INTERNATIONAL HARM REDUCTION ASSOCIATION

Alcohol Harm Reduction:
What, Why and How?

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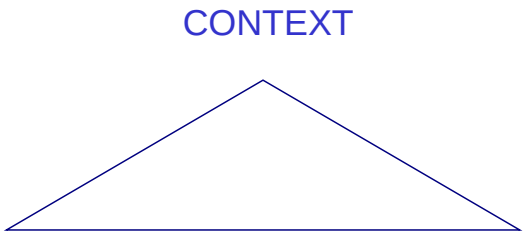
Hello. Today I am going to give you a quick overview of alcohol harm reduction – what it is, why we need it and how to do it.

What?...

- Some people always have, and always will, engage in behaviours which carry risks.
- **Harm reduction aims to manage the risks that these behaviours create.**
- Alcohol harms are associated with…



Harm reduction is a non-judgemental public health and human rights approach. It exists because people engage in risky behaviours – it is human nature. Harm reduction aims to make these behaviours as safe as possible, without necessarily reducing them.

In terms of alcohol, there is a massive range of harms that can be reduced – from chronic health problems like liver cirrhosis to acute risks such as assaults and injury.

Most of these harms can be explained by an interaction of three things – context, population and behaviour. This means where drinking takes place, who is drinking and the patterns of drinking that take place.

For example, a lot of attention is given to 'binge drinking' – weekend drinking in pub and bars (that's the context), usually by young men and women (they're the population), and often to excess (that's the behaviour).

What?...

- Most ‘Alcohol Harm Reduction’ interventions are **targeted** at high-risk contexts, populations and behaviours.

For example:

Contexts:	server training, shatter-proof glasses
Populations:	shelters for homeless drinkers, medical amnesties for students
Behaviours:	designated driver schemes, drink-driving campaigns, improved public transport

Alcohol harm reduction targets these three factors.

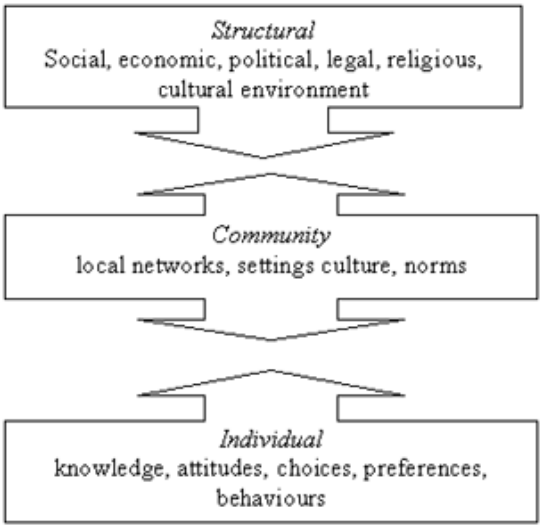
High-risk contexts such as bars and pubs can be targeted by training staff on how to serve alcohol responsibly, or serving drinks in glasses that don’t shatter.

High-risk populations such as street drinkers can be targeted by providing them with safe shelters to drink in. Underage drinkers can be targeted through medical amnesty schemes protecting them from prosecution if they have to call the police because a friend is too drunk or in trouble.

Finally, high-risk behaviours such as drink driving can be targeted by designated driver schemes or improving public transport.

What?...

- Alcohol interventions can be designed and implemented at a range of levels.
- Most alcohol harm reduction initiatives can be implemented at the local, 'community' level.
- This makes them more:
  TARGETED
  PRACTICAL
  REALISTIC



(WHO Technical Guide to Rapid Assessment and Response, 2002)

Alcohol policies can be targeted at different levels – the structural level (such as national laws and taxation systems), the community level (such as local networks and decision-makers), and the individual level.

Traditional alcohol policies are aimed at the structural level – requiring law changes or national policies and decisions. Most alcohol harm reduction approaches are aimed at communities and are, therefore, more targeted, practical and realistic.

Why?...

