

Reducing Harm from Use of

ALCOHOL

Community Responses



“ALCOHOL CONTROL” SERIES, No. 5

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- No.1. Burden and Socio-Economic Impact of Alcohol —
The Bangalore Study
- No.2. Public Health Problems Caused by Harmful Use of Alcohol —
Gaining Less or Losing More?
- No.3. Alcohol Control Policies in the South-East Asia Region —
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- No.4. Alcohol Use and Abuse — What You Should Know

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Author

Dr Diyanath Samarasinghe

Professor of Psychiatry

Department of Psychiatry

Faculty of Medicine

University of Colombo, Sri Lanka



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ALCOHOL
Community Responses

“ This manual is a self-learning handbook
for concerned citizens to effectively
implement community-based
action programmes ”



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For technical information, please contact:

Dr Vijay Chandra, Regional Adviser, Mental Health and Substance Abuse Unit

Dr Rajesh Pandav, Short-term Professional, Mental Health and Substance Abuse Unit

Dr U Than Sein, Director, Department of Non-communicable Diseases and Mental Health

Department of Non-communicable Diseases and Mental Health

World Health Organization

Regional Office for South-East Asia

New Delhi, India

Email: mhs@searo.who.int

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1

INTRODUCTION

1.1 What is Alcohol?

Alcohol is a generic term for many different chemical compounds; each with its own distinct properties. It is a clear, colourless liquid that comes from fermenting — or breaking down — natural substances such as fruit, corn, grain or sugarcane. The type of alcohol consumed by humans is ethyl alcohol or ethanol. Ethanol can have different colours, tastes, potency (strength) and flavours depending on the fruits or vegetables used in its manufacture, the process of manufacture and the additives used.

The term alcohol encompasses diverse chemical substances each having different properties.

1.2 What is Harmful Use, Hazardous Use of Alcohol?

Amongst those who consume alcohol, the spectrum of use can range from occasional use, hazardous use, harmful use (also called problematic use or alcohol abuse) to dependence. The proportion of different groups of this spectrum varies considerably among different societies and there are differences even within each individual country / a specific geographical area. The definition of occasional use and harmful use varies across societies and cultures, but is beginning to be delineated. The International Classification of Diseases (ICD-10) published by the World Health Organization uses the term “harmful use” to indicate a pattern of alcohol use similar to alcohol abuse.

Traditionally, any alcohol use pattern which is significantly problematic, leading to significant social, occupational or medical impairment, has been called ‘alcohol abuse’. However, in recent times, the term “harmful use” is being used more frequently, especially in the context of health consequences of alcohol use. Thus, harmful use can be described as “a pattern of alcohol use that is causing damage to health”. The damage may be physical (e.g. liver damage) or mental (e.g. episodes of depression). “Harmful use” may not necessarily be a result of daily consumption of alcohol. Harm from alcohol use could also be due to “binge drinking”, i.e. drinking large quantities of alcohol at a single time. This could result in road traffic injuries, domestic violence, perpetuation of poverty etc. Other patterns of consumption, such as consumption of alcohol by pregnant women, would also qualify under the term “harmful use” in a broad sense.

The "drinking pattern" which causes damage to an individual's health is termed as harmful use of alcohol.

Spectrum of alcohol consumption

Harmful use

A pattern of alcohol use that is causing damage to health. The damage may be physical (e.g. liver damage) or mental (e.g. episodes of depression).

Source: Adapted from WHO (2003)

Hazardous use

Hazardous use is a pattern of alcohol consumption carrying with it a risk of harmful consequences to the drinker. The damage may be to health — physical, or mental, or they may include social consequences to the drinker or others. In assessing the extent of that risk, the pattern of use, as well as other factors such as family history, should be taken into account.

Source: Adapted from Babor and Higgins-Biddle (2001)

Hazardous consumption of alcohol can be either heavy or "binge drinking" (too much drinking on one occasion) or pathological drinking (unable to stop drinking once started). "Binge drinking" is defined as the consumption of five or more drinks in one sitting (or on one occasion). The health risks associated with "binge drinking" due to the toxicity of alcohol include hangovers, headaches, and abdominal problems resulting in diarrhoea, nausea and vomiting. Importantly, because intoxication stops one from thinking clearly and acting sensibly, "binge drinking" puts the person and also others at risk of harm from avoidable dangers: for example, injury due to falls, risky behavior or assault. It is due to this that alcohol is closely associated with road traffic injuries, fights and violence, coercive sexual activity and unprotected sex. Serious "binge drinking" can result in alcohol poisoning and subsequent death.

1.3 What is Alcohol Dependence?

ICD-10 describes alcohol dependence as "a cluster of physiological, behavioural and cognitive phenomena in which the use of alcohol takes on a much higher priority for a given individual than other behaviours that once had greater value" (WHO, 1992). Thus, the central feature of alcohol dependence is the overpowering desire to consume alcohol. If a person has reached a stage of severe dependence, medical care is needed.

The conditions of dependence and harmful use of alcohol are grouped as "Alcohol Use Disorders". The problems in the personal, family and social sphere of the alcohol-dependent person are well-documented. What

Alcohol dependence syndrome

A cluster of behavioural, cognitive, and physiological phenomena that develop after repeated alcohol use, and that typically include a strong desire to consume alcohol, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to alcohol use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state.

Source: Adapted from Benegal V et al. (2001)

is beginning to emerge is a pattern of the myriad problems associated with even occasional use of alcohol. These range from domestic and family violence to road traffic injuries or other occupational accidents, to the impairment of physical and/or mental health. These and such other problems in the absence of dependent use are grouped as “alcohol-related problems”. The recognition and acceptance of the “alcohol-related problems” group as a “problem” is associated with the definition of a social drinker and general attitudes of the particular community or society towards alcohol use. This implies that certain communities may be more tolerant to excess alcohol consumption and ignore the “transient problems” related to the use of alcohol, whereas other communities may be intolerant. For example, in certain communities, verbal abuse of a wife by her husband who is under the influence of alcohol is tolerated as a cultural phenomenon.

1.4 Basis of Community Responses in Reducing Harm from the Use of Alcohol

Alcohol is now recognized as a cause of many problems in society. Increasingly civil society and governments are addressing issues related to harm from alcohol use on people, families and society in general. Several approaches have been tried. There is some evidence that government policies are effective in controlling the supply of alcohol. Although the implementation of government policies is important, this is not the only strategy which can be used. Action in the community by concerned citizens can also make a difference and even though evidence of such benefits on a large scale is limited, there are a number of instances wherein small community action programmes have been successful.

The most important part of such a community-based programme is the *action* component and it is to *initiate* such community action that this manual has been written. The model for action and the recommended

Civil society and governments are working to mitigate the ill-effects of alcohol abuse on the general public.





The concerted efforts of even a few citizens can bring about a positive change in the community.

responses are based on a review of the literature and the personal experience of the author on pilot projects in many settings. As many real-life experiences as possible have been incorporated in formulating the actions recommended here. But each recommended step can be improved upon, especially when the basic principles are understood. New ideas too will constantly emerge. These are worth sharing if they lead to improved impact.

A short discussion of the relevant theoretical basis of harm from the use of alcohol is included in the first four sections. These can be skipped if required, although understanding the basis of recommended actions will, of course, help the reader to be more efficient in implementing any community responses.

This manual is intended to serve as self-learning material for a community-based action programme which concerned citizens can carry out in their own communities. Effecting change in the community is not very difficult and the process can be initiated by anybody with reasonable ability and genuine concern. There are many obstacles as well as encouraging experiences that a person working for community change will encounter — the important lesson is to learn from both types of experiences.

This manual is not meant to be a review of the literature on harm from alcohol use or for people with special knowledge of alcohol-related problems. Sections can be read in any order, depending on the interest of the reader. The cumbersome 'he or she' and 'his or her' is avoided. Generally one or the other pronoun is used.

This manual is a self-learning handbook for concerned citizens to effectively implement community-based action programmes.



CONSEQUENCES OF THE USE OF ALCOHOL

This section gives a brief outline of the consequences of the use of alcohol. Most communities recognize that alcohol is harmful to individuals and society, but they are usually concerned about only one or two aspects of the harm. Often they are unaware of the magnitude of damage that alcohol consumption can lead to. The visible, apparent problems of the use of alcohol are what people can see and identify with, but the many more serious, internal problems remain unrecognized and unnoticed by the community. Some of the dangers and problems associated with alcohol use and abuse are as follows:

2.1 Deaths

There is a definite link between a higher incidence of death by accident, injury, violence and suicide, and alcohol use, although in smaller communities, this correlation may not be easily recognized.

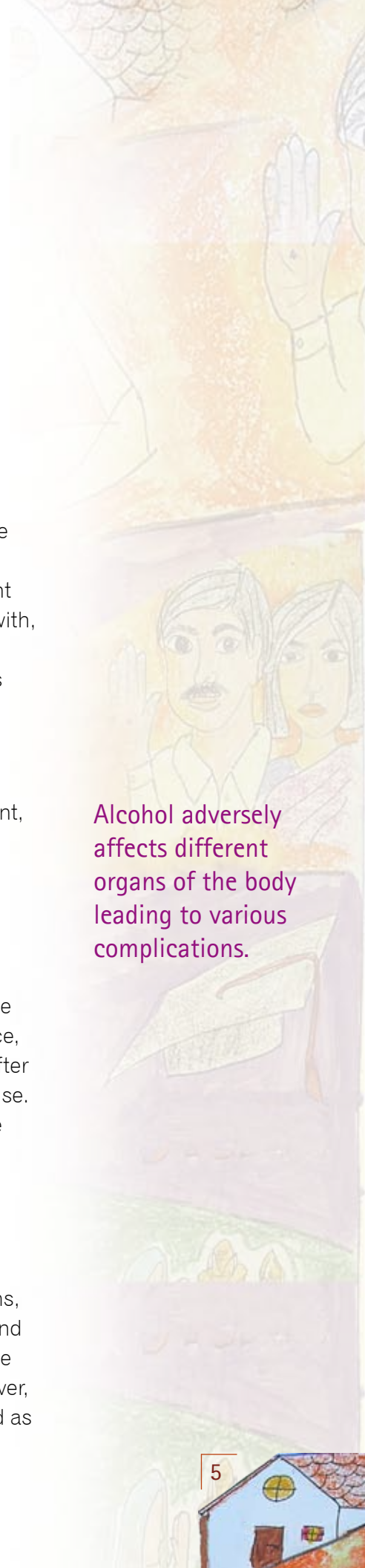
2.2 Medical Diseases

Alcohol adversely affects different organs of the body. Medical complications due to the use of alcohol can range from acute damage to the lining of the stomach to severe chronic liver damage, impotence, and loss of mental ability. Some effects are serious and occur soon after alcohol consumption; others are chronic and occur after prolonged use. While some complications can be reversed or treated by stopping the intake of alcohol, others may cause irreversible, permanent damage.

2.3 Psychiatric Diseases

Alcohol-induced mood disorders and suicide

Persons who abuse alcohol can have a variety of depressive symptoms, both during intoxication and during withdrawal from alcohol. It is found that about 50–60 per cent of alcoholics have depressive symptoms like sadness, feeling low, lack of interest and pessimistic thoughts. However, in only half of them are the symptoms severe enough to be diagnosed as



Alcohol adversely affects different organs of the body leading to various complications.

depressive illness, which requires active treatment with anti-depressants and other supportive therapy.

Suicide rates among alcohol-dependent persons are higher than in others.

Alcohol-induced psychotic disorder

About 3 per cent of chronic heavy drinkers develop psychotic symptoms. These symptoms are varied and may range from transient, fleeting hallucinations to persistent hallucinations and delusions. The presence of hallucinations and delusions results in behavioural problems and socio-occupational impairment.

Alcohol-induced jealousy

This problem is common in alcoholics wherein they suspect their spouses of infidelity. The belief is strong enough to influence their personal and social behaviour and may sometimes lead to significant inter-personal problems.

2.4 Disability

Alcohol consumption leads to loss of productivity. This can be measured in the number of days of healthy life lost. Measured in 'Disability Adjusted Life Years' (DALYs), alcohol is found to be a relatively higher contributor than most other major causes of premature deaths (Murray and Lopez, 1996).

2.5 Psychosocial Problems

The behaviour of the dependent person affects not only the drinker but the entire family and wider society as well. In today's context, alcohol-related problems are seen as a disease affecting the whole family and as a social problem. Evidence of the role of the family and society, in both the etiology and management of the disease, means that it is essential to examine the psychosocial aspects of alcohol-related problems.

Violence or aggressive behaviour of various kinds is attributed to alcohol use. This belief is based on the assumption that alcohol makes people uninhibited. Whether violence is the result of alcohol consumption, or the acceptance of alcohol as a valid excuse, needs debate. But it is certainly true that violence after alcohol use is inflicted on the relatively powerless members of society, usually women and children. Intra-family violence is often associated with, or committed under the influence of, alcohol intoxication. A man is more often allowed to get away with abusing his wife, for example, if he has consumed alcohol.

Alcohol-related problems are seen as a disease affecting the whole family.

A man is more often allowed to get away with abusing his wife if he has consumed alcohol.

Commonly recognized psychosocial complications of alcohol use			
School	Family	Social	Legal
<ul style="list-style-type: none"> • Inefficiency • Poor performance • Frequent absence • Accidents in school • Suspension from school 	<ul style="list-style-type: none"> • Frequent fights • Neglect of family duties • Physical violence with family members • Long absence and running away • Rejection 	<ul style="list-style-type: none"> • Distance from friends • Misbehaviour with others • Decreased social reputation • Loss of position • Social isolation • Constant borrowing • Inability to return borrowed money • Fights, quarrels, thefts 	<ul style="list-style-type: none"> • Disobeying rules • Drunken driving • Thefts and petty crimes • Involvement with criminal gangs • Arrests and court cases • Conviction • Imprisonment

Source: Adapted from WHO (2003)

2.6 Limiting People's Lives


The consequences of regular alcohol use mostly go unnoticed. Consuming liquor is promoted by companies as a 'fun thing' to do but a serious consequence of regular consumption is that people's 'fun' situations become limited because they begin to depend on alcohol to relax or to enjoy socializing. With time, they begin to associate alcohol use with the mood that they want to achieve and this soon progresses to their needing alcohol to achieve these positive moods.

