



WHAT CAN BE DONE ?

Alcohol use in the SEAR Member States suggests diverse challenges to policy-makers, professionals and civil society. The growing evidence of the harmful effect of alcohol use combined with inadequate information on effective interventions creates a dilemma in public health. The divergent perspectives of stakeholders have only added to the existing confusion, resulting in now-on-now-off public health policies.

As documented in the earlier sections, much of the effect of the abuse of alcohol is absorbed by the health sector, either directly or indirectly. Even the broader societal and socio-economic consequences (and their further consequences) have to be borne by the health sector. It is not just the dependent or the heavy drinker who overwhelms the health services, but the 'occasional' drinker too. Moreover, just the direct cost of health care itself does not adequately include and encompass the overall costs of harm from alcohol consumption.

Changing individual behaviour requires both providing accurate information and reducing misinformation alongwith system and policy changes thus helping to build a conducive environment and appropriate intervention.

Multiple agencies, for example, the ministries of law, industry, revenue, agriculture, customs department, law enforcement agencies, medical associations, NGOs, should lobby for clear formulation and effective implementation of a rational, integrated and comprehensive alcohol control policy. For this, coordination between various government departments and other civil society stakeholders is essential. A rational, scientific and humanistic understanding of the issues involved will support such an initiative.

Monitoring indicators need to be developed which can serve as a benchmark to evaluate the success of policy and programme implementation. Some chronic medical conditions (e.g. cirrhosis of the liver) which are linked to alcohol use, and alcohol-related RTIs, can be used as markers for regulatory control of alcohol, thus permitting monitoring policy changes. To implement this, systems of surveillance for these and related conditions need to be put in place.

Much of the effect of alcohol abuse is absorbed by the health sector, either directly or indirectly.

Multiple agencies should lobby for clear formulation and effective implementation of a rational, integrated and comprehensive alcohol control policy.





Results indicate that no single intervention is effective, while combined and coordinated strategies are beneficial against harmful use of alcohol.

Taxation on alcoholic beverages should hike retail prices which will lead to lower intake and further, to less of traffic injuries.

8.1 The International Evidence for Intervention

WHO recently conducted a review of 1265 studies using a three phase strategy (Hawks, 2002). The issues reviewed included the evidence for efficacy of preventive interventions against harmful use of alcohol in the areas of regulation of physical and economic availability of alcohol, use of mass media, community-based initiatives and the use of school-based education programmes. Results indicate that no single intervention is effective, while combined and coordinated strategies are beneficial. It also needs to be acknowledged that much of the evidence comes from high income countries and minimal or no evidence exists in low and middle income countries.

8.1.1 Taxation and other price control measures

Generally, consumers respond to a price increase in alcoholic beverages. Data from developed countries suggests that the impact is more among price-sensitive consumers such as the youth rather than occasional drinkers. Heavy drinkers also respond to price change. Studies from some countries suggest that an increase in taxation on alcoholic beverages reduced the rates of alcohol-related traffic injuries (Chaloupka, 1993) and mortality, as well as incidents of alcohol-related violence in the community (Markowitz, 2000). Taxation on alcoholic beverages should raise its retail price to the level that can alter consumption decision, with an effective mechanism to prevent the consumer's shifting towards cheaper illegal alcohol. With increasing income, the impact of a one time rise in price maybe neutralized. Thus the taxation system should be adjusted so that the prices of alcohol beverages rise at, or beyond, the rate of inflation.

With rapid expansion of trade liberalization, taxation for alcohol products has been more rationalized (usually reduced) by treating them like any other commodity. Alcohol is a source of substantial revenue for governments. There are examples (e.g. from some states in India) that restrictions on the sale of alcohol have been removed because of loss of revenue. However, there is also evidence from a research project sponsored by WHO, conducted in Bangalore, India, (Gururaj, 2006) that in the long-term the financial losses to the state are far greater than the immediate revenue. One option is to allocate part of the taxes generated from the sales of alcohol to support health promotion measures, including community education, sports and recreational activities. Thailand has adopted, under its health promotion act, the use of "sin tax" on tobacco and alcohol, and the proceeds thereof are used for health promotion activities, including reducing alcohol consumption and related problems.

8.1.2 Regulating the availability of alcohol

Various legislative measures have been/could be used for reducing alcohol consumption, and thereby the harm from its use, by limiting the physical availability of alcohol. There is evidence that limiting the easy availability of alcohol influences the rates of alcohol-related injuries and other problems (Klingemann, 1993).