- Alcohol has benefits and harms around the world
- Traditional strategies seek to reduce availability and accessibility
- **Supply and Demand Reduction**
- These strategies have a strong evidence-base
- However, they are aimed at overall populations and per capita alcohol consumption, and are often politically difficult to implement.

So why do we need this approach? The harms associated with alcohol are well known and well documented.

However, many people tend to forget the health, social and emotional benefits that many people gain from drinking. Many of us will have enjoyed a drink at the reception yesterday.

In modern times, alcohol policies have sought to reduce the accessibility and availability (or supply and demand) of drinks – often by influencing the price through taxation or dictating where and when alcohol can be bought.

These approaches are evidence-based, as overall alcohol consumption is linked to most alcohol harms. However, there are many reasons why supply and demand interventions are not applied - governments make a lot of money from selling alcohol after all!

People can still advocate for higher taxes and restricted sales, but these structural interventions are often unrealistic.

Why?...

Alcohol harm reduction is often:

- Explicitly targeted *within* a population
- Designed and delivered at the *community* level
- Relevant to local settings and problems
- Relevant to a wide range of stakeholders
- Not reliant on national policies or consensus
- Better adapted to tackle unregulated alcohol

Alcohol harm reduction can address the limitations of traditional approaches.

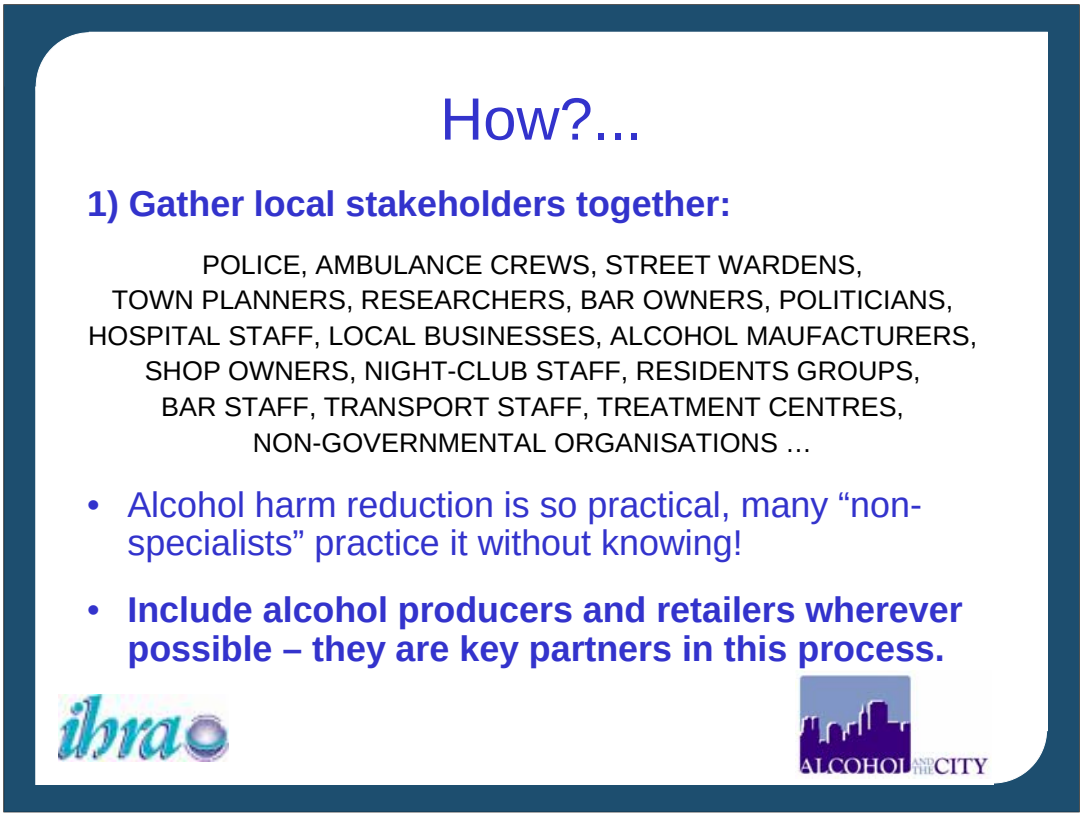
In particular, alcohol harm reduction can be locally-driven and locally-relevant, can engage a wide range of stakeholders, and is better equipped to address unofficial alcohol consumption (such as moonshine, smuggled drinks, and surrogate products such as aftershaves) – which is estimated to account for 50% of alcohol consumption worldwide. As these drinks are unregulated, standard supply and demand approaches are ineffective.

