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Need for a Regional Alcohol Action Plan

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1. INTRODUCTION

Harm from alcohol abuse can affect not only the individual who abuses alcohol, but also his or her family, the community and the entire society in which they live. Harm from alcohol abuse is a major public health problem in Member Countries of the South-East Asia Region (SEAR) particularly considering the harmful effects of alcohol abuse to poor and impoverished rural communities.

Besides the adverse effects of alcohol abuse amongst the poor, there are many other unique features in the Region, such as binge drinking or pay-day drinking in which large amounts of alcohol are consumed at one time on pay day, thereby squandering the entire salary on alcohol. Also important is the consumption of illicit locally brewed liquor, which is often poisonous. Its low cost and easy availability in rural areas makes it attractive for people to consume it. Also, this illicit liquor is outside the purview of government control and taxation. In some communities, alcohol use even amongst children and adolescents is condoned as being "a part of the culture". In contrast to this rural pattern of alcohol consumption, there is an urban pattern which resembles the western patterns of alcohol consumption.

The need for action on controlling harm from alcohol abuse in most Member Countries is urgent. A public health approach which takes into account the trends of alcohol use and the factors contributing to use and abuse, can be effective in preventing harm from alcohol abuse.

2. HIGHLIGHTS OF TRENDS IN ALCOHOL USE AND ABUSE IN THE SOUTH-EAST ASIA REGION

It is estimated that there are over 600 factories, 1 582 distributors and thousands of retail outlets engaged in alcohol production and retailing in the Region. Over 4 million people are involved in the industry.

There are very few general population surveys on individual alcohol consumption patterns in the countries of the South-East Asian Region. Nonetheless, based on the adult per capita consumption and some local sample surveys, there are clear indications that alcohol consumption is increasing in the countries. However, many countries of the Region have illustrated how the per capita figures do not give the true picture of consumption. This is mainly due to two reasons. Firstly, parallel with the commercially produced distilled alcohol which is more expensive and which usually constitutes the recorded consumption, in most countries there are local and cheap beverages, either legal or illegal, that are not computed into national statistics. Secondly, with a large majority of the population being abstainers, the amount of alcohol consumed by the ones who drink can reach very high levels.

- Overall, an estimated 45 per cent of adult men, and an estimated 5 per cent of adult women use alcohol.
- The Global Burden of Disease 2000 reported that for 1990 in the developing world, alcohol was responsible for 636 800 deaths, 14.6 million years of life lost and 32.3 million "disability adjusted" life years lost.
- There has been a definite increase in the production of alcohol in the organized sector, with a significant contribution from local or home brewers.
- The revenue and income from the sale and production of alcohol constitutes between 4 and 10 per cent of government revenues.

- Average adult per capita consumption is 1.2 litres and ranges between 0.004 litres and 8.64 litres.
- There are indications of an increase in health-related problems due to alcohol in general health care settings, as well as in the number and proportion of alcohol-related problems in psychiatric care.

3. WHAT IS HARM FROM ALCOHOL ABUSE?

Harm from alcohol abuse may be simplistically described as consumption of alcohol, which leads to any form of harm regardless of the quantity consumed. Consumption of even a small quantity of alcohol, which leads to a motor vehicle accident, should be included in the category of “harm from alcohol abuse”.

Thus, “harm” may be defined as any adverse impact on the person, family or the community. Examples of harm could include motor vehicle accidents under the influence of alcohol, family violence, particularly violence against women, increasing poverty and indebtedness, no money for essential activities such as health, education and housing, inability to work or accidents at the work place. In addition, numerous illnesses of the liver and pancreas are due to alcohol abuse.

In a broader context, even the neighbours and the community are affected by activities such as violence, road traffic accidents, crime and corruption, all related to alcohol.

4. ASSESSMENT OF HARM FROM ALCOHOL ABUSE

Since harm from alcohol abuse is variable, assessment of harm must be done on an individual basis, depending on how the individual, their family or community is harmed.

Qualitative information on the harmful effects of alcohol abuse could be used as indicators of the success of intervention programmes if measured before and after an intervention.

Indicators of harm should address the harm to individuals, the family, the community and the country. Such indicators could include measures of well being, both social and physical.

5. HOW ARE ALCOHOL-RELATED PROBLEMS GENERATED?

The *amount* of alcohol consumed by a given society influences the extent of alcohol-related problems in that society. There is strong evidence that alcohol-related harm is directly related to the aggregate amount of alcohol consumed in a particular population. It is known that population rates of drinking-related problems vary according to location and time.

> *As a general rule, if fewer people drink alcohol there will be fewer problems. And if each drinker drinks less alcohol there will be fewer problems. Alcohol-related problems in a society decline when the average or per-capita consumption of alcohol in that society decreases.*

A second factor that influences the occurrence of alcohol-related problems is the way people behave after they consume it.

