Alcohol and drug prevention - national policies and possibilities in communities

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Recorded alcohol consumption in the EU including Croatia, Norway and Switzerland, 1990 – 2010 (in litres pure alcohol per capita 15+).
Central-Western and Western Country Group

Central-Eastern and Eastern Country Group

Nordic Countries

Southern Europe

Source: WHO 2013
Country differences

Source: WHO 2013
High exposure, high burden of mortality and disease

- For men between ages of 15 and 64, 1 in 7 deaths were caused by alcohol (clearly premature deaths given the life expectancy in Europe)

- For women of the same age category, 1 in 13 deaths were caused by alcohol
In the EU among the 20% highest consumers we estimate that
75,000 men and
17,000 women deaths are attributable to alcohol.

WHO estimated that
5.4% of men and
1.5% of all women are alcohol dependent
Men vs. women in burden of disease

- Tobacco: men #1, women #4
- Alcohol: men #3, women #12
- Illegal drugs #20, women not in top #20
- Huge differences between high- and low/middle income countries
- Alcohol consumption varies with emancipation: the more emancipated, the higher the alcohol-attributable burden of disease!

Source: GBD 2010
Alcohol attributable SDRs for injury per 100,000 people - 2010
Globally

- For tobacco there are 6.30 million deaths in 2010, for alcohol 2.74 million deaths, and for drugs 0.16 million deaths.

- In total in 2010, there were 52.77 million deaths.

- Thus tobacco is causing more than 10% of all deaths (11.9%), and alcohol for about 5.2% and illegal drugs for 0.3%.
Changes in alcohol policy areas over the five years 2006 - 2011 (N=30)
Restrictions on alcohol consumption in public places (number of countries)

<table>
<thead>
<tr>
<th>PUBLIC VENUES</th>
<th>BAN</th>
<th>PARTIAL STATUTORY RESTRICTION</th>
<th>VOLUNTARY/SELF-REGULATED</th>
<th>NO RESTRICTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health care establishments</td>
<td>12</td>
<td>7</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Educational buildings</td>
<td>12</td>
<td>10</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Workplaces</td>
<td>10</td>
<td>7</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>Government offices</td>
<td>9</td>
<td>8</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>Public transport</td>
<td>6</td>
<td>13</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Parks, streets, etc.</td>
<td>4</td>
<td>14</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Sporting events</td>
<td>4</td>
<td>15</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>Places of religious worship</td>
<td>3</td>
<td>4</td>
<td>10</td>
<td>13</td>
</tr>
<tr>
<td>Leisure events</td>
<td>0</td>
<td>13</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>
Alcohol use during the past 30 days, boys (2011)

Source: WHO 2011
Alcohol use during the past 30 days, girls (2011)
European action plan to reduce the harmful use of alcohol (EAAP) 2012–2020 – 10 action areas

- **Leadership, awareness and commitment**, as sustainable intersectoral action requires strong leadership and a solid base of awareness and political will

- **Health services’ response**, as these services are central to tackling health conditions in individuals caused by harmful alcohol use

- **Community action**, as governments and other stakeholders can support and empower communities in adopting effective approaches to prevent and reduce harmful alcohol use

- **Policies and countermeasures on drink–driving**, as it is extremely dangerous to drivers, passengers and other people using the roads

- **Availability of alcohol**, as public health policies to regulate commercial or public availability have proved to be very effective in reducing the general level of harmful use and drinking among minors
EAAP 2012–2020 – 10 action areas

- **Marketing of alcoholic beverages**, as systems are needed to protect people, particularly children and young people, from advanced advertising and promotion techniques.

- **Pricing policies**, as most consumers, particularly heavy drinkers and young people, are sensitive to changes in the prices of alcohol products.

- **Reducing the negative consequences of drinking and alcohol intoxication**, in order to minimize violence, intoxication and harm to intoxicated people.

