

3 RANGE OF COMMUNITY RESPONSES NEEDED

What steps are useful in reducing alcohol-related harm? In order to address this question, we must look at the total picture of the harm brought about by alcohol use in the community. People often advocate responses based on their desire to do something about a problem they see, but this may not be the best thing to do. The best things to do are those that are supported by evidence of success, those that appear theoretically promising (based on a model for understanding how to improve things), and those that can be put to an empirical test in real life.

Creating awareness or concern about the harm from alcohol use is not enough to counter it. To find the best ways to respond we need to understand the way in which alcohol-related problems are generated and perpetuated. It is only *then* that we can see *how* to bring together the different elements needed in an effective response.

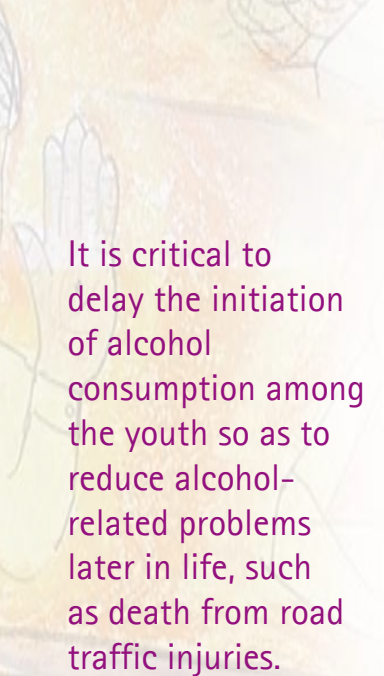
3.1 Some Issues Underlying Alcohol-related Problems

There is clear evidence that alcohol-related harm is directly linked to the total amount of alcohol consumed in a particular population (Edwards, 1994). The same should apply to individual communities too. 'Population factors' strongly influence individual drinking problems.

How people behave after using alcohol is a significant factor that influences the occurrence of alcohol-related problems. Driving motor cars after consuming alcohol is an example. Aggression and violence after drinking is another. 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. So we need to look at the social influences that promote 'alcohol-induced' aggression (McAndrew and Edgerton, 1969).

Individual heavy drinking is another major cause of problems and this is often associated with dependence. Dependent drinkers appear to have less control over their consumption and tend to drink more than others do.

The behaviour of people after consumption of alcohol plays a key role in the incidence of alcohol-related problems.




It is critical to delay the initiation of alcohol consumption among the youth so as to reduce alcohol-related problems later in life, such as death from road traffic injuries.

Heavy consumption is also encouraged by social customs and established habits in certain groups. This can increase the occurrence of dependence. Starting regular drinking early in life can also increase the occurrence of later dependence. It is critical to delay the initiation of alcohol consumption among the youth, so as to reduce other alcohol-related problems later in life, such as deaths from road traffic injuries. (Hingson, 1983; Wagenaar, 1987)

The availability of services for helping individuals with alcohol-related problems, along with community support can also lessen the prevalence of problems.

3.2 A Model for Action




To address the issue of harm from alcohol use, our communities have to start moving in a certain direction. This movement must be along several parallel lines in order to create the end results that we want. A certain attitude has to be inculcated among the community, for instance, to delay the onset or initiation of alcohol use. This includes reducing the attractiveness of alcohol to the youth and curtailing the social privileges attached to alcohol consumption. There are many other contributors too. So our action plan should be based on a model that looks at the *underlying factors* leading to the eventual changes that we want. A list of underlying factors to be addressed is as follows:

- a. Generating concern about the harm caused by the use of alcohol
- b. Reducing the attractiveness of alcohol
- c. Encouraging quitting or reduction of the use of alcohol
- d. Counteracting forces that promote the increased consumption of alcohol
- e. Appropriate restriction of availability

How each of these can be translated into action is taken up in the section entitled 'A Plan for Action'. A few guidelines and theoretical issues are dealt with here. Each issue is taken up for detailed discussion separately, but they should not be implemented separately. Each community can be encouraged to take up the issues that it sees as priority.

a. Generating concern about the harm caused by the use of alcohol

Most communities in countries where alcohol is freely consumed recognize alcohol as the cause of a number of problems. Even so, they rarely recognize the *full extent* of harm from alcohol use. There are two facets to this failure to recognize the real damage caused by alcohol consumption.



In communities permitting liberal consumption of alcohol, the actual extent of alcohol-related damage is rarely recognized.

One is not recognizing the *range* of problems that alcohol causes and the second is not recognizing the *severity* of the problems that they do perceive. The previous section listed the harmful effects that often pass unnoticed. But even when problems caused by alcohol consumption are more visible and immediate, like death, disease and economic and social problems, people still fail to recognize the *severity* of these. Often, they cannot appreciate the loss in productivity nor the actual money spent on alcohol.

