of policies and programmes to reduce the harm caused by alcohol; The Lancet, Vol 373, June 27, 2009.](#)
[S. Casswell, T. Thamarangsi; Alcohol and Global Health 3 Reducing harm from alcohol: call to action; The Lancet, Vol 373, June 27, 2009.](#)

BUILDING CAPACITY PROJECT ALCOHOL ADVOCACY TRAIN THE TRAINERS MANUAL AND COURSE

- Video material:
 - [Introduction of the course](#)
 - [What is advocacy?](#)
 - [Evidence on actions to reduce harm done by alcohol:](#)
 - Taxes and minimum price: [Section 1](#), [section 2](#), [section 3](#), [section 4](#), [section 5](#)
 - Availability: [Section 1](#), [section 2](#), [section 3](#)
 - Advertising: [Section 1](#), [section 2](#)
 - Drink driving: [Section 1](#), [section 2](#)
 - Screening and brief interventions
 - [Treatment](#)
 - [Drinking environment](#)
 - Education awareness: [Section 1](#), [section 2](#), [section 3](#), [section 4](#), [section 5](#)
 - [Critique of the alcohol industry](#)

Prior to the course

It is suggested that prior to the course, all participants are invited to download and read the report [Alcohol in Europe](#), the [Handbook for action to reduce alcohol-related harm](#), and [Evidence for the effectiveness and cost-effectiveness of interventions to reduce alcohol-related harm](#) as background reading to provide the technical information in alcohol.

Course participants

The course has been written for a course participant who is someone working in the field of alcohol policy and already trained in advocacy. Ideally, the course participant should be someone who, with their professional development, is likely to spend some time working in the alcohol policy field and advocating for the implementation of more effective alcohol policy, be this at the international, national, regional or municipal level.

Training size

The course is designed for a trainee group size of between 20 to 30 people. Probably the minimum for an effective course is 10 people, and the maximum, 30 people. Many of the sessions will run slightly more quickly with a smaller number of participants

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Training venue

The course is ideally designed for a full residential course. The venue for the course itself must be large, with tables and chairs set up in a U-shaped boardroom style, with plenty of

room for each participant. There must also be room to move around, and easily work in groups of 3-4 people. There must be table space for the course material, and refreshments available in the room. A beamer, sound system (for audiovisual material) and large screen for the

projection should be available. It is desirable to stick all the flipchart sheets up, so there must be either ample wall space on to which flipchart paper can be attached, or poster stands for the flipcharts. In addition, at least two additional flipchart stands should be available. It is imperative to have an adequate stock of flip chart paper and pens, and material (such as the English blue-tac) to stick flipchart paper to the walls or stands. 30 minutes should be allowed for refreshment breaks mid-morning and mid-afternoon and 90 minutes for a lunch break.

Trainers

The course can be delivered by two trainers or one trainer and an assistant. Trainers should be competent on alcohol and alcohol policy issues as well as in training advocacy skills. The second trainer or the assistant is needed throughout the course to deliver the handouts and stick the numerous flipcharts on wall space or stands. In addition, it is useful to have an assistant who can type up all the flipchart material, since this is useful to send to the participants after the course.

The described training methods are as follows

Input

This is an information giving process, which may either be a short lecture or clearly led discussion. Participant's backgrounds and existing levels of knowledge will influence the decision on how participatory each input can usually be.

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ALCOHOL ADVOCACY TRAIN THE TRAINERS

MANUAL AND COURSE

Brainstorm

This is a session eliciting ideas from a group and subsequently listing and discussing them.

