

NORDAN SERIES — PART 3

Localising SAFER

From principles to practice

What does evidence-based alcohol policy look like when it reaches the street, the clinic, the licensing desk and the community hall? A practical look at how SAFER is being delivered locally — and what we can take home.



Where this NORDAN series has taken us

1

EARLIER
NORDAN 2025

Why SAFER matters

Alcohol as preventable harm; the evidence base; the global architecture (Global Alcohol Action Plan, SDG 3.5).

2

RIGA 2025
Series, Part 2

Localising SAFER — the principles

Why local matters; what subnational competencies look like; the case for a delivery chain that doesn't stop at the ministry.

3

TODAY
Series, Part 3

Localising SAFER — the practice

Concrete examples from Uganda, Nepal and Ireland. What enables local action — and a starter checklist for taking it home.

Today's question: what does the local end of the SAFER delivery chain actually look like — and why does it matter more now, including here at home?

SAFER in one slide

WHO's operational platform for translating evidence and political commitment into the most effective, cost-effective alcohol policies. Formally embedded in the Global Alcohol Action Plan 2022–2030.

S

Strengthen restrictions on availability

A

Advance & enforce drink-driving countermeasures

F

Facilitate access to screening, brief interventions & treatment

E

Enforce bans on alcohol marketing, sponsorship & promotion

R

Raise prices through excise taxes and pricing policies

IMPLEMENT

Turn commitments into delivery — regulation, enforcement, financing, multisectoral collaboration.

MONITOR

Track adoption, enforcement outputs, exposure and outcomes — make progress visible.

PROTECT

Defend the policy space — manage conflicts of interest, exclude industry from policy formulation.

Five interventions × three operating strategies — the rest of this presentation is about delivering them locally.

More than a technical package

SAFER provides a foundation for long-term success — enabling countries and communities to build legitimate institutions, sustain support, and define achievable policy aims that can be translated into implementation and enforcement.



Global alcohol action plan 2022–2030 and SAFER technical package

A foundation built on three capacities



Legitimate institutions

Building or strengthening the institutions that carry alcohol policy — the backbone of durable progress.



Sustained support

Maintaining political and public support over time, despite competing pressures and changing political circumstances.



Achievable policy aims

Defining clear, attainable objectives that translate into effective implementation and enforcement on the ground.

Durable progress depends not only on the choice of measures, but on the **strength of institutions**, the **legitimacy of process**, and the ability to **maintain direction over time**.

Why localising SAFER matters

National policy rarely stops being abstract until someone enforces it on a Friday night.

Many of the competencies that determine whether SAFER measures actually reduce harm sit with municipalities and local authorities — not with health ministries.

When national policy is carried through to subnational implementation and everyday community practice, progress is more likely to be sustained — and visible to the people it's meant to protect.

— Progress report on the SAFER initiative, 2025

LOCAL COMPETENCIES THAT SHAPE REAL-WORLD IMPACT

- Licensing & outlet density**
Where, when and how alcohol can be sold.
- Drink-driving enforcement**
Breath-testing operations, sobriety checkpoints.
- SBIRT in local services**
Screening and brief intervention at the primary-care front line.
- Marketing-rule enforcement**
Signage, sponsorship, sales near schools and events.
- Pricing-policy compliance**
Inspections, minimum-price application, retail audits.
- Unrecorded alcohol**
Often shaped by local licensing and supply conditions.

Localising SAFER isn't optional decoration on national policy — it's where the policy meets reality.

The SAFER delivery chain — three connected layers



A broken chain at any layer kills impact. The strongest national framework still depends on the licensing inspector and the primary-care nurse.

Three modalities — not a hierarchy, a menu

SAFER isn't one type of intervention. Countries engage through three complementary modalities — and most strong national stories combine all three over time.

MODALITY 1

In-depth country partnership

WHAT IT IS

A full-spectrum, multi-year national engagement: situational analysis, prioritised roadmap, governance structure, financing, monitoring system — sustained over several years.

EXAMPLES

Uganda; Nepal.

WORKS WHEN...

When political commitment is strong, a lead ministry can convene across sectors, and there is appetite for a sustained, structured process.

MODALITY 2

Regional intercountry learning

WHAT IT IS

Peer-driven cohorts: structured workshops, shared landscape assessments, delivery plans, follow-up between sessions. Countries learn from each other's tools and bottlenecks.