Some behaviours, such as aggression and violence, are linked to alcohol, but are not necessarily due to lowered coordination or increased response time. Aggression and violence are often attributed to the ‘disinhibition’ caused by alcohol use. In some communities this kind of aggressive and violent behaviour after alcohol use is seen more than in others and necessitates a look at the social influences that promote ‘alcohol-induced’

aggression. Ways of curtailing unacceptable behaviour after alcohol use by influencing the social factors that contribute to it also needs to be examined.

The contribution of alcohol to road traffic accidents is well known. The risk is not only to the person who drinks and drives, but also to passengers and pedestrians. Similarly, operating heavy equipment and machinery may carry higher risk of accidental injury. There are means of reducing such risks which do not necessarily try to reduce an individual's or community's aggregate alcohol consumption.

> *Reducing alcohol problems can also be achieved by influencing other contributors to alcohol-related harm, such as social sanction for aggression and violence after alcohol use.*

A major contributor to alcohol problems is individual heavy drinking. This is often associated with dependence. When people are dependent on alcohol they appear to have less control over their consumption and tend to drink more than non-dependent drinkers do. Heavy consumption is also encouraged by social custom and established habits in certain groups.

Reducing dependence is achieved not only by offering encouragement and help for dependent people to quit. It can also be prevented by social measures with current drinkers to reduce their consumption or change their pattern of consumption.

Delaying the age at which young people initiate alcohol use is another avenue to reduce consumption. The later people start to use alcohol the lower the risk of developing dependence. Delaying the initiation of alcohol use by youth also reduces the number of alcohol related road deaths in a society.

> *Strategies for reducing alcohol-related problems should include:*
> - *measures to delay initiation of alcohol use*
> - *to reduce individual consumption in some*
> - *alter individual patterns of consumption*
> - *to reduce aggregate alcohol consumption and*
> - *to minimize harmful behaviours associated with alcohol use.*

6. GOVERNMENT REVENUE FROM ALCOHOL

Revenues from alcohol production and sale, constitute between 4 and 10 per cent of government revenue, especially in large countries. Governments are often dependent on the huge tax revenue collected from the liquor industry. The paradox of high revenue collected from the liquor industry versus the harm caused by alcohol is a sensitive issue for governments to address.

> *The financial implications of alcoholism in Karnataka, India…*
>
> *In 1998, the state of Karnataka recovered Rs.581.5 crores through taxation on alcohol and Rs.18.09 crores as individual health payment. It spent Rs.1147.48 crores in direct hospital costs to treat illnesses related to alcohol. Thus, even the direct cost of alcoholism outweighs the revenue from alcohol. In addition, there is a huge indirect cost due to adverse effects of alcohol which can be many times the direct costs.*

7. RANGE OF HARM FROM ALCOHOL ABUSE

People do recognize that alcohol causes great harm to individuals and society. But they are often unaware of the *scale* of harm. To understand the extent of harm various quantitative measures have to be used which are often open to doubt.

A more important problem is that a figure does not mean much in the absence of the human stories behind it. Let us say that 20,000 people of a certain country die of alcohol-related causes every year. The importance attached to this figure or the interest it arouses is not likely to be different if the figure was 40,000, or 10,000. People tend not to process the relative importance of such large figures. They tend not to be 'real'. However, giving the figure in comparison to some other cause of death is more likely to arouse concern – for example if the number of people who died of road accidents in the same year was 2000. Even so, the response is hardly in keeping with the scale of harm. On the other hand, a sudden or violent death of just one person may be capable of arousing much greater indignation and action.

A brief account of the different kinds of harm is given here. The quantification of these is problematic, and will need to be compiled as relevant to each setting – whether a small community or an entire country.

7.1 Death, Disease and Disability

Higher death rates from injuries, violence, poisoning, cirrhosis, haemorrhagic stroke, pancreatitis, cancers of the oral cavity, pharynx, larynx, oesophagus, liver and breast and, in some cultures, suicide are associated with alcohol consumption (WHO 1999). An estimated net loss of 636 000 lives is attributed to alcohol (WHO 1999), after making deductions for a presumed prevention of cardiovascular deaths.

Because alcohol kills and disables at a relatively young age its impact on Disability Adjusted Life Years (which is a measure of disability) is relatively much higher than that of other major causes of premature deaths.

7.2 Dependence and Related Harm

Dependence is classified as a disorder in the International Classification of Diseases (ICD, WHO 1992). Dependence is often the driving force that keeps some people tied to a pattern of long standing harmful use.

7.3 Mental and Behavioural Disorders

Several disorders of this category are listed in the ICD (WHO 1992). The list includes acute intoxication, withdrawal states with or without delirium, psychosis and amnesic syndrome. Other recognized complications include brain damage.

7.4 Family, Social and Economic Problems

These are well recognized. The indirect impact of alcohol on family and community wellbeing is probably most strongly through the economic impact. In the poorest families, especially, the money spent on alcohol constitutes a large proportion of the family's earnings. This is often underestimated.

