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PROGRAMME ON
**SUBSTANCE
ABUSE**

Preventing
alcohol
problems

Local prevention activity
and the compilation of
'Guides to local action'

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WORLD HEALTH ORGANIZATION

Many calls for action on alcohol have underlined the importance of prevention and stressed that prevention is everybody's business. But the concentration on national action to the exclusion of everything else diverts attention from the wealth of prevention resources which are so often unrecognised and therefore untapped at the local level. This report, while concentrating on local action, seeks to encourage the development of alcohol policies in which national and local elements reinforce each other. Prevention at local level is not a substitute for national policies. Local activities, developed within existing legislative and organisational frameworks, complement action at the national level by encouraging full and effective implementation of national policies. In addition, local prevention activities can set the agenda for further national developments by identifying specific problems, generating information, raising and providing models of good practice.

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PREVENTING ALCOHOL PROBLEMS: LOCAL PREVENTION ACTIVITY AND THE COMPILATION OF 'GUIDES TO LOCAL ACTION'

Introduction

The suggestions offered in this report are designed:

- o to stimulate the transformation of local prevention potential into local prevention practice.
- o to promote a wide range of local prevention initiatives firmly based on inter-agency and inter-sectoral collaboration.
- o to emphasise the need for every country to have its own Guide to Local Action which identifies local prevention resources and shows how they can be mobilised

Local Prevention Activity in its National Context

Programmes designed to promote psycho-social health must address themselves to alcohol-related problems, both in the interests of citizens' health and welfare and as part of national economic development and national health planning.

Many calls for action on alcohol have underlined the importance of prevention and stressed that prevention is everybody's business. However, much of the prevention debate has tended to reflect a view of 'everybody' as being on the receiving end of national action, being 'done to' rather than 'doing'. National prevention policies are, of course, essential as WHO has emphasised (1,2,3).

But the concentration on national action to the exclusion of everything else is mistaken. It implies, unhelpfully, that any worthwhile response to some set of health and social problems is primarily a matter for central governments. This diverts attention from the wealth of prevention resources which are so often unrecognised and therefore untapped at the local level.

This report, while concentrating on local action, seeks to encourage the development of alcohol policies in which national and local elements reinforce each other. Prevention at local level is not a substitute for national policies. Local activities, developed within existing legislative and organisational frameworks, complement action at the national level by encouraging full and effective implementation of national policies. In addition, local prevention activities can set the agenda for further national developments by identifying specific problems, generating information, raising and providing models of good practice.

In every area of life, in most countries, there are people getting into difficulties of some kind because of their drinking. It follows, therefore, that in every area of life there is a potential for prevention. Consequently, prevention really is everybody's business and the material contained in this report has implication for all those with some part to play in helping to prevent alcohol problems at the local level, including, for example:

Local politicians

Business managers

Police

Transport workers

Bar owners

Doctors

Religious leaders

Welfare staff

Driving instructors

Shopkeepers

Service administrators	Community workers
Teachers	Fire fighters
Media staff	Lawyers
Nurses	Youth leaders

For these, and many more, the questions and guidelines in this report are intended to encourage awareness of local prevention resources and how they can be mobilised.

The report is structured in the form of a Guide to Local Action. Chapter 1 sets the scene and includes discussions of local prevention resources and the need for local action groups to foster local prevention programmes. Each subsequent chapter focuses on a specific 'themes' and seeks to offer advice on what might be done and where to look for 'prevention opportunities'.

Guides to Local Action

In addition to stimulating thinking about local action to prevent alcohol-related problems, this report has another purpose; to encourage the compilation of country specific Guides to Local Action which identify current resources and action at the local level and opportunities for new developments.

Clearly, this report cannot chart every local prevention possibility in every country. It does, however, suggest certain principles which could underpin any particular country's Guide to Local Action and offer advice on both structure and content based on our own recent experience.(4)

Notes for the Compilers of Guides to Local Action.

The compilation of a Guide to Local Action is not easy. It requires skill and resourcefulness to see prevention possibilities which, to those who are not looking for them, might be overlooked. Your Guide must be designed so that - in terms of structure, content and presentation - it is accessible. Most of your readers will probably not have the time to digest the whole of the Guide. They may not have much knowledge of or interest in alcohol issues and they certainly may not think of themselves as having anything to do with 'prevention'.

In order for your readers to recognise that they do, in fact, have a role to play, it will help if your Guide is structured around particular themes. These might be issues, such as the advertising of alcohol, or specific sets of problems, such as alcohol and public disorder. The chapter outlines which we suggest in this report focus on the set of issues and problem areas which provided the structure for our UK Guide to Local Action. It will almost certainly be necessary to amend these suggested chapter headings in the light of the pattern and range of problems and priorities in your country. But whatever the overall structure, it would be helpful for each chapter:

- o to introduce a particular alcohol issue or set of problems in a succinct and readable way,
- o to identify the individuals, groups and organisations which are in a position to play a specific prevention role, and
- o to describe clearly and in as much detail as possible what these prevention activities are, how they might be carried out and the sources of materials, information and additional help which are available.

In relation to each chapter outlined in the report there is:

- o a brief discussion of the purpose and content of the chapter and some of the local prevention opportunities which the chapter in question is likely to deal with, and
- o a suggested structure for the chapter.

Every country, its alcohol problems, and its local prevention potential is different. In some countries, as we well recognise, alcohol consumption is very low, and the number and range of alcohol problems is small. So there is no need, of course, to compile a complete Guide to Local Action all at once. You may want to begin with a chapter which deals with an issue which is currently high profile in your country. It might be alcohol and traffic accidents (chapter 3), or alcohol and the law (chapter 9). But whatever topics you choose to begin with we hope that this report will provide a useful starting point for your own analysis of local prevention possibilities.

Guides to Local Action are based on the assumption that alcohol problems are preventable and that much can be done at the local level to reduce the personal, social and financial damage which alcohol can cause. We hope that you will feel that the approach embodied in this report is worthwhile and that the questions and suggestions it contains will help you to compile your own Guide to Local Action.

Notes

- (1) Moser, J. (ed.), *Alcohol Policies in National Health and Development Planning, including a summary of the Technical Discussions held during the Thirty-fifth World Health Assembly, 1982*. Geneva, World Health Organization, 1985 (WHO Offset Publication No. 89).
- (2) Grant, M. (ed.), *Alcohol Policies*. Copenhagen, World Health Organization, 1985 (WHO Regional Publications, European Series, No. 18).
- (3) Farrell, S., *Review of National Policy Measures to Prevent Alcohol-Related Problems*. WHO/MNH/PAD/85.14 1985.
- (4) Tether, P. and Robinson, D., *Preventing Alcohol Problems: A Guide to Local Action*. London, Tavistock, 1986.
- (5) Robinson, D., Tether, P. and Teller, J. (eds), *Local Action on Alcohol*, London, Tavistock-Routledge, 1989.

PREVENTION ISSUES AND SUGGESTED CHAPTER STRUCTURES FOR GUIDES TO LOCAL ACTION

Chapter 1: Preventing Alcohol Problems - An Introduction

The purpose of this report is to stimulate and encourage the compilation of 'Guides to Local Action'. Each of the nine suggested chapters deals with a different aspect of local prevention activity. A Guide for your country based on all nine chapters would provide localities with the basis of a comprehensive prevention strategy.

However, you may not wish to produce a fully comprehensive Guide straight away. You may not have the time, or the information, or perhaps you feel that some specific aspect of local prevention activity is particularly important and should be given priority. If so, choose any chapter or combination of chapters to work through since each one is designed to be read independently and they can be used in any order. Remember - local action based on some chapters in this report is better than no action at all. If information is a problem, is there anyone else known to you who could take some of the chapters in this report and develop a Guide to Local Action based upon them? A Guide can be a collaborative project which draws on the knowledge, skills and experience of several people.

Every chapter contains a brief discussion of the relevant prevention issues and asks a number of questions. THESE QUESTIONS ARE CENTRAL TO THE COMPILATION OF A GUIDE TO LOCAL ACTION FOR YOUR COUNTRY. It is important they are carefully considered since the content of the Guide will be largely shaped by your answers. It is unlikely that you will be able to answer all the questions straight away. You will probably have to seek help. Please persevere since the answers will suggest prevention initiatives and reveal prevention opportunities which you can then outline in your Guide.

Issues for Chapter 1

All local Guides to Action are based on the assumption that in every major area of everyday life in most countries there are people getting into difficulties to a greater or lesser extent because of their alcohol consumption. It follows from this that there is in every area of everyday life in those countries a potential for prevention. Local Guides are about identifying these opportunities for prevention at the local level.