In the early stages this is seen as a need to have a glass of alcohol in one's hand to 'switch on' and enjoy an evening. This may soon lead to the need for at least slight intoxication to relax or 'have fun'. Soon the addict cannot relax or enjoy anything unless it includes drinking alcohol. Thus the person's life slowly begins to revolve round alcohol and his range of happy situations become limited. Alcohol alone becomes enjoyable, or relaxing.

Missing out on the wider range of experiences, situations and activities that can bring joy, relaxation or other positive feelings is a definite loss. Although alcohol is presented as an agent that increases 'pleasure' (Peele and Grant, 1999), in reality this is not the case.

2.7 Reduced Community Well-Being

When alcohol induced 'fun' means breaking social norms, it has severe repercussions on society. Social rules and norms are usually enough to protect the weak and disempowered. But when enjoyment of alcohol comes from breaking the rules, someone else may have to suffer. The

A background illustration on the left side of the page. It features a large, light-colored hand with fingers spread, positioned above several stylized faces with large eyes. The overall style is soft and painterly, with a color palette of yellows, oranges, and purples.

alcoholics' enjoyment is then bought at the cost of others' well-being. These others are commonly the weaker members of society — women, children, the powerless and the disadvantaged.

2.8 Methanol Poisoning

This is usually accidental, and occurs due to ingestion of methyl alcohol instead of ethyl alcohol. Methyl alcohol is used as a substitute during the manufacture of illicit alcohol. Instances of methanol poisoning occur more in situations of total prohibition and during periods of very tight legal controls. The adverse effects of methanol occur due to two poisonous products, formaldehyde and formic acid, which are formed when methanol is digested by the body. The toxicity of these two compounds is most pronounced on the eyes and may lead to blindness. At times death can occur due to the inability to breathe.

2.9 Purported Health Benefits of the Use of Alcohol

Some people believe that drinking small quantities of alcohol daily is beneficial for physical health, especially in preventing heart attacks. Such beliefs therefore tend to encourage alcohol consumption as a health-promoting strategy. While there is some evidence from USA and Europe, which shows that those who consume small quantities of alcohol daily have fewer heart attacks as compared to non-drinkers, the research papers documenting these findings clearly state that daily alcohol use is not, and cannot be recommended as a public health strategy for protection against heart attacks. The implication of a scientific finding of this nature is all the more important for communities such as those in the South-East Asia Region which do not as yet have a large proportion of daily social drinkers as compared to the communities in USA and Europe. A problem with daily consumption of "small quantities" of alcohol is that the quantity frequently increases to damaging levels, leading at times to alcohol dependence.

2.10 Impact of Alcohol on Marginalized Communities

Marginalized communities, which include geographically isolated communities, minorities, economically and socially deprived sections, are often victims of the harmful effects of alcohol. In these areas, alcohol is often projected as an 'escape' from the deprivation to which they are exposed. Sometimes employers will pay wages in alcohol rather than cash.

Sometimes alcohol is brewed at home. This leads to diversion of food grains to alcohol production, thus aggravating hunger and poverty. As in

Daily alcohol use is not, and cannot be recommended as a public health strategy for protection against heart attacks.

other communities, accidents while in a state of intoxication can lead to severe injury or death.

2.11 Impact of Alcohol on Young People

Alcohol use usually begins as 'experimentation', often within the family on special occasions such as birthdays or marriages. However, in the South-East Asia Region, alcohol experimentation also starts within groups of friends. 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 States of the Region are increasing.

There are various factors associated with alcohol consumption in the Region. 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 affect children's pattern of alcohol consumption. Although drinking, unlike smoking, does not take place during the actual 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 any behaviour while intoxicated is excused. Availability, advertising and legal restrictions on the supply of alcohol are known to influence drinking habits among young people.


Marketing, particularly to the young, plays a critical role in the globalization of patterns of alcohol consumption. Alcohol producers spend not only on 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 use increasingly popular among the young.

2.12 Impact of Alcohol on Women

Traditionally, women, like men, have consumed alcohol in some communities in the Region, particularly for rituals and on social occasions. However, in recent years, there has been an increase in alcohol consumption among young women. This is of concern for multiple reasons. First of all, women are more vulnerable to the effects of alcohol because of their smaller physical build as compared to men.

Initial experimentation by some young people, may lead to harmful consumption of alcohol or addiction.





The growing alcohol consumption among young women is of great concern.

Secondly and more importantly, the consumption of alcohol during pregnancy can be very unsafe, particularly for the unborn child leading to a *fetal alcohol syndrome*. Thirdly, women play a primary role in managing households and children in communities of the Region. This responsibility is affected if women are habituated to alcohol.

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.

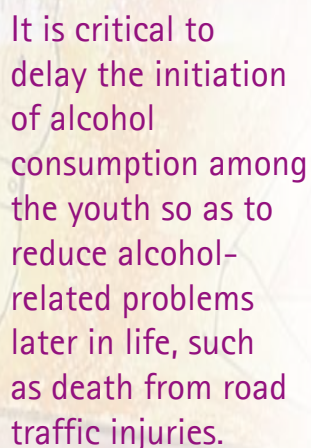
3.1 Some Issues Underlying Alcohol-related Problems

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.

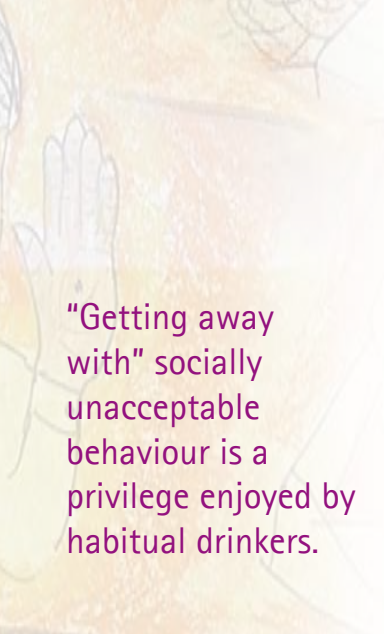
Symbolic value placed on alcohol

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.

While people can recognise the harm that *another* person's alcohol dependence is causing, they cannot see their *own* problems so easily.

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.





"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).

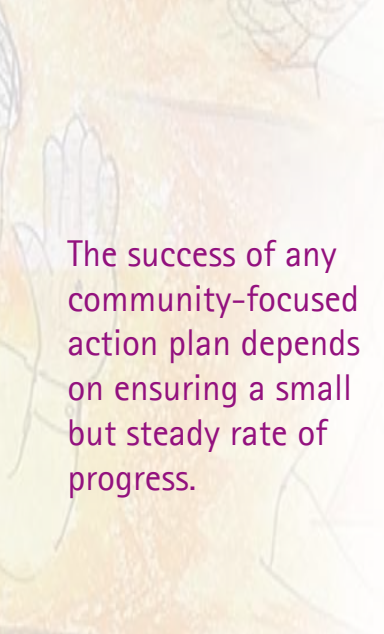
Community-focused approaches are broader than purely medical treatments and good community-based work can gradually change attitudes and perception. A community approach has the advantage that it can work with the 'culture' of that community and take up sensitive issues for discussion. This is discussed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

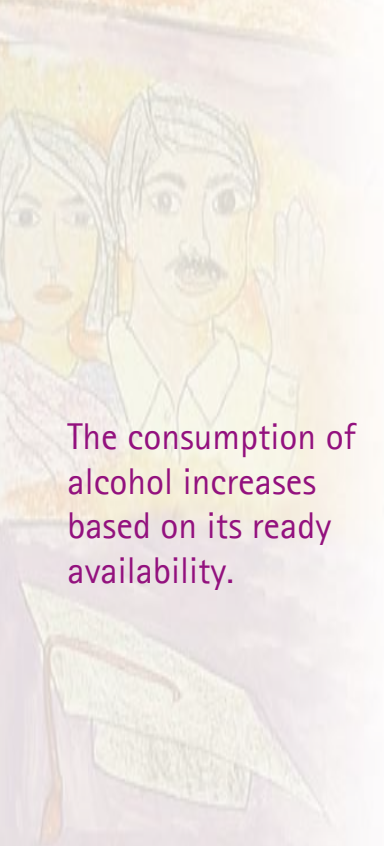
Communities can learn how to reduce the unfair privileges given to alcohol-users.

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





The success of any community-focused action plan depends on ensuring a small but steady rate of progress.



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.

4

A PLAN FOR ACTION

This document is written for people who do not feel they are 'experts' on the subject of alcohol-related harm. It is written for people who are interested in initiating community action. This community-focused action is laid out in a series of 'worksheets' in section 5.

This section is about implementation. We include here, not only actions that can be undertaken by a community, but also discuss actions of any concerned individual committed to the work of addressing alcohol-related issues in his community.


Written text does not allow much room for interaction, but it should encourage the reader to respond with his own ideas. The most useful sections of this plan will probably be those that the reader/community worker disagrees with or finds difficult. More attention should be paid to those very sections – rather than focusing on what is familiar or easy to agree with. All attention should, of course, be critical. The reader can choose the point, in each part, from which he would like to commence. This should be based on his familiarity with the issues.

4.1 Why Should We Do Something about Alcohol-related Harm?

Let us look briefly at our own reasons for wanting to do something. Different people start from different points. We need to clarify our own reasons for wanting to do something to prevent alcohol-related harm. It may be, for instance, due to our concern about the extent of harm caused by alcohol to individuals, families or communities. Or we may belong to a group that is committed to improving our community and society. The group may have recognized that alcohol use is a major area of concern. We may even be motivated because it is relevant to the work or job we do, and because we are interested in doing our job well.

Whatever the reasons and motivations, it is worthwhile to pause and reflect on these. There are 'external' as well as 'internal' factors at play here. Among the internal or personal reasons is the urge to do something useful for society. This urge will become stronger when we recognize the real extent of alcohol-related harm. Seeing the beneficial results of our efforts is another stimulus to action.

We need to clarify our own reasons for wanting to do something to prevent alcohol-related harm.



Let us therefore remind ourselves of why it is worthwhile to do something to reduce alcohol-related harm. Sections 1 and 2 have already dealt with this from a theoretical point of view. But each of us sees some aspects that impel us to action. We should of course supplement our reasons with better understanding as we progress. In order to improve our own understanding, let us recall the harm and benefits caused by alcohol use:

- ◆ Deaths
- ◆ Medical and psychiatric diseases
- ◆ Disability
- ◆ Psychosocial problems
- ◆ Limiting people's lives
- ◆ Reduced community well-being
- ◆ Methanol poisoning
- ◆ Purported health benefits of alcohol use
- ◆ Impact of alcohol on marginalized communities, young people and women

An even more important reason for wanting to do something to reduce alcohol-related problems is that there are effective interventions available.

To this we can add other issues that we think are important particularly those applicable to our own community. The harm from alcohol use is proportionately more on those who are least able to afford it, namely the poorest sections of society. It is their health that is most affected. It is important to note here that the secondary impact of one person's alcohol consumption on others (for example, the impact on children's well-being and development) often goes unrecognized. Once again, this is most visible in the poorest families because they already lack money for basic needs.

An even more important reason for wanting to do something to reduce alcohol-related problems is that there are effective interventions available. Technically sound interventions can reduce problems significantly. This is true for community work as well. There is much evidence on effective actions that governments can undertake. Perhaps some of the community work should be to persuade the relevant national, state or regional authorities to adopt proven useful policies. There are global and national

Let us see where we have reached in our learning objectives:

- We have reviewed our own reasons for wanting to do something
- We have reminded ourselves of the range of harm from alcohol
- We think that there is enough reason for us to want to act
- But we need to work out what is more useful to do and what is less

measures that are known to reduce alcohol-related harm. When working in this field we should have some idea of these measures. A community should want to persuade policy-makers too to do the appropriate things.

4.2 Developing a Model for Understanding Facts about the Use of Alcohol

This is the first step in making our efforts systematic. How do we understand the spread, or continuation, of problematic alcohol consumption? This is the basis of our action. We need a model to understand how alcohol-related problems are generated and how they can be reduced. Previously we discussed a few basic principles for understanding the issues involved and itemized the elements of a comprehensive response.

4.3 Principles for Community-Based Work

There are some rather obvious principles to follow, to increase the impact of community-based efforts. These include the following:

- ◆ Success is achieved if people implementing the activity 'own' it, rather than having to follow orders or instructions
- ◆ Activities should remain within the level of resources, time, energy and interest of the people concerned
- ◆ People should understand why they need to do something about the problem
- ◆ People should recognize what kinds of changes can reasonably be expected in a given time frame
- ◆ People involved in implementation should be involved in evaluation as well

Let us see where we have reached in our learning objectives:


- We have looked at the elements that contribute to the success of community-based action

4.4 Improving Our Abilities

Often, communities that are committed to the reduction of alcohol-related problems get stuck in routine measures like giving lectures to schools or organizing marches and protests. Improving our ability to look critically at existing activities and thinking of new ways to tackle the same problem requires discipline. This discipline is what communities need to focus on.

A systematic approach will help us understand the reasons for harmful use of alcohol in our community.






This is not easy. Our usual tendency is to go on with whatever we are used to doing. To learn new skills requires some effort. It is easier to dismiss anything that requires effort. We must now overcome that tendency and see whether there are new things that we can usefully learn. Let us check if any of the steps outlined in these documents require that we learn new skills. If so, let us make the effort to develop those new abilities.