It is intended to raise energy levels and refocus attention on a particular issue by involving all group members. It also enables a group to briefly consider many aspects of an issue before focusing on key areas. In conducting a brainstorm:

- Explain the method to the group
- Use the headings described in the background notes of that particular session; ideally write them up before the session
- Record everyone's contribution first, without alteration or discussion
- Encourage a broad variety of options, aim to fill the board
- Then discuss and make final lists

Feedback

During the course, a considerable amount of time is spent giving feedback, based on flipchart paper. Encourage participants to give feedback to the other course participants, rather than to you, the trainer. Encourage one member of a pair or group to hold up the flipchart paper so that other participants can read the paper, whilst the other member of the pair or group gives the feedback. It can be helpful to re-position yourself to ensure that the feedback is given to the participants, by standing alongside other participants.

Key Reading

The key background reading is the report, Alcohol in Europe, downloadable from the website.

Notes for Translators/Adapters

It is impossible to write a manual where every piece of information fits all countries and cultures. To ensure the high quality of the training, make sure to check and if necessary adapt all details to the specific needs required locally.

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Course evaluation

After the course, participants are invited to evaluate it using a questionnaire structured in six areas :

- General information about participants
- Practical Arrangements
- Goals and delivery
- After the course
- Future advocacy courses
- Final impressions

Further information

For further information or comments on the course, please contact: Dr. Peter Anderson,
peteranderson.mail@gmail.com

BUILDING CAPACITY PROJECT ALCOHOL ADVOCACY TRAIN THE TRAINERS MANUAL AND COURSE

LIST OF SESSIONS

Session 1

Introductions and course parameters

Aim

To introduce participants to each other and to the course and to promote trainee participation.

Objectives

By the end of the session, trainees will be able to:

- Give the name of at least one other person on the course
- State the objectives of the course as a whole
- Based on a quiz, describe some terminology and definitions in alcohol policy

Session 2

What is advocacy?

Advocacy's strengths, orientation and values

People centered advocacy

Aim

To introduce participants to what is advocacy, and some of advocacy's values.

Objectives

By the end of the session, trainees will be able to:

- Describe what is meant by advocacy
- Describe advocacy values
- Describe people centered advocacy

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Documents:

- What is advocacy?
- What do we advocate for?
- What skills are needed?

Session 3

Policy analysis: defining the problem and the solution

Defining the problem

Obtaining information to assess the problem

Opportunities and strengths analysis

Vision of change

Alternatives for solving the problem

Aim

To identify an issue to work on, the stage of the issue, and what further information may be required.

Objectives

By the end of the session, trainees will be able to:

- Based on a quiz, describe the economic role and cost of alcohol in society
- Know some methods of how to identify a problem or issue for an advocacy campaign
- Consider how to commission and use research to support the advocacy campaign

Bibliography:

- J. Rehm, C. Mathers, S. Popova, M. Thavomcharoensap, Y. Teerawattanonon, J. Patra; Alcohol and Global Health 1 Global burden of disease and injury and economic cost attributable to alcohol use and alcohol-use disorders; The Lancet, Vol 373, June 27, 2009.
- S. Casswell, T. Thamarangsi; Alcohol and Global Health 3 Reducing harm from alcohol: call to action; The Lancet, Vol 373, June 27, 2009.

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Documents:

- FACTS: Which are the problems that alcohol causes?

Session 4

Developing the strategy

Choosing objectives for the strategy

Alcohol and injuries: Exercise on preparing messages for the media and politicians.

Aim

To identify objectives for dealing with the problem or issue.

Objectives

By the end of the session, trainees will be able to:

- Based on a quiz, describe the use of alcohol in Europe
- Know how to choose objectives to focus an advocacy campaign on

Bibliography:

- J. Rehm, P. Anderson, F. Kanteres, C.D. Parry, A.V. Samokhvalov, J. Patra; ,Alcohol, social development and infectious disease, Table 1: Deaths (in 1,000s) attributable to alcohol by sex and disease category (2004)
- Alcohol consumption and burden of disease, Table 1: Disease conditions which are by definition alcohol attributable; Addiction
- Alcohol consumption and burden of disease, Table 4: Quantitative dose-response relationships between alcohol consumption and casually impacted disease conditions; Addiction
- Statistics on alcohol: England 2008; The NHS Information Centre, Lifestyles Statistic, 2008

Documents:

- Exercise's Heading: Creating messages for the media and politicians

BUILDING CAPACITY PROJECT ALCOHOL ADVOCACY TRAIN THE TRAINERS MANUAL AND COURSE

Session 5

Analyzing our capacity

Evidence on actions to reduce harm done by alcohol:

- taxes and minimum price,
- availability,
- advertising,
- drink driving,
- screening and brief interventions,
- treatment,
- drinking environment,
- education awareness.

