

Awareness raising activities

This is a snapshot of alcohol policies in twenty five member states¹ of the European Union as at 31 December 2007. The data were collected as a joint initiative between the World Health Organization and the European Union as part of the World Health Organization's global alcohol database. Further information was taken from and is available in two publications of the World Health Organization: Evidence for effectiveness and cost-effectiveness of interventions to reduce alcohol-related harm [<http://www.euro.who.int/document/E92823.pdf>], and handbook for action to reduce alcohol-related harm [<http://www.euro.who.int/Document/E92820.pdf>].

The Alcohol Policy Series includes the following ten fact sheets documenting the state of the European Union's member state alcohol policy:

1. Infrastructures for alcohol policy
2. Price and tax measures
3. Awareness raising activities
4. Counselling and treatment
5. Availability regulations
6. Drink driving legislation
7. Health warning labels
8. Alcohol advertising
9. Alcohol sponsorship
10. Monitoring and evaluation.

The present fact sheet deals with awareness raising activities and considers three issues:

1. The evidence for the impact of awareness raising activities
2. The current situation
3. Considerations and next steps

¹ Austria; Belgium; Bulgaria; Cyprus; Czech Republic; Denmark; Estonia; Finland; France; Germany; Hungary; Ireland; Italy; Latvia; Lithuania; Malta; Netherlands; Poland; Portugal; Romania; Slovakia; Slovenia; Spain; Sweden; and United Kingdom

1. EVIDENCE FOR IMPACT

Many national alcohol strategies and initiatives underscore the need to inform and educate the public. There are many reasons for placing an emphasis on education and information. Sometimes it expresses a simple moral conviction, that a population should know about and understand alcohol and its health risks. But sometimes this emphasis reflects the view that information and education can solve alcohol-related problems, a view that is contradicted by the evidence. It can also indicate a desire to avoid discussing and implementing other, more effective approaches to reducing the harm done by alcohol, for instance by regulating the availability of alcohol or increasing alcohol taxes.

Moreover, alcohol education rarely goes beyond providing information about the risks of alcohol to promote the availability of help for hazardous and harmful consumption, or to mobilize public opinion and support for effective alcohol policies. Often, alcohol education programmes centre around informing people about what levels of alcohol consumption are risky or harmful, and how to calculate the content of alcohol in a typical drink. While such information may seem useful, there is in fact very little evidence showing the effectiveness of such campaigns in changing behaviours, and often the consumption levels described are based on an outdated understanding of risk.

Nevertheless, even though the evidence base indicates that the impact of alcohol education programmes is small, that does not mean they should be abandoned. Rather, they should be improved, first by using surveys of public beliefs and knowledge in order to target such efforts better, and second by building support for implementing more effective alcohol policies. All schoolchildren should continue to receive school-based education about alcohol issues, but it should be based on the understanding that it is unlikely on its own to lead to positive behaviour change, that the financial support for it should be proportionate, that it should aim to cultivate understanding and support for alcohol policies, and that it should try to motivate those who are at risk for hazardous or harmful alcohol use to seek help. Finally, the use of educational programmes funded by the alcohol industry should be resisted. The limited evidence available suggests that such initiatives are likely to backfire, resulting if anything in more positive views about alcohol and the alcohol industry – an outcome comparable to what has been more clearly demonstrated by a larger evidence base for tobacco education funded by the tobacco industry.

Information-based public education campaigns about alcohol should be proportionate and concentrate on providing information about the risks of alcohol and the availability of help and treatment to reduce harmful use. Public education programmes should also be used to support alcohol policy measures, particularly when new measures are introduced, such as a reduced blood alcohol limit for driving, an increase in the minimum age for purchasing alcohol or tax increases on alcohol.

A school-based alcohol educational programme should be proportionate (in terms of not requiring too much financial investment) and part of the holistic approach envisaged in the concept of the health-promoting school. It should also be based on educational practices that have proven effective, e.g. by targeting a relevant period in young people's development, talking to young people from the target group during the development phase, testing the intervention with both teachers and members of the target group, ensuring the programme is interactive and based on skill development, setting behaviour change goals that are relevant for all participants, returning to

conduct booster sessions in subsequent years, incorporating information that is of immediate practical use to young people, conducting appropriate teacher training for delivering the material interactively, making any programme that proves to be effective widely available and marketing it to increase exposure.

Alcohol education and information programmes should remain the responsibility of public bodies and not the alcohol industry since, as mentioned above, the limited research available has shown that the ones funded by the industry tend to encourage more positive views of alcohol and the alcohol industry than are warranted.