Why?...

- The alcohol field in general needs to generate and embrace new ideas and more practical approaches.
- Alcohol harm reduction can address the limitations of supply and demand reduction (and vice versa).
- No one intervention / approach can work alone - alcohol harm reduction is best as part of an effective, comprehensive policy package.

Despite this, however, supply and demand approaches are still the focus for most alcohol dialogue and most alcohol experts – and they have been for years. The alcohol field needs to address new ideas.

Alcohol harm reduction is not an alternative to these traditional approaches, but is another piece of the jigsaw puzzle – a crucial part of a comprehensive approach.



HALF WAY -5 MINUTES?

So how do you go about developing a harm reduction approach?

This last section of my presentation is based on IHRA's experiences of alcohol harm reduction in Copenhagen - as part of our "Alcohol and the City" project in collaboration with Quest for Quality.

The first step is to identify the local stakeholders and gather them around a table.

There is a wide range of stakeholders to contact as you can see from this slide – including the pubs, bars, shops and alcohol manufacturers.

Crucially, most of these people would not call themselves 'alcohol specialists', nor would they say that they did 'alcohol harm reduction' - but they all are and they all do!

Here is a photo from one of our stakeholder meetings in Copenhagen, which included local government, researchers, alcohol manufacturers, NGOs and the police.

How?...

2) Discuss what is already being done locally by the stakeholders:

Most stakeholders won't know what each other are doing – so this stage is key!

3) Discuss what the local problems are:

BINGE DRINKING / UNDERAGE DRINKING
STREET DRINKERS / IRRESPONSIBLE HOSPITALITY
INSUFFICIENT POLITICAL ATTENTION TO ALCOHOL

Consider a 'rapid assessment' to review existing data and information to identify the problems.

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Once you have got all of the stakeholders around a table, it is first important to map what is already being done, as many people will not be aware of what others are doing in the area.

Once you have done this, try and discuss what is not being done, what could be done better, and what the problems are in the community. This is an important stage, as it is crucial not to assume that everyone agrees on what the issues are.

It may also be worth doing some 'Rapid Assessment Research' to properly identify the issues using existing information - and there is a session on rapid assessments this afternoon.

How?...

4) Discuss the options available…

- Server Training (bars and shops) ***(Alcohol Focus Scotland)***
- Bar Assessments and Feedback ***(Graham et al, 2004)***
- Wet Centres for Street Drinkers ***(Crane & Warnes, 2003)***
- Sobering-Up Centres ***(Brady et al, 2006)***
- Designated Driver Schemes ***(EFRD, 2004)***
- Drink-Driving Campaigns ***(GRSP, 2007)***
- Shatter-Proof Glass ***(Shepherd, 1998)***
- Taxi Wardens or Extended Transport ***(eg Manchester)***
- Training youths to look after their friends ***(Stockwell, 2007)***

…to name a few!

Once the problems have been identified, it is time to discuss what targeted, practical and realistic interventions can be applied. This list is just to give you some ideas.

There is a huge range of interventions that have been designed and implemented in cities across the world in the last twenty years. The most common ones are server training schemes, drink-driving campaigns, risk assessments of bars, and improvements in public transport.

How?...

5) Agree a "wish-list" amongst the stakeholders

- 2 or 3 interventions = manageable
- Identify lead people / organisations for each
- Set up smaller working groups to create proposals
- Maintain momentum and motivation
- Leave the room with a **clear action plan**

Discussing all of the possible interventions should hopefully get your stakeholders motivated towards a 'wish list', and the next step is to turn this into action and proposals.