Organizational capacity

Individual capacity

Aim

To assess the organizations in which the participants work and to identify the skills mixed needed.

Objectives

By the end of the session, trainees will be able to:

- Identify the strengths and weaknesses of an organization in undertaking an advocacy campaign
- Identify characteristics of effective leadership

Bibliography:

- Handbook for action to reduce alcohol-related harm, World Health Organization, 2009
- Evidence for the effectiveness and cost-effectiveness of interventions to reduce alcohol-related harm, World Health Organization, 2009

BUILDING CAPACITY PROJECT

ALCOHOL ADVOCACY TRAIN THE TRAINERS

MANUAL AND COURSE

- Alcohol: Price, policy and Public Health, Report on the findings of the expert workshop on price convened by SHAAP
- P. Anderson, D. Chisholm, D. Fuhr; Alcohol and Global Health 2 Effectiveness and cost-effectiveness of policies and programmes to reduce the harm caused by alcohol; The Lancet, Vol 373, June 27, 2009.
- NOT PUBLISHED YET: Alcohol policies: A consumer's guide, Table 16.1; Revised edition

Session 6

Coalition building and managing coalition problems

Case Study of a minimum price “Campaign to support minimum price”

Aim

To identify the strengths and weaknesses of coalitions and to learn how to build coalitions being aware of some of the tensions in coalitions and how to manage them.

Objectives

By the end of the session, trainees will be able to:

- Based on a quiz, describe the harms done by alcohol to the individual, others than the drinking and the limitations of the evidence relating alcohol to heart disease
- Describe what coalitions can bring to an advocacy movement
- Describe some of the limitations of coalitions
- Identify the structures of coalitions
- Understand the importance of open communication and listening
- Describe some ways of managing tensions in coalitions
- Describe some ways of managing deviant coalition members

Bibliography:

- Minimum Pricing for Alcohol: Frequently Asked Questions; SHAAP Scottish Health Action on Alcohol Problems

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- If Alcohol Prices Increase, will it reduce binge drinking?, ICAP International Center for Alcohol Policies
- Minimum Pricing Illegal European court rules, The Scotch Whisky Association, News Release
- Changing Scotland's Relationship with Alcohol: A framework for action; Scottish Government, February 2009

Documents:

- Actions to reduce harm done by alcohol
- Heading: Case Study of a minimum price "Campaign to support minimum price"
- Main elements of a media campaign

Session 7

Creating the message and working with the media

Main elements of a media campaign

Legal aspects

Minimum price

Aim

To create messages, tailored messages and how to reframe messages.

To understand working with the media and write a press release, and consider website development

Objectives

By the end of the session, trainees will be able to:

- Based on a quiz, describe the main harms that alcohol can do to Europe
- Know how to write the main message of an advocacy campaign
- Know how to reframe a message in line with the needs of the advocacy campaign
- Understand what is meant by media advocacy
- Write a press release
- Be aware of some elements of effective web design

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ALCOHOL ADVOCACY TRAIN THE TRAINERS

MANUAL AND COURSE

Bibliography:

- Opinion of Advocate General Kokott delivered on 22 October 2009 (Case France, Austria and Ireland; Minimum prices – Tobacco products – Directive 95/7597EC – Health Protection)
- Model-based appraisal of alcohol minimum pricing and off-licensed trade discount bans in Scotland, University of Sheffield, September 2009
- Ludbrook A.; Minimum pricing of alcohol – An economic perspective, Report commissioned by Scottish Health Action on Alcohol Problems, November 2008

Session 8

Regulation and alcohol policy

Aim

To discuss government involvement in regulating the marketing of alcohol (price, availability and advertising).

