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COMMUNITY AND MUNICIPAL ACTION ON ALCOHOL

Report on a WHO Working Group

Warsaw
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ABSTRACT

The objectives of the WHO European Alcohol Action Plan include the initiation and strengthening of community action to prevent and manage the harm done by alcohol use. The WHO Regional Office for Europe therefore convened a Working Group to follow up a regional collaborative study on community response to alcohol-related problems and to integrate it into the Action Plan. The Group reviewed draft guidelines on community action and recommended that the revised text be issued as one of a series of documents to support the Action Plan. Agreeing on the value of demonstration projects as evaluative research, the participants found a project proposed for the city of Lahti, Finland to be a suitable collaborative project for the Action Plan. Finally, the Working Group proposed the establishment of a multi-city action plan (MCAP) on alcohol within the WHO Healthy Cities project, as a means of implementing the Action Plan at the local level.

Keywords

ALCOHOL DRINKING – prevent/control
ALCOHOL DRINKING – adverse effects
CONSUMER PARTICIPATION
CCEE

CONTENTS

	<i>Page</i>
Introduction	1
Discussion	2
Guidelines on community action	2
A demonstration and evaluation project for a comprehensive community alcohol programme	3
City action plans	5
Conclusions and Recommendations	6
Annex 1. Working papers	8
Annex 2. Participants	9

INTRODUCTION

The Working Group was convened by the WHO Regional Office for Europe as part of the implementation of the European Alcohol Action Plan. The Polish Government hosted the meeting, with support from the Institute of Psychiatry and Neurology in Warsaw. The Working Group consisted of 18 experts from 12 European Member States and Canada, 2 WHO staff and 4 observers. The Group included public health experts, public administrators, policy-makers, and people who implement programmes or conduct research on community action on alcohol.

One of the objectives of the WHO European Alcohol Action Plan is to initiate and strengthen community action to prevent and manage the harm done by alcohol use. Community programmes are an important key to achieving changes in lifestyles throughout the community and securing political and public support for local and national programmes and policies that manage the sale and use of alcohol. In addition, action at the local level can influence international policy on alcohol. Comprehensive community programmes have been demonstrated to have a positive effect on the control of cardiovascular diseases in the European Region and extensive descriptive research has been done through the Regional Office's international collaborative study on community response to alcohol-related problems. There is now a worldwide, growing literature on research and programmes on community action on alcohol.

The task of the Working Group was to follow up the community response study and to use the results in the European Alcohol Action Plan. In particular, the Group had the following aims:

- to use the experience of the community response study and other initiatives to agree on proposals for guidelines on community action on alcohol, which could support the development of a multi-city action plan on alcohol within the WHO Healthy Cities project;
- to build a network of communities and cities that would focus on alcohol; and

- to consider a proposal for a demonstration project for a comprehensive community programme to prevent the harm done by alcohol use.

DISCUSSION

Guidelines on community action

The whole Working Group agreed that guidelines on setting up community action projects on alcohol were needed, although an alternative name for the guidelines would be more acceptable. The target audience would be health promotion professionals, politicians and decision-makers. The material would be presented as an attractive booklet of about 100 pages. Such a document could be issued as part of a series to support the European Alcohol Action Plan.

The booklet should be of sufficient depth and quality to attract interest from professionals but not exclude other readers. It should be comprehensive but succinct; it would attract more readers if it were written in clear, precise language and used illustrations of various kinds to illustrate the text.

The Working Group welcomed and commented on the proposed contents and the draft chapters presented. The relevance of the alcohol problem to the individual reader needed to be stressed at the beginning of the text. It would be important to discuss the nature and extent of alcohol-related problems, the social and cultural reasons for drinking, the history of alcohol use, the myths and paradoxes of drinking, the economics of alcohol use and the history and cost-effectiveness of preventive action.

If possible, the text should be written in a lively style to maintain the reader's interest and to bring home the message.

