

Building Capacity in the Pacific: in context of NCD focus

- An alcohol module to be used in cross sector training in the Pacific region about non communicable chronic diseases alongside modules on tobacco, nutrition and physical activity.
- Drew on presentations developed for cross-sector workshops in Asia and material developed for the Asia Pacific Alcohol Policy Alliance by SHORE.
- All funded by World Health Organisation



- Powerpoint presentation with six modules:
 - Impacts of alcohol on health, social and economic outcomes
 - Effective policies to reduce alcohol related harm
 - Community action
 - Strategies that are not effective - increasing public awareness
 - Global alcohol industry and Pacific trade treaties
 - Brief intervention and early intervention
- Facilitators Manual, participants' course hand-outs, participant pre-reading and workshop evaluation form for participants.

Reducing Alcohol Related Harm a population approach

A Short Introductory Course on Public Health Approaches to NCD Prevention

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MODULE ONE:

Impacts of alcohol on health, social and economic outcomes

Participants will :

- know that alcohol is a major risk factor for non-communicable diseases in Pacific communities
- understand the health, social and economic impacts of alcohol



Image: Tongan tapa cloth

Small group discussions



Image: Samoan tapa cloth

1. What are the problems related to alcohol in your country?
2. What are the impacts, and for whom?
3. How are these impacts being addressed?
4. What are the gaps?

MODULE TWO: Effective Strategies to Reduce Alcohol Related Harm



Participants will :

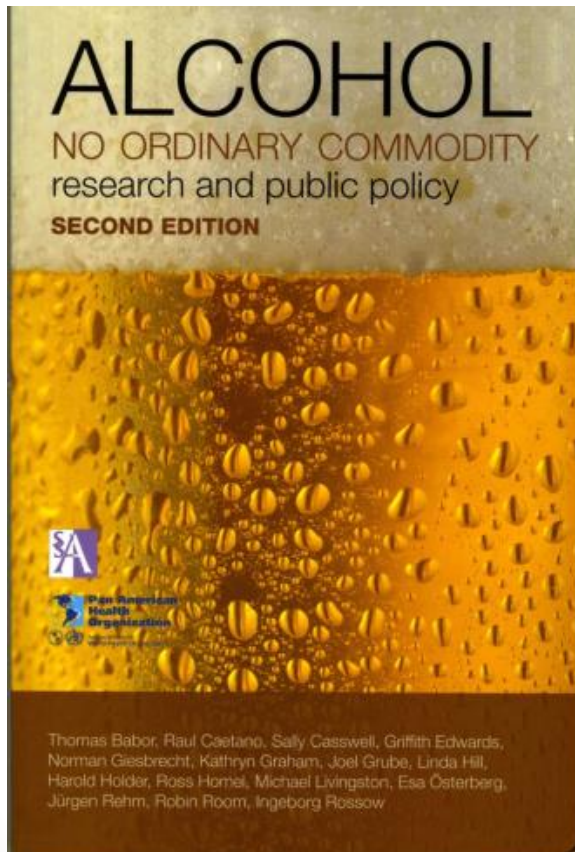
- understand which are effective public health strategies to reduce alcohol related harm
- consider which strategies may be effective in your specific country context
- discuss gaps and how effective strategies can be developed and implemented

Image: Cook Island tivaevae (applique quilt)

Evidence base:

Alcohol No Ordinary Commodity

Babor et al Oxford University Press, 2003, revised 2010



Evaluation Standards

Evidence of Effectiveness:

- 0 Evidence indicates a lack of effectiveness
- + Evidence for limited effectiveness
- ++ Evidence for moderate effectiveness
- +++ Evidence of a high degree of effectiveness
- ? No controlled studies have been undertaken or there is insufficient evidence upon which to make a judgment.

Also:

Breadth of research support

Cross national testing

Module 3: Community action

- Community action involves:
 - Working with selected groups and organisations that can influence positive change at the community level
 - Focuses on changing local policies, practices and environments
 - Contributes to improved social and health outcomes

(Greenaway & Witten, 2006)

Sports Club example



- **Problem** – drinking, drugs and violence at and after games
 - Ugly scenes – children affected
- **Action** – Community action worker brokered talks with club & gangs
- **Result** - No violence, family friendly environment, more wins, more club members





Module Four: Strategies that are not effective

Increasing Public Awareness

The simple assumptions don't work

Knowledge



Attitudes/values



Behaviour/Action

School based education

- Alcohol education in the classroom has been shown to increase knowledge and change attitudes but it has no long term effect on behaviour

Strategy or intervention	Effectiveness	Breadth of research support	Cross national testing
Classroom education	0	+++	++

Source: Babor et al., 2010

Module Five

The Global Alcohol Industry and Pacific Trade Treaties



Image: Anchorage Islet, Suvarrow Atoll, Cook Islands

Producers/ SAOs: how they ensure profits

Promote ineffective measures

- i.e. education targeting young people and vulnerable groups; voluntary codes on advertising ('self regulation'); designated drivers, drinking guidelines

Active in alcohol policy arena

- lobbying, publishing, research, policy development (especially in emerging markets)

Promote themselves as responsible corporations via Corporate Social Responsibility projects

- E.g. disaster relief, poverty programmes

Promote 'drink responsibly' messages

- evidence that these promote beverage and no impact on harms

Ambiguous messages



Making an evidenced based alcohol action

Strategy	What's already in place	Action Needed	Which Ministries/NGOs to action	By when
1. National alcohol policy developed free from influence of vested interests (eg industry)				
2. Cross agency/NGO group to contribute to policy process				
3. Excise Tax				
4. Alcohol Marketing – advertising and sponsorship				
5. Minimum purchase age				
<ul style="list-style-type: none"> • Age identification cards 				
6. Licensing system -on, off, clubs, special				
7. Regulating/restricting days/hours of sale				
8. Reducing density of alcohol outlets				
9. Drink-Drive strategies				

1. Reducing home brew production/sale				
2. Community Action				
<ul style="list-style-type: none"> • Collaborate/mobilise across organisations & communities 				
<ul style="list-style-type: none"> • Action focused on <u>effective</u> harm prevention strategies 				
3. Trade Treaties				
4. Resource and focus on ineffective strategies minimised eg Alcohol education and media campaigns with responsible drinking messages				
5. Brief Intervention				
6. Treatment and support services available				
7. Systems for gathering data on alcohol related harm				
8. Resources and political will for cross agency collaboration to develop/implement national strategy				

- Module was piloted in Fiji
 - with alcohol working group prior to discussions on harm reduction legislation
 - reported to be very useful for the subsequent discussions.
- Current developments by the School of Public Health, Fiji School of Medicine, will include this content in an accredited course on NCDs
- Available online to members of APAPA
 - www.apapaonline.org
- Improvements?