Communities Taking Action

Reducing Alcohol Harm in Africa

END ALCOHOL HARM

International
Blue Cross

Acknowledgements

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Developing a Prevention Project

About This Manual

This manual is a resource for people (professional and non-professional) who want to tackle alcohol-related problems in the community in which they live and/or work. It provides background information to ensure an understanding of the complexity of alcohol use and abuse and the various strategies that can be used to reduce the problems.

The manual then explains in a step-by-step way how to set up an alcohol prevention project that can reduce alcohol consumption and some of the negative consequences of alcohol use. A range of ideas are given and examples from real projects in various Southern African countries are included.

Introduction

Alcohol use and its consequences

Alcoholic beverages are consumed in many different contexts and for various social reasons in most countries. However, alcohol is a product that is different from many others. Although it is legal in most countries, it has a **toxic effect** on the body and can lead to intoxication. If alcohol is taken regularly the drinker can become addicted to it and dependent on having it regularly and in increasing amounts. The **behavioural, physical** and **cognitive problems** of using alcohol can lead to **medical, psychological** and **social harm** (*see diagram on p 6*).

The commercialisation of alcohol has developed to such an extent that employment has been created through agriculture (grain and grapes), alcohol producers, restaurants, pubs and shops. Developing countries, especially in Africa, are being targeted as growing markets for the international alcohol industry. African countries, due to religious, cultural and socio-economic factors, show high abstinence rates. In the last 5 years however Africa recorded a disturbing increase in alcohol consumption of more than 25.3% while consumption has remained stable throughout the world (WHO 2011). Especially worrying: Africa has the world's highest rate of binge drinking at 25%! **The benefit of a growing alcohol industry does not match the harm the alcohol abuse causes**, especially in low-income countries. More harm than good occurs as there are many negative consequences to alcohol abuse. Alcohol should therefore be seen as a **harmful product in the context of development** at a country and local level.

There are differences in drinking habits between men and women in most societies, based on historical and cultural traditions. Generally more men drink alcohol than women, and of those who drink, men drink higher volumes than women. However, in many societies this is changing and **more young women are drinking as much as the young men**. The risks for women in drinking alcohol are higher than for men so this trend is of great concern.

Another issue of concern, especially in developing countries with young populations, is the **negative consequence** alcohol abuse by parents and other adults have **on children**. This may take various forms such as neglect, abuse and even encouraging children themselves to drink alcohol. The effects of alcohol on a child's development and behaviour is especially harmful.

The need for local action and projects

Since it is likely that alcohol will continue to be used by many people there is a **need for global, national and local control policies**, a **change in social norms** about alcohol, and **behaviour modification**. It is important to aim to reduce the overall number of people drinking alcohol and how much the drinkers consume in a community (reduction in consumption), as well as to reduce the potential for harm caused by those who do consume too much alcohol (harm minimisation).

We would like to propose **community level projects** that can be undertaken by concerned residents and project workers. The alcohol prevention projects can be designed so that the local community has the knowledge and power to **reduce the alcohol availability, improve the safety of the context** where it is consumed, and **reduce the uptake and risky patterns** of alcohol use. Within these strategies it is important to delay or prevent young people starting to drink and change harmful behaviours associated with alcohol use. In this way alcohol-related problems on an individual and social level will be gradually reduced, and the norms will be shifted to support non-drinking behaviour for those who do not drink and to safer drinking patterns for those who choose to continue to use alcohol.

Harm from alcohol abuse

Harm to the individual who abuses alcohol

- regretted sexual encounters
- reduced effective-ness of medicine e.g. antiretrovirals for HIV/AIDS
- organ diseases
- economic decline
- accidental injuries or death
- reduced employment
- alcohol dependence
- mental illness
- broken relationships
- suicide
- sexually transmitted disease e.g. HIV/AIDS
- violence
- alcohol poisoning

Harm from alcohol abuse

- violence
- reduced family income
- accidental injuries or death
- broken relationships
- social stigma
- fetal alcohol spectrum disorder
- long-term debt for hosting social/ traditional events with alcohol
- sexually transmitted diseases e.g. HIV/AIDS
- child neglect

Harm to others due to alcohol abuse

Key Concepts in Prevention

Alcohol, the Drinker, the Trade and the Environment

When it comes to reducing alcohol consumption in society, alcohol, as a product, should not be looked at in isolation. There are various components that also play a role such as the alcohol trade/industry, the environment and the drinker/person. These components interact and influence the level of alcohol consumption in society.

Alcohol	Drinker/Person
Environment	Trade/Industry

(Adapted from the STEP model by FORUT)

What follows is a description of the 4 components of alcohol use that need to be understood before planning any preventive projects.

Alcohol

- The contents and percentage of pure alcohol in the drink determines how strong it is and therefore how much it could affect the drinker.
- Legislation and health guidelines often refer to a standard drink. Each type of drink has a different strength (% of pure alcohol). A standard drink will therefore differ in volume according to the strength e.g. 340 ml of 5% beer, 120ml of 14% wine and 25ml of 40% brandy - each equals one standard drink and contains the same amount of pure alcohol.
- Homemade alcohol can be dangerous if left to ferment too long or if toxic ingredients are added.

The Drinker

- Alcohol affects people differently depending on how used to alcohol their bodies are, their body size and state of health.
- Some people become addicted to alcohol and cannot control how much they drink.
- Generally men process alcohol faster than women due to the composition of a woman's body.
- People behave in different ways after excessive drinking and some are aggressive, some happy, and some depressed. This depends on their personality, stresses, the context of drinking and cultural norms.
- People have different reasons for drinking alcohol, and this influences their pattern of drinking.
- Patterns of drinking:
  - Dependent (physiological addiction to alcohol)
  - Binge drinker (drink a lot at one time and get drunk but not addicted)
  - Moderate drinker (drink regularly without getting drunk)
  - Occasional mild drinker (one drink not often)
  - Abstainer (never takes alcohol).

The Trade

- The formal and informal trading in alcoholic products is a significant economic activity in most African countries, providing employment, exports, and taxes to the government.
- Alcohol industry advertising and promotions influence the image and culture around drinking, making it seem attractive and acceptable.
- The legal framework influences the extent of control over what is produced and sold, to whom, where and when.
- On the other hand alcohol-related harm costs countries huge amounts due to illness, injuries, violence, deprivation and deaths.
- Developing and trying to enforce liquor laws to control the abuse of alcohol is also costly to countries.
- The price of alcohol can influence how much people drink. In some places it is cheaper to buy alcohol than healthy drinks such as fruit juice and milk.

The Environment

- The cultural norms and religion in a neighbourhood have a strong influence on the age and gender of drinkers, and on the place, type of drink and amount used. This is part of the acceptability of alcohol use.
- The social context and place also influences whether people drink alcohol and how much.
- The availability of alcohol influences the pattern of drinking. The easier it is to buy alcohol the more likely it is to be used frequently.

See Developing a Prevention Project *(pg 18)*, for an illustration of how this model can be used to understand the challenges and analyse the situation.

Health Promotion Approach to Alcohol Problems

Health promotion is a complex process of changing attitudes and behaviours, as well as the environment, to support a good quality of life. This is done by focussing on improving the knowledge of the individual and the capacity of a community to create the conditions for healthy living. It's not just what the health professionals do but the responsibility of all people. The basic international document that sets out the key areas to guide health promotion actions is called the Ottawa Charter.

The Ottawa Charter of Health Promotion

This charter was agreed on at an international conference in Ottawa, Canada, in 1986, supported by the World Health Organisation. The Ottawa Charter has five basic action areas. We give examples of what these strategies can include when dealing with alcohol problems.

1. **Building healthy public policy**

   This includes having liquor laws and policies that stress harm minimisation; enforcement of laws; taxation of alcohol and tobacco products; alcohol advertising standards; codes of conduct for shebeens/pubs/taverns; local policies in schools and workplaces to cover alcohol use; public submissions to policy-making structures.

2. **Creating supportive environments**

   Includes making liquor outlets safer places; making food available in drinking places; having alcohol-free public events; providing resources and information on alcohol; having safe places for women and children; providing sport and entertainment locally as alternatives to drinking.

3. **Strengthening community action**

   Includes supporting local action research; accessing funding for local prevention projects; raising awareness about alcohol-related problems; planning strategies, motivating action and choosing options for action.

4. **Developing personal skills**

   Includes health education in schools, clinics and workplaces; life-skills training and peer support programmes; learning more about the effects of alcohol.

5. **Reorienting the health (and social) services**

   Includes providing education and training to nurses, community workers, and others about how to identify and help people with alcohol problems; educating generalist workers about alcohol; involving community members in basic health care; making rehabilitation services more available.