To understand working with the media and write a press release, and consider website development

Objectives

By the end of the session, trainees will be able to:

- Understand the arguments for government involvement in regulating the marketing of alcohol
- Know about the effectiveness and cost-effectiveness of the main regulatory tools

Bibliography:

- *Public health: ethical issues*. London, Nuffield Council on Bioethics, 2007.
- Babor T et al. Alcohol: No ordinary commodity. Research and public policy. 2nd edition. Oxford and London: Oxford University Press; 2010.
- Anderson, P., Chisholm, D., Fuhr, D.C. Effectiveness and cost-effectiveness of policies and programmes to reduce the harm caused by alcohol. *Lancet*. 2009 373 2234-2246.

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Power Point Presentation on Regulation



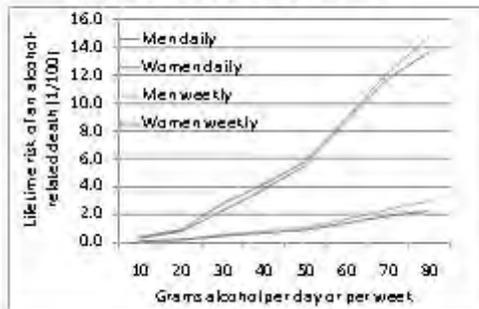
<http://www.nuffieldbioethics.org>



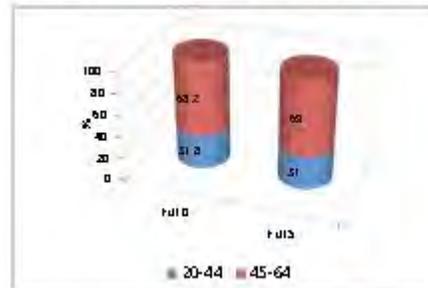
Hippocrates, writing 2500 years ago, advised anyone coming to a new city to enquire whether it was likely to be a healthy or unhealthy place to live, depending on its geography and the behaviour of its inhabitants ("whether they are fond of excessive drinking").

He continued "as a general rule, the constitutions and the habits of a people follow the nature of the land where they live".

Men are more likely to die of liver disease related to alcohol than women (100% for men and 60% for women) (e.g. Australia)

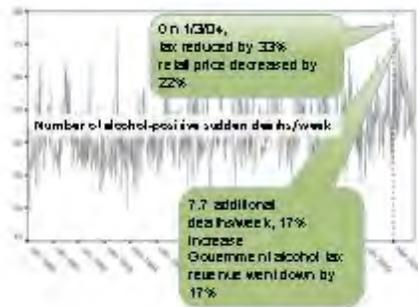


Distribution of alcohol-related deaths by age of death



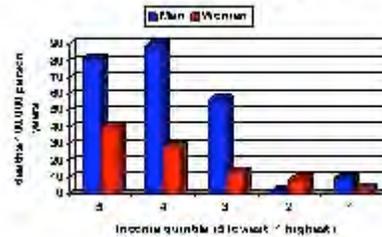
Rehm et al 2009

Alcohol taxes and alcohol-associated deaths, Finland



www.bbc.com

Changes in deaths/100,000 person years adjusted for age and economic activity men and women aged 30-59 years



Medical Council of Canada

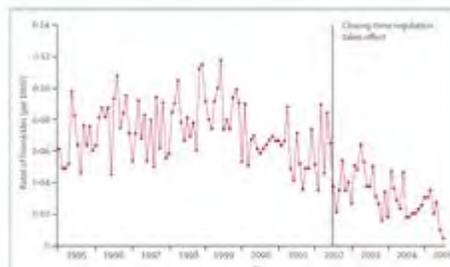
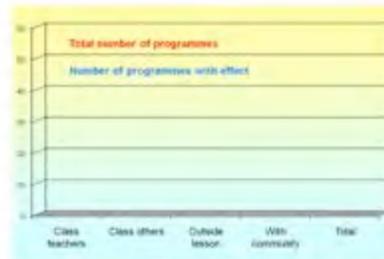