- **Reducing the public health impact of illicit and informally produced alcohol**, as its consumption could have additional negative health consequences due to its higher ethanol content and potential contamination with toxic substances.

- **Monitoring and surveillance**, as relevant data create the basis for the appropriate delivery and success of responses.
Best buys package population-based approaches

- Smoke-free environments
- Warning about the dangers of tobacco use
- Bans on tobacco advertising
- Raising taxes on tobacco
- **Raising taxes on alcohol**
- Restricting access to retail alcohol
- Bans on alcohol advertising
- Reducing salt intake and salt content of food
- Replacing trans-fat in food with polyunsaturated fat
- Promoting public awareness about diet and physical activity
Polydrug use among young adults

- Among young adults (aged 15 to 34), frequent or heavy alcohol users were, in general, between two and six times more likely to report the use of cannabis compared to the general population and between two and nine times more likely to use cocaine.
# Types of adolescent polydrug user

<table>
<thead>
<tr>
<th>Country group</th>
<th>Type A (%)</th>
<th>Type B (%)</th>
<th>Type C (%)</th>
<th>Other (%)</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low-prevalence</td>
<td>85.3</td>
<td>7.5</td>
<td>1.9</td>
<td>5.3</td>
<td>5,758</td>
</tr>
<tr>
<td>Medium-prevalence</td>
<td>76.3</td>
<td>17.9</td>
<td>3.2</td>
<td>2.6</td>
<td>8,496</td>
</tr>
<tr>
<td>High-prevalence</td>
<td>57.5</td>
<td>34.4</td>
<td>5.1</td>
<td>3.0</td>
<td>7,522</td>
</tr>
<tr>
<td>All countries</td>
<td>73.0</td>
<td>20.0</td>
<td>3.5</td>
<td>3.5</td>
<td>21,776</td>
</tr>
</tbody>
</table>

NB: Typology of polydrug use: type A, alcohol and cigarettes; type B, cannabis in addition to alcohol and/or cigarettes; type C, type B plus at least one of the following: ecstasy, cocaine, amphetamines, LSD or heroin. Data for 19 EU Member States together with Norway, Croatia and Turkey (n = 76,541).

Source: ESPAD 2003
<table>
<thead>
<tr>
<th>Country</th>
<th>Survey date</th>
<th>Frequent or heavy alcohol (¹) (%)</th>
<th>Cannabis (%)</th>
<th>Cocaine (%)</th>
<th>Sample size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ireland</td>
<td>2006/07</td>
<td>30.3</td>
<td>10.4</td>
<td>2.9</td>
<td>1 989</td>
</tr>
<tr>
<td>Denmark</td>
<td>2008</td>
<td>18.6</td>
<td>13.3</td>
<td>3.4</td>
<td>1 744</td>
</tr>
<tr>
<td>United Kingdom (²)</td>
<td>2007/08</td>
<td>9.9</td>
<td>15.4</td>
<td>5.0</td>
<td>7 176</td>
</tr>
<tr>
<td>Germany</td>
<td>2006</td>
<td>9.2</td>
<td>12.0</td>
<td>1.5</td>
<td>3 306</td>
</tr>
<tr>
<td>Spain</td>
<td>2007/08</td>
<td>7.6</td>
<td>19.6</td>
<td>5.1</td>
<td>9 443</td>
</tr>
<tr>
<td>Cyprus</td>
<td>2006</td>
<td>5.9</td>
<td>3.6</td>
<td>0.9</td>
<td>1 753</td>
</tr>
<tr>
<td>France</td>
<td>2005</td>
<td>5.3</td>
<td>16.7</td>
<td>1.2</td>
<td>10 855</td>
</tr>
<tr>
<td>Portugal</td>
<td>2007</td>
<td>2.0</td>
<td>6.7</td>
<td>1.2</td>
<td>4 765</td>
</tr>
<tr>
<td>Italy</td>
<td>2007</td>
<td>1.8</td>
<td>20.9</td>
<td>3.1</td>
<td>4 243</td>
</tr>
</tbody>
</table>

¹ Defined by the EMCDDA as drinking six glasses or more of an alcoholic drink on the same occasion at least once a week during the past 12 months. The United Kingdom and Spain use other definitions, and comparisons should therefore be made with caution.