A second issue that is often unnoticed is the injustice that alcohol permits to be inflicted on the most powerless members of society. People who have consumed alcohol are, in nearly all societies, allowed to break rules and transgress norms. A husband is more often allowed to get away with abusing his wife if he is seen to be drunk. The wife who is victimized too tends to feel less upset if the husband abused her while under the influence of alcohol rather than without that 'reason' for violence.

7.5 Drunken Driving

There are specific measures that are being tried to reduce road deaths resulting from alcohol use. Reducing road deaths related to alcohol is a good example of a class of interventions which focus on reducing harm from alcohol use without necessarily trying to reduce consumption.

7.6 Restricting People's Repertoire

An unnoticed impairment caused by alcohol is the negation, for many, of the very attribute that it is supposed to foster. Alcohol allows some people to behave in ways that they would find difficult to do without it. This is a great benefit to the shy and insecure. Whether their ability to perform better socially is due to the chemical effect of alcohol or its social attributes or expectations is irrelevant to the user.

The wider the range of experiences, situations and activities that bring joy, relaxation or other positive feelings the greater the potential wellbeing of the person. Alcohol is widely perceived as an agent that increases 'pleasure' and is in a way promoted as such too. Careful scrutiny and analysis will help users decide whether alcohol, in the name of increasing pleasure, in reality decreases it for them.

7.7 Other Impairments of Wellbeing

Wellbeing that is achieved by exploiting opportunities to transgress social norms has its costs. Social rules and norms serve to protect the weak from victimization by the strong. In situations where alcohol provides 'time out' from usual social rules, the weak are more at risk. Improved wellbeing for the alcohol user can be bought at the cost of impaired wellbeing for the non-user, or for that matter for the weaker alcohol user. Those who suffer discomfort so that the stronger alcohol user may have fun are usually women, children, the powerless and the disadvantaged.

7.8 Alcohol Abuse among the Youth

Alcohol use begins as 'experimentation', often in peer groups or even within the family on special occasions such as birthdays or marriages. Some young people move from experimentation to regular consumption and some to harmful consumption of alcohol. The first occasion of "getting drunk" is a life event of similar importance to initiation into alcohol consumption. There is anecdotal evidence that episodes of drunkenness among the young in the Member Countries of the South-East Asia Region are increasing.

There are various factors associated with alcohol consumption in the Member Countries. Consumption of alcohol among the young is usually in the upper social strata where it is sometimes considered a status symbol. Parents' drinking habits and the attitude of the family to alcohol strongly influences children's pattern of alcohol consumption. Although drinking, unlike smoking, does not take place during the time spent at school, school friends usually form the first group in which alcohol consumption is initiated. The attitude of some communities in which alcohol consumption, particularly among young males, is condoned and accepted as a sign of "growing up" encourages young people to drink alcohol because their uncivilized behaviour is excused.

Availability, advertising and legal restrictions on the supply of alcohol are known to influence drinking habits among young people. Marketing, particularly aimed at the young, plays a critical role in the globalization of patterns of alcohol use. Alcohol producers spend not only on the direct advertising such as television, radio, and print media, but also for other promotional activities, such as sponsorships, contests and special promotions particularly of sporting events, making alcohol increasingly popular among the young.

Declaration of the WHO Technical Consultation on the marketing and promotion of alcohol to young people.

WHO Conference, Valencia, Spain, May 2002...

"***Noting***" that the alcohol industry has achieved a high level of sophistication in its use of media to attract and encourage young people to drinking,

"***We recommend***" that WHO assist countries in raising awareness of these techniques, and developing best practices in media advocacy and counter-advertising pro-grams, and that such practices be undertaken independently of commercial interests, and with participation of and leadership from young people themselves.

"***Noting***" the dangers inherent in the exposure of young people to alcohol marketing, that young people should not be exposed to promotional messages about alcohol in any medium and the general failure of industry self-regulation to limit the marketing of alcohol to young people,

"***We recommend***" that WHO assist countries in taking all legislative or regulatory steps necessary to ensure that young people are not exposed to promotional messages about alcohol.

"***Noting***" the importance of young people's perspectives on this problem, and the creativity and unique knowledge of the situation that they possess,

"***We recommend***" that young people playa central role in the work to free their generation from the illusions created by marketing and associated promotions of alcohol.

"***Noting***" the threats posed by trade agreements, negotiations and disputes to the ability of communities' jurisdictions to protect the public health through the regulation of the marketing of beverage alcohol, and that there is a particular potential threat from the current negotiations on the General Agreement on Trade in Services,

"***We recommend***" that WHO formulate a strategy to ensure that current negotiations on the services agreement does not undermine the rights and capacity of communities' jurisdictions to set appropriate and public health-oriented alcohol policies.