In this manual we will address all five Ottawa Charter principles through the various project ideas and examples. Building public policy to control alcohol use is dealt with first in the following pages as an overview. The information is based on evidence from various countries where alcohol problems are being tackled. The other four action areas of the Ottawa Charter are integrated into the project planning information and examples.
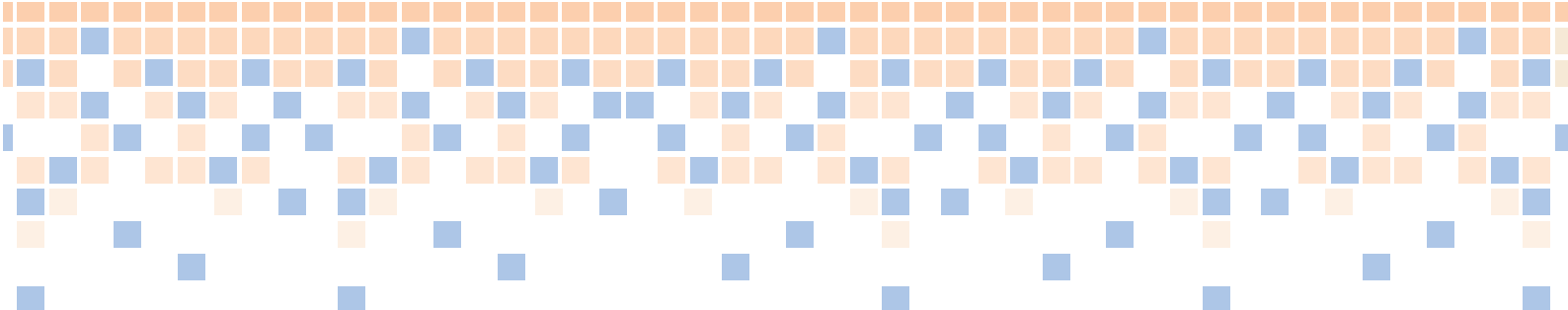
Policy strategies to control alcohol

One of the more effective ways to reduce alcohol consumption and its damaging effects, is to lobby government. This involves persuading government to develop policies (or national guidelines and regulations) which control alcohol consumption. These sorts of guidelines are called "good public policy" because they serve the wellbeing of the public. Some countries have seen positive results from policies like these, and knowing about these successes provides us with evidence for similar actions elsewhere. However, the success of policy strategies is always influenced by the drinking patterns in a particular country and alcohol production in that country (Babor et al, 2010).

Developing good public policy can help to reduce the harmful use of alcohol. However, such strategies work better if they address every step of the alcohol chain, from producing it to promoting it, distributing and consuming it. Such policies need to be applied to informal (e.g. home-brewed) and formal alcohol production, and to sales at a local, regional and national level.

Home-brew

Home-brew is very challenging to bring under control in the African context because of its attachment to traditional activities and ceremonies. For instance, in rural settings in Lesotho home-brew plays an important role to attract men and women to assist in communal activities. This is not considered as payment in the classical way of employed labour but as a kind of socialisation among the members of the community that participated in activities such as ploughing, harvesting or any other activity which is undertaken at community level. The producer of the home-brew, normally a woman, is assisted by other women in the same community.

What is meant by informal production and supply of alcohol? This refers to production and sale of alcohol which is not recorded, not licensed and therefore not taxed by government. Examples include home-brewing, unlicensed sale to businesses (or wholesale distribution), and alcohol smuggling into the country to avoid paying taxes. Home-brew plays a major role in social gatherings, cultural activities and small scale businesses; yet its production and supply is very difficult to measure because it is not produced regularly; it is made now and then, when needed. Traditionally home-brew was produced for social events and had very low alcohol content; its ingredients were also less harmful to consumers. Nowadays home-brewing has become an income-generating activity; it can have high alcohol content and dangerous ingredients.

The industry that produces and supplies alcohol is known as the formal sector: here the ingredients of their products must be made known and the alcohol content is listed on the packaging (ranging from 3% to 43% pure alcohol). Formal or industrial production is licensed, and the amounts of alcohol produced are recorded and its distribution is tracked.

It is important to recognise that the alcohol industry is firmly established in most countries and that it contributes large tax revenues to government. Strategies to reduce alcohol consumption may therefore be seen as a threat, because they decrease national revenue (income). The alcohol industry in Africa also supports government by investing large amounts of money in sports and other social activities, which governments cannot provide. Furthermore, many people are employed by this industry and their jobs cannot be easily replaced. Regulations imposed on the industry are therefore likely to be resisted; but one should remember that the alcohol and related industries often cause more harm than benefit to a country or community.

Below are a number of ways in which alcohol-related policies and regulations can be used to reduce alcohol consumption.

Taxation and pricing

One of the ways in which policies can control alcohol usage is through economic strategies, such as taxes and pricing. Licensed businesses pay taxes to government for the sale of alcohol products; but because of the burden alcohol places on peoples' lives and the country's economy (through rehabilitation services, lost workdays, illness), the industry must pay higher taxes. In some countries like Botswana, these extra taxes are reserved for rehabilitation services and alcohol-related control strategies.

Many of the policy strategies relate to how available alcohol is, so you will notice a theme of availability running through the strategies below.

- **Economic availability (Can you afford to buy it?)** – We learn from international research that making alcohol relatively expensive helps to reduce harm. Good public policies should aim to make alcoholic drinks more expensive than non-alcoholic drinks. As prices go up, most people cut down their consumption.
  Those who are alcohol dependent may not be put off by price increases. Instead, they will spend more of their income on alcohol, while other important family needs suffer. Another challenge is that high alcohol consumers may change to home-brewing because it is usually cheaper, and there are no regulations on production and content; their health may therefore suffer more. In spite of these challenges, increasing prices and taxes can decrease consumption and the harm it causes on a national and global (worldwide) level.

Control of physical availability

There is another way in which alcohol policies try to reduce consumption, namely through making it more difficult to get it.

- **Physical availability (How easily can you get alcohol?)** - This sort of policy is based on the understanding that if it is easy and convenient to get alcohol, the population will consume more, resulting in more alcohol problems. Where countries regulate alcohol availability, health, safety and public order have improved. Making changes to availability through retailers can be done in several ways – by banning alcohol sales (partly or totally), restricting hours or days when you can sell alcohol and regulating the age when a person can buy alcohol; it can also be effective to control how many retail shops there are in an area, where they are placed, and what kinds of shops they are. For example, laws that keep alcohol retail outlets far from schools, residential areas, work places and churches help to decrease consumption, especially by children.
- **Psychological availability (What is your viewpoint on alcohol?)** – A person's attitude towards alcohol can also influence how it is used. Your attitude can be influenced by traditional and cultural values, marketing or advertising of alcohol, the pressure you feel from your equals or peers, and your own self-control. For example, a person with a critical attitude to alcohol abuse is unlikely to consume much alcohol.
- **Social availability (What is the community viewpoint on alcohol?)** – In Africa, traditions of drinking home-brew and commercial alcohol are part of cultural events, such as thanks-giving to the ancestors, burial ceremonies, cleansing rituals, initiation into manhood, birthdays and weddings: this makes it socially acceptable. But this also makes it difficult to regulate when people drink, who drinks and where they drink without tampering with their cultural traditions and norms. A further problem is that some traditional norms, which used to restrict drinking amongst certain ages and gender, are no longer respected. This makes it a huge challenge to reduce patterns of harmful drinking in Africa, since most of this production is through informal means.

Changing the drinking context

Policies which regulate the context or environment in which alcohol is served are often effective. Alcohol is consumed in different places such as residential homes, licensed premises (taverns, bars, hotels, nightclubs, pubs and others) and at informal places (informal pubs, parks, beaches, cars, and camps). So, for example, banning alcohol in public spaces like beaches and parks is a powerful way to limit accidents and violent incidents.

Issuing licences to alcohol outlets is one of the main ways to regulate alcohol sales for drinking on or off the premises. When a trading license is issued, it comes with regulations or rules that guide the sale of alcohol in different kinds of retail business. The regulations include guidelines on health and safety and for how and when alcohol should be restricted: for example, staff may not serve an already drunk person alcohol; they may not serve an under-age person; and they should restrict consumers who cause trouble when drunk. These strategies are difficult to apply in informal settings where many of the alcohol problems arise, unless sellers themselves agree to follow a code of conduct to reduce local harm from alcohol. *(see example on p 40)*

There are other guidelines for modifying the context that aim to reduce consumption, for example, making sure there are soft drinks available on the premises and promoting them; offering food so that people can eat while drinking. Also, public drinking places can prepare for people who may become intoxicated, by using shatterproof glasses or paper cups, or employing security guards to remove trouble makers.

Preventing drunk-driving

The problem with drunk-driving is that it does not only affect the consumer but also innocent passengers, drivers in other vehicles or pedestrians, who become victims. Most countries have designed strategies to counter and reduce drunk driving in the form of laws and regulations. Usually these include a maximum blood alcohol level; above this, it is illegal to drive. The amount of alcohol in the blood can be tested through a breath test at the time of driving, or a blood test taken within a short time. This regulation is often enforced around holidays and festive periods but less frequently through the rest of the year. Common punishments for drunk-driving are fines, recording negative points on the driver's license, confiscating the driver's license, and even a jail sentence. These penalties are more likely to change peoples' behaviour if they are severe and imposed soon after the offence is committed.

It is a serious challenge to enforce measures like these which aim to decrease drunk-driving. In African countries there are often not enough police officers; poor salaries may also make officers open to bribes, and there is sometimes little or no equipment for breath tests (breathalyzers). However, alongside enforcing regulations, local campaigns can be started to encourage responsible driving. For example, at social events, one person in a group can agree not to drink any alcohol that night so that they can drive other members of the group home safely.

Marketing restrictions

Another way to influence alcohol usage is to regulate the way alcohol is marketed (or advertised). Marketing is the process of promoting the brand, quality and importance of a product to the customers or consumers. Sometimes marketing shows only positive aspects of a product and hides any negative aspects so that we are encouraged to buy it. To increase its success, marketing aims to find new consumers while keeping its old consumers. In many African countries, the alcohol industry has tried to influence policy making. This allows them to promote the message that alcohol is not generally harmful and that individuals who abuse it are special cases needing treatment.

