

**World Health Organization Regional Office for the Western Pacific Region  
Healthy Cities Recognition 2018**

**Restrictions on Exposure to Alcohol Advertising, with a Focus on Young People**

**Background**

Every minute, one person dies from alcohol-related harm in the WHO Western Pacific Region. Young people are especially at risk for alcohol-related injury (e.g. drink driving, violence), risky sexual behaviour and suicide. Early consumption increases the risk for alcohol dependence and other non-communicable diseases (NCDs) such as cancer and liver cirrhosis. The consumption among young people is expected to increase due to marketing strategies of the alcohol industry that target them.

The Global Strategy to Reduce the Harmful Use of Alcohol endorsed in 2010 lists 10 target areas for alcohol harm reduction, ranging from leadership to the role of the health and welfare sectors. There is global consensus on the need to decrease harmful use of alcohol by at least 10% as part of the overarching aim to reduce premature deaths from NCDs by 25% by 2025. Evidence shows that the three most cost-effective interventions to reduce harmful use of alcohol are: restricting physical availability of alcohol, increasing prices, and regulating marketing of alcohol.

Reducing the impact of marketing, particularly on young people and adolescents, is an important consideration in reducing harmful use of alcohol. Alcohol is marketed through increasingly sophisticated advertising and promotion techniques, including linking alcohol brands to sports and cultural activities, sponsorships and product placements, and new marketing techniques such as emails, mobile text messaging and podcasting, social media and other communication techniques.

**Recognition of Best Practice**

Recognition is given to cities that have enacted and enforced bans or comprehensive restrictions on exposure to alcohol advertising (public service, commercial/private services, local radio, print media, billboards, points of sale, cinema, internet, and social media).

Best practices include restrictions on at least public service, radio and billboards, and the existence of a detection system for infringements.

**Submission Format**

Please use the attached template for submission.

**For further information, please contact:**

Mr Martin Vandendyck (Technical Lead for Mental Health and Substance Abuse) at [mvandendyck@who.int](mailto:mvandendyck@who.int).

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**Call for Applications for Best Practice**

**Title Page**

- a. Thematic area**
- b. City and Country name**
- c. Full title of the project**
- d. Contact details**
  - i. Responsible person submitting the proposal  
Please provide contact details (name, title, affiliation, email, address, telephone, fax)
  - ii. Additional contact person  
Please provide contact details (name, title, affiliation, email, address, telephone, fax)

**\*[Note: Please keep to the word limits as that will be taken into account in the scoring process.]**

**1. Executive Summary (300 words)**

Please describe the intervention, who the target population is, what was done (strategies or activities), when it was implemented, and the achievements.

**2. Background (350 words)**

- a. Please specify the restrictions on alcohol advertising/product placement for beer, wine and spirits in your City. Check (✓) the appropriate column.

	Ban	Partial statutory restriction			Voluntary/ self-regulated	No restriction
		Time	Place	Content		
<b>Advertising:</b>						
Public service						
Commercial/private services						
Local radio						
Print media (newspapers etc.)						
Billboards						
Points of sale						
Cinema						



Internet						
Social media						

Notes: "*Partial statutory restriction*" means that the restriction applies during a certain time of day or for a certain place, or to the content of events, programmes, magazines, films, etc. "*Voluntary agreement*" means that the alcoholic beverage industry follows its internal voluntary rules. If there are variations restrictions that apply to beer, wine, and spirits, then please specify for beer, wine, and for spirits in the table

- b. Please describe why this project or intervention was proposed. Please describe the results from surveys, situation analysis, interviews, focus groups, needs assessment or consultation conducted to identify the problem/need being addressed
- c. Please describe the problem being addressed.
- d. Please describe other existing programmes, challenges and impact.
- e. Please describe the social and cultural context in relation to the problem.

### 3. Objectives

Please specify the proposed objectives (i.e. the anticipated outcome) and the period/timeline of the project.

### 4. Planning structure (Maximum 1 page)

Please describe the core planning team; the settings where the project was carried out; the target population; and the activities, tasks, milestones, timeline, budget and source of funding.

### 5. Multi-stakeholder collaboration (300 words)

- a. **Community participation:** Please describe how the collaboration with community members including the target population, took place in the planning, implementation and/or evaluation phase of the initiative.
- b. **Other stakeholders (e.g. other government agencies, NGOs, private sector):** Please describe how the collaboration with other sectors took place in the planning, implementation and/or evaluation phase of the initiative. Please also describe whether resources were shared (i.e. financial or technical).

### 6. Equity (200 words)

Please provide evidence of the participation of marginalized and/or vulnerable groups (e.g. female or youth) during the planning and/or implementation/evaluation processes; and/or describe interventions that target them.

**7. Replicability or Scalability (300 words)**

Please describe how the programme (activities, expertise and resources) can be scaled up and be applied and adapted to other settings or sites.

**8. Effectiveness or impact assessment (350 words)**

- a. Please provide evidence of programme achievements in relation to proposed objectives (e.g. improvement in health status, adoption of new law or policy). If possible, show or describe changes from baseline to the current status in 2016. Please provide supporting documents where available.
  
- b. Please describe how evaluation, surveys, data or routine monitoring were utilized to assess progress and outcomes.

**9. Measures for sustainability (300 words)**

- a. Please describe how the programme is or will be sustained. For example, through city ordinance, city government commitment, community ownership, regular budget allocation, etc.

**10. Bonus (Optional): Theoretical basis (200 words)**

Please describe how theories of change (i.e., theories of behaviour change, policy development, social marketing, etc) have been utilized for programme development and implementation.