EXAMPLES

Accra (15 African countries); Bangkok (5 SE Asian); Manila (5 Western Pacific).

WORKS WHEN...

When countries need momentum, comparable benchmarks and practical tools — and where peer accountability adds energy.

MODALITY 3

Community-level localisation

WHAT IT IS

Subnational and municipal action: bylaws, licensing, enforcement routines, SBIRT in primary care, community plans — typically co-designed with civil society and local leadership.

EXAMPLES

Building SAFER Communities (Ireland); Nepal's pilot municipalities; Thailand's SAFER Province Project.

WORKS WHEN...

When national law exists but delivery depends on subnational action — or when bottom-up energy can build pressure upward.

THE SHARED RESOURCE

SAFER Implementation Handbook · *the operational toolkit that backs all three modalities — pathways, governance templates, monitoring indicators, success factors and pitfalls.*

Three windows on local SAFER

Three countries, three governance contexts, three entry points — but the same underlying lesson: deliberate local action turns evidence into impact.

UGANDA

Whole-of-government + primary care

The Prime Minister's Office now convenes 14 agencies on alcohol. SBIRT is being introduced into primary health care.

NEPAL

A federal directive that reached 753 local governments

The Ministry of Federal Affairs gave every local government a concrete 6-task alcohol mandate. Five pilot municipalities are operationalising it.

IRELAND

Community-led delivery on top of strong law

Ten communities (~190,000 people) co-designing local action plans — with accredited training and independent evaluation.

Whole-of-government meets the front line

What's happening

The Office of the Prime Minister has begun convening a multisectoral alcohol harm prevention task force — bringing 14+ agencies (health, revenue, internal affairs, education, NDA, academia, civil society) to one table, with quarterly review meetings.

In parallel, the Ministry of Health approved SBIRT for pilot in two facilities. In the first two months, about **3,435 patients** were screened; **1,646** screened positive for alcohol use, and **373** received a brief intervention.

Cultural leaders, parliamentarians and district authorities have been actively engaged — more than 30 traditional leaders have joined advocacy efforts.



LOCAL LESSONS

Pick the right convener

An office above sectoral politics (here, the PMO) unlocks coordination that the health ministry alone cannot.

Anchor in routine services

Embedding SBIRT in primary care made alcohol visible in everyday clinical data for the first time.

Mobilise cultural authority

Traditional and religious leaders carry legitimacy where regulation alone meets resistance.

Expect industry pushback

The Alcohol Control Bill faced sustained opposition — local momentum kept the agenda alive.

“SAFER gave us the structure, technical expertise and resources to move into action.” — Kenneth Okware Kalani, Ministry of Health, Uganda

A federal mandate reaching 753 local governments

The directive that changed the landscape

In July 2024 the Ministry of Federal Affairs and General Administration instructed all 753 local governments to implement 14 tobacco and alcohol control tasks.

- 1 Ban advertising on signboards and hoardings
- 2 Raise registration and renewal fees for outlets
- 3 Restrict licensing to specified outlet types
- 4 Set and enforce restricted sales hours
- 5 Prohibit sales to pregnant women
- 6 Strengthen monitoring and enforcement



A THREE-LAYER STORY

Supreme Court (national)

In 2023 the Court upheld the advertising ban — affirming enforceability and triggering action on implementation gaps.

Federal directive (system)

The 753-government mandate gave every municipality a clear, comparable to-do list — converting national law into local obligation.

Municipalities (delivery)

Five pilots (Birtamod, Tulsipur, Hetauda, Birendranagar, Dhangadhi) developed SAFER action plans on outlet density, licensing, education, enforcement.

Civil society (watchdog)

FPCRN documented violations, sustained legal pressure and brought media attention — a function the state can't perform on itself.

Local action works when national authority hands municipalities a clear, enforceable mandate — and civil society has the standing to hold everyone to it.