If all drinkers drank moderately then alcohol would cease to be one of the chief causes of contemporary health and social problems. Clearly, not all drinkers do drink moderately. In fact, alcohol consumption above a moderate level has been found in many countries to be a significant contributory factor in almost every situation in which harm is done by people to themselves or to each other, whether this is in relation to physical and mental health, family and social relationships, work, or the law. It is clear, therefore, that there is no such thing as 'the' alcohol problem. There are many alcohol problems and there are many problems in which alcohol consumption is a component.

What are the figures for alcohol consumption in your country?

How much of the total amount drunk is manufactured by small-scale domestic producers?

What is the pattern and range of alcohol problems in your country?

In recent years a great deal of attention and research time has been focussed on several important prevention debates concerning, for example, the relationship between advertising and consumption, the effectiveness of liquor controls and alcohol education, and the implications of attempting to control the majority in order to protect a minority from itself. Local Guides should not review the literature on these important debates. Nor should the Guides come down on one side or the

other. Rather, particular chapters should indicate briefly the nature of the relevant debates and then identify the prevention options which it generates.

What are the most important alcohol debates in your country at the moment?

Which articles or reports most clearly and succinctly summarise the issues involved?

Given the extent of alcohol, drinking, and associated problems, prevention really is everybody's business. As a result, every local prevention resource must be brought into play. But what are these resources? Clearly, they include all the obvious services and obvious groups of people such as counselling agencies, treatment teams, day centres, and all primary health care, community and social workers.

What are the 'obvious' resources in your country?

In addition to these 'obvious' services, local resources include a very wide range of less obvious institutions, groups, regulations, and opportunities which might be mobilised. These include occupational safety; magistrates' training; safety regulations; environmental health; insurance; advertising codes of practice; professional education and in-service training; alcohol and work policies; local media and the presentation of alcohol; drink-driving and pedestrian drunkenness; school health education; drink trade activities; domestic production, liquor licensing; road safety and driving education, and so on. The list of 'less obvious' resources is extensive.

What are all the 'less obvious' resources in your country?

What is local? All resources, whether obvious or less obvious will have associated with them some definition of 'local'. These will not necessarily be the same. Police force boundaries may be different from the local political boundaries, and both may be different from the boundaries of other local groups and organisations relevant to prevention. The precise definition of 'local' is a matter for those who use a Guide in a particular locality. Any group or organisation which wants to take an overall rather than a partial or sectoral view of the local prevention of alcohol problems may well decide that one organisation's boundaries will define 'the' locality. Whether this organisation is a local political authority or some other body is something that will have to be thought about carefully.

What would be the most useful basis for the definition of 'local' in your country?

Local Guides seek to raise awareness of alcohol problems and to stimulate a re-evaluation of everyday work among a wide range of organisations and groups at the local level. Guides are not, however, just a series of exhortations. Each chapter should be designed to present clear information about the particular issue under discussion and to present, as illustration, some examples of good practice. Some of these examples of 'good practice' will be being implemented at the moment in some part of the country. Others will be untried, speculative suggestions about how things could be improved. These might be obtained from people well acquainted with particular problems and processes. But the examples in the Guide should not be presented as ideal models. They are there to illustrate the range of possible prevention activities and to stimulate debate on how they might be adapted to meet specific local priorities, local circumstances, or local problems.

Which current good practices could you include as examples?

What speculative suggestions could you include as examples?

Guides should stress the importance of monitoring. But before it is possible to monitor the impact of specific prevention activities, local groups and organisations must have systems which can record the scale and nature of alcohol-related problems.

What examples of good record systems are available?

Who locally could advise on recording systems?

For maximum impact, local prevention activities need maximum participation. It is to be hoped that a wide variety of people in many localities will take up and develop at least some of the ideas that are outlined in the Guide. However, the development and spread of good ideas and good practices will be encouraged if each locality has a group which is clearly seen to be responsible for disseminating knowledge about the prevention of alcohol problems. Such a group could also lobby local organisations to develop their 'prevention potential' and be a local repository of prevention information, materials and expertise. This prevention group could be an existing local organisation with a concern about alcohol problems or a new group brought together specifically for the purpose. It would be helpful if any such group, included representatives of the local drinks trade including bar owners and domestic producers. But whatever its composition, the establishment of a local prevention group will in many countries be a vital first step towards local action and the dissemination of the contents of the Guides to Local Action.

Which existing local groups or organisations could take on the task of promoting prevention?

Which local workers would be most useful in a newly established prevention group?

Guides should stress that those engaged in the identification, management, and prevention of alcohol problems at the local level should not be waiting for national initiatives. However, the exploitation of local resources and the exploration of prevention opportunities in no way reduces the need for action at the national level. All local action groups and anyone else using the Guides should be aware of and liaise closely with national organisations concerned with any aspect of the alcohol problem. Guides should list the names and addresses of these national organisations and briefly describe what they do.

Which are the most important national organisations concerned with alcohol problems in your country?

Guides can be expected to raise awareness of, and interest in, alcohol-related issues of all kinds and so create a climate which encourages national policy developments. Moreover, good practice at the local level today is often, as policy analysts know, tomorrow's central policy. Innovative local developments can serve as models for national policy-makers. Individuals, groups and organisations identified in Guides to Local Action as having a role to play in local prevention activities must publicise their activities nationally. This might be done through inter-organisational contacts - especially those involving government departments and agencies - through the media or through professional structures which link local branches to national organisations.

Suggested structure for:

Chapter 1. Preventing Alcohol Problems: An Introduction

1.1 Preventing Alcohol Problems

- i Alcohol problems and the need for prevention
- ii Prevention 'debates'
- iii The local perspective

1.2 Scope for Action at the Local Level

- i Local resources
- ii Monitoring problems and progress
- iii Promoting prevention: the local action group

1.3 The National Dimension of Local Action

- i Useful national organisations
- ii Making policy at the local level
- iii Helping to make national policy

Chapter 2: Educating the Public about Alcohol

This chapter deals with educating the public. Are there other topics you prefer to address before this one? If so, leave this chapter and turn to those you think are more important. If you think educating the public is important but feel you lack sufficient information, is there someone else who could contribute to this chapter?

Issues for Chapter 2

Many people are ignorant about alcohol and its effects. Others have unhelpful attitudes, ranging from the belief that the ability to drink large quantities of alcohol is 'manly', to the idea that alcohol has to be part of every festive and social occasion. Unhelpful behaviour in relation to alcohol includes drinking to excess, regular solitary drinking, drinking on inappropriate occasions, drinking to bolster confidence, and encouraging someone else to drink more than they would do otherwise. Alcohol education should aim to erode these unhelpful attitudes and behaviours, promote healthier and safer ones and, in short, encourage sensible drinking.

Alcohol education must be an important component of the national prevention strategy in any country in which alcohol is freely available. It must be a component also in any local prevention strategy. Basic information on the content of alcohol education could be outlined in this chapter of the Guides, together with an indication of the range of materials for learning and teaching about alcohol and, finally, some suggestions on how best to promote alcohol education for the general public. This would not, however, exhaust the discussion of the education component of the prevention strategy. Other chapters in the Guides should, where appropriate, cover alcohol education issues in relation to specific groups or situations. This might involve describing specific training structures, identifying educational opportunities and mentioning specific educational materials.

Have any reports in your country discussed the role of education in the prevention of alcohol-related problems?

One of the weaknesses of much alcohol education is that it fails to identify the attitudes and behaviour which it hopes to promote. Often, the material is entirely negative - it is clear what it is against but not what it is for. To overcome this deficiency, it would be helpful if alcohol educators could agree a set of simple and straightforward 'messages' about alcohol, make explicit the changes they are working toward and provide a framework for learning. There are many core messages which alcohol educators might try to promote whatever the teaching occasion or situation. In a country in which large proportions of the population drink regularly these might relate to:

drinking guidelines or 'safe limits';

the myth of the two populations - 'alcoholics' and everyone else;

the unacceptability of allowing alcohol to be used as an excuse for behaviour which otherwise would not be tolerated; and

the unhelpful belief that alcohol must be part of every social occasion.

Have any agencies in your country drawn up sensible drinking guidelines and, if so, which should alcohol educators promote?

Are there any other 'messages' which alcohol educators in your country should promote in addition or as a substitute?

