

PREVENTION WORKS

A toolkit for addressing alcohol and drug problems in a development context



“My father drinks a lot and misbehaves at home.
He shouts, quarrels and beats us. He did not allow me to go to school.
He is always asking for money from my mother, if she does not give him any,
he insults and threatens her, using bad words.
Many times, he suggested my mother to bring money by prostitution.
One day he beat my younger sister and sent her out of house.
She had to spend the whole night outside.”

(10-year old girl from a slum in Bangalore, India)

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The overarching purpose of introducing alcohol policies is to serve the promotion of public health, community welfare and development. Those goals should not be compromised by the influence of vested commercial interests that have a financial stake in the sale and distribution of alcohol or drugs.

Recommended reading

Recommended publications and web sites with more in-depth material on effective alcohol and drug prevention strategies.





"Chimwemwe says that her husband is a very jealous man, and he drinks alcohol every day. When he drinks he almost always beats her; 'A week cannot pass without beating me'.

He spends much of the family's income on alcohol, money I feel could be used on much more useful things. Every night Moses comes home drunk, and he urinates and vomits in the bed, and when I tell him to go outside he beats me.

I do not like to sleep with my husband when he is drunk, because he stinks, he behaves badly, and I am afraid that he has been cheating on me with other women who may be HIV positive. If I refuse to have sex with him, he forces me.

He also beats me if I am not wearing a chitenje, and when our four year old daughter sees me without the chitenje she says, Mommy, dad will beat you because he wants you to wear chitenje always."

*(Story told by one of the informants
(Chimwemwe is not her real name)
in the study "Substance Use and Gender Based
Violence in a Malawian Context
– Pilot Project 2," SINTEF 2008).*

*(Illustration photo from Malawi; not
the person from the text)*

Alcohol and drug problems are preventable

The two short stories in the previous pages illustrate the dramatic impact that the harmful use of alcohol can have on the lives of ordinary people; not only the drinker, but those in his family or social sphere are just as likely to suffer the consequences of alcohol consumption. Such circumstances are probably not new to most development NGOs, which have experienced the negative consequences of alcohol or drug use in their project areas or among their target populations. Those harms affect not only individuals, but also families, communities and the wider societies within which they work. Alcohol and drug use is one of the most powerful contributing forces helping to generate development problems such as ill-health, gender-based violence, poverty and the spread of HIV/AIDS.

In some project areas alcohol use might impair the expected results of a programme or even nullify them. A week's income spent by a father in the local bar, sometimes even before pay-day is over, would leave the rest of the household without funds for bare necessities such as food, clothing, and health care.

Surprisingly, for the most part, alcohol and drug prevention is not high on the agenda of most development organizations and programmes. Too often alcohol and drug consumption is taken for granted as an unfortunate, but stubborn reality

that cannot be changed, rather than perceived as a social/health/economic factor that can be addressed as part of a systematic approach to obtaining better results from programs and projects.

One explanation for ignoring substance use issues may be the lack of technical competence and the appropriate tools for addressing those problems. This booklet attempts to fill that void by providing tools that will help development NGOs integrate substance use issues into their programmes; whether their fields of interest be gender equality, HIV/AIDS prevention, poverty alleviation, community development, or other development issues.

The text focuses mainly on alcohol rather than drugs, because alcohol is the most widely used intoxicating substance in most cultures. However, many of the same strategies and interventions addressed in the text can be used in drug prevention programmes as well, recognizing, of course, the illegal status of narcotic drugs.

This booklet also contains selected check-lists and step-by-step guides. General background material about alcohol and drugs as development issues can be found in other FORUT publications and at our specialized ADD web site:

www.add-resources.org





Addressing Alcohol and Drugs as a Development Issue

Designing effective prevention efforts requires a thorough understanding of the problems of substance abuse, building on existing evidence and experience, and choosing the right strategies and interventions. The following short-hand information provides a starting point for designing effective and knowledge-based prevention programmes.

These topics are described in more detail in later chapters of this booklet and in other FORUT publications.

Alcohol and drugs – a development issue

The use of alcohol and illicit drugs creates a wide range of health and social consequences that are closely linked to many of the most important development issues; poverty, violence against women and children, neglect of children, HIV/AIDS, crime, accidents, trafficking, victimisation of street children etc.

Alcohol- and drug-related problems relate both to poverty and overall societal economic betterment. Experience shows that alcohol consumption tends to rise with economic growth, as consumers' purchasing power increases and the middle class expands. Consequently, developing societies that succeed in ameliorating poverty and creating economic growth will face new social problems linked to alcohol use – a good reason for development agencies to integrate prevention of such problems into their development strategies.