- ◆ **Minimum legal purchasing or drinking age:** Setting a minimum legal age limit for purchase or drinking alcohol is a measure targeted at the youth by restricting their access to alcohol. Evidence suggests that consumption of alcohol is usually influenced by the age at which alcohol is legally available (on or off licence) and a higher age for purchasing/drinking is effective in reducing alcohol-related problems and the consumption of alcohol by minors (Grube, 2001). The minimum age limit in the SEAR countries varies from 18 to 21 years, except in India, where it is 25 years. Globally, the age limit varies from 15 to 21 years.
- ◆ **Restrictions on sales:** There are a number of policy options to limit the sales of alcohol to consumers, such as, a) restricting the number, density and locations of sales outlets; b) limiting hours and days of sale; and c) imposing some other restrictions on sale. Studies have shown that measures such as the closing of sales outlets or restriction of sale at certain time of the day/specific days like religious days or pay-days, restrictions on the sale of high alcohol content beverages or rationing the amount of alcohol sold to an individual, could reduce social and health-related problems linked to alcohol use in the short- and long-term (Klingemann, 1993; Chikritzhs, 2002; Babor, 2003). Restrictions on serving and selling alcohol (such as not serving already intoxicated customers) has shown to be effective only if enforced with server/seller liability. Prohibition of public drinking at specific settings such as educational institutions, public places (offices and factories), recreational settings (parks and beaches, cinema halls, sports stadiums) and fast-food restaurants could ensure a safe public environment and minimize or avoid injuries and loss of public property and productivity.
- ◆ **Total prohibition or ban on alcohol:** Worldwide experiences shows that total prohibition on the production, sales, and consumption of alcohol usually does not succeed, unless firmly rooted in the local culture or strong religious convictions of the majority of the population (Ritson, 1994). Although there is some evidence that total prohibition of alcohol does reduce consumption and alcohol-

Alcohol consumption is influenced by the age of legal availability.

Restricting the number, density and location of sales outlets, as well as the hours and days of sales can effectively limit the sale of alcohol.





related problems, it could also promote organized crime and corruption through cross-border smuggling and brewing of illicit liquor (Levine, 2004).

8.1.3 Measures against drink-driving

Research indicates that the risk and severity of road traffic injuries increases with drink-driving (Cheriptel, 2003). This suggests that driving under the influence of alcohol, even when the Blood Alcohol Concentration (BAC) is within the legal limit, has a higher risk, particularly for new and young drivers.

Effective counter-measures include: 1) setting the legal BAC at an appropriate level, and if possible, lowering the legal BAC level; 2) having an active surveillance system for drink-driving; 3) swift punishment(s) including licence suspension; and 4) measures for high-risk groups, such as setting a specific lower level of legal limit of BAC among new and young drivers and commercial drivers (“zero tolerance”). It has been shown in research studies that regular and comprehensive Random Breath Testing (RBT) is more effective than setting fixed sobriety checkpoints.

8.1.4 Regulating alcohol production and distribution

Legislative control of the production, marketing and sale of alcohol could take two positions from (a) total control of production and/or sales (state monopoly) on one side to (b) absolutely no control (total liberalization) on the other extreme. Studies of the effects of privatizing alcohol retail sale monopolies have shown that there was some increase in the levels of alcohol consumption and alcohol-related problems, due in part to the increase in number of outlets and hours of sales, that increased with privatization measures, based on profit motives (Her, 1999). From a public health perspective, it is the retail level which is important for controlling individual consumption while monopolization of production or wholesale distribution may facilitate revenue collection and effective control of the market.

Trade and Commerce sectors regard alcohol as a “commercial good” to be traded freely across countries like any other “commodity”. Investment in the production and sale of alcohol is seen as a “service” or an “investment” within the arrangement of multilateral trade agreements. People involved in such negotiations could consider that alcohol is not like “an ordinary commodity” to be looked upon from sales, marketing and taxation purposes, but also to be seen as a commodity that could lead to adverse social and health consequences that go beyond economic gains and free trade agreements.

Drinking and driving, even with low blood alcohol levels, is highly risky for new and young drivers.

Studies show that privatization of alcohol retail sale monopolies led to an increase in alcohol-related problems and higher consumption.