In many countries there is a large and rapidly growing body of books, films, videos, teaching packs, leaflets and other materials designed to educate about alcohol and alcohol-related problems. The attempt to produce a comprehensive list in some countries would be impossible and even if compiled would become rapidly out of date. The aim should be, perhaps, to identify those alcohol education materials which seem especially useful in terms of their content, clarity of presentation or relevance to a particular situation or group.

One useful way of dividing material in local Guides is to distinguish between the general material, of use to anyone who wants to learn more about alcohol; material for educators, to help to identify training needs and to develop suitable education programmes; and material for helpers including simple drinking diaries. Included in this chapter might be the addresses and responsibilities of any national organisations which are particularly involved in alcohol education or from which materials can be obtained.

In your country, where can alcohol education materials be obtained?

Who would you ask for advice on the suitability of the materials for use in relation to the issues and problems discussed in your Guide?

The majority of the general public will not come across any focussed alcohol education and may be untouched by many of the particular prevention activities outlined in other chapters in the local Guides. Any local prevention strategy must, therefore, include education aimed at 'the general public'. There may be a wide variety of local opportunities for promoting educational messages to the general public. These will include the mass media which can, in their various forms, reach almost everyone. It is vital, therefore, for local prevention workers to use these media with knowledge, skill and confidence. Of particular importance will be local newspapers, local radio, industrial or hospital or campus radio, local television and any other systems which communicate with large sections of the general population. Radio and television will be especially important in countries where illiteracy is a problem.

In your country which local medium consistently reaches the most people and could its role in carrying alcohol education to the general public be developed?

Outside the local media are there any special opportunities for promoting local alcohol education for the general public (i.e. videos in health clinics, messages on local transport, etc.).

But no matter what the medium, the task of any local prevention group is to understand how the medium operates, who to approach, what kind of information is required to be most effective and, most important of all, to be seen to be an authoritative voice on prevention and alcohol matters. The aim should be for local radio, press and television companies to come automatically to the local prevention group whenever there is a need for advice about or comment on some national or local alcohol issue.

Suggested structure for:

Chapter 2. Educating the Public About Alcohol

2.1 Messages about Alcohol

- i The need for consistent messages
- ii Some core messages

2.2 Materials and Information

- i General materials and sources of information
- ii Materials for educators
- iii Materials for helpers and self-helpers

2.3 Educating the General Public

- i Opportunities for public education
- ii Using the media

Chapter 3: Alcohol Promotion

This chapter deals with alcohol promotion and presentation in the media. Are there other topics you prefer to address before this one? If so, leave this chapter and turn to those you think are more important. If you think alcohol promotion and presentation in the media is important but feel you lack sufficient information is there someone else who could contribute to this chapter?

Issues for Chapter 3

Although the relationship of the amount of alcohol promotion to the overall level of its consumption is disputed it is widely agreed that the presentation of alcohol in advertising and the media is important. While unhelpful ideas, images and 'messages' may be rejected by the majority,

they can be absorbed by certain 'vulnerable groups', such as the young, and can promote or reinforce harmful patterns of consumption.

Advertising may be thought to be beyond the reach of local prevention activities. Much of it is generated and disseminated through the broadcast and non-broadcast media by national or multinational organisations. However, everyone concerned about the development of local prevention activities should be encouraged to look for local opportunities for action.

What are the major forms of alcohol promotion in your country?

Anyone concerned about the prevention of alcohol problems at the local level should certainly learn about their country's controls over alcohol advertising, and how to make sure they are observed. This will involve describing the controls in some detail, highlighting their strengths and weaknesses and identifying the mechanisms of any formal complaints procedures.

What are the controls, if any, over advertising in your country?

Do these vary between broadcast and non-broadcast media?

Those concerned about the alcohol problem may feel that certain existing advertising controls and regulations are weak, loosely interpreted, or not comprehensive enough. Local prevention workers should be encouraged to highlight deficiencies and so set the agenda for future revision. For instance, the issue of alcohol and water safety may not be covered by the regulations governing alcohol advertising. Yet in many countries, advertisements often depict people drinking by the side of swimming pools or on beaches, when it is known that many drownings are alcohol-related.

What are the main deficiencies in the current alcohol advertising controls in your country?

In what ways are the controls not being properly implemented?

Are there any formal procedures for making a complaint about some particular alcohol advertisement, and to whom should such a complaint be made?

How should the complaint itself be formulated?

In any locality, it might be helpful to have one particular group of workers concerned with alcohol advertising issues, through whom complaints and concerns could be channelled. A group of health workers would be appropriate. Alternatively, if there is a local prevention group it might care to take responsibility for this. Again, a political or citizens group might be persuaded to take an interest in alcohol advertising and to give a voice to local concerns.

Which existing groups or organisations are most likely to take a lead role in relation to the advertising issue?

Are there any local political or citizens groups which could develop a concern for the public health implications of alcohol advertising and promotion?

Localities may have powers of their own which can be mobilised to control alcohol advertising in certain ways. For example, poster advertising is a highly visible form of mass communication and,

particularly in the urban environment, is an important medium for alcohol advertising. Poster sites may be owned by local authorities, companies or private individuals, who, if they wish, can control alcohol advertising. 'Control' in this context could mean a complete ban on posters which advertise alcohol or it could mean limiting alcohol advertisements to particular areas or limiting their overall number. It could mean not allowing a particular advertisement or series of advertisements which are considered to be unhelpful. Local authority owned sites are particularly significant. Any local group concerned about alcohol problems could - instead of seeking the total abolition of alcohol advertising - press for partial controls and for a portion of alcohol poster revenue accruing to the local authority to be devoted to the support of local alcohol prevention activities.

Who owns the poster sites in your country?

Which major site owners could be approached to control alcohol advertising?

In many countries local newspapers are an important prevention resource through their advertising policy and through news coverage of alcohol issues. Newspapers may, of course, be bound by general regulations or Codes of Practice governing the advertising of alcohol. Nevertheless, they may also be free to impose any special conditions of their own. So, in this particular advertising area, deficiencies, weaknesses or shortcomings in general regulations or Codes of Practice can, with the consent of the newspaper owner, be overcome.

What controls, if any, are there over newspaper advertising?

What specific controls could be most usefully agreed with local newspapers owners?

A rapidly growing method of alcohol promotion is through the sponsorship of sporting and cultural events by alcohol companies. Sponsorship here is direct financial or other assistance provided to sports organisations, sports clubs or individuals involved in sport. It includes providing money for a specific event or series of events in return for advertising and publicity. Television coverage is an important factor in sponsorship of many events. Although in a number of countries the sponsorship of sport and cultural events by tobacco companies has attracted considerable attention and a degree of regulation, the promotion of alcohol through sponsorship has largely escaped comment.

Is there any sponsorship of sporting or cultural events by alcohol companies in your country?

If so, is it at national or local events and is the sponsorship increasing or decreasing?

Local prevention workers might wish to complain about 'sports and cultural sponsorship' in the same way as they might complain about any other unhelpful alcohol promotion, and so raise the question - 'Is sponsorship by alcohol companies compatible with public health goals?' Complaints might be particularly appropriate if any existing regulations or Codes of Practice forbid the association of alcohol with 'heroes of the young' or the suggestion that alcohol can improve physical performance.

Are there any regulations which could be used to control alcohol sponsorship of sports and cultural events?

Sponsorship certainly provides many sporting and cultural organisations with much-needed financial support. Any local prevention group could undertake to publicise the benefits of sponsorship

among the business community in its locality in order to find alternatives to the sponsorship by alcohol companies. Organisations which have sponsorship arrangements with alcohol companies could be encouraged to ensure that any contractual arrangements which are made are limited to short periods and do not preclude other companies from sponsorship and promotion opportunities.

What alternatives are there to alcohol sponsors?

How can these alternatives be best brought to the notice of sporting and cultural organisations?

Alcohol is presented in ways other than through advertising and other promotion. Feature articles and documentary programmes about alcohol problems can help to remind people that there is another side to the drinking pleasures portrayed in advertising. Information and advice on how to establish links with local press and radio and encourage them to support local prevention activities is dealt with in Chapter 2. However, some of the most pervasive images of drink and drinking are transmitted in 'soap operas', situation comedies and other light entertainment material. It is as important to monitor these images as it is those projected by advertisements. It is important for local Guides to spell out any regulations which television companies may have governing the depiction of alcohol. Local prevention workers can encourage the development of good television practice through careful advice on where to complain, what to complain about and who to complain to.

Are there any regulations governing the presentation of alcohol in television programmes?