If we wish to succeed, we have to do all the things necessary for success. To go on doing only what we are able to do now, restricts the impact of our work.

Capacities to develop



A further step is needed before the issues for implementation can be translated into real action. This is the development of the skills necessary for implementation. We are already able to understand and implement some of the things that were discussed in the previous section. But there are, or could be, some things that we do not yet have the ability to implement. Understanding alone is not enough for implementation. Some things require special skills too, before we can translate understanding into effective action.

Some of the skills (and attitudes) are those required for any community action. These are not specific to the work related to reducing alcohol-related harm. There are other skills or abilities that are specifically required for the activities listed in the preceding section — on the range of strategies that have to be implemented in communities.

Work in each community is likely to be conducted by someone other than the person reading this manual. So the reader needs to see what abilities the people working with communities are already likely to have. Then the required capacities that they do not possess can be worked out. These are not complex and difficult things to learn. But the idea that we must improve the abilities in which we are weak, is important.

A good example is the capacity or capability to assess the impact of our work. We may already be good at doing some things, but we may be weak in examining whether the actual results that we get are adequate for the effort we put in. Or we may benefit from looking at ways to improve the results that we already have. If we do not quite know how to examine, in an appropriate way, the short-term or long-term results of our actions, we cannot test ways to improve our results. The capabilities required for examining the results of our actions sensitively is something we may need to learn.

The idea that we must improve the abilities in which we are weak, is important.

Capabilities to foster

Let us just list some of the important capacities we already possess. We can subsequently go through the list and see which capacities we may be lacking. Somebody who wishes to work in partnership with communities should try to develop the abilities and attributes listed here:

- ◆ to accept, respect and cooperate with people, irrespective of their level of alcohol consumption
- ◆ to prioritize targets and activities according to a model of understanding and resources available
- ◆ to design indicators and monitor progress in each area listed above
- ◆ to communicate the reasons that call for a response from all
- ◆ to engage individuals and groups
- ◆ to maintain optimal pace of activities to sustain interest and progress
- ◆ to improve understanding of technicalities relevant to the factors listed in 'prevention strategies'
- ◆ to recognize and accept the need for a wider system or 'network' to monitor progress

Those wanting to work in communities should pause to consider which of these qualities they lack or need to strengthen and then they should make a concerted effort to develop those.

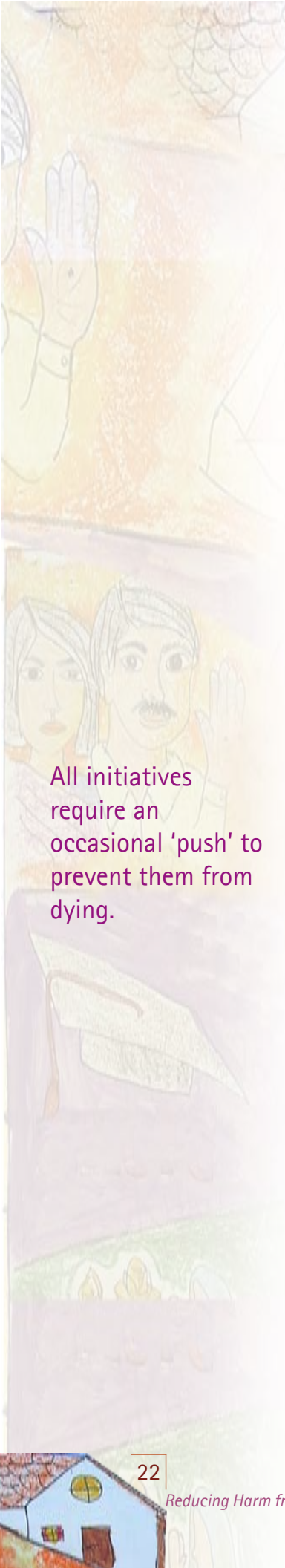
There are abilities that relate to the specific issue of alcohol use too. In the previous sections, several separate headings were listed. Each of the activities described require certain basic abilities. We do not need great sophistication for this work but a certain level of basic skills needs to be acquired. We can quickly go through the steps listed earlier and see whether we are confident about the matters raised. If not, we must first discuss with others how they understand a particular issue.

People discover that they need to learn some things only after they embark on action. This is perfectly understandable. If a difficulty or shortcoming is recognized, remedial measures can be taken. Others can be consulted. More reading can be done. Some actions can be practised. As long as we recognize the things that we need to keep learning, our efforts improve. Learning the skills necessary for good community work is not a waste of time.

Appropriate materials

If all of the items listed in section 1 and 2 are put to a community group, they may find it too complicated. But we still have to address the issues in that section. So we must simplify the content.



A background illustration on the left side of the page. It features a large, light-colored hand with fingers spread, positioned above two stylized faces of a woman and a man. The overall style is soft and artistic, with a warm color palette of yellows, oranges, and purples.

One way to simplify matters is to provide a list of actions that can be taken up. The 'worksheets' are an attempt to put across the theory in a practical form. They can be modified and used as appropriate for each community.

Collaboration with partners

All initiatives require an occasional 'push' to prevent them from dying. Our community efforts are more likely to succeed if we have support from the outside. This could take several forms.

If there are similar actions beginning in different communities, they will be strengthened by contact with each other. People from different communities must meet each other so that they can compare notes and learn from each other.

Technical inputs can enrich the quality of community work. An external resource can help the community to look at their activities critically. Such resources are difficult to find. It may be possible to get support from an individual or agency outside the community, at least occasionally. We should look for this kind of support even if none may be initially obvious.

One useful form of external technical support is in evaluation. Communities are good at taking action when properly stimulated. But they find it quite difficult to evaluate the impact of their actions. A competent and friendly person who provides technical help in evaluation is a great blessing.

Even if there is no 'technical' support available from outside the community, the interest and blessings of some good, committed individuals is very helpful. They can provide stimulus for new activities especially if people know that there are others outside who are interested in the welfare of the community. Such people do not necessarily have to be experts or specialists on harm from alcohol use, but can give valuable inputs by reading manuals like this one and checking on the community's progress.

4.5 Securing Short-term and Long-term Results

The 'worksheets' are for use by people who will work directly with communities. They have several suggestions on what people should look for, to judge the impact of their work.

People doing things with good intentions often expect ready support from others. Some expect big results from a small action. Giving lectures, having a programme 'to teach people the harm from alcohol use' are

All initiatives require an occasional 'push' to prevent them from dying.

examples of things frequently done. The expectation is that this activity will prevent those targeted from developing alcohol-related problems later. Audiences in these activities are generally school children. The expectation is to reduce their alcohol-related problems when they grow up. This expectation is unrealistic.

Many good activities lead to beneficial results. But these are not dramatic. Those conducting the activity are rarely sensitive to immediate results. In the 'worksheets' there are ideas on what the people of a community should look for in the short-term. These are realistic indicators of impact and are relevant to the size of the input.

Long-term results should not be forgotten. But it may be unrealistic to expect people working voluntarily with a community to do sophisticated evaluations. Section 4 provides them with guidelines on how to look for longer-term impact. But these should be kept at a realistic level.

The assessment of impact is vital so as to keep the community responses on the right track, and not to satisfy an external critic. We must put extra efforts into assessing results.

4.6 Selecting the Right Partners

Work in a community can be initiated through those who are already part of it or by outsiders who are acceptable to the community. Our efforts must reach communities through the right partners.

Partners should be selected carefully. The real interest or motivation of those selected is most important. People who want to make a big show of things are rarely good at sustaining action. They are more interested in the publicity at an initial 'launch'. Those who are highly dogmatic and critical of others are also a bad choice. They may volunteer very earnestly. But they will only serve to distance the great majority from the activity.


The best way to judge with whom to work, is to look at their track record. Those who can speak about the results they have previously achieved, even if those are small ones, are good. People who like people are good. Those who have no respect for others are to be avoided. People who are committed but are still able to look critically at themselves are best.

4.7 Helping Others to Develop

Good community work helps the community grow. In implementing our alcohol-related activities too, improving the community's understanding should be the priority. This means that we should keep examining whether the community's understanding is improving. We should

We need the right partners for effective implementation of our work.





Good community work helps the community grow.

monitor the following: whether the community's understanding of how they are being harmed or manipulated has improved; whether they feel stronger, capable of responding; and, whether they recognize what action is most useful and what progress is appropriate to expect.

Our implementation must not be rushed. At each step that is suggested, see where the community has reached, then work to improve the situation rather than jumping ahead.

There is no deadline to finish a community initiative. The community is where we live. Improving it can go on forever. Success is in getting a sustained process in motion. Our partners must learn to wait for the community to move rather than force it along.

Success is better assured by helping people to see, think and then act, rather than by pushing them to do what we recommend.

4.8 If You Have to Do Things Alone..

In some instances there may be only one person available to initiate an activity in a community. If you are such a person, you will have to learn how much to try to achieve and how to go about it.

Scope of work

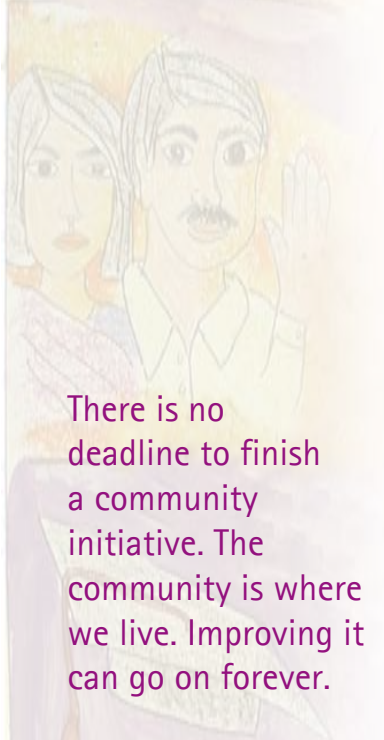
The best results are achieved by taking on as broad a goal as feasible. We cannot merely say, 'I will at least help so and so to stop drinking'; this is too narrow a goal. It prevents us from understanding the larger issues and we begin to look at the entire alcohol use issue from the point of view of one dependent drinker. His reality becomes ours.

To help even the one dependent drinker effectively, our vision and understanding should provide him with new insights. So the most important thing for you to do, if you work alone, is to broaden your understanding of all the issues.

Understanding issues

We need to keep looking at the world and to examine critically what we are taught about alcohol. Who teaches us about the effect of alcohol? Does the schoolboy who drinks alcohol offered at a party enjoy it? If so, what is it that makes alcohol intoxication enjoyable? Does the schoolboy, on the other hand, pretend that he enjoys alcohol because he has no other option? And does the pretence soon become reality?

We can look at more distant issues too. How is it that nearly all portrayals of alcohol use in the mass media reinforce the same idea? Alcohol use is



There is no deadline to finish a community initiative. The community is where we live. Improving it can go on forever.

portrayed as highly pleasurable, a sign of 'toughness', and an acceptable reason for becoming violent. Are these based on facts?

If we are alcohol drinkers ourselves, we can start by looking at our own experience and behaviour, which we do very rarely. We assume, for instance, that we enjoy the experience of alcohol use and that is why we drink it. So we can perhaps start by looking at our own reasons for consuming alcohol and we may be surprised by what we find. We can also look at our behaviour in drinking situations. We may be contributing to creating a particular tendency there. This may be to encourage people to drink more, even when they do not wish to. Do we too contribute to this, perhaps without realizing that we do? These are just examples. There is much to learn and it is usually a joy to learn.

Stimulating others

What you can do at an individual level will be different from what a group or an organization undertakes. A single individual cannot conduct large-scale crusades, but this may be an advantage. We should start small and be happy with small successes. But our vision should be to spread our successful strategies everywhere.

Things we personally discover about alcohol use may, for example, be different from what is widely believed. Instead of assuming that our experience must somehow be wrong, we can try to see whether others can learn from ours. If we realize that we consume alcohol even though we have never really liked its effects or taste, we can start asking others whether any of them has had the same experience. A few of us can start questioning the assumptions that do not tally with our own experience of alcohol.


Similarly, we can start questioning our practice (if it is indeed our practice) of always encouraging everybody to drink more. We can stimulate others too, to get them to question some beliefs and practices that are worth challenging. And these can be done while we continue to be a part of an alcohol-using group.

A practice that we should definitely try to change is that of people using alcohol consumption as a reason to be abusive or violent. The process of questioning can focus on this alone. Should we allow someone who has consumed alcohol to abuse another? We can give examples of how someone who gets violent 'because of' intoxication is still able to choose whom to victimize. Also, we can show how the level of violence changes from situation to situation. We can stimulate others to reject this practice. If an alcohol-using group starts to discuss how each member behaves

Alcohol use is portrayed as highly pleasurable, a sign of 'toughness', and an acceptable reason for becoming violent. These are myths which need to be dispelled.

We should start small and be happy with small successes. But our vision should be to spread our successful strategies everywhere.






when intoxicated, they may begin to understand that a few use alcohol *only* as an excuse to be abusive. What would happen if we agreed that we shall no longer accept or excuse anyone in our group using alcohol as a reason for becoming violent? We can start the dialogue and see what happens.

Changing the behaviour within an alcohol-using group is an example of what one individual could do. It is easier for the individual who is already a member of a 'drinking' group. But others too can look at ways of reaching such groups.

A practice that we should definitely try to change is that of people using alcohol consumption as a reason to be abusive or violent.

Looking at relevant indicators



Even if you are alone in doing things, you should still look at the results of your efforts. Have you succeeded in initiating a small process? For example, are some people in drinking situations now questioning the behaviour of a few uncivilized individuals? Do a few others give support when you question some of the common assumptions? Do they too enjoy the idea of taking away the false glamour built up around alcohol?