Amongst the stakeholders, natural leaders or smaller groups may emerge that are interested in specific ideas (such as server training). It is important to make the most of these – keeping stakeholders motivated and talking to each-other all the time in order to create a clear action plan. This is tough, but achievable.

Try and frame these discussions in a positive sense – make it about improving the night-life experience, or making the city a safer place to socialise.

How?...

6) Develop and implement your proposals

- Don't re-invent the wheel – adapt existing projects
- Talk to (and visit) other cities / regions for ideas
- Search the literature and consult online resources
- Write a detailed proposal
- Explore funding:

LOCAL GOVERNMENT / ALCOHOL INDUSTRY
LOCAL FOUNDATIONS AND DONORS
SOCIAL RESEARCH GROUPS

- **Build in evaluation** – build-up the evidence base by sharing your feedback and results

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Once the group decide a 'wish list', they should explore examples of best practice.

For example, in Copenhagen, the stakeholders decided to develop a server training proposal. A quick internet search soon identified examples of server training in other cities – such as Serve-Wise in Glasgow. We spoke to people in Glasgow and they sent us information about their project – including training manuals. We even visited Glasgow and sat in on a server training session to see what it was like. It is important to contact other cities and learn from them and, in my experience, you will find people very helpful.

Funding is, of course, the biggest issue. Alcohol harm reduction interventions are generally inexpensive to implement - but they are not free. Even arranging meetings for stakeholders carries some cost.

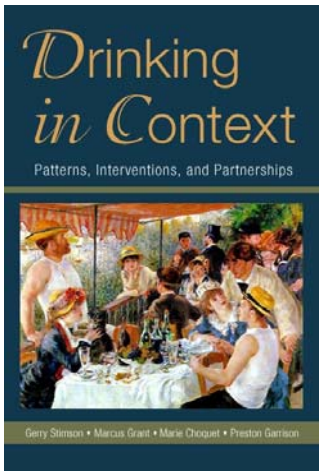
Possible sources of funding include local government, local charities and foundations, social research groups, and the alcohol industry themselves.

As an example, our proposed server training scheme in Copenhagen will be funded by the local government and an international alcohol manufacturer.

When writing a proposal, however, make sure you build in resources for evaluation and communication. Many cities have some form of alcohol harm reduction intervention, but they do not communicate their results or experiences well – so the evidence-base for alcohol harm reduction is not developing.

Resources

- ICAP Blue Book ***(www.icap.org)***
- International Journal of Drug Policy ***(www.ihra.net/IJDP)***
- Alcohol and the City Website ***(www.ihra.net/alcoholandthecity)***
- 'Drinking in Context' Book
- Other Cities and Regions



Coming Soon on www.ihra.net:

- IHRA Alcohol Website & Network
- IHRA Alcohol Harm Reduction "50 Best Collection"

Here are some of the resources you may wish to use.

In the next month, IHRA will be launching an alcohol harm reduction website and an alcohol harm reduction network in order to help people share their experiences and ideas, and develop the evidence-base.

If you would like to join the network, please give me your details or visit our website in a few weeks time.

Alcohol Harm Reduction is:

- TARGETED (at contexts, populations and behaviours)
- PRACTICAL (and deliverable at a community level)
- REALISTIC –

"Good alcohol policy is the art of the possible"

Marjana Martinic, IHRA Conference, Warsaw, 2007

1. Gather a wide range of local stakeholders together.
2. Discuss what is already being done locally.
3. Identify and discuss (don't assume) what the local problems are.
4. Discuss the evidence-base and options available.
5. Agree a "wish-list" amongst the stakeholders.
6. Develop and implement your proposals – use available resources (including other cities and regions).
7. Join IHRA's Alcohol Harm Reduction Network!

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So, in conclusion, alcohol harm reduction interventions are targeted, practical and realistic – and "Good alcohol policy is the art of the possible".

In Copenhagen, these are the steps that we took to engage the local stakeholders and help to develop a server training intervention. I hope that you find them useful.

Thank you for listening.