Just as people recognize the harm, they also need to look closely at the possible 'benefits' as mentioned in the previous section. An ability to look critically at the alleged benefits is as important as looking at the alleged harm. Individuals need guidance to help them recognize the full extent of loss from their own alcohol consumption, which each person must estimate individually, since each person's drinking pattern is different and would therefore impact differently on his life. So, while people can recognize the harm that *another* person's alcohol dependence is causing, they cannot see their *own* problems so easily.

For communities, as for individuals, a 'general' understanding of the different kinds of alcohol-related harm is not enough. They have to see the extent of harm as applicable to their own community. 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.

b. Reducing the attractiveness of alcohol

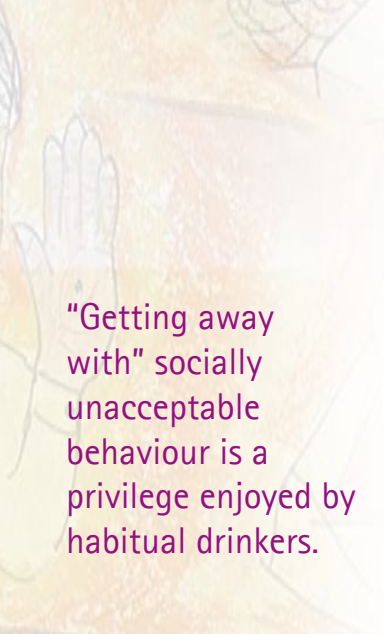
People's perception of alcohol influences their desire to use it. It also influences how they interpret their own alcohol experience. Young persons expecting to feel good are likely to interpret any experience they get from alcohol use as pleasant. Expectation of pleasure is an aspect of the *image* of alcohol, and reducing the attractiveness of the image of alcohol, and of 'drinking', can contribute to reducing or delaying the initiation of young people into alcohol use.

Symbolic value placed on alcohol

The attractiveness of alcohol use is also related to the symbolic value placed on alcohol, such as attaining adulthood. Most of the symbolic meanings are socially attractive. Even where the use of alcohol is frowned upon, it has attraction as a symbol of non-conformity or rebelliousness. Knowing the differences between various brands of alcohol, or drinking the more expensive brands indicates wealth or sophistication.

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"Getting away with" socially unacceptable behaviour is a privilege enjoyed by habitual drinkers.

Subjective effect of alcohol

Most users report the feeling of intoxication as a pleasant or pleasurable experience. However, many people do not feel good when they drink alcohol. Such people are not allowed to express their true experience in a group setting where alcohol is being consumed. The common expectation is that alcohol provides a pleasurable feeling and this expectation also further enhances its attractiveness.

Integration of alcohol use into all activities

The extent of integration of alcohol use into ordinary social events and activities also adds to its attractiveness. Communities differ in the extent to which they promote the use of alcohol and heavy alcohol consumption. Even a small community has a 'culture' regarding alcohol use. In some communities, every social occasion is an alcohol-using occasion. In others there may be few or many. The tendency to promote heavier drinking too is part of the culture.

People may be able to look back over the years and recall the kinds of occasions where alcohol use was part of diverse social events. They can compare it with the present to see whether alcohol has 'encroached' on social events that previously were not alcohol-centred. If the trend in a given community is that alcohol use is becoming a more central part of social activities, that community has to recognize the potential danger of this trend.

Privileges attached to the use of alcohol

Reducing privileges will reduce the attractiveness of alcohol. Unfair privileges attached to alcohol consumption are many, but again, these too are not readily recognized. Understanding the privileges conferred on alcohol-users is the first step towards changing them.

Permission to "get away with" behaviour that is normally not allowed is an example of a privilege given to alcohol-users. If, for instance, a man uses abusive language on another without significant provocation, people are likely to think badly of him. But if he does the same thing after consuming alcohol, the negative reaction is generally less. He is 'excused' because he was drunk. This is an example of a privilege that is given to someone who consumes alcohol.

People are not held responsible for their actions while 'drunk' (Room and Collins, 1983). There is evidence though that alcohol-users do conform to certain norms of behaviour that societies set for the intoxicated (Hilton, 1987; Cahalan, 1969). The norms differ according to the gender,

ethnicity and age of the drinker (Greenfield and Room, 1997). The range of privileges is wide. A young man who is shy, say, of expressing his feelings to a girl may find alcohol a great support. After consuming even a small quantity of alcohol, he approaches her confident in the knowledge that he has 'had a drink'. Of course, should he fail, he can blame it on the alcohol! This kind of 'benefit' is not harmful to others, although, some others certainly are, and some of these 'benefits' are available even without consuming significant amounts of alcohol. All that is needed is that the user is aware of having consumed alcohol and so are the others of that group.

Communities can learn how to reduce the unfair privileges given to alcohol-users. This is dealt with in the following section, 'A Plan for Action'. The extent to which each community addresses this will vary.

c. Encouraging quitting or reduction of use

It is important to encourage all alcohol-users in the community to look carefully at their pattern of consumption. Quitting, reducing consumption or changing drinking patterns is recommended, not just for addicts dependent on liquor, but every individual who uses alcohol (Humphreys and Tucker, 2002).