² England and Wales, the age range is 16–30.

Source: National experts for general population surveys of participating countries.
Examples of Prevention Programs
Substance abuse decrease amongst 15-16 year old adolescents in Iceland

Drunk last 30 days
Daily smoking
Hashish once or more
How has this been achieved?

- Used **research as a basis** for policy and actions on local and national level.

- Prevention work has been focused on **few simple factors** related to risk and protective behavior of youth.

- Managed to keep a **constant dialogue** between stakeholders in the close community prevention work.
The practical role of research

1. Population data collection on substance use every year (no samples, always population).
2. Practical descriptive reports within 4 months of each data collection to the municipalities
3. School reports to the schools
4. Local information INTO all levels of prevention work is a key issue
Importance of frequent measuring

- Every school, every parent, every prevention worker can see the current situation in their close community and can act accordingly.
- Not 2-3 years later but almost immediately
Childrens rights

1. Children have the right to have a say about what they want, what they do and how they feel.

2. We have the obligation to make good use of what they tell us, react and constantly try to make their lives better.
The four main risk and protective factors:

- Family factors
- Peer group effect
- Extracurricular activities, sports
- General well-being

Source: ICSRA
And analyzing deeper

Family factors
- Time spent with parents
- Support
- Monitoring
- Control

Extracurricular activities vs. unorganized

Organized activities

Peer group
- Positive and negative effects.
- How we as parents approach the peer group

General well being
- Inside and outside of school, at home, bullying e.t.c.

Source: ICSRA
Percentage of students in 9th and 10th grade who have become drunk in the last 30 days depending on how much time they spend with parents.

Source: ICSRA
Percentage of students in 9th and 10th grade who have become drunk in the last 30 days depending on if their friends become drunk once per month.

Source: ICSRA
Percentage of students in 9th and 10th grade who smoke daily depending on if they practice sports

Source: ICSRA
1998 Drug free Iceland

• Based on these findings a research based action plan was initiated by the government with the aim to try out a totally new methodology in substance abuse prevention.
Local actions

• Research as a basis in all decision making
• Strengthen parent organizations and cooperation
• Support extra – curricular activities / sports
• Support active NGOs´
• Support Young people at risk inside schools
• Form co-operative work groups against drugs
• Anti smoking/drinking campaigns
• Strengthen social capital
National actions

• Legal age of adulthood raised from 16 to 18 years
• Outside hours for adolescents „Youth curfew”
• Age limits to buy tobacco and alcohol (18 and 20)
• Strict regulations for sellers of tobacco
• A total advertising ban of tobacco and alcohol
• Restricted access to buying alcohol and tobacco
• Total visibility ban of tobacco and alcohol in the country
Local information fuels dialogue

- Dialogue between key stakeholders
  - Politicians, municipalities and local authorities
  - Parental groups and family planners
  - School authorities and school workers
  - Health educators, health and social services
  - Leisure time workers, prevention workers
  - Sports and youth institutions
The Reykjavik City Leisure Card

The Leisure Card initiative is to guarantee that all children up to the age of 18 have the opportunity to engage in leisure activities outside school.

The City of Reykjavik allocates approximately EUR 3,000,000,- yearly to the Leisure Card.
Percentage of students in 9th grade that participate in sports in a sports club four times per week or more (whole country)

Increased organized sports participation

- 2000: 23.0%
- 2006: 34.0%
- 2012: 42.0%
Percentage of students in 9\textsuperscript{th} and 10\textsuperscript{th} grade who spend time (often/almost always) with their parents during weekdays

Source: ICSRA
Proportion of students in 9th and 10th grade who have been out after 10 pm (3 times or more) in the past week

Source: ICSRA
And substance use is going down

- Drunk last 30 days
- Daily smoking
- Hashish once or more
Denmark
Health Packages
The work with the health promotion packages arose from the reform of local government in 2007 in which Denmark’s municipalities were delegated the responsibility of creating healthy settings and establishing disease prevention and health promotion services for their citizens in accordance with the Health Act of 2005.

