

# Community Action to Reduce Harm from Alcohol Use

*Report on Meeting of Experts  
Bangkok, Thailand, 22–23 April 2009*



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# 1. Introduction

The Fifty-ninth session of the WHO Regional Committee for South-East Asia through a resolution (SEA/RC59/R8), requested the Regional Office to provide technical support to Member States in building and strengthening institutional capacity for developing information systems, policies, action plans, programmes, guidelines and monitoring and evaluation programmes on prevention of harm from alcohol use. Thus, governments of Member States have requested technical support from the Regional Office for South-East Asia (SEARO) to develop programmes related to harm from alcohol use.

Alcohol use and its related harm depends on the socio-cultural milieu in which it is used. Policies, legislation, enforcement, cultural norms, alcohol industry activities, the services available, level of empowerment of communities and individual perceptions are some of the factors that contribute to the initiation of use, maintenance and behaviours that lead to harm from alcohol use. This leads to many variations in behaviours, perception and programmes related to use of alcohol, not only between countries, but also within countries.

There is a large body of information related to alcohol use, policies and interventions that has been produced internationally. Though such information is useful, it should not be assumed that transplanting measures found to be successful elsewhere, under completely different circumstances, will be effective in this Region. Largely, such research and information is from countries and regions that are economically developed with advanced infrastructure and services. In such situations, harm related to alcohol use is considered mainly an issue of health. In this Region it is quite different. In addition to its health costs, alcohol is a significant contributor to poverty and impedes development.

Traditionally, information used for programme development has been mainly statistical data on the consumption rates and morbidity / mortality. Such data alone is quite insufficient to develop and implement effective programmes to reduce alcohol-related harm. Qualitative information

covering the context and patterns of use, the perceptions of communities, the diverse agencies involved (often with conflicting interest), the initiatives already in place, current capacities and gaps that need to be fulfilled are more important and urgent at this juncture. This is because alcohol-related programmes should not only be developed, strengthened and expedited, but also made relevant in the environments in which they will be implemented. Quantitative information relating to alcohol use is rare in most countries of the South-East Asia Region and relevant qualitative information is even more difficult to gather. It is in this context that assessment studies were undertaken in selected countries and data from other countries analyzed.

Many languages, religions, ethnicities, cultural norms, geographic regions, political ideologies and forms of government exist in countries of the WHO South-East Asia Region. This diversity leads to many variations in behaviour, perceptions and programmes related to use of alcohol, not only between countries, but also within countries. Traditional western models of prevention of alcohol use have not been very useful in countries of the Region due to the many special features associated with alcohol use.

The basis for the prevention of alcohol-related harm in the context of the South-East Asia Region should not only be disease prevention but reduction of poverty, disempowerment, violence - including domestic violence, prevention of injuries and improvement of well-being and social capital. Programmes should address local patterns of alcohol consumption, such as pay-day drinking, attitudes of some communities that consuming alcohol is a sign of “growing up” for boys, etc. Also that people usually consume large quantities of alcohol at one time (binge drinking) when they drink, unlike western patterns of consumption, such as one glass of wine every day. Another issue of concern is the consumption of alcohol among women which is currently quite low, but gradually increasing. Some communities do not traditionally use alcohol due to religious or other reasons. The success of these voluntary restrictions needs to be studied.

In addition, surveys, including community assessments and field

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