7.9 Alcohol Abuse among Women

Traditionally, women like men, have consumed alcohol in some communities in the Region, particularly for rituals and on social occasions. However, there is an increasing trend in alcohol consumption among young women. This is of concern for multiple reasons. Firstly, women are more vulnerable to the effects of alcohol because of their smaller physical build compared to men. Secondly, once a woman is addicted to alcohol, pregnancy can be very unsafe, particularly for the unborn child, resulting in "*foetal alcohol syndrome*". Thirdly, traditionally women play a major role in home making which can be adversely affected if the woman is addicted to alcohl. Thus, educating women about harm from alcohol should be part of women's health programmes.

8. RANGE OF REQUISITE COMMUNITY STRATEGIES FOR PREVENTION OF HARM FROM ALCOHOL

What steps are useful in reducing alcohol-related harm? Informing people about the harm from alcohol is not enough to curtail it. There has to be a model for understanding the way in which alcohol problems are generated and maintained. And there has to be a model to bring together the different elements needed in an effective response.

Developing a Comprehensive Model for Action

Based on the understanding of how alcohol-related problems are generated and maintained, the elements that should be included in community responses can be worked out. These responses are meant to address the following issues:

- Delaying initiation of use
- Reducing heavy alcohol use
- Minimizing harmful patterns of consumption
- Reducing population consumption
- Changing harmful consequences associated with alcohol use

To address these issues, communities have to start moving in a particular direction. This movement has to occur along several lines. A "receptive mood" has to be created, for instance, to delay the onset or initiation of use. This includes reducing the attractiveness of alcohol to youth and reducing the social privileges attached to alcohol use. There are other contributors too. Action should be based on a model that looks at the *underlying factors* leading to the eventual changes desired. The underlying factors to be addressed are:

(a) Reducing the attractiveness of the image of alcohol

(b) Reducing privileges attached to alcohol use

(c) Recognizing the real harm from alcohol use

(d) Encouraging quitting or reduction of use

(e) Counteracting forces which promote increased consumption

(f) Preventing the 'alcoholization' of all social events and activities

(g) Appropriate restriction of availability

(h) Encouraging the implementation of useful local and national policies

Reducing the attractiveness of the image of alcohol

How young people see alcohol and alcohol use influences their interest in trying it out. It also influences how they interpret their own alcohol experience. Young persons expecting to feel good or lightheaded or disinhibited are likely to feel these things when they experience any effect of alcohol.

One factor that enhances the attractiveness of alcohol is the symbolic value placed on alcohol. In many settings alcohol use is seen as an 'adult' activity. Thus it becomes, for a youth, a symbol of graduation into the desired status of adult. There are numerous other symbolic meanings attached to alcohol use. Most of these are socially attractive. Where alcohol use is frowned upon, it becomes a symbol of non-conformity or rebelliousness. Appreciating the differences in different brands of alcohol or drinking the more expensive drinks indicate wealth and sometimes sophistication. The list is long.

Another factor that makes alcohol use attractive is the experience of drinking as a pleasurable activity. Many people claim to enjoy alcohol without really consuming amounts that they can detect internally. Others report the feeling of intoxication as a pleasant or

pleasurable experience. Quite a few people don't feel good when they drink but they are not allowed to express their true experience in drinking settings. So the common expectation is that alcohol provides a pleasurable feeling.

A third contributor to the attractiveness of alcohol is the behaviour that is associated with drinking situations. This is discussed in the section which follows (‘*Reducing privileges attached to alcohol use*’).

The pervasive tendency to speak of alcohol and alcohol use in an amusing tone, the use of special words to denote alcohol and intoxication (for example, ‘getting high’), and jokes that make the non-consumer appear inadequate or inferior, all contribute to making alcohol use attractive to the young. Many of these are generated, reinforced and spread by the mass media.

The important factors that make alcohol use appear attractive are:

- *the way alcohol is seen and talked about in society and portrayed in the mass media*
- *the symbolic meanings attached to alcohol use and its various forms*
- *the expectation of pleasure and*
- *the behaviours that are associated with alcohol use and intoxication.*

Having examined, what contributes to the attractive image surrounding alcohol use, steps to change the situation can be identified.

People have to recognize the different ways in which a positive or attractive image is built up around alcohol. Even the contribution of seemingly innocuous remarks become evident as one becomes more sensitive to the way in which a positive and magical image is created.

Reducing the attractiveness of the image of alcohol is achieved by questioning all the things that make it look specially appealing or desirable. Eventually we can reverse all these influences.

What is needed in community work is to monitor whether the image of alcohol is less attractive now than it was before work was initiated in this area. This will be dealt in the section on ‘action’, which follows. The most important condition is that one must learn to look at appropriate indicators of progress. If there is indeed a change, one can be satisfied that something was done to reduce or delay initiation of alcohol by the young. It is also likely to reduce the amount of alcohol consumed in the community by current users.

Reducing privileges attached to alcohol use

Privileges attached to alcohol use are not readily recognized. As with the previous subject, understanding accurately the privileges conferred on alcohol users is the first step towards changing them.

Some of the privileges are obvious. Permission to ‘get away’ with behaviours that are normally not allowed is an example.