More tangible and useful results are a reduction in the amount of excessive drinking in your group. Another is the reduction of aggressive and violent behaviour after the use of alcohol in your community. The most important indicators are those that measure the change that you have achieved right now. The end results that your initiative is aimed at are also important, but the immediate outcome is more sensitive.

Spreading, and celebrating success

When you see benefits you should look at ways of spreading the process further. This can be within your community as well as outside it. You can just talk about the changes in your community with others. They may feel like learning from your experience.

We are able to spread the successes we achieve when we see their value. So we must celebrate the successes achieved even if some are too small to be celebrated with others. But recognition is important.

The intent of this section was to show that even a single individual can make a difference. He should not sit back 'for lack of support'. Initiating one change usually leads to another. Even if results are not huge and quick, every small initiative makes an impact.

We must celebrate the successes achieved even if they are small. Recognition is important.

4.9 Working with, or through, a Group...

In some instances we already have a group that is working. The group may be just an informal collection of people or a formal organization. Working within such a group creates opportunities as well as obstacles, but clearly, the results we can aim for are higher if we have access to the resources of a group of people, rather than if we work alone.

Choosing the right group to work with

If we had a choice among several groups through which to implement a community initiative, which should we choose? Perhaps the most important criterion is the history of each group. How much has it achieved in the past? Are they able to explain the results they achieved or looked for? We should go with those groups who understand how to look for results.

A second criterion is their interest in reducing alcohol-related harm. A group, already keen to reduce such harm, is easier to motivate. Among such groups those motivated by an objective understanding of the scale of harm caused by alcohol are best. Others who are keen because they have a passion 'to rid the world of alcohol' may be less flexible in selecting the best options for minimizing harm.

Those who want to be self-reliant are generally better than those who depend on outside funds to work within their own community. People who have proved their ability to work long-term are a safer bet.

Getting alcohol on the agenda of the group

Some groups already have alcohol-related problems on their agenda. Others you will have to work on, to help them see the links between alcohol consumption and their current concerns. Most development-oriented agencies will already be aware that alcohol has a major harmful impact. So they will not need much persuasion to take it on board.


The reason why such agencies do not attempt to combat alcohol-related problems is that they think it is a waste of time. The common belief is that the occurrence of these problems can be reduced only through strict regulation of supply, something outside the control of most communities. Others believe that measures to reduce the harm are not known. We have to correct this perception. Good organizations will be interested when they realize that they, too, have the power to improve the situation.

We have to explain that people who use alcohol themselves can also work effectively to reduce its harm. In many localities, alcohol-related work

Even a single individual can make a difference. Initiating one change usually leads to another.

One reason why many agencies do not attempt to combat alcohol-related problems is that they think it is a waste of time.





Prevention of alcohol-related harm is not a moral crusade aimed only at promoting abstinence or prohibition.

is seen as an attempt to stop people consuming alcohol by adopting a 'moral' stand. There are people in 'development' agencies who themselves drink, and therefore hesitate to talk about its harmful effects. They must be made to understand that prevention of alcohol-related harm is not really a moral crusade aimed only at promoting abstinence or prohibition.

Recognizing different influences within the group

Individuals in a group or organization have different levels of concern about a problem and different ideas on the best course of action. So obviously the results a group can achieve are influenced by the level of agreement within the group.

Some individuals may only criticize the authorities (or the world) about the spread of alcohol-related problems without really being concerned about the best ways of combatting it. We must also study carefully the power that influential individuals within a group wield and whether this can be used in a positive way.

Improving the group's understanding

Even a group that has worked for long in this field can benefit from looking critically at all the things they do. They can be helped to pick the useful things and discard the rest. On what have they based their actions so far? Do they believe, for example, that teaching young people about the risks of alcohol use is enough to prevent them from getting into trouble with alcohol later? Or do they feel that the community should block access to alcohol for those who consume it? Did they base their efforts only on rehabilitating dependent users? The more comprehensive the mix of things they have done, the better. But there may still be more things to add.

It is also important to understand what makes alcohol consumption so attractive. Do we counter the spread of the use of alcohol by educating people about its harmful impact or should we also try to counter the attraction? Who are the people who build up its powerful, symbolic, positive image? And how do they do this? What would be the best ways to change this perception? It is all these questions that need to be addressed by any group working in the area of alcohol abuse.

Developing a programme for action

Most 'plans' are based on a set of actions to be completed within a stipulated time frame. This is necessary if a project is to achieve its objectives on schedule. However, this may not be the best way to get optimal results in an activity within your own community.

In trying to improve community life, we do not have to finish an activity by a scheduled date. Our results should not be restricted by a formal time frame or plan. And we certainly do not want to stop work and end a programme on a given date.

So the programme of action that we develop for our own community should be designed for continued progress. We have to map the direction in which we want to go. And we must check periodically how far we have progressed. The speed at which one community moves will be very different from another. And it is difficult to say at the start how much progress we will be able to make in a fixed time.

There will be several avenues on which we want to make progress. The progress we can make in one direction may be much greater than in another. The worksheets in section 5 list out the major avenues on which to seek progress. They also give an idea of how to achieve progress and how to assess progress.

A list of steps that each community must undertake is useful. Simply 'doing something' about alcohol consumption is not enough to prevent alcohol-related problems. Doing the wrong things can worsen problems.

Tailoring expectations according to the time and effort that is put in

It is helpful to have broad and appealing goals or vision. This helps us to do things. It also encourages people to join the initiative. At the same time we have to recognize the distance we can travel in a given time. Work to reduce alcohol-related harm is mostly undertaken voluntarily. So the time and energy that can be put in is small. The results we expect to achieve must match the effort put in.

Looking at relevant indicators

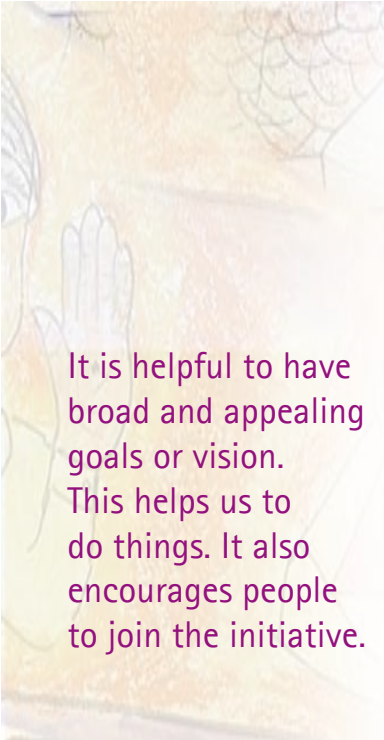
Our efforts, even if they are voluntary, should not be a waste of time. So we must learn to measure progress correctly, in order to recognize what we are doing well and where improvement is required.

Let us say we are keen to reduce the number of violent incidents caused after alcohol use. We may already know that about thirty incidents of women being physically abused by their husbands are seen at the local hospital every year. The number of women taken to the hospital every year can be used as an indicator of impact for our activity. If the number drops to twenty we can, of course, use that as a measure of our work. A drop in our area with no corresponding change in adjacent areas is stronger proof that our efforts have had an impact.

Even a group that has worked for long in this field can benefit from looking critically at all the things they do.

The programme of action that we develop for a community should be designed for continued progress.





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Such trends, if sustained over several years, would be a good indicator of long term impact.

Measuring shorter-term impact is more useful as an immediate guide. And the best indicator of short-term impact is different from that of the longer-term. For example, it is *not* a good enough indicator of a month's progress to see whether the number of abused women goes down by one or two. The short-term progress we look for is not just a small part of the result that we want in the long-term.


The correct short-term indicator must measure changes which *contribute* to the long-term change. So we need to see whether alcohol-users are now accepting that they should not indulge in abusive behaviour after drinking. Do they now say that their colleagues who become abusive after alcohol consumption should not be permitted to do so? Or is there a stronger feeling in the community that it will no longer excuse people who misbehave, simply because they have consumed alcohol? Are people in the community more aware of the fact that the person who becomes abusive after alcohol consumption still appears to select certain people as victims and not others? These are examples of changes that happen along the way to reducing the occurrence of abuse, and such changes can be checked.

The attached 'worksheets' cover a range of avenues of progress. Under each, there will be details of indicators to look for immediately, and at various later stages.

Spreading and celebrating success

Success deserves celebration. We should, in our group, develop the habit of sharing even small incidents that indicate progress. Someone who previously walked down the road loudly shouting at others may now be quieter as he walks home drunk. This is a positive development. And we may see it as a sign that our efforts are making progress. We must then recognize this success. Others in our group too should have the opportunity to see that things are moving in the right direction.

Celebration is simply experiencing the joy of getting a positive outcome. It should result in our becoming motivated to share small successes with others. The success of a particular approach in one community is a stimulus for others to repeat the experiment. Part of our responsibility is to let others know what we have learnt through our experience.



Celebration is simply experiencing the joy of getting a positive outcome.

Conclusion

A few ideas on how to proceed with community action have been dealt with here. These were presented as a supplement to the worksheets that follow. Since the worksheets do not explain the rationale for any idea that is suggested, doubts that arise have to be clarified by referring back to this and the earlier sections.



5 WORK SHEETS

These worksheets are designed to guide action in a community.

The contents of these sheets have been tested in a few settings. In each new area a translated version will need to be used. We can add or modify details in the sheets if required. This should be done without altering the basic spirit of the approach. The main themes or areas for action have been described in Section 4. The themes can be expanded as follows, in a more appropriate order for action:

1. Recognizing the real harm or benefit from the use of alcohol
2. Reducing the attractiveness of the image of alcohol
3. Reducing unfair privileges attached to the use of alcohol
4. Encouraging quitting or reduction of use
5. Counteracting forces that promote increased consumption
6. Preventing the 'alcoholization' of all social events and activities
7. Appropriate restriction of availability
8. Encouraging the implementation of useful local and national policies
9. Assessing and enhancing overall progress
10. Consolidating and spreading success

Community work should not be entirely theoretical. So we will not go along the 'subject' lines in our community work. But we must still keep this framework in mind. The 'worksheets' that follow give an idea of the *process* that will take place in the community. Such community action will not be 'subject' orientated and not address each of the above topics. All the subjects will be touched upon in general. Please note that the pace, depth and order will be different from one community to another.

Community action will progress on its own track. Those guiding the action will have to verify which areas from the list above are being covered. This will show them the areas where there is good progress and where there is little or none. They can then direct attention to the areas that are being ignored. These will come as new ideas, to be incorporated



Thinking about changing something is the first step.

in the ongoing process. This has to happen 'naturally'. We cannot have a rigid list and check one item after another.

What happens in a community is similar to what happens in our own lives. There are many things we do 'without thinking'. Sometimes we notice something that we are not happy about, but we do not immediately change it. If the right things happen we begin to think about making a change. Thinking about changing something is the first step.

Very often we do not quite carry out the changes that we would like. Some 'stimulus' from within or outside occasionally helps us to implement the changes we desire. Otherwise the idea of making some improvement dies without anything really happening.

Community action is to encourage a natural process of change. Change will not readily happen, or be sustained, if it is forced. Instead a gentle stimulus must be given repeatedly.

Some 'stimulus' from within or outside occasionally helps us to implement the changes we desire.

5.1 Getting Started: Writing Things Down

Action

1. One must have a note book
2. We need to write down our observations as best as possible

Results expected

1. We begin to be more effective in how we work
2. The information and ideas we get are not forgotten
3. We will be able to look back when we want, and recall what has happened

Points to be noted

Let us not begin unless we are convinced that we must note down our observations in the best, most clear way we can. This is a very important step if we are serious about doing something to improve our community.



1. FIRST STEP

ACTION:

We need to:

1. Talk to people in our community about alcohol, whenever the opportunity arises. But this has to be done naturally without forcing the subject into the conversation. See what people say and think. Take a whole month or more, if new ideas keep coming up.
2. We can use the following points to lead the discussion and organize the information we gather:
 - What do people who consume alcohol say? Do the people who occasionally use alcohol, and those who use alcohol daily, or are addicted to alcohol, say the same things or different things?
 - What are the commonly expressed 'positive' impressions about alcohol? What are the 'negative' impressions?
 - What do people believe about the effects of alcohol? What do they feel happens to the user when he is intoxicated?
 - Do they feel something should be done about alcohol consumption in the community? Why? What? By whom?
 - Do they want to do something themselves? Why? What?

RESULTS EXPECTED:

1. We understand better what people really think.
2. People begin to see alcohol and alcohol-related issues better, or more clearly.

POINTS TO BE NOTED:

One of us can start this. Many others can do it too. Usually we will need at least two people, to keep things going.

We often want to 'do something' without knowing what most people think about the issue. We even organize events or actions to get things started. These are generally not connected to the community's way of thinking. It is a good idea to first look around and learn a little about what is happening at the ground level.



2. WHERE IS OUR COMMUNITY NOW?

ACTION:

1. Let us read what we have written down. If we have not yet written anything down, let us stop now and get a note book. This is the only amount we need to spend, for successful action. We should not proceed until we get the note book.
2. So let us write down what we have observed so far. Now we can read what we have written. Then we can discuss or think about additional things that we have observed but not written down.
3. Now let us analyze all the things we have written and said and then try to draw some conclusions.

RESULTS EXPECTED:

1. We arrive at a better understanding of what we think about alcohol use.
2. We learn to analyze things that we observe.

POINTS TO BE NOTED:

How do we 'draw conclusions'?

We can draw many different kinds of conclusions. Of these, we have to select what is especially relevant to this work. These are some headings under which we can organise our conclusions.

