Drinking in Context: The Need for Targeted Interventions

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Drinking in Context:
Patterns, interventions and partnerships


Sponsoring organizations:
- International Center for Alcohol Policies (ICAP)
- International Harm Reduction Association (IHRA)
- Institute de Recherches sur les Boissons (IREB)
- World Federation for Mental Health (WFMH)
Patterns of drinking
Groups, behaviors, contexts

Need to understand drinking patterns…

…in order to develop interventions…

Targeted interventions
at-risk populations
drinking behaviors
drinking contexts

Partnerships
Synergy in prevention: a mix of interventions requires concerted effort of all key players

…in conjunction with key players
**Styles (patterns) of drinking are deeply embedded in culture and custom**

Interventions required to change these behaviors will vary—and cannot be implemented without knowing some detail of the pattern of drinking (who, how, where)

“The task of influencing drinking for the better requires interventions that facilitate changes in both individual consumption behaviors and the cultural norms about appropriate and inappropriate drinking styles. The challenge of changing drinking behaviors and drinking cultures, in turn, requires knowledge about those behaviors and cultures, about what influences them, and what opportunities there are for intervening so as to maximize enjoyment and minimize private and public harms.” Stimson et al. (2007), *Drinking in Context*
The Risk and Response Environment

- **Structural**
  - Social, economic, political, legal, religious, cultural environment

- **Community**
  - Local networks, settings culture, norms

- **Individual**
  - Knowledge, attitudes, choices, preferences, behaviours

Internet publication: WHO/HIV/2002.22
“Drinking patterns are important determinants of both positive and negative consequences of drinking.”

# Outcomes of Drinking

<table>
<thead>
<tr>
<th>Somatic health</th>
<th>Mental health</th>
<th>Social health</th>
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</thead>
<tbody>
<tr>
<td><strong>Harms</strong></td>
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<tr>
<td>Alcohol dependence</td>
<td>Dementia</td>
<td>Absenteeism</td>
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<tr>
<td>Neurological damage</td>
<td>Alcoholic psychosis</td>
<td>Suicide, depression</td>
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<td>Liver cirrhosis</td>
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<td>Family disruption</td>
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<td>Esophageal and laryngeal cancer</td>
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<td>Crime and violence</td>
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<td>Colorectal cancer</td>
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<td>Unwanted / unintended sexual activity</td>
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<tr>
<td>Breast cancer</td>
<td></td>
<td>Social costs of chronic harm</td>
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<tr>
<td>Ischemic stroke</td>
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<td>Social costs of acute harm</td>
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<tr>
<td>Fetal alcohol syndrome (FAS)</td>
<td></td>
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<tr>
<td>Alcoholic gastritis</td>
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<tr>
<td>Intentional and unintentional injuries (for example, related to traffic accidents, workplace accidents, falls, assault)</td>
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<tr>
<td><strong>Benefits</strong></td>
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<tr>
<td>Type II diabetes mellitus</td>
<td>Improved cognitive function and memory (especially in elderly)</td>
<td>Quality of life</td>
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<tr>
<td>Coronary heart disease</td>
<td>Vascular dementia</td>
<td>Sociability and social integration</td>
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<tr>
<td>Hemorrhagic stroke</td>
<td>Wellbeing, pleasure</td>
<td>Symbol of adulthood and maturity</td>
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<tr>
<td>Pancreatitis</td>
<td>Aid to relaxation</td>
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<tr>
<td>Osteoporosis</td>
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<tr>
<td>Macular degeneration</td>
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<tr>
<td>Cholelithiasis (gall bladder disease)</td>
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</table>
Drinking patterns describe three aspects of alcohol consumption:

- **Individuals and groups**
  - Gender, age, social and economic factors, health and genetic factors

- **Behaviors**
  - Drinking and leisure, heavy drinking episodes, drinking and driving, public disorder, violence, sexual activity

- **Contexts**
  - Drinking culture and trends, risk and protective factors, venues and settings, beverage type and quality
Opportunities for Intervention

Population-level measures

- Aimed at access and availability of alcohol
  - Insensitive to specific groups and issues; require legislation, structural change, effective enforcement

Targeted interventions

- Aimed at drinking patterns
  - Responsive to cultural, community needs; target ‘at-risk’ groups; implementation can be quick and efficient
“For the purposes of policy and prevention, a comprehensive alcohol policy needs population-level interventions, but there is also a need to disaggregate populations in order to develop a more nuanced and comprehensive approach to reducing alcohol-related harms.”