8.1.5 Advertising restrictions

Alcohol advertising has the potential of promoting changes in attitudes and social values, including publicizing the desirability of social drinking to its viewers, which all encourage a higher consumption of alcohol and weakens the social climate towards effective alcohol control policies. In countries where advertising in the media is not totally banned, there is frequent portrayal of alcohol in the media, particularly in magazines, newspapers and television, especially of internationally branded beverages. The mainstream of these portrayals suggests alcohol use as a harmless pursuit, showing solidarity, friendship and masculinity, while neglecting any negative consequences.

It is known that advertising can influence consumer choices, have a positive short-term impact on knowledge and awareness about alcohol, but it has proved difficult to measure the exact effects of advertising on the demand for alcoholic beverages, in part because the effects are likely to be cumulative and long-term. Recent literature suggests that advertising and other marketing activities increase the overall demand, and influence teenagers and young adults towards higher consumption and harmful drinking (Saffer, 2006). Self-regulation by the mass media has been attempted by developing codes of advertising for and by the industry. However, the effectiveness of voluntary codes is likely to be limited in developing countries because of lack of enforcement.

Even in places where alcohol advertising is banned, messages on alcohol use could be conveyed to existing or potential consumers in a variety of ways. One method frequently used is surrogate advertising – brand sharing of products including name and logos, advertising at the point of sales, and sponsorship of events particularly in teenager-friendly events such as sports, music and cultural events. Thus an effective monitoring system is needed.

8.1.6 Promoting community action

In recent years, community-level efforts to control harmful use of alcohol in some countries were successful through enhanced partnerships and networks, involving public agencies and NGOs. Community action is not in itself a strategy, but rather a process of implementation of one or more policy interventions at the community level. Recognition of harm from alcohol use within a community is an important step in organizing community-based efforts.

Various measures of community action include: a) organizing awareness programmes to deal with the harm from alcohol use within the community,

Advertising and marketing activities boost the overall demand, and propel youngsters towards greater alcohol consumption.



b) monitoring alcohol-related social and economic situations, c) creating an atmosphere for social control of harm from alcohol use by formulating community sponsored rules and regulations, and d) supporting measures including community-based treatment and rehabilitation programmes.

There have been reports on community-based alcohol control actions, initiated by various women's groups using different strategies. One effective strategy has been restricting the availability of alcohol in specific communities or townships by direct intervention (Joshi, 2004).

A large proportion of the formal and non-formal sectors' labour forces are affected by the harmful use of alcohol. The impact on the work force includes absenteeism, work accidents, unemployment and poor productivity. Although it is not mandatory for an employer to provide counselling and treatment for alcohol-related problems, more and more employers are beginning to view the harmful use of alcohol as a social problem, and its control, as a corporate responsibility.

8.1.7 Education and persuasion

- ◆ *Mass media campaigns:* Mass media has been used both by the alcohol industry to promote its products and by governments to control the harm from alcohol use. While mass media is a popular means for attempting to control the harm from alcohol use, evidence suggests that complementary and reciprocal community actions pursued in conjunction are more effective than media campaigns alone (Jernigan, 1996). In addition, mass media campaigns are expensive and could be countered by aggressive, well-funded alcohol industry advertisements. Ingredients of an effective mass media campaign are: selecting a well defined target group; undertaking formative research; conducting a pre-test on the campaign materials; using messages which build on existing knowledge and satisfy existing needs and motives; addressing the knowledge and beliefs which impede the adoption of messages; adopting a guaranteed media plan for exposure and having long-term commitment for the campaign.
- ◆ *Educating school children:* Traditionally, schools promote sporting activities and religious values, but more recently, schools have started educating students on skills which they need to deal with stressful life events, e.g. stress management and handling peer-pressure. This strategy is termed as "Life-skills education". Part of these skills is to stay away from habits such as smoking and drinking alcohol. Such programmes include getting students to talk openly about the subject of alcohol use, their own attitudes,

and the environmental pressures on them to drink alcohol, as well as giving them information on the harmful effects of alcohol. These programmes can go a long way in preventing the initiation of alcohol use, particularly its harmful use.