The basis of the privileges is that the users are ‘disinhibited’ by alcohol and not really aware of what they do when intoxicated. They are then held free of responsibility for their actions while ‘drunk’. There is evidence though that societies hold alcohol users to certain norms of behaviour to which users generally conform. The norms set differ according to

gender, ethnicity and age of the drinker. People tend to differ markedly in how they define and describe 'drunkenness'.

Some privileges attached to alcohol use are more difficult to identify. For example, a young man who is shy of expressing his feelings to a girl may find alcohol a great benefit. He can consume even a minute quantity of alcohol and approach her in the knowledge that he has 'had a drink'. Now he is able to say to himself that any failure in his approach was because of the alcohol. This kind of privilege is one that one gives oneself, and not one given by society.

Many privileges are given to those who have consumed alcohol. They serve to induce or encourage people to consume alcohol. Removing unfair privileges removes one factor that induces alcohol consumption.

Recognizing the real harm from alcohol use

Many alcohol users and nearly all communities (in countries where alcohol is not prohibited) recognize the harmful effects of alcohol. This recognition is still an underestimate. Rarely do individuals and communities recognize the real *extent* of harm from alcohol. There are two types of failure to appreciate the real extent of harm.

When people talk about harm they often think of the deaths, diseases and the economic and social problems that alcohol causes. But they rarely recognize the severity of each of these problems. They do not recognize how many people are killed by alcohol. They do not see how much productivity is lost and they do not see how much money is really spent. And most of the published literature is on the harm from the perspective of the richer nations. The harm may well be different in poorer countries.

A second type of failure to recognize harm is the lack of sensitivity to, or awareness of, certain kinds of subtle harm. These are listed in the first section of this document. The gradual narrowing of situations that give joy, as people become more alcohol centred, is an example.

Communities have to be guided to recognize;

- *the extent of the kinds of harm that they already see and*
- *the different kinds of more subtle harm that they haven't so far recognized.*

The work with communities and individuals is to help them recognize the real harm from their own alcohol use. So the individuals concerned must work this out as applicable to each of them. To help people recognize subtle harms that their alcohol use causes requires some skill. The kind of harm that is applicable to one person's pattern of alcohol use is very different from that applicable to another's. People tend to recognize readily the harm that another person's alcohol use causes. They are less sensitive to the harm that their own way of using alcohol does to them.

For communities too, a 'general' understanding of the different kinds of alcohol-related harm is not enough. They have to see the different kinds of harm and the extent of each as applicable to their own community, preferably in numbers. One way to 'quantify' the harm is to see it in comparison with something else. The money spent on alcohol is better appreciated when they can see how it compares with the money they spend on food, for example.

Encouraging quitting or reduction of use

To get significant benefit to a community, *all* alcohol users have to be encouraged to look carefully at their own consumption. Quitting, reduction of consumption, or change of pattern of drinking alcohol are not recommendations just for a few users who are regarded as extreme or dependent ('addicted'). For community-wide benefit the drinking habits of all individuals should be the focus.

The money that alcohol diverts away from essentials, such as adequate food for the family, is significant in a poor community. Focusing on just a few alcohol drinkers at the 'extreme' is not enough to make a dent in this expenditure. This is just one example of why one needs to look at the consumption of all users.

People should be encouraged to quit or reduce alcohol consumption so as to improve their wellbeing. The move to promote quitting or reduction of alcohol use is not derived from an ideological opposition to alcohol. Different kinds of harm are associated with different amounts of use and with different ways of use. For some users the real harm that they see may not be enough to justify changing a habit that they have learnt to enjoy. These decisions are left to the individuals concerned. The objective is only in preventing the harm to people's wellbeing. And this has to be in cooperation with the people affected.

Crusades to force people to quit alcohol can impair community wellbeing, just as much as it can be impaired because of alcohol. Efforts to encourage quitting or reduction of use must therefore be based on helping alcohol users to see what harm it may be doing to them. These efforts can be individually focussed or more broad based.

Individually focussed approaches are often 'medical'. These generally encourage the use of professional help. A doctor in a local clinic may be available to see if medicines should be used to get over the phase of discomfort when alcohol is stopped.

Medical treatment for alcohol problems flow from what is called the 'disease model'. The adoption of the disease model was at one time an improvement on the existing moral view. Limitations of the disease model too are now well recognized. Alcohol problems are strongly environmentally responsive too. Even the severely dependent person is influenced by external contingencies. Helping responses should take into account this fact. Community responses to alcohol users are therefore not a subsidiary to medical care but probably a more important contributor to amelioration of problems.

How people use alcohol can be changed in many ways. One of these is to change the way that users look at their alcohol habit. The way people look at their alcohol use is influenced largely by how the group with whom they drink alcohol looks at it. Alcohol using groups generally promote alcohol as a great way to have fun or to relax. They tend to look at the 'ability' to drink heavily as a sign of experience or even of strength, and the unwillingness to drink much as a sign of weakness. And they often look at events where alcohol is not available as boring or silly.