- What is the image that different people in our community have about alcohol use?
- What are the privileges given to people when they drink alcohol? Does the community recognize benefits or advantages that people enjoy when they are seen to be drunk? What does the community think about such privileges being given for using alcohol?
- What is their understanding of the harm caused by alcohol use?
- What do alcohol-users feel about continuing to use alcohol? Do they want to continue with the same pattern of use? Do they want to reduce use? Do they want to use more?
- Does the community recognize the influences that promote heavier use of alcohol?
- Which are the social occasions where alcohol plays a part? What part does it play?
- How readily available and easily affordable is alcohol?
- What is the community's understanding of any policy measures to reduce alcohol-related problems?

These are derived from the list in our introductory sheet. The first items in that list were about things that have to change in our community. So our first round of 'conclusions' is about the present situation in our community, regarding those subjects.



3. ANALYZING WHAT WE HAVE GATHERED

ACTION:

We need to:

1. Discuss the present status regarding each item on our list.
2. Write down the conclusions, and keep it away for about two weeks.
3. Then, look again at these conclusions and check whether we still agree with what we wrote earlier.

RESULTS EXPECTED:

1. We learn to organize the information we have gathered informally.
2. We have a base from which to launch activities.
3. We have a record of view-points and opinions now, to check whether things improve with time.

POINTS TO BE NOTED:

Let us take as an example the discussion about privileges given to alcohol-users presented in the previous worksheet. Often people in our community may not be sensitive to these privileges. They may not acknowledge or realize that there are privileges associated with drinking alcohol. If this is the case, then we just record this fact in our note book, '*Nobody recognizes any special privileges given to someone who has used alcohol*'.

If, however, the situation in our community is different and some people do understand that alcohol use permits people to gain unfair privileges, the conclusions we write on this subject may be as follows:

- *About a third of women think that men who use alcohol are allowed more freedom. They think that men are allowed to behave badly with their spouses after alcohol consumption.*
- *A few said that men use alcohol simply as an excuse for abusing their wives.*
- *They said that such men did not abuse everybody but carefully selected whom to abuse, even when they were intoxicated.*
- *According to them, it was almost as if men were allowed to abuse their wives just because they had consumed alcohol.*

Under each item in the list we record the present situation in our community. If we are meticulous writers, our record will be detailed. But it should not be made too long. A few sentences are usually enough to record the current status of each item listed in Work Sheet 1, using the headings suggested in Work Sheet 2.

Writing this brief note will improve our observations in future. We will become sensitive to new things after we have discussed and written things down. On several subjects the entries may be very short. This reflects the current beliefs and understanding of the community members. Our task is to gradually improve their understanding of issues.



4. HELPING THE COMMUNITY TO SEE WHERE IT STANDS — *current status*

ACTION:

We need to:

1. Tell people in our community what we found about their views on alcohol.
2. Question them about the basis of these perceptions.
3. Challenge the opinions expressed by some people in the community.

RESULTS EXPECTED:

1. People will recognize opinions they hold, which they had earlier adopted unthinkingly.
2. Some people will understand that the opinions they held were not seriously thought out.
3. A few will begin to question some of their previous assumptions about alcohol.

POINTS TO BE NOTED:

We may find that our own opinions about alcohol have changed after we started this activity. That is the benefit to us. When we try to develop or improve some situation, we improve ourselves. One reason for improvement is that we can see and understand our own state better. We can then help the community to improve by sharing the things that we have learnt.

We may have begun to recognize some of the things that encourage alcohol consumption by young people. The belief that it makes the user feel wonderful and free is an example. And we too may have contributed to creating that image in some, perhaps, unconscious way. After we start looking at issues critically we may discover that our own experience with alcohol is really quite different. Although we say alcohol is great we may really not be keen to use it. For instance, we may realize that we cannot drink alone, or that we try to drink as little as possible in social situations. This may happen because we honestly do not enjoy the effect that alcohol produces. And yet earlier, we may have acted as if we were greatly enjoying drinking alcohol. Recognizing this reality about ourself helps in stimulating others' progress.

Many things that happen in the community are like this too. Once we begin to question things, the experience and the image changes.

- Sharing with the community what we learn helps them think about the issue too.
- Shared beliefs and rituals are not given up without resistance, or some outside stimulus.
- What help can we give our community to question some of their more harmful beliefs?
- How can we encourage progress with minimal resistance?



5. HELPING THE COMMUNITY TO SEE WHERE IT STANDS – *planning to check outcomes*

ACTION:

We need to:

1. Decide how we can check whether the community's understanding has improved.
2. Discuss and write down the decisions.

RESULTS EXPECTED:

1. We learn ways of looking for appropriate outcomes from our activities.

POINTS TO BE NOTED:

How do we decide whether the community now has a better understanding about itself?

Let us look at the list of things that we have found out. We can take an example related to our discussion on 'recognizing the harm from alcohol use' where we said that for the poor, the money spent on alcohol constitutes a huge problem and is a major harm from alcohol use.

Do people in our community really know how much money is spent on alcohol, for example? If they did not know the amount earlier, but do know now, that is an improvement in understanding. If they do not know how much, but now want to find out, that too is a sign of progress.

We must do something to find out whether there is indeed a change in people's *understanding*. And we must look for even small changes. We should look for results that we can expect according to the actions we have taken so far. If we think that the community should now be curious about how much money is spent on alcohol, we can check whether they are.

How can we check whether the community is more alert about the money spent on alcohol? The simplest way is to ask them. So let us decide whom to ask and what to ask.



6. HELPING THE COMMUNITY TO SEE WHERE IT STANDS — *checking outcomes*

ACTION:

We need to:

1. Check whether the community recognizes some of the things we have shared with them, by asking further questions.
2. Examine whether we were at all successful in challenging a current belief in the community, for example, are they more aware about money spent on alcohol. Ask some alcohol-users, their families and community leaders.

RESULTS EXPECTED:

1. We learn to look for results in what we do.

POINTS TO BE NOTED:

Our aim at this stage is for us to learn how to stimulate a change in a community.

We have learnt that to improve a community we must understand the ideas and beliefs held by different sections of that community.

We learned that the community needs to be helped to recognize where it stands.

We learned that it is necessary to gently question harmful assumptions that prevail in that community.

And now we want to check whether there is a change in the expected direction.

So we have to ask people about their understanding of issues related to alcohol consumption, to see if things have changed. Then we can find out whether there is better understanding than before. Now let us talk to people and see if there has been a change.

7. HELPING THE COMMUNITY TO SEE WHERE IT STANDS – *analysing outcomes*

ACTION:

We are now:

1. Checking after a few weeks to see what people say when we ask them about issues relating to the use of alcohol.
2. Noting any differences from the answers they gave a few weeks ago.

RESULTS EXPECTED:

1. We notice changes in the community's understanding about certain issues.
2. We can be happy that some changes have taken place because of our work.
3. We recognize areas with little progress, on which we need to do further work.

POINTS TO BE NOTED:

To do this in real life is better than to read about it. In the actual activity, we simply keep talking to people, as opportunities arise. And sometimes we realize that our talking has made a difference to their opinion, within a few weeks.

The only 'work' we have to do is to look at what is happening in the community. We have to give ourselves a little time to do this analysis. It is easiest if one or two of us arrange to discuss this occasionally. A few hours every two weeks are enough.

We have a note book in which we write things when we meet. Let us see what we wrote a few weeks ago (Work Sheet 2: Where is our community now?) about the community's understanding. We can see whether anything has changed so far.

What changes are we interested in?

The changes we are interested in are the themes or subjects listed in the introduction to this section. We must gradually become more familiar with this list. These are the items or areas in which we want to see the community develop.



8. TAKING STOCK OF WHERE WE ARE

ACTION:

We need to:

1. Remind ourselves of what we have to achieve.
2. Examine what we have done so far.
3. See how much the community has progressed.

RESULTS EXPECTED:

1. We remember the main things that we want to achieve.
2. We learn to look for results in what we do.

POINTS TO BE NOTED:

Let us take serious interest in this issue. The progress of the community is dependent on how well we understand things. So it is good to remember the few 'points' that were there in the introduction to this section. Let us see whether we can recall these items and then check by comparing with the list.

What have we done so far?

We looked at the situation that existed in our community at the beginning. We began to understand what people think about alcohol, what they believe it does to the user, what effects they think it produces, what harm or benefit they see in alcohol use, the things that make alcohol use appear attractive and desirable, and so on.

Then we tried to show people how the community saw alcohol and what they felt about alcohol use in their community. This was an *intervention*. It is something we did. A beneficial change should be expected from an intervention. We expect that there will be an improvement in the understanding in the community as a result of what we have done. We hope that some people may even begin to question the existing situation.

Finally we looked at whether the community had indeed become more aware. Were a few people now more sensitive to certain things that exist in our community? Were at least a few people now more concerned about the existing situation? We hope that some may even feel that they should do something to improve the situation.

We will try a more specific intervention next. For this we again take any one item from the list of topics. We shall use another (Recognizing the real harm or benefit) as an example.



9. A SPECIFIC INTERVENTION: I RECOGNIZING THE REAL HARM FROM THE USE OF ALCOHOL — *improving the community's understanding about alcohol*

ACTION:

We need to:

1. Recall the benefits and harm that people mentioned about the use of alcohol.
2. Decide what we think about the responses from the community. Have they exaggerated or minimized certain things? What do we want to add to what the community has said?

RESULTS EXPECTED:

1. We are reminded of the opinions within the community.
2. We learn to work out what we can add so as to improve the community's understanding.

POINTS TO BE NOTED:

In reality, what are the benefits and harms from alcohol use? How can we decide this without being influenced by our own prejudices?

To improve our own understanding, let us just create a few headings. We can then look at different aspects under each heading that follows. (This is only an example for looking at the harm and benefits from alcohol use).

- What are the obvious and less obvious harm and benefits from alcohol use?
- How are some aspects more visible while others remain hidden?
- How can we find out about things that we are not yet aware of?
- We can later work out a framework for any of the list of subjects, that we choose to address.



10. A SPECIFIC INTERVENTION: I RECOGNIZING THE REAL HARM FROM THE USE OF ALCOHOL — *learning more about the subject*

ACTION:

We need to:

Read the section below and add to our own conclusions about harm and benefits.

RESULTS EXPECTED:

1. We learn some new things about the range of impacts of alcohol consumption.

POINTS TO BE NOTED:

Range of harm and benefits from alcohol

Two kinds of benefits are generally put forward with regard to the use of alcohol. One is social. Those who emphasize social benefits are usually regular or frequent users of alcohol. The other issue is the association between the use of small amounts of alcohol and reduced death rates from heart disease. This association has been found among middle aged or older persons in western societies. Some heavy drinkers continue to drink, believing that it is good for the heart. However, they do not realize that excess alcohol is bad for their health. And there is no medical recommendation made anywhere in the world for any person or population to increase their alcohol consumption in the hope of improving their health. (See section on “Purported health benefits of alcohol”).

Many people in our community do say that alcohol causes great harm. This they know from their own observations. What is the harm that people report most often? According to them alcohol frequently causes the following:

- Death, disease and disability
- Mental problems
- Road Traffic Injuries and other accidents
- Addiction and neglect of normal life activities
- Family, social and economic problems

Even though we mention these, we are not really aware of the extent of harm from each. For example, we do not know how much money is spent by our community to address the adverse effects of alcohol.

There is also indirect harm which is very difficult to identify. For example, alcohol takes away money from other things. In a poor family this may limit money available for food or educational needs of children. But we never say that alcohol causes malnutrition or impairment of education.

Alcohol is often mentioned as a cause of violence and aggression in families and society. Again an important aspect of this is forgotten — which is the impact this has on the most powerless and the most vulnerable. So, a husband can often get away with wife abuse because he is drunk.

A few more issues will be discussed in the next Work Sheet (11) as well.



11. A SPECIFIC INTERVENTION: I

RECOGNIZING THE REAL HARM FROM THE USE OF ALCOHOL — *learning still more about the subject*

ACTION:

We need to:

Complete reading the section below (which continues from the previous page) to add to our own conclusions.

RESULTS EXPECTED:

1. We learn new things about the range of impacts of alcohol.

POINTS TO BE NOTED:

Reducing the range of enjoyable situations

We say that alcohol increases relaxation and fun. But it can impair or limit these too.

We often behave 'differently' after drinking. We also learn to 'switch on' certain moods with alcohol use. We learn these after many occasions of use or from observing others.

When this happens, we gradually begin to associate the use of alcohol with fun or relaxation and soon we need alcohol to achieve that particular mood. In the early stages, just holding a glass of alcohol in one's hand is enough. After some time we may need more than just the glass in hand. We need to feel at least slightly 'drunk' to get into a good mood.

We gradually become incapable of experiencing that mood without alcohol.

Dependence on alcohol slowly limits our ability for enjoyment. Only alcohol drinking situations become enjoyable. Think of others in our community, who are like this. The only fun in their lives is after alcohol use. Everything else has become dull and boring. So the habit of alcohol use can restrict our ability to feel good — this is not easy for some people to recognize.

Impairment of others' well-being

The 'enjoyment' that many people report after alcohol consumption is social. Alcohol gives us a chance to break the normal social rules which generally protect the weak. When alcohol becomes an acceptable reason for breaking rules, the weak are more at risk and often the 'fun' of the alcohol-user can impair the well-being of the non-user, or the weaker alcohol-user.

When we report that alcohol makes us feel good, we must see whether others are made to feel bad. Those who are targeted in this way are usually women, children, the powerless and the disadvantaged.

We have gone through several items in these two Work Sheets. If we look at the lives of people who are attached to alcohol, we can see other aspects that we had previously missed.



12. A SPECIFIC INTERVENTION: I RECOGNIZING THE REAL HARM FROM THE USE OF ALCOHOL — *improving the community's understanding about alcohol*

ACTION:

We need to:

1. Remind ourselves of the issues that we discussed in relation to the preceding Work Sheets 10 and 11.
2. Share these ideas with people in our community.

RESULTS EXPECTED:

1. We begin to appreciate more fully the consequences of alcohol consumption.
2. The people in our community too begin to understand different aspects of the impact of alcohol consumption.