Who is best suited to monitor alcohol presentation in these programmes?

A local prevention group might find it useful to arrange a meeting on, for example, 'the presentation of alcohol in the media' and to invite programme makers from the local television station. Since media personnel are a well known 'at risk' group their own attitudes towards drinking, and their own drinking habits, may make them reluctant to take seriously the issue of alcohol and the media. Chapter 6 deals with alcohol and work policies.

Do media organisations have alcohol and work policies?

Who is best suited to be involved in the organisation and running of a media seminar?

Suggested structure for:

Chapter 3. Alcohol Promotion

3.1 Advertising Controls

- i The broadcast media
- ii The non-broadcast media
- iii When, how and where to complain

3.2 Three Special Cases

- i Public posters
- ii Newspapers
- iii Sports and cultural sponsorship

3.3 Presentation in the Media

- i Existing controls and policy
- ii When, how and where to complain
- iii Influencing media presentation

Chapter 4: Alcohol and Safety

This chapter deals with alcohol and safety. Are there other topics you prefer to address before this one? If so, leave this chapter and turn to those you think are more important. If you think alcohol and safety is important but feel you lack sufficient information, is there someone else who could contribute to this chapter?

Issues for Chapter 4

Alcohol in quite small amounts can impair co-ordination, cloud judgement, and lead to accidents. The purpose of this chapter in local Guides would be to examine the role which alcohol plays in accidents of various kinds and to identify local prevention resources which could be mobilised in an effort to reduce alcohol-related accidental injury and death. The discussion could usefully be presented in three parts: home safety, water safety and road safety.

Each year, many people die and many more are injured and require treatment because of accidents in the home. However, in many countries little publicity is given to home accidents although the injuries and fatalities may rival those from road accidents. Even less publicity is given to the role which alcohol plays in these accidents.

Are there any national or local agencies in your country with data on home accidents?

Do they have any information on the 'alcohol dimension' of such accidents?

The contribution of alcohol to non-fatal home accidents is very difficult to establish but appears to be substantial. Reports from many accident and emergency units have shown that as many as one in three people attending as a result of a home accident had a blood/alcohol concentration exceeding (80mg/100ml).

Are there any similar studies in your country which you could use to underline the part alcohol plays in home accidents?

Most discussion of accident prevention has tended to concentrate on particular harm agents such as sharp edges of food cans or slippery floors or ill-lit stairways. However, personal and social factors are also important. In many cases, accident victims live in poor socio-economic conditions and the accidents involve not only alcohol but also illness, confusion, senility, stress and drugs. Many accident victims, therefore, are unlikely to be reached by, or able to respond to, local education and publicity campaigns.

Are there any local groups or organisations in your country with a specific concern for home accidents?

If there are no such specific groups or organisations can you think of any existing local body that could take on the responsibility?

How could the role of alcohol in home accidents be publicised?

The fact that many potential alcohol and accident victims are unlikely to be reached by conventional education throws a special responsibility on to those who may be caring for them; such as social, health and community workers. None of them needs to be 'an expert' on alcohol problems in order to give a friendly warning and to look out for signs of home drinking. Workers who are aware of the potential alcohol and fire risks could reduce them by ensuring that there are, for example, well guarded fires, sufficient ash trays and even flame-resistant furniture and night attire.

To which workers in your country would you assign a 'home safety' role of this watching and warning kind?

Could a local prevention group offer these workers simple advice and encouragement and, if so, who should be approached at the local level?

Does the fire service in your country record any evidence of alcohol impairment in the fires they attend and, if not, would a change in record-keeping raise the 'visibility' of this particular alcohol-related problem?

Alcohol and prescribed medicines can be a dangerous combination, causing the confusion and disorientation which precipitate many accidents. Appropriate 'alcohol warnings' on medicine labels are, therefore, important.

Is there any statutory or advisory labelling scheme in your country?

If there is, could it be improved by local 'good practice' or could local schemes be introduced?

In either case which local group or groups should take the lead in such exercises?

Each year many people drown in settings ranging from the bath to the beach. Contributory factors include mental stress, senility, heart attacks and alcohol. The increase in the number of drownings in many countries appears to be due in part to the growing popularity of water-related activities where the combination of water and alcohol can be dangerous, even for those who are fit and young.

Are there any statistics on alcohol-related drownings in your country and, if so, who collects them and how?

Vigorous exercise, rather than reducing alcohol and water risks, can actually increase them. Sustained exercise such as swimming can use up carbohydrate reserves and even small amounts of alcohol can in these circumstances produce a sharp fall in blood glucose, causing weakness, confusion and impairment of normal homeostatic mechanisms. Victims may, therefore, be unable to survive even quite short periods in cold water.

Should those who train swimmers be encouraged to routinely offer alcohol warnings?

Should local swimming places display warning signs?

As with home accidents, the emphasis in a local prevention strategy should not just be on the individuals who are most at risk, but recognition should be given to appropriate environmental measures such as closing some paths at night, putting railings at appropriate places, marking the edges of water shallow, filling in disused drains and canals and anything else which makes it less likely that people who are in some way disoriented will fall into water and drown. There may be a number of local organisations and groups of workers which could have some role to play in promoting water safety. The Guides should identify them. There may be someone in the local administration who has particular responsibility for water matters and who could take a lead in devising water safety regulations and good practices.

In your country who has, or could have, responsibility for identifying local environmental hazards and ensuring their removal?

Could coroners or officials with a responsibility for investigating sudden or accidental deaths have a role in publicising such hazards?

Among the issues which any locality might consider is the relationship between water safety and the advertising of alcohol. In recent years there has been an increase of advertising depicting people drinking on beaches. A local prevention group may well want to consider how useful it is to encourage the drinking of alcohol in close proximity to water.

If your country has any statutory or voluntary controls over the advertising of alcohol do they say anything about alcohol and water safety and, if not, should they?

Many people work on or with water and any alcohol and work policy covering such people should identify water hazards and ensure that measures are taken to make the environment as safe as possible. In relation to sailors and port workers, this might include the introduction of railings, safety nets, floating jetties, better lighting, patrols and more safety and rescue equipment.

Has any shipping company in your country got an alcohol and work policy, and could it provide a model for other companies?

Has any port authority in your country got such a policy and could it provide a model for other port authorities?

In every country many people die or are injured on the roads. Many of these people have blood/alcohol levels which suggest that intoxication may have played a part in the accident. Many countries have specific drinking and driving regulations and campaigns to warn the public of the risks to themselves and others from drinking and driving. Local prevention workers have a role to play in such campaigns. However, Guides should indicate small-scale, but innovative and imaginative, local prevention activities. Such activities might include producing a drinking and driving 'fact sheet', encouraging driving instructors to demonstrate the effects of delayed reactions on stopping times, asking local insurance companies to include with renewal notices an indication of what insurance would be in the event of a drinking and driving conviction, and so on.

Do you think it would be useful for local prevention groups to analyse, compare and publicise local variations in the enforcement of the drinking and driving law in your country?

Could premises which sell alcohol in your country be encouraged to provide free or subsidised soft drinks for the driver in a group?

A local prevention group might think it appropriate to encourage debate about the adequacy of safety features in car design which would cover such topics as chassis construction, seat belts, safety glass, cushions that inflate on impact, head restraints and collapsible steering columns. Similarly, protests could be made about car advertising which appears to emphasise speed at the expense of safety. Both these subjects could be attractive to the local media and workers with specific road safety responsibilities could introduce them within their own professional organisations. Another issue for a local alcohol group might be the opportunities which employers provide for their drivers to appreciate the role of alcohol in road accidents and the kinds of things which a good alcohol and work policy should say about drinking and driving at work.

Are there any succinct and informative drinking and driving leaflets which you would particularly recommend which employers could give to those who drive for them?

How would you recommend an alcohol and work policy approached the topic of drinking and driving?

The management staff of premises which sell alcohol have a role to play in the promotion of road safety. Appropriate lighting, seating arrangements and 'decor' can reduce the emphasis on heavy drinking. The provision of refreshments and the visible display of inexpensive non-alcoholic drinks have the same effect. The ambience of public drinking may well be something which those in charge of the licensing of premises will want to consider (see Chapter 5).

In your country is it an offence to serve a drunk and, if so, is this law enforced?

Could alternative transport arrangements be available for bar clientele who should not be driving because of the amount that they have drunk?