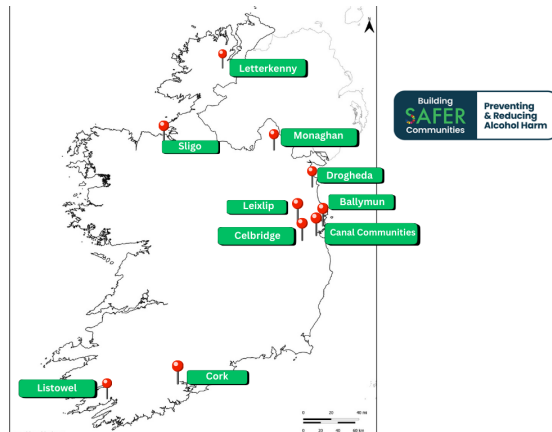
Building SAFER Communities — community-led delivery

What's happening

Ireland has a strong national framework (Public Health (Alcohol) Act 2018) — minimum pricing, marketing restrictions, labelling, retail separation. But implementation depends on what happens locally.

In 2024, Alcohol Forum Ireland launched **Building SAFER Communities** — 10 communities, roughly **190,000 people**, co-designing local action plans on enforcement, awareness and monitoring.

An accredited **Certificate in Building SAFER Communities** (Atlantic Technological University) is professionalising local capacity. Trinity College Dublin runs the evaluation.



FOUR DESIGN CHOICES WORTH STEALING

Co-design, not top-down

Local steering groups shape their own plans — national scaffolding, community ownership.

The i-Mark standard

A public pledge that explicitly refuses alcohol-industry funding or partnerships — protects independence.

Accredited training

Tertiary qualification embeds SAFER competencies in a workforce that outlasts any project.

Independent evaluation

Trinity College Dublin provides milestones, learning seminars and standardised data — credibility built in.

SAFER isn't just for low- and middle-income settings. Strong law still needs delivery — and in Ireland, communities are doing it.

The new old alcohol industry

For two decades we've focused on a centralised, multinational alcohol industry pressing on ministries of finance and trade. Across the Nordic region, the pressure is increasingly coming from somewhere else — and from below.

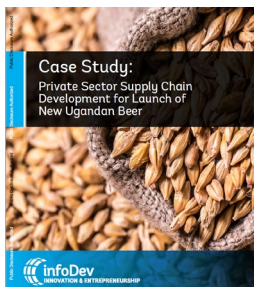
WHAT'S CHANGED

Sweden — recurring debate on *gårdsförsäljning* (farm sales) at producers' premises.

Norway — proposals for *gårdssalg* of locally produced alcohol outside the Vinmonopolet channel.

Finland — successive steps liberalising retail availability and producer access to direct sales.

The arguments are familiar: rural livelihoods, tourism, cultural heritage, “the small producer.” The political coalition is new: farm associations, regional tourism boards, municipal councils, constituency MPs.



WHY IT MATTERS FOR SAFER

The pressure point has moved

Municipal councils, regional assemblies and licensing boards — not just parliament — are where exemptions are won.

The frame is harder to resist

“Small producer” and “rural development” are politically sympathetic in a way “multinational lobbying” never was.

Erosion is cumulative, not legislative

No single decision dismantles a monopoly or marketing rule — but a chain of local exceptions can.

This isn't about the producers' intent

Most are operating in good faith. The point is the policy architecture, not individual actors.

If the pressure is local, the defence has to be local too.

“You do not get a Framework Convention on alcohol if you have lost the locker room.”

Resource mobilisation — the part most local plans skip

Local SAFER isn't free. The plans that survive are the ones that secure predictable, domestic financing — not the ones that depend on time-limited project grants.

01

Alcohol excise taxation

The dual-purpose lever: reduces consumption AND generates revenue. Recognised in the Sevilla Commitment and the 4th UN High-Level Meeting Political Declaration as a development financing instrument.

The argument that lands with finance ministries

02

Earmarking & integrated budgets

A share of excise revenue dedicated to health promotion (ThaiHealth model). Alcohol policy folded into recurrent health budgets and primary care — not parked in a project line.

Turns short-term funding into permanent capacity

03

Investment cases

Economic modelling of health, fiscal and development returns — deaths averted, costs avoided, productivity gained, revenue generated. The piece of paper that opens the door to the Ministry of Finance.

The bridge from health priority to development priority

THE NORDIC CONNECTION

Every weakened excise tax, every farm-sales exemption that bypasses the monopoly margin, every cut to the alcohol levy shrinks the budget available for the delivery you're asking municipalities to do. Resource mobilisation isn't a separate conversation from "the new old industry" — it's the same conversation.