Research shows that in Africa as in many other parts of the world, alcohol consumption is increasing among adolescents and young adults. Also, there is a decrease in consuming traditional home-brew and an increase in commercial alcohol usage. Worse still is an increase in the proportion of women who drink alcohol, many to the state of intoxication. These changes are driven by aggressive marketing strategies by the alcohol industry in order to find new alcohol consumers. New products have been developed for this market, such as sweetened and fruity beverages which appeal to some women and adolescents. Examples of these products are wine coolers, alcopops, and premixed cocktails.

Marketing alcohol includes advertising in the mass media - radio, television, billboards, cinemas - and through sports sponsorships. In this way alcohol brands are linked with powerful cultural and historical symbols. The attractive packaging and labelling also serves as marketing. Advertisements link alcohol with many positive ideals such as success, sportsmanship, endurance, manhood, relaxation, and with high social class; in this way, advertising aims to influence potential consumers to see it as positive. The industry is careful to avoid links between consuming alcohol and any negative results such as losing jobs, disagreements with marriage partners, violent behaviour or accidents, or poor performance at sports, in one's studies or at work. Potential long term damage to the liver and brain, and reduced social status are hidden in the marketing process. *(See diagram on page 6)*

One way to limit the growth of alcohol consumption is to restrict marketing: preventing the alcohol industry from advertising in the mass media reduces the chance of people wanting to try alcohol in the hope of relaxing or socialising. Banning advertising would help to reduce the exposure of youth to alcohol, and to wanting to imitate their role models who have been linked with particular alcohol brands.

However, banning alcohol marketing in African countries is likely to be challenging in situations where some countries share newspapers, radio stations, magazines, TV stations and other media with neighbouring countries. This is the case with the South African media which is shared by countries in the region. However, if a ban is imposed in South Africa there would be a positive result for the region.

Education and persuasion

Government should take the lead by introducing policies that require specific ministries to introduce educational interventions for different target groups. The purpose of this strategy is to provide mass information to the public about the negative effects of alcohol. This could change the way alcohol is seen and peoples' knowledge about alcohol and its risks. It could also change peoples' intentions to drink and drinking behaviour itself. It may help to reduce the number of incidents and their seriousness; and it could increase the public's support for alcohol restrictions.

Effective education must include school-based programmes covering the consequences of alcohol abuse and offering alternatives to drinking - such as sports, social skills and raising self-esteem to overcome peer pressure. Government policy, NGOs and local communities can ensure that these educational programmes are included in the formal curriculum at schools. The programmes should include teachers, parents and other community members, and have a long term focus.

Early intervention and treatment

The previous policy strategies relate to reducing alcohol consumption and the harm caused by alcohol across society. Early intervention and treatment relates to individuals who are at risk from alcohol or are already showing signs of alcohol problems. Government policies should support the provision of early intervention and treatment services, even if some are provided by private organisations or non-governmental organisations (NGOs).

Early intervention is meant to discourage individuals from starting to consume alcohol, or if they already do so, to use it in small quantities. In addition, early intervention is meant to inform people to look out for signs of potential alcohol problems, so that assistance can be provided.

Treatments range widely from "brief (or short) interventions" by a health provider to intensive specialised treatment; brief interventions are usually one to three short feedback and information sessions on the risks of continuing to drink alcohol as the person is doing. Their purpose is to catch people before they progress to risky drinking, by motivating them to drink in a moderate way or to abstain. Moderate drinking is drinking in a reasonable and non-harmful way.

For people with heavy or long-term (chronic) drinking problems, intensive specialised treatment should be available. This is for people who depend on alcohol and would experience uncomfortable effects (alcohol withdrawal) if they did not drink regularly. This sort of treatment promotes abstinence from alcohol, deals with underlying mental health or social problems, and tries to prevent a return to drinking (a relapse). Therefore as part of treatment it is also important to prepare the patient's environment to help him or her to avoid relapse. Self help and support groups can be another solution since they provide mutual support between people facing similar challenges in managing alcohol problems.

There are a number of treatments which can be provided for people who are dependent on alcohol. They include: a special kind of counselling which tries to motivate the person to change (motivational counselling); marriage and family therapy, and therapy which tries to change the way the individual thinks and behaves when it comes to alcohol (cognitive behavioural therapy). To avoid relapse aftercare groups and mutual help organisations can provide support.

In most African countries there are few treatment programmes and some are very expensive. Policies are also needed to prepare the health or welfare workforce for these tasks, and appropriate services should be integrated into existing health and social services. Those who work in health and social services need to be trained on alcohol abuse, as well as to identify people with alcohol problems using a set of prepared questions (a screening tool); in addition, they should be equipped with motivational counselling skills to provide effective out-patient support. The need for such skills would have to be written into training policies.

Developing a Prevention Project

A prevention project is an effective way to tackle alcohol-related problems in the community and combat the negative consequences of alcohol abuse and reduce alcohol consumption.

What makes a good Prevention Project

For a prevention project to be effective and have impact, it will have characteristics such as:

- **Needs-based -** It will be based on the needs of the target community. If it doesn't speak to the community's needs and culture it won't be supported by them.
- **Sustainable -** The project should be able to survive beyond the initial donor money, local investment by government or business. Fostering ownership by the community also ensures sustainability. Income generating activities could help to maintain funding for ongoing activities.
- **Replicable -** If a project is of such a nature that it could be replicated in other areas, it not only increases the chances of getting funding for it, but also enhances the chances of expanding the project.
- **Focused -** It doesn't try to be everything to everybody and the implementers don't 'bite off more than they are able to chew'. In other words the scope of the project is within the means and limitations of the implementing organisation.
- **Integrated -** It is able to integrate with other projects, programmes, or institutions that it shares synergies with or can compliment these projects or programmes. It doesn't reinvent the wheel, but builds on that which already exists and works.

The Project Life Cycle

When it comes to planning a project it is important to plan for a full project life cycle. The following are steps in creating a prevention project:

- **Phase One: Understanding the Challenge (Situation Analysis)**
  1. Understand the issue and environment
  2. Define the problem
  3. Identify stakeholders
  4. Link with possible role-players and partners

- **Phase Two: Deciding What to Do (Planning Interventions)**
  5. Mobilise support
  6. Identify target problems and needs
  7. Plan action

- **Phase Three: Putting Plans into Action (Implementation)**
  8. Train local staff and volunteers
  9. Engage local participation
  10. Implement action plan
  11. Continuous monitoring and evaluation

Phase One: Understanding the Challenge (Situation Analysis)

For any project the first step is to understand the situation. In other words - the factors, reasons and mechanisms that influence why people drink or take drugs that leads to increased consumption. Determining these factors and understanding the challenge you are faced with is an essential and crucial step, as the project will be based on the information obtained from this exercise.

1 Understand the Issue and Environment

Prepare yourself with basic information on prevention of substance abuse. Learn how to understand the context of alcohol problems by doing some local action research. This will help to get a better understanding of the environment and the issues at hand.

Basic information on prevention and substance abuse

Read the introduction and key concepts of this manual and share your understanding of the issues with others who are interested in understanding the use of alcohol and its consequences in your community.

There is a wealth of information available on the internet, but here is a helpful resource to start with:

- www.add-resources.org/curriculum. In this Alcohol Drugs and Development Curriculum you will find recommended literature for a basic introduction to the issue of substance abuse as a development issue.

Analyse the Situation

In most cases organisations do not have the resources to conduct an extensive analysis or to produce a big scientific report. The solution is to gather data that already exist in a way that is possible for your organisation, by looking at existing research and documentation (reports, official statistics, etc) and capturing experiences from your target groups, your partners, field workers, local government etc.

There are various ways to analyse the situation and get the bigger picture of the role alcohol plays in the target society.

If you are involved in an action project then it is useful to undertake a situation analysis which looks at Alcohol itself, the Drinker, the Trade, and the Environment.

Alcohol · **Drinker/Person**

Environment · **Trade/Industry**

(Adapted from the STEP model by FORUT)

Alcohol - What are the characteristics of the alcohol commonly being used - types and percentage alcohol (beer, brandy, wine, home-brew etc); type of packaging; how it is mixed with other drinks; sweetness; other ingredients (concoctions), etc.

Drinker - The personal characteristics of the user. Who are the users in terms of age; gender; pattern of their drinking; behaviour when drinking; reasons for drinking; health status, geographical areas, etc.?

Trade - Economic aspects of alcohol abuse - Who are the producers of alcohol? How and where is alcohol sold? What is the price of the alcohol, and how does it compare with other beverages? Who buys alcohol? How much do they spend? Who is profiting from the production and distribution of alcohol, advertising exposure etc. How available is alcohol? Are there any local or national alcohol policies that control alcohol types and availability?

Environment - What does the social context look like where alcohol use is taking place? What are the values, traditions, norms, peer pressure, etc. In what settings does the substance abuse occur? Times? Places? Social situations? How often? Who else, besides the users themselves, are suffering from the alcohol abuse?

What is the attitude towards alcohol consumption by different people in this community?
How acceptable is it to drink alcohol and to get drunk – for men, for women, and for youth?
What are the beliefs and practices that help to limit people using alcohol in excess?
Are there historical and existing factors or social, cultural, economical or personal factors that influence alcohol use and abuse?

Are there policies or guidelines that aim to support people to access treatment and support if they need alcohol abuse rehabilitation?

What are the commonly experienced alcohol-related problems in terms of health, social, etc. – for the users themselves; for their family; for friends, colleagues, neighbourhood; for the local community; for society at large?

What information is available that measures these problems?

Gather as much information as possible on these determinants. This can be done by first simply writing down what you already know on the various determinants, speaking to partners, then doing some local action research and collecting information.