Suggested structure for:

Chapter 4. Alcohol and Safety

4.1 Home Safety

- i The scale of the problem
- ii Foci for local action
- iii Useful materials and sources of information

4.2 Water Safety

- i The scale of the problem
- ii Foci for local action
- iii Useful materials and sources of information

4.3 Road Safety

- i The scale of the problem and the legislative framework
- ii Foci for local action
- iii Useful materials and sources of information

Chapter 5: Alcohol Outlets and their Staff

This chapter deals with alcohol outlets and their staff. Are there other topics you prefer to address before this one? If so, leave this chapter and turn to those you think are more important. If you think alcohol outlets and their staff are important but feel you lack sufficient information, is there someone else who could contribute to chapter?

Issues for Chapter 5

There are many current debates about the relationship between alcohol, outlets and problems. One concerns the relationship between the number of outlets in a locality and the overall amount of alcohol consumed. Others concern variations in licensing law and their impact. Would an extension of 'drinking time' undermine the value of liquor licensing laws as a symbol of control on excessive drinking? Are levels of alcohol-related harm in a locality linked to the number, types, or geographical distribution of outlets? There are no definitive answers to these questions, but it is important for local Guides to indicate these debatable issues. In any locality, prevention workers will have to make up their own minds on these questions and develop their activities accordingly.

What are the major liquor outlet debates in your country?

Which articles or reports most clearly and succinctly summarise the issues involved?

Local Guides should briefly describe the content and implementation processes of any laws and regulations governing the sale of alcohol to the public. These descriptions should highlight any areas of local discretion and opportunities for innovative prevention initiatives.

What is the structure of any liquor licensing law in your country?

What are the liquor licensing processes at the local level?

The responsibility for issuing liquor licences is often the responsibility of a particular local group such as magistrates or, perhaps, local government representatives. It is important for any such group to have a clear understanding of the debates surrounding the relationship between liquor outlets and alcohol problems and the nature, range and extent of such problems locally. They also need a clear strategy which enables individual applications to be properly assessed. All of this implies the participation in the licensing process of other groups and organisations which can provide those who make licensing decisions with relevant views and information.

Who is responsible for issuing liquor licences in your country?

Which other groups and organisations should be involved in the licensing process?

Any local policy on outlets should be community-based. In any locality there will be a number of agencies which have an interest in decisions about outlets and which are affected by the consequences of them. Agencies concerned with the care of those with alcohol problems, various sections of the alcohol trade itself, the police, the local government authority, and organisations concerned with safety issues are all likely to have relevant views, information, and expertise. Given this range of organisations, a 'forum' would be an ideal opportunity for these organisations to meet to discuss the various components of an overall strategy for liquor outlets.

Would it be possible to establish local forums in your country?

If so, which groups and organisations should be included?

One major issue of concern to a forum might well be the relationship between outlets and public disorder. Public disorder incidents could be 'mapped' so that forum members are aware of which types of offences are clustering at what time in relation to which outlets. Such information is vital if sensible decisions are to be made about planning of outlets and if a locality is to develop an effective, co-ordinated response to disorder problems. The forum could also identify other factors related to heavy drinking and public disorder and these could be incorporated in the local policy on outlets. Such factors might include the recognition that server training programmes can have an important role to play in curbing disorder; that young staff might be less able to avoid violent incidents than older and more experienced ones; that the diversification of facilities within a premise can help to undermine the preoccupation with heavy drinking; and that the disposition of public transport systems will have a bearing on the amount of public disorder at particular times.

Which local organisation could take responsibility for 'mapping' outlets and disorder?

Which other issues could a local forum pay particular attention to?

The deployment of scarce police resources and consideration of the best way to prevent rather than just respond to alcohol-related offences and disturbances is something which could usefully figure on the agenda of a forum. Comparatively minor alterations in police practice can have a significant influence on alcohol offences. Rather than having police on the streets to deal with disorder, it might well be more effective for officers to visit certain key outlets. This can have a deterrent effect and also provide an opportunity to remind both staff and customers of any laws or regulations under which they sell and consume alcohol. Police practice can be 'proactive' in other areas besides the supervision of premises. In those countries with a liquor licensing system closer relationships with licence-holders can be developed through regular meetings of licencees, representatives of the trade, and the police to consider issues of joint concern such as under-age drinking, training in the licensing law or improvements in the management of premises.

What are police supervisory practices in relation to outlets?

How could police be more usefully proactive over alcohol outlet issues?

The training of the staff of premises in which alcohol is sold is another important issue. How are staff trained? Who is responsible for the training? What is its content? It is important for staff to understand not only any legal responsibilities but also something of the broader topic of alcohol

problems, how to recognise them and how to respond. In any locality, it might be possible for a number of interested parties to come together to provide training on alcohol problems and on how staff can help to reduce them. Moreover, it is widely recognised that workers in the drinks trade are a 'high risk' group. It would obviously be helpful if staff were covered by alcohol and work policies. There are many opportunities for staff to be asked about their training in alcohol-related issues and alcohol and work policies.

What current training do staff of alcohol outlets receive?

How can staff be made subject to alcohol and work policies?

Suggested structure for:

Chapter 5. Alcohol Outlets and Their Staff

5.1 Liquor Licensing and Prevention

- i The debates
- ii Laws, regulations and practices
- iii Forums

5.2 Areas of Concern

- i Public disorder
- ii Training of staff

Chapter 6: Alcohol and Work

This chapter deals with alcohol and work. Are there other topics you prefer to address before this one? If so, leave this chapter and turn to those you think are more important. If you think alcohol and work is important but feel you lack sufficient information, is there someone else who could contribute to this chapter?

Issues for Chapter 6

Contrary to popular belief most problem drinkers are in work. Many bring their problems to work. Some develop their problems at work. It has been estimated that problem drinkers take over five times the average sickness absences a year and are three times more likely to have accidents at work. The consequences for efficiency in the industrial and agricultural sectors and for national economic development are obvious. The typical workplace response to problem drinking is collusion then dismissal. For the employer, losing staff in this way can mean personnel problems, a lost investment in training and the need for more resources to train replacements. For the dismissed employee the consequences can be disastrous. These consequences can be avoided with the introduction of an alcohol and work policy.

In its essence such a policy is simple. It is a statement agreed by both employer and employees which emphasises that problem drinking is a health problem. It reassures employees that those coming forward for help and those identified as being in need of help will be given the opportunity to obtain appropriate aid and support, and that if they do so their jobs and rights will be preserved. Where they

do exist, alcohol and work policies are often poorly implemented. The tendency to concentrate upon 'alcoholics' means that many policies merely serve as a safety net for exceptional problem cases. However, good policies should have something to say about inappropriate drinking which includes drinking before coming to work and drinking at work. Even the concern for alcoholics will often not be effectively realised because policies usually fail to spell out the contribution which specific workplace staff can make toward the identification of problem drinkers. They often just contain guidelines for helping individual problem drinkers who can no longer be ignored: they rarely deal comprehensively with the broad range of alcohol and workplace issues.

Has the need for alcohol and work policies been discussed by any group or organisation in your country and, if so, which?

In your country does any industrial or agricultural enterprise currently operate a policy which you would be happy to offer in your local Guide as a model to others?

Alcohol and work policies are particularly appropriate for groups whose absence from home, lack of supervision, proximity to alcohol, stressful or male-dominated occupation makes them particularly 'at risk' and susceptible to alcohol misuse. Such groups include workers in the alcohol industries, travelling sales staff, seafarers, the military and the police.

Which 'at risk' groups in your country are particularly accessible at the local level to a prevention group seeking to encourage the adoption of policies?

For an alcohol and work policy to be more than just a statement of good intent requires many different categories of workers to adopt a number of good practices. Managers, supervisors, personnel officers, trade union representatives, health and safety officers, occupational health workers and others need to understand and become involved in good practices covering the three basic components of a comprehensive policy: rules about alcohol in the workplace, educating about alcohol, and responding to alcohol problems.

In your country which staff groups or workplace professionals are the best 'target' for those seeking to promote alcohol and work policies?

Are any such workers trained locally and, if so, could a local prevention group make an 'alcohol and work' contribution to their training?

Every industrial and agricultural workplace provides a number of opportunities for developing consistent attitudes towards alcohol which will help to reinforce the alcohol and work policy. Among the issues which may need consideration is the practice of making drink available at work either free or at a subsidised price. Is this compatible with an alcohol and work policy which emphasises sensible drinking? Could not soft drinks be made available in workplace bars and clubs and at all 'social' occasions which occur at the workplace? Are employees encouraged to drink alcohol at mealbreaks because of the lack of facilities which encourage workers to stay? If workplace food is unattractive or too expensive and there are no thirst-quenching non-alcoholic drinks then employees may, understandably, seek off-site premises which sell alcohol for their periods of relaxation.

