Alcohol Harm Reduction: A Global Perspective

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Harm Reduction

• Most associated with illicit drugs
• Huge evidence-base, international (UN) support
• Sense of belonging and ‘community’
• People always have – and always will – engage in behaviours which carry risks
• Harm reduction aims to manage the risks that these behaviours create.
• Exactly the same principle applies to legal drugs
Alcohol Harm Reduction

Measures that aim to reduce the negative consequences of drinking without necessarily reducing alcohol consumption itself

- Part of a comprehensive alcohol policy
- Complements population-level supply and demand interventions (taxation, licensing hours…)

Global Coverage

• Supply and Demand Reduction Dominate
• World Health Organization*: 
  – 73% countries have licensing
  – 15% countries have monopolies
  – 85% countries have age limits
  – Vast majority have sales restrictions
  – Vast majority have taxation
• Strong evidence base  
  (Institute of Alcohol Studies, 2006)
• Less data on targeted interventions…

*WHO Global Status Report: Alcohol Policy, 2004
Targeting Harms

CONTEXT

POPULATION

BEHAVIOUR

- Alcohol harm reduction is **targeted** at:
  - High-Risk Contexts (bars, glasses, night-life)
  - High-Risk Populations (binge drinkers, homeless, young people, students)
  - High-Risk Behaviours (drunk-driving, drinking patterns...)
Drinking Patterns

- Styles and patterns of drinking:
  - are embedded in custom and etiquette, mutually reinforced
  - influence speed, volume, and positive and negative outcomes

- **Toasting** in Russia (Sverdlov, 2001)
- **Rounds** in UK (Dorn, 1981); Zimbabwe (Woelk, 2001)
- **Shouts** in Australia (Sargent, 1979; Hall & Hunter, 1995)
- **Cocktail Parties** in the USA (Gusfield, 1987)
- **Religious Ceremonies** (Adams, 1995; Trenk, 2001)
Practical Approach

• Alcohol interventions take place on many levels

• Alcohol harm reduction = ‘community’

• This makes them more:
  RELEVANT
  PRACTICAL
  REALISTIC

WHO Technical Guide to Rapid Assessment and Response, 2002
Example: Alcohol and the City

Copenhagen, Denmark - 2006

1. Gather local stakeholders together:

   POLICE, AMBULANCE CREWS, STREET WARDENS,
   TOWN PLANNERS, RESEARCHERS, BAR OWNERS, POLITICIANS,
   HOSPITAL STAFF, LOCAL BUSINESSES, ALCOHOL MANUFACTURERS,
   SHOP OWNERS, NIGHT-CLUB STAFF, RESIDENTS GROUPS,
   BAR STAFF, TRANSPORT STAFF, TREATMENT CENTRES,
   NON-GOVERNMENTAL ORGANISATIONS …

   • “Non-specialists” = harm reductionists!
   • Include alcohol producers and retailers
Example: Alcohol and the City

2) Discuss and map existing services and coverage

3) Discuss local problems:
   - Binge drinking?
   - Underage drinking?
   - Street drinking?
   - Poor serving practices?

4) Discuss possible interventions and agree “wish-list”…
Possible Interventions

• 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)*
• Medical Amnesty Schemes *(Lewis & Marchell, 2006)*

…to name a few!
Example: Alcohol and the City

6) Implement proposal:

– Don’t re-invent the wheel
– Talk to (and visit) other cities for ideas
– Explore funding:
  LOCAL GOVERNMENT / ALCOHOL INDUSTRY
  LOCAL FOUNDATIONS AND DONORS
  SOCIAL RESEARCH GROUPS

• Build in evaluation (share feedback and results)
• 2008 = ‘Safe Nightlife’ project established
Benefits of Harm Reduction

- 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
- *Much easier* to implement
- Better adapted to tackle *unregulated* alcohol
- Better adapted to tackle specific behaviours / groups
Global Alcohol Harm Reduction Network (GAHR-Net)

- IHRA broadened its focus in 2004
- Launched GAHR-Net in 2007
- **Free to join, open to all**
- 900 members already (worldwide)
- Newsletters, information, resources
- Online / email discussion group
- Network, share and discuss ideas and experiences
- Ask for advice and support
- **Learn about alcohol harm reduction**
GAHR-Net

- Network Aims:
  - Provide a **forum** for ‘harm reductionists’
  - Provide **resources**, advice and support
  - Increase the **evidence** base for harm reduction
  - Develop sense of belonging / ‘**community**’

Please visit [www.ihra.net/alcohol](http://www.ihra.net/alcohol) to join!
GAHR-Net Resources

• IHRA Alcohol Website
  www.ihra.net/alcohol

• IHRA ‘50 Best’ Document Collection
  www.ihra.net/AlcoholHarmReduction
Why Harm Reduction

• The alcohol field needs to generate, discuss and embrace new ideas

• Alcohol harm reduction can address the limitations of ‘traditional’ approaches
  (and vice versa)

• One approach alone cannot work – need a comprehensive policy package