A social and cultural phenomenon

The development of individuals' regular alcohol or drug use is primarily a social and cultural phenomenon. As individuals, we tend to swim with the tide. We are born into a given culture and adopt other people's habits. Similarly, our own behaviour influences that of other people. Cultural changes that lead both to increased and decreased substance use encompass long and complicated chain reactions. Therefore, understanding the cultural and social context of drinking and drug taking is a vital element in designing prevention strategies and the most effective means of influencing alcohol and drug consumption involves changing the user environment by targeting interventions at larger population groups, rather than targeting the behaviour of individual users. Such measures necessarily will include modifying the behaviour of moderate alcohol users and experimental drug takers.

A public health approach

Adopting a public health approach to alcohol and drug problems means:

- To study the general population and to understand how and why alcohol and drug problems develop;
- To apply a broad definition of "health" that includes all types of alcohol- and drug-related harm, including harm to others than the users;

- To assign priority to prevention of substance use problems rather than to treatment and harm reduction, even if such interventions also represent integral and important parts of a national alcohol and drug policy, and;
- To address interventions directed at the larger population, targeting not only individual problem users or addicts.

The full picture

People often limit the definition of alcohol or drug problems to alcoholism or addiction. Such an understanding captures only a small piece of the problem. In fact, the harm caused by alcohol or illicit drugs can be explained by three mechanisms: intoxication, toxicity, and dependence. The table below illustrates a broader understanding of potential harms associated with alcohol consumption. Similar tables can be constructed for illicit drugs, with much of the same contents:

	Harm to the users	Harm to the users
Acute consequences from intoxication	Accidents Injuries HIV infection Alcohol poisoning and other acute effects Drownings	Alcohol-related social harms including traffic and other accidents, injuries, violence, vandalism, public disorders, Nuisance
Chronic and long-term consequences of excessive alcohol consumption	Neuropsychiatric conditions, including dependence Harm to organs Cancers Cardiovascular disease	Financial problems and poverty Neglect of children and spouse Family breakdown Work-related problems

Interventions based on best available knowledge

The choice of strategies and interventions to address alcohol and drug problems should be knowledge based. This means that they would be based on available scientific findings, in addition to other types of knowledge, including practical experience from the international community of research institutions, NGOs and intergovernmental agencies that work in the field.

If reliable scientific data are not available, which often is the case in many project areas, acting on the basis of experiential information gathered in preparation of an intervention may be the best – and only – support for moving forward.

We recommend that practitioners use comprehensive materials available from the World Health Organization and related institutions and researchers. Refer to the literature list at the back of this booklet.

The research monograph, “Alcohol No Ordinary Commodity” (Babor et. Al., 2010), provides an excellent summary of existing evidence on effective intervention in the alcohol field.

The WHO global strategy to reduce the harmful use of alcohol (WHO, 2010) also presents a useful menu of potentially effective interventions.

Availability – a key determinant

Designing the most effective interventions for alcohol and drug problems requires defining the determinants of the problems; that is, identifying the factors that control or influence consumption habits. In other words, it is vital to understand the reasons and mechanisms that attract or encourage individuals to drink or take drugs and how that use leads to increased consumption.

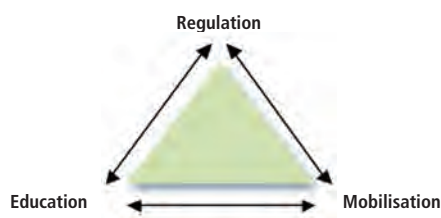
Some of the determinants are found in the social and cultural environment, while others occur as biological and psychological mechanisms within individuals.

The research monograph “Drug Policy and the Public Good” defines availability of substances as a key driving force: “Finally, we must recognize that availability has enormous implications for the waxing and waning of drug use. Availability refers not only to the supply of drugs (physical availability), but also to their cost (economic availability), their attractiveness (psychological availability), and their social acceptance within the user’s primary reference groups (social availability). In general, the more a drug is physically available, affordable, attractive both as a status reinforcer and as a social symbol, and accepted by an individual’s peers, the more likely it is that it will invite experimentation and continued use.” The same logic applies to the legal drug, alcohol.

The Prevention Triangle -- A comprehensive and balanced prevention strategy

Having defined the determinants of substance abuse and selected the most important among them, the next step involves selecting strategies and activities to address the prevention of alcohol and drug problems. Essentially, how can we influence the most important determinants in a resource-effective way?

The best results can be achieved by adopting a comprehensive strategy that incorporates a combination of several interventions and activities. The following “prevention triangle” may be a good guide to developing such a comprehensive strategy:



Control policies: Interventions by governments to reduce the availability of a substance and to guarantee the safest possible production and distribution system; i.e., alcohol regulations and drug laws.