Examples of the work of various projects should be included to illustrate difficulties as well as successful techniques and outcomes. An executive summary, written in popular language and distributed as promotional material, would stimulate interest in community action.

The first draft was scheduled for completion by the end of June 1993. It could be circulated to the members of the Working Group for

comment, and then revised, issued, translated into local languages and used in a number of projects and cities. Any feedback received could be used to guide the revision of the text for future editions.

A demonstration and evaluation project for a comprehensive community alcohol programme

The purpose of research projects on community-based prevention included helping to identify and define the issues, measuring the impact of preventive work and promoting an understanding of the resulting changes in society and the community. Community-based projects can promote people's understanding of their culture's attitudes to alcohol, offer the action that the community says is needed, use local data as a tool to open communication with the community, convince politicians and decision-makers of the need for action through community training, and help bring people together.

Such research projects also have limitations, however. For example, they may constitute interventions in themselves. While static research may not answer all the key questions, action research can involve difficulties.

The research methodology chosen should depend on the questions being asked. The acceptable options include observational and qualitative methods, epidemiological and quantitative methods, and clinical and interactive methods. Some of the problems of community intervention research include insufficient funding, which often leads to a short timetable; political interference; too general a programme with too many foci; overly ambitious goals; conflicting expectations; and a lack of balance between scientific rigour and effective action and empowerment.

Existing community research projects could be analysed to see whether they cover alcohol. In addition, action on alcohol could be blended into such initiatives as the Healthy Cities project, and projects on HIV and AIDS, healthy babies, women's health, accidents and nutrition. The strategy and sequencing of projects should meet the needs for opportunism, flexibility, giving credit where it is due and taking account of competing interests.

Well conceived demonstration projects in the community can be a strong tool for health development at the local and national levels. The use of such projects is a central part of the countrywide integrated noncommunicable disease intervention (CINDI) programme, which is coordinated by the Regional Office. These projects attempt to change not individuals but the whole community, with many of its social and environmental factors. This involves decisions and action that make the healthy choices possible and easy to make.

A demonstration project can be used:

- to test the effectiveness of applying different methods of preventing alcohol-related problems in the same community at the same time and in a systematic way;
- to evaluate the feasibility of the methods, their effects and other experience gained;
- to be a source of inspiration, visibility, training and other intellectual resources for the public and professionals.

An effective demonstration project should be well planned, implemented and evaluated. It should have not only support from the national health authorities but also close operational links with them.

It was important to strengthen evaluative research, in the form of a community intervention project for preventing alcohol problems, and to learn from it. The proposed Lahti project (see Annex 1) was supported as a demonstration and evaluation project, and seemed to offer WHO a suitable opportunity for collaboration. Similar projects in other countries should be promoted.

The Lahti project will be a multicomponent action programme to prevent harm related to alcohol use. Action in the city of Lahti, Finland will largely come from local health promotion professionals. It will include work in developing local policy, public education and information on alcohol, health care and self-help for heavy drinkers, and work with youth. Formative, process and outcome evaluations will assess the impact of the project.

The Working Group stressed the importance of such projects' focusing on the determinants of behavioural change, such as practical skills, social support, the environment and the role of primary health care. Environmental changes to support an overall reduction in alcohol

consumption were of great importance. It might be helpful to identify a few simple, concrete and innovative ideas that can be marketed, and effectiveness indicators, such as alcohol consumption, might need more emphasis.

City action plans

The Working Group discussed three community action programmes whose aims included the identification and reduction of alcohol-related problems and the reduction of alcohol consumption in communities by mobilizing local resources and primary care professionals. The projects demonstrated the important role of primary health care in community action. This role resulted from the existing involvement of many different types of professionals, the contact of primary health care services with the population and the use of primary health care services by many of the people at risk of alcohol-related problems.