Local Action Research

It is always a good idea to involve the community in collecting information from the start. By doing this it not only stimulates people to action but creates a sense of ownership of the programme, project or action. Doing some local action research means just that – finding out about what is going on locally in order to decide on what action to take. Talk to the community, your partners, target groups, field workers, government institutions/departments, etc.   Research the knowledge, attitudes and practices of certain target groups as a way of making sure that interventions suit these groups of people. The place to start is with issues that are of most concern to local people, through the process of local action research:

- Collect information about alcohol-related harm relevant to the people concerned, and how serious the problems are.
- Analyse the situation and the links between the trade, alcohol, drinkers and environment.
- Use this information like a mirror with community members. Once people realise how many young people are getting injured or killed on the roads, for example, or how many damaged babies are born, they may be motivated to take action.
- Research results can be useful in lobbying for change. They provide the evidence to convince the public, or the authorities, that action should be taken.

This is an example of children in India who took it upon themselves to do some local action research......

Children as Researchers

Rights – Based Research by Children

(The Concerned for Working Children June 2008, Bangalore, India)

Alcohol abuse was a way of life and a major issue in a small Indian village called Keradi. Women and children suffered due to alcohol abuse. Liquor was sold by licensed vendors, and also by vegetable and grocery shops, on bicycles and under the trees. Children of Keradi talked to each other and decided that they had to find a solution to this difficult problem!

In the monthly Task Force meetings with the adult members of their Panchayat (area), the members of the Children's Committee pointed out several times that there were too many arrack (local liquor) shops in the village. Their demand was not listened to by the adults. They realised that 'lack of appropriate information was the cause of our failure'. The children agreed that the only way to deal with the issue was to have information about the problem of alcohol. As the first step, children discussed the alcohol problem in their meetings. They identified it not only as an individual or family problem, but also as a community problem, affecting the entire village. They also collected several case studies of drunkenness and the problems caused as a result in the village.

They then decided to collect information on the number of people who drink and the amount of money that was spent on alcohol. They decided to pretend to do a village cleaning campaign so they could clean the surroundings of the main 'arrack shop' in the village and count the number of arrack sachets that had been thrown away during one week. They also made sure their counting included a festival day and a Saturday, which was the payment day for all the factory workers and labourers. They calculated the average of all the 7 days' count. They found that an average of 300 packets of arrack was consumed per day. A packet of arrack costs Rs. 11.00. This worked out to Rs.99, 000.00 per month and Rs.11,88,000.00 per year. This was a huge amount for only a small village with a total population of about 400 to 450 people.

At a community gathering the children presented their findings. The Taluk Panchayat members, the head-master, teachers, other invitees and the entire village were shocked by the information. What was most shocking to the adults was that the amount of money going down the drain due to alcohol consumption was almost 3 times that of the Annual Budget of the Panchayat!

The adults felt ashamed that they had not been aware of these facts that had been brought to their notice by children. There was agreement to demand that the concerned authorities take the matter seriously and take immediate action.

The Panchayat took a decision that all unlicensed sale of alcohol would be stopped. No more sales through vegetable shops, on bicycles or under the trees! As an outcome, all the unlicensed selling was completely stopped; and, knowing the extent of money that they were wasting, most adults cut down their alcohol consumption! Today there are no alcohol shops in the Keradi Panchayat!

This study by children in a small village formed the basis of their advocacy to influence not only their Panchayat but many neighbouring Panchayats as well.
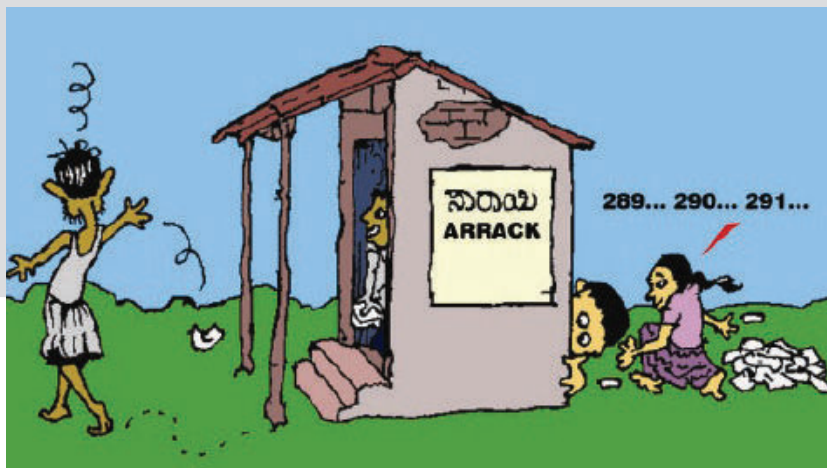
Collecting information

To help with your thinking and planning, here are some practical examples of how to find and use data and statistics, and make them part of the local action research.

Sources of statistics

There are many places to collect information. Some of it might be anecdotal, but it can still help to build up a picture of what is going on:

- **Hospital or clinic records** – local hospital emergency department or local clinic might have figures on alcohol-related cases.
- **Police records** – ask the local police what information they can give on alcohol-related crime, incidents at local shebeens, etc.
- **Schools** – ask the local principal how many children suffer from alcohol problems at home, get figures on school attendance, incidents due to alcohol abuse, etc.
- **Road Traffic Authority** – they know about motor vehicle accidents and how to reduce them.
- **Newspapers** – collect clippings of relevant stories in local newspapers.

2 Define the Problem

Having gone through the process of understanding the issue and the environment and collecting information, you will be in better position to define the problems you have discovered in a more precise way. Make an assessment of which determinants are the most important and which are less influential, as well as which can be influenced by the actions of your organisation.

If you are working with a development organisation, with the intention to integrate alcohol prevention in your projects and programmes, you will need to do additional work, even if the new alcohol-related activities are integrated into your already existing programmes. It would be worth discussing and considering how much time and money are you prepared to put into a preliminary assessment of the problem and later on possible interventions.

3 Identify Stakeholders

A Stakeholder is a person, group, organisation or system who affects or can be affected by your organisation's actions or projects and shares an interest in your work. They would include supportive stakeholders and resistant stakeholders. Ask yourself which groups, institutions and individuals are involved in or affected by the alcohol abuse problems?

Some examples could be:

Supportive Stakeholders

- Their families and relatives
- Third parties affected by someone's drinking
- Schools
- Users of alcohol
- Village or local community
- Government institutions
- Professional associations
- Various NGO's and advocacy groups (substance abuse related and non-related) in favour of alcohol controls
- Health & welfare system
- Law enforcement officers
- Business support groups
- Other professions
- Media
- Churches
- Other groups?

Resistant Stakeholders

- Users of alcohol
- Those with vested interests in production, distribution and sale of alcohol
- Various NGO's and advocacy groups (substance abuse related and non-related) in favour of alcohol trade
- Advertising agencies
- Sports teams sponsored by alcohol industry
- Tourism businesses
- Law enforcement officers who are corrupt
- Other groups?

It is important to identify the supportive stakeholders as they may have a stake in the project and could be involved where appropriate such as part of the Project Steering Committee. You need to be aware of the intentions of the resistant stakeholders as they may try to block your project plans.

4 Link with possible Role Players and Partners

It will be important to identify and link with role players and possible partners who could join hands with you in implementing the prevention project.

Some examples could be:

- NGO's related to substance abuse but also those not related to substance abuse but which could be instrumental in prevention activities, e.g. a NGO working with income generating activities.
- Churches, community based organisations (CBO's)
- Community leaders, indunas, chiefs
- Social groups: women, students, youth
- Parent/teachers councils
- School governing bodies
- Local and national government
- Medical community: doctors, nurses, etc
- Police and law enforcement agencies
- Resource persons in local government, the scientific community, etc
- Media persons
- Other…

Phase Two: Deciding What to Do (Plan Interventions)

Once you have an understanding of the role alcohol plays in the target society and the challenges at hand, you are in a better position to decide what interventions your prevention project will focus on.

Here are some basic steps to follow when deciding what to do, further detail will be discussed in follow-on sections:

Basic steps

- Mobilise support and establish a local action group.
- Share the information from the situational analysis with others in the community.
- Work out together what are the main problems and the gaps in resources.
- Draw up suggestions for action, list the options to choose from.
- Discuss the benefits and drawbacks of different options to choose from.
- Make some decisions on what action to take and write these down to show what you hope to achieve – objectives.
- Decide who will do what, and when – project plan.
- Make a note of what happens, watch for changes (monitor and evaluate).
- Invite the media to take an interest.

REMEMBER!
You need to tap into the concerns and the support of community leaders, influential people, and ordinary people.

Keep people informed all along the way!

5 Mobilise Support

When addressing problems and needs that affect people, it is important to take local concerns into consideration but also to involve stakeholders and role-players in each phase of the project action. It has the effect that people take ownership and contribute to the sustainability of the project in the long run.

Establish a local action group / task team

In addressing community problems, it is always a good idea to join forces with partners from various sectors and form a local action group. A group like this could exist of various stakeholders and role-players who have the well-being of everyone at heart, such as those mentioned under *point 3 & 4 (p23 & 24)*. It is important to link up with organisations that share synergies with your organisation. A group of no more than 10 people representing the community and different organisations or issues is ideal. These people should be committed to local alcohol prevention work.

The strength of a local action group lies in pooling the various perspectives, expertise, resources and networks of its members to plan and implement the project.

The information collected under Phase One (Understanding the challenge p17-24) can be used as supporting data when visiting stakeholders and role-players to stimulate their interest and get their support.