Education: Training of professionals, education of consumers, parents, youth, etc. plus campaigns to raise awareness, challenge and motivate the public, and create an understanding of the need for control policies.

Mobilisation: Including alcohol and drug prevention as part of the agenda for social and political movements; linking the issue to other key policy issues and involving leadership and members of NGOs in prevention activities.

Independence from vested interests

The multinational alcohol corporations have identified developing societies as major new and promising markets. Those countries represent “emerging markets” for beer and spirits products as the younger generations of the Global South enjoy higher levels of education and purchasing power.

Government policies to address the inevitable marketing onslaught should emphasize the promotion of public health and guard against potential conflicts of interest and influence by commercial vested interests. Civil society organisations should likewise avoid interaction with vested interests in policy formulation and refuse funding from the alcohol industry. More on this topic can be found in a later chapter of this booklet.



Rapid assessment of the alcohol and drug situation

The following questions provide a simple tool for making a systematic, though not entirely scientific, assessment of the alcohol and drug situation in a given country or population, using a combination of statistical data and practical experience. Hard data from research reports will be available for some of the issues, but practitioners will have to rely on alternative sources of information -- interviews, anecdotal evidence, oral reports and experiences from the field – among others. Useful information can be obtained from local health officers, police, traditional leaders or other key persons in the community, based on their close contact with the local population.

An assessment of this kind can supply valuable information for creating a baseline description at the start of a programme planning process, whether the planning is based on the Logical Framework Approach, Results-Based Management, Most Significant Change or any other planning tool. There may be good reasons in a given situation to

address the questions in an order different from what is presented below.

1. The consequences of alcohol and drug use

Which are the most frequently observed negative consequences associated with the use of alcohol and drugs for

- the users themselves;
- their families;
- friends, colleagues, neighbourhood;
- the local community;
- the society at large.

2. Priority issues

From the list in question 1, which do you consider to be the most serious problems resulting from alcohol and drug use in your context?

3. Types of substances

Which types of intoxicating substances are available and used in your project area?

- Alcohol?

- Medicines, legal and illegal?
- Solvents for sniffing?
- Illegal drugs?
- Which of these create the most severe problems?

The next topics relate primarily to alcohol, which is generally the most used of the intoxicating substances. The questions can, however, easily be adjusted and used also for other substances.

4. Types of alcoholic beverages

Which types of alcohol are the most common in the population?

- Homemade traditional beverages?
- Industrially produced traditional beverages?
- International beverages produced domestically?
- Imported international alcohol brands?

Which of these of beverages dominate the market in your context? Are there any differences in their use by persons of different socio-economic or cultural groups?



Collecting data about local conditions may also provide an opportunity to involve people in prevention activities, even as early as the start of a project planning process. A good example of how this was done is found in a manual on rights-based research developed by the NGO Concerned for Working Children (CWC) in Bangalore, India. That project illustrates how children can be empowered to document local realities and influence their community.

The manual was developed on the basis of activities conducted by children in Keradi village in the Indian state of Karnataka. Those children, with the support of adult facilitators, took all the necessary steps to influence the policy of their local government (Grama panchayat/ Grama sabha) and the social life of the village. They first defined the problem, then found adequate working methods, collected local data, compiled and analysed the data, and drew relevant conclusions. Their work involved collecting empty alcohol plastic bags in the village, then calculating the costs of the bags, and finally presenting to adults and village leaders their conclusions about how much money alcohol use siphoned from household budgets.

As a result, the children were able to advocate effectively to adults and political leaders in the community who had previously "brushed" their views aside. CWC has made its findings available to other NGOs that seek to involve children in documentation and advocacy work. Similar types of informal community "mapping" can be done by other local groups, whether or not only children, and can incorporate the use of additional tools, such as modern smart phones that produce pictures and videos.

Link: <http://www.add-resources.org/children-as-agents-of-change.4893466.html>

Distribution systems

How are alcoholic beverages distributed and sold to consumers?

- Who are the producers or the sources for the various types of alcohol?
- Who are the distributors and retailers?
- Which other vested interests are involved?

Who are the users?

In most cases there will be little statistical data available describing the prevalence of alcohol use in local populations. Very few countries have such data for discrete regions or population groups. In the absence of such data, practitioners must estimate alcohol usage based on experience in the target area and from discussions with persons who know the population well. Such discussions can be highly enlightening and educational, even if the conclusions do not meet scientific standards.