All of these attitudes can be gradually addressed through good community work. Changing such perceptions among alcohol using groups is one step in reducing or modifying the community's drinking habit. Many people working to reduce alcohol-related harm find it difficult to communicate with alcohol users or to associate with them in their settings. This resistance needs to be overcome.

Specific measures to reduce consumption can be included in the agenda of 'drinking groups' too. A community approach has the advantage that it can work with the 'culture' of that community. Such issues can then be made the subject of discussion.

> *Encouraging quitting or changes in the amount or pattern of alcohol use should focus on appropriate interventions for all levels and patterns of alcohol use. Success is enhanced if the approach to current users focuses on improving their insight through a cooperative effort. The range of things to be done is wide, and includes approaches focused on individual users and those focused on the wider community.*

In putting these ideas into action, instant success should not be expected. Attempts to suddenly stop everybody drinking alcohol are not likely to succeed. Better results are achieved by making regular steady progress than by a sudden dramatic and intense burst of activity. For the steady approach to succeed, those guiding the activity must understand what outcomes to look for.

Small progress too can be measured. This requires a new way of thinking. What should be expected through a dialogue with a group of regular heavy drinkers? The progress achieved in a month will be small. But there will nonetheless be progress. If they all initially laughed off when asked whether they should try to reduce their alcohol use but none of them laughs now, that is a sign of progress. If about a third of them agree a month later that they should see how to reduce or stop their use, that is further progress. Some people are not sensitive to this kind of small stepwise progress and look only for an immediate cessation of consumption.

In community based work there is no deadline by which to finish work. Progress can be indefinite. This is a great advantage, compared to various ‘projects’ that are carried out by outsiders. A true community activity takes some time to take off but then does not need to stop. But signs of continued progress must be seen.

Counteracting forces which promote increased consumption

Minimizing alcohol-related problems is a little more complicated than, say, preventing anaemia, diarrhoea or tuberculosis. In most such ‘health problems’ there is no organized opposition to the preventive effort. No group of people tries to spread anaemia. But any attempt to reduce alcohol consumption, as a means to reducing problems, can provoke opposition. This opposition may be quite strong and open or quiet and insidious. What are the forces that wish to promote increased consumption?

Sometimes the opposition is just the resistance of some alcohol users who feel that their habit is being threatened. This is most likely if the preventive effort takes on a very ‘anti-alcohol’ flavour and when the users feel that it is also against them. At other times there may be hostility, for instance, from the local illicit alcohol vendor.

Another kind of force that counteracts preventive work, or serves to promote increased consumption, is the regular formal alcohol trade. In most of our countries the alcohol trade is a legal and legitimate industry. And its legitimate promotion of its product can serve to increase aggregate alcohol consumption in the community because its commercial promotion reaches the remotest areas. Some ways of immunizing communities to prevent them being swayed by these promotions have to be worked out. It is not usually within the power of local communities to change or prevent the promotion of licit alcohol products. Some of this promotion is global in scope and generally outside the reach of small communities.

> *Forces that promote increased alcohol use include the activities of some alcohol users, the small local licit and illicit alcohol trade and the formal organized alcohol trade. Any efforts that lead to reduced use may be counteracted by the other factors. Communities have to address all these influences if they are to succeed.*

The action that communities can take to counteract the influences which promote increased alcohol use are many. They do not require large resources such as those used to promote alcohol. Increased understanding by the community and an interest in protecting the community from their influence is a useful counter to alcohol promotions.

Addressing the influences which promote increased consumption has to be accompanied by an assessment of whether this effort is producing results. This is a difficult area to assess. Progress in this particular issue too can be measured, even though it is a little more sophisticated than the others.

Preventing the 'alcoholization' of all social events and activities

Some cultures promote alcohol use and some promote heavier alcohol use. A 'culture' regarding alcohol use can be recognized even for a small community. One community can be very different from its neighbour in how it treats alcohol.

A 'cultural' factor that influences the amount of alcohol use is the degree to which it is 'integrated' into social activities. In some societies, every social occasion is an alcohol using occasion. This is then copied by others. The greater the range of social events that have alcohol as an essential component, the greater its consumption. The greater the consumption, the greater the extent of alcohol-related problems.

One part of the 'alcoholization' of communities and cultures is the tendency to promote heavier drinking too. So alcohol becomes part of an increasing range of social activities and heavier alcohol use too becomes the trend. The consequences are that young people start consuming earlier in life, and older consumers start consuming more.

A harm that is not readily noticed is the narrowing of the repertoire of 'fun'. When all enjoyment is linked to alcohol there is a gradual learning process that results in alcohol being seen as an essential component for any enjoyment. People then learn to 'rely' on alcohol as the means for having fun or for enjoying themselves. After long training in this way they become incapable of experiencing good feelings in the absence of alcohol. This is another reason why all happy events should not be allowed to become alcohol events.