Stimulating action to get people going

It can be difficult for people in a small community (living close together in a village, informal settlement or on a farm for example), to take strong action about alcohol. They might be accused of being bossy or try to take away other people's fun, or even be threatened with violence. It might take a crisis, or the involvement of an outside organisation before any action can happen.

Overall, there are two main methods of stimulating action. The first is the use of an existing crisis or event that really concerns local people. We call this a 'spark topic' – something that sparks people up. The second way of getting people going is to organise local action research to identify needs and get a picture of the situation – *see p19*

Spark topics

Spark topics are the things that people get worked up or emotional about. A recent incident – like a car accident or a violent assault due to intoxication – can be a spark topic. When a tragedy occurs people feel like doing something about it. Usually things around alcohol that upset people are to do with peoples' behaviour or the effects on health. Once you start talking with people in a community about drinking, spark topics are the issues that come up.

If a community is concerned about something that's happened, you can help them to use this energy in a practical way. You can use the example of an incident for discussion in a meeting or workshop. Ask participants to analyse what happened in the incident: What happened? Why did it happen? Can we relate to it? How might it be prevented in future? If it triggered action, how was the action triggered?

Ask participants to contribute ideas about what other issues or events could spark concerns and motivate action.

6 Identify Target Problems and Needs

If you are working with a local action group, find out what people get upset about, and what they will tolerate. Looking at local attitudes helps you to avoid just criticising the drinkers. The focus should be on the well-being of everyone. Sometimes people who drink are not included on committees or groups. You should make sure that both sides have their say – drinkers and non-drinkers.

Below are some examples of activities to do during one of the first local action group meetings, which will stimulate dialogue about alcohol, its role in a community and the harm it causes. The content of the dialogue will highlight pressing problems and needs:

• Brainstorm words for drink and drinking in local languages
• Debate the good and bad things about drinking
• Brainstorm the role of alcohol advertising
• Share other peoples' stories
• Describe the image of alcohol and its use in different age groups

These activities may lead to more detailed discussion of local problems related to alcohol. The following can be used to guide discussion on local issues.

Make a list of the things members identify as problems with drinking alcohol in their community such as:

• Physical effects, illness, lack of dignity?
• Neglect of work activities?
• Neglect of families?
• Violence?
• Affect on young children?
• Spending too much money on alcohol?
• Stealing to support a habit?
• Noise from drunks, no sleep?

Finally identify which problems are most important to the members that can possibly be reduced by local prevention actions.

7 Plan Action

Draw up suggestions for action

Once you have identified the main problems, you need to decide on the target group/s, target area/s and target aspects and what actions to take. Members of an action group need to have some options to choose between. They need to know the pro's and con's of different actions. You can lay these out for people at a public meeting for discussion. When there is agreement on the action to be taken, each step that you hope to achieve needs to be written down: these are your objectives. Then you need to list the activities to be done to achieve those objectives.

Some actions can be planned to **reduce consumption** so that people don't drink at all, or only drink a little. Other actions can be planned to deal with those who continue abusing alcohol so that their intoxication is not harmful to others or themselves - **harm reduction**

Alcohol consumption · · · · ▸ Intoxication · · · · ▸ Potential harm

Reduce consumption   Harm reduction
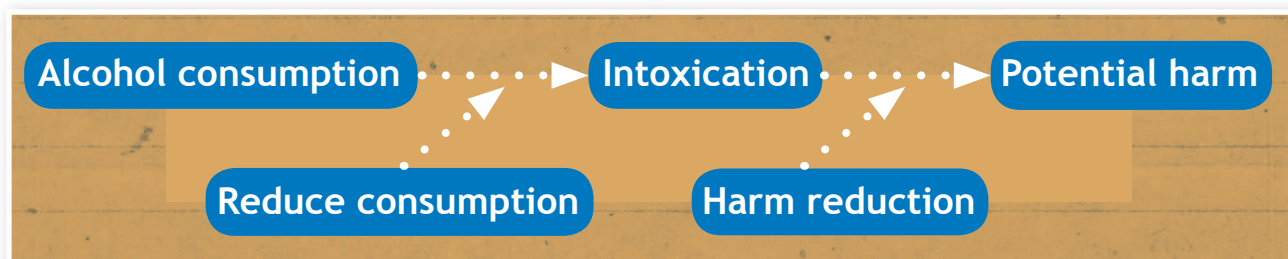
It is ideal to have interventions that have a balance between:
• supply reduction
• demand reduction
• harm reduction

Objectives could include some or all of these (as proposed by D Samarasinghe, in 2005:68):

• Reduce the attractiveness of the image of alcohol
• Improve understanding by everybody of the real harm from alcohol use
• Encourage quitting or reduction of use, or change in patterns of use
• Counteract forces that promote increased consumption
• Prevent the 'alcoholisation' of all social events and activities
• Restrict availability of alcohol, and
• Encourage the implementation of useful policies, locally and beyond.

The main strategies that can be used in the action areas are: mediation (negotiating between stakeholders); advocacy (lobbying for change); and enablement (capacity building).

Allocating responsibilities for tasks

You may want to form sub-committees to work on different objectives, or have particular people take responsibility for them. It needs to be clear what each person will do, and when they should report back. Keep minutes of these discussions.

Fund-raising

Continuously look for opportunities to raise funds and apply for funds from local, governmental and donor sources. This may be essential to the sustainability of the project, although a lot can be done by volunteers with limited resources.

There are many sources of funding. It will be necessary to write a proposal about your planned project to give to any potential funders.

Community-based programmes tend to be more successful if they have funds to:

• pay a co-ordinator
• fund transport and meeting costs
• cover media and communication
• cover costs of training programmes

Watch for changes

You need to know if and where your activities have an effect. To evaluate the outcomes of the interventions, you need to plan the monitoring and evaluation from the beginning, by identifying indicators that can be monitored throughout the project. Finding out if anything has changed means you need to choose indicators that respond relatively quickly. For example, you would not choose to monitor the number of people developing cirrhosis of the liver. This disease takes years to develop and will not respond to short-term changes in consumption of alcohol.
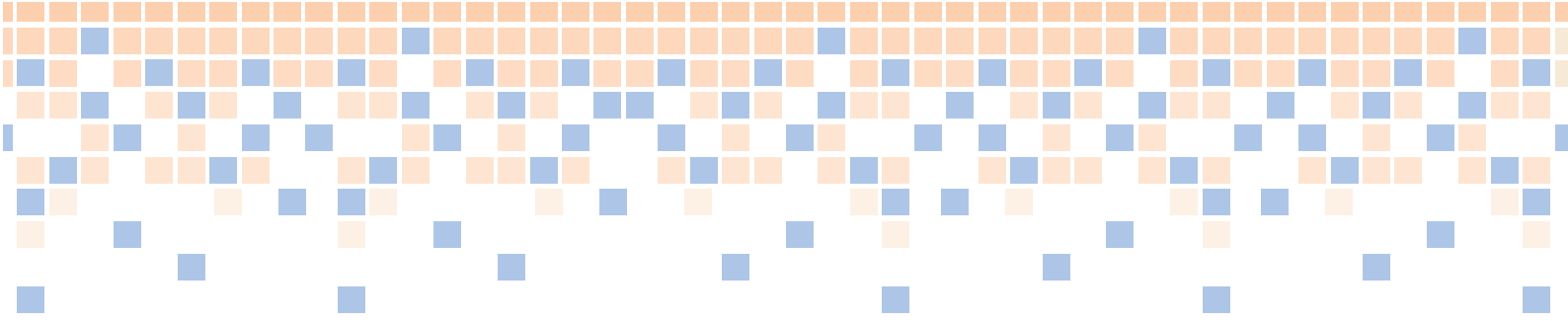
To make this easier, think of these three kinds of indicators:

- **Public order** – public drunkenness, brawling, assaults, etc. Do the numbers decline?
- **Health and well-being** – alcohol related injuries, illness, expenditure on food, attendances at school, etc. Do these improve?
- **Economic activities** – such as liquor sales, absenteeism from the workplace, impact on tourism, more money being spent on food. Are more people turning up for work?

One way of getting a plan up and running, and keeping an eye on progress, is to draw up a simple project plan – a table of actions.