POINTS TO BE NOTED:

How can we help people recognize the impact of alcohol on the community?

Alleged benefits and harm from alcohol that are given in scientific books are not 'real' for people. We are more sensitive to the impact relevant to us and our family and perhaps also others in our community. It is this impact that we are most interested in. An example of this impact is the proportion of our own income that is used up by alcohol.

Do people recognize how much money goes into alcohol? Some expenses are underestimated. Those who sell alcohol to us do not like these questions being asked. In many communities there are illicit alcohol sales too. And because these are illegal, people do not like to report such consumption. We should create a process where the community gradually increases its curiosity about things like this. With time they will get more accurate information.

Money spent on alcohol is only an example. Lack of nutrition for the family because of this is a further impact that is apparent in poorer families. So each idea has to be further explored.

There is no fixed time to finish one subject. We must keep raising the different items from the previous two Work Sheets from time to time. The strategy is to use all opportunities that arise. However, we do not force people to discuss these subjects.

How alcohol limits people's enjoyment of life is another example. We can ask people to look at those who are especially fond of alcohol. Let us look into their lives. Let us try to help them to look at themselves too. Such an alcohol-user may then see what has happened to his life. He may laugh and make a lot of noise when he consumes alcohol. But do we enjoy his jokes? Is he ever in a good mood without alcohol? Does he think that his life is better because of alcohol?

We should not look only at the 'addicted' person. Each of us can look at our own use and look at the consequences. Everybody in the community has to be encouraged to do the same.



13. A SPECIFIC INTERVENTION: I RECOGNIZING THE REAL HARM FROM THE USE OF ALCOHOL — *checking progress*

ACTION:

We need to:

1. Find out what people say are the different impacts of alcohol.
2. Compare with what they had said earlier (we have a record in our note book).
3. Write down the present state in our note book and see if there is a change.

RESULTS EXPECTED:

1. We shall learn whether the community's understanding has improved.
2. We can decide what more needs to be done to ensure adequate progress.

POINTS TO BE NOTED:

We have already tried to check what progress the community has made. This was when we were looking for 'general' progress at the start.

Let us look specifically at the progress on this subject now.

We can ask a few people what they now know about the impact of alcohol on our community.

If we first read what we had written earlier, we can check for differences more easily. Let us examine the following issues:

- Are some people now able to mention the extent of different kinds of consequences from alcohol use?
- Are some people more aware of the subtle, hidden kinds of impact, which they did not mention previously?
- Is there a feeling that we should do something to reduce such harm to the community or to our family?

Such things indicate progress. If people today say the same kind of things that they said at the beginning, we have to do more work. It means that we have not improved people's understanding. Then let us try a more active approach to let people know.

We can do many things if there has been no appreciable progress, such as:

- We can get a few young people to calculate the money spent on alcohol. They can try to compare that with the total earnings of the families concerned.
- We can ask people to look at the way alcohol is used to victimize the weak.
- We can show people how heavy users are less productive.
- We can look carefully to see whether people who are very fond of alcohol are happy or not.



14. A SPECIFIC INTERVENTION: I RECOGNIZING THE REAL HARM FROM THE USE OF ALCOHOL – *generating a response*

ACTION:

1. Let us see how we can make people do something to reduce the harm from alcohol.

RESULTS EXPECTED:

1. The community begins to do something to minimize the harm.

POINTS TO BE NOTED:

Simple things are easy to do.

If we want a response from the community we should look at the simple things that they can do.

Can we start a discussion on saving some of the money spent on alcohol to buy school books for children? It is difficult to save money. But it is not difficult to discuss saving money. That is a useful start.

To reduce people's alcohol consumption other things too must happen. Some of us can try to save a small amount of the money we spend on alcohol. Those of us who are highly addicted to alcohol will not readily consider reducing use. But we will still hear others talking about saving some alcohol money for books. The beginning of improvement starts when people begin to think of new ideas.

Should we try to do something less difficult to implement?

We can, for instance, agree that abuse of others (for example, women) after alcohol use should be discouraged.

This could be a good start. First, we can raise questions. Is the abuse of others after alcohol use 'automatic' or something people have learned to do? If it is learnt, it can be changed. How shall we do this?

We can start by making this an issue. Why does this particular person always become aggressive and violent after alcohol consumption? Why do not the majority do so? Why does he abuse only those people who will not retaliate? What might happen if he was told he must stop abusing others, whether he has consumed alcohol or not?

There are communities where instances of people abusing others, after alcohol consumption is minimal. Can we achieve the same for our community? If those who abuse others are seriously challenged or warned, what could happen? They will probably promise not to consume alcohol again. This is not enough. Our community has to say that any future alcohol consumption cannot be made into an excuse for violence. The message is that any aggression or violence after alcohol use will not be tolerated in the future.

Let us see if this is enough to change the habit of people getting violent after alcohol consumption.



15. A SPECIFIC INTERVENTION: I RECOGNIZING THE REAL HARM FROM THE USE OF ALCOHOL — *more on generating a response*

ACTION:

1. Let us try further to reduce 'alcohol-induced' violence.

RESULTS EXPECTED:

1. We learn more about changing an existing social practice.
2. 'Alcohol-induced' aggression and violence in our community comes down.

POINTS TO BE NOTED:

We have already raised the issue of 'alcohol-related' violence with our community (Work Sheet 14). Our aim is to see whether this practice will change if we do the right things.

We know that people behave very differently after the use of alcohol. We have all seen how the behaviour of someone who is 'drunk' can change dramatically. If someone with authority appears, the loud and boisterous 'drunkard' can suddenly become very submissive. Our challenge is to make use of this to change aggressive and violent behaviour in our community.

Perhaps we can discuss about how people who are intoxicated modify their behaviour, according to who is present. We can then ask whether this means that the person can to some extent 'control' his behaviour while intoxicated. Violent behaviour is related to the environment too, not just to alcohol.

How can we create an environment that does not allow violence after alcohol consumption? We may try getting people in our community to say that they will no longer tolerate such violence. This idea has to be communicated to those who misbehave publicly after drinking alcohol. It must also go to those who misbehave privately at home.

Public misbehaviour is easier to challenge than private. People do respect certain limits even when they are intoxicated. The community can try to tell those who misbehave that the limits are now different. If the person sees that this is serious, he is likely to conform. He may challenge the power of the community, if he thinks he can succeed. The best way to proceed is to be friendly and firm.

The behaviour of the person, who abuses his wife after consuming alcohol, is more difficult to address. He too can try to overcome any community pressure by threats or power, or he may become more secretive about his abuse and threaten the family not to speak out loud.



16. A SPECIFIC INTERVENTION: I RECOGNIZING THE REAL HARM FROM THE USE OF ALCOHOL – *checking progress*

ACTION:

We need to:

Check whether there is any change in the thinking/understanding of the community.

RESULTS EXPECTED:

1. We learn to look for small changes while we continue to work.
2. The community begins to reduce alcohol-related harm.

POINTS TO BE NOTED:

Focus on:

- Has the mood in the community changed?
- Are people more concerned about the amount of money that is spent on alcohol?
- Are, at least a few, saying publicly that they want to reduce their alcohol consumption?

We may tend to focus on one or two people whom we want to change. That is not the best way. When we do that, we forget the rest of the community. And the person we want to change is the one who is most 'addicted', which is why everybody talks about him. Progress is easier if we start with those who are more ready to change, and approach the rest through them.

How many alcohol-users have even begun to think about using their money for alcohol to buy things for children's education? If even one person says this, that is a change. The person who says this may not be a heavy user. But he, too, is part of the community. It may be easier to spread the idea of change through him. Usually people focus on the heaviest user, whom everybody wants to help or to 'cure' or 'rehabilitate'. If nobody thinks about reducing alcohol expenditure, let us try to persuade at least a few. We can start with the less heavy users and spread the idea to the others later. If we cannot make anybody even slightly interested, we can postpone this subject altogether. It is not likely that everything we try must succeed. We can instead take up the idea of reducing 'alcohol-induced' violence.

Is there a change in opinion about accepting the aggressive behaviour of people who have consumed alcohol? Are any people now saying that this should not be allowed? If so, that is progress. Are alcohol-users too saying that their friends who become abusive when 'drunk' should be stopped from doing so? That indicates greater progress. Are people who abuse others in this way also saying that they will no longer do so? If so, that is remarkable.

Any reduction in violence or boisterousness can be noted. If there is even a slight reduction in actual aggressive behaviour or incidents, we have already achieved part of our objective, namely, there is a reduction in alcohol-related harm in our community. This can happen even if there is no reduction in consumption.

Even the slightest progress that we notice must be pointed out to the community also.



17. A SPECIFIC INTERVENTION: II REDUCING THE ATTRACTIVENESS OF THE IMAGE OF ALCOHOL – *current status*

ACTION:

We need to:

Examine or discuss everything we have done so far.

RESULTS EXPECTED:

1. We learn from our own experience.
2. We decide correctly what to do next.

POINTS TO BE NOTED:

Do we understand the process that we have followed?

We first looked at alcohol issues more broadly. We learned how to analyze the different things that needed to be done.

We then studied what people in our community felt. We analyzed and recorded that.

We started to show people what they themselves felt and believed about alcohol. We continually checked whether people took notice of the issues that we raised with them.

When we felt that they did, we began to challenge or question some of their ideas.

Eventually, we started to persuade people to change some habits or practices. This was not done by approaching and persuading individuals. We kept addressing the broader community until some individuals began to change. The community too was then shown the progress they had made. There were two other lessons about the general approach. We learned not to focus on a selected person and try to change him or her alone. By addressing many people in the community we encouraged people to select the option of changing themselves.

We learned to make progress where possible and not try to change the things that are most difficult. When there was not much progress in one aspect we left it for later. In this way we did not get exhausted by pushing to change things that were highly resistant to change.

Let us now take a different subject, 'Reducing the attractiveness of alcohol'. This again is from the topics listed in the introduction to this section. We do not have to follow this particular order, or take up one thing after another. Most aspects can be addressed simultaneously.



18. A SPECIFIC INTERVENTION: II REDUCING THE ATTRACTIVENESS OF THE IMAGE OF ALCOHOL — *improving the community's understanding*

ACTION:

We need to:

1. Discuss with our community what makes alcohol attractive, appealing and special.
2. Discuss with them why we should try to change this image.

RESULTS EXPECTED:

1. People realize what makes alcohol appealing and attractive, especially to the young.
2. They show an interest in reducing its attraction.

POINTS TO BE NOTED:

We can simply share some of the ideas that we discussed in Work Sheet 16.

In our general introductory approach we asked people their opinions (Work Sheet 1). From that we may have an idea of how our community perceives alcohol. This was written down and we can remind people about what they said then.

We can also help people to understand the different things that add to the image of alcohol, such as:

- Automatic association with fun
- Words we use to refer to alcohol and intoxication
- How it is shown in the mass media
- Symbolic meanings attached to it — such as growing up, adulthood, toughness, being 'with it' and breaking 'traditional' barriers
- An expectation of pleasurable sensations
- A feeling of freedom from responsibility or the need to conform to normal social rules
- The idea that only weak, boring, or highly moral people do not use alcohol
- The idea that people will not criticize or laugh at our performance if they know we have used alcohol and
- Permission to do things after consuming alcohol, that we normally would not do

This is an important list. There are more things that can be added. Let us go through the list and see whether we can find examples of each item.

We should not proceed until we all understand how these influences work. How does each item in our list make alcohol appear appealing, interesting or special?

Shall we examine how we too contribute to making alcohol seem special? Let us also see who else contributes to making this special image.



19. A SPECIFIC INTERVENTION: II

REDUCING THE ATTRACTIVENESS OF THE IMAGE OF ALCOHOL – *identifying sources within*

ACTION:

We need to:

1. Identify who in our community contributes to making alcohol attractive, appealing and special.
2. Discuss in our community how we should address these different groups.

RESULTS EXPECTED:

1. People get a better understanding of those who promote a special image of alcohol.

POINTS TO BE NOTED:

Did we look at different groups *within* and *outside* the community?

Within our community there are *people who use alcohol occasionally* but talk about it all the time. They contribute greatly to making alcohol appear wonderful.

Did we realize that many of these people who create a special image of alcohol, use it only rarely? They say it makes them feel great but drink only when they get together with a particular group. Could it be that they drink alcohol on happy occasions only? And they may then attribute the happy feeling of that occasion to alcohol. Some of them consume alcohol in their own homes but do not use it until they have 'good company'. So we should stop just assuming that alcohol itself makes people relaxed and happy.

Those who require alcohol all the time (they are usually 'addicted') also promote a special image of alcohol. They insist that all occasions should have plenty of alcohol. If not, they find it boring and they become extremely critical. Others too then learn from them that any event without plenty of alcohol is boring.

People who have never consumed alcohol too tend to follow the lead of those who are 'experienced'. So they too believe all the reports about wonderful things that alcohol does. They think it makes people forget their problems, feel happy inside and become uninhibited. They find it hard to question or challenge these beliefs, because they have never consumed alcohol and therefore believe these stories blindly.

People who are hostile to alcohol use may also contribute to building up a special image of alcohol. They do this unintentionally and can avoid the risk if they are careful. Extreme opposition makes alcohol seem special in a different way and somebody who is fond of alcohol, treats such opposition as a joke or as a challenge. So, those who oppose consumption should not say things that cannot be defended. They must also avoid exaggerating the harm and danger falsely.



20. A SPECIFIC INTERVENTION: II REDUCING THE ATTRACTIVENESS OF THE IMAGE OF ALCOHOL – *identifying sources outside*

ACTION:

We need to:

1. Discuss in our community the outside influences that contribute to making alcohol attractive, appealing and special.
2. Discuss with others of our community how we should address these influences.