A community may be able to look back over the years and recall the kinds of occasions where alcohol was part of different social events. They can compare it with the present to see whether alcohol has 'encroached' on social events that previously weren't alcohol-centred. If they do recognize this, they may want to stop the trend spreading or even want to reverse it.

How does alcohol become increasingly the central part of any social event? The process is often unwitting and nearly always unseen. It just 'happens' that alcohol use is the main event at weddings in a particular community. Twenty years ago it may have been a subsidiary activity conducted outside of the main proceedings. And in even earlier times alcohol may not have been served at all at weddings. A community needs to become conscious of what is happening. They may then decide to do something about it or to leave it alone.

> *There is a tendency in many communities for alcohol to become an increasingly important part of social activities. The community must notice this trend, if it is present. They may then feel concerned enough to address it or choose to let it continue.*

A gradual demotion of the role of alcohol in social activities will help to reduce the uptake of alcohol by youth. And it will contribute to reducing the consumption of current users.

Appropriate restriction of availability

The easy availability of alcohol is a major influence on how much is consumed in a community. So also is its price or affordability, which are generally determined by national policies. A small community cannot do much to influence national policy on alcohol availability. But it can influence local availability.

If a community succeeds in restricting the supply of alcohol it will succeed in reducing alcohol-related problems. Alcohol that is sold legally cannot be restricted by an individual community. If a community wants this curtailed it will need to address the lawmakers to put into force restrictions that the community desires. Whether there is restriction of legally sold alcohol or not, there is, in many communities, a thriving trade in easily available and affordable illicit alcohol.

Restricting the legal alcohol trade without touching the illicit trade may not reduce significantly the community's alcohol-related problems. There is another argument that legal alcohol should be made cheaper and more accessible to reduce illicit alcohol. This measure too can be harmful in that a 'competition' between different kinds of alcohol usually leads to additional alcohol use rather than to a substitution of one for another.

Some communities, however, are boldly confronting the illicit alcohol trade. A movement by concerned members of a community can influence the illicit trade since the illicit traders are usually members of the community who produce and sell the substance and are possible to reach. There are communities where the illicit trader has been persuaded or forced to stop the business for the sake of the welfare of the community. This confrontational approach requires a considerable amount of organization on the part of the majority in the community. Sustaining such pressure is difficult. But it can lead at least to temporary reduction in consumption.

> *Reducing access and affordability are measures that reduce alcohol-related problems. But individual communities usually have insufficient power to do this. Illicit alcohol sales have been successfully restricted by some communities. But the effort required to do this is difficult to sustain.*

Even though communities may be unable to reduce accessibility or affordability of alcohol, they can draw attention to the problem. A resistance to ready availability should serve at least to minimize the risk of further increases of availability.

Encouraging the implementation of useful local and national policies

This again is a measure generally outside the authority of local communities. But it is useful that people recognize the importance of state policies in reducing alcohol problems. Increasing awareness should eventually contribute to the adoption of healthy national policies.

Reducing easy access and affordability is a measure that governments can adopt. If the number of outlets where alcohol is sold is reduced, or the price goes up significantly, there will be a beneficial impact by reducing alcohol-related problems. But the sale and availability of illicit alcohol will likewise need to be restricted simultaneously.

Restricting the advertising and promotion of alcoholic drinks is another measure that is likely to reduce alcohol consumption and problems. But the promotion of alcohol via the mass media is not only through formal advertising. How much alcohol is shown in the ordinary 'entertainment' programmes is also a powerful influence. So also is the way in which alcohol is depicted. These influences through ordinary programmes in the mass media are not prevented by restricting advertising. "Self control" by the mass media is an alternate strategy, which can be supported by governments.

Special measures directed at individual users or situations can also be included in a national policy. An example is the prevention of 'drunken driving'. A vigorous and well-publicized campaign by law enforcers reduces deaths due to road accidents.

> *Policy measures to reduce alcohol-related problems are generally outside the scope of community action. But there are policies that will help reduce problems. Increasing awareness of these will contribute to eventual adoption of good policies by lawmakers. The impact of action to promote good policies is therefore long term. Those who wish to promote good policies should do so with a clear understanding of this fact.*

9. IMPLEMENTATION OPTIONS

How can someone interested in initiating a response in his her own country set about doing so?

The attempt should be to make people take action as well as to make the action fruitful. To make action fruitful there has to be a through understanding of the issues involved. And action has to be based on a model that allows the implementers to look at short-term outcomes of success which encourages them to continue.

The mechanism of implementation appropriate to one country, state or province can be quite different from that for another. All those conducting the day-to-day community work must all be provided a 'high level' of support and stimulation.

The expectation that the majority of communities are likely to need a "push" to get started is probably realistic. So mechanisms have to be created to contact, stimulate and then keep in touch with selected communities. This means that some technical guidance too should be provided. The risk of stimulation and encouragement with no technical guidance is that ineffective or even counterproductive action may blindly proceed.