What types of 'good practice' would you want to include in your Guide

Do you think it appropriate to recommend any special 'good practices' for agricultural enterprises?

An alcohol and work policy benefits from having a clear attitude toward alcohol expressed through workplace rules, regulations and disciplinary procedures. Disciplinary procedures which make appropriate reference to alcohol and to the alcohol and work policy itself are two complementary aspects of a sensible workplace approach to alcohol issues. Disciplinary codes and terms of employment should spell out the consequences of a drunken-driving conviction for an employees who drives for the firm.

How would you recommend that the provisions of a disciplinary code - which is about sanctions, can be reconciled with the provisions of an alcohol and work policy - which is about helping?

Initial workplace education about alcohol should be of two kinds. First, key groups of staff such as group leaders, health and safety officers, personnel officers, occupational health staff, line managers, trade union leaders and supervisors need education about alcohol and work policies - why they are necessary, their content, and how they should be introduced. Second, general alcohol education for the entire workforce should be introduced as an integral part of the policy, to underpin and reinforce it. This can be slanted toward 'at risk' groups: drivers, those working with dangerous and delicate industrial or agricultural machinery, or women - for whom the additional issue of drinking and pregnancy is important.

Can you identify any alcohol and work materials which would be specially useful for educating key groups of staff in industrial and agricultural workplaces?

Can you identify any alcohol and work materials which would be especially useful for educating the general workforce and particular at risk groups?

Policies, as well as helping to prevent inappropriate workplace drinking and to educate about alcohol, should be designed to help problem drinkers. All policies should indicate procedures for identifying problem drinkers and helping them to overcome their problems. The mere existence of a policy will not automatically lead to problem drinkers coming forward for help. Management and unions will have to devise objective measures of work performance which will identify those who may be problem drinkers. Problem indicators might include patterns of absences - such as on Monday mornings, increasing work accidents, lateness - especially after mealbreaks, mood changes, irritability, depression, decreased ability to co-operate with fellow workers, and reduced or erratic work performance. Sickness absences with such problems as stomach upsets, abdominal pains, ulcer, indigestion, depression, or anxiety may be due to alcohol. Workplace experience suggests that the deterioration in work performance combined with mood changes are significant indicators, although they may be linked to health or personal problems which are quite unrelated to alcohol.

Do industrial and agricultural enterprise workplaces in your country have a forum such as a health and safety committee where indicators of possible problems could be agreed by the staff?

Regular health screening as part of an alcohol and work policy is one way of identifying problem drinkers. If there is an occupational health service then it might be appropriate to have the problem dealt with there or, if not, then arrangements between the workplace and local health workers will be the way for the employee to receive the help that is needed.

How many industrial and agricultural workplaces in your country have such staff, who are they and could a local prevention group make any contribution to, say, nurses working in occupational health?

In any locality there is likely to be a wide range of groups and organisations which could encourage the development of alcohol and work policies. These might be farmers, co-operatives, local associations of medical or nursing personnel, trades unions, employers organisations, personnel staff, health and safety officers, or any other group which draws people from a variety of local employers. The local prevention group should take every opportunity to encourage the alcohol and work issue and the need for alcohol and work policies to be put on the agenda for discussion by these local organisations.

In your country, which workplace groups have local structures, what are they and how could a local prevention group contact them to offer advice, training, materials, etc.?

Responsibility for implementing different parts of the policy and its good practices must be written into it. Who has overall responsibility for organising and managing educational activities? Who is responsible for dealing with the alcohol and work issue in any induction programme? Who is responsible for ensuring that all those driving for the company are fully aware of the alcohol and driving provisions in the disciplinary code? Who is responsible for ensuring that any good practices in relation to the provision of non-alcoholic drinks at work or at any works function are carried out? Someone must also monitor the policy. Monitoring inappropriate drinking in the workplace may be difficult. At an impressionistic level, it may be possible to get some idea of whether the number of employees drinking off site at lunchtime is decreasing, whether more people are having non-alcoholic drinks at works functions, and whether fewer employees appear to be exhibiting signs of drunkenness or reduced efficiency. But most of these and other improvements in alcohol and work behaviour will be diffuse and difficult to pinpoint. One area, however, in which benefits could be quantified and costed is work accidents. Have those accidents which appear to be alcohol-related - either as a result of taking place at a high risk time or as a result of individual investigation - decreased since the implementation of the alcohol and work policy?

Do you think it sensible to recommend that all workplace accidents are routinely scanned (by appropriate questions on report forms, etc.) to see if alcohol was involved?

In your country what are the local agencies you would want to list and describe in your Guide for firms seeking help for employees with a drinking problem?

Suggested structure for:

Chapter 6. Alcohol and Work

6.1 Alcohol Problems, Work and Policies

- i The scale of the problem
- ii Policies
- iii Implementing policies and the need for good practices

6.2 Alcohol and Work Policies

- i Alcohol in the workplace
- ii Alcohol education in the workplace
- iii Identifying and helping problem drinkers in the workplace
- iv Encouraging policies and good practices at the local level

6.3 Monitoring Alcohol and Work Policies

- i Monitoring the implementation of the policy
- ii Monitoring inappropriate drinking
- iii Monitoring the workplace response to problem drinking

Chapter 7: Alcohol, Education and Young People

This chapter deals with alcohol education and young people. Are there other topics you prefer to address before this one? If so, leave this chapter and turn to those you think are more important. If you think alcohol education and young people is important but feel you lack sufficient information, is there someone else who could contribute to this chapter?

Issues for Chapter 7

Everyone concerned with the prevention of alcohol problems recognises the importance of alcohol education for young people. However, the success of alcohol education, in terms of changing attitudes and behaviour, cannot be guaranteed. And certainly, the prevention of alcohol problems should never be seen solely as a matter of education. Nevertheless, the education of young people is an important component in any local prevention strategy. In most localities there are likely to be opportunities for providing alcohol education for the young in schools and in other groups and institutions.

What are the main types of educational institution in your country?

Schools in many countries will have a place in their curriculum for health education which could include, as a component, education about alcohol. Guides to Local Action should describe the school system and the place of any health education in general, and alcohol education in particular, within the curriculum. The Guide should emphasise that as part of health education, the focus of alcohol education should be personal and social development which involves pupils' understanding of themselves, their development as responsible people and their response to the social and physical environment. Developing this kind of informed awareness and decision-making ability requires more than what all too often passes for 'alcohol education': the provision of some 'facts' and the distribution of leaflets.

What, if any, is the current school health education curriculum?

Is there an alcohol component in this curriculum?

Alcohol education for young people can be organised in many settings other than school. Clubs, youth employment schemes, sports and leisure organisations, could all provide the occasion for valuable education by those in charge or by local prevention workers. Guides to Local Action should describe all these organisations in order that the right 'contacts' can be approached.

What organisations for young people are there in which alcohol education could be introduced?

Who are the most appropriate 'contact' people in these organisations?

In many countries, a young person's first break with home and the beginnings of a more independent life may well come with entrance into higher education or into military service. This new independence brings with it many unfamiliar pressures and makes both emotional and intellectual demands. Alcohol, for some students and young armed force personnel, is a cheap and readily available way of coping with these pressures, and heavy drinking may be an integral part of the student or military 'culture'. Although only a small minority of students get into serious difficulties, the use of alcohol as a relief from stress is clearly unwise and, for some, can lead to serious difficulties.

What pressures to drink are there on young people in your country?

Does the student or military 'culture' encourage heavy drinking?

Military institutions and those for further and higher education may not offer many opportunities for developing alcohol education as part of a curriculum. However, these institutions may well have welfare services which regularly have to deal with alcohol-related problems. It is important that Guides catalogue and describes these services and identify the points at which prevention work can be developed and 'good practices' promoted. One such area in educational institutions may involve student counselling services. However, many counsellors have little or no knowledge of how to identify and respond to alcohol-related problems or the local advice and assistance which is available to them. Local prevention workers could provide basic training and information about materials to these various counsellors. Chaplaincies and medical services associated with higher education and the military could also be encouraged to develop their awareness of alcohol-related problems and alcohol expertise.

What welfare services are there in military and higher education institutions in your country?

Who are the most appropriate 'contact' people in these services?