8.1.8 Modifying the drinking context

- ◆ *Provision of alternative recreational facilities:* In many instances, the avenue for entertainment or recreation for adolescents and blue-collar workers are taverns/public bars/restaurants, where alcohol is liberally served together with food and other entertainment, such as music, TV, karaoke, dancing or billiards. Thus, initiatives in many countries especially by city development authorities, to provide and encourage alternate recreational places, and also organize leisure activities which involve less or no drinking of alcohol could be helpful in reducing alcohol-related problems. Job-creation and skill development programmes could also be useful for adolescents, particularly those from the low socio-economic strata where jobs are scarce and alcohol consumption rampant.
- ◆ *Public nuisance and the responsibility while intoxicated:* A person charged for an offence can, and generally pleads not guilty with the excuse of being under the influence of alcohol. The lawful position of self-inflicted intoxication has been controversial. It seems that in principle, legislation in most countries makes judgment for intoxicated persons as if they were sober.

8.1.9 Early intervention and treatment services

- ◆ *Role of the family:* Harmful consumption of alcohol by even one member of the family can adversely affect the whole family. In the strong social network prevalent in Member States, the role of the family becomes crucial. Family members have a significant role in the prevention of alcohol-related problems, especially the role of parents in encouraging abstinence, promoting alcohol-free activities, conveying appropriate messages with regard to consumption and problems and monitoring any negative situation.

The first step is recognizing when alcohol consumption is reaching harmful levels and facilitating interventions aimed at reducing alcohol use. For persons with alcohol use disorders, the next step is to obtain appropriate professional help. Family support to the person is needed, not only to seek treatment, but to persist with the treatment, which is sometimes unpleasant.

Leisure activities involving minimal or zero alcohol consumption should be encouraged.

Harmful alcohol consumption by even a single member adversely affects an entire family.



Rehabilitation, which includes a return to normal family responsibility and a position of respect within the family, is essential. Careful observation to prevent a relapse into abuse of alcohol is very important. Often, friends play a major role in perpetuating practices relating to alcohol use. The family also has a crucial role to play in keeping its members away from the influence of such friends or relatives who could draw the person back into harmful use again. Parents should set a good example to their children on alcohol use.

Expanding the role of the health sector from recipient to proactive agents: The traditional role of the health sector is to provide treatment and rehabilitation services for alcohol abusers and treating medical complications for physical and mental disorders (e.g. liver and other gastro-intestinal diseases, mental disorders, etc.). In addition, an important role of the health sector, which includes primary care physicians, nurses, other professionals and community health workers, could be in screening and early identification of people who abuse alcohol, followed by brief interventions, particularly at the primary health care level. This is particularly important considering that there is a WHO-developed technology using the AUDIT (Alcohol Use Disorder Identification Test) to screen for harmful alcohol consumption.

Evidence suggests that the type of service for treatment of alcohol use disorders makes little difference in long-term outcomes (Timko, 2000), and more sophisticated and high-cost services are not demonstrably more effective (Holder, 1991; Finney, 1996). Overall, brief intervention, particularly at the primary health care level, is the most cost-effective strategy among screening and treatment measures (Babor, 2003).

8.1.10 Establishing sustainable managerial mechanisms

- ◆ *Cooperation between stakeholders:* There are varied opinions on the control of alcohol. Many public agencies and sectoral ministries, e.g. interior or home affairs, civil and criminal courts, industries, budget and revenue, agriculture, customs and other law enforcement agencies, medical associations, alcohol manufacturers, as well as consumers, civil society, and other NGOs are lobbying for their own point of view. This often creates confusion and conflict of interest as well as duplication, rather than a synergistic effort for working together with a clear formulation and effective implementation

The Health sector could screen and identify people who abuse alcohol, and follow up with brief interventions.

Intervention at the primary health care level is the most cost-effective screening and treatment measure.

of national alcohol control policy. Coordination and cooperation between various public agencies, civil society and private enterprises is essential.

- ◆ *Establishment of a national alcohol control authority or similar agency:* Alcohol and health issues related to it should be accorded high national priority. In doing so, there is a need to have an authoritative body, commission or committee, responsible for developing and updating a national public health oriented alcohol control policy and programmes. This body could represent the highest level of government administration (such as Council of Ministers, Parliamentary Committee or the Parliament). There should be adequate funding and secretariat support from the government. Financial support for such an establishment could be through earmarked taxes or a special allocation.
- ◆ *Monitoring and evaluation:* There is a need for countries to work together in collaboration with WHO and interested alliances to develop a comprehensive set of indicators for the purpose of monitoring and evaluation of various alcohol control policy options and strategies for reducing public health problems caused by alcohol. WHO has already developed an international guide for Member States and other stakeholders for monitoring alcohol consumption and related harm (WHO, 2002).