Quitting or reducing consumption enhances individual well-being. It is not based on moral grounds and often, for some users, the actual damage is also not enough to justify changing a habit that they have learnt to enjoy. However, these decisions are best left to the individuals concerned — our interest should be in preventing the harm to people's well-being. Trying to force people to quit alcohol unwillingly can impair community well-being.

There are, of course, medical approaches for individuals with alcohol-related problems and a doctor in a local clinic can prescribe medicines to deal with the withdrawal symptoms that may appear as a result of stopping consumption. Medical treatment for alcohol-related problems is based on a 'disease model' (Klingemann, 1992), but it has its limitations (McLellan, 2002; Pattison, 1977).

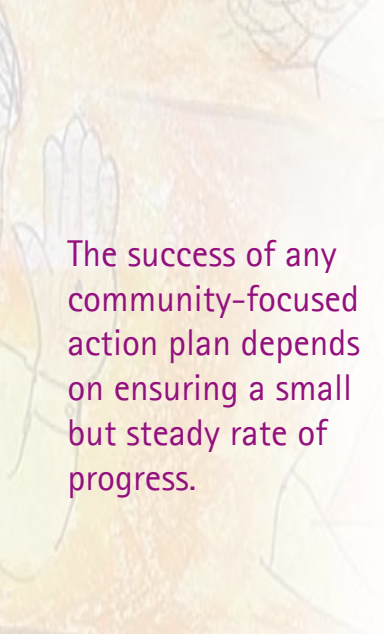
Community-focused approaches are broader than purely medical treatments and good community-based work can gradually change attitudes and perception. A community approach has the advantage that it can work with the 'culture' of that community and take up sensitive issues for discussion. This is discussed in 'A Plan for Action'(Section 4).

The success of any community-focused action plan depends on ensuring a small but steady rate of progress. It also requires continuous monitoring. There is no deadline by which a community must finish

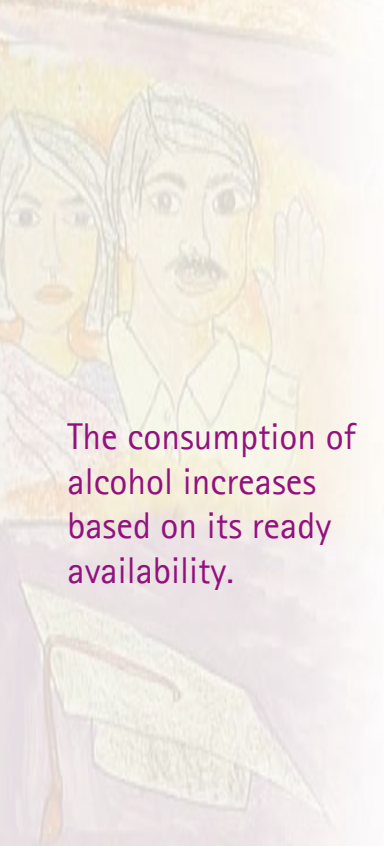
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Giving up or cutting down alcohol use contributes to an individual's holistic well-being.





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The consumption of alcohol increases based on its ready availability.

its work and, in fact, indefinite progress is possible. A true community activity takes off slowly but does not need to stop.

d. Counteracting forces that promote the increased consumption of alcohol

Minimizing alcohol-related problems is more complicated than, say, reducing anaemia or tuberculosis. This is because the production of alcohol is a huge industry, and any attempt to reduce alcohol consumption provokes strong adverse reactions from the liquor lobbies and other ancillary industries.

Some alcohol-users resist attempts to reduce alcohol-related harm. They may feel that their habit is being unjustly threatened. If the preventive effort takes on a very 'anti-alcohol' approach, users may feel that it is also against them individually.

Communities can take effective action to counteract the influences that promote alcohol use by understanding why and how this happens. This sort of enhanced understanding by the community would work as a counter-measure to alcohol promotions.

e. Appropriate restriction of availability

Ready availability influences how much alcohol is consumed in a community (Lenke, 1990; Osterberg and Saila, 1991). So does the price or affordability of alcohol. These are influenced mostly by national policies. Local communities may find the broad policy arena too distant. But people should recognize the importance of national or state policies in reducing alcohol-related problems. Increasing awareness contributes to the eventual adoption of healthy national policies. National policies can reduce alcohol-related problems (Babor, 2003; Edwards, 1994; Grant, 1985). Community-based work generally does not reach the level of national policy but it can certainly influence local availability.

Restricting the supply of alcohol reduces alcohol-related problems. An individual community cannot easily restrict alcohol that is sold legally. Moreover, restricting the legal trade of alcohol without touching the illicit trade may not reduce the community's alcohol-related problems. It is easier for communities to take on the illicit alcohol trade. Since illicit traders are usually members of the community, unlike the legal trader, they can therefore be reached quite easily.

Even if communities are unable to reduce accessibility or influence the price of alcohol, they can certainly draw attention to the problem and point to the dangers.