RESULTS EXPECTED:

1. People get a better understanding of those who promote a special image of alcohol.

POINTS TO BE NOTED:

Mass media is a powerful influence on how we see things.

Let us check the impression created among the viewers the next time we see alcohol use being shown on TV or in a film. Let us see also how people write about alcohol in the press or in literature. Let us discuss these in our group.

Television is particularly powerful in creating images and fashions. The most powerful part of this may not be the paid advertisements. Just seeing how the fashionable people behave, creates images and impressions in our own minds. What image is portrayed? Are there different meanings given to different kinds of alcohol?

As we observe we can learn how our own impressions are affected. Then we can show what is happening to our community too.

21. A SPECIFIC INTERVENTION: II

REDUCING THE ATTRACTIVENESS OF THE IMAGE OF ALCOHOL – *action to change the image*

ACTION:

We need to:

1. Discuss in our community about changing the magical image we create about alcohol.
2. Encourage people to challenge the basis of this “wonderful” image.

RESULTS EXPECTED:

1. People change the appealing and attractive image of alcohol.

POINTS TO BE NOTED:

People are interested in new things. So it is not too difficult to awaken their interest in this topic.

We can start the process in many ways. We can, in the next month, just comment on the way in which we all make alcohol look special. We often do this without realizing it.

Each time people refer to alcohol, they add a little “spice”, let us observe how we do this ourselves, without really being aware of it. Let us show others how they talk about alcohol, and then see what happens.

At least some people will begin to recognize how we all make alcohol into something attractive and special. We can then ask them to let others know whenever they notice alcohol being glamorised. They can help others recognize the promotion of a positive image of alcohol. It may take us a few months to have this image challenged every time it is needlessly built up.

By commenting and drawing attention to what we do, we can change many of the things that add glamour, attraction and appeal to alcohol. If we persist, there will be a change in the way in which people refer to alcohol.

We can even ask some users to look at their experiences from a different angle. Those who only drink ‘socially’ can readily look at their own experience critically, the next time they drink alcohol. If we are ‘social drinkers’ we too can look at what we really feel when we drink alcohol the next time. If it is not so special as we previously claimed, we could change what we say in future. Many of us who do not enjoy the effect produced by alcohol often pretend that we enjoy it. We do not have to pretend.

We go further, in the next Work Sheet (22), into approaches we can try with our community to give a clearer idea of things. There will be some repetition of ideas from here.

The influences from outside, such as the media, are not easy for us to address. So they will continue to build a particular image of alcohol that we cannot easily change but we can still help our community to see how this is being done. When people recognize this influence they may not be affected by it as much.



22. A SPECIFIC INTERVENTION: II REDUCING THE ATTRACTIVENESS OF THE IMAGE OF ALCOHOL – *further action to change the image*

ACTION:

We need to:

Read the contents below and add to the ideas from the previous Work Sheet (21).

RESULTS EXPECTED:

1. We broaden our understanding of things to do with the community.

POINTS TO BE NOTED:

Our action should address the different people who contribute to making alcohol look special and wonderful. Let us make them see what is happening. Then we can ask them whether they would like to challenge or change the image that has been built up.

There are many simple things that we can do in our community. For example, we can begin to change the words we use. In many societies, alcohol is described in ways that are different from other beverages. Drinking alcohol, heavy use and heavy users too are described with special words. All of these give it a pleasant or 'fun' flavour.

In English speaking communities there are words such as booze, hooch, sloshed, getting high, boozier, sponge and so on. In our own community there will be local words. The mood that is created as soon as these words are mentioned is one of fun or amusement.

Even with no alcohol around, a mood of joy is created when these words are heard. Much of the attraction of alcohol is related to this automatic association with freedom and fun. Special words add to this mood. Is the greater part of the enjoyment of alcohol in these words and expectations? Are we making the alcohol experience great and joyous by this socially generated aura? What will be left, if the whole expectation is changed?

Our plan should be to try out the experiment. Let us see how much joy really resides in alcohol. Let us see whether we can remove the habitual additions we make to the alcohol experience.

Just changing the words used to describe intoxication is not enough. We have to check whether there are other ways in which we make alcohol special. This may simply be in our smile when someone who has consumed alcohol crudely criticizes another. It may be in the way we describe our own intoxication. Heavy drinking leading to nausea and great physical discomfort too is often described very differently the next day, almost investing it with a sense of enjoyment.

How shall we help our community check the really enjoyable things in the use of alcohol – whether most of the fun with alcohol consumption is in the preparation, the expectations and in talking about it afterwards? Let us see what remains if all the things that we add to make the alcohol experience appear special are removed. If what remains is quite a boring and ordinary experience, let us stop promoting it as something really magical.



23 A SPECIFIC INTERVENTION: II REDUCING THE ATTRACTIVENESS OF THE IMAGE OF ALCOHOL – *checking progress*

ACTION:

We need to:

Help our community to check whether they have successfully altered the image of alcohol.

RESULTS EXPECTED:

1. People learn to verify the impact of their efforts.

POINTS TO BE NOTED:

We have learned to check the results of what we do as we go along. Let us see whether we can now help people in our community to do the checking.

How should people in our community verify whether the image of alcohol within their community has changed? We already have a record of what people felt at the beginning. We can ask people to talk to others in their community and find out whether their own ideas about alcohol have become less special.

- How did they talk about alcohol initially?
- Did they 'automatically' associate it with fun and joy? Do they still do so?
- How do people react when wonderful images of alcohol are portrayed on television?
- Do they now understand how their own image of alcohol is being influenced?
- Do they try to prevent a glamorous and falsely positive image of alcohol being created, especially in the minds of children?

Let us help people examine the progress and if there is a significant improvement we can celebrate our success. And we can go further in challenging and changing this image.

In a community where the image of alcohol has changed in the right direction, young people will view it in a less special way. This is an important factor influencing their desire to start drinking alcohol. If they do, they will be still less prone to keep drinking alcohol. Our success in safeguarding the young in our community is indeed cause for celebration.

Should we find no change, we simply continue talking to people as before. We talk to each other anyway. So we can keep these ideas on our agenda. Opportunities will continue to arise in the future to show people that we have collectively built up a grand image around alcohol. We should make use of those opportunities to challenge and change that image.



24. DEALING WITH OTHER ASPECTS: I

ACTION:

We need to:

1. Remind ourselves of the several items needed for a complete response (from the introduction to the section).
2. Decide what other actions we would like to take up from these.

RESULTS EXPECTED:

1. We become capable of looking at the full picture.
2. We decide what path to choose for further progress.

POINTS TO BE NOTED:

Let us recall the main headings listed in the introduction to this section. We have taken two of these as examples. These were: (1) recognizing the real harm from alcohol use and (2) reducing the attractiveness of the image of alcohol.

The other items too, have to be handled through a similar process. We now take up each of the other subjects. The remaining subjects are:

- Reducing unfair privileges attached to alcohol use
- Encouraging quitting or reduction of use
- Counteracting forces that promote increased consumption
- Preventing the 'alcoholization' of all social events and activities
- Appropriate restriction of availability
- Encouraging the implementation of useful local and national policies

Each subject is dealt with more briefly than before. But we should analyze the content and implement it in the same way as the preceding two examples, which were described in greater detail.

All these issues can be taken up in any order or together. We should keep looking for progress on each.

The community may progress in, say, helping users to reduce or quit the use of alcohol, or in reducing the violence associated with the use of alcohol. Progress in any of the areas listed may be evident. But there is an overall measure of progress too. The combined effect of all these separate tracks should also be looked at. This is dealt with last.

The next issue is 'Reducing unfair privileges attached to the use of alcohol'. This too will be dealt with, in some detail. Many of these are unfamiliar issues, for most communities. This is why we go into some detail. Issues that the community can take up without much guidance are dealt with more briefly, in the pages that follow.



25. DEALING WITH OTHER ASPECTS: II

REDUCING UNFAIR PRIVILEGES ATTACHED TO THE USE OF ALCOHOL – *working out the privileges*

ACTION:

1. Let us work out the privileges given to alcohol-users.

RESULTS EXPECTED:

1. We recognize privileges given to alcohol-users.

POINTS TO BE NOTED:

We are familiar with the process now. First, let us improve our own understanding.

What are the privileges attached to alcohol use? Let us ask ourselves the question, and see what answers we come up with. Let us not just go on reading this Work Sheet. We should think of the answers first, and only then move on.

The main privilege given for alcohol use is *freedom from responsibility*.

Some kinds of freedom from responsibility are good fun. They may not cause any real harm to others. There are, for example, times when we feel too embarrassed or too shy to do something. It is embarrassing for instance to sing in a group or to give a speech. In such situations, we feel more confident if we have had a drink. Then if our performance is unsatisfactory, we can blame it on the alcohol.

People say they get 'courage' after drinking. The real effect of alcohol may not be to give courage. It may simply be that we know that we have consumed alcohol. People sometimes say: "I know that I can get away with poor performance when others know that I have consumed alcohol. Even if I am the only person who knows that I have consumed alcohol that too can be enough. I have an 'excuse' for poor performance, within me. I can later tell others if necessary." We should work out examples where it is a good excuse to know that we have 'had a drink'.

Such freedom is liberating. We do not have to be anxious about others looking at us critically. We may feel that the only problem is that such freedom is not given when we have not consumed alcohol. People who generally do not consume alcohol are not allowed this freedom. This is unfair.

There are other 'soft' privileges. Certain kinds of foods are given as accompaniments with alcohol. In some social settings there are special 'bites' provided only to the alcohol-drinking circle and not to others.

There are other apparently harmless liberties given for consuming alcohol. Talking loudly, using 'obscene' or indecent words, making sexual advances to others are all examples. All these are pleasant for the person doing it and they are not criticized later. But there are different examples of 'freedom from responsibility', which are more harmful to others.



26. DEALING WITH OTHER ASPECTS: III

REDUCING UNFAIR PRIVILEGES ATTACHED TO THE USE OF ALCOHOL – *working out unfair privileges*

ACTION:

1. Let us work out if some of the privileges given for alcohol consumption are unfair.

RESULTS EXPECTED:

We can decide whether there are privileges that should be counteracted.

POINTS TO BE NOTED:

Some people become violent after the use of alcohol. They are not really given approval to be violent. But it somehow 'happens', and violence after alcohol consumption is not taken too seriously. An 'unofficial' freedom seems to operate.

This unofficial freedom is mostly used to victimize people who are weak.

Let us list the number of times we have seen someone being aggressive to another, after the use of alcohol. How many of these are against people weaker than themselves? How many against someone stronger or more 'important' than themselves?

Let us list the people most often physically abused by people who become violent after the use of alcohol. In many communities, wives and children are the commonest victims. Why is this so?

Incidents where a stronger person is attacked catch attention. So we remember them readily. Daily incidents where weaker people are victimized are less noticed. Aggression is not only shown in physical violence. Verbal aggression is even more common. Let us look at who is 'selected' as target for aggression.

We have examples from the previous Work Sheet, and here, of privileges that are given to us if we use alcohol. Do we feel any of these are unfair? If so, we can decide to address them.

27. DEALING WITH OTHER ASPECTS: IV

REDUCING UNFAIR PRIVILEGES ATTACHED TO THE USE OF ALCOHOL — *addressing unfair privileges*

ACTION:

1. Let us change the privileges attached to alcohol consumption, which we think are unfair.

RESULTS EXPECTED:

1. One form of injustice in our community is reduced.

POINTS TO BE NOTED:

What did we feel were the unfair privileges attached to the use of alcohol? Whatever we chose from the ideas in the last two Work Sheets, we start addressing them now. Let us follow the process that we are familiar with.

First, we find out by discussion what the community already feels about this. We can look at the notes from our initial assessment too. Then we help people recognize the community's present opinion and make them aware of the community's perception.

Next, we gently question these and see if people are happy with the current state of the community. If they are not, we can show them how to challenge and question current opinions and behaviours.

We shall keep monitoring any changes that occur. We should now try to get people in our community to monitor things too. Any improvement is worth pointing out to others and it is a reason for complimenting ourselves. If there are major changes, there is reason to celebrate. For example, if we know that victimization of the weak has come down significantly that is a great achievement. The people who should be most complimented are those who have stopped their previous practice of abusing others.

If there is not enough progress we look again at how we had set about our task. We can re-read the Work Sheets on this subject. We can ask a few others what else we should do. Did we move too fast? Did we fail to engage people who use alcohol as a 'weapon'? Let us try approaching totally different people. We can even try to give the challenge of changing this 'misbehaviour' to those who misbehave.

Let us monitor the progress on removing the more serious injustices caused by alcohol, while we work on other issues too. We take up the next issue of addressing users who need to quit or reduce their use of alcohol.



28. ENCOURAGING QUITTING OR REDUCTION OF USE

ACTION:

1. We analyze how to do this and then take action.

RESULTS EXPECTED:

1. There is a reduction in alcohol consumption and a resulting reduction in alcohol-related problems.

POINTS TO BE NOTED:

Let us work out our strategy and then read the section below.

The subject of helping people to quit alcohol or reduce use has deliberately been put at the end of this document. This is because it is usually a difficult subject to start with.

Many initiatives to reduce alcohol-related harm try to make users, especially the heaviest users, stop drinking altogether. Enthusiastic people start with this objective but soon find it hard to achieve. After a time they get fed up and sometimes even give up saying, "We can't stop these addicts". This is quite the wrong approach. All users can re-examine their habit. Some are more able to do this than others. The correct mood must first be created in our community before we approach those who find it most difficult to change.

We started our activities by involving many users and non-users. The initial focus was not on the heaviest users. We did not 'target' them at the start. We started to change the mood in the community about the value and attractiveness of alcohol. Some special privileges given for alcohol use were questioned. The way people look at alcohol was addressed. Now we are more prepared to encourage alcohol-users to look critically at their use.