Here is an example: *(Refer to monitoring and evaluation for a completed example p45)*

Project Plan

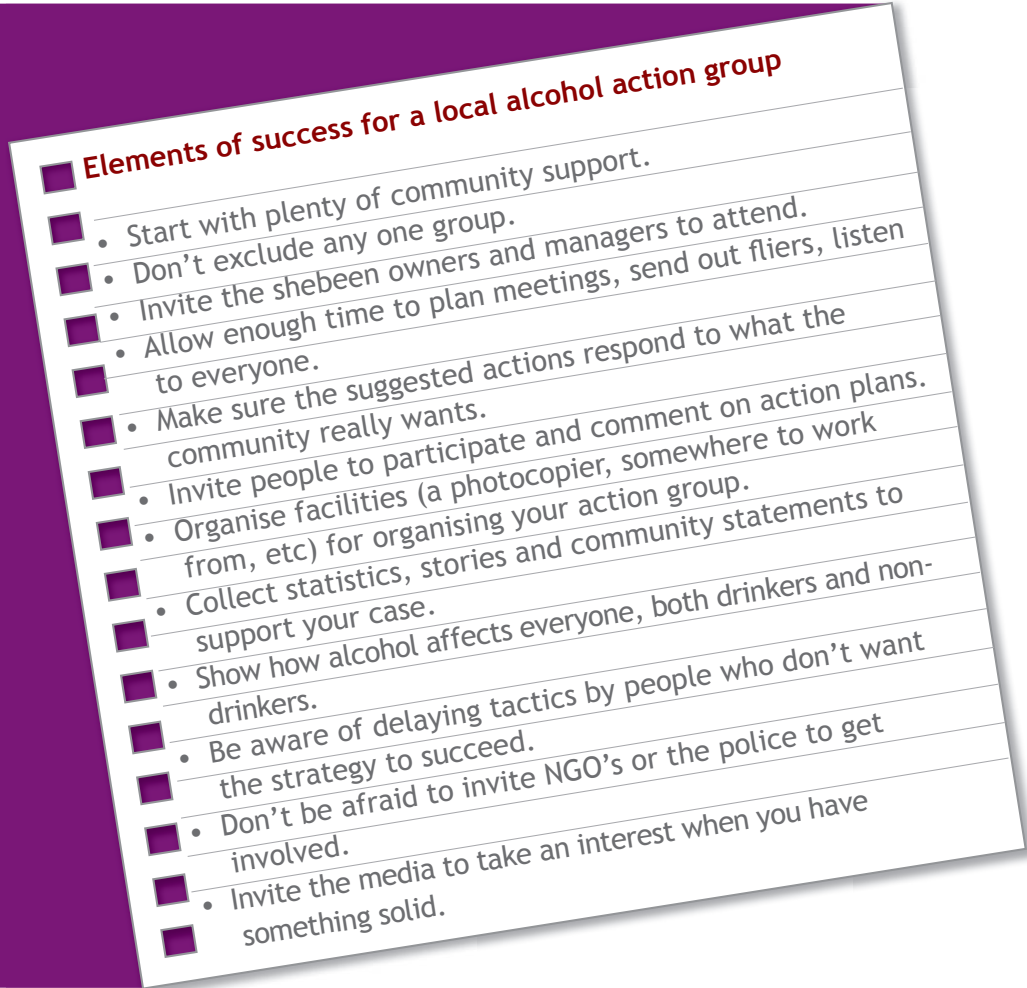| SETTING				
Objectives	Activities	Indicator	Measures	Time frame
What you want to achieve	How you will do it	What will indicate change	How will change be measured	By when

Learn from others

It is helpful to look at what others have done and learn from their mistakes and successes.

One action group (from a rural town in Australia) listed the things that helped to make their action plan work. Their aim was to cut down on harms resulting from the existence of too many liquor outlets in their town. This is their list:

Elements of success for a local alcohol action group

- Start with plenty of community support.
- Don't exclude any one group.
- Invite the shebeen owners and managers to attend.
- Allow enough time to plan meetings, send out fliers, listen to everyone.
- Make sure the suggested actions respond to what the community really wants.
- Invite people to participate and comment on action plans.
- Organise facilities (a photocopier, somewhere to work from, etc) for organising your action group.
- Collect statistics, stories and community statements to support your case.
- Show how alcohol affects everyone, both drinkers and non-drinkers.
- Be aware of delaying tactics by people who don't want the strategy to succeed.
- Don't be afraid to invite NGO's or the police to get involved.
- Invite the media to take an interest when you have something solid.

Phase Three: Putting Plans into Action (Implementation)
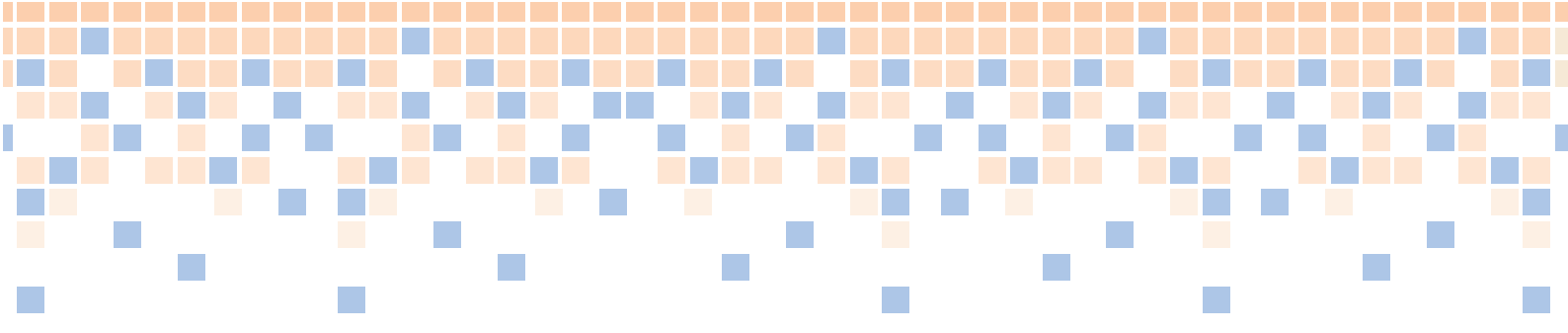
8 Train Local Staff and Volunteers

Local staff and community members may not have thought about the size and nature of the alcohol problem in their community and need to be educated about the cause and effect of alcohol abuse before they can learn about how to reduce the problems. Short training sessions, of a day at a time, can be effective if the focus is on a few key issues, strategies and skills for making a change.

The focus of training will depend on the objectives of the project and activities to be carried out. It is important that as many team members as possible understand the alcohol problems and have a commitment to the process of changing norms, values and patterns of alcohol use in the area.

Capacity building partnership for Lesotho Blue Cross with the International Child Development Programme

Blue Cross Thaba Bosiu Centre (TBC) was established in 1991 as an organisation responsible for the reduction of alcohol and drug abuse related problems in Lesotho. It was recently found that many of the children who abuse drugs and alcohol have poor relationships with their parents or carers. Family therapy also revealed that children of the adult users of alcohol and drugs suffered neglect and proper guidance and resorted to drug use. This shows a vicious cycle of alcohol and drug abuse hence it became critical to TBC to put something in place in closing that gap of communication and support between adults and the children.

In 2009 a partnership between the Thabo Bosiu Centre and the International Child Development Programme (ICDP) began. The approach of ICDP is to "bring out and sustain good quality interaction between caregivers and their children by raising awareness of caregivers about their children's psycho-social needs and by increasing their emphatic ability to respond to these needs; it promotes in a caregiver a positive conception of their children so that they can see, identify and 'feel with their children' adjusting their caring actions to their children's initiatives. Empowering parents and caregivers on ICDP at the primary level in turn contributes to reduction in youth being introduced to alcohol and drugs. When the relationship between a caregiver and the child is affectionate and warm, it gives room for a deeper and more sustainable basis for care and this provides for a trusting base for the child to open up to the parent about any challenges that he/she comes across".

Over two years 18 people from Thaba Bosiu Centre and partner organisations were trained by ICDP as facilitators and are now able to apply the principles of carrying out child-centred support into their work in the prevention and treatment of drug and alcohol-related problems in their communities. They are able to facilitate a 12 session group programme with adults to enable them to have supportive and understanding relationships with the children in their care. Four of the facilitators received further training and qualified as ICDP trainers. The principles they learnt have been adapted to the Basotho culture and positive results are evident.

9 Engage Local Participation

Projects will only be successful if ordinary people participate and support project objectives. One of the roles of the action team is to explain the objectives and action plan to relevant people and encourage them to contribute time, expertise or funding to the activities. Their participation needs to be acknowledged and valued during the activities and they need to receive feedback on the progress of the project. Their ideas and expectations also need to be taken into account as they could possibly help to improve or redirect some of the project plans.

Awareness of the project plans should be made known in the community so that broad understanding and support can be achieved. It will then be more likely that any new local policies or services aiming to reduce alcohol problems will have a better likelihood of succeeding. Ideas for awareness raising include short newspaper articles or advertisements in local papers, radio interviews or announcements in local radio stations and announcements in public places such as schools, churches and community meetings.

10 Implement Action Plan

The action plan will have key activities that need to be done by specific staff or community members in particular places or settings. Each sub-group needs a co-ordinator, some resources and possibly some training on how to carry out the activities.

These sub-groups should meet regularly with the main action team to report back on progress and discuss any problems or need for change in the strategy.

Where possible new people should be invited to be part of a sub-group as the activities grow in their reach within the community.

People who are well known and are respected within the community should be invited to play a key role in some activities or at least express support for the prevention activities.

Success in small parts of the project should be achieved first. Guard against doing too many activities too quickly. Try to repeat the successful activities throughout the area and ensure that the gains are sustainable.

A lot can be achieved to reduce the harm from alcohol by introducing specific strategies in different places in the community. The strategies may all aim to reduce the consumption of alcohol and the harm that can result from abuse, but the activities undertaken will be different and the participants may also be different e.g. school-based educational activities will focus on adolescents, while controls in drinking places will focus on adults in venues where alcohol is sold.

Generally a local action committee should try to combine a few different interventions at the same time so that the social norms around the use of alcohol can be shifted towards higher levels of abstinence and less harmful patterns for those who do drink alcohol.