Questions for discussion:

- What are the proportions of non-users and users in the target population?
- Number of heavy users?
- Gender differences among drinkers/non-drinkers?
- Age differences?
- Are there differences between religious, ethnic or socio-economic segments of the target population?
- Are there special risk groups/vulnerable groups among the users?

The WHO Global Status Report on Alcohol (2011), which contains prevalence figures on national alcohol use for all countries, can be used as reference material.

Consumption levels

How much do people drink? Is it possible to find data on consumption levels in the target population? In many cases, in particular in developing societies, such information is almost impossible to find and is generally not very reliable, especially in areas where there is a high level of unrecorded alcohol consumption.

- Recorded consumption
- Unrecorded, legal consumption
- Consumption of unrecorded and illegal beverages

Drinking situations

- In what kind of situations is alcohol being used?
- Regularity of drinking: How often does drinking occur?
- Amount consumed in different drinking situations?
- Risky consumption situations: Is drinking taking place in situations where the risk for accidents, violence etc. is high?
- Risky user patterns: Is alcohol used in a way that leads to serious intoxication, reduced control, etc.?

Drinking contexts

Under what circumstances does alcohol consumption take place?

- In a traditional context (traditional beverages, drinking situations and user groups)?
- A ritual context (linked to religion, rites or rituals)?
- A poverty context (urban or rural)?
- A modernity context (Westernized values, globalization)?
- A crisis context (conflict, war, disaster)?

Alcohol expectations

“Alcohol expectancies” represent outcomes that people in a given culture attribute to the consumption of alcohol. Those outcomes can result from the chemical effects of the beverage alcohol or from other psychological mechanisms.

- Which expectations are attributed to alcohol use within the particular culture, by the users and by people around the users?
- What types of behaviour do people expect from a drunken person?
- What do people want to express about themselves by drinking alcohol or by using certain beverage types or brands?
- Are individuals permitted or expected to do things other than they would do when sober when they are drunk?
- Is misbehaviour by drunken people accepted and pardoned?
- How much do people typically know about the real effects of alcohol?



What to do?

A step-by-step guide

The following ten steps will assist development organizations that endeavour to integrate alcohol and drug prevention into their projects and programmes. The first five steps aim at defining the problem and understanding the challenge, while the latter five guide the planning of interventions.

Step 1: Discovering the problem

By asking the following questions, briefly describe the problem, as experienced by your staff, a local partner organization, or individuals from the target population.

- How do alcohol/drug problems manifest themselves in your project area or within the target group?
- Which substance(s) contribute to substantial problems?
- Which groups (social, gender, age, etc.) are involved? As users? Are groups other than the users affected by the problem?

If you decide to incorporate alcohol or drug prevention as part of a programme, additional systematic assessment of the alcohol and drug situation will be needed, perhaps at a later stage in the process. In that case, refer to Step 4: Describing the problem more in detail, and also see the previous chapter about rapid assessment.

Step 2: Deciding to do something

Becoming involved in alcohol and drug prevention will necessarily result in additional work, even if the new activities are integrated into already existing programs. Recognizing this reality early on will certainly be helpful, and a full discussion among the organization's decision-makers essential. Asking the following question is a good place to start:

How much time and money are we prepared to invest in a preliminary assessment of the problem and – later – expend on possible interventions?

Step 3: Understanding the issue

The available knowledge base and understanding of alcohol and drug problems, in all their aspects, are robust and broad. Fortunately, doing a good job on prevention does not depend on mastering its entirety. Working together with more specialized agencies and organizations will complement your agency's expertise and may offer a better strategy for attacking those problems, at least during a preliminary phase. Nonetheless, it is likely that some staff members need a basic understanding of the issue, beyond what they know from common sense beliefs and myths.

The final chapter of this booklet suggests recommended reading and offers a list of

relevant literature and web resources for a basic introduction to the issue of substance abuse as a development concern. Included among those resources is a series of FORUT publications available in the same format as this booklet. That series addresses various aspects of the alcohol and drug issue that are relevant in a development context (poverty, HIV/AIDS, etc.).

Step 4: Describing the problem in more detail

As you start reading the basic literature on alcohol and drug problems, you will acquire a broader and more precise description of the problems you have discovered, beyond your initial understanding after Step 1.

Crafting a new and more precise description of the problem is a useful starting point for designing interventions. That exercise serves several purposes:

- To define whether the problem is of a character and magnitude that can/should be handled by your organization.
- To determine whether selecting a more specific aspect of the problem is necessary a) to make the work more manageable and b) to make the intervention more relevant for your organization or target population.
- To decide if the organization is prepared to attack the problem.

- To select the most effective strategies and interventions (see Step 8).