Although higher education and military training does not offer many opportunities to develop alcohol education, the various groups responsible for the students can help to 'educate' young people through a variety of 'good practices'. 'Self-help' materials which offer young people the chance to examine and reflect upon their own drinking behaviour could be included with any induction material.

What self-help materials could be made available to students and young military trainees in your country?

In many countries student organisations and military establishments have a policy of providing cheap drink as a 'service' to their customers, and quite considerable reductions are often possible through a combination of discounts available from the suppliers for bulk purchases and low overheads. Is such a cheap alcohol policy consistent with healthy public policy? In addition, some thought could be given to the quality of supervision and training of outlet staff. They should be trained about the law and about the kinds of problems which excessive alcohol can cause. In addition, staff should be aware of any helping services available for those who have an alcohol problem. Bar staff are often in a position to recognise developing problems and to remind those young people, or their friends, where help can be obtained.

Is there a cheap alcohol policy in the military or in any institution of further or higher education in your country?

Are bar staff trained in how to recognise and offer advice about where to find help with alcohol problems?

In many countries there is no shortage of alcohol education materials for the young in the form of leaflets, posters, audio-visual aids and discussion materials. Guides to Local Action should provide full details about the organisations - national or local - which can supply alcohol education materials for use with the young. In those countries where there is a wide range of materials in the catalogues and lists of such organisations, the problem arises of choosing the most appropriate. Experienced educators may be able to provide advice on the most suitable materials for different age groups which Guides to Local Action could then describe and catalogue for the convenience of readers.

What organisations hold alcohol education materials in your country?

What are the most useful alcohol education materials for use with young people?

Suggested structure for:

Chapter 7. Alcohol, Education and Young People

7.1 Health Education and Prevention

- i The range of opportunities
- ii Schools, clubs and groups
- iii Institutions of higher education and the military

7.2 Materials and Help for Alcohol Educators

- i Major sources of help
- ii Teaching materials: some major items

Chapter 8: Alcohol, the Helping Professions, and Alcoholics Anonymous

This chapter deals with alcohol, the helping professions and Alcoholics Anonymous. Are there other topics you prefer to address before this one? If so, leave this chapter and turn to those you think are more important. If you think issues concerning the helping professions and Alcoholics Anonymous are important but feel you lack sufficient knowledge, is there someone else who could contribute to this chapter?

Issues for Chapter 8

This report emphasises that a wide range of non-professional groups and organisations can clearly make a major contribution to the prevention of alcohol problems at the local level. Nevertheless, medical practitioners, nurses, social workers, and other helping professionals clearly have an important role to play in any local prevention strategy. In many countries it should be possible to draw on resources both within and outside professional disciplines, not only to contribute to the individual training programmes of specific professional groups, but also to mount multi-disciplinary

alcohol education activities. These would not merely serve to satisfy common professional needs but would enhance inter-professional understanding between those who need to co-operate at the local level.

The aim of any alcohol education for any professional group would be to achieve certain goals such as:

- an increased awareness of the nature and extent of alcohol problems;
- an ability to detect the alcohol component of the problems presented by patients and clients;
- confidence in managing the alcohol problem;
- encouragement and support for other members of the helping team to identify and respond to alcohol problems; and
- pressure for improved service facilities and provision for problem drinkers at the local level.

Would professionals in your country agree with the aims laid out above?

Are there any reports in your country which specifically examine the role of professionals in the prevention and management of alcohol problems and, if so, what have they to say about training?

Those concerned with prevention of alcohol problems at the local level should give attention to current professional training structures and opportunities within them for alcohol education. The task would be acquaint those who have responsibility for education and training with any materials and resources that are available to contribute to the alcohol education of helping professionals.

What are the current attitudes toward, and arrangements for, alcohol education in professional training?

From your review of alcohol education materials (Chap. 2) can you say whether there are any that are particularly suitable for medical practitioners, nurses, social workers, and other helping professionals?

Professional education, whether of medical practitioners, nurses, social workers or other carers is likely to be complex, but in most countries there will be a number of major pathways and key contact points that can be identified by those concerned with introducing alcohol education and the issue of prevention. The task for a local prevention group is to identify the opportunities for introducing alcohol education at the local level to those in various stages of training.

Who would you approach for a succinct description of medical practitioners', nurses' and social workers' training structures, and advice on the most appropriate way of introducing alcohol education at appropriate points in the training process?

Most good professional practice is, of course, geared to helping specific people with their problems. Although Guides to Local Action will be concerned with prevention rather than with the content of casework, the difficulties associated with helping problem drinkers are well known and have implications for preventive action at the local level. For instance, in many countries helping professionals are reluctant to approach their patients and clients about drink problems which they consider to be a sensitive issue. Others may feel that nothing worthwhile can be done even if an alcohol

problem is identified. Furthermore, the range of possible interventions is enormous and difficulties over the definition of what an alcohol problem is make it hard for many professionals to know precisely what to do about any particular problem. Fortunately, however, in many countries publications have appeared in recent years which distill the experience of clinicians and other professional helpers working in the field, and these are invaluable in promoting interest and confidence among other professional groups.

Has any professional group in your country produced this kind of helpful account which you could draw to the attention of others?

Training is one way of helping to develop a more constructive attitude to alcohol problems among professionals. However, at the individual or organisational level other things can be done. For instance, there is a reluctance among many professionals to keep systematic records. There is a reluctance by some to keep records at all in the belief that it is an affront to the rights of the client. All Guides, however, should be based on the principle that systematic record keeping by all helping professionals is essential for at least three main reasons:

for good casework - from the beginning of an assessment, in order to identify the profile of problems, history taking and the recording of systematic sets of information is essential;

for intra-organisational efficiency - systematic recording of cases and their progress, and the range of resources brought to bear upon them, are necessary in any organisation if it is to plan effectively for the workload of team members, to have meaningful case conferences, and to provide a basis for resource allocation, for service planning and for monitoring education and training; and

for inter-organisational contact and collaboration - professionals have a variety of responsibilities in relation to other organisations such as, for example, in relation to court proceedings. These require accurate record keeping in order that reliable information about patients and clients can be presented.

What, if any, 'alcohol information' about patients and clients is currently routinely collected by medical practitioners, nurses and social workers, and other helping professionals?

Can you identify any examples of 'good practice' in record keeping which you feel should be drawn to the attention of others?

Can you suggest ways in which record cards and report forms currently in use could be improved?

The work of all professions concerned with the prevention and management of alcohol-related problems must be informed by an understanding of the broader context within which they work. Professionals can contribute to that overall context by systematically recording and making available their judgements and accounts of their activities. In any locality there are at least five major sets of alcohol-related information which ought ideally to be available. Professionals have a key role in gathering together this information related to:

alcohol use - details of who drinks, how much, costing what, when, where and with whom;

alcohol-related activities - details of who is involved in what capacities in relation to alcoholic drinks, from production to distribution and sale, together with advertising, sponsorship and promotion;

alcohol-related attitudes - details of who holds what views about alcohol and its use, about alcohol problems, and about who can or should do what to alleviate or prevent them;

alcohol-related problems - details of who gets into what difficulties with alcohol, when and where; and

responses to alcohol-related problems - details of who is responding, in what ways, in what organisations, to which alcohol-related problems and who is doing what to educate people about how to prevent or control the development of them.

Is any kind of data routinely available in localities and, if not, which professional groups could be encouraged to gather such information?

Good professional practice should be specifically directed at raising public awareness of alcohol problems. Experience in many countries suggests that it only needs the enthusiastic involvement of a small number of professionals for a locality's appreciation of the extent and need to prevent alcohol problems to be rapidly enhanced. This can be done without the involvement of helping professionals, but with their involvement progress is so much quicker. Guides should be based on the assumption that, at the local level, prevention is everybody's business. Nevertheless, helping professionals - because of their education and training, experience, status, organisational position, and involvement with a wide range of people with problems - are strategically placed to play a major part in the development of a local alcohol prevention strategy. Helping professionals are a key prevention resource and they are key advocates for prevention.

In addition to being able to advocate prevention within their own organisation and by supporting other groups and pressing for prevention generally, professionals are ideally placed to contribute to public alcohol education. Taking part in radio or television programmes and producing informative material for the local press together with arranging and being involved in seminars, public meetings, and alcohol education in schools is all part of the professionals' task in relation to the prevention of alcohol problems at the local level. Professionals can be expected to have:

legitimacy to ask questions of individuals and groups and to raise alcohol prevention issues;

authority as professionals to act and to require others to act in relation to the prevention of alcohol problems; and

access to resources through such things as training budgets or inter-organisational finance to support the activities and organisations which have a part to play in the prevention of local alcohol problems.