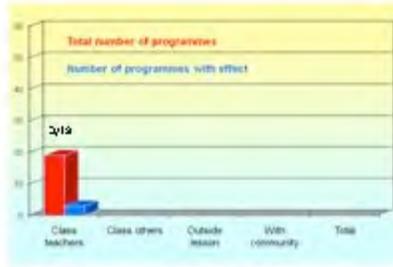
Figure: Rate of Homicides in Brazil, between 1995 and 2005



Impact of school education: synthesis of 14 systematic reviews

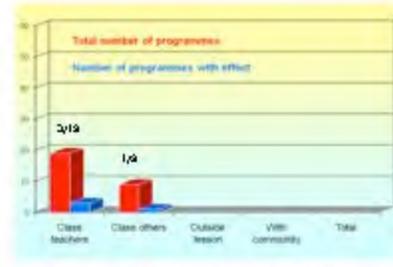
www.cochrane.org

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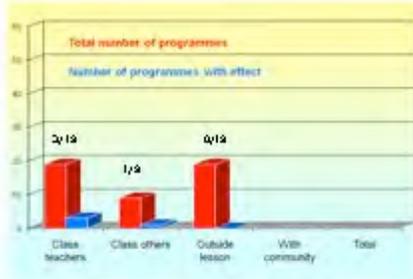
Impact of school education: synthesis of 14 systematic reviews

www.euro.who.int



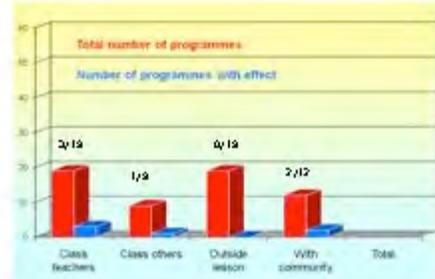
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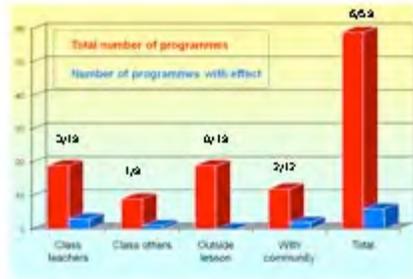
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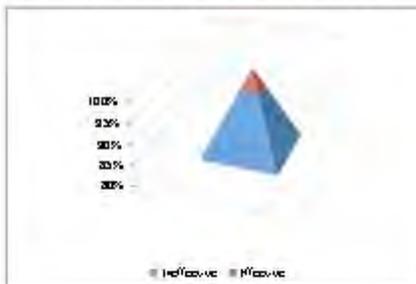
www.euro.who.int

Systematic review of 400 prevention programmes in youth

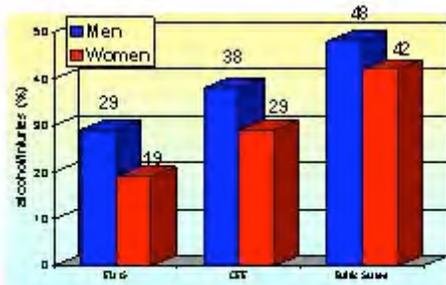
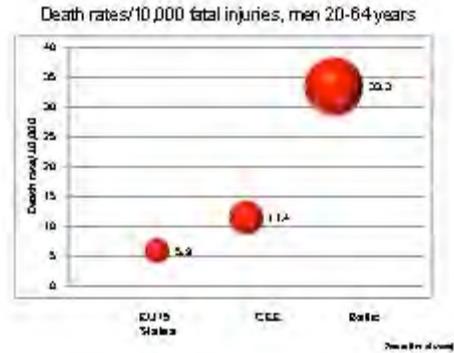
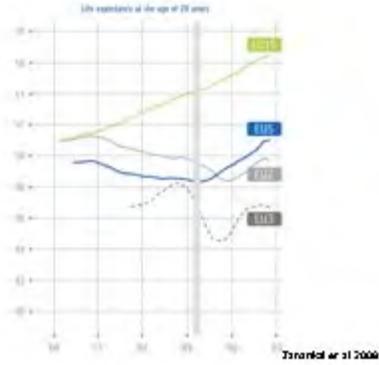