What follows are some examples of interventions illustrated by a project from a developing country:

- Mass media awareness raising *pg 35*
- Youth skills and alternative entertainment *pg 36*
- Screening and counselling by health and social services *pg 38*
- Safer drinking places *pg 39*
- Self-help and support groups *pg 41*
- Local control policies *pg 42*
- Alternative livelihoods *pg 43*

Mass media awareness raising

The influence that visual and auditory images and messages have on people can be considered part of the environmental factors which influence attitudes, values and habits concerning alcohol. In the same way as the media is used to promote the sale of alcohol by producers, there is the possibility of using it to promote responsible drinking, and even to shift the norms of acceptable drinking towards more cautious drinking or none at all. While the media can have limited impact in achieving behaviour change, it can:

- Provide knowledge, and increase awareness of a health problem and its solutions;
- Contribute to changes in knowledge, attitudes and behaviour;
- Demonstrate skills;
- Role model positive health behaviours;
- Link people to resources;
- Set an agenda and bring issues to centre stage in public;
- Contribute to the creation of a social climate that supports both individual and collective action;
- Generate public support for healthy public policy initiatives.

(Coulson et al, 1998:117)

To plan a media campaign it is better to use more than one medium so that a person is likely to see or hear the message more than once and in different ways. The action committee needs to consider the following aspects when deciding on what to do:

- What is the main message to be communicated, or a series of messages?
- Who should be the main target group(s)?
- What is the best medium/media to use to reach the target group(s)?
- What image(s) and champions should be used to carry the message?
- How much will it cost and do we have the funds?
- How long should the message be carried for?
- What other activities will take place in the community at the same time as the media campaign?
- How will we measure the effectiveness of the media messages?

Although we do not have sufficient space here to go into any detail on developing effective media, it is worth at least considering the range of media one can use, and the fact that media can sometimes be used in combination:

- Posters and pamphlets
- Newspapers and magazines
- Newsletters and journals
- Drama, puppets and live media
- Radio and community radio
- Murals in public places, billboards and media on commuter vehicles
- Videos
- Television
- Personal media such as stickers and t-shirts
- Social media like facebook and sms

Youth life-skills and alternative entertainment

Adolescents from a young age are exposed to alcohol either at home, friend's homes, at parties or in public venues. Since they are in the life stage of experimenting and there is peer pressure to be daring and try things such as drinking and smoking, they need to be equipped with knowledge and skills to make health-promoting decisions.

Although evidence for the effectiveness of school-based educational programmes on substance abuse is difficult to collect, there is broad agreement that the programmes should include life-skills building and access to alternative entertainment, and not just knowledge of the dangers of alcohol.

Educational sessions at schools need to be designed so that students are encouraged to participate in discussion about what alcohol does to a person, what the risks are (lowered social judgement, regretted sex, accidents, aggressive behaviour, etc), and what the long term harms could be. In addition the students need to be challenged to think about their own values and decisions around trying alcohol, and to build confidence to resist peer pressure to use alcohol at all or in excess.

Many young people drink alcohol because it seems fun and they don't have any other form of entertainment or sport to focus on. So, besides raising their awareness of the dangers of alcohol use, providing alcohol-free entertainment, sports and adventure opportunities will contribute to reducing the possibility of using alcohol. Young people and parents should also be encouraged to participate in activities that encourage parental bonding.

School awareness creation & capacity building projects – Namibia & South Africa

Blue Cross Namibia and Blue Cross South Africa both identified the youth as a vulnerable section of society when exposed to alcohol. Even though the legal drinking age is over 18 years, it was found that many school-going children engage in various forms of drinking. This could be attributed to:

• being in an experimental phase of life,
• a lack of after-school alternative activities and sport,
• peer pressure.

Therefore it was decided to target the youth between 13 and 18 years.

In collaboration with the Department of Education, Blue Cross started a project engaging the youth at targeted schools. During school hours there are allocated time slots during which Blue Cross facilitators create awareness of the dangers of alcohol and drugs, develop life-skills especially in the areas of self-esteem, resisting peer pressure and informed decision-making. An interactive teaching method is used. Through activities such as role playing, debating, storytelling, art, etc. the children are encouraged to engage in the capacity building process.

Furthermore, Blue Cross developed after-school activities, such as drama, dance, chess and sport activities such as soccer. These provide constructive leisure alternatives to drinking.

In the case of Blue Cross Namibia, young adults were recruited to deliver this project to the schools. The youth relate and engage well with them, and the young adults have the enthusiasm and lingo to keep up with the youth.

In the case of Blue Cross South Africa adult educators were recruited. These educators bring with them life experience, motivation and commitment and build trusting relationships with the children.

Blue Cross South Africa expanded its work to reach other role players such as parents, by hosting parent awareness raising meetings and training events. The Blue Cross educators, together with the life orientation teachers in the schools they work in, were trained in motivational interviewing. The life orientation teachers from surrounding schools and other relevant role players, were trained in methods of discussing and addressing alcohol and drug use in the community.

Girls clubs have also been established to provide a supportive environment where girls can discuss their challenges and build their self-esteem.

Screening and counselling by health and social services

Many people suffer from health or social problems as a result of occasional binge drinking (leading to accidents or assaults), or from dependent drinking (accidents, assaults, liver problems and other illnesses). These people may go to health or social services for assistance but often the alcohol is not recognised as the underlying problem. If more health and social services workers were skilled in using simple screening questions to assess if the person may have an alcohol-related problem then counselling could be done on the alcohol abuse.

Brief interventions on a one-to-one basis by a trained health or social services worker have shown to encourage people to cut down or stop their use of alcohol. The short counselling needs to be a discussion and not a lecture or blaming the person for the problem. They need to be encouraged to identify why and when they use alcohol and to plan how to cut down. It may be necessary to counsel a person a number of times to support them in cutting down or quitting alcohol use. Dependent drinkers or serious binge drinkers should be referred for more intensive counselling by a specialist service.

Alcohol abuse treatment and income generation projects in Lesotho

The Thabo Bosiu Centre in Lesotho has a well established treatment centre that offers rehabilitation services to addicts and counselling services to family members. This is the story of a woman who had a very tough upbringing and then suffered even more when she married a man who abused alcohol:

"My youngest child who is the only son was badly influenced by his father's drinking and he became a drunkard himself. I had a feeling in me that God created me to suffer because when my husband died, I still had my son's addiction to battle with. I learned about Blue Cross Thaba Bosiu Centre last year, this was at the right time because through counselling sessions, they helped us (my son and I) to understand my son's problem and prepared me to support him. I now understand what my contribution was in my son's drinking. Although my son is not yet sober, he has greatly reduced in his drinking and it is our hope that one day he will just call it quits."

Village health care workers have been given basic training on how to identify people with substance abuse problems, and how to refer them to outpatient clinics. They also know how to do brief interventions.

Safer drinking places

Rather than trying to educate every drinker on how and why they should cut down on alcohol use, the place where people drink can be adapted to support safer drinking patterns. The strategy involves getting the commitment from the owner and staff of the drinking place (formal or informal) to follow some guidelines in how they run their business. If many similar businesses in one neighbourhood take on the same "code of conduct', it is more likely to result in reduced harm from drinking alcohol in the neighbourhood and may lead to a shift in the social norms in the area.

The action committee should try to get commitment from businesses who are more likely to agree to the 'safer drinking places' guidelines first so that these owners may influence others to take on the same strategies over time. Some monitoring and positive acknowledgement of the efforts made by the owners towards reducing negative drinking patterns among their customers should be done.

Code of practice – example

A drinking venue, or a group of drinking venues, can have a code of practice put up on the wall. This is a statement of how the place should be run and will help to make it safer.

CODE OF CONDUCT

I undertake to cut down on the abuse of alcohol beverages and to promote responsible attitudes towards the supply, sale, promotion and consumption of alcohol beverages in my business.
I undertake to abide by the following practices upon signing the code.

1 UNDER 18s
o I will not supply under 18s with alcohol
o If uncertain of their age, I will request evidence of age

2 PROMOTING RESPONSIBLE DRINKING
o I will discourage the quick or excessive drinking of alcohol and will not allow promotions that encourage this pattern of drinking
o I will provide information about taxi and public transport to reduce drunk driving of cars
o I will make food and non-alcoholic drinks available

3 MANAGING BAD BEHAVIOUR
o I will guard against the supply of alcohol to already drunk people
o I will not allow bad behaviour or criminal behaviour by customers in my business
o I will respect people in the area and make sure they are not disturbed or disrespected through my business

4 PROMOTING RESPONSIBLE ADVERTISING
o I will not have any alcohol promotions in the form of advertising or promotions in my business

5 ILLEGAL AND STOLEN PRODUCTS
o I will not buy or supply illegal or stolen alcohol or other drugs
o I will not supply unlicensed traders with alcohol for their businesses

I,…………………………………….., Owner of ………………………………..,
undertake to run this business according to the above Code.
(Adapted from the Liquor Licensing Policy of the Western Cape, 2001)

Self-help and support groups

Many social and health problems can be reduced by people who have the same problems meeting together and working together on their common issues. There are effective self-help groups such as Alcoholics Anonymous who voluntarily meet regularly to support each other in staying sober. Other groups are established to deal with the underlying causes of the drinking problems such as social isolation or unemployment.

An action committee can plan to initiate self-help groups among people whose lives are negatively affected by alcohol abuse – they may be the drinkers themselves or their relatives. These people can be guided to plan their own activities – supportive discussions, community mobilisation or income generating activities.

Mobilising mutual help – Blue Cross Brazil

In an effort to help substance dependent people to help themselves, Blue Cross Brazil started mobilising self-help/support groups in its area. It has to date expanded to around 120 groups in various areas in Brazil. They use churches as their main contact to recruit volunteers. Blue Cross will train the volunteers in leading these groups, where-after they will assist the groups for 3 months and support the leaders. The groups meet weekly and may consist of dependent people at various stages of recovery. Some groups are mixed groups and include family or support members. The group leaders vary, some are former dependants, some are people who had a dependent in the family or a layperson who has a heart for the work.