The population could be divided into three risk groups according to people's level of alcohol consumption, with risk rising with consumption. Primary health care services could address all these groups (see Table 1). Possible intervention for the low-risk group would include: education for individuals and families, particularly young people, and the encouragement of the informal control of drinking exercised through the family. The provision of alcohol-free drinks and venues, and community discussion of alcohol-related problems would provide a supportive environment.

A concrete example of the education for the individual was the "alcohol carousel" developed by the Stockholm project (see Annex 1). This project also provided an alcohol-free venue on school break-up days.

Various settings for interventions were identified, including the home, the school and the workplace. In general, the existing projects focused on the group at raised risk and involved a variety of strategies by both statutory and non-statutory agencies. The Working Group stressed the necessity for preparing and training health professionals.

The WHO Healthy Cities project was a resource for knowledge, information and experiences, and a possible means for implementing

Table 1. Role of the primary health care physician in community action on alcohol-related problems

Target population	Physician's aims	Physician's activities
Group at low risk (low consumption)	Prevention Health promotion	Education Advocacy Acting as role model
Group at raised risk (hazardous, harmful consumption)	Risk reduction Early action	Screening Brief intervention
Group at high risk (alcohol dependence)	Minimization of harm Specialized treatment	Assessment Referral

the European Alcohol Action Plan at the local level. The project implements strategies to achieve health for all and to promote health at the local level. It tries to break through existing bureaucratic structures and to initiate processes that work from the bottom up, not from the top down. One of the principles of the Healthy Cities project is to get local people more interested and involved in their own wellbeing.

Within the project, the multi-city action plan (MCAP) was developed as an instrument to enable cities to work together on issues of common concern. It enabled cities to share their experience, develop expertise in the subject area and become models for other cities both within and beyond the Healthy Cities project. Cities had created MCAPs on 13 subjects and there was support for developing an MCAP on alcohol.

CONCLUSIONS AND RECOMMENDATIONS

1. The draft guidelines for setting up local community action projects on alcohol should be produced under the title "Framework for action" and issued within a series of documents to support the European Alcohol Action Plan.

2. The Lahti project, a comprehensive community programme to prevent the harm done by alcohol use, will be a useful demonstration and evaluation project and a suitable collaborative project for the European Alcohol Action Plan.

3. An MCAP on alcohol should be considered as a means of implementing the European Alcohol Action Plan at the local level. WHO should invite the cities represented at the meeting of the Working Group to consider the idea. Each city could organize a meeting of interested groups; WHO could help to prepare material for such meetings. Cities continuing to express interest could send representatives to a meeting, possibly in early 1993, to prepare an MCAP on alcohol.

*Annex 1***WORKING PAPERS^a**

- ICP/ADA 039/6 Large-scale demonstration projects for national chronic disease prevention: concepts of the WHO CINDI programme, by P. Puska
- ICP/ADA 039/7 Community based strategies to prevent the harm done by alcohol use, by N. Giesbrecht
- ICP/ADA 039/8 Lahti project. Proposal for a demonstration project for a comprehensive community alcohol programme to prevent the harm done by alcohol use, by M. Holmila
- ICP/ADA 039/9 Design, implementation and evaluation of a community action programme for prevention of alcohol-related problems in Stockholm city – initial experiences, by S. Bort et al.
- ICP/ADA 039/10 Alcohol prevention at the local level, by H. Garretsen
- ICP/ADA 039/12 Healthy Cities project, by I. Haurum
- ICP/ADA 039/13 A community project in Florence, by A. Allamani

^aCopies can be obtained from the Alcohol, Drugs and Tobacco unit, WHO Regional Office for Europe, Scherfigsvej 8, DK-2100 Copenhagen Ø, Denmark