Targeting Individuals and Groups

Identification of “at risk” groups
- Special attention to pregnant women, young people
- Identification of traits (health, genetic predisposition, problem drinking, dependence)

Interventions
- Tailored drinking guidelines, recommendations
- Legal drinking age limits
- Early identification and brief interventions for problem drinkers
- Treatment, where appropriate
- Information, awareness raising, behavior change
  - Professional education and training
  - Education of parents
  - Education for young people
  - Life skills
Targeting Behaviors

- Problematic drinking behavior
  - Chronic heavy drinking
  - Heavy episodic drinking
  - Drinking and driving

- Interventions
  - Early identification and brief intervention
  - Treatment, where appropriate
  - Education
    - Social norms marketing, life skills, family involvement
  - Designated driver schemes, enforcement of BAC, breath testing
  - Responsible hospitality, server training
Targeting Contexts

- Problematic venues and contexts
  - Heavy drinking venues
  - Public order and personal safety
  - Violence
  - Non-commercial alcohol

- Interventions
  - Responsible hospitality, retail and marketing, server training
  - Safety of venues
  - Community action, local accords
  - Breath testing in high-injury risk workplaces
  - Integrity of beverages
Choosing Targeted Interventions

Assessment of:
- Problem
- Resources needed and available
- External influences (societal, community factors, culture)

Intervention decisions based on:
- Feasibility of implementation
- Achievable goals (simple, feasible, readily implementable)
- Realistic expectations
- Low procedural requirements (e.g., not requiring legislation, major campaigns)
### Criteria for Assessing Feasibility

<table>
<thead>
<tr>
<th><strong>Objectives</strong></th>
<th>Specifics about what the intervention should accomplish</th>
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<tbody>
<tr>
<td><strong>Targets</strong></td>
<td>Specific population, behavior, context to be addressed; required coverage of intervention</td>
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<tr>
<td><strong>Outcomes</strong></td>
<td>Changes occurring as result of intervention:</td>
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<tr>
<td></td>
<td>Intended – positive, planned</td>
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<tr>
<td></td>
<td>Unintended – negative, unplanned</td>
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<tr>
<td><strong>Shortcomings</strong></td>
<td>Negative outcomes, limitations</td>
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<tr>
<td><strong>Obstacles to overcome</strong></td>
<td>Societal, community or other factors inhibiting introduction of intervention, impeding its implementation or hindering success</td>
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<tr>
<td><strong>Procedural requirements</strong></td>
<td>Actions required -- and at what level -- to implement intervention</td>
</tr>
<tr>
<td><strong>Resources for implementation</strong></td>
<td>Required human and environmental resources</td>
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</tbody>
</table>

*Source: Stimson et al. (Eds.), *Drinking in Context*, 2007*
Implementing Targeted Interventions

Not a simple fix to a complex problem.

However:
- Target problems and issues directly
- Responsive to immediacy of needs and drinking culture
- Are not constrained by government regulatory or approval process
- Require less intensive resource allocation
- Do not require structural change
- Can involve diverse stakeholders
- Make use of what is available and accessible
No single intervention can be effectively implemented in isolation.

“There is a growing consensus that a multi-component approach has a greater chance of success than stand-alone projects. This is partly due to the whole being greater than the sum of the parts, enabling positive changes.”

Summary

- People will continue to drink.
- Patterns of drinking are key to crafting appropriate interventions.
- Multi-component approaches are synergistic and help avoid unintended outcomes.
- Many stakeholders have a legitimate interest in alcohol policies - all have something to contribute and their contribution should be respected.
- Partnership approaches are here to stay – collaboration rather than conflict.
‘Do the do-able’.

Good alcohol policy is the art of the possible.