Denmark has 98 municipalities, which span from small island communities of only a few thousand inhabitants to the City of Copenhagen, with more than 500,000 inhabitants. The average municipality has a population of about 55,000.
Purpose of the Health Packages

The Health Packages comprise an evidence-informed tool to assist municipal decision makers and health planners to:

Setting priorities

Planning and organizing local health promotion and disease prevention initiatives
The range of Health promotion Packages

Alcohol
Physical activities
Sexual health
Indoor climate in schools
Healthy food and meals
Drug abuse

Tobacco
Mental Health
Sun protection
Hygiene
Obesity
The Structure of the Publication

The Recommendations

- Plans and policies
- Early detection
- Health promotion services
- Information and Education
The Structure of the Publication

Implementation

• Competences

• Monitoring and Indicators

• Dimensions of the recommended initiatives
Plans and policies

Municipal policy on alcohol

Alcohol is part of the municipal health policy, with own measurable targets.

The policy on alcohol covers prevention, early detection, counseling and treatment and integrate the alcohol-related tasks across administrative sectors.

The policy on alcohol should be accompanied by action plans for implementing the policy’s targets.
Plans and policies

Alcohol policies in the municipality’s workplaces and institutions

- The municipality adopts alcohol policies for the municipality’s workplaces and institutions i.e. schools, job centers, nursing homes, sport facilities

- The focus is on alcohol consumption and detection of alcohol problems among both employees and people who use the institutions
Plans and policies

Dialogue between upper-secondary educational institutions

The municipality facilitates dialogue between the upper-secondary educational institutions to ensure uniform policies on alcohol.
Plans and policies

Responsible serving of alcohol

• The municipality manages alcohol licensing based on the principle of responsible alcohol serving.

• The municipality establishes a permanent forum for collaboration between i.e. the police, the holder of the alcohol licence (restaurant owners, etc.) Agreements are made to promote a safe nightlife environment.

• The need for courses for personnel serving alcohol is evaluated and formalized.

• The key perspective in the overall plan for catering is reducing alcohol availability.
Systematic early detection by frontline personnel

The municipal frontline personnel who meet people in the settings of social services, job centres, health services, can ensure that people with excessive alcohol use or alcohol problems and families with alcohol problems are detected early through a brief discussion.

Action plans

The municipality prepares action plans for frontline personnel, emphasizing recommended questions for the brief conversation focusing on early detection of alcohol problems and referring people to counseling and treatment.
Early detection

Alcohol counselling at the end of lower secondary school

The municipal health services systematically provide counseling about general health, including alcohol consumption, as part of the health interviews and examinations when students finish lower-secondary school (at 15 or 16 years old).

Collaboration on pregnant women and families with children

Together with the regional health services, the municipality focuses on alcohol problems among pregnant women and families with children. All pregnant women should be asked about their alcohol consumption and should be referred to the regional outpatient family health centre if needed.
Health promotion services

Brief counselling for people with excessive or harmful alcohol use and their families, including children

The municipality offers a brief high-quality counselling session to people with excessive or harmful alcohol use and to their families, including children.

The services are adjusted and located according to the needs of the target group, such as:

• health centres
• as a service provided on site for students
• as a service for older people.
Health promotion services

Differentiated alcohol treatment services

The municipality qualifies its alcohol treatment services to match the treatment needs of people with alcohol problems according to the degree of severity and based on the available evidence.