Which professionals do you think should be included in a local prevention group in order to give it weight and authority?

Do you think there is a risk that, if such professionals are included, their views and interests might predominate and, if so, what advice would you give in your Guide?

Alcoholics Anonymous, which originated in Akron, Ohio in 1935, is a 'fellowship' of men and women who believe that the only way to cope with their alcohol problem is to give up drinking completely. There are over two million members of AA world-wide and their activities are concentrated at the local group level. AA produce a great deal of well-designed and informative literature about themselves and their activities. Dozens of pamphlets produced by AA in virtually every major language cover specific aspects of 'recovery', often for specific categories of people such as young people, women, prisoners and employees.

In most localities, AA contacts and the time and places of AA meetings can be found by ringing the local AA number which will be listed in the telephone directory. Similarly, those who wish to offer help and advice to someone else with an alcohol problem will also benefit from going to AA and talking to its members and finding out what is involved. Only then can any professional or concerned helper offer realistic advice to a patient or client, friend or relative.

In addition to Alcoholics Anonymous, there are two other organisations which are quite independent of AA but which operate on similar self-help principles: Al-Anon for the families of alcoholics; and Al-Ateen, for the children of alcoholics. A Guide to Local Action should describe how AA, Al-Anon and Al-Ateen are organised, and contain any national contact addresses, and how AA can be reached locally.

Do AA, Al-Anon and Al-Ateen exist in your country?

What are the main contact addresses nationally, and how are contacts made locally?

Suggested structure for:

Chapter 8. Alcohol, the Helping Professions and Alcoholics Anonymous

8.1 Alcohol Education in Professional Training

- i Medical practitioners
- ii Nurses
- iii Social workers and other careers
- iv Materials and sources of information

8.2 Aspects of Good Professional Practice

- i Record keeping
- ii Advocating prevention
- iii Public education

8.3 Alcoholics Anonymous

Chapter 9: Alcohol and the Law

This chapter deals with alcohol and the law. Are there other topics you prefer to address before this one? If so, leave this chapter and turn to those you think are more important. If you think alcohol and the law is important but feel you lack sufficient information, is there someone else who could contribute to this chapter?

Issues for Chapter 9

In recent years it has become widely recognised that alcohol is implicated in many kinds of offence. In some, such as pedestrian drunkenness and drunken driving, alcohol misuse is the offence. In others, there appears to be a strong association between drinking and criminal activity which suggests that drinking may be a significant contributory factor.

Those in close contact with offenders, such as magistrates, the police, prison officers, social workers and others have little doubt that alcohol is a major factor in a large proportion of the cases with which they deal. So, at the local level there are many opportunities for local prevention workers to become involved in the training of those who are concerned with the legal system. The task in the Guide, is to understand, describe and comment on the structure of professional training, the curricula

that are approved by professional accreditation bodies, the patterns of professional educational activities and, in particular, the key people who are responsible for developing training at the local level. The local prevention group will then be in a position to assess the contribution which alcohol education can make to the education of professionals at the local level. In addition, the local prevention group will need to know which training materials are available.

In your country how are magistrates, prison officers and other law officers trained, and does any training programme offer an opportunity for alcohol education?

From where would you get training materials to use in alcohol education?

In many countries, the problem of public drunkenness has increased rapidly in recent years. Any local prevention strategy needs to be based, first of all, on an understanding of the law governing public drunkenness. There may then be an opportunity to suggest ways in which the law, as it currently stands, can be better enforced, or there may be possibilities for developing aspects of legal procedure and court procedure which enhance the prevention potential of the legal process. Is there an opportunity, for example, for offenders who come to the courts to be diverted into some therapeutic or educational activity? Do courts and any support staff routinely enquire into the possibility that the case before them has an alcohol component? Does the court record system enable previous offences in which alcohol is implicated to be taken into account when the judgement is being made about the most appropriate course of action in relation to the current offence?

Do any localities in your country run alcohol education groups for offenders, and is this a development you would want to recommend in your Guide?

When a public drunk appears in court in your country what records accompany the court appearance and is information about the 'alcohol dimension' of previous offences available?

Attempts in many countries to find alternatives to punishment for habitual drunken offenders has gained momentum during the past twenty years. The aims of these efforts have been to keep habitual public drunks out of prison and to establish alternative facilities for treating and helping them. In most countries police exercise considerable discretion in their treatment of public drunks. This discretion can be developed into 'cautioning' schemes. These might include the provision of detoxification facilities.

Do any localities in your country offer detoxification facilities?

To whom would you go for a brief description of alternatives to prison for drunken offenders?

A caution is not a substitute for an arrest but an alternative to subsequent charging and court appearance. An individual might still be arrested by a police officer for being publicly drunk, but the decision is then taken to caution rather than to charge. Cautioning schemes offer potential savings in time and money if offenders are diverted from the courts. However, offenders will appear in court if they appear to have a serious alcohol problem defined by accruing a number of cautions in a certain period of time. This means that courts can then pay particular attention to the minority of public drunks who appear to be in real difficulties.

Are any schemes of this sort in operation in your country?

Could such schemes be introduced at a local level?

If they were introduced, would you expect the courts to devote more effort and thought to those appearing before them for drunkenness?

In many countries the drinking and driving problem has been increasing very rapidly in recent years. This has been accompanied by the development of new processes and procedures and new instruments for measuring the blood and breath alcohol content. Prevention initiatives will be covered in Chapter 4 of your Guide. The task in this chapter is to discuss responses to the offender. This will involve a careful analysis of current legislation and the possibilities which it offers for local development and initiatives. In most countries motorists convicted of drink driving offences will have their licences suspended for a period in addition to other penalties. In some, the licence may be suspended indefinitely after a certain number of offences (perhaps at a certain blood/alcohol level). These periods of suspension offer an opportunity for providing offenders with help and education.

Are there any alcohol education groups in your country specifically for drink driving offenders?

Does your country's drink driving legislation make provision for an indefinite suspension in certain cases and, if so, could a local prevention group make a contribution to any rehabilitation process which may be necessary before the licence is returned?

In some countries, courts have the general power to suspend motorists' licences after conviction for any motoring offence if it appears that the offender has some form of 'disability'. Such powers could be used in cases of drink driving offenders if other sanctions appear inadequate or are only triggered by unrealistically high blood/alcohol levels. In order to develop such powers in relation to drink driving, offenders' courts would have to have some evidence of such 'disability'. The most obvious form such evidence might take are the records of past offences. This underlines the importance of having comprehensive court records which routinely highlight the alcohol dimension of offences even where the drink is not integral to the offence, i.e. assaults.

Do courts in your country have any power to suspend driving licences on the grounds of 'disability'?

When a drink driving offender appears in court what is the content of any records which are produced?

As well as discussing the educational options which might be employed with offenders and how those who are a very serious risk might be identified, Guides should also discuss the routine sanctions available to courts. Exactly what penalties does the law prescribe and how are these interpreted and applied at the local level? The level of sanctions in a locality and variations between areas are important issues in a local prevention strategy. What sanctions do local prevention workers think appropriate and why?

What, exactly, is the range of sanctions prescribed for the offence of drunken driving in your country?

Are there wide local variations in the way these sanctions are applied and, if so, is this acceptable?

In many countries there are local groups which are particularly interested in ensuring that drunken driving penalties reflect the seriousness of the offence. Some press for charges of manslaughter against drunken drivers who kill, campaign for the reduction in the allowed blood/alcohol level toward zero, stress that bail should be allowed after a positive breath test only on condition that the driving licence is surrendered until the case is heard, agitate for speedier hearings and argue for victims and their families to be allowed the same rights of appeal as are usually granted to offenders. All these and others are issues to be discussed and considered at the local level. In some, local initiatives may be possible, depending on the scope of current legislation or degree of local autonomy.

Have any official reports in your country examined such issues?

Are there any groups in your country which are pressing for reforms along these lines which you would want to identify and describe in your Guide?

Does current legislation or the degree of local autonomy in your country permit local initiatives in any of these areas?

Suggested structure for:

Chapter 9. Alcohol and the Law

9.1 Alcohol Education in Professional Training

- i The police
- ii The judiciary
- iii Probation and other law workers

9.2 Public Drunkenness

- i The scale of the problem and the legal framework
- ii Foci for local action
- iii Materials and sources of information

9.3 Drunken Driving

- i The scale of the problem and the legal framework
- ii Foci for local action
- iii Materials and sources of information

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