The following options are available to provide the desired inputs to communities; the most appropriate for each setting can be selected:

9.1 Partnership with People, Organizations or Agencies Already Interested in Alcohol-related Problems

Agencies already working in the field are likely to respond readily and enthusiastically. Even if significant external funding is not available, such individuals and agencies are likely to provide continuing inputs to interested communities.

A drawback, however, with such agencies already is that they tend to perpetuate what they do and may not be keen to look critically at their work.

9.2 Building Interest among Agencies Working in Other (Allied) Fields

There are people and agencies working in areas other than alcohol problems who see the enormous relevance of alcohol to their own work. Those working broadly for 'development' or poverty reduction are examples. They can be a good resource for guiding community action in the alcohol field. An agency may already have a track record of working with commitment and professionalism in their chosen field. Providing them the technical resources for alcohol-related work is an option to consider seriously.

Some such people or agencies are reluctant to take on alcohol into their agenda, because they feel they are not 'exemplary' – namely, that they too use alcohol. This attitude arises from the common misconception that prevention of alcohol problems is equivalent to

advocating total abstinence by all, as a kind of moral movement. Excluding those who consume alcohol from a role in promoting correct attitudes to alcohol use is not necessary.

Among the many agencies that do not have alcohol problems as part of their agenda there will be some who are highly professional. If such groups take on the role of reducing alcohol problems, they will bring expertise in, say, assessing impact of activities. And the fact that they are not already working in the alcohol field means that they are less likely to be dogmatic or to work on the basis of blind loyalty to one particular approach. Thus they may be able to look dispassionately at the range of responses needed and make a rational and informed choice of how to go about things. And they are less likely to be resistant to evaluating critically the impact of their work.

9.3 Lobbying Local Business or Private Sector

There is globally an increasing participation of business interests in public health promotion. Such participation need not necessarily be restricted to big businesses. For work in a community setting, the small local business community may be an adequate sponsor. Business interests are able to offer some measure of financial support for activities. And a regular financial contribution, even small, is a great contributor to continuity of community action.

9.4 Building Linkages through Government Agencies

The state health, education, and social service sectors have direct responsibility to deal with aspects of alcohol problems. Where poverty reduction is dealt with by a separately identified state agency there is relevance of alcohol-related work there too. Youth affairs, sports or cultural and religious affairs agencies too can be persuaded to deal with aspects of alcohol-related problems. The possibility of engaging the interest of such agencies in giving an impetus to continued community responses on alcohol-related problems is worth exploring.

9.5 Building Linkages through Known Individuals

Just the goodwill and interest of "opinion leaders" is an enormous resource for community work. To find the correct people is not easy. Such individuals from within or outside the community can help foster action by the community and give it the necessary encouragement as well as critical guidance.

9.6 Establishing a Local or National 'Focal Point' for Dealing with Alcohol

If a person, group or existing agency is willing to work as a 'focal point' in dealing with alcohol problems, efforts are more coordinated. The idea of a responsible agent or agency helps in getting many things started and in getting things to continue to progress. In many countries there is a country-level 'focal point' for alcohol issues as there is for HIV prevention, for example. Sometimes alcohol is one of several responsibilities given to one agent.

9.7 Creating an E-mail Network

Electronic mail networking is one means of spreading a 'distance mode' net. Where the infrastructure has moved towards this form of communication, e-mail networks can form a convenient means of mutual support, stimulation and supervision.

10. ACTIVITIES WHICH CAN BE INITIATED IN THE NEAR FUTURE

Four areas of work on prevention of harm from alcohol abuse can be initiated immediately:

10.1 Advocacy for Policies on Alcohol-related Issues

Advocacy efforts should be initiated at making government and nongovernmental organizations currently involved in other community-level activities to also become involved in efforts to reduce alcohol-related harm.

10.2 Prevention of the Initiation of Alcohol Use

Using the lifeskills approach, information and education should be provided to adolescents regarding harm from alcohol use. Hopefully, the self-empowerment will prevent children from initiating alcohol use. Activities should be addressed both to children in school and out of school. Emphasis should be placed on rural alcoholism.

10.3 Early Intervention to Prevent Harmful Use of Alcohol

These projects should aim at preventing people who start alcohol use in peer groups or in parties as “fun” from becoming chronic users. The programme strategy should be self-empowerment. Programmes particularly addressed to patterns of drinking in rural areas should be developed.

10.4 Harm Reduction in Chronic Users of Alcohol

Any use of alcohol which interferes with one’s daily life can be considered as “harmful”, e.g. road traffic accidents after a bout of drinking, family violence after drinking on pay-day etc. Projects to address harm reduction from alcohol use should be developed.

11. CONCLUSION

Alcohol abuse has a significantly adverse impact on the lives of affected persons and their families, most notably on their health. Simultaneously, the substantial socio-economic impact and the burden on the communities or nations facing increasing alcohol use warrants attention. There is, therefore, an urgent need to focus on prevention of harm from alcohol use and abuse in countries of the Region, both from the perspective of health promotion as well as social development.

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