Some people who drink heavily need appropriate medical help too. This has to be obtained without damaging the community spirit. Neither the alcohol-user nor the community must feel that they are powerless without some special medical help. A healthy relationship is needed between the local medical clinic and our community. We can take people to a clinic.

Let us approach the issue keeping these ideas in mind, and see whether our previous method can be applied to this task too.

Let us analyze the factors that influence quitting or reduction of use, and see if we can help others to recognize the factors that we identify. Then start addressing those.

Next we help the community engage or address heavy use of alcohol. Users too should join in encouraging each other to quit or reduce use. We work out ways to assess early changes among users — such as their opinion about quitting or reducing the use of alcohol. We encourage everybody to do this. We modify our work according to the results we find.



29. COUNTERACTING THE FORCES THAT PROMOTE INCREASED CONSUMPTION

ACTION:

1. We analyze how to do this and then we take appropriate action.

RESULTS EXPECTED:

1. To reduce the influences that promote increased consumption of alcohol.

POINTS TO BE NOTED:

We proceed in much the same way as with other issues.

Let us therefore first analyze the factors that promote increased consumption. We can discuss this among ourselves and write down our conclusions.

Did we think of factors such as the habit, in some settings, of looking at heavy consumption as an achievement or a sign of strength? There are people who trade in alcohol, who want more people to drink more alcohol. What do they do to make us increase our consumption? What about 'addicted' people among us? They may like to drink more alcohol than others. They too would like all of us to drink more so that their heavy use does not stand out.

After we have worked out the various influences, we have to help others in our community too to see the things that induce increased consumption.

We then jointly work out the ways to counteract the influences that increase consumption. It is good if we have written notes to remind ourselves of the different influences we want to address.

The next step is to slowly counteract the influences that increase consumption. Simply spreading understanding among the people is itself a way to reduce the power of these influences.

We know that we must see how we can assess progress, and now we also know how to proceed according to the progress that we find.



30. PREVENTING THE 'ALCOHOLIZATION' OF ALL SOCIAL EVENTS AND ACTIVITIES

ACTION:

1. We analyze how to do this and then we take the required action.

RESULTS EXPECTED:

1. Social events become less alcohol-centred.

POINTS TO BE NOTED:

We examine whether there is a tendency for social events to be increasingly associated with the use of alcohol. If there is, is it becoming a worrying trend? Why are we concerned?

Our concern maybe that "alcoholization" of all social events is a growing trend. We know that alcohol use increases as the number of events that are 'alcohol-centred' increase. We know also that this becomes an inducement for the more regular or frequent users to drink. It also makes people, especially the young, associate alcohol with a social event, celebration, joy or relaxation.

If we find that there is a trend to make alcohol a part of every social event, what do we do? We do what we did about the previous issues. Namely, we discuss the trend with as many people in our community as possible. This, as always, includes all levels of users of alcohol as well as non-users.

Our next step is to see how we can reduce this trend. We must get members of our community to work out how to do this and as they start to raise and address this issue they can decide how they will judge whether there is a beneficial change.

They now proceed trying to change this with appropriate modifications, according to the results they find.



31. APPROPRIATE RESTRICTION OF AVAILABILITY

ACTION:

1. We analyze how to do this and then we take action accordingly.

RESULTS EXPECTED:

1. There is a reduction in the availability of alcohol.

POINTS TO BE NOTED:

Is there a problem with the easy availability of alcohol?

This subject too has been taken up late in this document for a reason. We mentioned earlier that many enthusiastic health initiatives start with attempts to persuade the heaviest users to quit. A second popular theme of such initiatives is to shut down alcohol outlets.

Easy availability does indeed increase alcohol consumption and related problems. A significant reduction in accessibility will help the community to combat alcohol-related problems but trying to shut outlets is an exhausting task.

There is no harm in being ambitious but our preparation to intervene should be properly planned. We cannot start a crusade like this and give up in three to four years' time. We hear of community movements aimed at closing down all illicit alcohol outlets. There is much enthusiasm and success initially and then there is great disappointment that things went back to the previous state in two years. If we want to prevent availability we should be ready to put in the required effort for a considerable period of time.

What restrictions does our community think are practicable and beneficial? The effort put into restricting availability should be something that can be sustained long-term. The community's goal should be appropriate to the commitment it can sustain. This is especially important here because restricting availability often leads to confrontation.

If our community decides to address availability, we can get members of our community to join in the task. Efforts to restrict availability succeed or fail most often depending on whether they have enough power.

We must have the means to verify changes in availability too. Before starting on an initiative to restrict availability, we must decide how to check progress. Our measures must look for 'hidden availability' increasing when visible outlets are targeted.

The final step is to respond appropriately to the results that we find.



32. ENCOURAGING IMPLEMENTATION OF USEFUL POLICIES

ACTION:

1. We analyze how to do this and then we take appropriate action.

RESULTS EXPECTED:

1. There is a trend towards supporting good policies to reduce alcohol-related harm.

POINTS TO BE NOTED:

This intervention was deliberately left to the last. This is because a single community has little power to influence state policy. The subject is included mainly to complete our set of interventions. Changing policies of a state or country will certainly affect a large number of people, but a single community will probably find it too much to achieve. It is, of course, possible to influence such policies if a number of communities get together.

What policies are useful in reducing alcohol-related problems?

Reducing easy access and affordability is a beneficial measure that governments can adopt.

If the number of outlets where alcohol is sold is reduced, or the price of alcohol increases significantly, there will be a beneficial impact. But the sale and availability of licit and illicit alcohol will need to be restricted simultaneously.

Restricting the advertising and promotion of alcoholic drinks is another useful step. But the promotion of alcohol via the mass media is not only through formal advertising. How alcohol is shown in ordinary programmes may be even more powerful. Sometimes restricting advertisements alone does not prevent these less obvious influences.

Special measures directed at individual users or situations can also be included in a national policy. An example is the prevention of 'drink driving'.

What action can we take? We can inform people about useful policies. Since we know it is nearly impossible for a small community to get good national policies implemented, we can share the knowledge about good policies with other communities in order to make maximum impact.

Progress is difficult to measure. We can examine the improvement in knowledge of the community. This does not necessarily increase the chances of recommended policies being adopted by governments.



33. ASSESSING AND ENHANCING OVERALL PROGRESS

ACTION:

We need to:

1. Examine periodically the overall progress of the community.
2. Write down our conclusions after each such assessment.

RESULTS EXPECTED:

1. We keep track of the overall progress.
2. We learn to take action appropriate to the stage of progress achieved.

POINTS TO BE NOTED:

Progress is achieved in the different areas or subjects that we take up. We do not proceed in a fixed order with the identified subjects. Different issues progress at different rates.

Progress in one aspect often helps another. The activities to reduce the attractiveness of the image of alcohol can influence some users to reduce use. Reducing unfair privileges serves to reduce alcohol-related harm.

There are other areas where these activities can help. When alcohol-related issues are on the agenda, there can be a change in the overall mood of the community, and our community action can serve to counteract influences that promote consumption.

So we must look at the community as a whole, from time to time. This comprehensive assessment of the situation in the community is of great importance.

In this assessment we should look at broader changes. Are those who previously pushed and promoted alcohol now doing so less aggressively? Is the response of the people to us now more positive? Are there now less attempts made to discredit us and make us ineffective? How does the community react to these attempts?

If our work is successful we should expect to see some opposition. This may come in an unexpected way. There can even be false allegations about us. They may not be connected to our work on alcohol. There may even be attempts to stop us working with this community altogether. We need to keep these possibilities in mind from the very beginning. The progress we try to achieve should be at a level that is supported by a great majority in the community.

We should encourage people in our community to look at the overall level of progress. They can then see where things are going well and where there are obstacles. Some of these obstacles may be from people who profit from alcohol. Others may be those who do not like the idea that their own alcohol consumption, or aggression thereafter, may come under scrutiny.

These obstructions arise only when our efforts begin to produce results.



34. CONSOLIDATING AND SPREADING SUCCESS

ACTION:

We need to:

1. Discuss with the community the progress achieved.
2. Work out how success can be enhanced and spread to other communities.

RESULTS EXPECTED:

1. Progress achieved is consolidated.
2. Other communities also learn from our experiences.

POINTS TO BE NOTED:

Success promotes further success. So we should share evidence of good impact with everybody.

When our work has gone on for a few months, we should try to create a regular 'feedback' to the community about results. Many people are not sensitive to the early signs of success that we were recommending.

Looking for the earliest signs of impact allows us to modify our approaches soon. It also encourages us. When we see that more people are aware of a certain issue that we were trying to communicate, we realize that our effort has already had a small effect. This is an encouragement to us.

For our community too, this habit of regularly looking at results is helpful.

Spreading our ideas to other communities helps them to develop. More importantly, it helps us to develop further.

Let us see whether a neighbouring community can be encouraged to pick up ideas from us. We can just share information about some things that have happened. Somebody from outside may become interested. We can then go into greater detail.


Inviting others from outside to share our experience is a great incentive to our work. Similarly, it is good to visit others, to describe what we have done and also to learn from their experiences. Finally, let us remember that our community activity is not a formal programme that ends on a fixed day. Whatever success we achieve, there is more to work for. And the work will continue if we truly enjoy it.





REFERENCES

- Babor TF, Higgins-Biddle JC. *Brief intervention for hazardous and harmful drinking: a manual for use in primary care*. Geneva, World Health Organization, 2001.
- Benegal V, Murthy P, Shantala A, Janakiramaiah N. *Alcohol-related problems – a manual for medical officers*. Bangalore: National Institute of Mental Health and Neurosciences, 2001. NIMHANS Publication # 41.
- Bien TH, Miller WR, Tonigan JS. Brief interventions for alcohol problems: a review. *Addiction*. 1993 Mar, 88(3): 315–35.
- Cahalan D. *American drinking practices: a natural study of drinking behavior and attitudes*. New Brunswick, NJ, Rutgers Center of Alcohol Studies, 1969.
- Edwards G., et al., eds. *Alcohol policy and the public good*. New York, Oxford University Press, 1994.
- Grant M. ed. *Alcohol Policies. WHO Regional Publications. European Series No. 18*. Copenhagen, World Health Organization, Regional Office for Europe, 1985.
- Greenfield TK, Room R. Situational norms for drinking and drunkenness: trends in the US adult population, 1979–90. *Addiction*. 1997 Jan; 92(1): 33–47.
- Hilton M E. The presence of alcohol in four situations: survey results from 1964 and 1994. *International Journal of the Addictions*, 1987 May; 22(5): 487–95.
- Hingson RW, Scotch N, Mangione T et al. Impact of legislation raising the legal drinking age in Massachusetts from 18 to 20. *American Journal of Public Health*. 1983 Feb; 73(2): 163–70.
- Humphreys, K., & Tucker, J. Towards more responsive and effective intervention systems for alcohol-related problems. *Addiction*. 2002; 97, 126–32.
- Klingemann H, Takala J P, Hunt G. *Cure, Care or control: alcoholism treatment in sixteen countries*. Albany, NY, State University of New York Press, 1992.
- Lenke L, *Alcohol and criminal violence: time series analyses in a comparative perspective*. Stockholm, Almqvist and Wiksell, 1990.
- Marlatt G A, Gordon J R. *Relapse prevention*. New York, Guilford Press, 1985.
- McAndrew C, Edgerton RE. *Drunken comportment: a social explanation*. Aldine, Chicago, Walter De Gruyter Inc., 1969.
- McLellan AT. Have we evaluated addiction treatment correctly? Implications from a chronic care perspective. *Addiction*. 2002 Mar; 97(3): 249–52.



Meyers R J, Smith JE. *Clinical guide to alcohol treatment: the community reinforcement approach*. New York, Guildford Press, 1995.

Moyer A, Finney JF et al. Brief interventions for alcohol problems: a meta-analytic review of controlled investigations in treatment-seeking and non-treatment-seeking populations. *Addiction*, 2002 Mar; 97(3): 279–92.

Murray C, Lopez A. *The global burden of disease*. London, Oxford University Press, 1996.

Osterberg E, Salla SL. Effects of the 1972 and 1985 Finnish alcohol retail outlet strikes. In: Osterberg E, Salla SL. ed. *Natural experiments with decreased availability of alcohol beverages: Finnish alcohol strikes in 1972 and 1985*. pp. 191–202. Helsinki, Finnish Foundation for Alcohol Studies, 1991.

Pattison E M, Sobell MB, Sobell LC. *Emerging concepts of alcohol dependence*. New York, Springer, 1977.

Peele S, Grant M. *Alcohol and pleasure*. Ann Arbor, Taylor and Francis, 1999.

Room R, Collins G. *Alcohol and disinhibition: nature and meaning of the link*. Research Monograph No. 12. ADAMHA, NIAAA, DHSS publication no. (ADM) 83–1246. Berkley, CA, US Department of HHS, Public Health Service, 1983.

Saffer H. Alcohol advertising bans and alcohol abuse: an international perspective. *Journal of Health Economics*, 1993 Jul, 12(2): 213–28.

Wagenaar AC. Effect of minimum drinking age on alcohol-related traffic crashes: The Michigan experience five years later. In: Holder H D. ed. *Control issues in alcohol abuse prevention*, Greenwich, CT, JAI Press, 1987: 119–130.

World Health Organization (WHO). *The ICD 10 classification of mental and behavioural disorders*. Geneva, 1992.

World Health Organization (WHO). *Global status report on alcohol*. Geneva, 1999.

World Health Organization (WHO). *Prevention of harm from alcohol use, get high on life without alcohol*. New Delhi, Regional Office for South-East Asia, 2003.



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**World Health
Organization**

Regional Office for South-East Asia

World Health House, Indraprastha Estate,
Mahatma Gandhi Road, New Delhi 110002, India.
Tel. +91-11-23370804 Fax +91-11-23370197, 23379395