Initially, problem definition need not amount to a weighty and highly scientific report. Not unexpectedly, most organizations will not have the resources to conduct substantial, new research programs before taking action. A less onerous and reasonable alternative solution to problem identification and description would involve compiling and analysing already existing data. That would involve:

- finding existing research and documentation (reports, official statistics, etc.)
- collecting experiences from among the target groups, your partners, field workers, local governments, etc., and
- integrating the “mapping” of the alcohol/drug situation in the baseline for your programme.

A problem definition could start by elaborating on the issues identified in Step 1:

- a. What are the social, health, cultural, and economic consequences of alcohol/drug use in this particular case?
- b. What are the substances of abuse? How and where are they distributed and sold to users?
- c. Who are the users? Age? Gender? Social groups? Geographical areas?
- d. Do persons other than the users themselves suffer the consequences of alcohol/drug use? Who are they?
- e. In which settings does the substance abuse

- f. What factors seem to promote the substance abuse? Social? Cultural? Economical? Personal? (For more, see Step 7)

If you want to develop a broader and more systematic problem description, we recommend that you use the methodology described in the previous chapter of this booklet, “Rapid assessment of alcohol and drug problems.”

Step 5: Identification of stakeholders

Based on the description in Step 4 and your organization’s experience, who are the stakeholders in this particular case and issue? Which groups, institutions and individuals are involved in or affected by the substance use problems?

The likely stakeholders include:

- Users of alcohol/drugs
- Users’ families and relatives
- Third parties affected by someone’s drinking or drug taking
- The village or the local community
- Vested interests in production, distribution, and sale of alcohol/drugs
- Government institutions
- Political parties
- The health and welfare system
- Community-based organisations, faith-based organisations, non-governmental organisations

- Local police
- Other professions
- Media, educators, other groups.

Step 6: Identification of potential partners

Using your knowledge of the community, make a list of organizations, institutions, groups, and individuals who could be mobilized as partners in prevention.

Some possibilities include:

- Social groups: women, students, youth...
- NGOs, churches, community-based organizations (CBOs)...
- Resource persons in local governments, the scientific community...
- Local or national government agencies and personnel...
- Professional groups: doctors, social workers, teachers, nurses, police...
- Other development NGOs...
- Media persons...
- Community leaders, traditional chiefs, celebrities...

Bear in mind that not all relevant stakeholders will necessarily be good partners. This should be apparent, particularly when dealing with commercial vested interests (See page 20).

Step 7: Defining the determinants

Designing the most effective interventions requires a thorough understanding of the reasons and mechanisms – also called determinants -- that attract or encourage persons to drink or take drugs, which, over time, lead to regular consumption, risky consumption and dependence.

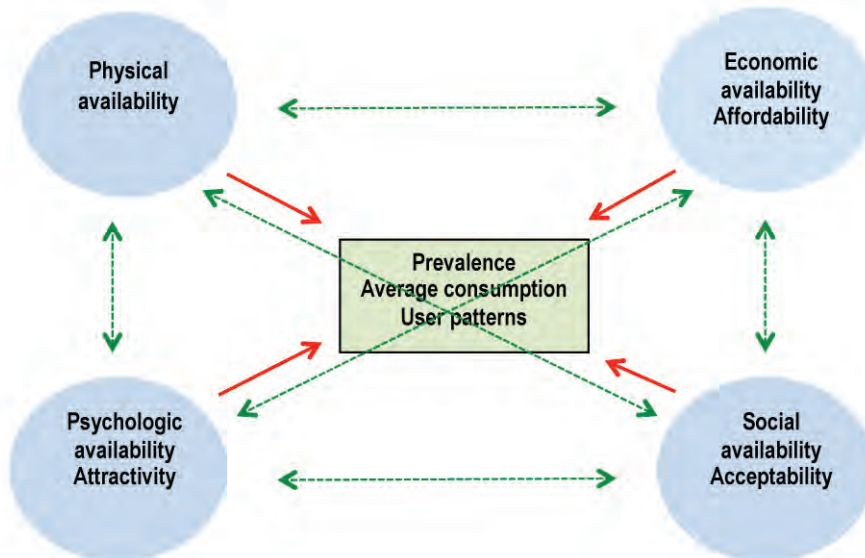
The availability of alcohol and drugs is a key determinant of the prevalence of substance use, as well as how and when such use takes place.