The main objective of the group is to share experiences and support each other in overcoming addiction. Hearing that others have the same problem helps the participants feel not so alone and isolated. There is great therapeutic value in voicing personal stories and challenges to people who share the same situation.

Local control policies

Alcohol control policies are usually introduced at a country or provincial level. However, it is also possible for communities to introduce local policies through municipalities or informal policies through community structures e.g. street committees. These policies can cover the access to alcohol in shops (times of selling, amount sold per customer), the availability of alcohol at social occasions, and the availability of treatment and support for those with alcohol problems. Community members can also be encouraged to have 'alcohol-free' homes, enforced by the head of the household.

The action committee needs to organise a lobbying campaign in order to get relevant stakeholders to support the introduction of local policies that tackle some of the causes of community-wide alcohol-related problems. It may take time and small changes in local policies, but can have a significant impact on local norms and the harms from alcohol abuse.

Women shut down shebeens - report

September 20 2012 at 09:30am

By SAPA

Eastern Cape - Women in an Eastern Cape village have decided to close shebeens and taverns at 6pm to try and curb crime, according to a report on Thursday.

If the owners did not comply, Nozaba Tawe, Nowanithi Gwadeni, Niwinile Ntinde, Nonene Joyi and Nkosikazi Nophambili Joyi, of Mputhi village near Mthatha, would campaign to close them down permanently, The Dispatch Online reported.

The women were concerned about some taverns operating 24-hours a day, and said school children stayed away from school to drink and that a string of robberies, rapes and murders had taken place in the area.

According to the website, the women met in September to discuss how to prevent crime in the village and decided that liquor abuse was partially to blame.

"Enough is enough. We have to defeat crime," Nkosikazi Nophambili Joyi, the wife of a traditional leader, told the Dispatch Online.

Two tavern owners said they were not happy with the new

arrangement, but would stick to it.

"At 6pm, it is the time that we are starting to get customers in numbers, now when we close at 6pm we will suffer," said tavern manager Camagu Mangquka.

Tavern owner Xoliswa Mpondombini said: "I don't have a problem with closing at 6pm. This is for the sake of peace, law and stability in our village." - Sapa

Alternative Livelihoods

If one of the objectives of a project is to reduce the amount of home-brewing of alcohol or the small scale selling of commercial alcohol, then the income usually generated from these activities needs to be earned through other activities. It is therefore necessary to assist community members involved with the production and/or selling of alcohol to find other means to earn an income.

This is not easy but can be done over time through identifying alternative products or services that could be used to earn money. This may require people to learn new skills so training would need to be offered, and start-up seed funding may be necessary. Generating alternatives to alcohol-related work may be more successful if people do it as a group and support each other through the planning and implementing of employment creation.

Alternative income generation in Lesotho

The Thabo Bosiu Centre in Lesotho expanded its services recently to another area of Lesotho so that more people can have easy access to their alcohol and drug treatment and prevention activities. The unemployment rate in Lesotho is very high and many people, especially women, make some money through brewing and selling of alcohol. However, this practice is contributing to the problem of alcohol abuse and the neglect of children. The Butha- Buthe project includes a successful 'alternative livelihoods' initiative. People, especially those women who used to sell home-brewed alcohol for a living, are now making and selling Vaseline (used as a body cream), making candles, drying peaches, planting trees and rearing chickens.

11 Continuous Monitoring and Evaluation

In the planning phase the main objectives of the project were set and the data to be collected for measuring the process, outcomes and impact of the activities were identified.

Keeping notes about how activities were carried out is important for monitoring progress and for adjusting the planned activities as they are implemented. Recording numbers of participants and costs during the implementation of the activities is important for accounting for the time and resources spent on activities. This is especially important when working with donor money.

It should be clear who in the action team is keeping records of the activities and the money used. The recording should be guided by forms and spreadsheets that are provided by the project leader.

The process of monitoring and evaluation is an integral part of the project life cycle and assist in determining effectiveness, efficiency, accountability and sustainability. These are qualities that potential donors also take into consideration:
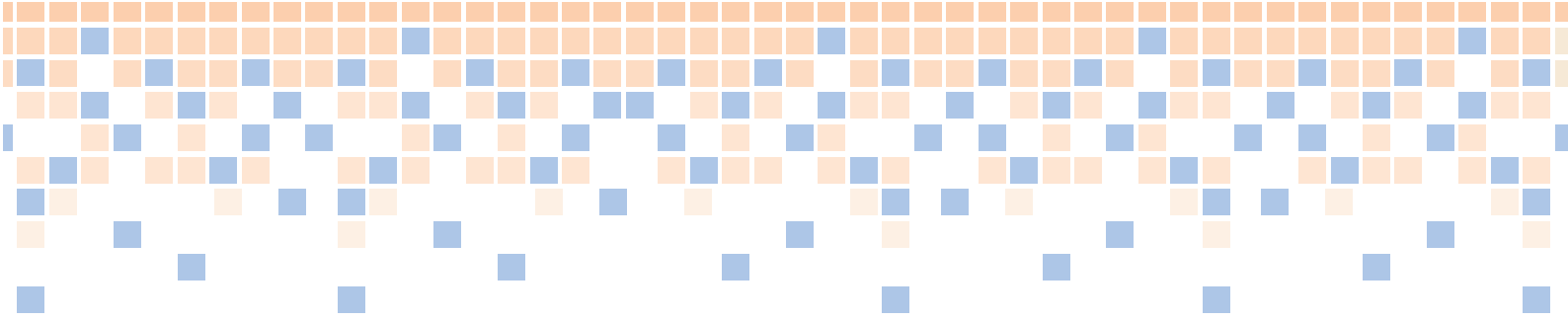
- **Effectiveness** - Doing the right thing. Are we achieving what we set out to do? The degree to which objectives are achieved and the extent to which targeted problems are solved.
- **Efficiency** - The inputs into the work are appropriate in terms of the outputs that the project produces. This could be in terms of money, time, staff, equipment and so on. When you want to replicate or upscale the project, then it is very important to get the efficiency element right.
- **Accountability** - Responsibility is accepted for activities and account can be given for it. Results are disclosed in a transparent manner. It also includes the responsibility for money or other entrusted property.
- **Sustainability** - The project has the ability to maintain and support activities over a long term. There is local ownership and funding security beyond external funds.

On *page 45* is an example of a monitoring and evaluation plan of a Sensible Drinking Project in Cape Town, South Africa. As your project is implemented it is important to keep track of the progress of the project activities on a regular basis e.g. monthly and quarterly. Refer to the objectives, activities, indicators, measures and timeframe on your plan. Decide if the project is on track, and make adjustments if necessary.

CASE STUDY – THE SENSIBLE DRINKING PROJECT, CAPE TOWN				
MONITORING AND EVALUATION PLAN				
Objectives	Activities	Indicator	Measures	Time frame
Setting 1 : Sinethemba High School and Silver Stream School				
Develop capacity in school to deal with alcohol using HPS Approach.	Initiation of school focusing on alcohol. Training of teachers and learners.	Commitment and process planned. Number trained.	Training report and feedback from Coordinator. Baseline questionnaire compared with 6 months later.	Jan – July
Increased level of understanding of consequences, risks and associations with alcohol.	Selection and training of peer leaders. Class sessions by Coordinator and SANCA.	Number of active leaders Number of learners involved. Reduction in drinking behaviour and attitude towards alcohol.	Number of incidents of drunkenness at school functions. Focus groups of learners and teachers to assess effectiveness of programme.	Feb - August
Setting 2 : Clinics, Day Hospitals (Health Centres) and GF Jooste Hospital				
Improvement in identification, counselling and referral of people with alcohol problems.	Further training of health workers on 3 day course. Introduction of case and referral form.	Number trained. Positive attitude development in staff. Number of clients identified and referred successfully.	Knowledge of screening, counselling and resources. Training report. Feedback from supervisors. Analysis of forms.	Feb – Nov
Advocate for more resources and better networking in the area related to alcohol rehabilitation.	Audit of resources. Plan lobby with role-players Document to present to relevant funders and authorities.	Agreement on increased resources from authorities and NGOs	Documentation of meetings.	March – Nov

Objectives	Activities	Indicator	Measures	Time frame
Setting 3 : Pubs/Shebeens in Nyanga and Manenberg				
Establish commitment of owners to implement various controls.	Establish a group of potentially committed owners (code of conduct). Agree on controls and developments to be tried.	Active groups established. Plan of action designed by participants.	Minutes of meetings.	Feb – March
To increase food intake while people drink.	Promote specific food to be sold on premises Monitor the drinking levels, food intake and drunk incidents	Food intake to drink ratio. Drunken incidents.	Monitoring forms analysed monthly. Try breathalyser	April – Nov
To increase other activities on premises e.g. pool, cards.	Introduce games and competitions	Number of premises with games. Number of patrons involved in games.	Monitoring forms analysed monthly	April – Nov

Communities Taking Action – Reducing Alcohol Harm in Africa

Conclusion

"When individuals and communities do not govern self, they risk being ruled by external forces that care less about the well-being of the village."
- T.F. Hodge, From Within I Rise: Spiritual Triumph Over Death and Conscious Encounters with "The Divine Presence"

The content of this manual highlights the holistic approach needed to tackle alcohol problems. Africa is no exception to this. To reduce the consumption of alcohol and the associated harm that it accompanies, starts with committed individuals, villages, communities networking, reaching out and seeking opportunities for experience sharing and knowledge transfer on a regional and global scale; a greater, more knowledgeable force is formed to reduce harm caused by alcohol.

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