2. AWARENESS RAISING

All twenty five countries had had some form of national awareness activities during the previous three years, Table 1. Twenty countries (80%) stated that educational programmes were included in national school curricula.

Table 1 Awareness activity during previous three years by topic

Awareness activity	Number of countries
Young people's drinking	23
Drinking-driving	24
Alcohol's impact on health	19
Social harms	14
Illegal / surrogate alcohol	2
Alcohol and pregnancy	12
Alcohol at work	8

3. CONSIDERATIONS AND NEXT STEPS

All twenty five countries had had some form of national awareness activities during the previous three years, largely focussing on young people's drinking and drinking and driving. This is in contrast to many of the other policy options described in this alcohol policy series, where there are often still deficiencies in the implementation of evidence-based policy. This suggests that there are many options for re-orienting the approaches to raising public awareness.

Questions to consider

1. **Has the public been surveyed about its knowledge, opinions and attitudes with respect to alcohol?** Surveys of particular population groups – such as adolescents, young women considering pregnancy, or middle-aged men at particular risk for alcohol-related harm – are particularly useful in designing effective alcohol education and information programmes targeting these groups.
1. **Has the public been surveyed on its views towards different alcohol policy measures?** Such surveys provide invaluable information about which measures have public support, and which measures lack it. While education and information programmes can increase public understanding of the need for alcohol policy measures, they are rarely designed to do so.

Once a policy is implemented, however, such as a reduction in BAC limits for drivers, it often becomes easier to mount successful campaigns to gain support.

2. ***Have there been any reviews of existing alcohol education programmes to assess their impact and potential for improvement?*** Even though such programmes, whether school-based or not, are unlikely to lead to substantial changes in behaviour, they almost certainly can be improved by incorporating best educational practices.
3. ***Have evidence-based guidelines been prepared and disseminated about the role and practice of school-based and public alcohol education?*** Preparing and disseminating guidelines can help establish the policy context for such efforts and enable them to better serve alcohol policy goals.
4. ***To what extent is the alcohol industry involved in education initiatives?*** Given the potentially negative impact of such initiatives, it is important to counter industry efforts by adequately investing in public alcohol education. It is important that publicly funded educational efforts continue to be provided, and that alcohol industry efforts to fund or conduct educational programmes be discouraged, since they are increasingly regarded as part of the industry's comprehensive marketing strategies.

Options for action

- ***Maintain the status quo*** and do not change the content or targeting of alcohol educational initiatives. This course risks using resources inappropriately and inefficiently, for instance through the implementation of poorly designed programmes. It also runs the risk that the alcohol industry will appropriate the educational "space" and lead to perverse outcomes, e.g. increased use of alcohol.
- ***Redesign and reinvest in school-based education and public information campaigns on alcohol.*** These efforts should be financed in proportion to their potential impact. The redesign should be based on needs assessments that are themselves derived from the results of public surveys on alcohol. The redesigned educational programmes should provide information on the risks of alcohol use, the availability and effectiveness of advice and treatment in reducing harmful alcohol use, and the evidence for effective alcohol policies.
- ***Mount educational efforts and informational campaigns that mobilize support for the introduction or intensification of evidence-based action on alcohol,*** such as reducing legal BAC levels for driving, raising the minimum age for the purchase of alcohol and raising the taxes on alcohol in line with its increasing affordability.

Stakeholders for action

- Key stakeholders include the departments or ministries responsible for education, children and families, and communications and the media. The ministry of health can mount joint initiatives with these authorities to review the effectiveness of educational initiatives.
- Other important stakeholders are bodies representing teachers and the educational sector, as well as health education and health-promoting organizations. Again, joint initiatives can be mounted with these stakeholders to review the impact of educational initiatives.
- Another stakeholder is the ministry of consumer affairs, which can work with the ministry of health to develop and implement consumer labelling on alcoholic beverage containers.

Bibliography

Anderson P (2008). *Consumer labelling and alcoholic drinks*. Hamm, German Centre for Addiction Issues (DHS) (http://dhs.de/makeit/cms/cms_upload/dhs/consumer_report.pdf, accessed 17 August 2009).

This document describes evidence for the effectiveness of consumer labelling efforts. It was published by Pathways for Health, a project that is cofinanced by the European Commission and managed by DHS.

Anderson P (2009). *Evidence for the effectiveness and cost-effectiveness of interventions to reduce alcohol-related harm*. Copenhagen, WHO Regional Office for Europe.

This report, a companion document to the present handbook, details the available evidence for the impact of educational initiatives on alcohol consumption and related harm.

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