The figure below indicates (with red arrows) that each of four factors independently influence consumption levels and patterns. Additionally, the four aspects of availability interact and influence each other (shown with dotted/green arrows). If a substance is easily accessible, social acceptance tends to increase. If not available, social acceptance decreases. If substances enjoy high social acceptance and they become attractive for individuals, the demand for easier access will often increase and politicians will be

less empowered to restrict sales and counter easy public access to drugs and alcohol. This model can be used to define which determinants in a given culture and community contribute towards increased use of alcohol and drugs. Some questions to ask in relation to the model include:

- How easy is it to buy the most problematic substances? Is the substance legal or not? How many outlets or sales points are there? What are the hours and days of sale? What are the costs of the various substances relative to the income level of the population? Are discounts or cheap products, etc. used to promote increased consumption?
- How attractive is a substance for the population? What effects do people attribute to use of the drugs? Which expectancies do people have related to the effects of a substance? Are there prevailing myths and misbeliefs around the substances? Are advertising and other promotions used to influence peoples' attitudes and habits?
- What social value is attached to the use of a substance; alcohol in particular? How is use of various drugs tied to the projection of a personal image? What kinds of images are projected? Which expectancies do people create related to the social effects of a substance? Do individuals believe that others have certain expectations of them when using

The availability model





the drugs? How are non-users perceived by users and by others? What do people think/fear will happen if they choose not to use alcohol or other drugs?

The next part of this exercise will help define which determinants are susceptible to influence from your interventions. Not surprisingly, some conditions and behaviours are relatively easy to change, others are more difficult. For that reason, it may pay to first direct advocacy work to the “lowest hanging fruit,” that is, toward policies that might be the easiest to adopt and easiest to enforce. At the same time, keep the long-term objectives and strategies in mind.

Step 8: Defining strategies and interventions

“There are many things we do with good intentions. Some of these undoubtedly improve our world. But a good part of our effort goes waste for lack of a clear enough idea of how best to get

the results we want.” This is the starting point of FORUT’s publication, “Strategies to Address Alcohol Problems,” by Professor Diyanath Samarasinghe of the University of Colombo, Sri Lanka.

Choosing the right strategies and interventions is at the core of effectively using the Ten Steps for prevention of alcohol and drug problems. Of critical concern in choosing among possible interventions is the “return on investment,” that is, the aim of achieving the best result with a minimum of resources.

Fortunately, a broad evidence base provides solid background for selecting among the range of lesser and more effective interventions. This international evidence is summarized in the WHO-sponsored study “Alcohol – No Ordinary Commodity” (Thomas Babor et al). That research compendium concludes that restricting the sale and promotion of alcohol is the most cost-effective way to reduce alcohol-related harm. That kind of regulatory

approach should then be complemented with education and mobilisation efforts, as described by the Prevention Triangle (page 8).

Predictably, the most effective measures, which involve restrictions on availability, are also the most controversial. The more popular interventions (providing information, etc.) are generally among the least effective, especially if they are implemented as stand-alone or one-off activities. Substantial evidence suggests that a comprehensive approach that incorporates numerous, coordinated interventions is more effective than single or isolated activities.

Once determinants have been identified and measured (see Step 7), the next step moves on to selecting strategies and activities for the prevention of alcohol and drug problems: How can you influence the most important, identified determinants? What would be the



most effective and practical approach?

- How can the physical availability of alcohol or drugs be more reasonably restricted in the target area? Are new regulations needed? Or is poor implementation of already existing regulations the real problem? If so, how can enforcement of regulations be improved?
- How can alcohol and drug use be made less socially acceptable and less attractive in the local culture?
- How can prevailing alcohol expectancies in the target population be effectively challenged? Can the social acceptance and condoning of bad behaviour by drunken people be confronted? How can the glamorisation of alcohol or drug use be reversed?
- What are some effective means of providing hard-hitting and truthful information about the real effects of alcohol or a drug to the public? How can prevailing myths be challenged?
- What approaches are available to sensitize people to the harm to innocent persons around the user caused by the user's alcohol or drug use?

Mobilizing local communities, a strategy recommended in the WHO Global strategy to reduce the harmful use of alcohol (WHO, 2010) has proven to be an effective strategy to reduce alcohol and drug problems. That activity seeks to stimulate changes in collective, rather than merely in individual behaviour. The involvement of local communities is critical to assuring that the chosen interventions are sensitive to cultural norms,

beliefs and value systems.

Step 9: Integration

It will be easier to make alcohol and drug prevention activities a success, both internally and externally, if the planned efforts are linked to already established programs and activities. That linkage creates synergies within the organization and allows planners to more effectively involve already existing resources – human or otherwise --- found within the organization.

Clarifying this question within the organization is of critical importance: How can new activities in the field of alcohol/drug prevention best be integrated into existing strategies and programmes?

Step 10: Training of staff and partners

Key staff will need extra training on the topics and activities you have chosen. Many others will need basic education and, most importantly, guidance and motivation for their own involvement.