The potential for the adaptation and use of such indicators depends upon the availability of information and the existence of national programmes. The data from other sectors and sources such as industry, customs, trade and commerce, revenue, police, transport, and national surveys, can be used in mutually consistent and supportive ways to create a valuable national information source. There is a need to have a national information clearing house for alcohol-related information.

- ◆ *Promoting national and regional networks/centres:* National and regional networks of public health, economic and social institutions, public policy faculties and experts should address issues related to non-communicable diseases and their risk factors including alcohol. This would generate evidence-based information which would strengthen the planning, implementation, monitoring and evaluation processes, and in the adoption of policies and strategies for reducing public health problems from the harmful use of alcohol.

Public agencies should cooperate and coordinate with civil society and private enterprises to develop a sustainable alcohol control policy, as alcohol and health issues related to it should be accorded high national priority.



8.1.11 Cost-effectiveness of interventions

The most efficient public health response to the burden of alcohol use depends on the prevalence of hazardous alcohol use which is related to overall per capita consumption. Population-wide measures, such as taxation, are probably the most cost-effective response in populations with moderate or high levels of drinking (such as in developed countries). Whereas more targeted strategies such as brief physician advice, roadside random breath testing and advertising bans are likely to be most cost-effective in populations with lower rates of hazardous alcohol use such as South-East Asia (Chisholm, 2004).

The prevalence of hazardous use, related to overall per capita consumption affects the public response to the burden of alcohol consumption.

What works in the prevention of harm from alcohol use?

The components of a comprehensive alcohol control policy includes:

- ◆ Drink-driving counter-measures
- ◆ Regulation and enforcement with regard to sale to minors, placement of outlets and timings of sale
- ◆ Price increases
- ◆ Government monopolies of all or part of the retail or wholesale market
- ◆ Education and public information campaigns as supplements to other strategies
- ◆ Brief outpatient interventions aimed at changing attitudes and drinking behaviour are as effective in most circumstances as are longer and more intensive treatments
- ◆ Large scale advocacy efforts by communities themselves

Source: World Bank (2005)

8.2 The Regional Evidence for Intervention: What Worked and What Has Not Worked

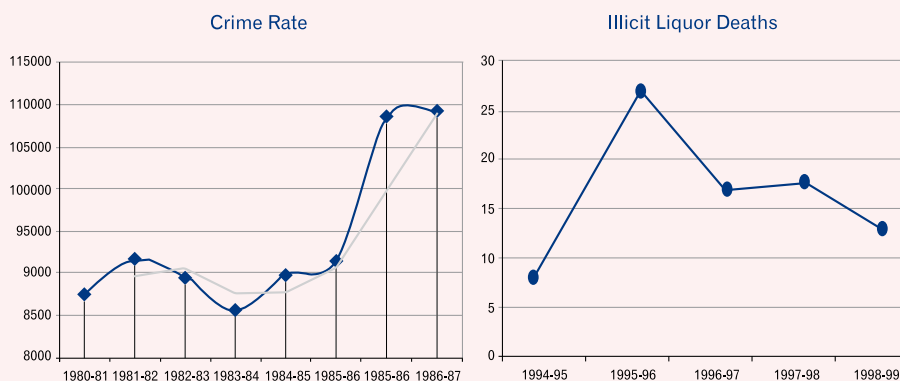
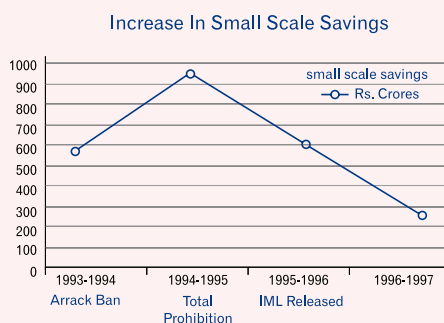
8.2.1 Prohibition

Advocating prohibition in some communities is often an election strategy but is difficult to sustain in the face of inevitable fiscal deficits due to loss of excise taxes and the costs of policing. Also, it creates powerful underground alcohol economies, often in connivance with official machinery, and the consequent spread of crime and corruption is usually worse than the original problem. The financial and political powers of the liquor traders naturally work to

counter prohibition. Prohibition of alcohol has been incorporated in the Constitution of India as one of the Directive Principles of State Policy. However, the Centre as well as the State governments have not followed a consistent policy towards prohibition. There is no clear evidence from India that prohibition actually reduces the consumption of alcohol in the general population. But there may be some benefits such as decrease in road crashes and violence, increase in savings, etc. Concurrently, there may be an increase in organized crime, corruption and illicit brewing. In Nepal, the dry zones have given rise to black marketing, bootlegging and other organized crimes.