Smith et al 2006

Systematic review of 400 prevention programmes in youth

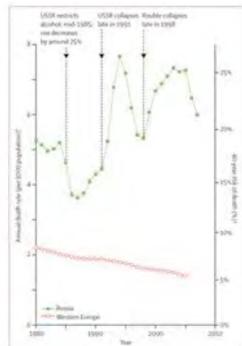
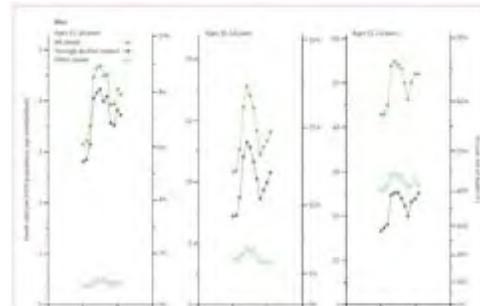
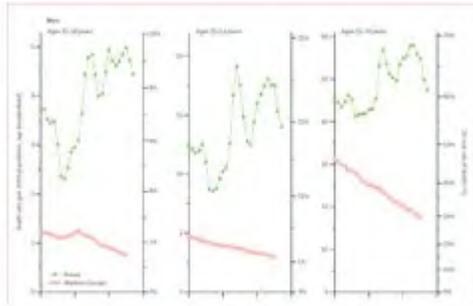


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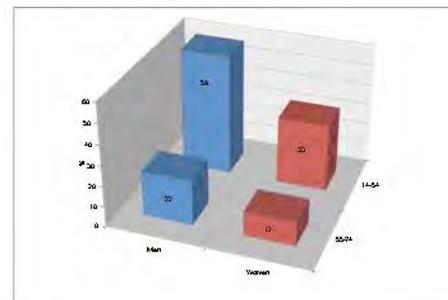


About 25% of the difference in life expectancy between the EU10 and the EU15 for men aged 20-64 years in 2002 can be attributed to alcohol.