Refer to the ADD web site for training tools and materials: www.add-resources.org



Check-list for effective alcohol policies

An alcohol policy is typically understood as an authoritative decision (law, regulation, practice) by government enacted to minimize or prevent alcohol-related harm to individuals and the society. A drug policy is typically understood as a similar document, but addressing illegal substances.

Alcohol policies can, when carefully designed and effectively implemented, contribute towards increased welfare and safety, improved public health and enhanced social development in nations and communities.

Having a policy does not necessarily offer a silver bullet. Effective alcohol policies combine interventions chosen from the three legs of the prevention triangle; regulation, education and mobilisation. As indicated earlier, some interventions have proven to be more effective than others, even as stand-alone interventions. Most interventions are more effective if they interact with other interventions.

Good national alcohol policies rarely, if ever, emerge out of the blue. They are often the result of long and complex political processes, involving many conflicting interests and stakeholders. The most effective interventions are also often the most controversial political issues, in particular proposals to regulate – or increase regulation of -- the alcohol market. Committed political leadership, a robust research base, and strong civil society voices are needed to overcome the inevitable opposition to effective policy initiatives. Non-governmental organizations and other civil society groups serve several functions in the political process surrounding alcohol policies. They may:

- promote the need for new policies and stronger efforts by government;
- participate in policy development representing public health interests;
- evaluate whether government policies meet quality and other standards to reduce alcohol-related harm;
- help rally public support behind effective

national alcohol policies;

- serve as watchdogs, monitoring whether national and local authorities adequately implement policies and interventions;
- help implement parts of national policies per agreement with the government.

The points at page 18 provide a check-list for use in alcohol-policy development. The list includes key interventions and operational elements that should ideally be part of a national policy document. It can be used both as a menu from which to choose when policies are being developed and as a check-list to measure the quality of an existing policy draft.

The points borrow heavily from the conclusions of the research monograph, “Alcohol No Ordinary Commodity” (Babor, T. et. al., 2010), which reviews 42 commonly used alcohol policy interventions. Other points have been included to address the areas of education and mobilisation in “The Prevention Triangle”

Check-list for effective alcohol policies

A national alcohol policy should ideally incorporate the following elements and issues, or as many of these issues as possible:

- 1. A clear statement of the purpose of the policy: Prevention of alcohol-related harm and protection of public health and welfare
- 2. Alcohol taxation to reduce consumption of alcohol
- 3. Taxation revenues dedicated for alcohol prevention
- 4. Minimum legal age for sale and purchase of alcohol (minimum 18 years, preferably 20 or 21)
- 5. Meaningful restrictions on hours and days of sale
- 6. Licensing of producers, distributors, and retail outlets, including informal producers and traditional sales outlets
- 7. Limitations on outlet density
- 8. Government monopoly for retail sales
- 9. Ban on alcohol promotion and sponsorship (total ban or partial regulations)
- 10. Low blood alcohol concentration (BAC) limits for motor vehicle operators and commercial drivers (0.5 or less)
- 11. Sobriety check-points and random breathtesting operations
- 12. Administrative license suspension or other swift punishment for those who violate drinking-driving laws
- 13. Screening and brief interventions at primary health care providers
- 14. Public campaigns to mobilize support for alcohol policies
- 15. Programmes to challenge prevailing alcohol expectancies
- 16. Training programmes on alcohol issues and alcohol policies for relevant government officers and professions (doctors, police, teachers, religious leaders, NGO leaders, etc.)
- 17. Life-skills education and education on the real effects of alcohol for young people
- 18. Government financial and other support for NGOs involved in alcohol prevention and treatment
- 19. Effective academic or government system to collect data on alcohol consumption and related harm
- 20. A specific authority or unit within government responsible for implementation and follow-up of the policy and relevant laws and regulations.



In Sri Lanka alcohol prevention programmes are integrated with child rights and gender equality activities. The picture shows activists in a youth rally against gender-based violence.



Independence from vested interests

Young people in developing countries have been identified and targeted as promising new markets for the multinational alcohol industry. Several reports have revealed that industry uses both traditional and new, sophisticated marketing methods to introduce drinking habits and alcohol brands to minors, violating even many of their own voluntary marketing codes of conduct.

Today, many developing countries enjoy a relatively low or moderate rate of societal alcohol consumption. Those countries have average consumption levels far lower than Western nations and their populations include comparatively large proportions of non-drinkers or very moderate drinkers. However, that overall positive situation in developing countries may now be about to change. Western markets have been "saturated," and producers are moving on to new territory. In recent years, the industry has become more highly concentrated, such that now only a few alcohol conglomerates control the majority of the entire international alcohol market. That increased market power has led to industry's expansion into what producers term the "emerging markets" of Africa, Asia, and Latin America. In numerous reports to their shareholders and in various market reports, corporate leaders stress that success in those markets is the key to future profits and growth.