Some effects of prohibition in Andhra Pradesh, India

- ◆ Decrease in crimes, road crashes and violence
- ◆ Increase in small scale savings
- ◆ Increase in illicit brewing
- ◆ Incidences of hooch tragedies
- ◆ Increased corruption among enforcement officials



Source: Benegal V (2005a)

8.2.2 Taxation and other price control measures

The ongoing process of liberalization, privatization and globalization in the restructuring of economies has seen the liquor industry becoming stronger. Rationalization of taxes is an important reason for this. Despite this, taxes constitute a substantial amount of the





Alcohol taxation is highly effective in internalizing the cost of alcohol consumption, compelling users to pay for social costs.

There were a lot of missed opportunities at the primary and secondary health care levels due to physicians not offering treatment for alcohol-related problems.

total cost of alcohol. The average Indian tax rates vary between 40–60% (Benegal, 2005) and contribute to more than 10% of state tax revenues (Mahal, 2000; Damodar, 2004). In an empirical study, Mahal reports that considering the price elasticity for participation in frequent alcohol consumption among youth, it would need roughly an 80–90% increase in prices to achieve an effect similar to prohibition. To implement the increase in the price of alcohol, an effective method is the raising of excise taxes at the production stage on installed capacity. This especially needs to be seen in the context of a high level of tax evasion estimated to be almost 2.5 times the sales (Benegal, 2005).

Richupan S (2005), reviewing the alcohol taxation policy in Thailand and establishment of the Thai Health Promotion Fund observes that alcohol taxation policy should be considered an effective policy instrument to internalize the cost of alcohol consumption, which makes those consuming alcohol pay for the social costs. Amornvivat S (2005), providing a government perspective of alcohol taxation, recommends for Thailand, a substantial increase in tax rates, equalization of taxes on alcohol contained in different alcoholic beverages, inflationary adjustment to the taxes and observes that non-tax measures complement tax measures by playing a dominant role in deterring alcohol use and abuse.

A matter of concern in the SEAR Member States is that an increase in tax on licit alcohol could result in people switching to cheaper illicit alcohol. Thus if the purpose of tax increase is to limit the consumption of alcohol by people, this strategy may not be very successful in the Region unless there is an effective mechanism to prevent the consumer's shifting towards cheaper illicit alcohol.

8.2.3 Medical management of alcohol dependence and related problems

The WHO-NIMHANS project (Benegal, 2001) to develop a district model for prevention of harm from alcohol use, has shown that there were a lot of missed opportunities at the primary and secondary health care levels due to physicians not offering treatment. Surveys in a general hospital revealed that only 2.3% of patients were asked by the treating doctors about alcohol and drug use, and none offered any interventions (although 33.3% had current alcohol use and 16.6% problem use when assessed independently on the AUDIT). In a survey among GPs, only 1.5% of patients were asked about alcohol use and only 10.3% about tobacco use, and very few were advised to abstain or cut down. The detection rates were substantially raised

after a brief capacity-building session to the doctors which included brief sessions for both detection and management of alcohol-related problems. Interventions that were successfully instituted included those for problem drinkers, hazardous drinkers and also dependent drinkers. Short-term successes have been demonstrated in designated de-addiction centres with respect to those who have a hazardous and dependant drinking pattern. However, appropriate long-term rehabilitation is needed to sustain the impact of de-addiction treatment (Benegal, 2001).

8.2.4 Community empowerment programmes

The social imposition of the regulation of sales and production, especially of the illicit variety of alcohol has been sketchy and not uniform across the Region. A notable aspect in the societal response has been the involvement of women's groups in banning the sale and

Banning sale and consumption of alcohol in localized areas: Role of women

Women's Initiative Against Alcohol

There have been several reports of community-based strategies initiated by women's groups for controlling the availability of alcohol in specific communities or townships through direct action. These initiatives have often been prompted by the impact of alcohol abuse on women and their families, and have been reported with enthusiasm by the media. Two examples, one originating in Dubagunta village, Andhra Pradesh, India, and another originating in Monody village, Kerala, India, in which women were successful in fighting the illicit liquor trade, have frequently been reported worldwide.