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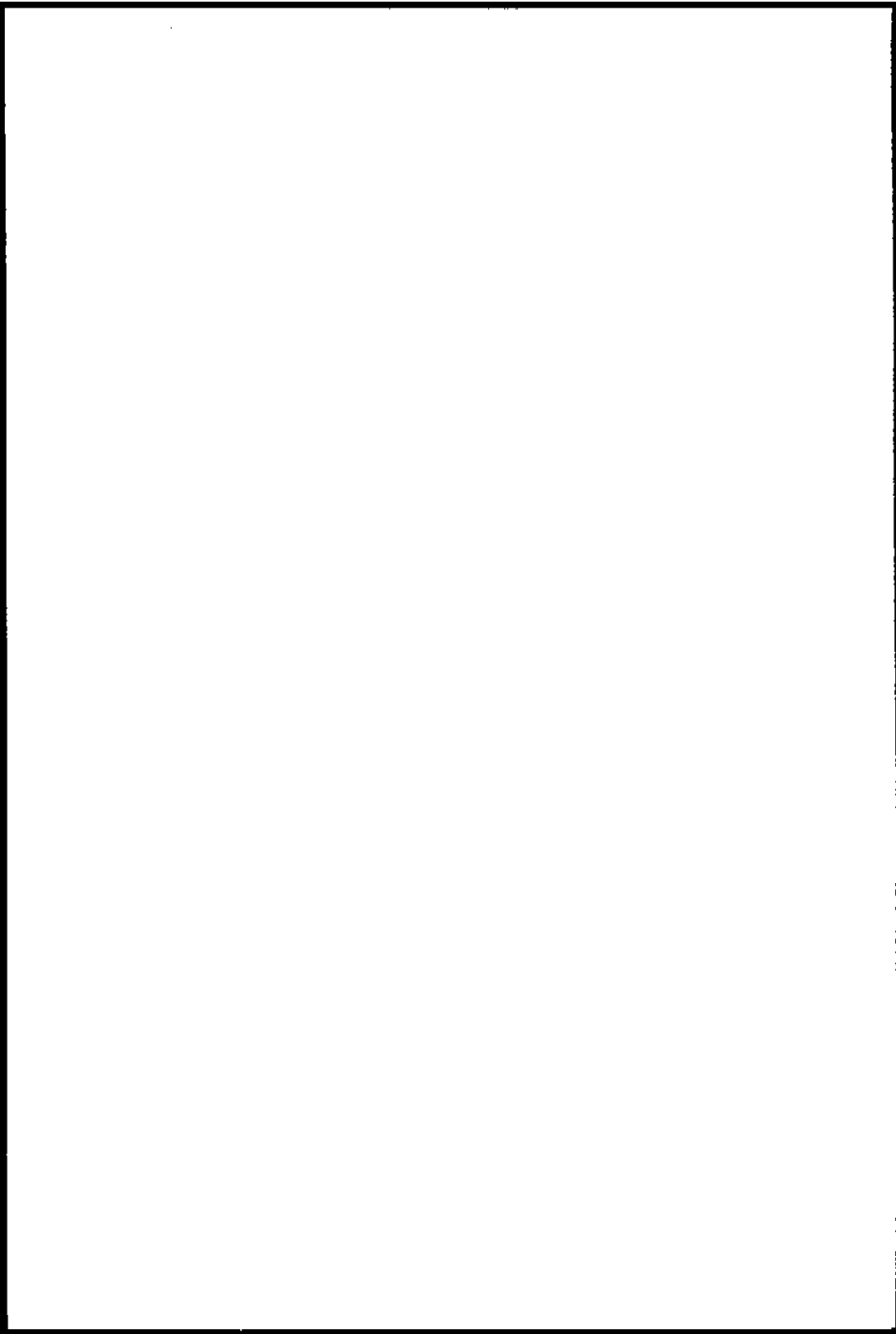
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TARGET 17

TOBACCO, ALCOHOL AND PSYCHOACTIVE DRUGS

By the year 2000, the health-damaging consumption of dependence-producing substances such as alcohol, tobacco and psychoactive drugs should have been significantly reduced in all Member States.

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