Low- and middle-income countries often have

a high proportion of children and youth in their populations. That phenomenon, in economic terms, suggests that those populations contain large potential consumer groups which have not yet established consumption patterns or brand loyalties. A potential bonanza for alcohol purveyors!

If multinationals succeed in expanding alcohol markets in the developing world, this will inevitably result in higher levels of alcohol consumption in many countries. According to substantial research, that higher mean consumption will be associated with increasing numbers of heavy drinkers, more drinking occasions, larger quantities consumed on single occasions, and probably even an increase in the number of female drinkers. Each of these developments, as well as their combined effects, will result in an increase in societal alcohol-related harm.

For that reason, NGOs and governments have a critical interest in having a well-developed strategy in place for how to handle vested interests. Certainly the alcohol industry has prepared systematically to strengthen its position in the market place and secure profits by influencing policies and by branding themselves as important partners in prevention. Many of industry's efforts are aimed at avoiding government regulation that could reduce the



Five beer companies dominate the global beer market and are among the largest multinational corporations in the world. They work systematically to translate their economic power into political influence, in order to avoid government regulations on sale and marketing.

sale of alcoholic beverages, such as restrictions on marketing, hours of sale, outlet density, and higher taxation, etc.

The following set of guidelines provides guidance for NGOs to help them avoid conflicts of interest and the undue influence of commercial concerns in public health policies:

- Governments are the proper guardians of public health and should therefore prevent the alcohol industry from exerting undue influence over alcohol policy formulation in national and international institutions.
- Contributions by the alcohol industry to the reduction of alcohol-related harm should be limited to their roles as producers, distributors and marketers of alcohol. Such interventions by the industry should never supplant government regulation, but rather only complement it.
- Public-health NGOs should demand that alcohol companies respect and contribute to the effective enforcement of existing government regulation of the production, distribution and sale of alcohol; age limits, licensing systems, hours of sale, etc. Industry should refrain from all actions that undermine the implementation of public policies and other interventions to prevent and reduce harmful use of alcohol.
- NGOs should recognize and be wary of organisations created and funded by the alcohol industry. Such bodies often pretend to operate as independent and science-based think tanks or NGOs, when in fact they are launched to protect and promote industry's interests. Often, they are used to discredit independent science and research that support public health perspectives.
- NGOs that seek to protect their independence should not accept financial or in-kind support from the drinks industry, nor engage in bilateral cooperative agreements with the drinks industry. Similarly, NGOs should avoid participation in multilateral cooperation projects where decisions surrounding the strategies, contents or interventions are dominated by an industry-oriented approach to alcohol prevention.

Recommended reading and resources

ADD Resources: www.add-resources.org

– a specialized web site on alcohol and drugs as a development issue, published by FORUT, Norway.

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Rossow, I and Clausen, T. (2013). The collectivity of drinking cultures: is the theory applicable to African settings?. *Addiction*, doi:10.1111/add.12220

Hurt, Karen (2014). Getting Alcohol Laws Changed: A manual for activists on how to get alcohol adverts banned and alcohol marketing restricted. Johannesburg. Southern African Alcohol Policy Alliance.

Saether, T., Endal, D. and Bakke, Ø. (2013) Training Program on Evidence-Based Alcohol Policies in Developing Countries. Blue Cross Norway and FORUT. Oslo.

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Wannberg, H. (2010) Cheers to the Family; Intimate partner violence and alcohol. IOGT-NTO Movement, IOGT International and FORUT. Stockholm.

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Prevention works

The harmful use of alcohol can have a dramatic impact on the lives of ordinary people; not only the drinker, but those in his family or social sphere are just as likely to suffer the consequences of alcohol consumption. Such circumstances are probably not new to most development NGOs, which have experienced the negative consequences of alcohol or drug use in their project areas or among their target populations. Alcohol and drug use is one of the most powerful contributing forces helping to generate development problems such as ill-health, gender-based violence, poverty and the spread of HIV/AIDS.

In some project areas alcohol use might impair the expected results of a programme or even nullify them. A week's income spent by a father in the local bar, sometimes even before pay-day is over, would leave the rest of the household without funds for bare necessities such as food, clothing, and health care.

Surprisingly, for the most part, alcohol and drug prevention has not been high on the agenda of most development organizations and programmes. This booklet provides tools that will help development NGOs to integrate substance use issues into their programmes; whether their fields of interest be gender equality, HIV/AIDS prevention, poverty alleviation, community development, or other development issues.