share of alcohol injuries in all injuries, 2002

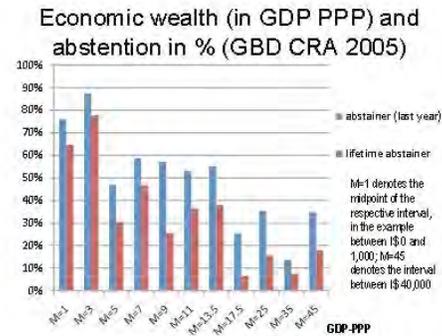


Per cent of all deaths due to alcohol

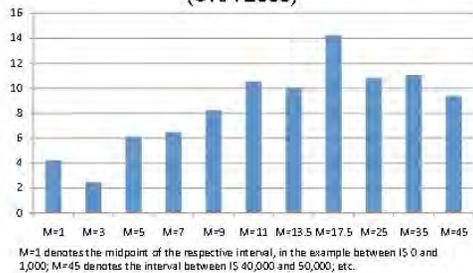


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Risk factor	SDG indicator	Percentage of total	Risk factor	SDG indicator	Percentage of total
World			Low income countries*		
1 Childhood underweight	10	5.3	1 Childhood underweight	10	9.9
2 Diarrhoeal disease	70	4.6	2 Unsafe water, sanitation, hygiene	13	6.3
3 Alcohol use	10	4.5	3 Unsafe use	12	6.2
4 Unsafe water, sanitation, hygiene	64	4.2	4 Suboptimal breastfeeding	14	4.1
5 High blood pressure	17	3.7	5 Indoor smoke from solid fuels	15	4.8
6 Tuberculosis	17	3.7	6 Stunted children	10	3.8
7 Suboptimal breastfeeding	44	2.9	7 High blood pressure	10	2.2
8 High blood glucose	41	2.7	8 Alcohol use	10	2.1
9 Indoor smoke from solid fuels	41	2.7	9 High blood glucose	16	1.9
10 Overweight and obesity	16	2.1	10 Zinc deficiency	14	1.7
Middle income countries*			High income countries*		
1 Alcohol use	44	7.6	1 Tobacco use	11	10.7
2 High blood pressure	11	5.4	2 Alcohol use	8	4.7
3 Tuberculosis	11	5.4	3 Overweight and obesity	4	4.5
4 Overweight and obesity	21	3.4	4 High blood pressure	7	4.3
5 High blood glucose	20	3.4	5 High blood glucose	4	4.9
6 Unsafe use	17	3.0	6 Physical inactivity	5	4.1
7 Physical inactivity	16	2.7	7 High cholesterol	4	3.4
8 High cholesterol	14	2.5	8 Road drugs	3	2.3
9 Occupational risks	14	2.5	9 Occupational risks	2	1.5
10 Unsafe water, sanitation, hygiene	11	2.0	10 Low fruit and vegetable intake	2	1.3



Economic wealth (in GDP PPP) and adult *per capita* consumption in 1 pure alcohol per year (CRA 2005)



Session 9

The alcohol industry and alcohol policy

Critique of the alcohol industry

Aim

To understand the alcohol industry and alcohol policy

To critique advertisements of the alcohol industry and to prepare for a lobbying visit

Objectives

By the end of the session, trainees will be able to:

- Based on a quiz, describe the effective and cost-effective elements of alcohol policy
- Describe some of the main messages and points that are used by the alcohol industry
- Critique input by the alcohol industry
- Describe what is meant by lobbying

BUILDING CAPACITY PROJECT ALCOHOL ADVOCACY TRAIN THE TRAINERS MANUAL AND COURSE

Bibliography:

- Leverton M., Grant M.; Working together to reduce harmful drinking, Chapter 9: The producers' contribution: Implementing the WHO Global Strategy to reduce harmful use of alcohol

Documents:

- How do we advocate to counteract the impact of alcohol industry in alcohol policies design?/ Main tactics the industry uses

Session 10

Overview, preventing burnout and course evaluation

Future plans

Evaluation of course

Aim

To provide an overview of the course and for participants to consider what they will do on returning home

To consider burn out and its prevention and to wrap up the course

Objectives

By the end of the session, trainees will be able to:

- Have a concrete plan of next steps to be taken on returning home
- Know some ways to prevent burn out