The target groups are:

• people with alcohol dependence and people with severely harmful use;

• family-specific treatment services for families, partners, children and other relatives;

• dual diagnosis services for people with alcohol dependence or harmful alcohol use and with a personality disorder or another mental disorder offered in collaboration with the regional health services, including psychiatry;

• pregnant women, in collaboration with the regional outpatient family health centre; and

• detoxification of socially vulnerable and disadvantaged people linked closely to alcohol treatment.
Health promotion services

Cooperation between alcohol treatment, social services and family therapy

• The municipality ensures integration between alcohol treatment and the municipal social services to ensure social support for the family in following up treatment.

• The goal is to ensure the necessary integration and sharing of competencies between alcohol treatment centers and family therapy centers.

• Both institutions work with families that may have both alcohol problems and family problems and are socially disadvantaged and vulnerable.
Information and education

National information campaigns

Frontline employees provide information about the municipal services

Information for retailers

Parents’ meetings and involving parents

Teaching in primary and lower-secondary schools
Implementation

- The municipality integrates alcohol into its municipal health policy, defining its own measurable targets. Policy on alcohol cover prevention, early detection, counselling and treatment and integrate the alcohol-related tasks across administrative sectors. The policy on alcohol is accompanied by action plans for implementing the policy’s targets.
What is the commitment?
The ADPY Project

- To inventory and analyse the alcohol and drug situation amongst young people, as well as the structures and methods for alcohol and drug-related prevention efforts in selected municipalities. The participating municipalities are Nynäshamn (Sweden), Drammen (Norway), Klaipeda (Lithuania), as well as Sovjetsk and Bagrationovsk (Russia).
• To develop and distribute manuals for target groups, such as public health specialists, public officials, social educators and school nurses.

• To increase the capacity of the local alcohol and drug-related prevention infra- structure, and to induce the municipalities to agree to work with this issue in a sustainable manner.
Figure 2. Informant ratings of substance abuse prevention strategies/resources in the community
Ranking of most needed strategy in the community, %

- Youth life/social skills training programs - 18.3
- Enforcement of community laws and policies 9.2
- Recovery support activities (AA and other 12-step groups, outpatient treatment centers) - 8.3
- Parent education programs/parenting skills training 7.5
- Media advocacy - 6.7
Informant ratings of perceived barriers to substance abuse activities

<table>
<thead>
<tr>
<th>Issue</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>View the problem as a personal one</td>
<td>2</td>
</tr>
<tr>
<td>Lack of staff with cultural competence</td>
<td>2</td>
</tr>
<tr>
<td>Lack of trained staff</td>
<td>2</td>
</tr>
<tr>
<td>Lack of community support for the issue</td>
<td>2</td>
</tr>
<tr>
<td>Lack of knowledge of effective strategies</td>
<td>2</td>
</tr>
<tr>
<td>Limited financial resources</td>
<td>2</td>
</tr>
<tr>
<td>Insufficient community awareness</td>
<td>2</td>
</tr>
<tr>
<td>Lack of strategic plan</td>
<td>2</td>
</tr>
<tr>
<td>Not a community priority</td>
<td>2</td>
</tr>
<tr>
<td>Lack of political support</td>
<td>2</td>
</tr>
<tr>
<td>Lack of concensus how to address the issue</td>
<td>2</td>
</tr>
<tr>
<td>Too few volunteers</td>
<td>2</td>
</tr>
<tr>
<td>Lack of coordination among organisations</td>
<td>2</td>
</tr>
<tr>
<td>Lack of leadership</td>
<td>1.5</td>
</tr>
</tbody>
</table>
Informant ratings of community Readiness for substance abuse planning activities

- Develop a strategic plan
- Identify barriers
- Develop policies
- Allocate local resources
- Collaboration
- Convene community meetings
- Improve existing services
- Raise community awareness
- Develop cultural adapted programs
- Utilise needs assessment data
- Secure policymaker support
- Identify inhabitants as resources
- Identify available resources
- Collect data on SA
Perceived barriers to data collection for substance abuse prevention
• Thank you
• Tänan väga

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