Source: As quoted in WHO (2004)

Pune, Maharashtra, India, "Women Raid Liquor Dens" (Times News Network)

Pune: It was women's power which went on a rampage, smashing illicit liquor dens here on Sunday. The "bangle-army" took the law in to their hands as the policemen were turning a blind eye. Activists of the Pune district prohibition committee picketed four illicit liquor dens in the Patil Estate slums at Wakdewadi, confiscated around 60 litres of liquor and poured it on the road.

Source: As quoted in WHO (2004)



The Thai Health Promotion Foundation, or ThaiHealth, established by the Health Promotion Foundation Act in 2001, in Thailand, is an example to emulate. Its objectives include the reduction of sickness and death, and general improvements in the quality of life.

consumption of alcohol in localized areas. The impact of these and similar movements have not been adequately evaluated either in terms of the broader parameters related to alcohol consumption or the long-term sustainability. What is noteworthy in these attempts is the intense immediate pressure generated against the prevalent alcohol control policies and consumption.

The Thai Health Promotion Foundation, or ThaiHealth, was established by the Health Promotion Foundation Act in 2001 outside the regular government bureaucracy. Its objectives include the reduction of sickness and death, and general improvements in the quality of life of Thai people. The philosophy of ThaiHealth is that all Thais can attain better lives in a self-reliant way through increased cooperation. The 2001 Health Promotion Foundation Act provides ThaiHealth with considerable autonomy. The Act provides ThaiHealth with annual revenue of about US\$35 million, derived from 2% of the excise taxes on tobacco and alcohol. This revenue is not subject to normal budgetary processes; instead, ThaiHealth reports directly to the cabinet and parliament each year. ThaiHealth is the only organization in Thailand to obtain revenues and report to parliament in this way.

ThaiHealth

ThaiHealth aims to support, rather than replace, groups and organizations that are already working on public health issues and act as a catalyst. Its neutral position allows it to promote collaboration between many different partners. The different strategies adopted include:

1. **Social Mobilization** (build up social movement, involving collaborations between different groups)
2. **System Development** (improve the structure of the Thai health system, including policies, laws and management practices)
3. **Healthy Community Development** (encourage good health promotion practices in communities, cities, schools and workplaces throughout the country)
4. **Social Capital** (build up the social infrastructure required for effective health promotion including leadership; information systems and networks; knowledge management systems and resource management systems)

Source: <http://www.thaihealth.or.th/en>, accessed on 10 Jan 2006

Community Empowerment Programme (India)

Features of a successful method:

The outstanding lesson to be learned from this experience concerns the way the issue was identified, studied and communicated to the people, and the consequent emergence of mass action. The counselling of individuals or hospital-based measures aimed at breaking the addiction would have touched only the fringes of the problem. Customary medical or epidemiological research would have produced recommendations that might have never seen the light of day. This approach, on the other hand, turned the issue into a people's movement. The distinguishing features of the successful anti-alcohol programme were:

- ◆ There was no pre-planned project or protocol.
- ◆ The problem was not identified by researchers alone. The collective approach ensured that the problem chosen for research was a major public concern, not purely a medical curiosity.
- ◆ The process of problem identification was not merely intellectual in character. There was a strong emotional element, because pain, suffering and the sharing of hardship were involved. This resulted in a powerful drive for action.
- ◆ The research was done by a large number of social activists, leaders, teachers and health workers. Throughout it was an open participatory process. Everybody understood not only what was being done but also why and how, so the results were readily accepted.
- ◆ At every stage, decisions were made, not by individual researchers alone, but by a large number of key members of the community. This ensured that corrective action had social roots rather than a purely medical basis.
- ◆ The generation of awareness about alcoholism was different from the usual process of health education, which culminates in exhortations to consult one's doctor. The actions suggested were designed to empower the people: organization, prevention of entry of liquor into villages, education of people and so on.
- ◆ The research workers and health professionals acted as animators, trainers and facilitators. They tackled the problem with the people, not for them.
- ◆ When the campaign gathered momentum, demands for changes in official policies quickly followed.

Source: Bang and Bang (1991)





While there have been only a few community-based efforts, the activism in the Gadchiroli district, Maharashtra, India, stands testimony to the possibilities of success. Bang and Bang report that alcohol consumption has been drastically reduced in the 200 villages. Instead of being spent on alcohol, the money was available for food and clothing. There was also a reduction in the frequency of brawls and beatings.