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In Summary

Session and Topic	Brief introduction	Exercise	References	Video
SESSION 1 Introduction	Introduction of the course	No	No	Yes
SESSION 2 What is advocacy?	What is advocacy? Advocacy's strengths, orientation and values People centered advocacy	Yes	Documents: - What is advocacy? - What do we advocate for? - What skills are needed?	Yes
SESSION 3 Policy analysis – what is the problem and the solution	Defining the problem Obtaining information to assess the problem Opportunities and strengths analysis Vision of change Alternatives for solving the problem	Yes	Bibliography: - J. Rehm, C. Mathers, S. Popova, M. Thavomcharoensap, Y. Teerawattanonon, J. Patra; Alcohol and Global Health 1 Global burden of disease and injury and economic cost attributable to alcohol use and alcohol-use disorders; The Lancet, Vol 373, June 27, 2009. - S. Casswell, T. Thamarangsi; Alcohol and Global Health 3 Reducing harm from alcohol: call to action; The Lancet, Vol 373, June 27, 2009. Documents: - FACTS: Which are the problems that alcohol causes?	No
SESSION 4 Developing the strategy	Choosing objectives for the strategy Alcohol and injuries	Yes. Messages for the media and politicians.	Bibliography: - J. Rehm, P. Anderson, F. Kanteres, C.D. Parry, A.V. Samokhvalov, J. Patra; ,Alcohol, social development and infectious disease, Table 1: Deaths (in 1,000s) attributable to alcohol by sex and disease category (2004) - Alcohol consumption and burden of disease, Table 1: Disease conditions which are by definition alcohol attributable; Addiction - Alcohol consumption and burden of disease, Table 4: Quantitative dose-response relationships between alcohol consumption and casually impacted disease conditions; Addiction - Statistics on alcohol: England 2008; The NHS Information Centre, Lifestyles Statistic, 2008 Documents: - Exercise's Heading: Creating messages for the media and politicians	No
SESSION 5 Analyzing our skills	Evidence on actions to reduce harm done by alcohol: - taxes and minimum price, - availability, - advertising, - drink driving, - screening and brief		Bibliography: - Handbook for action to reduce alcohol-related harm, World Health Organization, 2009 - Evidence for the effectiveness and cost-effectiveness of interventions to reduce alcohol-related harm, World Health Organization, 2009 - Alcohol: Price, policy and Public Health, Report on the findings of the expert workshop on price convened by SHAAP - P. Anderson, D. Chisholm, D. Fuhr; Alcohol and Global Health 2 Effectiveness and cost-effectiveness of policies and programmes to reduce the harm caused by alcohol; The Lancet, Vol 373, June 27, 2009.	Yes

BUILDING CAPACITY PROJECT ALCOHOL ADVOCACY TRAIN THE TRAINERS MANUAL AND COURSE

	interventions, - treatment, - drinking environment, - education awareness.		- NOT PUBLISHED YET: Alcohol policies: A consumer's guide, Table 16.1; Revised edition Documents: - Actions to reduce harm done by alcohol	
SESSION 6 Coalition building and managing coalition problems	Case Study of a minimum price "Campaign to support minimum price"	Yes	Bibliography: - Minimum Pricing for Alcohol: Frequently Asked Questions; SHAAP Scottish Health Action on Alcohol Problems - If Alcohol Prices Increase, will it reduce binge drinking?, ICAP International Center for Alcohol Policies - Minimum Pricing Illegal European court rules, The Scotch Whisky Association, News Release - Changing Scotland's Relationship with Alcohol: A framework for action; Scottish Government, February 2009 Documents: - Heading: Case Study of a minimum price "Campaign to support minimum price" - Main elements of a media campaign	No
SESSION 7 Creating the message and working with the media	Main elements of a media campaign Legal aspects Minimum price	Yes	Bibliography: - Opinion of Advocate General Kokott delivered on 22 October 2009 (Case France, Austria and Ireland; Minimum prices – Tobacco products – Directive 957597EC – Health Protection) - Model-based appraisal of alcohol minimum pricing and off-licensed trade discount bans in Scotland, University of Sheffield, September 2009 - Ludbrook A.; Minimum pricing of alcohol – An economic perspective, Report commissioned by Scottish Health Action on Alcohol Problems, November 2008	Yes
SESSION 8 Regulation	Discussion on government involvement in regulating the marketing of alcohol	No	Documents: - Regulation, Power point presentation	No
SESSION 9 The alcohol industry and alcohol policy	Critique of the alcohol industry	Yes	Bibliography: - Leverton M., Grant M.; Working together to reduce harmful drinking, Chapter 9: The producers' contribution: Implementing the WHO Global Strategy to reduce harmful use of alcohol Documents: - How do we advocate to counteract the impact of alcohol industry in alcohol policies design?/ Main tactics the industry uses	Yes
SESSION 10 Course evaluation	Evaluation of the course (questions, comments, suggestions, etc.)			No