What local SAFER actually looks like on the ground

A non-exhaustive list of concrete actions municipalities, districts and communities can lead — usually with the relevant national backing.



Outlet density & licensing

- Cap the number of licences per area
- Set distance rules near schools, clinics, places of worship
- Use licensing renewal as a compliance lever



Drink-driving operations

- Routine random breath-testing
- Sobriety checkpoints at known hot-spots
- Joint health-police data review



SBIRT & community services

- Train primary-care nurses to use AUDIT
- Embed brief interventions in routine visits
- Map referral pathways for treatment



Marketing enforcement

- Sweep visible advertising (signs, hoardings)
- Sponsorship checks at local events
- Compliance on sales to minors



Pricing-rule implementation

- Retail audits on minimum-price compliance
- Inspections on promotions & discounts
- Liaison with revenue authority on excise



Protect the policy space

- Conflict-of-interest rules for local officials
- Reject industry sponsorship of council events
- Document and surface interference attempts

The enabling conditions for local SAFER

WHAT ENABLES IT

● Clear national backing

A directive, mandate or model bylaw municipalities can point to.

● A real convener locally

Someone with authority across sectors — not just a health focal point.

● Practical tools off the shelf

Bylaw templates, enforcement protocols, SBIRT training packs.

● Independent civil society

To monitor, document violations, and sustain pressure between elections.

● Domestic financing

Earmarked excise revenue or integrated budget lines — not just project grants.

WHAT TRIPS IT UP

● Industry interference at council level

Sponsorship of community events, lobbying of mayors, framing as 'development partner.'

● Capacity gaps between municipalities

Wealthier areas implement well; under-resourced areas drift — widening inequality.

● Political turnover

A new administration can quietly stop enforcing what the previous one passed.

● Fragmented data

Health, police, licensing and revenue rarely share data — bottlenecks become invisible.

● Project-style funding

Time-bound external money builds pilots that don't survive when the grant ends.

A starter checklist for local SAFER action

If you were going home tomorrow to start a Building SAFER Communities-style effort in one municipality, what would the first 90 days look like?

- 01 Map your delivery chain**
Where does each SAFER measure land locally? Who holds the relevant authority — licensing, police, primary care, schools?
- 02 Pick a feasible entry point**
Don't try to do all five SAFER measures at once. Start with one or two where local authority is clear and political space exists.
- 03 Convene the right table**
Health alone won't deliver SAFER. Bring in transport, justice, licensing, education, civil society and a community voice.
- 04 Secure the financing early**
A line in the municipal budget, integrated post in primary care, or a share of excise revenue — not a project grant that ends in 18 months.

- 05 Adopt a concrete plan**
A bylaw, action plan or memorandum with named owners, milestones and budget — even a modest one is better than a strategy without owners.
- 06 Protect the space from day one**
Conflict-of-interest rules, refuse industry sponsorship, document and surface interference. Don't wait to be tested.
- 07 Measure something visible**
Inspections, breath tests, ER visits, hospitalisations. Small, consistent, public. Builds the coalition that outlasts you.

ONE LAST THING — YOU ARE NOT ALONE

*The **SAFER Implementation Handbook** provides the pathway, governance templates and monitoring indicators. Peer-learning networks, civil-society alliances and academic partners exist precisely so no municipality has to invent this from scratch.*



Implementing what works in alcohol policy

Progress report on
the SAFER initiative

WHO SAFER
INITIATIVE

WHO SAFER INITIATIVE · 2025

Implementing what works in alcohol policy

Progress Report Launch · Five Sites — One Message

GLOBAL MULTI-SITE LAUNCH

Date to be confirmed | Live from five countries simultaneously

Ireland · Nepal · Uganda · Sri Lanka · Ghana



WHAT SUCCESS FEELS LIKE

SAFER succeeds when individuals and societies can feel the difference: safer roads, fewer hospitalisations, reduced violence, lower health-system costs, and healthier and safer communities.

— Progress report on the SAFER initiative, 2025

THREE THINGS TO TAKE HOME

1

Localising SAFER is where the policy meets reality — and increasingly, where it has to be defended.

2

Uganda, Nepal and Ireland show it's doable across very different governance and income contexts.

3

Start small, convene wide, protect the space — and measure something the community can see.

Thank you

Questions, discussion, and where the series goes next.